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*“If you don’t know where you’re  
goin’ you’ll probably not get  
there.”*

FORREST GUMP

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# Section 1: Executive Summary

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***“Every policy worth its salt has a value premise. The value premise of policies affecting persons with disabilities must include respect for individual autonomy. That means getting through to that person who lives, breathes, works, loves, argues, laughs, cries, . . . this country cannot afford to have any group of its citizens who are not contributors to the productivity and the energy of the nation.”***

BARBARA JORDAN, PRESENTATION OF  
THE BARBARA JORDAN AWARDS, 1993

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However, many of our state’s policies and practices do not support this premise, as evidenced by—

- a man using a wheelchair denied participation in city council meetings

- and library services due to inaccessible facilities,
- a woman who lost her job due to her employer’s misconceptions about her head injury received in an auto accident,
- a man who could not get medical care because the only provider who would accept Medicaid was located in a metropolitan area where the transportation system for his suburb did not go,
- a man who could not attend school or get work due to the insufficient amount and quality of attendant care,
- a student with a learning disability forced to change schools because her school refused to make testing accommodations,
- a child with a developmental disability denied admission to a day care center,
- a woman who is blind denied participation in the Texas Lottery because the numbers were announced visually but not verbally by her television station,
- a woman who is deaf denied medical care because the health care provider would not hire a sign language interpreter,

- a woman who delayed her retirement relocation because of the lack of accessible rental housing, and
- a man who terminated beneficial therapy due to costly insurance copayments—his disability was a mental, rather than a physical illness.

Based on input from interested Texans, this plan offers short- and long-term policy recommendations to move our state disability policy and practices toward a premise of individual autonomy and full participation. Highlights include:

- Fifteen policy recommendations for the 1996-97 biennium, in the areas of ADA implementation, community services, education, employment, and health care (see pages 13–32);
- Eighteen long-range goals consistent with our state’s strategic planning efforts (pages 35–38);
- Statistics on Texans with disabilities (page 4–5); and
- Laws passed by the 1993 Texas Legislature affecting people with disabilities (page 38–40);

# Summary of Policy Recommendations for the 1996–97 Biennium

## Implementation of the Americans with Disabilities Act (page 14)

- Strengthen ADA compliance and consistency of state laws
- Increase availability of interpreters for people who are deaf or hearing impaired
- Promote access to the Information Superhighway

## Community Services (page 18)

- Increase public understanding of the ability of people with disabilities to live in the community
- Increase and improve community services
- Increase and improve transportation services

## Education (page 22)

- Increase compliance with laws relating to education of people with disabilities
- Monitor changes in educational funding weights to increase inclusion
- Promote inclusion of people with disabilities in a manner that meets their individual needs

## Employment (page 26)

- Increase entrepreneurial opportunities for people with disabilities
- Organize business leaders to promote employment opportunities
- Improve transition, job training, and support services

## Health Care (page 30)

- Promote accessible, affordable health care as a “right” for all people
- Increase availability of Medicaid providers and community services by reforming Medicaid
- Promote improved collection of data about health insurance needs of Texans with disabilities



# Section 2: Who Are Texans with Disabilities?

The U. S. census report, *Americans with Disabilities, 1991-1992*, published in January 1994, provides in-depth national data on the status of persons with disabilities not residing in institutions. The Bureau of the Census defined a person with a disability as a person having difficulty in performing one or more functional or daily living activities, or one or more socially defined roles or tasks. Persons with a severe disability are those who are completely unable to perform an activity or task, or who must have personal assistance.

Not enough surveys were conducted to allow for a Texas analysis. The data presented represents an application of national percentages to the Texas population.

## TEXAS GENERAL POPULATION

<b>People with Disabilities</b> 19.4% (3,562,897)	<b>People without Disabilities</b> 80.6% (18,365,446)
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## SEVERE DISABILITIES

<b>Texans with Disabilities that are not Severe:</b> 51% (1,809,952)	<b>Texans with Severe Disabilities</b> 49% (1,752,945)
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## AGE OF TEXANS WITH DISABILITIES

<b>6%</b> (0-14)	<b>60%</b> (15-64)	<b>34%</b> (65+)
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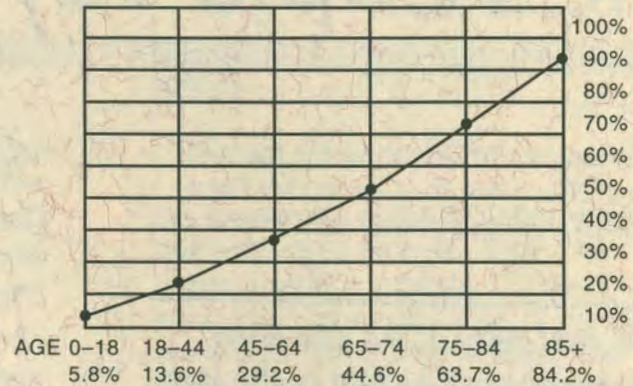
**EMPLOYMENT RATE OF TEXANS WITH SEVERE DISABILITIES**

<b>Unemployed</b> 76.8%	<b>Employed</b> 23.2%
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**GENDER OF TEXANS WITH DISABILITIES**

<b>MEN</b> 46.8% (1,667,436)	<b>WOMEN</b> 53.1% (1,895,461)
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**AGE AND PREVALENCE OF DISABILITY**



**ETHNICITY OF TEXANS WITH DISABILITIES (AGE 15-64)**

13%	Black: 277,906
1.1%	Asian: 23,515
8%	Hispanic: 171,019
77%	White: 1,646,058
.9%	American Indian, Eskimo, Aleut: 19,240
Total: 2,137,738	



# Section 3: What Disability Policies do the People Say They Want?

To collect information for the revision of this plan, the Governor's Committee sought telephone conference call

*"The real story of the disability movement can't be told in the laws that we've passed . . . but in the daily acts of quiet persistence, . . . as person after person has stood up for his or her rights . . ."*

U.S. SENATOR TOM HARKIN, October 1994

participation by a wide variety of Texans. Mayors' committees on people with disabilities across the state provided names of participants. The 223 persons invited included persons with various disabilities, parents, representatives of disability organizations, large and small employers, local and state service providers, a trade union, and a

legal organization. Among participants with disabilities were persons with disabilities frequently less well-represented such as persons with cancer, chemical sensitivity, attention

deficit hyperactivity disorders, and HIV/AIDS.

Eighty-nine, or 39 percent, of the persons invited participated in the calls. While this number cannot

## PARTICIPANTS PRIORITIES

19%	Implementation of the ADA: 59
15%	Education and Schools: 47
15%	Community Services: 46
12%	Employment, Rehabilitation, and Vocational Training: 38
11%	Health Care: 34
8%	Public Awareness, Attitudinal Change: 26
6%	Transportation: 19
4%	Accessibility (Physical and Communications): 14
6%	Other Disability Issues: 19
	Total: 305



provide statistically valid data on the opinions about disability policies, we believe the representativeness of the participants is substantial and provides dependable information. The calls were conducted according to the 11 Health and Human Service Regions in our state. A regional analysis is available from the Governor's Committee. This section categorizes the 305 comments.

### Implementation of the ADA

<b>Training and Technical Assistance</b> 57%	<b>Implementation and Enforcement</b> 43%
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Thirty-four of the 59 comments on the ADA, or 57 percent, were related to training and technical assistance while 25, or 43 percent, were related to implementation and enforcement.

**Training and Technical Assistance:** Participants recommended training/technical assistance for state and local governments, schools, colleges, police forces, private employers, transportation systems, service providers, people with disabilities, and the general public. They recommended training in accessibility, practical low cost cus-

tomers and employee accommodations, legality of service animals in places of public accommodation, Relay Texas, and general disability information.

**Implementation and Enforcement:** Areas specified as needing enhanced implementation or enforcement included communications access, transportation, use of qualified interpreters, serving people with HIV/AIDS, and accommodating people with mental illness. Participants described the enforcement process as too slow and not aggressive enough. They requested more proactive involvement of state officials to promote compliance. Participants called for revising state laws to conform to the ADA as well as increasing requirements for ADA compliance in state licensing procedures. Recommendations included revision of local building codes to conform to the ADA and the Texas Accessibility Standards. Also stressed was a need for funding of compliance efforts. Many participants cited examples of public/private and state/local cooperation and a need for continued dialogue between all interested parties.

### Education and Schools

55%	Public School
17%	Transition Services
14%	Higher Education
14%	Other

Twenty-six of the 47 comments in this area, or 55 percent, dealt with issues in public schools. Of the 47 education comments, 8, or 17 percent, recommended improved transition services, and 7 of the 47, or 14 percent, sought improved higher education services. Six other comments dealt with funding and a need for incentives to teach students with disabilities in the regular classroom.

**Public Schools:** Participants spoke out on both sides of the full inclusion issue. Some felt strongly that only full inclusion would mean non-discrimination, while others felt just as strongly that support services should be provided wherever students need them, (including outside the regular classroom). Virtually all the comments in this area would be addressed if current federal laws (IDEA and ADA) were fully



implemented in our public schools. Comments also addressed training of school personnel regarding ways to accommodate and include students with disabilities. Parent involvement needs to be strengthened, and increased focus placed on teaching independent living skills. Required testing needs to be reviewed to determine appropriateness of use with students with disabilities and accommodations needed to insure equal rights.

**Transition Services:** Participants said transition planning, as specified by law, is not happening. Parents, service agencies, and students with disabilities are not effectively involved in transition planning and implementation. Coordination and cooperation between all the interested parties are sadly lacking.

**Higher Education:** Participants stated that students with disabilities are having difficulties with college and universities regarding physical access, support services, testing accommodations, and uninformed professors. Again, full compliance with laws such as the ADA would eliminate most of these problems.

**General Comments:** Other comments identified lack of funding as a barrier to provision of needed services, while others indicated a continued need to create incentives to teach students with disabilities in the regular classroom through changes in funding weights.

### Community Services

<b>Increase and Improve Community Services</b> 93%	<b>Other Support Services</b> 7%
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Forty-three of the 46 comments, or 93 percent, urged the provision of more and better community services. Three or seven percent dealt with other support services issues.

**Increase/Improve Community Services:** Most commenters advocated strongly for more and better services to allow Texans with disabilities to live in and become contributors to their communities. Comments were in favor of downsizing institutions, increasing community services funding, reforming the Medicaid program, and increasing recipient control over services.

**Other Support Services:** Some participants spoke in favor of copayment

systems which would allow people needing personal assistance services to maintain their employment but not have to pay most of their earnings for their own care. One commenter recommended a "lemon" law for adaptive equipment to protect consumers against poor quality merchandise.

### Employment, Rehabilitation, and Vocational Training

63%	Employment
22%	Rehabilitation
15%	Vocational Training

Of the 38 comments in this area, 24, or 63 percent, dealt with employment issues; 8, or 22 percent, with rehabilitation concerns; and 6, or 15 percent, specified problems in vocational training.

**Employment:** Most comments in this area stressed education of employers about hiring and accommodating people with disabilities. Such training should include a focus on identifying abilities and recognizing and accommodating functional limitations. Rural

employers were identified as having less access to this type of information. Several comments specified removing Social Security work disincentives that cause loss of benefits and/or medical coverage as one's earnings increase. Other recommendations included requiring affirmative action in state agencies as well as hiring more upper level staff with disabilities, enforcing restrictions on release of workers' compensation information, and creating state tax incentives for employers who hire people with disabilities.

**Rehabilitation:** Several of the comments in this area dealt with the need to downsize sheltered employment and replace it with a vision for statewide supported employment and/or community integrated employment. Several participants spoke in favor of eliminating sheltered workshops while fewer believed that some people with disabilities would continue to need sheltered work opportunities. Other comments regarding vocational rehabilitation related to people with disabilities whose functional abilities vary almost daily such as people with epilepsy and HIV/AIDS. Such individuals have difficulty meeting program eligibility requirements, as they

are either too well to be considered as having a work disability or too sick to be considered to have vocational potential. Other participants requested that rehabilitation policies requiring clients in the college program to carry a minimum number of academic hours per semester be reviewed since people with some kinds of disabilities cannot meet this requirement, but could manage with fewer hours. One person stated that more proactive use of the Targeted Jobs Tax Credit could increase employment options.

**Vocational Training:** Comments in this area urged more use of job training programs such as vocational education, "apprentice" training at the work site, and training relevant to current job opportunities. One commenter urged service providers to, "Prepare us for the jobs of the future." Several comments urged increased focus on training through supported employment opportunities. Another participant recommended funding employment training and assistance as one of the optional services under the Texas Medicaid Program.

## Health Care

	64%	Federal and State Reform
18%	Lack of Medicaid Providers	
18%	Personal Assistance Services	

Of the 34 comments in this area, 22, or 64 percent, dealt with need for federal and state health care reforms; 6, or 18 percent, with lack of Medicaid providers; and another 6, or 18 percent, with revision of the Medicaid Program to create more personal assistance options.

**Federal and State Reforms:** Most of the health care comments reflected a widely shared perception of a need to substantially reform our national and state health care systems. Comments dealt with recognizing/maintaining functional abilities as a part of health services, and providing enough quality services to meet needs. Unmet needs of people with mental illnesses, attention deficit hyperactivity disorders, kidney disease, diabetes, HIV/AIDS, head



injuries, speech disabilities, and multiple chemical sensitivity were noted. Some recommendations urged that more information about people with disabilities be given to health care providers and their sensitivity to people with disabilities be enhanced. Recommendations included aggressive use of the state birth defects registry, and greater availability of health care providers to increase preventive treatment. State reforms requested were to eliminate discrimination in health insurance and to establish standards for controlling chemical use in the environment.

**Lack of Medicaid Providers:** Several participants described the lack of Medicaid providers in their area, requiring them to travel to larger metropolitan areas for services. They requested reform of the Texas Medicaid Program to increase availability of local providers thus creating more provider options.

**Personal Assistance Services:** Participants identified reform of the Medicaid Program in Texas as a strategy for increasing services to allow people to live in their own communities rather than to receive services in an institutional environment. They urged that

community-based services be a viable choice and that this choice be explained to people when they first request services.

### Public Awareness and Attitudinal Change

<b>Need for Enhanced Public Awareness</b> 73%	<b>Suggestions for Change</b> 27%
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Nineteen, or 73 percent, of the 26 comments in this area expressed the need for enhanced public awareness of people with disabilities. Seven, or 27 percent, provided specific recommendations regarding how attitudinal change might be achieved.

**Public Awareness:** One of the Governor's Committee members summed up comments in this section by saying, "In doing anything, attitude is everything." Although participants seemed to agree that misperceptions exist about virtually all disabilities, the disabilities specifically noted were learning disabilities, mental illness, chemical sensitivity, HIV/AIDS, speech disabilities, and attention deficit disorders. Areas not well understood by the

public included the benefits of employing, serving, or including people with disabilities, the high cost to society if services or treatment are not provided, the many abilities of people with disabilities, and resources available.

**Recommendations for Change:** Participants recommended that students with disabilities be portrayed in school textbooks, that public awareness campaigns be initiated, and that there be increased media depictions of people with disabilities. There was one recommendation to change the name of mayors' committees on employment of people with disabilities to broaden the focus beyond employment.

### Transportation

<b>Inadequate Transportation</b> 84%	<b>Specific Problems</b> 16%
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Sixteen, or 84 percent, of the 19 comments in this area described transportation as inadequate to meet the need of people with disabilities. Three, or 16 percent of the comments cited specific problems.

### Inadequate Transportation Services:

Most comments described transportation services as either nonexistent, or poor in quality and quantity. Participants described the isolation of people with disabilities due to the total absence of public transportation in most rural areas of the state. Where some services exist, they were thought not to be in compliance with the ADA, to be inaccessible, too costly, and poor in amount and quality. Participants requested a coordinated comprehensive state plan to shape our state's progress in public transportation services.

**Specific Problems:** Additional comments dealt with specific transportation problems. Two described the prohibitions on transit providers in crossing jurisdictional boundaries. These prohibitions make it difficult or impossible for people with disabilities to get from one city or suburb to another and severely limits education and employment options as well as many other aspects of life. Another comment described the inaccessibility of small commuter airlines due to the lack of wheelchair lifts.

### Accessibility (Physical and Communications)

<b>Physical Access</b> 85%	<b>Communications Access</b> 15%
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Ten, or 85 percent, of the 14 comments in this area dealt with physical accessibility of buildings; and 2, or 15 percent, dealt with communications accessibility.

**Physical Access:** Many of the comments in this area specified a need for enhanced enforcement of current federal and state laws requiring accessibility. Designation of sufficient parking spaces for people with disabilities to meet federal and state standards as well as enforcement of parking ordinances were cited as problems. One participant encouraged building inspectors to work cooperatively with building owners to identify access options. Another participant offered the idea of a database that would contain innovative access solutions available for those trying to solve such problems.

**Communications Access:** One comment specified that all computer-based information systems need to be designed to be compatible with adaptive equipment used by individuals with disabilities. Another comment in this area stated the need for television information such as weather alerts and lottery numbers to be spoken as well as visual.

### Other Disability Issues

42%	Advocacy and Empowerment
36%	Housing
21%	Mental Health and Minority Issues

Eight, or 42 percent, of the comments in this area dealt with advocacy and empowerment, 7, or 36 percent, with housing, and 4, or 21 percent, with mental health and minority issues.



**Advocacy and Empowerment:** Comments in this area related to providing information and skills to people with disabilities and their families so they can advocate effectively for themselves. Approaches included more support to local mayors' committees, increased networking, and increased distribution of the *Long-Range State Plan for Texans with Disabilities* to consumers. One commenter recommended strengthening the awareness and sense of accountability felt by people with disabilities appointed to boards and commissions toward other Texans with disabilities. A suggestion was made to create a database to increase the information available about existing services.



Staff Photo

*An advocate speaks to the Governor's Committee about disability issues.*

**Housing:** All of the comments in this area related to accessible, affordable housing. Most indicated that there isn't enough, and the quality of what is available is poor. One comment expressed concern about the quantity and quality of public housing while another identified lack of state policies regarding room and board facilities. Difficulties gaining owner permission to modify apartments and lack of funding for home modification and repair were also mentioned.

**Mental Health and Minority Issues:** Most of the comments in this area dealt with specific concerns of people with mental illness that did not apply to the above areas. One comment referenced the limited career choices of people with mental illness. Also mentioned was the need to revise the mental health code to dispel the connection between mental illness and "being dangerous" that the code now presents. Yet another comment stated a need to end unlawful incarceration and criminalization of people with mental illness. One comment mentioned cultural and ethnic issues affecting people with disabilities.

# Section 4: What Should Texas Do?

This section presents 15 policy recommendations developed by a process of reflection on current realities, brainstorming, and debate by people with disabilities, parents of children with disabilities, support groups, disability organizations, large and small employers, service providers, and others. The Governor's Committee reviewed information from the telephone conference calls, refined, and adopted the policy recommendations for inclusion in this plan and submission to the Governor and the 74th Legislature.



Ted Candler, Photographer,  
Texas Rehabilitation Commission

*Red Lobster Restaurant #95 offers braille and large print menus for customers with visual impairments.*



## Implementation of the Americans with Disabilities Act

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*“... getting this complex legislation passed could not have happened without liberals, conservatives, Democrats, Republicans all coming together. And I am particularly proud of the broad bipartisan support . . . .”*

PRESIDENT GEORGE BUSH, SPOKE ABOUT THE ADA, HOUSTON MAYOR'S COMMITTEE FOR EMPLOYMENT OF PEOPLE WITH DISABILITIES, OCTOBER 1994.

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### ADA Policy Recommendation I

Promote compliance with the ADA among state agencies, other public entities, transportation systems, and businesses by:

- Encouraging state agency boards to more aggressively pursue monitoring and voluntary compliance with the ADA and state laws which guarantee access and equal rights to people with disabilities;
- increasing monitoring of compliance by local governments, businesses, transportation systems, and colleges and universities;
- supporting amendment of state laws to conform or go beyond the ADA; and

- promoting ADA awareness through public service announcements, inclusion in speeches by public officials, and interaction with businesses.

### Key Issues

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- Awareness of the law among business and government organizations required to comply, people with disabilities, and the general public
- Inadequate ADA implementation
- Inadequate enforcement of state laws that guarantee access and rights of people with disabilities
- Noncompliance due to state laws that need revisions

### Background

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The ADA protects individuals with disabilities from discrimination in employment, access to goods and services, government programs and services, transportation, and telecommunications. Although progress has been documented, especially in state agencies, full implementation requires greater awareness and understanding of the law. State laws that guarantee access and rights of Texans with disabilities such as the elimination of architectural barriers, and protection against employment discrimination are inadequately enforced. Texans filing complaints in these areas often face

cumbersome, confusing processes, lengthy delays, and less than aggressive enforcement. Other state laws still need to be revised to comply with the ADA.

While most Texas state agencies have completed ADA-required self-evaluations, the extent to which needed changes have been accomplished is unknown. A Governor's Committee survey found that cities and counties asserted non-discrimination beliefs and policies but often were unable to describe aspects of their program accessibility. Another Governor's Committee survey of 900 businesses found that 40 percent had no information on the ADA. No data is currently available regarding compli-



*Ramps under construction at the Capitol.*

State Preservation Board



ance in transportation systems and Texas colleges and universities. Many people with disabilities still do not understand their rights under the ADA.

Aggressive enforcement of state laws requiring access and non-discrimination against people with disabilities would greatly enhance ADA compliance in Texas. Appointees to the Boards of the Department of Licensing and Regulation and the Texas Commission on Human Rights could revise complaint procedures to make them more customer friendly, improve inspection/investigation outcomes, and improve timeliness of complaint resolution. Local governments could increase enforcement of disabled parking, adopt building codes that conform to the ADA, and promote disability awareness training for local government employees, thereby increasing compliance. Networking among all covered entities about creative approaches to ADA compliance (including funding) could also be beneficial.

The 1993 Texas Legislature revised some state laws to increase conformity with the ADA, but more need modification. Examples include various licensing processes, board appointee removal based on a disability, and laws dealing with the worker's compensation system.

## ADA Policy Recommendation II

Encourage colleges and universities to develop more training programs for interpreters for people who are deaf or hearing impaired and to provide more continuing education to upgrade skills of existing interpreters. Support incentives to both attract candidates to this field and encourage interpreters to continually upgrade their skills.

### Key Issues

- Not enough sign language interpreters
- Not enough interpreters with higher levels of certification
- Profession is not attracting new candidates or increasing skills of its members rapidly enough to meet needs of both urban and rural areas

### Background

The Americans with Disabilities Act requires the provision of a sign language interpreter, if needed to ensure effective communication, in employment, testing, education and training, public service, legal, and medical settings. The Texas Commission for the Deaf and Hearing Impaired tests and certifies interpreters and maintains a registry of certified interpreters in the state. With the implementation of the ADA, requests for

interpreters increased. Interpreters must frequently travel long distances, work erratic hours, and endure delays for their pay. Few interpreters are available in rural areas.

The Texas Commission for the Deaf and Hearing Impaired indicates that Texas has 951 certified interpreters. Of these, 662 are certified at the lowest skill level. Texas has approximately 731,000 persons who may need the services of an interpreter. Training in sign language is offered by several community colleges, universities, and private sources. However, it is not available in many parts of the state and at times and locations to attract students. Many interpreters work only part-time, holding "regular" jobs in order to get health and other benefits. More creative teaching approaches and increased incentives might attract more sign language students and increase the skill levels of existing interpreters.

## ADA Policy Recommendation III

Promote full access for Texans with disabilities to the Information Superhighway by:

- Convening a task force of industry experts and users to study and make recommendations in this regard,
- supporting federal legislation and regulations ensuring such access, and



- supporting Texas' implementation of a fully accessible Information Superhighway.

### Key Issues

- Inclusion of accessibility in initial design of all systems and programs
- Involvement of private communications industry
- Awareness of people with disabilities of the potential benefits available if such systems are accessible

### Background

Improvements in communications technology and communications networks dramatically improved opportunities for independence and productivity of people with disabilities. The convergence of communications technology and high speed networks could lead to even greater benefits for this population. If standards are imposed ensuring the accessible development of these systems, people with disabilities will have enhanced opportunities in education, employment, commerce, health care, entertainment, and democratic government. However, no such guarantees exist either in how the laws and regulations will be formed on the federal level or how our state may implement them.

Two studies projecting economic impact of telecommunications advances anticipate 200,000 new, high-skilled jobs in Texas including 50 percent in small businesses, and lower costs in long distance telephone and cable television rates.

Significant barriers now impede access by individuals with disabilities to many common forms of information

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***“Well I’m sure there are many people today who would tell you that Tom Harkin receiving the medal from George Bush is kind of like Jimmy Johnson receiving the Tom Landry award from Jerry Jones.”***

**U.S. SENATOR TOM HARKIN,  
(UPON RECEIVING RECOGNITION FROM  
PRESIDENT BUSH FOR HIS WORK ON  
THE ADA AND JOKING ABOUT THEIR  
POLITICAL DIFFERENCES, OCTOBER 1994)**

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as well as to Information Superhighway technologies. If no federal or state standards are imposed to guarantee access to people with disabilities in this area, then access and use by people with disabilities will be precarious at best and absent at worst. Cur-

rently, televised weather alerts are often presented visually but not verbally, while transportation announcements are often made verbally but not visually. The widespread use of graphical interfaces are limiting computer access by people who are blind and increased use of information menus that require voice responses limit those unable to speak. Audio text systems are not usable by people who are deaf. Additionally, touch sensitive pads deny access to many people who are blind or have motor difficulties. Standards must insure that telecommunications equipment and networks allow for input through speech, key pad, and other mechanisms operable by people with disabilities as well as outputs that are auditory, visual, and tactual.

## Progress Notes

Since January 1993 . . .

- Doing business in Texas is easier now because state accessibility requirements for renovations and new construction are equivalent to those of the federal ADA access guidelines. The Texas Department of Licensing and Regulation will submit state standards to the federal government for certification.
- Texans with mobility impairments gained an avenue for physical access to stores selling lottery tickets. The Texas Lottery Commission initiated an inspection and complaint system to enforce the law requiring such access.
- Texas businesses are learning about the ADA— A survey of businesses in three counties revealed that 58 percent had received information about the ADA and 18 percent had received ADA training.
- Forty percent of the businesses with employees with disabilities indicated that accommodating these workers had cost nothing. Room for improvement only one percent of the employees in the 902 surveyed businesses had disabilities.
- During 1993 and 1994 more than 27,000 individuals received information on the ADA from the Governor's Committee. The Committee collaborated with other state agencies, notably the Texas Employment Commission and the General Services Commission, to reach large numbers of Texas employers across the state.
- Texans with disabilities seeking state services encounter fewer barriers as agencies implement the ADA. Most state agencies voluntarily scrutinized their policies, procedures, practices, and facilities to correct any deficiencies that might limit access to programs and services. Room for improvement not all agencies have published non-discrimination notices and grievance procedures, provided signs to identify accessible routes and facilities, printed notices on availability of materials in alternate formats for people who have sensory impairments, or taken other steps to implement the ADA.
- Texas cities and counties are beginning to seriously grapple with the nondiscrimination requirements of the ADA. Ninety-three percent of the local governments surveyed in 1993 by the Governor's Committee reported that they provided full and equal access to people with disabilities. Eighty-nine percent have reviewed their employment policies for ADA compliance. Room for improvement only 34 percent provided accessible hiring locations and alternate communications such as sign language interpreters. Forty-five percent have signs directing people to accessible entrances of public buildings.
- Fifteen mayors' committees on people with disabilities promoted implementation of the ADA through activities such as: assistance with city ADA planning and priority setting, on-site training for companies, small business seminars, news conferences, celebrations, Chamber of Commerce events, young management personnel training, financial assistance fair, access and information fair.
- Businesses are beginning to share with each other about their approaches to ADA compliance. The Texas ADA Business Leaders Network, formed by the Governor's Committee, was organized to promote voluntary ADA compliance in the private sector. Business associations and large and small businesses have committed to sharing success stories and practical ideas for dealing appropriately with customers and employees with disabilities.



## Community Services

### Community Services Policy Recommendation I

Increase public awareness of successful community living experiences through:

- Examples mentioned in speeches;
- inclusion of people with disabilities in school textbooks and state agency public service announcements for radio and television; and
- visits with individuals living in the community with adequate support services.

#### Key Issues

- Lack of belief that alternatives to institutions exist
- Lack of understanding of abilities of people with disabilities
- Non-priority for most Texans

#### Background

Many Texans are unaware of the ability of people with disabilities to live in our communities. They continue to perceive institutional facilities (state schools, state hospitals, and nursing homes) as the only alternatives for people who have functional limitations. Additionally, neighborhood

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*"We need the funding for community-based services. It's like the movie "Field of Dreams" if you build it, they will come."*

BOB GEYER, BOARD MEMBER,  
TEXAS DEPARTMENT OF HUMAN SERVICES

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groups in Texas cities still continue to resist community living opportunities in "their" neighborhoods.

Government leaders have a powerful role in shaping public attitudes. By citing examples, responding to community concerns publicly or in letters and by supporting or opposing proposed policies, government leaders demonstrate the behavior and views they would like to see in our state. Although progress has been made, disability issues are all too infrequent in discussions of public policy. Depiction of people with disabilities in media produced by state agencies could further the concept of inclusion of people with disabilities in all aspects of Texas life.

### Community Services Policy Recommendation II

Increase the availability of community-based services in Texas by:

- Supporting policy changes that downsize institutions and redirect funding from institutions into community services;
- supporting federal and/or state initiatives (including increased funding) to create equitable choices between institutional and community services uniformly across the state;
- reforming the Texas Medicaid Program to create more providers across the state and increase flexibility for community-based services, and
- promoting other federal and/or state incentives for the provision of community services.

#### Key Issues

- Provider disincentives to community services



*Client managed attendant service provided since 1986 by Americare Professionals, Inc.*

Americare Professionals, Inc., Orange, TX

- Insufficient state funding for statewide community services
- Rapid growth of Texas Medicaid Program

### *Background\**

Over the past two decades federal and state trends have been away from reliance on large institutions toward individualized community services for people with disabilities. In Texas, the trend is evident in the reduction of state school populations by almost half between 1980 and 1991 and the 85 percent increase in the number of persons receiving community services from the Texas Department of Human Services during the same period. However, Texas continues to rank first among all states in percentage of total spending allocated to institutions and last in percentage allocated for community services.

The scheduled closure of two state schools, despite considerable resistance, demonstrated unprecedented commitment to community-based services. In another landmark action, Governor Richards testified to the Department of Human Services Board, urging the funding of the nursing facilities waiver which redirected federal funds into community services for thousands of Texans. This leader-

ship demonstrated a clear vision for services provided in the community rather than in institutional settings.

State agency boards regularly make policy decisions impacting institutional and community services. Some have defined community services policies against which they measure proposed actions. Others do not. Although shifting from institutions into community-based services has begun, it is far too slow and still encounters much resistance.

State initiatives need to address the lack of equitable choices between institutional and community-based services. Institutional services are costly and easy to get while community services are more than one third less costly and difficult to get. Small pilot programs have created desirable cost-effective, community-based services but only for restricted geographic areas and disability populations. Lack of accessible, affordable housing further limits community service choices. No parity exists between the availability of community and institutional services.

During the 1980s the daily cost for each resident in a state school tripled. Today the annual total state cost per resident in a state facility for people with mental retardation in Texas is about \$65,648. Costs are projected to

exceed \$100,000 per institution resident per year on a national basis by the year 2001.

Nursing home costs likewise have increased dramatically with the annual state cost per client rising from approximately \$7,000 in 1981 to \$17,140 in December 1993, or 144 percent. As of December 1993, 65,804 Texans resided in nursing homes. Also at this time 77,000 persons received community services from the Department of Human services at an annual cost of \$4,610 per person.

The Texas population needing long-term care services is growing; the cost of institutional care is sky-rocketing, and if community services are not significantly expanded, costs for institutional care may explode beyond taxpayer ability to support the program.

Although increased funding for community-based services has the potential to most dramatically affect the increase of those services, it is important to consider other types of incentives to provide such services. Providers of institutional services to people with disabilities perceive many disincentives to offering community-based services. Many own large facilities that they would want to sell or find an alternative use for if they were not



used for long-term care services. Others have encountered situations involving liability for workers or patients in community settings that they believe are greater than those encountered in their residential facilities. Alternative uses of facilities or policies limiting liability while still protecting workers and patients, could serve as incentives to initiate community-based services.

With the rapid growth of the Texas Medicaid Program, management of those costs is imperative. Creative approaches that allow more people to receive services in the community could reduce expenditures. Restructuring the program could increase the number and availability of medical providers willing to accept Medicaid payment. Federal health care reform may impact the system for long-term care services and current federal bias toward institutional care. Careful scrutiny of federal proposals and creative approaches to Texas Medicaid reforms may increase availability of community services across our state.

\* The above statistics are from: Texas Mental Health and Mental Retardation, the Texas Department of Human Services, and "Moving from Institutions into the Community: A Blueprint for the New Texas," by the Governor's Committee.

### Community Services Policy Recommendation III

Improve transportation options for Texans with disabilities by:

- Encouraging transportation authorities to comply with the ADA and improve the quality and quantity of their services,
- encouraging inclusion of disability issues in statewide transportation planning and policy development, and
- encouraging accessible transportation that allows travel across boundaries of existing providers.

#### *Key Issues:*

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- Inadequate amounts and quality of transportation
- Lack of flexibility
- Inadequate cooperation between providers

#### *Background:*

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Vast areas of our state are not served or are under-served by public transportation. In these communities persons who do not drive, including persons with disabilities, must rely on friends, family, volunteers or taxi cabs to travel. This consequently affects their opportunity to live independently, work or participate in vocational training, attend recreation events, and contribute to their commu-

nity. Where services do exist, they are often vastly inadequate. Some systems cease operation at mid-evening, others are available only for work, and most require scheduling of trips several days in advance.

Current transportation providers are required to meet certain accessibility requirements by the ADA. Monitoring of providers could encourage voluntary compliance if it is not already achieved. Individuals with disabilities can sometimes achieve improvements in their services through local advisory committees. However, many of the improvements needed require involvement at the state level. Statewide public transportation planning must include issues relevant to people with disabilities.

Even if local transportation is offered, it operates within a defined geographic area, so that, if one lives outside the area, one cannot get the transportation. Thus, persons living in a suburb, may get to travel within the suburb but not into the city nearby. Coordination between systems could help remedy this problem. Future public transportation planning may need to consider radically different approaches (subsidized taxi cabs or alternate uses of current providers, for instance) in areas with sparse population.

## Progress Notes

Since January 1993 . . .

- Relocation is well underway for residents of two state schools scheduled for closure by 1997. Since 1991, 970 state school residents have moved into community settings.
- A federally approved and state funded nursing facility waiver provided up to 2,000 Texans the opportunity to receive services in their homes rather than in nursing homes.
- Families are getting help locating resources for their children with disabilities from a 1-800 hotline mandated by the Senate Committee on Health and Human Services. This was a result of an investigation regarding children in nursing homes.
- The newly established Commission on Children and Youth developed recommendations on ways to better coordinate and deliver services to children.
- Families seeking community support services for children and youth with mental disabilities gained approval from the Board of Texas Mental Health and Mental Retardation for a policy promoting such services.
- The House Appropriations Subcommittee on Health Care for Children with Special Needs continued to look for solutions to insurance problems faced by many parents of children with disabilities.
- Governor Richards supported the inclusion of long-term care services as a part of National Health Care Reform.
- Persons with disabilities worked together to further define and promote advocacy for personal assistance services in a five-state regional conference cosponsored by the Governor's Committee and the Coalition of Texans with Disabilities.
- The Health and Human Services Commission convened a Long-Term Care Task Force representing a broad array of organizations and interested constituencies to develop recommendations on changes needed in long-term care services in Texas.
- Twelve mayors' committees on people with disabilities increased opportunities for community participation for persons with disabilities through activities such as: participating in forums and focus groups on transportation, building an accessible fishing pier, producing information and access guides, and advising about housing issues.



## Education and Schools



Susan Gaetz

*Nikolas Jaeger plays with friends at The Open Door Preschool, Austin, Texas.*

### Education Policy Recommendation I

Increase compliance in all Texas schools with the Individuals with Disabilities Education Act, the ADA, and federal and state transition legislation through enhanced leadership and monitoring by the Texas Education Agency, the Higher Education Coordinating Board, and other state agencies.

#### *Key Issues*

- Lack of consistent and effective implementation of state and federal education and disability laws throughout Texas

- Ineffective system for student/parent empowerment in the education process

#### *Background*

With the passage and implementation of P.L. 94-142 many parents of students with disabilities believed their children would enjoy equal opportunities and services adequate to meet their educational needs. However, as many court cases have illustrated, full and effective implementation of the concepts contained in this law still elude us. The role designated for students and parents in the educational process has proven a significant disappointment in practice. Often students and parents are not adequately informed of their rights, are intimidated by an array of professionals speaking jargon at ARD (Administrative Review and Dismissal) meetings, and find that their opinions and preferences are not given substantial weight in the decision process.

Full implementation of the laws mentioned in this recommendation would necessitate changes in local schools, colleges, universities, and state agencies that monitor and/or coordinate them. Some of the needed changes include: (1) Revision of student and parent involvement processes to ensure more "customer friendly" opportunities; (2) including representa-

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***"If we as a society truly believe education is the key to opening the doors of tolerance and understanding and fostering brighter futures for our children and youth, we must not forget that every child not only needs a key but some need only be allowed to unlock the door."***

**MARENE MAY, Chairperson,  
Irving Mayor's Committee**

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tion on site-based management teams, student governments, and other planning mechanisms; (3) provision of information to students and parents regarding their educational rights and administrative adherence to such requirements; and (4) correction of deficiencies cited in the 1992 Office of Special Education and Rehabilitation Compliance Review.

Other changes include improving transition planning by insisting that all agencies involved with a student attend individual transition plan meetings; and providing quality support services in amounts adequate to meet student needs (including qualified interpreters; readers and note takers;



occupational, speech, and physical therapy; and assistive devices). Full compliance with the ADA requires facility modification, and a continual evaluation of policies and program accessibility.

## **Education Policy Recommendation II**

Monitor effect of changes in funding weights to ensure quality educational services to students with disabilities.

### *Key Issues*

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- Lack of consistent and effective implementation of state and federal education laws throughout Texas
- Lack of financial incentives to place children in the most functional educational setting that meets their needs

### *Background*

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In Texas, the special education system is largely segregated. Children with disabilities in special education self-contained classrooms bring a higher funding to the district than the same children in regular classrooms. When children with disabilities are removed from these segregated classes, the funds do not “follow the child” but

are in effect cut from the district budget. Districts perceive a penalty in moving special education students into regular classes.

In 1993, the Texas Legislature modified the funding weights for special education to provide an incentive for teaching children with disabilities in the regular classroom. The modification was to ensure that districts would not lose money by placing children with disabilities in regular classrooms with adequate support services provided there.

Monitoring of recent changes in funding weights for students with disabilities is needed to see if the weights were adjusted to the extent needed to remove the disincentives or if more adjustments need to be made. Funding must be in amounts adequate to ensure the provision of quality support services adequate to meet student needs (including qualified interpreters; readers and note takers; occupational, speech, and physical therapy; and assistive devices). To provide integrated services with minimal costs, schools might increase the provision of social/disability-related services on school campuses by state and local agencies.

## **Education Policy Recommendation III**

Monitor and promote policies and funding that encourage inclusion of students with disabilities in Texas schools but only to the extent that inclusion meets individual needs academic, intellectual, social, emotional, communication, physical growth, and achievement to the fullest potential.

### *Key Issues*

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- Lack of consensus on the concept of “full inclusion”
- Lack of consistent and effective implementation of state and federal education laws throughout Texas
- Lack of teacher preparation and incentives for including students with disabilities in Texas' regular classrooms

### *Background*

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With the passage and implementation of P.L. 94-142 many parents of students with disabilities believed their children would be included in regular classroom activities and enjoy equal opportunities and services adequate to meet their educational needs. However, as many court cases have illustrated, the full and effective implementation of the concepts contained in this law still elude us. Many students with



disabilities are still in self-contained classrooms and have few, if any, common experiences and interactions with non-disabled students. Few teachers in regular classrooms are adequately trained or provided with supports to enable them to teach students with disabilities. Some advocacy groups arguing for “full inclusion” of students with disabilities believe that all services can and should be delivered in the regular classroom. Other advocates express concern that, while this may be desirable, some services are better offered in a different setting.

If current state and federal education and equal rights laws were fully and consistently implemented in Texas schools, many more students with disabilities would be included in regular classrooms than are included today. While urging legal compliance, we must continue to promote and monitor the implementation of inclusion.

Changes may challenge us to:

- (1) preserve unique special education services while eliminating the parallel system structure between special and regular education;
- (2) revise teacher training programs to include training in the diversity of students including socioeconomic, functional abilities, family structures, race, and cultural differences;
- (3) increase use of observational testing over standardized testing thereby eliminating the inherent problems with standardized testing for students with disabilities; and
- (4) promote language enrichment to include sign language. Other tools for teachers needing increased use include peer tutoring, circle of friends, use of adaptive equipment, and team teaching.

## Progress Notes

Since January 1993 . . .

- Special education teachers gained flexibility to work with students in regular classrooms through new rules adopted by the Texas Education Agency.
- The State Board of Education adopted new policies regarding education of students with disabilities, and distributed them to all districts.
- School administrators in 1,046 Texas districts had the opportunity to learn more about the ADA through an interactive television show produced by the Texas Education Agency.
- The Texas Education Agency funded pilot projects on inclusion of students with disabilities.
- Faculty in 76 Texas colleges had the opportunity to receive training in ADA issues relevant to education including testing accommodations for people with disabilities.
- Five mayors' committees on people with disabilities promoted improved educational opportunities for persons with disabilities by: providing 44 students with disabilities scholarships totaling more than \$41,000, urging adoption of a statement of inclusion by a local school board, and developing a college directory on facility and program accommodations.



Staff Photo

*The University of Texas at Austin prepares sign language interpreters.*



## Employment, Rehabilitation, and Vocational Training

### Employment Policy Recommendation I

Promote entrepreneurial opportunities for Texans with disabilities by:

- Including Texans with disabilities in all economic development efforts;
- supporting state and federal legislation that increases entrepreneurial opportunities for people with disabilities and funds to support it;

- instructing the Texas Office of State-Federal Relations to promote redirection of federal funds into the Small Business Administration's Handicapped Assistance Direct Loan Program;
- directing state agencies to increase their focus on entrepreneurial opportunities for Texans with disabilities, including expansion of the definition of historically under-utilized businesses; and
- encouraging public and private entrepreneurial training programs to include people with disabilities.

#### Key Issues

- Very high unemployment rate of people with disabilities
- Minimal inclusion of employment opportunities for Texans with disabilities in economic development efforts
- Lack of opportunities and resources for people with disabilities to own and run a business

#### Background

Though some federal and state programs to support entrepreneurial endeavors of people with disabilities exist, they do too little and are not focused on emerging new employment trends. The federal program to provide loans to businesses owned by a person

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***"We want Texans with disabilities to have full opportunities to be both employees and customers of Texas businesses. The goal is for the businesses who have succeeded in including people with disabilities to show other businesses that complying with the ADA is not only possible, but profitable for everyone."***

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Governor Ann Richards, July 26, 1994

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Norma Jean Hayes, Photographer

*KENS-TV's Donna Cline won a 1993 Barbara Jordan Award.*

with a disability rarely has any funds. Federal and state definitions of historically under-utilized businesses do not include those owned by people with disabilities. Thus, incentives offered to ethnic minorities and women are not available to this population.

A 1994 Census Report indicated that only 23.2 percent of Americans with severe disabilities between the ages of 16 and 64 are employed. This astonishing level of unemployment results from employer fears and misconceptions, misinformation regarding the probable cost of accommodating an employee with a disability, the impact of an employee with a disability on insurance coverage, lack of training of

people with disabilities for today's professions, and disincentives in government assistance programs. Very few people with disabilities own their own businesses due to difficulties in training and gaining the resources necessary for such ventures. Government does little to support these endeavors.

Increasing global competition, emerging new technologies, and businesses organized differently from today will shape the Texas workplace of tomorrow. Texans, including those with disabilities, will be required to have broader knowledge of business operations and customer demands than ever before. Creativity, flexibility, self-direction, and continual training will be imperative. The opportunities for starting small creative businesses will increase. For Texans with disabilities to compete, economic development efforts must include participation by people with disabilities. Additionally, training in skills needed for tomorrow's jobs and increased support for entrepreneurial activities is critical. Returning injured workers to their jobs or retraining for other positions will be economically imperative.

## **Employment Policy Recommendation II**

Organize a cadre of knowledgeable business and community leaders who can communicate to others the value of hiring people with disabilities.

### *Key Issues*

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- Lack of knowledge about disabilities
- Lack of understanding of creative low-cost accommodations
- Misconceptions about health insurance rates
- Minimal or non-compliance with the employment provisions of the ADA

### *Background*

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Although the implementation of the 1990 Americans with Disabilities Act has begun, misconceptions about the potential contributions of people with disabilities in employment continue. Employers express fears about costs of accommodations, perceived increase in insurance rates, increased employee injuries, and overall discomfort with people with disabilities. Many view people with disabilities primarily as liabilities rather than potential assets.

Businesses seem to learn best from other businesses. Networking and communication among businesses promotes an understanding of the marketplace, innovative approaches, management structures and other effective business operations. Trade associations play a critical role in this process. Thus, businesses and trade associations must be encouraged to communicate the assets of hiring people with disabilities. The leadership of such entities could have a dramatic effect on the employment of people with disabilities in Texas.

## **Employment Policy Recommendation III**

Increase employment opportunities for Texans with disabilities by:

- Promoting improved policies and service delivery approaches in supported employment;
- encouraging legislative action to require state agencies to take affirmative action regarding employment of people with disabilities;
- requiring agencies to strengthen involvement in transition and from school-to-work programs, and services; and



- reassessing and redirecting funding for on-going support services such as job searching, job coaching, job intervention, and follow-along services.

### *Key Issues*

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- Lack of consistent services statewide
- Inconsistent leadership among state agencies
- Limited funds for required "lifetime" services
- Lack of focus on people with most severe disabilities

### *Background*

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In the 1980s, changes in federal laws introduced the concepts of "supported employment" and "transition services" in Texas. Rehabilitation and education agencies funded programs that provided job coaching, job intervention, and follow-along services to people with severe disabilities, to increase their opportunities for com-

munity employment. Education agencies, rehabilitation agencies and private providers began offering services to improve the "transition" from school into independent living, employment, and/or training programs. However, these efforts vary widely across the state and differ depending on the type of disability, type of funding source, and degree of implementation by state or local agencies. More recently, state and federal legislation has defined programs to improve transition from school-to-work through "apprentice" and other training programs.

Employment of people with severe disabilities is at 23.2 percent for persons age 16 to 64. Although data about employment of people with disabilities in Texas state agencies is sketchy, preliminary reports indicate our state is not utilizing the talents of this population as it should. Affirmative action efforts in some state agencies have greatly increased such employment

and could easily be replicated in other agencies. Employment of Texans with disabilities could be increased through state tax incentives, greater flexibility in vocational rehabilitation policies, and the use of Medicaid funds for employment services.

Despite the beginning implementation of supported employment and transition services in Texas, we continue to lag behind other states. A recent report of the ARC of the United States ranked Texas last in the nation in implementation of integrated work opportunities for Texans with mental retardation. Although initial projects were funded, on-going support does not match the requirements of "lifetime" services in supported employment. While transition services have been outstandingly implemented by some agencies, the leadership in implementation within education entities has been especially lacking. Fragmented, inconsistent services resulted.

## Progress Notes

Since January 1993 . . .

- The Governor appointed a businessperson with a disability to the Texas Council on Workforce and Economic Competitiveness (TCWEC) to represent the interests of people with disabilities in the state's economic development activities. The Texas Rehabilitation Commission and the Texas Commission for the Blind were appointed ex officio members to the TCWEC.
- The Smart Jobs Fund, created to provide resources to employers for specific kinds of employee training, will have future benefits for workers with disabilities.
- Texas youth, including those with disabilities, will have an improved opportunity to move from school to

the world of work as a result of federal funding secured by an interagency task force.

- People with disabilities will more readily receive vocational rehabilitation services as the Rehabilitation Act of 1992 is implemented. People with disabilities will have more to say about the delivery of those services through the new Texas Rehabilitation Advisory Committee, also required by this law.
- Nine mayors' committees on people with disabilities promoted employment of people with disabilities through activities such as: career fairs, employer and applicant seminars, and a job training program with the hotel industry.



Ted Candler, Photographer,  
Texas Rehabilitation Commission

*This device provides equal use of the telephone by employees who are deaf.*



## Health Care

### Health Care Policy Recommendation I

Take a leadership role in health care reform that guarantees health care as a basic right for all Americans and assures a comprehensive array of services including preventive, acute, rehabilitative, mental health, prescription drugs, and long-term care services provided according to individual need, personal choice, and situation.

#### Key Issues

- Health care as a “right” for all Americans
- Delivery system and benefits package
- Escalating federal and state health care expenditures
- Effects of proposed changes on Texans with disabilities

#### Background

Texans currently receive health care based on their ability to pay, employment, sex, age, and health status. Approximately one out of every four Texans do not have health insurance. They are frequently the “working poor” who do not qualify for government assistance. Many Texans with disabilities have been unable to find companies who would sell them health



Tx. Dept. of Health photo by Greg

*Childhood immunizations improve quality of life, save money and are vital for all little Texans.*

insurance. With no health insurance and frequently limited finances, they are forced to rely on public health programs or emergency room services. In 1993, the Governor’s Committee identified principles against which health care reform should be measured to ensure its effectiveness for Texans with disabilities—affordability, comprehensiveness, non-discrimination, equity, and promotion of functional capacity. The Health Insurance Availability Act passed by the 1993 Texas Legislature will improve insurance availability to Texans (including those with disabilities) employed in small businesses. However, federal reforms have far greater potential to improve health care for all Americans.

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***“Millions of people with disabilities are condemned to institutions, back rooms, unemployment, and poverty because that is the only way they can qualify for even minimal health care.”***

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JUSTIN DART, CHAIRMAN, PRESIDENT’S  
COMMITTEE ON EMPLOYMENT OF PEOPLE  
WITH DISABILITIES, NOVEMBER, 1993

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The Governor’s Committee believes that all Americans should be guaranteed the **right** to health care. Ensuring some level of basic access to health care as well as assurance of continued or improved quality of those services is essential to any reform. Our current health care system reimburses almost exclusively for acute care and institutional (nursing home) care. Other care such as preventive, rehabilitative, mental health, prescription drugs, and personal assistance services are vastly under-funded and thus largely unavailable. Reforms must ensure the comprehensiveness of available services.

### Health Care Policy Recommendation II

- Improve Medicaid services by:
- Requesting all entities preparing Texas Medicaid reforms to research and



submit information regarding the impact their proposals would have on Texans with disabilities, and

- supporting reforms that would increase provider availability across the state and increase community services.

### Key Issues

- Escalating state health care expenditures
- Effects of proposed changes on Texans with disabilities
- Inadequate data for effective policy development
- Lack of availability of Medicaid providers

### Background

State leaders have expressed alarm over the rapid growth of the Texas Medicaid Program citing data that indicates it is one of the fastest growing items in our state's budget. In addition, Texas must meet new federal Medicaid mandates requiring additional funding. We must look at radically different approaches due to the escalating expenses. Committees and task forces are studying the problems and preparing recommendations for the next Texas Legislature.

Reforms addressing the fiscal crisis presented by the rapid growth of the Medicaid Program must not have a negative or disproportionately negative effect on Texans with disabilities

receiving Medicaid. For example, managed care has been proposed as a reform for the provision of Medicaid services in Texas. While there are positive benefits for recipients such as wider choice of providers and routine wellness checks, people with disabilities have experienced problems with some managed care approaches. People with disabilities often need specialized care. Because managed care scrutinizes specialized and high cost procedures, it is more difficult to obtain these services than in other systems. Legislators considering state Medicaid reforms need to know their potential effects on Texans with disabilities.

Presently, many people with disabilities are required to travel long distances because local providers do not accept Medicaid reimbursement. Sometimes they cannot get accessible transportation and hence do not get the services. Reforms in the Texas Medicaid Program have the potential of improving provider availability as well as increasing community services.

### **Health Care Policy Recommendation III**

Require the Texas Department of Insurance and the Office of Public Insurance Council to collect data about health care needs and health insurance of Texans with disabilities. Encourage

the Federal Census Bureau to broaden its data on health care and health insurance of Americans with disabilities.

### Key Issues

- Effects of proposed changes on Texans with disabilities
- Inadequate data for effective policy development

### Background

Current data regarding health care, health insurance, outcomes of procedures, effectiveness of providers is virtually unavailable in Texas. Furthermore, information specifically pertaining to health care and insurance for people with disabilities is almost nonexistent. Specific data collection is critical to design of public policy in this area.

Public policy development in health care and its potential effects on Texans with disabilities would be greatly enhanced if more detailed state data were available. If agencies collected and analyzed such data, future reforms would have a greater opportunity for effectiveness. Census data on people with disabilities is currently only collected as a "sample" and the questions asked are fairly limited. Better data could be obtained if disability questions were asked of all Americans with more specific details requested.



## Progress Notes

Since January 1993 . . .

- People with disabilities forced consideration of issues vital to their welfare in the federal health care reform debate.
- In a six-month period, "Shots across Texas," an initiative of the Governor and Legislature, provided well over half a million immunizations—an important aspect of prevention of disabilities.
- Research by the Senate Committee on Health and Human Services into escalating costs of the Texas Medicaid program resulted in consideration of total restructuring of the program.
- Employees of some small businesses in Texas gained access to insurance through the creation of insurance pools, and beginning September 1995, employees will be guaranteed coverage regardless of health status.
- Five mayors' committees on people with disabilities promoted improved health care for Texans with disabilities through: forums, conference calls, partnership with a medical supply store, medical supply store, health fairs, and participation in local Economic Development Committee Health Subcommittee.



*Client managed attendant service has enabled this man to live in his community.*

Americare Professionals, Inc., Orange, TX

# Important State and Federal Phone Numbers

## ADA

### For ADA information and Technical Assistance:

Governor's Committee on People with Disabilities

(512) 463-5739 (voice),  
(512) 463-5746 (TDD)

Southwest Disability and Business Technical Assistance Center

1-800-949-4ADA  
1-800-949-4232

U.S. Department of Justice

1-800-514-0301

Equal Employment Opportunity Commission

1-800-669-EEOC or  
1-800-669-4000 for complaints

Federal Communications Commission

(202) 632-7260

United States Architectural and Transportation Barriers Compliance Board (Access Board)

1-800-USA-ABLE  
1-800-872-2253

U.S. Department of Transportation

(202) 366-9375

Relay Texas

1-800-735-2988 (voice)  
1-800-735-2989 (TDD)

### For Agencies administering state laws compatible with the ADA:

Texas Commission on Human Rights

(512) 837-8534 (employment and housing discrimination)

Texas Department of Licensing and Regulation

1-800-252-8026 (facility accessibility)

Injured Workers Ombudsman

1-800-252-7031

## Community Services

Commission on Children and Youth

(512) 305-9056

Children with Severe Disabilities

1-800-252-8023

Texas Department of Human Services

(512) 450-3233 voice  
(512) 450-3533 TDD

Texas Department on Aging

1-800-252-9240

Texas Mental Health and Mental Retardation

1-800-252-8154



Texas Rehabilitation Commission  
(limited personal care assistance for  
people with disabilities who are  
working)  
1-800-628-5115 (special services)

Department of Human Services  
(concerns about quality of care in  
nursing homes)  
1-800-458-9858

Texas Department of Protective and  
Regulatory Services  
1-800-252-5400

Texas Department on Housing and  
Community Affairs  
1-800-792-1119

## Education

Texas Education Agency  
1-800-252-9668

## Employment

Texas Commission for the Blind  
1-800-252-5204

Texas Rehabilitation Commission  
1-800-628-5115 (Special Services)

Texas Employment Commission  
(512) 463-2652

## Health Care

Texas Department of Health  
(512) 458-7111

Office of Public Insurance Council  
(512) 322-4143

Department of Insurance  
1-800-252-3439

Texas Insurance Purchasing Alliance  
1-800-839-8472

Texas AIDS Hotline  
1-800-299-2437

(For information about mayors'  
committees on people with disabilities  
or disability organizations in your area,  
contact the Governor's Committee,  
(512) 463-5739, (512) 463-5746 TDD, or  
(512) 463-5745 Fax.)

# Appendices

## Appendix A: Texas Strategic Planning and Long-Range State Plan Goals

This section states 18 long-range goals specific to Texans with disabilities and their relationship to the vision and mission for our state as expressed in our state strategic plan.\*

The five basic mission areas in the state strategic plan provide a framework in which all state agencies develop their strategic plans. This focuses planning around issues rather than current agency structures. Furthermore, people with disabilities can see under which goal issues important to them will be addressed. The previous 15 policy recommendations discussed in Section 4 relate specifically to the 18 goals listed in this section.

### STRATEGIC PLAN VISION

“We envision a Texas where all people have the skills and opportunities they need to achieve their individual dreams; a Texas where people enjoy good health, feel safe and secure

from harm, and share a quality standard of living; a Texas where we and future generations can enjoy our bountiful natural beauty and resources.”

This vision includes all people, so it inherently includes all people with disabilities. As progress is made in realizing the vision, people with disabilities will benefit. However, equal opportunity for people with disabilities requires some different, uniquely focused long-range goals.

State plan mission areas are indicated by Roman numerals; Long-Range State Plan (LRSP) goals are identified with letters.

### I. . . . TO BUILD A SOLID FOUNDATION FOR SOCIAL AND ECONOMIC PROSPERITY

A. Partnerships between private and public entities will encourage creative, effective solutions to meet the needs of people with disabilities.

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

### II. . . . TO PROVIDE EDUCATIONAL OPPORTUNITIES FOR ALL OUR PEOPLE

A. Public and private education will be provided for students with disabilities (including adults) in regular classrooms to the extent that this inclusion meets the individual’s needs—academic, communication, intellectual, social, emotional, physical growth, and achievement to his or her fullest potential.

### III. . . . TO PROTECT AND ENHANCE THE HEALTH, WELL-BEING, AND PRODUCTIVITY OF ALL TEXANS

A. All Texas communities will promote full participation of people with disabilities by being totally accessible in the built environment, architecture, transportation and communications, with support systems available.

B. Working together, the public and private sectors will develop a comprehensive, internally consistent body of disability-related law which is consis-

\*References to the state strategic plan refer to *Texas Tomorrow* 1994.



tent with the purposes of the ADA and guarantees and enforces equal rights and opportunities for people with disabilities.

C. Public and private prevention efforts will continually strive to decrease the incidence of disabilities in Texas.

D. Public and private social, recreation, and leisure activities will promote full participation of people with disabilities by being totally accessible and providing accommodations as needed.

E. All people, including those with disabilities, will be encouraged to volunteer and public and private programs will aggressively recruit volunteers with disabilities, making accommodations as needed, and promote the full participation and growth of each individual.

F. Realistic and positive portrayal of people with disabilities will be proactively communicated by the media, in educational materials, and government programs, in an accessible manner. Positive depiction of the potential of people with disabilities and affordable solutions to needs will be communicated to all Texans.

G. Federal, state, and local public and private disability-related programs

will be coordinated—including planning, implementing and evaluating services. Efforts will include both coordination of all local services as well as collaboration between the various levels and types of services.

H. Multi-agency common data bases will be created and/or expanded to assist with coordination, planning, and policy/program development. All such data systems will be established in a manner that insures access by people with disabilities and non-confidential information will be available through on-line services.

I. Community-integrated employment of people with disabilities, at all levels, will be increased through improved interaction among private businesses, business associations, and government programs. The perception of employers will change by focusing on functional abilities of people with disabilities and government disincentives to employment will be decreased or eliminated.

J. People with disabilities should be included in policy and program evaluation systems to monitor the effectiveness of disability-related programs and program management.

K. The option to live independently and fully participate in Texas

communities will be available to all people with disabilities through increased consumer-directed public and private independent living services. Services will include training in self-advocacy, use of adaptive technology, and other support services.

L. A sufficient number of qualified personnel will be available at all levels to provide effective services for people with disabilities, and on-going training of such personnel will be provided to update their knowledge and skills.

M. 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.

#### **IV. . . . TO PRESERVE THE STATE'S ENVIRONMENT AND ENSURE WISE, PRODUCTIVE USE OF OUR NATURAL RESOURCES**

A. Public and private entities will conduct all aspects of environmental management and protection so that it preserves and protects the health of all Texans including people with sensitivities to environmental control chemicals, and promote public understanding of chemical sensitivities.

## V. . . . TO ENSURE THE SAFETY OF OUR COMMUNITIES

A. Texans with disabilities will be protected from the effects of crimes and will be treated with respect and appropriately accommodated when interacting with agencies providing public protection.

### Appendix B. Functions of the Governor's Committee

#### Human Resources Code, Section 115.009 Functions.

The committee shall:

(1) coordinate and monitor the state's compliance with the federal Americans with Disabilities Act of 1990 (Pub. L. No. 101-336) and other federal and state statutes relating to rights and opportunities for people with disabilities;

(2) provide information and technical assistance to public and private agencies and businesses to promote and facilitate implementation of the federal Americans with Disabilities Act of 1990 (Pub. L. No. 101-336) and other federal and state statutes relating to

rights and opportunities of people with disabilities;

(3) by December 31 of each year, report to the Governor, the Lieutenant Governor, and the Speaker of the House of representatives on the state's compliance with federal and state laws pertaining to rights and opportunities for people with disabilities and make recommendations to achieve compliance where noncompliance exists;

(4) serve as the state's liaison agency in working with the President's Committee on Employment of People with Disabilities and other public or private associations or groups promoting or providing services for people with disabilities;

(5) develop and work with a statewide network of volunteer community-level committees to promote dissemination of information about and implementation of federal and state laws addressing rights and opportunities for people with disabilities;

(6) promote the development of efficient and effective coordination of services for people with disabilities;

(7) make recommendations to the Governor on programs, policies, and funding that promote independence for people with disabilities;

(8) collect and monitor data on employment of people with disabilities by state agencies;

(9) work with legislative committees and with state agencies on the development of laws and policies that affect people with disabilities;

(10) monitor and promote the implementation of the LRSP 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, and appropriate legislative committees and state agencies;

(11) promote the compilation and publication of state laws relating to people with disabilities and make recommendations to the Governor and the Legislature about appropriate changes in state laws relating to those people;

(12) promote a demographic survey for the accurate identification of people with disabilities and the effective use of the survey results in establishing service priorities; and

(13) issue awards and other forms of recognition to people and organizations making outstanding contributions to the employment of people with dis-



abilities and to public awareness of issues impacting people with disabilities.

## Appendix C:

### Laws Passed by the 1993 Texas Legislature Affecting People with Disabilities

#### Implementation of the ADA

- Amended the architectural barriers law so that all buildings covered by the ADA are covered in state law.—SB 540
- Expanded the definition of disability in the Texas Commission on Human Rights law to protect the employment rights of people with disabilities in conformance with the ADA.—HB 860
- Allowed for a more flexible system of placing print access aids in libraries to assist people with disabilities to read print materials.—HB 1843
- Created a system for improved services to offenders with disabilities in the criminal justice system through memos of understanding with various state agencies.—SB 252
- Improved the system for evaluating, certifying, and paying qualified sign

language interpreters.—HB 2109, SB 1117, and SB 1118

- Allowed for substitution of the Stanford Achievement Test, nationally normed on the hearing-impaired population, for the Texas Academic Skills Program, (TASP).—HB 1165
- Deleted language that hindered implementation of the ADA in the areas of nursing and teacher retirement. —HB 756, HB 2180, SB 839, and HB 1581
- Allowed for the provision of medical records by electronic means.—SB 270
- Included compliance with state and federal laws regarding program and facility accessibility in the enabling legislation of 12 state agencies (in each of their bills).
- Amended the Texas Alcoholic Beverage Commission law to require review of all premises where alcoholic beverages are sold for compliance with the ADA.—HB 1445
- Directed state agencies providing health and human services to people with disabilities to develop policies to improve access.—HCR 128

#### Community Services

- Facilitated community placements by streamlining the process for diagnosis and evaluation required for such services. Also designated a process for certifying certain officers for mental health assignment.—HB 771

- Created process for specially trained peace officers and prohibited transfer of people with suspected mental illness in the company of prisoners, as well as prohibiting undue restraints during transfer.—SB 292
- Protected the rights of people needing a guardian through extensive revision of guardianship procedures.—SB 236, SB 332, and SB 1142
- Increased the potential provider pool for personal assistance services through revisions in revised home-health licensing procedures.—HB 1551
- Included youth with disabilities in a newly created youth apprenticeship program.—SB 367
- Maintained commitments to close two state schools despite legislative opposition.—amendment to HB 1510 defeated
- Increased accessibility of private polling places.—HB 76
- Increased home-like settings for care of children with HIV/AIDS or other terminal illness.—HB 944
- Improve the financial feasibility of providing continuing care by allowing providers to accept deposits from prospective residents prior to the provider obtaining a certificate of authority to provide such services.—HB 2389



- Increased options for independent living services by directing DHS to request Medicaid waivers.—HCR 74
- Rededicated funding for the Comprehensive Rehabilitation Program providing funds for medical and rehabilitation services for people with head and spinal cord injuries.—SB 407

## Education

- Created financial incentives for teaching students with disabilities in the regular classroom.—SB 7
- Established pilot programs for inclusive education.—HB 1686 or SB 697
- Revised education law to reflect “people first” language.—HB 2203
- Clarified process for tuition exemption for people who are deaf or blind at institutions of higher education.—SB 183
- Continued process requiring textbooks on computer disks to facilitate production of braille materials for students with visual disabilities.—SB 1363

## Employment

- Included youth with disabilities in a newly created youth apprenticeship program.—SB 367

- Rededicated funding for the Comprehensive Rehabilitation Program providing funds for medical and rehabilitation services for people with head and spinal cord injuries.—SB 407

## Health Care

- Increased availability of insurance to employees of small businesses, (with 3-50 employees). Guaranteed issuance of health insurance policies (after September, 1995) regardless of health experience. Insured “portability” — may keep insurance from job to job. Prohibited non-renewal or cancellation of employers and employees except for non-payment or fraud. Prohibited the permanent exclusion of pre-existing conditions and standardized the waiting period for such conditions by requiring that an individual meet only one set waiting period of 12 months.—HB 2055
- Established consistent standards for long-term care insurance policies. —HB 2662
- Provided for selective contracting for provision of Medicaid services.—SB 79
- Encouraged Clozapine treatment for people in state hospitals who might benefit from it.—HB 1713
- Protected rights of people seeking mental health, rehabilitation, and

substance abuse services. Decreased the potential for future abuses through regulatory controls. Established a Treatment Methods Advisory Committee. Established the same standards of care for public and private facilities.—SB 160, SB 205, SB 207, SB 210, and SB 212

## Increase Prevention and Treatment of Disease

- Regulated mammography procedures and equipment.—HB 63
- Required testing of people convicted of sexual offenses for sexually transmitted diseases.—HB 2650
- Required screening and treatment for tuberculosis in correctional facilities.—SB 57
- Established a birth defects registry.—SB 89
- Provided access to information for epidemiologic and toxicologic investigations.—SB 90
- Provided for immunizations of all Texas children.—SB 266 and SCR 42
- Established the Texas Council on Alzheimer's Disease.—SB 672



## Creating a Safer Environment

- Established safety standards for elevators.—HB 154
- Required the reporting of certain injuries to the Department of Health.—HB 343
- Required warnings near high voltage lines.—HB 370
- Provided for the distribution and use of child passenger restraints in motor vehicles.—HB 479 and HB 1502
- Required the inspection of certain electronic products under the Texas Radiation Control Act.—HB 781
- Granted authority to the Department of Health protecting the public from emissions of asbestos.—HB 1680
- Promoted bicycle safety.—HB 1978, HB 629, and HB 630
- Established poison control centers.—SB 773
- Established statewide driver's license revocation program.—SB 1
- Established fire-safety requirements in long-term care facilities.—SB 28
- Allowed for enforcement of local ordinances requiring swimming pool enclosures.—SB 170



Photo courtesy of Capital Metro

*Austin's Capital Metro provides access for this passenger.*

# History and Authority

The first LRSP was produced in 1983 based on information from citizens across the state regarding problems and solutions affecting people with disabilities. The Council on Disabilities revised the plan in 1985 and again in 1991. The 72nd Legislature abolished the Council on Disabilities through the Sunset process, and transferred responsibility for the LRSP to the Governor's Committee on People with Disabilities. (See Appendix B.)

The uniqueness of this plan is that it includes short and long-term recommendations pertinent to people of all ages and with all types of disabilities. Moreover, it attempts to address concerns in every area of life and will have an impact on education, recreation, paid employment, volunteer and non-profit activities, private business and all state, city, and county government.

## GOVERNOR'S COMMITTEE MEMBERS:

Joseph M. Jarke, Austin, Chairman  
James (Jamie) H. Cashion III,  
Fort Worth  
Lena D. Coleman, Corpus Christi  
Cynthia A. Ford, Marshall  
J. Michael Gividen, San Marcos  
Barry Green, Tyler  
John D. Hardin, Jasper  
Rose Aird Minette, Austin  
Shirley A. Smith Pacetti, Houston  
Eric S. Reed, El Paso  
Carol Herring Weir, San Antonio  
Redge B. Westbrook, Austin

## Ex Officio Agency Members:

Pat D. Westbrook, Texas Commission  
for the Blind  
David W. Myers, Texas Commission for  
the Deaf and Hearing Impaired  
Eddie Cavazos, Texas Employment  
Commission  
Vernon M. Arrell, Texas Rehabilitation  
Commission

## The following persons also served on the Governor's Committee during this report period:

Ralph D. Rouse, Jr., Dallas  
Samuel L. Bean, Beaumont  
Peter M. Moore, Galveston



**GOVERNOR'S COMMITTEE STAFF:**

Virginia Roberts, Executive Director  
Cindy Counts, Community Outreach  
and Public Information Coordinator  
Scott Haynes, ADA Technical  
Assistance Coordinator  
Pat Pound, Long-Range Planning and

Policy Coordinator  
**TEXAS GOVERNOR'S COMMITTEE ON  
PEOPLE WITH DISABILITIES**

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The Relay Texas service is also  
available to you by calling 1-800-  
RELAY VV (voice) or 1-800-RELAY TX



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