PRIORITY SERVICES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES

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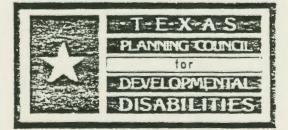
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ACKNOWLEDGEMENTS

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Advocacy, Incorporated is responsible for the information, analysis and conclusions presented in this report and they do not necessarily represent the positions of or endorsement by the Texas Planning Council for Developmental Disabilities or the Texas Rehabilitation Commission

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APPRECIATION

Our special thanks to:

The Local Arrangements Coordinators - Appendix IV

The ten who volunteered so many hours to arrange facilities, interpreters, transportation, registration, refreshments and publicity for all the local forums.

The Hearing Panel Members -- Appendix V

The 88 who represented DD Council members, state agencies, Legislators, Aides, Legislative Study Committees, the Council on Disabilities and the Texas Health and Human Services Coordinating Council. They listened with patience and interest and their questions were of great assistance in helping the persons giving testimony.

The Persons Giving Testimony - Appendix VI

The 209 persons who presented written and oral testimony at the local Forums. Their information, ideas, and recommendations on the priority needs of persons with developmental disabilities are invaluable. We hope the summaries in this report do them justice.

The Participants

The 820 who completed the Registration and Questionnaire Forms either at the Forums or by mail. We hope their information, summarized in this report, will help them advocate for their own priorities and participate more effectively in the network of individuals, organizations and agencies interested in promoting effective and appropriate services for Texans with developmental disabilities.



Texas Planning Council for Developmental Disabilities

> Joellen Simmons Executive Director

Becky Brandon Chairman

Lee Veenker Vice- Chairman

Dear Reader:

On behalf of the Texas Planning Council for Developmental Disabilities and Advocacy, Incorporated, I am proud to share this report on "Priority Services for Persons with Developmental Disabilities." The report is the product of a year of effort to conduct a statewide series of Public Forums to gather information about the needs of Texans with developmental disabilities.

What began as a simple goal in our <u>State Plan</u> "to obtain input from consumer groups, citizens, service providers and elected officials" grew into a project that involved more than a thousand Texans. This final report summarizing current service needs in Texas is one major outcome of the project. Other important results include increased awareness of Council activities in all regions of the state and the opportunities for networking among consumers, providers, and state officials presented by the Public Forum experience.

The success of the Forum project is due to the efforts of many. A special thanks is extended to the Advocacy, Incorporated project staff, David Sloane, Fran Hornung, and Nanci Gibbons, for their efforts in coordinating the Forums; and to the Council staff, especially Robbie Davis who assisted in many aspects of the project. I would also like to thank those Council members who served on local hearing panels, and finally, to Lee Veenker, Vice-Chairman of the Council, who gave generously of her time in the planning and implementation of the project.

The Texas Planning Council for Developmental Disabilities has achieved its initial goal of holding Public Forums and gathering information about the service needs of Texans with developmental disabilities. The Council now will begin to develop strategies to address these needs through advocacy, improved planning, and increasing coordination with other agencies. Your comments and input are appreciated as we work together to provide quality services to all Texans with developmental disabilities.

Sincerely yours,

Becky Brandon & A Chairman

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EXECUTIVE SUMMARY

In 1983, the Texas Planning Council for Developmental Disabilities in conjunction with Advocacy, Inc. began planning for a statewide series of Public Forums. The goals of the Forums were to solicit public testimony on the service needs of Texans with developmental disabilities and to promote awareness about the DD Program.

Ten Public Forums were held in cities representing every region of the state. More than 800 Texans participated in the project and over 200 persons presented written or oral testimony to local hearing panels made up of DD Council members, state agency representatives, legislators and legislative aides.

When participants ranked the importance of the four priority service areas authorized under the DD Program, the majority identified the need for more alternative community living arrangement services. Persons providing testimony called for long-term, community-based residences, particularly for persons with chronic, severe and multiple disabilities. They also identifed the need for attendant care as a residential support service.

Testimony offered on behalf of persons with disabilities who are living at home focused on the need for family support services, primarily in the areas of respite care, day programming and transportation.

Participants also identifed needs in other priority service areas. In the area of nonvocational social-developmental services, participants recognized the need for a variety of services which help people perform daily living and leisure time activities, including continuing education programs, voluntary self-help groups and transitional services for persons "aging out" of public schools.

Testimony in the area of case management focused on the need for more systematic individualized matching of clients with services and more coordination and cooperative planning by state agencies and organizations providing services.

Testimony in the area of child development called for provision of statewide early intervention services for all children with developmental disabilities, and made specific recommendations to public and private education programs regarding students with developmental disabilities.

Finally, participants in the Public Forums were given an opportunity to identify "other" concerns. The need for vocational training and employment services was mentioned repeatedly as the largest category of "other" responses. Specific recommendations included increased funding to public schools for vocational and on-the-job training for special education students and removing work disincentives from federal and state assistance programs serving persons with developmental disabilities.

Overall, the DD Council and Advocacy, Inc. have found that Texans across the state would like the DD Program to continue its funding, advocacy and planning activities in the area of alternative community living arrangement services. Information and testimony in the remaining priority service areas and miscellaneous categories indicate that Texans participating in the Forum Project also are concerned about a variety of areas including, but not limited to, statewide early intervention services, continuing education, transportation, vocational training and employment, and improved statewide planning on behalf of persons with developmental disabilities.

BACKGROUND

Texas Planning Council for Developmental Disabilities

The Texas Planning Council for Developmental Disabilities (DD Council) is a federal-state program established in Texas in 1971 whose mission is to improve the lives of persons with developmental disabilities by providing needed services in the least restrictive environment possible.

Legislation for the DD Program was originally enacted in 1963 as P.L. 88-164, the Mental Retardation Facilities Construction Act, and subsequently was amended by Public Laws 91-517, 94-103, 95-602, and 97-35 and is now known as the Developmental Disabilities Assistance and Bill of Rights Act (DD Act).

In 1983, the Texas Legislature passed House Bill 1985. This act establishes the Texas Planning Council for Developmental Disabilities as the DD Program in Texas law and also protects the rights of persons with developmental disabilities in the state.

The DD Program is a major source of funding for planning, research, and service delivery project grants. In addition, the DD Council engages in planning activities to produce a <u>State</u> <u>Plan for Texans with Developmental Disabilities</u>. Finally, the DD Council advocates on behalf of persons with developmental disabilities through participation in policy making and legislative activities.

Advocacy, Incorporated

Advocacy, Inc. is congressionally mandated to be the state protection and advocacy system for persons with developmental disabilities under P.L. 95-602, the DD Act. Advocacy, Inc., protects and advocates for the legal and human rights of persons with developmental disabilities through: education and training services, systems advocacy and legal and protective services.

What are Developmental Disabilities?

Developmental disabilities are defined as severe, chronic disabilities attributed to mental or physical impairments manifested before age 22, which cause substantial limitations in at least three areas of major life activities, and result in the need for services over an extended period of time. Possible limitations may occur in the areas of self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic independence.

INTRODUCTION

In September, 1983 the DD Council awarded a grant to Advocacy, Inc., to conduct a series of ten Public Forums to gather information about the needs of persons with developmental disabilities across the state. Special emphasis was placed on obtaining information about needs for alternative community living arrangement services and nonvocational social-developmental services, the two priority service areas selected by the DD Council for funding for 1984-86.

Council for Developmental Disobilities as the DD Program in Texas Idw and also protects the

Goals of the Public Forum Project

There were three major goals of the Public Forums:

- 1. To conduct a series of public hearings and a mail response campaign to gather information on service needs;
- 2. To develop reports on selected issues; and
- 3. To expand networking efforts among all consumer and provider organizations and interested individuals to improve planning and increase input into state policies that affect persons with developmental disabilities.

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METHODOLOGY

Agenda for the Public Forums

From November, 1983 through May, 1984 a series of ten Public Forums was held. The agenda (Appendix I) for each Forum included an overview of the structure and purpose of the DD Council, a description of the four national priority service areas of the DD Program: information about 1983 state legislation affecting persons with disabilities and time for public testimony about the service needs of persons with developmental disabilities.

Who Participated in the Public Forums?

Information about the Public Forums was mailed to approximately 2,300 Texans who had expressed an interest in developmental disabilities. They were encouraged to attend a Public Forum, if possible, or to complete a survey and return it to Advocacy, Inc., to provide data for the mail response campaign. Prior to each Public Forum, there was local radio, television, and newspaper coverage announcing its date, time and location. More than 800 persons attended the ten Public Forums. Table I summarizes information about the number of organizations and individuals who attended a Public Forum. Appendix II contains a list of agencies and organizations that registered at Public Forums.

Forum Location	Number of Organizations Represented	Number of Professionals	Number of Persons with Disabilites or Relatives of	Number of Advocates/ Volunteers/ Others
Austin	50	29	24	25
Corpus Christi	20	21	15	13
Edinburg	16	9	25	8
Artington	38	30	32	12
Tyler	18	36	12	7
Houston	36	28	40	6
Midland	20	21	27	4
San Antonio	18	17	17	5
El Paso	20	26	36	5
Lubbock	15	45	11	4
TOTALS	251	262	239	89

Registration and Questionnaire Form

All persons attending the Public Forums were encouraged to complete a Registration and Questionnaire Form (Appendix III). This form requested information about the persons attending the Public Forums and their opinions about what services are needed in their communities.

All participants were given extra Registration and Questionnaire Forms in their packets. They were urged to distribute these forms to persons who could not attend the Forum but might want to respond. The form was also reproduced in the newsletters of several organizations. Notably, Advocacy, Inc. received a number of Questionnaires that had been duplicated in the United Cerebral Palsy newsletter.

As a result of these efforts, a total of 820 Registration and Questionnaires, including 230 mailins, were completed from November, 1983 through May, 1984.

Persons Completing Registration Form: (820 unduplicated responses)

Professionals working with persons with developmental disabilities	377
Persons with disabilities or their relatives	333
Volunteers and Advocates for persons with developmental disabilities	43
Legislators and legislative aides	13
Other professionals	54
	820

The information presented in this report represents unduplicated and error free responses only. Duplication was eliminated by alphabetizing all forms by registrant name and counting only one response. If a response to any section on the Questionnaire was incorrect, the response for that section was not included. Examples of incorrect responses which were discarded are:

- 1. Checking three out of five items as priorities but failing to rank their order #1, #2 or #3 as required.
- 2. Ranking only two priority items when required to rank four items in priority order.

NATIONAL PRIORITY SERVICE AREAS

The DD Act requires each state DD Council to provide priority services. The DD Act allows states to select up to two priority service areas for grant funding. The four possible priority service areas are case management services, child development services, alternative community living arrangement services and nonvocational social-developmental services.

- o <u>Case Management Services</u>: services which help persons with developmental disabilities to get social, medical, educational and other services. Example: information and referral services for families of persons with developmental disabilities.
- o <u>Child Development Services</u>: services which help prevent, identify and lessen developmental disabilities in children. Examples: infant/parent home training programs, education of health professionals in understanding developmental disabilities.
- o <u>Alternative Community Living Arrangement Services</u>: services which help people with developmental disabilities to have places to live in the community. Examples: chore service, foster care, respite care.
- o <u>Nonvocational Social-Developmental Services</u>: services which help persons with developmental disabilities to perform daily living and work activities. Example: programs which teach independent living and prevocational skills.

Statewide Rankings of National Priority Service Areas

Persons attending the Public Forums were asked to rank each of the national priority service areas in order of importance to persons with developmental disabilities in their communities.

Table 2 shows how these service areas were ranked by individuals statewide, the weighted score for each priority service area, and the overall ranking of each area compared to the others.

The statewide results show that Public Forum participants ranked alternative community living arrangements as being most important in their communities. This is true for both the rankings by individuals and for the weighted scores.

For the remaining priority service areas, it is important to examine both the weighted scores and the individual rankings. Nonvocational social-developmental services ranked second and case management services ranked third. However, as Table 2 illustrates, the weighted scores for these priority areas were very similar. Child development services ranked fourth in both the overall ranking and weighted scores.

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(591	correct an	d unduplica	ted individu	al response	s)	
	No. of times ranked 1	No. of times ranked 2	No. of times ranked 3	No. of times ranked 4	Weighted Score	Overall Rank
Case Management Services	132	137	183	142	1447	3
Child Development Services	134	85	130	233	1284	4
Alternative Community Living Arrangement Services	230	151	112	91	1688	1
Nonvocational Social- Developmental Services	94	215	165	117	1468	2
Other	lorol I loo	3	applied to the	8	23	5

TABLE 2

Local Rankings of National Priority Service Areas

The results change somewhat when they are examined by Public Forum location. Table 3 shows priorities for services may be different depending on where one lives in Texas.

Table 3 also shows the majority of Public Forum participants at all locations ranked alternative community living arrangement services as either a first or second priority. It is, however, interesting to note that participants in Edinburg, a city in the Rio Grande Valley, ranked child development services as a first priority while respondents in Midland, a city in West Texas, and Lubbock, a city in the Panhandle region, ranked case management services as being the number one priority for their areas.

Weighted Scores The ranking of #1 was multiplied by 4; the ranking of #2 was multiplied by 3; the ranking of #3 was multiplied by 2; and the ranking of #4 was multiplied by 1. The total weighted score for a priority service (i.e., Case Management Services) is calculated by adding the weighted scores of each ranking.

15	11 · ·							-	-		
		Statewide All Forums	Corpus Christi	Edinburg	Arlington	Tyler	Houston	Midland	San Antonio	El Paso	Lubbock
National Priority Servi	ice Areas	a firea fee		Pri	ority	Ran	k Nu	mber	rs	o edi	
 Case Management Child Development Alternative Communication Living Services 	nt Services munity	3 4	42	312	2 4	3 4	34	 3 2	3 4	3 4	1 4 2

TABLE 3

A Comparison of State and Local Priority Rankings²

Other Service Areas Identified

Thirteen persons selected "Other" as a priority and identified various specific services. Table 4 shows participants in the Public Forums identified needs for vocational training and employment services (7), transportation (1), public information programs to improve community acceptance of persons with developmental disabilities (2), and opportunities for socialization and recreation (2).

² <u>Austin Forum</u> — The Austin Forum registration was used to test the questionnaire form and content. The questionnaire was significantly revised and therefore Austin rankings are not included.

1					Root		17-11	RITYS	ERVICE AREAS		
	ł	#1	_			#2			#3	#4	
tran	sporte	ation s	ervice	5	 vocatie public progra comme of devi disable	inform ms to unity c elopm	improv improv accepto entally		• vocational services	 vocational training sheltered workshol habilitation and leisure activities opportunities for socialization for persons with ment illness follow-up care community living transitional training 	DS (3)

• Throughout this report a number in parenthesis represents the number of times that this need was identified. If there is no number, the need was identified once.

Public Testimony

Written and oral testimony was received from 209 persons.³ Because most people testified about more than one area of concern, a total of 548 needs was identified. In order to more easily evaluate the testimony, identified needs were categorized, insofar as possible, into the four national priority service areas. In many cases a need could be categorized under more than one service area. In those instances, when it was possible, the need was grouped under one of the two current priority service areas of the DD Council, alternative community living arrangements and nonvocational social-developmental services.

Table 5 shows the number of times specific needs were identified and categorized under the four priority service areas or "other" category. Table 5 also illustrates that the greatest amount of testimony focused on the need for alternative community living arrangement services. This corresponds with the rankings of the perceived importance of these services by individuals completing the Registration and Questionnaire Form.

3

See Appendix VI for a list of persons providing testimony.

TABLE 5

Priority Service Areas	Number of Times Identified	Percentage
Alternative Community Living Arrangement Services	349	64%
Nonvocational Social-Developmental Services	68	12%
Child Development Services	28	5%
Case Management Services	38	7%
Other	65	12%
	548	100%

Testimony for Child Development Services

Testimony for child development services focused on the need for statewide early intervention services, improvements in school programs, training for parents, play therapy for hospitalized children and improvements in the state Crippled Children's Program. Short summaries of this testimony are compiled below.

- o Statewide Early Childhood Intervention program for all children with developmental disabilities from birth (7)
- o Public or private educational programs that include the following characteristics:
 - operate year round (5)
 - mainstream every child regardless of handicap (3)
 - begin services immediately upon learning that a child is disabled (3)
 - have programs for children with autism (2)
 - have modified classroom equipment and supplies
 - group children with compatible disabilities
 - use American Sign Language to supplement English when this will assist children who do not having hearing impairments
- o Contracts which insure that 1) when the purchase of a wheelchair has been authorized by the Crippled Children's Division of the Texas Department of Health, the chair will be delivered within 30 days; and 2) when it is necessary to have a wheelchair repaired, the repair is completed within 30 days or a loaner will be provided at no cost (2)
- o Training for parents to learn how to participate in writing their child's Individual Educational Plan (IEP)
- o On-site comprehensive Early Childhood Intervention programming for children in residential placements
 - o Play therapy for hospitalized children

Testimony for Case Management Services

Testimony for case management services varied widely. The largest category of responses addressed the need for individuals with developmental disabilities to receive assistance in securing those services they require. Other responses cited a need for improved statewide planning and coordination by agencies providing services. Specific recommendations called for establishment of information and referral systems about services for persons with developmental disabilities; establishment of local area planning networks to coordinate and prioritize local needs of persons with developmental disabilities; and development of standards of eligibility for services for persons with developmental disabilities. Short summaries of this testimony are compiled below.

- o Individualized case management to insure that persons with developmental disabilities receive the services they need (9)
- o Formal statewide linkage of organizations that provide services to and advocate for persons with developmental disabilities for the purpose of maximizing their effectiveness and avoiding duplication of services (7)
- o Comprehensive multiagency planning prior to the development of community-based support services (5)
- o Data bank and/or consumer guide that contains information about all organizations and agencies throughout the state that provide services or advocate for persons with developmental disabilities (4)
- o Program to designate a single agency within each community as the "point of entry" for information, referral, advocacy and counseling for persons with developmental disabilities and their families (4)
- Establishment of a central agency in Texas that would be charged with assessment and placement of persons with developmental disabilities in appropriate facilities (2)
- o Establishment of a consumer office that would 1) investigate alleged abuses in the treatment of persons with developmental disabilities and 2) give information about available resources which provide cost effective and appropriate treatment (2)
- o Program to analyze the major obstacles to the development and coordination of services to persons with developmental disabilities
- o A voluntary central registry that includes information about the whereabouts of persons with developmental disabilities and their capabilities
- o Information and referral services for persons in rural areas.
- Development of statewide definition of "developmental disability" and standards of eligibility for services
- o Establishment of local area planning networks across Texas to coordinate and prioritize the local needs on a continuing basis

Additional Service Recommendations

A number of people presented testimony that did not fit into any of the four priority service areas. Some examples of other service recommendations include increasing vocational training and employment services, establishing procedures to screen applicants for employment in programs serving persons with developmental disabilities, changing regulations of federal-state programs and maintaining the current level of services to persons with developmental disabilities.

- o Meaningful vocational training, employment and follow-up services for persons with the following kinds of developmental disabilities
 - mental retardation (11)
 - mental illness (8)
 - autism (2)
 - severe physical handicap (2)
 - mobility impairment
 - hearing impairment
 - learning disorder

- o Sustained, stable programming for current services (11)
- Community liason workers to link persons in vocational programs to employment opportunities (3)
- o Expanded funding for public school special education programs in the area of vocational and on-the-job training (2)
- o Continuation of the Commission for the Blind (2)

0

- o State policies, rules, laws and programs which promote competitive employment (2)
- o More flexibility in financial assistance so persons with developmental disabilities may try a job without losing their income if the job does not work out
 - The following changes in the Texas Rehabilitation Commission (TRC) programs:
 - Acceptance of former mental patients for rehabilitation services
 - Flexibility in the expectations of rehabilitation programs for former mental patients both with regard to achievement of program goals and graduation from the program
- o Statewide demographic study to determine the numbers, locations and types of handicaps of persons with developmental disabilities in Texas
- o Programs that maximize the effective use of volunteers
- Program to explore the use of music therapy in conjunction with and/or in lieu of medication
- o Procedures to screen applicants for positions for employment in programs serving persons with developmental disabilities
- Loosening of the regulations that require a designated payee for an SSI recipient to report expenditures
- o Emergency assistance programs which provide shelter, food and clothing in a crisis
- o Outreach programs designed to identify and provide services to persons with developmental disabilities who are not being served
- o Increased salaries for certified interpreters in public schools
- o System for teaching fund-raising techniques to persons interested in raising money to fund services for persons with developmental disabilities
- Program to retrain people who can no longer function in their original occupation because of their disabilities
- o Removal of disincentives to work from the SSI, SSDI and Medicaid programs

Recommendations to the Developmental Disabilities Program

Some persons presented testimony recommending changes in the administration of the DD grant program. These recommendations are summarized below.

- o More flexibility in the amount of matching funds required to obtain a grant (2)
- o More flexibility in the length of time that grant money is available (2)
- o Use of grant money to establish Local Area Planning Networks with the following responsibilities:
 - to coordinate the local planning of state agencies serving persons with developmental disabilities
 - to review all DD grant requests to insure that there will be funds to continue operating DD programs after expiration of the grant period
 - to clarify and interpret the mission statements of state and local recipients of state dollars in an effort to maximize the local continuum of care for persons with developmental disabilities

DISCUSSION

Overall, Texans who participated in the Public Forum Project through attendance at a Forum or through the mail response campaign expressed a clear need for more alternative community living arrangement services.

The need for nonvocational and case management services was expressed as a second priority. It is interesting to note that these two priority service areas received similar rankings on the Questionnaire and were mentioned with the same frequency in public testimony.

Finally, participants identified the need for vocational training and employment services even though this is not a priority service area of the federal DD Program.

- Statewide demographic study to determine the numbers, locations and types of
 - Programs that maximize the effective use of volunteers
- Program to explore the use of music therapy in conjunction with and/or in lieu of medication
- Procedures to screen applicants for positions for employment in programs serving persons with developmental disabilities
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Appartmendotions to the Developmental Dischilities Program

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- More flexibility in the amount of matching functs required to obtain a grant (2)
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- No dignify and interpret the mission statements of state and local recipients of state dollars in an effort to mostimize the local continuum of bare far persons with developmental disabilities

TEXAS PRIORITY SERVICE AREAS

One of the primary responsibilities of the DD Council is to select priority service areas for funding under the state DD Program. For Fiscal Years 1984-86, the DD Council has made a decision to continue priority service funding for alternative community living arrangement services and to initiate a new priority service in the area of nonvocational social-developmental services.

Alternative community living arrangement services have been a priority of the DD Council since 1974 because housing and housing-related services are the basic foundation of all other supports provided to non-institutionalized persons with developmental disabilities. These services include not only a variety of living alternatives but also support services such as respite care and primary home care to assist families in caring for their disabled members at home.

Nonvocational social-developmental services were selected as a new priority primarily because the DD Council views these services as a vehicle for providing a broad range of support services to adults with developmental disabilities. It is these individuals who are most likely to fall between the cracks of the existing service delivery systems in Texas. In addition, nonvocational services are aimed at keeping citizens in the community by assisting them to develop to their full potential with regard to daily living and work activities.

Alternative Community Living Arrangement Services

Alternative community living arrangement services are those services which help persons live in a variety of residential arrangements in the community. These services provide persons with developmental disabilities places to live and opportunities to learn things they need to know to live as independently as they can. Without these services many persons could not live in the community.

Questionnaire respondents were asked to rank the following services in order of their importance to persons with developmental disabilities in their communities.

- o Individualized Living Arrangements. Residential arrangements individualized to meet the needs of the client. For example: family homes, apartments, group homes.
- o <u>Residential Support Services</u>. For example: visiting nurses, chore services, attendant care.
- o <u>Family Support Services</u>. For example: respite care, family counseling, emergency care, day care.
- o Training. For example: staff training, volunteer training, client training.
- o Other. For example: recruitment of providers.

Statewide Rankings

Table 6 shows how categories of community living services were ranked by individuals statewide. Individualized residential alternatives were clearly ranked as a first priority, followed by family support services.

TABLE 6

Alternative Community Living Arrangement Services

(565 correct and unduplicated individual responses)

Harmon Clarath to unioning an an	No. of times ranked l	No. of times ranked 2	No. of times ranked 3	Weighted Score	Overal I Rank
Individualized Living					
Arrangements	353	102	63	1326	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Residential Support Services	40	152	200	624	3
Family Support Services	117	204	146	905	2
Training	44	92	139	455	4
Other	11	15	17	80	5

TABLE 7

A Comparison of State and Local Priority Rankings

	smi									
the following semices in order of their iss in their communifies. Residential arrangements indivisualized to complet family humas, apartments, group	atewi	Corpus Christi	Edinburg	Arlington	Tyler	Houston	Midland	San Antonio	El Paso	Lubbock
Alternative Community Living Services 4	For ex	Main	P	riori	ty R	ank I	Numb	oers		
 Individualized Residential Alternatives Residential Support Services Family Support Services Training Other 	 3 2 4 5	For a	 3 2 4 5	 3 2 4 5	 3 2 4 5	1 4 2 3 5	1 3 2 4 5	 3 2 4 5	 4 2 3 5	 3 2 4 5

⁴ Corpus Christi Forum information was invalid because the Questionnaires were misprinted.

TABLE 6

Alternative Community Living Arrangement Services

(565 correct and unduplicated individual responses)

lipsing (Cloud to stimbe o an	No. of times ranked l	No. of times ranked 2	No. of times ranked 3	Weighted Score	Overal I Rank
Individualized Living					
Arrangements	353	102	63	1326	1 1 1 1 1 1 1 1 1
Residential Support Services	40	152	200	624	3
Family Support Services	117	204	146	905	2
Training	44	92	139	455	4
Other	11	15	17	80	5

TABLE 7

A Comparison of State and Local Priority Rankings

		smu									
	following services in order of t their communities. lentics communities, lentics community homes, construments, g	atewide	Corpus Christi	Edinburg	Arlington	Tyler	Houston	Midland	San Antonio	El Paso	Lubbock
Alte	native Community Living Services ⁴	For examp		P	riori	ty R	ank I	Numb	bers	-	
0 0 0 0 0	Individualized Residential Alternatives Residential Support Services Family Support Services Training Other	 3 2 4 5	For a	 3 2 4 5	 3 2 4 5	 3 2 4 5	1 4 2 3 5	1 3 2 4 5	 3 2 4 5	 4 2 3 5	 3 2 4 5

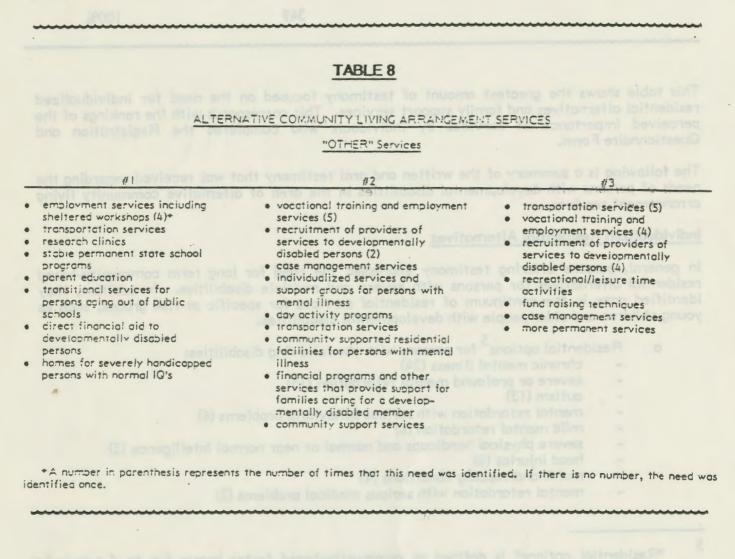
⁴ Corpus Christi Forum information was invalid because the Questionnaires were misprinted.

Local Public Forum Rankings

Table 7 confirms that individualized residential alternatives and family support services are perceived as the two most important community living services by participants at all Public Forum locations.

Other Alternative Community Living Arrangement Services

Forty-one persons ranked "other" as a priority and made specific recommendations. Table 8 illustrates, the perceived need for employment-related services as expressed by Forum participants. Other recommendations included transportation and recruitment of service providers.



Public Testimony

Table 9 shows the number of times specific needs were identified under categories of alternative community living arrangement services.

TAB	LE 9	
Service	Number of Times Identified	Percentage
Individualized Residential Alternatives Residential Support Services Family Support Services Training Other	158 30 127 24 10	45% 9% 36% 7% <u>3%</u>
	349	100%

TABLE

This table shows the greatest amount of testimony focused on the need for individualized residential alternatives and family support services. This corresponds with the rankings of the perceived importance of services by individuals who completed the Registration and Questionnaire Form.

The following is a summary of the written and oral testimony that was received regarding the needs of persons with developmental disabilities in the area of alternative community living arrangement services.

Individualized Residential Alternatives

In general, persons offering testimony expressed the need for long term community-based residential alternatives for persons with severe and multiple disabilities. In addition, they identified gaps in the continuum of residential services for specific at-risk groups, such as young children and older people with developmental disabilities.

- o Residential options⁵ for persons with the following disabilities:
 - chronic mental illness (24)
 - severe or profound mental retardation (15)
 - autism (13)
 - mental retardation with serious behavioral problems (6)
 - mild mental retardation (6)
 - severe physical handicaps and normal or near normal intelligence (5)
 - head injuries (4)
 - multihandicapping conditions (4)
 - mental retardation with serious medical problems (2)

5

"Residential options" is defined as community-based foster homes (up to 6 persons); group homes (6-8 persons); or apartments/single family dwellings (up to 4 persons). Depending on individual needs, these options would include live-in or shift staff; frequent intensive support services; or infrequent, routine support services.

- Residential options for persons with developmental disabilities in the following circumstances:
 - being discharged from state schools, state hospitals or state prisons (5)
 - aging out of public schools (3)
 - under the conservatorship of the Texas Department of Human Resources and turning 18 years of age
 - young children
 - adolescents
 - elderly

0

0

- having IQ's too high to qualify for ICF-MR I facilities
- being abused or neglected
- not qualifying for SSI and Medicaid
- Residential options that include the following components:
 - accessibility (13)
 - subsidized payment program to assist clients and/or their families to pay for residential services (3)
 - operate 24 hours a day from Monday through Friday and teach daily living skills (3)
 - permanence and stability (2)
 - long term program to stabilize medication
 - symbiotic arrangements between persons with developmental disabilities and elderly persons
 - subsidy to hold a resident's bed while he/she is in the hospital
 - room enough for families
- o A continuum of residential options which encourages an individual to progress from dependent to semi-independent to independent living (11)
- o Expansion and enhancement of the state school programs (11)
- o Fiscal and regulatory incentives to develop private residential options (3)
- o Flexibility in licensing residential options, particularly those that care for persons with developmental disabilities and severe medical or behavioral problems (3)
- o Passage of a statewide zoning law which would prohibit "zoning out" of small residential options for persons with developmental disabilities (3)
- A program to study and/or pilot ways that facilities can comply with applicable standards and at the same time do less paperwork (2)
- o A continually updated list of available, accessible housing (2)
- o A program which makes available to communities information regarding model residential options and potential resources for implementing them
- o A pilot program to determine whether community-based facilities are practical for persons with severe and profound retardation
- o Licensing by the Texas Department of Mental Health and Mental Retardation of <u>all</u> residential options for persons with developmental disabilities
- o Supervised apartments

Residential Support Services

Within residential support services, the need for affordable, dependable attendant care was expressed repeatedly.

- o Dependable attendant and shared attendant care (19)
- o A program that makes available the most recent technological developments to promote self-help (e.g. visual smoke alarms, telecommunications systems, closed caption adapters) (5)

- o Development of systems which locate, train, and supervise attendants (3)
- o In-home training program
- o Symposium for agencies and organizations that are potential funding sources for attendant care services for the purpose of dealing with issues related to selection, matching, and training of attendants
- Expansion of TRC direct case service money to provide short term services or equipment that would enable persons with developmental disabilities to live more independently

Family Support Services

Participants repeatedly identified the need for respite care, transportation, day programming and leisure time activities for family members with developmental disabilities. Participants also called for additional medical, dental and psychological services.

- o Affordable respite/emergency care for persons of all ages (23)
- o Reliable, accessible and affordable transportation services (22)
- o Affordable or subsidized day care, afterschool care and evening care (12)
- o Day activity programs that promote socialization and self-help and teach prevocational and vocational skills (11)
- o Day activity programs for persons with the following developmental disabilities:
 - mental retardation (9)
 - mental illness (2)
 - autism
 - brain injury
 - epilepsy
 - severe physical handicaps
- o Sheltered workshops (9)
- o Programs to help families understand and adjust to their family member with a developmental disability (7)
- o Innovative family support services (6)
- o Modification of existing housing, employment and recreational resources to make them accessible (6)
- o Affordable and accessible counseling and psychiatric services for persons with developmental disabilities and their families (3)
- o Affordable and accessible diagnostic, assessment and treatment services (3)
- o Affordable medical and dental care (2)
- o Larger parking places for the disabled (2)
- o Day activity programs for elderly persons with developmental disabilities
- o Enforcement of laws and regulations regarding accessibility of housing, employment and recreational resources
- o Waiver of additional license fees for vans in instances where persons with handicaps must have vans to transport their wheelchairs
- o Financial assistance to families caring for family members with developmental disabilities
- o In-home assistance in providing for the personal care of family members with developmental disabilities
- o Parent-to-parent network support groups for families with children with developmental disabilities

Training

Participants called for public awareness programs about developmental disabilities and training for students and professionals who provide services to persons with developmental disabilities.

- Training programs to enhance public acceptance of persons with developmental disabilities residing in community settings:
 - programs to inform the public about the needs of persons with developmental disabilities (9)
 - programs to assist the public to understand the changing national philosophy toward serving persons with developmental disabilities in the community
 - programs to alert the public to early signs of mental illness
 - programs to inform the public about how to prevent mental retardation
 - programs to inform non-handicapped students about their peers who are handicapped
- o Training programs to enable professionals to work more effectively with persons with developmental disabilities:
 - programs to educate professionals serving persons with developmental disabilities about the needs of this population (5)
 - additional training requirements for special education teachers and regular classroom teachers who have children with developmental disabilities mainstreamed into their classrooms (5)
 - programs to train key persons within a community to evaluate the services available to persons with developmental disabilities and plan appropriate solutions to gaps they identify

Other Recommendations for Alternative Community Living Arrangement Services

These recommendations primarily focused on the perceived need for the changes in state policies in the Medicaid ICF-MR program which is administered through the Texas Department of Human Resources.

- o Deletion of the "6 bed or less" rule for establishing new ICF-MR facilities (4)
- A program to explore new funding sources for obtaining alternative community living arrangement services (3)
- Equalization of the daily rate paid to private ICF-MR facilities and state schools offering the same level of care (2)
- Provision for continued reimbursement by the Texas Department of Human Resources to ICF-MR facilities when clients are not in residence for more than 72 hours (2)

DISCUSSION

Almost half of the persons providing testimony in this area called for more community based, individualized residential alternatives. The need for these services was also reflected strongly in the Questionnaire results. Participants stated that persons with chronic mental illness, severe and profound retardation, autism and other multiple handicaps are currently in need of residential services. Many who testified observed that persons with developmental disabilities are particularly vulnerable during transitional periods such as graduation from school and when they are discharged from state institutions.

Finally, the need for family and residential support services such as respite care and attendant care was expressed.

- ograms to inform non-handicapped students about their peers who are ndicapped
- ith developmental disabilities:
 - disabilities about the needs of this population (5)
- clossroom teachers who have children with developmental disabilities maintaireaned into their classrooms (5)
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Other Recommendations for Alternative Community Living Arrangement Services

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- Equalization of the daily rate poid to private ICF-MR facilities and state schools offering the same level of care (2)
- Resources to IOF-MR facilities when clients are not in residence for more than 72 hours (3)

NONVOCATIONAL SOCIAL-DEVELOPMENTAL SERVICES

Many persons with developmental disabilities face barriers to living independently in the community. Nonvocational social-developmental services are those services that help people to perform daily living and work activities.

Respondents to the Registration and Questionnaire form were asked to rank the following services in order of their importance to persons with developmental disabilities in their communities.

- o <u>Daily Living Skills</u>. For example: grooming and personal hygiene, meal planning, purchasing and food preparation, money management and budgeting, mechanical or computerized devices for living at home.
- o <u>Coping with Social Situations</u>. For example: communication skills, simple etiquette, relationship to authority, parenting.
- o <u>Community Resources</u>. For example: public transportation, medical and dental clinics, social security office, vocational rehabilitation office, employment commission.
- Prevocational Skills. For example: continuing education, transitional services -school age to adult, computer literacy.
- o <u>Leisure Time</u>. For Example: arts and crafts, television, radio, organized sports, volunteer work, fine arts.
- o <u>Community Rights and Responsibilities</u>. For example: voting, jury duty, self advocacy.
- o Other. (please explain)

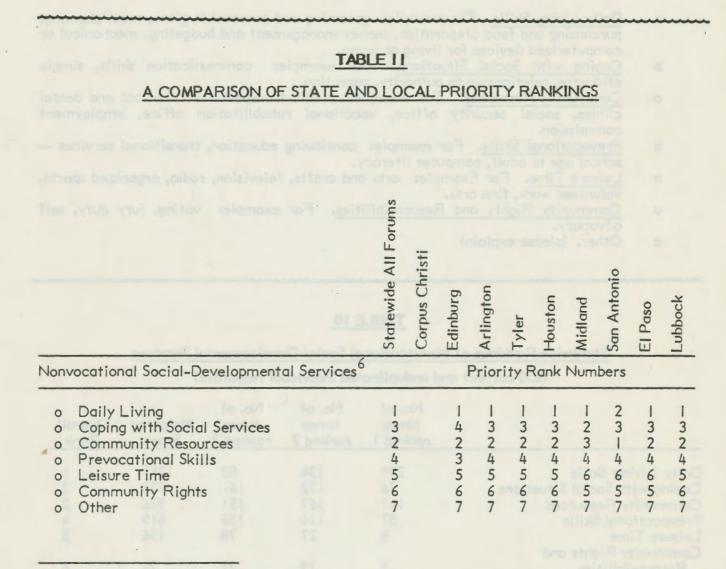
	TABL	<u>E 10</u>			
Statewide Rankings o		C			
(630 correct	and unduplica	ited individu	al response	s)	
	No. of times ranked 1	No. of times ranked 2	No. of times ranked 3	Weighted Score	Overall Rank
Daily Living Skills	299	134	82	1247	1
Coping with Social Situations	76	172	161	733	3
Community Resources	147	167	151	926	2
Prevocational Skills	87	111	136	619	4
Leisure Time Community Rights and	8	27	78	156	5
Responsibilities	5	19	21	74	6
Other	8	I parti c ar a a	ditioned of	25	7

Statewide Rankings

Table 10 shows how categories of nonvocational social-developmental services were ranked by individuals statewide. Daily living skills were clearly ranked as a first priority, followed by accessing community resources and coping with social situations.

Local Public Forum Rankings

Table 11 confirms that daily living skills and accessing community resources are perceived as the two most important nonvocational services by participants at all Public Forum locations.



⁶ Corpus Christi Forum information was invalid because the Questionnaires were misprinted.

Other Nonvocational Social-Developmental Services

Nine persons selected "other" as a priority in their communities. Table 12 shows that seven persons mentioned vocational training and assistance in finding employment as a key priority for persons with developmental disabilities. One person listed parent training about procedures for obtaining limited guardianship and another called for measures to insure the protection and security of persons with developmental disabilities.

TABLE 12

NONVOCATIONAL-SOCIAL DEVELOPMENTAL SERVICES

"OTHER" Services

#1	#2	#3
 vocational training and employment services (6)* 	itopube entimuling educatio	assistance in finding jobs
 protection and security in the community for aevelopmentally 		
 disabled persons training the parents of adults who are mentally retarded in 		Coping with Social Situations

* A number in parenthesis represents the number of times that this need was identified. If there is no number, the need was identified once.

Public Testimony

Table 13 shows the number of times specific needs were identified under categories of nonvocational social-developmental services.

TABLE 13

Service	Number of Times Identified	Percentage			
Daily Living Coping with Social Situations Community Resources Prevocational Skills Leisure Time Community Rights and Responsibilities	11 19 19 12 7	15% 29% 0% 29% 17% 10%			
•	68	100%			

The table shows that the majority of testimony addressed coping with social situations and prevocational skills. This is different from the responses to the Questionnaire, which ranked daily living skills and accessing community resources as the highest priorities.

Persons providing testimony in this area emphasized the need for normalizing recreational and leisure time programs that maximize integration with non-disabled people. The need for individualized educational programs that offer training in daily living and prevocational skills was also identified. In addition, participants called for transitional services for students aging out of public schools and development of self-advocacy and citizen advocacy groups for persons with mental retardation, chronic mental illness and hearing impairments.

The following is a summary of the written and oral testimony that was received regarding the needs of persons with developmental disabilities in the area of nonvocational social-developmental services.

Daily Living

- o Individualized public and/or continuing education programs that teach daily living skills (10)
- o Incorporation of daily living skills training throughout special education curricula

Coping with Social Situations

- o Volunteer self-help groups for persons with the following disabilities
 - hearing impairments (9)
 - chronic mental illness (4)
- o Sex education (2)
- o Public education programs which individually address the deficits in the social and adaptive living skills of persons with developmental disabilities (2)
- Meeting space for organizations that promote socialization of persons with chronic mental illness
- o Interpreters for adults with hearing impairments who want to take courses directed toward self improvement

Prevocational

- o Transitional services for persons aging out of public schools (10)
- o Continuing education programs that offer academics, prevocational training and social skills training (7)
- o Scholarships to continue the education of adults with mental retardation
- Development of a statewide definition of "transitional services" for persons aging out of public schools.

Leisure Time

o Recreation and leisure time programs that are normalizing in character and that maximize integration with non-disabled people (12)

Community Rights and Responsibilities

- o Development of self advocacy and citizen advocacy groups for persons with developmental disabilities (6)
- o System for assuring justice for persons with developmental disabilities

DISCUSSION

In contrast to input in the area of alternative community living arrangement services, there is no clear consensus about what services are needed most in the nonvocational services area. Questionnaire results point to the need for education in daily living skills and accessing community resources. Public testimony identified the need for training in prevocational skills and assistance in coping with social situations. Finally, participants expressed the need for vocational training and employment services, even though this priority service area is specifically nonvocational in nature.

APPENDICES

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1984 REGIONAL PRIORITY SERVICES FORUM

Sponsored by the

TEXAS PLANNING COUNCIL FOR DEVELOPMENTAL DISABILITIES

- 9:00 a.m. REGISTRATION
- WELCOME AND OPENING REMARKS 9:30 a.m.
- 9:45 a.m. THE TEXAS PLANNING COUNCIL
 - × History
 - × Structure
 - ¥ Role and Purpose
 - **State Services Priorities** ¥

10:00 a.m. TEXAS LEGISLATION AND THE DISABLED

- * 1983 Legislative Highlights
- Appropriations for 1984-1985 ×
- * The Texas Legislative and Appropriations Planning Process

THE DEVELOPMENTAL DISABILITIES PROGRAM IN TEXAS

* Planning Priorities for 1985

11:00 a.m. --12:00 p.m.

× Staffing

- × Grants
- * Planning Coordination
- ¥ **Priority Services Areas**

A PUBLIC FORUM ON MAJOR PRIORITY SERVICES

1:30 p.m. --

Hearing Panel Members

4:30 p.m.

- × Governor's Appointees to the Texas Planning Council
- × Members of the Texas Health and Human Services Coordinating Council
- Members of the Council on Disabilities ×
- ¥ Key Texas Legislators

Public Testimony and Recommendations on:

- * Alternative Community Living Arrangement Services
- * Nonvocational Social-Developmental Services
- * Other Priorities

APPENDIX II

Agencies and Organizations that Registered at the Priority Services Forums

A

Abilene State School Alliance for Mental Recovery American Council of the Blind American Foundation for the Blind ARC* - Austin ARC - Brazoria County ARC - Corpus Christi ARC - Dallas ARC - El Paso ARC - Fort Worth ARC - Garland ARC - Lubbock ARC - McLean County ARC - Northwest Harris County ARC - San Antonio ARC - Smith County ARC - Texas ARC Unit 1688 Austin Resource Center for Independent Living, Inc. (ARCIL) Austin State School Autism Dallas

B

Baytown Independent Living and Learning (MHMR Project B.I.L.L.) Beaumont State School Beverly Enterprises Bexar County MHMR Ballinger School

<u>C</u>

Cerebral Palsy Developmental Disabilities Center Children's Learning Center, San Antonio Citizen's Development Center Citizens for the Developmentally Disabled Community Action Council of South Texas Community Action of Nacogdoches, Inc. Community Council of Greater Dallas Concepts of Care Concho Valley Center for Human Advancement Corpus Christi State School Council for Deaf Children

*Association for Retarded Citizens

D

Dallas Center for Independent Living Dallas County MHMR Deaf-Blind Multihandicapped Association of Texas Duncanville Independent School District

E

East Texas Deaf and Hearing El Paso Independent School District El Paso MHMR El Paso Opportunity Center El Paso Social Club El Paso State Center El Paso State Center El Paso State Center Parents Association Expanco, Inc.

F

Families Who Have Been There Family and Individual Reliance (FAIR) Fort Worth Epilepsy Association Fort Worth State School Friends of Pyramid House

G

Goliad and Horizon ICF/MR Goodwill Industries Governor's Committee for Disabled Persons Green Acres Developmental Center Gulf Coast Regional MHMR

Н

Handicapped Access Office Harris County MHMR High Plains Epilepsy Association Hildalgo County Headstart Houston Center for Independent Living Houston City Council

K

Katy Independent School District KTVT Channel II – Dallas Lancaster Residential Center Lufkin State School Lubbock Area Extended Rehabilitation Services, Inc. Lubbock, City of Lubbock Regional MHMR Lubbock MHMR ICF-MR I

M

Mayor's Commission for Employment of the Disabled Mayor's Committee for Employment of the Handicapped Mental Health Alliance Mental Health Association Mexia State School MHMR Regional Center of East Texas MHMR Tropical Texas Center Midland Association for Children with Learning Disabilities Midland College Adult Basic Education Midland Opportunity Center Auxilary Mobility Impaired Grappling Hurdles Together (MIGHT) Mothers Against Drunk Drivers (MADD) Muscular Dystrophy

N

National Multiple Sclerosis Society National Self Help Center for the Deaf/Hearing Impaired National Society for Autistic Citizens – Rio Grande Chapter Naval Air Station EEO Office New Hope Community Living Center Nueces County MHMR

0

Opportunities in Tyler

P

Pan American University Parents Association for the Retarded of Texas Permian Basin MHMR Project ABC Project Passage, Klein ISD

<u>R</u>

Region I Education Service Center Region IV Education Service Center Region VII Education Service Center Region XI Education Service Center Region XVII Education Service Center Region XVIII Education Service Center Region XX Education Service Center Richmond State School Rio Grande State Center River Garden

<u>S</u>

Sabine Valley MHMR San Antonio Autistic Society San Antonio College San Antonio Independent Living Center San Antonio State School Sequoia Skyview Living Center Special Care Spring Branch Independent School District Southplains College

T

Tarrent County MHMR Texas Association for the Deaf Texas Council on Crime and Delinguency Texas Department of Health Texas Department of Human Resources Texas Department of Mental Health and Mental Retardation Texas Paralyzed Veterans Association **Texas Rehabilitation Commission** Texas Society for Autistic Citizens Texas State Commission for the Blind Texas State Commission for the Deaf Texas State Legislature Texas Tech Medical School Thomas Care Center Tyler Group Homes Tyler Independent School District

U

United Cerebral Palsy of Texas United States House of Representatives United Way University Affiliated Center University of Houston University of Texas – San Antonio

W

Waco Tribune Herald West Texas Association for the Handicapped West Texas Epilepsy Association Wheelchair and Walker Rentals, Inc. Willacy/Cameron Pupil Services Cooperative William Beaumont Army Medical Center REGISTRATION AND QUESTIONNAIRE 1984 REGIONAL PRIORITY SERVICES FORUMS APPENDIX

III

I.	Name: Home Addro City/State Home Teley	e/Zip:)		
	Organizat Title or 1 Office Add City/Stat Telephone	dress: e/Zip:		(8:00 am - 5:00	pm.)
II.	Are You:	(check all	appropriat	te descriptions)	
		Person wit Parent/gua disabled p A professi disabled p	ordian or re person; age onal who wo persons; typ or or advoca persons	ity pmental disability * elative of a developmenta of DD Person: orks with developmentally be of profession: ate for developmentally	

* People with developmental disabilities have severe, chronic disabilities - mental and/or physical - that begin before the age of 22 and substantially limit three or more of the following major life activities: self-care, self-direction, learning, language, mobility, capacity for independent living, and economic self-sufficiency.

III. Further Communication

I would like to be on the mailing list to receive the D.D. Council Newsletter "Highlights"

> RETURN TO: Nanci Gibbons Advocacy, Incorporated 1006 East 50th Street Austin, Texas 78751

The Texas Planning Council for Developmental Disabilities has selected the following priority service areas for special emphasis during the next (3) three years.

1. ALTERNATIVE COMMUNITY LIVING ARRANGEMENT SERVICES

- Alternative community living arrangement services are those services which help persons who are developmentally disabled to live in the community

- These services provide developmentally disabled persons places to live and teach them the things they need to know to live as independently as they can

- Without these services many persons could not live in the community

After reviewing all the examples below, please choose the three services that you think would be of most value to developmentally disabled persons in your community. Rank them in order of priority, #1, #2, and #3.

__ Residential Arrangements Individualized to Meet the Needs of the Client for example: family homes apartments group homes

Residential Support Services for example: visiting nurses chore services attendant care

> _ Family Support Services for example: respite care family counseling emergency care day care

Training for example: staff training volunteer training client training

Other (please explain): for example: Recruitment of Providers

2. NONVOCATIONAL-SOCIAL DEVELOPMENTAL SERVICES

- Persons with developmental disabilities face many barriers to living independently within the community

- Nonvocational-social developmental services are those services that help people to perform daily living and work activities

After reviewing all the examples below, please choose the three services that you think would be of most value to developmentally disabled persons in your community. Rank them in order of priority #1, #2 and #3.

ne to	Daily Living for example:	grooming and personal hygiene meal planning, purchasing and food preparation money management and budgeting mechanical or computerized devices for living at home				
dical,		ocial Situations communication skills simple etiquette relationship to authority parenting				
lidten.	Community Reso for example:	public transportation medical and dental clinics social security office vocational rehabilitation office employment commission				
enone	Prevocational for example:	continuing education transitional services - school age to adult computer literacy				
a plan	Leisure Time for example:	arts and crafts television, radio organized sports volunteer work fine arts				
	Community Rights and Responsibilities for example: voting jury duty self advocacy					
	Other: (pleas	se explain)				

PRIORITY SERVICE AREAS

The Developmental Disabilities Act requires each state to assess the service needs of developmentally disabled citizens with special emphasis on four service areas. These service areas are:

- 0 case management
- 0 child development
- 0 alternative community living arrangement services
- 0 nonvocational-social developmental services.

Please review the definitions and examples below and rank (#1, #2, #3, and #4) the service areas in order of importance to developmentally disabled persons in your community.

- <u>Case Management</u>: services which help persons with developmental disabilities to get social, medical, educational and other services. Example: information and referral services for families with developmentally disabled persons.
- Child Development Services: services which help prevent, identify and lessen developmental disabilites in children. Examples: infant/parent home training programs, education of health professionals in understanding developmental disabilities.
- Alternative Community Living Arrangement Services: services which help people with developmental disabilities to have places to live in the community. Examples: chore service, foster care, respite care.
- Nonvocational-Social Developmental Services: services which help persons with developmental disabilities to perform daily living and work activities. Example: programs which teach independent living and prevocational skills.

Other (please explain)

APPENDIX IV

LOCAL FORUM ARRANGEMENTS COORDINATORS

Susan Cooper, ARC 6331 Chelsey Dallas, Texas 75214 (214) 692-0205

Richard De Santo Executive Director MHMR Regional Center of East Texas P. O. Box 4730 Tyler, Texas 75712 (214) 597-1351

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Lis Shalby Texas Department of Mencal Health and Mencal Retardation 910. Box 12668 Austin. Texas

Governor's Appointee Sexas Planning Codnoil for Developmental Disabilities Ranch Road 2709 3.D. Box 482 3.D. Box 482 5.D. Box 482 5.D. Box 482 Texas Planning Council for Developmental Disabilities Covernor's Appointee 1504-A Brass Ridge

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