

TEXAS WORKFORCE COMMISSION
WIOA COMBINED STATE PLAN
APPENDIX 2

VOCATIONAL REHABILITATION PLAN
GENERAL REHABILITATION SERVICES

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Department of Assistive and Rehabilitative Services (DARS) Vision Statement:

A Texas where people with disabilities and families with children who have developmental delays enjoy the same opportunities as other Texans to pursue independent and productive lives.

Division for Rehabilitation Services (DRS) Mission Statement:

To work in partnership with Texans with disabilities to assist them in achieving their goals of employment, living independently, and eliminating barriers to communication and community access.

Section 1: Input of State Rehabilitation Council

The Rehabilitation Council of Texas (RCT), which is the state rehabilitation council for Texas, met with the Division for Rehabilitation Services (DRS) quarterly as a part of the council meeting. During these meetings, DRS provided quarterly updates, and RCT provided input and recommendations to DRS.

RCT uses a committee structure to provide focused review and comment to DRS. These committees are: the executive committee; the program planning and review committee; the policy, procedures, and personnel development committee; the consumer satisfaction and needs assessment committee; and the membership and education committee. Much of the interaction included exchanges of information in order to achieve greater clarity and understanding. While the detail work is done in the committee structure, all comments and recommendations are made from the full RCT.

The following is a list of activities and accomplishments of RCT for the reporting period.

- RCT produced the annual report which included its accomplishments, as well as consumer success stories.
- RCT reviewed the consumer satisfaction survey and provided feedback to the agency.
- RCT worked with the DARS Commissioner to update RCT's administrative support position consistent with the Resource Plan and Management Agreement.
- RCT was represented at the National Coalition of State Rehabilitation Councils and the Council of State Administrators for Vocational Rehabilitation spring conference.
- RCT worked with the governor's office to fill membership vacancies.
- RCT conducted four quarterly meetings, including a joint meeting with the State Independent Living Council.
- In response to the request for input regarding the movement of the vocational rehabilitation (VR) program to the Texas Workforce Commission (TWC), RCT drafted a letter to provide information regarding the federal requirements and VR needs of Texans with disabilities.

The following principles were affirmed:

- The VR programs maintain sufficient full-time equivalents (FTEs) to support programmatic and fiscal decision-making and controls to ensure quality and timely delivery of client services.
- VR staff must maintain supervision, including fiscal and programmatic direction, of the VR program regardless of where the VR staff is located.
- The programs serving Texans who are blind and visually impaired that support or result in greater independence and employment remain under the direction of the separate VR program that serves the blind and visually impaired.
- The final organizational structure must be consistent with the federal requirements of VR programs funded under section 110 of the Rehabilitation Act of 1973, as amended, to ensure that the proposed new structure does not jeopardize Texas' eligibility to receive federal funds for the VR program.

The following is a summary of the input and recommendations made from July 1, 2014, through July 31, 2015. Recommendations are transmitted to DRS both verbally at RCT meetings and in writing throughout the year by committee reports, the full RCT minutes, and the to-do list.

DRS appreciates the input, partnership, and ongoing dialogue with RCT throughout the year, and will continue to provide updates to RCT on progress made toward implementation of recommendations.

RCT Input: RCT commends the increased collaboration between DRS and DBS, which is evident in the state plan materials and policies in a number of areas for the benefit of Texans with multiple disabilities.

Recommendation: RCT partnered with the Division for Blind Services (DBS), DRS, and DARS to design and conduct the needs assessment. RCT recommended that the needs assessment continue and focus more in-depth on the VR needs (youth with disabilities, including those youth who are home schooled). RCT also recommended that the contractor attend the committee meetings so that ongoing input could be provided on the needs assessment.

Response: DRS appreciates the partnership with RCT on the comprehensive statewide needs assessment. We will continue to work together and consider these recommendations to improve the assessment.

Recommendation: RCT supports travel policy that ensures fiscal responsibility and does not create an undue hardship on the traveler with the most significant support needs. RCT members applauded the exception portion of the policy; however, the policy does not include feedback to the person if the request is denied. RCT recommends that the policy include an explanation of the reason to the individual requesting the reimbursement if an exception to policy is denied.

Response: DRS agrees. If the request for rate exception is denied, DARS will notify the requester and will document the reason on the Attendant Care Reimbursement Request for Rate Exception form (DARS 1628).

Recommendation: RCT strongly urges that the State of Texas continues its high standard for VR counselors. This standard requires a master's degree and qualifications consistent with the certified rehabilitation counselor.

Response: DRS agrees with RCT's recommendation and will not make any changes at this time to the current QVRC standard.

Recommendation: RCT expressed its concern that it is not involved in the development of policy but rather responding to policy that has already been developed. RCT requested a review of the policy development system, with focus on involving RCT at an earlier point in time, and at the same time would not impede the progress of needed policy change.

Response: DRS agrees and has implemented a process to consult with RCT at an earlier point in the policy development process.

Recommendation: RCT noted that the language of an impartial hearing officer's (IHO) decision focused more on a negative bias of the person rather than providing information on why the VR service was denied to the individual. RCT recommended that training for hearing officers should include being more factual and specific to the VR service delivery issues.

Response: DARS agrees with the recommendation. This issue was included in training to the IHOs. DARS will provide additional written guidance to the IHOs emphasizing RCT's recommendation.

2017 State Plan Recommendation: RCT expressed concern that the number of assistive devices loans for consumer demonstration and testing has dramatically decreased. RCT recommends that DRS research to understand why the decrease occurred and develop strategies to ensure that consumers have access to assistive technology and devices for demonstration and testing.

DRS Response: DRS agrees with the concern and researched why there was a significant decrease in loans of assistive devices for consumers. One reason seems to be that staff is using loaner equipment from the University of Texas' Texas Technology Access Program (TTAP) as a viable resource for consumers. This program has more updated equipment than does the DRS Rehabilitation Technology Resource Center. DRS will enhance partnership with the University of Texas' TTAP. Additionally, DRS needs to evaluate its staff capacity to maintain the DRS Rehabilitation Technology Resource Center. DRS will be exploring ways in which assistive technology can be more efficiently applied as a part of the division's services to students with disabilities and employers.

2017 State Plan Recommendation: With regard to the goals and plans for Title VI, Part B Funds, the goals should include the number of persons that are expected to be served along with the goal for successful supported employment outcomes.

DRS Response: DRS is in agreement with RCT's recommendation and will work closely with the Program, Reporting, and Analysis unit to develop methodology for reporting the number of individuals expected to be served under Title VI, Part B funds.

2017 State Plan Recommendation: With regard to coordination with the education officials to facilitate the transition of students with disabilities from school to the receipt of VR services, RCT recommends that VR counselors liaison with the transition and employment designee, as required by §29.011 of the Texas Education Code, for local education agency, or shared services arrangement. The purpose of this relationship should include sharing information about VR services, including how to apply for VR services and identifying youth who might benefit from VR services.

DRS Response: DRS agrees with this recommendation. The Texas Education Agency (TEA) and DARS have coordinated a stakeholder group for the purpose of sharing information, processes, and service coordination strategies. This will enable both TEA and DARS to collaborate more effectively in the transition of students with disabilities. Some of the participants include a transition and employment designee, and it is anticipated that this number will increase with subsequent meetings.

2017 State Plan Recommendation: The RCT is concerned about the inclusion of all students with disabilities who could benefit from vocational rehabilitation services. The RCT recommends coordination with the education officials to ensure information about vocational rehabilitation services is provided to the transition of students with disabilities who reside in the State Supported Living Centers and attend public school.

DRS Response: While DARS does not maintain data pertaining to students residing in state supported living centers who are attending public schools, DARS agrees that these students, like other students with disabilities, should be provided information about VR services. DARS will contact TEA and the Texas Department of Aging and Disability Services (DADS) to discuss and coordinate strategies for providing this information.

2017 State Plan Recommendation: RCT understands that the Workforce Innovation and Opportunity Act of 2014 (WIOA) strengthens the requirement to provide consumers with information about providers, including specific information, such as cost, duration, customer satisfaction, qualifications of service providers, types of services offered, and outcomes achieved by individuals working with service providers, to the extent that the information is available. With regard to increasing informed choice related to Goal 3 strategies contributing to successful VR performance measures, RCT recommends that DRS consider adding mechanisms to provide more information about providers to increase informed choice.

DRS Response: DRS has been working toward adding mechanisms to provide more information about providers to increase consumer informed choice. As DRS prepares to transition to TWC, additional research will be conducted to inform the creation and implementation of additional processes and systems.

2017 State Plan Recommendation: With regard to strategies DRS is using to address the lack of awareness of VR services among consumers, parents, doctors, and medical professionals, RCT recommends making concerted efforts to educate medical professionals, medical organizations, and disability organizations as a means to address the lack of awareness about VR services.

DRS Response: DRS agrees with RCT's recommendation and will work closely with staff to enhance current efforts being made to address the lack of awareness of VR services among medical professionals, organizations, and disability groups.

2017 State Plan Recommendation: The plan states that DRS has representation on 22 of the 28 Local Workforce Development Boards (Boards). RCT would like to know why DRS is not represented on all 28 of the Boards.

DRS Response: Texas Government Code, Chapter 2308.256 states that a workforce board is composed of representatives of the private sector, organized labor and community-based organizations, educational agencies, vocational rehabilitation agencies, public assistance agencies, economic development agencies, the public employment service, local literacy councils, and adult basic and continuing education organizations. Since the law does not specify that the workforce board include a representative of the public vocational rehabilitation agency, the Chief Elected Officials in a workforce area may appoint someone from DARS, or someone from a number of other organizations that provide VR services.

Public Comment on VR Portion of the Combined State Plan

Senate Bill 208

On June 19, 2015, Governor Greg Abbott signed into law Senate Bill (SB) 208, which directs the transfer of several programs from DARS to TWC. Effective September 1, 2016, the following programs will transfer to TWC:

- General Vocational Rehabilitation
- Blind Vocational Rehabilitation, including the Criss Cole Rehabilitation Center
- Business Enterprises of Texas (BET)
- Independent Living Services (ILS)–Older Blind

RCT also transfers to TWC on September 1, 2016. RCT serves as the state rehabilitation council required under the federal Rehabilitation Act of 1973 as amended by WIOA. RCT advises the agency administering VR programs on policy and the scope and effectiveness of VR services and the development of state goals and priorities for the VR program, as well as consults on the preparation of the VR state plans.

Legislative Oversight of the Transfer of Programs from DARS to TWC

The legislature established a Legislative Oversight Committee to facilitate the transfer of VR, BET, and ILS–Older Blind to TWC. The oversight committee will be composed of four members of the Senate, four members of the House of Representatives, and three members of the public appointed by the governor. The Texas Health and Human Services Commission (HHSC) executive commissioner, the DARS commissioner, and the TWC executive director will serve as ex officio nonvoting members of the oversight committee.

SB 208 instructs TWC, DARS, and HHSC to develop a transition plan, and in the development of that plan to consider input from the public. This plan is due to the Legislative Oversight Committee as soon as possible after September 1, 2015, but no later than March 1, 2016.

Among other items, the plan must include:

- measures to ensure that unnecessary disruption to the provision of services does not occur;
- a schedule for implementing the transfer of services and programs effective September 1, 2016;
- a strategy for the integration of General VR and Blind VR, which must occur no later than October 1, 2017; and
- a strategy for the integration of VR staff into Local Workforce Solutions Offices, which must occur no later than September 1, 2018.

Federal Requirements Regarding State VR Agency Structure and Organization¹

As part of the transfer, TWC must ensure that Texas is in compliance with federal requirements regarding the organizational placement of VR programs within the agency.

¹ Information in this section is taken from the U.S. Department of Education Rehabilitation Services Administration [Technical Assistance Circular 13-02: “Reorganization of the Designated State Agency and the Designated State Unit for the Vocational Rehabilitation Program”](#), July 9, 2013

Effective September 1, 2016, TWC will ensure that the two designated state units (DSUs) are located organizationally at a level comparable to that of other major organizational units of the agency. Under the new TWC organizational structure, which will be effective September 1, 2016, the DSU for General VR and the DSU for Blind Services will each be established as a separate division (see Appendix B).

Following public meetings to be held throughout the state, Texas will submit the required information for the designated state agency (DSA)/DSU changes in the VR sections of the Texas combined state plan. The Rehabilitation Services Administration (RSA) must approve the amended state plans on or before the effective date of the organizational change.

Joint DARS/ TWC Public Meetings

DARS and TWC conducted the following seven joint meetings across the state to take public comment on the combined state plan for core workforce programs, as required by WIOA, and on the transfer of the VR, Business Enterprises of Texas, and the Independent Living for Older Individuals who are Blind programs from DARS to TWC:

1. Austin – July 21, 2015
2. Dallas – July 30, 2015
3. McAllen – August 12, 2015
4. Houston – August 13, 2015
5. Tyler – August 27, 2015
6. Lubbock – September 16, 2015
7. El Paso – September 17, 2015

DARS and TWC also invited comment about the transfer of the VR programs (General and Blind), BET, and the Independent Living Services for Older Individuals Who Are Blind from DARS to TWC. DARS and TWC jointly developed materials for use by members of the public, which included:

- Information about the Texas Combined State Plan for Programs Authorized Under the Federal Workforce Innovation and Opportunity Act (Appendix A)
- Information about the Transfer of Certain Programs from DARS to TWC Provided at Public Meetings (Appendix B)
- Texas Workforce Commission Organizational Chart Effective September 2016 (Appendix C)

Summary of Public Input Received During DARS/TWC Joint Public Meetings

During the joint public meetings, input was received from over 70 members of the public, representing institutions of higher education, parents and advocates, Boards, consumers of DRS and DBS, and state independent living centers, to name a few. Comments are grouped into the following top areas:

RETENTION OF STAFF EXPERTISE AND SPECIALIZED SERVICES

- Ensure staff at local Workforce Solutions Offices and centers for independent living (CILs) have the expertise and specialized services needed to serve people who are blind or visually impaired.
- Retain education and training requirements for VR counselors, including the training for new counselors in DBS since it provides a strong foundation for working with individuals who are blind or visually impaired.
- Maintain the requirement for counselors to have or attain a master's degree in Rehabilitation Counseling even though WIOA permits a lower education level. Supervisory staff should also have a master's in Rehabilitation Counseling.
- Retain expertise and core strengths of DARS staff and management after transition to TWC. Individuals who are blind and visually impaired would like to be given the opportunity to work with individuals who are familiar with the provision of rehabilitation services that meet their specific needs, and who are supervised by managers who know best practices and can identify when an employee is not providing quality services to the customer.
- Retain and prepare qualified, competent rehabilitation counselors to address the challenges of individuals entering the system with more complex issues, psychiatric issues, and coexisting disabilities.

ENSURING QUALITY SERVICES AND CONTINUITY OF SERVICES

- Assure quality services for consumers across geographic boundaries.
- Monitor the quality of the consumer/counselor relationship and continue to assess consumer satisfaction with the service provided by the counselor.
- Ensure that the transition preserves the purchasing and procurement services that are essential to timely delivery of services.
- Take measures to minimize the time to determine eligibility.

COMMUNICATION DURING PROGRAM TRANSFER FROM DARS TO TWC

- Provide communication throughout transition of programs from DARS to TWC.
- Ensure that the transition plan includes specific steps and deadlines for communicating with Texans with disabilities and to the community at large.
- Maintain regular, consistent, clear, and honest communication at all levels with staff, partners, Boards, employers, stakeholders, and advocacy groups.
- Include counselors in making decisions about the transition.

TRANSITION AND OUTSOURCING OF INDEPENDENT LIVING SERVICES

- Ensure that consumers who need independent living services can access them at a CIL in their community. There is concern that CILs may be located geographically too far for some customers to access.
- Ensure that CILs have the expertise needed to serve individuals who are blind.
- Individuals who experience vision loss late in life need immediate assistance and intervention by professionally trained staff that are knowledgeable about independent living aids and technology.
- Provide staff at CILs with the training they will need to deliver services. Staff competency in service delivery to blind individuals is essential.
- Staff at the independent living centers may not have the experience or training to provide the specialized services needed by newly blind seniors. Trained specialists understand aging, metabolic processing of medications, interactions of medications, and higher susceptibility to depression.
- Texas seniors who are legally blind must benefit from:
 - In-home orientation and mobility training;
 - Hands-on instruction on new ways to carry out daily living activities without vision;
 - One-on-one training regarding the use of special adaptive aids and technology;
 - Information and techniques on how to locate and use viable transportation alternatives;
 - Psychological and emotional counseling and support; and
 - Employing an accessibility coordinator to follow-up with seniors and/or the family member or caregiver who expressed an interest in identifying the most appropriate solution for their particular situation.
- Train the contractors who will provide services to independent living customers.
- There is a need for the development of a comprehensive specialized training curriculum, which would be required of all staff personnel, and of agencies that will be providing direct intervention and independent living services to Texas seniors who are experiencing vision loss.
- Establish an intake line or an alternate method by which aging adults and their families are able to report a recent diagnosis of visual impairment and access referrals to individualized programs and services.

POTENTIAL GAPS IN SERVICES

- Retain the minimum age at which services are provided for youth who are blind.
- Address the gap for children ages 10–14 who are not in the Blind Children’s Program age range and are not yet going to be in the transition age range.
- In Texas, transition planning starts at the age of 14 and therefore, the availability of preemployment transition services should correspond at that age and be available at the age of 14.
- Ensure that there is staff and management expertise available for the Blind Children’s Program transferring to HHSC.

ENSURE EMPLOYMENT OUTCOMES

- Consider providing mentoring and internships for consumers, provided by consumers who have successfully completed VR services.
- Develop or enhance partnerships with other state agencies and nongovernmental organizations:
 - Explore expanded coordination efforts with the involvement by other agencies, such as DADS, area agencies on aging, local senior service centers, lighthouses for the blind, local low-vision support groups, and consumer membership organizations of blind and visually impaired individuals.
 - Expand initiatives like Project SEARCH, a school-to-work internship program that provides work experience to help young adults with intellectual and developmental disabilities (IDD) between the ages of 18 and 22 transition to employment. One example of Project SEARCH is the collaboration between Austin Independent School District, DARS, and the Seton Healthcare Family that provides internships for individuals with intellectual and developmental disabilities.
- Boards currently work closely with DARS, and it is anticipated that the transfer of VR to TWC will enable an enhanced team approach that will benefit consumers and increase their employment outcomes.
- For persons with IDD, they may need more time to get adjusted to the job.
- Each activity for transition-age students should be geared for preparing them for employment and should include activities such as summer work experience opportunities.

ACCESS TO TRANSPORTATION

- Ensure access to public transportation to workforce centers and jobs, particularly in rural areas (e.g., Is there a bus stop near each one-stop?).
- Ensure access to centers for independent living and consider contracting with local and regional affordable transportation services to promote the inclusion and participation in activities that are vital for independent living for individuals residing in small towns or rural areas.
- There is a need for adequate transportation, but also in areas that are safe.
- Work together with other state agencies, such as Texas Department of Transportation, to ensure people with disabilities have adequate, affordable, and accessible transportation.

ACCESS TO SERVICES AND ACCESSIBILITY OF SERVICES

- Ensure accessibility at one-stops and centers for independent living, including accessibility for wheelchairs; updated, accessible communication equipment for persons who are deaf or hard of hearing (e.g., TTY is outdated); and other accessible devices for people with disabilities.
- Ensure that staff at the centers are trained to use the accessible technology.
- Provide disability sensitivity training to Workforce Solutions Office staff.

DISABILITY AWARENESS

- Maintain the philosophy that persons who are blind are contributing members of society and the workforce.
- Ensure that people with hidden disabilities like the veteran population and low-vision consumers don't get lost due to inexperience or lack of knowledge in the workforce centers.
- Ensure that services for people with disabilities remain individualized.
- Ensure that customers are able to speak with counselors in a setting that will protect the privacy of their health information.

FUNDING

- With the expected increase in the number of people over the age of 65 to lose their vision over the next 15 years, funding presently allocated for older blind Texans is inadequate to address the current need for services as well as the projected future need.
- Identify the barriers and challenges to expanding the services for outreach to older blind Texans and implement strategies to address them. Conduct a study to determine projections and forecasts of growth and geographic distribution of this target population in a three-to-five year time frame.
- Ensure that transition planning efforts include special attention to federal requirements to ensure that the program retains the maximum amount of federal funding.
- Ensure federal dollars are spent on program services and activities as prescribed in federal law and regulation.

Section 2: Cooperative Agreements with Agencies Not Carrying Out Activities under the Statewide Workforce Development System

DRS has appropriate cooperative arrangements with, and uses the services and facilities of, various federal, state, and local agencies and programs. Both DRS and DBS have contracts with Texas Industries for the Blind and Handicapped (TIBH) and the Texas State Use Program to provide services in support of agency and divisional operations.

DRS coordinates with other agencies and programs to ensure people with disabilities receive appropriate services. These agencies and programs and the purpose of the coordination with each include:

- Texas Health and Human Services Commission to create administrative efficiencies and better services to consumers of health and human services statewide. Initiatives include co-location of offices across the Health and Human Services Enterprise for improved access by consumers and to reduce administrative costs.
- TEA and Education Service Centers to develop Memorandums of Understanding (MOUs) with independent school districts to enhance coordination of joint service provisions, continuing to develop services provided through programs like Project SEARCH and Project HIRE (Helping Individuals Reach Employment), and other

community programs and supports available to improve and expand services for transition-age students.

- Texas Department of Insurance's Division of Workers' Compensation for the purpose of enhancing referrals for return-to-work efforts;
- Social Security Administration (SSA) to collaborate on employment incentives and supports, and maximize Social Security Administration/Vocational Rehabilitation (SSA/VR) reimbursement activity through the Ticket to Work Program;
- Department of Veterans Affairs to maximize case service funds through better access to comparable benefits, and to enhance the case management process while avoiding duplication of services;
- Texas Veterans Commission to help identify veterans who need additional support in securing benefits, gaining employment, and accessing advocacy services;
- Texas Coordinating Council for Veteran Services to help identify trends that have an adverse effect on the veteran population, and create strategies to address and resolve those issues on a state level;
- Texas Department of Aging and Disability Services (DADS) and Texas Department of State Health Services (DSHS) to reduce duplication and increase coordination of employment services provided to the shared consumer populations of DARS and DADS;
- Texas A&M AgriLife Extension Service and Texas AgrAbility to assist consumers with modifications of agricultural equipment and tools, allowing for agricultural producers with disabilities to continue with farming and ranching;
- Other federal, state, and local public agencies providing services related to the rehabilitation of individuals with disabilities. For example, DRS participates in Community Resource Coordination Groups (CRCGs), which are local interagency groups composed of public and private providers that come together to develop individualized service plans for children, youth, and adults whose needs can be met only through interagency coordination and cooperation; and
- Other private and public for-profit and nonprofit entities, such as corporations, partnerships, and sole proprietorships, to provide a number of rehabilitation services purchased only from entities that have been approved as Community Rehabilitation Program (CRP) providers. Contracts with the CRP providers reference the DRS Standards for Providers and specify the terms and conditions of the relationship, including approved services, expected outcomes, fees, staff qualifications, and required documentation.

Section 3: Coordination with Education Officials

The provision of quality VR services for Texas students with disabilities is a strategic priority for DRS. DRS maintains a collaborative working relationship with public education in Texas. DRS VR services provide a coordinated set of age appropriate activities that enable transition students, parents, education personnel, and others to actively plan for and assist the transition student to prepare for life after leaving high school. In addition, DRS proactively develops partnerships with communities, service providers, and businesses to create opportunities for students to obtain postsecondary education, training, and competitive integrated employment.

State Education Agency Partnership

DRS works closely with TEA to coordinate transition planning services for students primarily between the ages of 14-22 who receive special education services in the state of Texas. As required in 34 C.F.R. §361.22(b), DRS has an Interagency Letter of Agreement with TEA that outlines the responsibility of DRS for the provision of transition planning services as well as the financial responsibility of TEA for the provision of services as required by the Individuals with Disabilities Education Act. This agreement represents each agency's commitment to collaborate and cooperatively facilitate the successful transition of students with disabilities from high school to competitive employment through the use of VR services. DARS is currently in the process of collaborating with TEA to update the Letter of Agreement, including the addition of preemployment transition services as defined in §361.48 and other requirements of WIOA, operationalizing a referral process of students with the highest needs, and a process for invitations to Admission, Review, and Dismissal (ARD) meetings. The final agreement will be between TEA and TWC following the transfer of the VR program in FFY'17 as required by SB 208.

Local Education Agency Partnerships

DRS works in conjunction with TEA's Special Education Division, Texas School for the Deaf, education service centers, independent school districts (ISDs), and high schools to provide a wide variety of VR services, including preemployment transition services. These services help strengthen the connections between the school, students, parents, and community to promote a smooth transition to postsecondary education, training, the workforce, and independent living. Local education agencies maintain fiscal responsibility for transition services that are also considered special education or related services, and that are necessary for ensuring a free, appropriate public education to children with disabilities within Texas, including those outlined in the Individualized Education Program (361.22(c)).

Additionally, House Bill (HB) 617 requires that each ISD have an individual identified as the Transition and Employment Designee (TED). The TED is responsible for providing information and resources about effective transition planning and services. The TED is also responsible for interagency coordination to ensure that local school staff communicate and collaborate with:

1. Students enrolled in special education programs and the parents of those students; and
2. as appropriate, local and regional staff of the:
 - (A) Health and Human Services Commission;
 - (B) Department of Aging and Disability Services;
 - (C) Department of Assistive and Rehabilitative Services;
 - (D) Department of State Health Services; and
 - (E) Department of Family and Protective Services.

In accordance with 34 C.F.R. §397.31, neither the state education agency nor the local education agency will enter into a contract or other arrangement with an entity, as defined in 34 C.F.R. §397.5(d), for the purpose of operating a program under which a youth with a disability is engaged in subminimum wage employment.

Coordinated Planning and Service Provision

DRS develops partnerships with schools and community organizations to help students with disabilities make a smooth transition to adulthood and work. DRS has counselors throughout the state that have a role in preparing students with disabilities for entry into the workplace. VR counselors coordinate closely with high schools to ensure appropriate students are referred to the VR program. Counselors work with schools to identify students receiving Supplemental Security Income (SSI) as early as possible in the process to address concerns regarding impact of employment on benefits and to provide resources for benefits counseling.

VR counselors have flexible work schedules that allow them to participate in school activities, parent meetings, community forums, summer skill-building activities, job clubs, etc.

VR counselors use various tools and strategies in their coordination with schools. The School Plan is a tool available to counselors for planning with their assigned schools. It provides an outline for open communication about each party's expectations and goals for the school year. Counselors are encouraged to develop a School Plan with each assigned school before that school year begins, and update it as necessary throughout the year.

DRS uses individual school plans to:

- develop consistent schedules for time spent in schools;
- arrange specific meeting times with students for planning, counseling, and guidance;
- connect with school contacts and referral sources;
- coordinate time for connecting students to community resources; and
- facilitate communication between the VR counselor and the school, when necessary.

DRS VR policies and procedures have been updated to align with WIOA §413(B)(F), which states that the individualized plan for employment (IPE) shall be developed as soon as possible, but not later than a deadline of 90 days after the date of the determination of eligibility, unless the DSU and the eligible individual agree to an extension of a specific date. Transition planning by VR counselors and school personnel facilitates the development and implementation of their individualized education programs under §614(d) of the Individuals with Disabilities Education Act (IDEA). The goals developed in the Individualized Education Plan (IEP) are considered in the development of the IPE. The development and approval of an IPE is initiated by a VR counselor. Planning includes conversations about informed choice and information so that students eligible for services understand the available options for additional education, training, service providers, and employment. Preemployment transition services are identified as needed for students with disabilities. Core focus areas include career exploration, work-based learning, counseling on postsecondary training options, job readiness, including social skills, and self-advocacy. Options include training services, such as academic and vocational training, apprenticeships, job placement to include job coaching, if needed, self-employment and supported self-employment, and other services based on need. Supported Employment is also considered, when appropriate for the consumer.

In an effort to provide transitioning students with more effective and comprehensive preparation for work after high school, DRS is also increasing the number of summer work opportunities with community partners around the state.

DRS counselors work with the high schools to provide consultation and technical assistance regarding the VR process and appropriate services that may be available to consumers. Consultation and technical assistance includes attendance at ARDs, and may be provided in person or via alternative means for meeting participation, including video conferencing or conference calls (based on §361.22(b)(1)).

When necessary, DARS counselors and school personnel will coordinate to satisfy documentation requirements set forth in 34 C.F.R. Part 397 with regard to students and youth with disabilities who are seeking subminimum wage employment. DRS does not pursue subminimum wage employment for consumers. When a consumer chooses to pursue subminimum wage employment on their own, counseling on other employment options is provided. When, after counseling, subminimum wage employment is still his or her choice, the VR case is closed. The counseling and guidance required with regard to subminimum wage employment chosen by the individual will then be carried out once every six months for the first year of the individual's subminimum wage employment and annually thereafter for the duration of such employment (34 CFR §397.4(c)).

To support the work of VR counselors and DRS field office managers, each of the five DRS regions has a regional transition specialist who provides support to counselors in developing collaborative partnerships with and increasing cooperation between DRS, local school districts, and other community organizations as resources for students with disabilities. These specialists assist in the development of local community support groups to help students and families understand what students need to know to transition effectively into the community.

Strategies to Increase Coordination and Outcomes

DRS will develop and implement strategies to achieve consistency in, increase coordination of, and improve outcomes in the delivery of services for students with disabilities transitioning from high school to higher education and ultimately employment. These efforts will address opportunities that have been identified by the division and its stakeholders and will also prepare DRS to respond to changes in state and federal law. Examples of these include:

Project HIRE

DRS is in the fourth year of implementing Project HIRE, a unique supported educational model that includes the collaboration between DARS and community partners and is funded by the Texas Council for Developmental Disabilities. Project HIRE services supplement the DRS VR program with wraparound services not provided by VR services, including:

- one-on-one support from educational coaches available both inside and outside of the classroom;
- individual and family support through participant support groups and monthly support team meetings;
- six-week summer bridge college-readiness program to prepare participants for college and employment;
- individual participant-centered plans to help identify and achieve goals; and
- individual business mentoring to help participants acquire the soft skills necessary for employment.

The program will assist at least 50 students with developmental disabilities (ages 18–25) in Hidalgo County to complete a certificate-level degree at South Texas College and find employment. A total of 28 students from all four cohorts are currently participating in the program. Eight students have completed their academic certificate at South Texas College in their chosen field of study, four students have secured employment, and an additional nine students are working part time while participating in the program.

Project HIGHER

Project HIGHER is a sister site to Project HIRE and follows the same model. It was developed through a partnership among DARS, The University of Texas–El Paso, El Paso Community College, and the Volar Center for Independent Living. The first cohort of six students started in August 2015.

Project SEARCH

Project SEARCH is a preemployment training program that is a business led, one-year school-to-work program that takes place entirely at the workplace. The program includes a combination of classroom instruction, career exploration, and hands-on training through worksite rotations. Project SEARCH serves students with significant intellectual and developmental disabilities. Typically, these are students who are on an IEP and in their last year of high school eligibility. The goal for these consumers is competitive employment within the business where the worksite rotations occur or at another business.

Project SEARCH has expanded from one original program site established in 1996 at Cincinnati Children’s Hospital in Ohio, to over 340 sites internationally. Project SEARCH in Texas began in 2007 with Seton Healthcare Family in Austin. As of fall 2015, Texas has 17 Project SEARCH sites. Each site is led by a host of businesses and includes key partners, including DARS VR, ISDs, and CRPs. The expansion of this program in Texas is due in part to a five-year grant awarded by the Texas Council for Developmental Disabilities (TCDD). The grant pays for technical assistance from the Project SEARCH staff in Ohio that may be needed to start any new sites, as well as supporting the collaborative effort from all agencies involved. In its first year, the grant started three sites in the 2013–2014 school year, in addition to the three sites that already existed in Austin. In the 2014–2015 school year, five additional sites were added, which brought the total number of Project SEARCH sites in Texas to 17. Each Project SEARCH site typically has 8–12 participants per year. The total number of consumers participating in Project SEARCH for the 2015–2016 school year is 144. The 17 Project SEARCH sites are:

Texas Project SEARCH locations and partners

#	Partner Name	Location	# of Interns
1	Atlas Copco Drilling Solutions, Garland, TX	Garland ISD, DARS, Quest Employment	7 Interns
2	Baylor Scott & White Hospital Garland, TX	Garland ISD, DARS, Quest Employment	10 Interns
3	Medical Center of Lewisville, Lewisville, TX	Lewisville ISD, DARS, Quest Employment	8 Interns
4	The City of Lewisville Offices, Lewisville, TX	Lewisville ISD, DARS, Quest Employment	9 Interns
5	Texas Wesleyan University, Fort Worth, TX	Fort Worth ISD, DARS, Goodwill Industries of Ft. Worth, MHMR of Tarrant County	9 Interns
6	Seton Dell Children’s Medical Center of Central Texas, Austin, TX	Austin ISD, DARS, Goodwill Industries of Central TX, Austin Integral Care	6 Intern
7	Seton Medical Center Hays, Kyle, TX	Hays Consolidated ISD, DARS, Goodwill Industries of Central TX, Hill Country MHMR	7 Interns
8	Seton Medical Center Williamson, Round Rock, TX	Round Rock ISD, DARS, Goodwill Industries of Central TX, Bluebonnet MHMR	9 Interns
9	Seton Northwest, Austin, TX	Leander & Georgetown ISDs, DARS, Goodwill Industries of Central TX, Bluebonnet MHMR	12 Interns
10	Baylor Scott & White Hospital, College Station, TX	College Station ISD, DARS, Brazos Valley Center for Independent Living, MHMR of Brazos County	5 Interns
11	Baylor Scott & White Hospital, Brenham, TX	Brenham ISD, DARS, The Whole Solution, MHMR of Brazos County	6 Interns
12	United Healthcare, Sugarland, TX	Fort Bend ISD, DARS, SCI, Texana	8 Interns
13	SanMar, Inc., Irving, TX	Irving ISD, DARS, Dallas Metrocare Services	9 Interns
14	University Medical Center Brackenridge, Austin, TX	Austin ISD, DARS, Goodwill of Central TX, Austin Integral Care	8 Interns
15	Embassy Suites Dallas Frisco Conference Center, Frisco, TX	Frisco ISD, DARS, Lifepath	12 Interns

16	Trinity Mother Frances Hospital and Clinics, Tyler, TX	Tyler ISD, DARS, Winning Edge Employment, Andrews Center	8 Interns
17	La Cantera Hill Country Resort, San Antonio, TX	San Antonio North ISD, DARS, PCSI, Alamo Local Authority	11 Interns

Rural Capital Area Workforce Development Board Summer Work Experience

The Rural Capital Area Workforce Development Board, DRS, and Sam Houston State University collaborated on a summer work experience program called the 2015 Community Youth Development Program (CYDP). The CYDP was developed to help high school juniors and seniors gain exposure to the employers in their communities, as well as gaining experience with work in a real work setting. Through a curriculum taught by Sam Houston State University and Workforce Solutions Rural Capital Area staff, the students began with a focus on job readiness, including résumés, interviewing, and proper work attire, and moving into paid internships with employers in the community. They not only gained the soft skills for work, but left the program with some real paid work experience. Students worked at the following work sites: Smithville Public Library, Lost Pines Toyota, Smithville Recreation Center, City Hall of Smithville, City of Bastrop Parks Department, Giddings Public Library, Fayette Medical Supply, Olde World Bakery, City of Smithville Chamber of Commerce, Bastrop YMCA, Elgin Public Library, Tamble Realty, LLC, and Texas Quilt Museum. Seven DRS consumers participated in the program.

Leander ISD Pilot Project

Through a partnership among DARS, Leander ISD, and a local CRP provider, five students with intellectual and developmental disorders were identified to participate in a pilot in which the school staff and the CRP provider helped find work placements and supported the students to learn and maintain the placements. The pilot is still in process. One student has been placed and work continues with the additional four students. The primary focus of this pilot is to find employment for students while they are still in high school.

Additional Strategies

DRS has begun updating policy and providing training to staff to increase their awareness of WIOA and its requirements. Best practices are being developed based on successful strategies that existed prior to WIOA and the requirements that have been put in place as a result of WIOA. In addition to providing training and guidance to staff, DRS also continues to enhance and expand quality assurance processes to ensure that all staff working with transition-age students use consistent practices and processes.

DRS will enhance state-level collaboration with TEA, the Texas Higher Education Coordinating Board (THECB), and TWC to increase coordination, information sharing, and planning. Additionally, DRS works with state and local educational partners and businesses to identify best and promising practices for providing successful training and employment services to transition consumers.

DRS will also leverage existing business partnerships to identify additional opportunities to better prepare students for the workplace and to obtain jobs. DRS will pursue additional partnerships with businesses that have an interest in preemployment training for high school students to ensure students entering the workforce are appropriately equipped with the technology and skills to adapt to work in the twenty-first century.

Section 4: Cooperative Agreements with Private Nonprofit Organizations

Private Nonprofit Providers

DRS routinely works with private nonprofit organizations to both purchase and arrange services that help consumers prepare for, obtain, and maintain employment. Private nonprofit providers of rehabilitation services are an important part of the VR service delivery process for many consumers.

Availability of Information on Service Providers

In an effort to provide quality resources to assist consumers in making an informed choice regarding VR providers, DARS developed and maintains ReHabWorks, an electronic case management system. ReHabWorks contains information specific to each CRP vendor. DARS staff have access to and share provider information regarding qualifications, services provided, location, experience in working with target populations, foreign languages, and other communication skills (sign language).

Provider Contracting Process

DRS establishes contractual relationships with providers of rehabilitation services, including private nonprofit providers. To expand opportunities and increase efficiency related to recruiting providers, DRS posts notification of contracting opportunities on the Electronic State Business Daily (ESBD), where organizations can complete an application to become a CRP provider, if the organization meets the requirements listed in the ESBD posting.

Service Provider Contracts

DARS DRS Standards for Providers (Standards) are published on the DARS website and specify the scope of work for providing contracted goods and services. Contracted providers are required to follow the Standards, which specify the terms and conditions of the contractual relationship, approved services, expected outcomes, fees, staff qualifications, and required documentation. Revisions to the Standards are made periodically. Notices of upcoming changes are published on the DARS website at least 30 days in advance of the effective date of the changes. Each provider is contractually responsible for maintaining compliance with the most recent standards and their individual contract. Services include:

- durable medical goods;
- job coaching;
- job placement;
- personal social adjustment training;
- post-acute brain injury services;
- room and board;
- supported employment services;

- vehicle modification;
- vocational adjustment training;
- vocational evaluation and assessment;
- work adjustment training; and
- work experience.

Oversight and Monitoring of Contracted Service Providers

DRS purchases services only from providers that are in compliance with the Standards. DRS contractors and providers are subject to both ongoing and periodic programmatic and financial monitoring. Risk assessment tools are used, at the state and the regional level, to identify providers to be monitored. On-site monitoring visits may be scheduled or unscheduled. Additionally, providers not identified through the risk assessment tools may also be monitored. A monitoring team includes representatives from the DRS staff, the DARS Contract Oversight and Support (COS) and Contract Monitoring Unit (CMU). CRPs found in noncompliance with DRS standards may be placed on a corrective action plan; sanctions vary and may include financial restitution where appropriate. All CRPs are provided ongoing technical assistance. In addition to monitoring, the Standards also specify requirements for ongoing self-evaluation by each CRP.

Employment Provider Credentialing Requirements

Each CRP must have one person designated as the CRP Director for DRS communication and accountability purposes. In order to ensure that CRP providers in Texas are fully equipped to provide the highest quality services to Texans with disabilities, DRS has partnered with the University of North Texas (UNT) to develop a training and credentialing process for CRPs that provide Job Coaching, Job Placement, and Supported Employment services to DRS consumers. DRS has partnered with The Center for Social Capital to develop the training and credentialing process for CRPs that provide Supported Self-Employment services to DRS consumers.

CRP Directors who supervise staff providing direct Job Coaching, Job Placement, Supported Employment (including Job Skills Training), or Supported Self-Employment services to DRS consumers must possess director credentials from UNT; there is no “grandfathering” for this requirement. A Supported Self-Employment Specialist (SSES) must meet the qualifications of a Supported Employment Specialist and, in addition, be certified by the Center for Social Capital as a Certified Business Technical Assistance Consultant (CBTAC).

DRS added premium payments for providers of Job Skills Training, Job Placement, Supported Employment, Work Experience, and Vocational Adjustment Training services to persons who are deaf and persons who have autism to encourage development of higher skills among the provider community. The premium payments for consumers who are deaf became effective in December 2014, and in August 2015 for consumers who have autism. Staff who serve deaf consumers must prove proficiency in sign language by evidence of either holding a certification from the Board for Evaluation for Interpreters, a Registry of Interpreters for the Deaf (RID) certification, or a Sign Language Proficiency Interview (SLPI) rating of intermediate plus. For a CRP to earn the premium when working with persons with autism they must show proof that

they have retained staff that possess one of the following credentials: Certified Special Education Teacher; Licensed Specialist in School Psychology (LSSP); CRP who has a verified Autism Specialization from UNT; Registered Behavior Technician; or Autism Specialization Certificate from UNT.

SUPPORTED EMPLOYMENT

Section 5: Quality, Scope, and Extent of Supported Employment Services and Arrangements and Cooperative Agreements for the Provision of Supported Employment Services

DRS is committed to providing quality services to customers with the most significant disabilities, including youth with the most significant disabilities.

DRS Supported Employment (SE) offers competitive integrated employment in the community for consumers with the most significant disabilities who need personalized assistance finding the most appropriate job match requiring extended services and long-term supports within the work, community, and home environment to maintain employment after DRS closes the VR case. Consumers who benefit from DRS SE are those for whom traditional VR approaches have not been effective. Although some consumers in SE have the ability to compete in the open job market, they often require assistance learning how to interact with potential employers, obtain, perform, or retain job tasks and responsibilities. They also require extended supports not funded by VR to maintain long-term employment once DRS closes their case. Consumers receiving DRS SE often have no work history, have been excluded from community services through institutionalization, or have only participated in day habilitation programs or DADS-funded facility-based workshops.

DRS works in partnership with public and private nonprofit organizations, employers, and other appropriate resources for training, employment, and other time-limited services related to SE. A little more than sixty-three percent of the 8,098 Texans who received services under the DRS SE program during federal fiscal year 2015 (FFY' 15) were identified as having the most significant disabilities. Approximately fifty-seven percent of consumers who received DRS SE services achieved an employment outcome.

In order to achieve a smooth transition from VR SE services to the DADS SE services (extended long-term supports and services), DARS has an MOA with DADS that outlines each agency's responsibilities and timelines for the provision of services. DRS counselors are encouraged to invite DADS providers and staff to planning meetings and maintain contact with the Service Coordinator, Case Manager, or other long-term supports and services staff throughout the process. Additionally, DRS participated with DADS in crafting the 1915(c) Medicaid home- and community-based waivers employment services definitions to ensure transition from VR to DADS SE is as seamless as possible with no interruption in service delivery. With appropriate consumer releases, DADS shares the individual's person-directed plan and plan of care with DRS, and DRS provides DADS with the Individualized Plan for Employment. DRS will provide

SE services for a period not to exceed 24 months. Extended services will be provided to youth with the most significant disabilities for a period not to exceed four years, and by the designated state unit with the funds reserved under 34 C.F.R. §363.22.

Other common resources that provide extended services for consumers include nonprofits, as well as other county, state, and federal programs, and family members and friends.

DRS SE services offer the best possible match between consumer skills, interests, abilities, support needs, and the employer's unmet needs. DRS uses the "place, then train" concept, a two-part process to describe SE. The first step is to place consumers with the most significant disabilities into a competitive job based on their preferences, interests, assets, and abilities identified during a community-based assessment and an SE planning meeting. The second step is to provide training and support to the consumer directly related to the job. Then, coordinate and train the designated extended service providers or natural supports to ensure a smooth transition with no interruption in service delivery prior to DRS case closure.

The VRC works with the CRP SE specialist, DADS provider or service coordinator/case manager, and the consumer's natural support network to develop short- and long-term support strategies based on individual needs. This ensures the appropriate amount of support is available and provided so employment can be maintained. Extended services, known in Texas as long-term supports and services, can be publicly funded, "natural" or "in-kind," or paid by the consumer through SSI or Social Security Disability Insurance (SSDI) or another Social Security Administration Title II work incentive program. Examples of extended services include but are not limited to: consulting with a consumer's job supervisor regarding areas of concern or training needs; creating supports and strategies to improve work performance through job coaching; providing services such as medication management or hygiene; or identifying and/or training on transportation options.

DRS offers supported SE services as an alternative employment option for consumers with the most significant disabilities who choose to own their own business within their community. Supported SE is competitive employment whereby the consumer owns, manages, and operates a business and is not considered an employee of another person, business, or organization. Supported SE businesses are typically small and require a team approach for planning and support. The business team is led by a supported SE specialist who assists with exploration, feasibility determination, development of a business plan, business launch, and addressing the consumer's extended service needs. In supported SE, the extended services help the consumer effectively and efficiently run their business for a profit and can include long-term job coaching supports, peer supports, natural supports, family supports, or ongoing paid professional services required for the business. The supported SE specialist is required to be certified by the Center for Social Capital as a CBTAC. Providers of SE and supported SE services receive payment when they assist eligible consumers in achieving specific outcomes called "Benchmarks."

Timing of Transition to Extended Services

An SE case remains open for a 60-day period after being identified as "stable." Stable means the consumer:

- is performing in a competitive, integrated job to the employer's satisfaction;

- is satisfied with the job placement;
- has the necessary modifications and accommodations at the worksite;
- has reliable transportation to and from work; and
- has extended services and support needs in place.

DRS providers do not provide services to consumers during the 60-day period between “Job Stability” and “Service Closure.” If DRS providers do provide direct services to consumers during this period, job stability is interrupted and the 60-day stability period starts over. Once consumers successfully maintain job stability for 60 days with extended services being provided by nonvocational rehabilitation resources only, the DRS SE case is closed.

A consumer’s extended services are identified and documented for both SE and supported self-employment in the consumer’s IPE.

DRS identifies and makes arrangements, including entering into cooperative agreements, with other state agencies and other appropriate entities to assist in the provision of supported employment services and other public or nonprofit agencies or organizations within the state, employers, natural supports, and other entities with respect to the provision of extended services. Collaboration with community organizations and other state agencies to identify, develop, and implement cooperative agreements and partnerships are essential to achieving successful employment outcomes for consumers, particularly those with the most significant disabilities.

Establishing Funding

Potential funding sources include: Texas Workforce Solutions, the Social Security Administration’s Ticket to Work Program; Department of State Health Services (DSHS—the mental health state agency); CILs, and HHSC Medicaid/CHIP, the administrative authority for all Medicaid waivers and state plan services as well as the operating authority for all managed care, including the STAR+PLUS waiver and the 1115 Texas Healthcare Transformation and Quality Improvement Program, and DADS, the intellectual and developmental disabilities state agency that is the operating authority for:

- the majority of 1915(c) state Home and Community-based Services (HCS) Medicaid waivers;
- 1915 (k) Community First Choice;
- Title XX community services; and
- employment services provided through state general revenue funds.

Evidence of Collaboration, Contracts, and Agreements

In order to provide seamless service delivery to consumers and ensure effective use of resources, DRS maintains the following collaborations with community partners and other state agencies:

- DRS Program Specialists provide information and technical assistance to DADS and DSHS when changes to VR employment services occur.
- Participation in monthly DADS employment workgroup meetings.

- DRS works with DADS and HHSC Medicaid/CHIP to ensure service definitions in the 1915(c) home- and community-based waivers accurately reflect Centers for Medicare and Medicaid Services and Rehabilitation Services Administration regulations. This partnership allows services that result in competitive employment to be delivered efficiently and timely through the payor of first resort.
- DRS provides annual training to DSHS Community Benefits Officers on SSI and SSDI benefits and work incentives and offers free intensive training and technical assistance to DADS staff and providers to become Benefits Subject Matter Resource staff.
- DRS co-chairs and participates in the legislatively mandated Employment First Task Force charged with writing and making recommendations to implement an Employment First statewide policy, and providing information and/or training to providers, stakeholders, and the general public on employment as the first option for any publicly funded service.
- Membership and participation in Association of People Supporting EmploymentFirst (APSE).
- Representation on:
 - The Texas Council for Developmental Disabilities
 - The Council for Advising and Planning (CAP) for the Prevention and Treatment of Mental and Substance Use Disorders
 - Texas Clubhouse Coalition
 - Texas Alliance for the Mentally Ill
 - Texas Coordinating Council for Veteran Services (TCCVS)
 - Traumatic Brain Injury Advisory Council (TBIAC)
 - HHSC Office of Acquired Brain Injury (OABI)
 - State Independent Living Council (SILC)
 - Texas Interagency Council for the Homeless
 - DADS Consumer Direction Workgroup
 - HHSC Medicaid/CHIP CRCG
 - Texas Technology Access Program Advisory Council

Contracts

DRS has bilateral service contracts with CRPs to provide specific employment services, which include supported employment services. All terms and conditions of the CRP service contracts are provided in the DRS Standards for Provider manual.

DADS provides funding to DRS for a 0.5 FTE project manager via an interagency contract for a DADS Money Follows the Person (MFP) employment grant to assist three intellectual and developmental disability providers in transitioning from day habilitation to a supported employment model; this grant runs through December 31, 2016. In May 2015, DADS received approval for another MFP employment grant from Centers for Medicaid and Medicare Services that will run through 2020, and has requested to continue funding the 0.5 FTE to DRS.

Agreements

DRS and DBS have an MOA with DADS that outlines the responsibilities of each agency, including timelines for provision of extended support and services needed to maintain or advance in competitive employment. Vocational Rehabilitation Counselors (VRCs) and DADS service coordinators, case managers, and service providers work together to identify a consumer's long-

term needs, and ensure available Medicaid funding for extended services after VR case closure are approved for payment and can be implemented without interruption in services.

Finalization of the draft MOA between DARS and DSHS, which outlines responsibilities and timelines regarding mutual consumers with the Department of State Health Services' Mental Health and Substance Abuse Division is pending based on the transfer of the DSU to TWC.

Texas's Medicaid State Plan §4.16 is the formal agreement that describes DARS collaboration with HHSC Medicaid/CHIP, the state agency responsible for administering the state Medicaid plan under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.).

DRS will be entering into a Memorandum of Agreement with the TTAP, the implementing entity designated by the state governor under §4 of the Assistive Technology Act of 1998 (29 U.S.C. 3003) to coordinate activities, including the referral of individuals with disabilities. Currently DRS refers consumers to TTAP demonstration centers located throughout the state to ensure that consumers have an informed choice of assistive technology and that equipment purchased by DRS meets the consumer's needs.

Additional partnership activities include:

- VRCs work with consumers without access to publicly funded services to identify and obtain needed long-term support through community organizations, natural support, support through the employer, and/or by utilizing work incentive programs through SSI/SSDI or the Ticket to Work Partnership Plus program.
- DRS participated in the development of an employment manual for DADS clients and families.
- DRS participates in State Employment Leadership Network (SELN) monthly meetings and associated workgroups. SELN is a national consortium of intellectual and developmental disability state agencies.
- DRS participates with HHSC Medicaid/CHIP on webinars and technical assistance calls with Managed Care Organizations to educate and answer questions about DRS VR services and benefits and work incentives.
- DRS and HHSC Medicaid/CHIP staff created an employment questionnaire used by Managed Care Organization Service Coordinators to assist them in determining if a member is interested in pursuing competitive integrated employment.
- DRS participates in annual joint presentations with TTAP at Ability Expo in Houston, which provides opportunities for consumers to learn about new adaptive equipment and assistive technology that can assist them in maintaining competitive integrated employment.

Documentation of Supported Employment Services and Extended Services

Documentation of the Supported Employment services and extended services needed for a period not to exceed four years after a consumer's VR case is successfully closed is included in the IPE. The IPE also includes the name of the public or private provider of extended services, or a statement explaining that there is a reasonable expectation extended services will become available before VR case closure.

Section 6: Coordination with Employers

DRS and DBS continually seek ways to increase the number of Texans with disabilities who successfully train for, obtain, and retain competitive employment. In 2015, DRS and DBS implemented a significant series of strategies to contribute to this goal by establishing a joint Business Relations Team.

The Business Relations Team was created to consolidate DRS and DBS efforts to serve local businesses and help them achieve a diversified workforce by hiring qualified individuals with disabilities. Throughout 2015, team members successfully partnered to provide a coordinated array of outreach, consultation, and technical assistance services to Texas businesses.

In order to facilitate this initiative, the Business Relations Team, along with the workgroup assigned to guide the consolidation, developed a coordinated portfolio of services available to businesses, organized by three main service categories: outreach and disability awareness; consultation, support, and training; and job placement and retention assistance. Today, DRS and DBS jointly provide a range of services to business partners, and staff has developed specialized training to address each of these service areas.

The Business Relations Team also developed a tool to facilitate the consolidation of business services. The resulting tool, called the business tracking tool, helps DRS and DBS further develop existing partnerships, expand partnerships to new businesses, coordinate services, and assess the effectiveness of all services delivered to business partners. As part of the enhanced coordination in business outreach and service delivery, DRS and DBS honored a total of 60 Texas business partners with awards for their commitment to, and success in establishing, a diverse and productive workforce. The number of awards given in 2015 increased by 43 percent compared to 2014 levels.

The Business Relations Team also developed and disseminated additional resources to Texas businesses, including a new Business Services web site, available at <http://www.dars.state.tx.us/services/servicesforbusiness.shtml>. This web site provides information about the benefits of partnering with DARS, including available services and business testimonials, as well as resources such as the *Guide for Hiring People with Disabilities* and helpful websites.

The Business Relations Team is also increasing coordination with other state and federal entities that administer employment training programs. The result of this coordination is a growth in the number of jointly held business symposia and job fairs in communities across Texas. The team's efforts to partner with TWC, Local Workforce Development Boards, and the U.S. Department of Labor Office of Federal Contract Compliance Programs will help ensure that local businesses and Texans with disabilities seeking competitive employment have the greatest level of support, resources, and services available to help them succeed.

Additional information describing how DRS will work with employers to identify competitive integrated employment and career exploration opportunities in order to facilitate VR services and transition services, including preemployment transition services for students and youth with disabilities, is described in multiple sections of this plan to include: Section 3, Section 4, Section 6, Section 11, and Section 13.

Section 7: Interagency Cooperation

The DSU will collaborate with the state agency responsible for administering each of the following programs to develop opportunities for competitive integrated employment, to the greatest extent practicable:

Intellectual and Developmental Disabilities

- VRCs work with mutually served consumers to assist them in understanding how to navigate the long-term supports and services system.
- VRCs provide information and guidance to mutually served consumers who transfer from SSI to Title II Childhood Disability Beneficiaries to ensure continuation of Medicaid 1915(c) waiver services.

Mental Health (MH)

- DARS promotes MH evidence-based practices and other evidence-informed models of service that will improve competitive employment outcomes with community partners.

HHSC Medicaid/CHIP

- DRS works with HHSC Medicaid/CHIP on an ongoing basis to improve the Medicaid Buy-In (MBI) program, including covering the cost of an MBI-only application and linking a national consultant on Buy-In to HHSC Medicaid who is recommending changes to improve the program.
- DRS works with HHSC Medicaid/CHIP on an ongoing basis to resolve individual and systems issues involving mutually served consumers, particularly guidance to those transferring from SSI to Title II Childhood Disability Beneficiaries to ensure continuation of Medicaid state plan and waiver services.

Training

DRS program specialists provide the following training:

- Annual training on VR and independent living services to DADS Home and Community-Based Services (HCS) waiver utilization review nurses, Private Provider Association of Texas members, community center staff, including consumer benefits officers, and the Statewide Intellectual and Developmental Disabilities Consortium;
- Training on VR services and benefits and work incentives to HHSC Managed Care Organization (MCO) service coordinators and management, STAR+PLUS, and other service providers and Medicaid waiver case managers;
- Training on DARS employment services and benefits and work incentives to members of the seven statewide mental health peer-operated support groups;
- Training on benefits and work incentives every six months for DRS and DBS staff, long-term supports and services providers involved in the MFP employment pilot grant, and DADS and DSHS central office staff. The providers and DADS/DSHS staff get monthly follow-up training via teleconference and written materials, as well as ongoing technical assistance on specific benefits and work incentives issues;

- A four-hour benefits overview to CRPs statewide, and currently planning with UNT to provide this overview via webinar;
- Overview of benefits and work incentives to DADS staff, providers, and other community stakeholders throughout the year;
- Overview to DADS service coordinators, case managers, private providers, and other staff on DRS VR services and best practices for mutually served consumers;
- Overview of Wellness Recovery Action Plan (WRAP) to community partners;
- Training to CRPs statewide on best practices in the provision of employment services to individuals with the most significant disabilities; and
- Training on Assistive Technology to community partners.

Plans for Improving Supported Employment Services

DRS will continue to strengthen the numerous improvements that were implemented in Supported Employment services in 2014, including:

- Assisting CRPs to utilize the Supported Employment Assessment that focuses on discovery and person-centered techniques, vocational theme development, and providing worksite observations;
- Working with VRCs on applying the Supported Employment planning and service provision to improve consumer participation and informed choice by requiring review and signatures at each benchmark;
- Creating a team of DRS subject matter experts to provide technical assistance to VRCs on identifying and coordinating extended services/long-term supports prior to beginning the benchmark process;
- Ensuring that criteria for determining job stability to ensure extended services/long-term supports required for continued success after VR case closure are being applied; and
- Continuing to provide specific employment services for people with autism to improve their success in obtaining and maintaining employment.

Coordination with Ticket To Work And Self-Sufficiency Program

DRS coordinates with the Social Security Administration to encourage CRPs to become Employment Networks (ENs) under the Ticket to Work Program. DRS and select CRPs participate in the Partnership Plus program.

Currently there are 39 active ENs in Texas that are DRS CRPs, and 30 who are Workforce Solutions Offices. Of the 3,554 tickets received by these 69 ENs, 61 percent were assigned to DRS CRP ENs.

Section 8: Comprehensive System of Personnel Development and Data System

Data System on Personnel and Personnel Development

DRS is committed to maintaining Comprehensive System of Personnel Development (CSPD)

standards as set forth in §101(a)(7) of the Rehabilitation Act as amended by WIOA and 34 C.F.R. §361.18. Toward this goal, DRS has established procedures and supporting activities to ensure that the administration of a comprehensive system of personnel development is designed to provide an adequate supply of qualified rehabilitation personnel, including professionals and paraprofessionals. The RCT assists both DRS and DBS in addressing issues related to personnel development. Specifically, RCT's Policy, Procedures, and Personnel Development Committee meets quarterly to discuss the development and maintenance of policies and procedures to support the CSPD efforts.

DRS has developed and maintains an electronic database that communicates with relevant fields from the Health and Human Services Human Resources databases. Academic achievement is gathered from official transcripts that have been submitted as part of the personnel hiring process. Transcripts are reviewed to determine whether the indicated degree meets the agency standards for a qualified vocational rehabilitation counselor (QVRC). Additionally, systems are in place with DARS' internal Program, Reporting, and Analysis department to confirm specific information necessary for frequent analysis of positions and projection of need.

Qualified Personnel Needs

As of September 30, 2015, DRS had the following FTE positions to meet the needs of agency consumers: 494 vocational rehabilitation counselors (VRCs), 100 transition vocational rehabilitation counselors (TVRCs), 38 unit program specialists (UPSs), and 342 rehabilitation services technicians (RSTs) (Table 1).

In 2015, the population of Texas was 27,695,284. If migration into Texas continues at the same pace it did in the last decade, the Texas state demographer is projecting the state's population to double by 2050. As the population continues to grow, DARS anticipates increased demand for VR services, which may require additional counselors to serve eligible consumers with significant and most significant disabilities.

DRS operates under an FTE cap that is established by the Texas legislature. Each biennium, DARS prepares and submits a Legislative Appropriations Request, which includes requests for additional FTEs needed by DARS to address population growth and other factors requiring additional staffing levels. The legislature considers these requests during the appropriations process in each legislative session. DRS projects the need for additional FTEs to support the rehabilitation program during the next five years as follows: 76 additional counselor FTEs needed between 2017 and 2022, and 43 additional RST FTEs needed between 2017 and 2022 (Table 1). Staffing levels are sufficient to support program operations for the current biennium. DARS will monitor staffing levels and reevaluate these projections on an annual basis. As needed, DARS will request additional FTEs in Legislative Appropriations Requests for future biennia.

Table 1 – Projected Personnel Needs, 2017 to 2022

Job Title	Total Positions FY 2015	Current Vacancies FY 2015	Projected Needs						Total Needs over 5 Years
			2017	2018	2019	2020	2021	2022	
VRC	494	21	10	10	10	11	11	11	63
TVRC	100	2	2	2	2	2	2	3	13
UPS	38	1	1	0	1	1	1	1	5
RST	342	13	7	7	7	7	8	7	43

DRS will continue to focus on serving consumers with significant disabilities that require multiple, comprehensive, and complex services over an extended period of time.

Table 2 – Attrition Rate as of September 30, 2015

Job title	Average Strength	Total Separations	Volun	InVol	Retire	YTD Rate	Vol YTD Rate
VRC	583.50	77	49	11	17	13.20%	8.40%
TVRC	97.75	13	10	2	1	13.30%	10.23%
UPS	37.00	2	2	0	0	5.41%	5.41%
RST	346.75	41	22	8	11	11.82%	6.34%

Personnel Development

Texas had a total of six university rehabilitation programs available at the master’s degree level during the 2014–2015 school year:

- Stephen F. Austin University
- University of North Texas
- University of Texas–Austin
- University of Texas–Rio Grande Valley
- Texas Tech University
- University of Texas–El Paso

A total of 127 students graduated during the previous year (2013–2014) from the in-state universities listed in Table 3 with credentials consistent with academic preparedness to meet national certification requirements. Texas has also developed partnerships with out-of-state university distance-learning programs. These universities include:

- University of Arkansas at Little Rock;
- George Washington University;
- University of Kentucky;
- Southern University at Baton Rouge;
- Virginia Commonwealth University; and
- West Virginia University.

Table 3 – Count of Students and Graduates by Institute, 2014–2015 School Year

Institute	University Graduate Students Enrolled	University Master’s Graduates Previous Year	DRS Graduate Students Sponsored by Agency/RSA	DRS Master’s Graduates Sponsored by Agency/RSA
Stephen F. Austin University	12	2	1	0
University of North Texas	127	43	2	1
University of Texas–Austin	14	5	0	0
University of Texas–Rio Grande Valley	135	46	0	0
Texas Tech University	126	23	7	1
University of Texas–El Paso	39	8	0	0

Plan for Recruitment, Preparation, and Retention of Qualified Personnel

DRS has established a number of strategies for recruitment, preparation, and retention of qualified personnel. Plans are in place that reflect continued annual needs assessment, quarterly review of strategies and interventions for recruitment, and updated review of the QVRC program following each semester to ensure satisfactory progress.

Recruitment of Qualified Personnel

DRS has a recruitment plan that identifies in-state and out-of-state entities from which qualified personnel may be hired. DRS also has a designated recruitment coordinator who works closely with each of these organizations. For each identified organization, the coordinator makes contact to establish specific recruitment strategies for each program. The recruitment plan coordinator regularly reviews and updates the plan. Depending on location, size and nature of the class, and need of the institution, DRS employs the following approaches to recruitment:

- DRS participates in advisory committees for partnering universities allowing access and contribution to program improvement processes and to students for on-site visits;
- DRS staff conducts classroom orientations and distributes recruitment information for graduating students;
- DRS works with the administration of distance-learning programs to determine effective processes for recruiting distance-learning students;
- DRS sends job postings regularly to VR graduate programs of more than 90 U.S.

universities;

- DRS coordinates with universities for graduate VR internships to recruit rehabilitation counselors (DRS had 29 active interns in FY 2015); and
- DRS annually participates in job fairs and employment conferences to recruit persons from minority backgrounds and persons with disabilities.

Preparation of Qualified Personnel

DRS is committed to the development and continued growth of professional staff who reflect the communities DRS serves. All strategies for DRS' CSPD programs encourage the retention and hiring of staff from minority backgrounds and staff with disabilities. DRS collaborates with a number of constituency organizations to build a better understanding of consumer needs and encourage contributions to the field of rehabilitation. For example, staff regularly attends training in public workshops delivered by contractors for deaf and hard of hearing services. As a result, staff not only has the opportunity for training but also for networking and outreach. Additionally, DRS staff attends functions of the National Council on Rehabilitation Education (NCRE), and the Council of State Administrators of Vocational Rehabilitation to receive professional training and to maintain educational standards for CSPD. DRS encourages professional development of staff through community involvement, regular attendance at local, state, and national conferences of professional associations, which offer opportunities for training, outreach, and relationship building.

The DARS Center for Learning Management (CLM) partners with DRS to develop and deliver training for DRS staff. DRS subject matter experts also provide technical training for staff in their areas of expertise. An organizational needs assessment process was developed to identify training needs and priorities.

The training provided in FY 2015 included topics such as workers' compensation, substance abuse, diabetes, outcome-based supported employment, comprehensive rehabilitation services, transition services, deaf and hard of hearing services, coaching, dealing with ex-offenders, Social Security work incentives, physical restoration, autism, purchasing, and vocational strategies for behavioral health issues. External training opportunities provided through our partners at the University of Arkansas CURRENTS and North Texas State University provide additional opportunities for staff to expand their knowledge base. Informal learning experiences are provided at a unit level to assist in specific learning gaps.

Regional trainers provide coaching and direction to regional staff on request for internal and external training opportunities. New counselors attend internal training conducted by CLM and DRS subject matter experts to enhance skills and develop a basic operational understanding of policy and implementation of processes during the initial training year. Opportunities for competency-based development are also offered through leadership and other professional development workshops and academies.

In order to build a more qualified workforce, DRS has initiated a number of processes to recruit and hire individuals as rehabilitation counselors who have master's degrees in rehabilitation

counseling. DRS maintains a database to monitor counselors who do not meet the CSPD qualifications. Since some DRS counselors do not meet the CSPD standard, DRS continues with recruitment and preparation strategies. DRS has policies and procedures for administration of the funding for academic coursework, textbooks, and when necessary, in-state travel, for counselors to meet the educational standards of the agency.

A counselor is expected to meet the CSPD standard within seven years of completing the initial training year. This policy is subject to review, and any changes will be included in an upcoming plan modification.

DRS encourages staff members to reinstate their CRC status when it expires. As part of the QVRC incentive program initiated by DRS, the division will continue to pay for certification exam fees and related in-state travel costs to encourage staff members to obtain their CRC certification. However, DRS does not require counselors to have their CRC credential.

DRS continues close monitoring of the percentage of counselors who meet the standard in order to determine progress toward the goal. Monitoring includes determining the number of counselors with master's degrees in rehabilitation counseling or closely related fields, the number with doctoral degrees, and the number who are CRCs or licensed professional counselors (LPCs). DRS management receives a monthly status report of counselors' achievements in reaching CSPD standards.

Retention of Qualified Personnel

As part of its comprehensive statewide training program, DRS supports a wide range of learning activities for all classifications of employees. Staff views professional growth and development activities as a benefit that enhances retention. All staff has professional development plans created in coordination with managers as part of the performance management process. Other retention strategies are as follows:

- Flexible work schedules allow for 4- or 4 ½-day workweeks, as well as teleworking opportunities, when feasible;
- A variety of training opportunities in leadership skill development are available;
- DRS will cover the cost of the CRC exam and in-state travel to achieve the examination;
- A recognition award program is in place to highlight staff achievement;
- Access to training to support credential maintenance is available at no cost to the employee; and
- An educational reimbursement program is in place for support staff working toward attainment of a bachelor's degree.

Personnel Standards

Qualified Vocational Rehabilitation Counselors (QVRC)

DRS is committed to ensuring the agency workforce is highly skilled, professionally trained, and duly prepared to serve Texans with disabilities with the highest quality service delivery. Toward this goal, DRS has a plan to achieve standards for counseling staff in compliance with §

101(a)(7) of the Rehabilitation Act as amended by WIOA and 34 C.F.R. §361.18.

There are no state-approved certifications or licensing requirements for VR counselors in Texas. Therefore, DRS has established standards for academic preparedness consistent with the national requirements of the Commission on Rehabilitation Counselor Certification (CRCC) for CRC certification.

DRS ensures that staff are well-qualified to assist individuals with disabilities. There is emphasis of educational requirements at the bachelor's, master's, and doctoral levels, in fields related to rehabilitation. However, the degree field may include other degrees that prepare individuals to work with consumers and employers. For example, bachelor degrees might include not only vocational rehabilitation counseling, but also social work, psychology, disability studies, business administration, human resources, special education, supported employment, customized employment, economics, or another field that reasonably prepares individuals to work with consumers and employers. For individuals hired at the bachelor's level, there is a requirement for at least one year of paid or unpaid experience related to direct work with individuals with disabilities.

DRS recognizes master's or doctoral degrees in fields of specific study, such as vocational rehabilitation counseling, law, social work, psychology, disability studies, business administration, human resources, special education, management, public administration, or another field that reasonably provides competence in the employment sector in a disability field or in both business-related and rehabilitation-related fields.

A counselor meets the CSPD standard by holding a master's degree in rehabilitation counseling; or master's degree in "counseling or counseling-related field" with specific coursework; or master's, specialist, or doctoral degree in specific majors with specific coursework; or current CRC certificate from the CRCC; or current licensure for LPC.

Therefore, a counselor with a master's degree in counseling or a counseling-related field, must at a minimum, complete a graduate course in the Theories and Techniques of Counseling and successfully complete six graduate courses with a primary focus in the following areas:

- one course on assessment;
- one course on occupational information **or** job placement;
- one course on case management and rehabilitation services;
- one course on medical aspects of disabilities;
- one course on psychosocial aspects of disabilities; and
- one course on multicultural issues

A counselor with a master's or doctoral degree in a specific study as indicated above, must complete a graduate course on the Theories and Techniques of Counseling, and successfully complete six graduate courses each with a primary focus in the areas listed above, plus one course on Foundations of Rehabilitation Counseling.

Although DRS has taken steps to hire rehabilitation counselors who have master's degrees in rehabilitation counseling, a number of other factors require that DRS hire counselors with other degrees. A significant barrier to hiring counselors with master's degrees in rehabilitation counseling is the expanse of Texas that must be served. DRS affords RSTs who attain an undergraduate degree the opportunity for employment in DRS as VRCs. RSTs may apply for financial assistance through the educational leave and financial assistance program if they choose to attain their undergraduate degree and pursue employment as a VRC. The years of knowledge and experience on a caseload coupled with their undergraduate degree have proven beneficial to DRS.

Staff Development

DRS is committed to maintaining support for in-service and academic training that ensures all staff receive the necessary knowledge and skills to be successful and that provides developmental activities for new and emerging leaders. DRS has a needs assessment system to develop internal and external training initiatives to address programmatic needs, and also participates in the University of Arkansas CURRENTS' biennial survey. While there are a number of positions within DRS that support field operations, the focus of statewide training is typically programmatic to enhance direct service delivery for consumers. All staff has access to training opportunities through the professional development plan created through the management chain's professional development process. Training content for field staff is typically developed within the system of statewide modules of training products disseminated through field management staff. Content learning includes topics that directly relate to the knowledge, skills, abilities, and attitudes necessary to perform jobs as expected by management and as detailed in job descriptions. The content training strategies include:

- Continued focus on the foundations of the VR process for counselors and RSTs, including accurate eligibility determination, inclusion of consumers in planning for service delivery, thorough assessing and planning practices, models for vocational counseling, informed consumer choice, service to culturally diverse populations, good purchasing practices, supported employment, customized employment and other strategies for quality employment assistance, service delivery, and effective case note documentation;
- Training in working with employers and consumers to increase knowledge of the Americans with Disabilities Act, the Rehabilitation Act Amendments of 1998, the Olmstead decision, available independence initiatives, and VR participation in the Workforce Investment Act to enhance employment options and employment knowledge;
- Training in the Individuals with Disabilities Education Act (IDEA), appropriate options and alternatives for effective transition services and Social Security work incentive programs, including programs under the Ticket to Work and Work Incentive Improvement Act of 1999;
- Training in assessing appropriate rehabilitation technology interventions;
- Extending opportunities to take advantage of training available from sources external to DARS for ongoing dissemination of timely trends related to disability and treatment modalities within the field of rehabilitation;

- Ensuring staff have access to training opportunities focusing on targeted disability groups identified by the various regions (DRS coordinates with Texas Administrators of Continuing Education (TACE) and other entities as appropriate to develop localized training in targeted disability areas); and
- Implementation of training for new counselors that focuses on critical thinking and sound decision making.

Managers receive training on a variety of management issues, including ethics, communication, leadership, monitoring for quality service delivery and compliance, and management information system tools. For example, in leadership training, DRS staff attended the Health and Human Services Executive Leadership Academy and Aspiring Leaders Academy.

DARS provides ongoing quality improvement training to staff to ensure that they have every opportunity to achieve. As previously described, learning opportunities in a wide variety of topics are also provided by CLM using a variety of delivery strategies as part of its comprehensive statewide training effort. These strategies include self-directed learning, coaching, Intranet-based courses, and workshops at the unit, regional, and state levels.

DRS also has developed partnerships with organizations such as the NCRE to ensure the active dissemination of research development for the field of rehabilitation. Additionally, DRS uses studies from the Institute on Rehabilitation Issues to assist in the development of practices for service delivery.

New Counselors

All new counselors are trained using a sequence of learning events. The sequence includes an assigned coach who uses a published quick start guide, which includes a learning plan for both on-the-job training and required and optional courses. The learning plan guides the new counselor's learning activities during the initial probationary period. Based on the learning plan, training is provided throughout the initial year through a series of required courses, peer training, and coaching sessions that focus on guiding each consumer to successful achievement of his or her employment and/or independent living goals. Training covers rehabilitation policies and procedures as well as values-based decision making, informed consumer choice, employment assistance, and successful closures. Additionally, new counselors learn effective strategies for caseload management, working with Community Rehabilitation Program providers, assessing employment trends, matching employer needs to qualified consumers, and building successful partnerships with consumers, businesses, schools, and other community resources. Following completion of the probationary period, the counselor and supervisor create a professional development plan, which addresses the required educational standards of their position. The professional development plan is updated annually regarding training activities and progress toward meeting the required educational requirements.

New RSTs

All new RSTs are trained using a sequence of learning activities. The sequence includes an assigned coach and a quick start guide, which includes a learning plan for on-the-job training and required and optional courses. Training is provided throughout the initial year through attendance at a required course on RST fundamentals, other courses as assigned by the RST's

supervisor, peer training, and coaching sessions. The fundamentals course focuses on the role of the RST in facilitating successful employment outcomes for consumers. The required course addresses both internal and external customer service, purchasing, disability etiquette, and an overview of values-based decision making and the RST's role in the VR process. Following completion of the initial training period, the RST and supervisor develop a professional development plan that identifies additional training and development activities to support the RST's successful performance. The plan is then updated annually and designed to enhance the growth of RSTs throughout their tenure with the agency. DARS offers an educational assistance program that may be available to RSTs who choose to pursue the necessary educational credentials to advance in the field of vocational rehabilitation.

New Area Managers

New area managers also participate in a sequence of learning activities to develop their skills and competencies. This sequence includes a regional orientation followed by a series of self-directed activities guided by a comprehensive orientation outline. These activities provide training for new managers in VR program management, effective coaching, and values-based decision making. Following completion of the initial learning activities, the new area manager receives professional development training in management courses through the Governor's Center for Management Development and other available resources. The regional director and a mentor area manager guide the new area manager through this process. DRS maintains a formal system for evaluating the performance of VR staff within the division. This system requires that supervisory personnel formally evaluate an employee's performance in the essential functions of the employee's position.

The main purposes of this system are to:

- document the employee's performance;
- provide a development plan;
- improve performance;
- provide a basis for personnel management decisions; and
- facilitate open communication.

The three central aspects of the system for VR staff are:

- consumer satisfaction with services and outcomes;
- area manager and other management review of case records to ensure compliance with policies and procedures; and
- evidence of quality service provision for consumers to access the most appropriate employment outcomes.

This system promotes clear understanding between the supervisor and the employee of the priorities and objectives for the upcoming period. In reviewing performance against expectations, emphasis is placed on results achieved through delivery of world class service, identification of reasons for variance from expected results, and establishment of appropriate development plans that serve to deliver skill-enhancing, practical learning opportunities.

The RCT has the opportunity to review and comment on the policies, procedures, and programmatic direction of DRS. RCT representatives are invited to fully participate in development and review of policies and procedures. The assistant commissioner for DRS meets regularly with RCT to present updates and share input regarding knowledge, skills, and abilities of VR staff and overall VR program outcomes.

In summary, a comprehensive and overarching training design is in place to meet the learning needs of all DRS staff. While these activities are provided in a myriad of venues and through multiple modalities, all opportunities for training are specifically directed toward skill enhancement and credential building to form the most qualified staff possible to deliver services for consumers in Texas. Although all staff do not have direct consumer contact, all staff have a direct impact on the success of the VR program in providing vocational and independence opportunities for the community of individuals with disabilities that DRS serves.

Personnel to Address Individual Communication Needs

DRS continues to provide effective modes of communication for staff, applicants, eligible individuals with disabilities, and its community partners and stakeholders based upon individualized needs. Alternate formats include, but are not limited to, American Sign Language interpreters, Spanish interpreters, and AT&T Language Line interpreters for languages such as Vietnamese, Cambodian, Chinese dialects, etc. Also available are captioning, Braille through the DBS Braille Unit, large print, reader services, and electronic formatting and screen readers. DRS also recruits staff who are bilingual for caseloads with high concentrations of consumers who speak languages other than English. Additionally, all DARS staff is required to take web-based Language Services Training for People with Limited English-Language Proficiency (LEP). LEP training provides guidance on best practices and DARS-specific resources for effectively communicating with LEP consumers.

Some unit management decisions lead to the development of specialty caseloads in which a concentration of consumers is in need of services requiring additional counselor skills. For example, both counselors and RSTs who are hired to serve caseloads with a concentration of deaf and hard-of-hearing consumers are preferred to have manual communication skills at the time of hire. These counselors and RSTs receive ongoing professional development specific to this target population. The professional development plan created for these individuals includes specific skill maintenance or enhancement activities that may be accessed through external training providers, in addition to traditional training opportunities within DRS.

Similarly, caseloads with significant numbers of Spanish-speaking consumers are typically assigned to counselors proficient in Spanish, or an interpreter is made available as needed.

Coordination of Personnel Development under IDEA

DRS develops partnerships with high schools, education service centers, and TEA to assist with professional development for personnel who work with students with disabilities.

DRS has specialty TVRCs and VRCs who are liaisons for high schools and partner with the educational system to more appropriately serve transition-age students seeking assistance to access adult vocational services. Partnering with ISDs allows counselors to use office space on

campus to ensure that student consumers have access to resources available through the workforce investment system, community, businesses, and other partners necessary to build a network of support. The increase in the number of students with autism whom DRS serves, physical and intellectual development disabilities, and psychiatric or dual diagnoses reinforces the need to continue best practices components of IDEA. State and local staff work closely with TEA, centers for independent living, communities, and businesses to achieve collaboration, effective programming, and consumer satisfaction. As a result, these efforts improve the effectiveness of VR services for transition consumers. Such collaborations take on many different forms in training DARS and educational staff, as well as in impacting families. DRS staff is often invited to education service centers to participate in educator training and to present training, particularly for more effective transition planning for students. DRS staff works with schools in creating job fairs that allow students to meet with employers and gather information about the labor market. Additionally, family nights are hosted in some areas to invite interested members of the public to DRS offices to share resource information, discuss service delivery issues, and give input regarding best practices that would better support students and their families.

In some areas, community partners such as churches, workforce centers, or community centers assist in providing training to school personnel on understanding cultural diversity in Texas. Training objectives that include sensitivity to cultural issues are integrated in the provision of the principles of ethics in service delivery. Given the cultural diversity within the expanse of Texas, this is an issue often addressed in external conferences with presentations to ensure that staff is sensitive and aware of the manner in which the VR process is applied.

DRS continues to enhance partnerships with TEA, high schools, community colleges, stakeholders, and businesses to leverage relations that better prepare students to transition to postsecondary education and the workforce.

Section 9: Statewide Needs Assessment

Purpose:

The Rehabilitation Act of 1973 (the Act) calls for periodic comprehensive statewide needs assessments to be conducted jointly by each state's vocational rehabilitation agency and state rehabilitation council to inform the VR State Plan. The Act specifies areas that a needs assessment should address. In addition to the overall need for rehabilitation services in the state, the Act focuses on several VR subpopulations and services:

- Individuals with the most significant disabilities, including those in need of supported employment;
- Unserved and underserved individuals, including minorities;
- Individuals served by other parts of the statewide workforce investment employment system; and
- Establishment, development, or improvement of CRPs.

DRS, DBS, and RCT collaborated with the Child and Family Research Institute of the University of Texas School of Social Work to conduct a comprehensive statewide needs assessment (CSNA) to learn more about needs for VR services in Texas. The information gathered assisted DARS to better plan for the expansion and improvement of VR services throughout Texas. This report also informed the 2015–2017 VR State Plans.

Frequency of Comprehensive Statewide Needs Assessment:

The DARS CSNA is conducted every three years. The most recent CSNA occurred during the fall and winter of 2013–2014. As noted, the next CSNA is underway and will be completed in 2017.

Current Comprehensive Statewide Needs Assessment:

Methodology:

The methodology to complete the CSNA is outlined in the *VR Needs Assessment Guide*, provided by the Rehabilitation Services Administration to help state agencies conduct assessments with an approach that satisfies the Act’s requirements and produces useful and timely information.

The most recent CSNA was accomplished through a range of data collection techniques to ensure broad representation from the public. Elements of the CSNA included:

- consumer satisfaction surveys;
- staff surveys;
- stakeholder surveys;
- town hall meetings;
- demographic research; and
- consumer data analysis.

Consumer Satisfaction Surveys

DRS and DBS conduct ongoing consumer satisfaction surveys in order to assess how VR consumers feel about the services they have received or are receiving. Consumers in the eligibility, in-plan, and closed phases of services are surveyed separately. The surveys are extensive, and approximately 7,500 DRS consumers and 1,024 DBS consumers completed the consumer satisfaction surveys. The reports from the 2013 surveys were submitted to DARS and RCT in January 2014. While including all of the results from the consumer satisfaction surveys does not fit the scope of this CSNA, several of the questions were particularly relevant and helped inform it.

Staff Survey

An online survey was distributed to DRS and DBS staff via DARS supervisors and administrators. Reminder e-mails were sent to encourage staff to complete the survey. After the survey had been distributed, it was discovered that screen reader users were not able to access the survey. Participants who had any issues with accessibility were asked to call the research team to complete the survey by phone. The survey was completed by 571 DRS employees and 150 DBS employees. The survey asked for basic demographic information, the frequency with

which consumer needs are met, barriers to employment, internal barriers to working with consumers, and the importance of various services for consumers. Descriptive statistics were produced for the report.

Stakeholder Survey

An online survey was distributed to stakeholders through multiple agency state, stakeholder, and community list serves. Participants were recruited through DARS-identified stakeholder groups. E-mails were sent by the research team to ask groups to share the online survey with their list serves. Individuals were directed to a study-developed website that contained additional information about the CSNA, the research team, and the survey. After the survey had been distributed, it was discovered that screen reader users were not able to access the survey. Participants who had any issues with accessibility were asked to call the research team to complete the survey by phone. The survey asked for basic demographic information, the frequency with which consumer needs are met, barriers to employment, internal barriers to working with consumers, and the importance of various services for consumers. Descriptive statistics were produced for the report.

Town Hall Meetings

Nine town hall meetings were conducted in cities across Texas. These cities included Austin, Beaumont, Corpus Christi, Dallas, Houston, Laredo, McAllen, Midland, and San Antonio. Town hall meetings were generally held at DARS offices, were open to all community members, and were advertised specifically to the disability community by e-mail LISTSERVs. Over sixty participants attended town hall meetings. The exact number and demographic information of participants are unknown.

The town hall meetings were conducted by RCT members who facilitated the meetings using a guide developed by the research team. Town hall meetings were recorded by CART transcribers, and transcriptions were coded by the research team using content analysis. Responses were first grouped by the primary question they intended to address. A different member of the research team coded and grouped together responses under each research question. A third member of the research team consulted on the final themes that emerged from each question.

Demographic Research and Consumer Data Analyses

National- and state-level data were taken from the 2008–2012 American Community Survey (ACS) 5-year Public Use Microdata sample. The ACS is an annual survey conducted by the U.S. Census Bureau that collects household-level information about demographics and social, economic, and housing-related topics. The five-year sample was used because the five-year estimates are the most reliable estimates as they rely on 60 months of data collection and contain a larger sample. Data were analyzed using the pivot table feature of the U.S. Census Bureau's online data analysis tool, DataFerret. Data are weighted.

Disability information is collected by the ACS and, since 2008, is defined as a positive response to one or more of six questions about whether or not the individual in question identifies as having a vision, hearing, cognitive, ambulatory, self-care, or independent living difficulty.

Data from the DRS and DBS programs cover state fiscal year (SFY) 2011 through SFY 2013. DRS data contains records of VR cases closed in SFY 2011 or SFY 2012 and cases in open or closed status from application through closure for SFY 2013. There are duplicate records across SFYs, as a case closed in one SFY may be reinstated in the same or different status in a subsequent SFY. DBS data contains records of VR or VR-Transition cases closed in SFY 2011 or SFY 2012 and cases in open or closed status from application through closure for SFY 2013.

Limitations:

While the CSNA provides insight into the needs of individuals with disabilities, there are multiple limitations in the methods that should be considered when using the findings. First, the samples used were convenience samples that cannot represent the views of any group. Second, it is unknown how technology issues impacted the completion of online surveys by screen reader users. Several individuals did call to complete phone surveys, but others may have refrained due to concerns over confidentiality. Also, given the constraints of the data collection methods used, assessment findings related to the geographical location of unserved and underserved populations in the state are limited. DRS has plans to expand the capacity and use of various data collection methods, which is expected to yield valuable information throughout the next three fiscal years.

Comprehensive Statewide Needs Assessment Findings:

Throughout the various data sources utilized in the CSNA, several common issues arose. These include common underserved populations, barriers, and areas for improvement.

Underserved Populations

Two populations that consistently emerged as underserved include students with disabilities transitioning from public high schools, and individuals with mental illness. Participants in the town hall meetings and stakeholders identified transitioning students with disabilities as an area in need of further attention, particularly in relation to coordination of services with parents and schools as children age. Mental health was consistently identified in surveys as an unmet need both by stakeholders and staff. Individuals with mental illness were identified as a group that did not consistently have their needs met.

Individuals who are undocumented were also identified in the surveys as a group whose needs are not met, most likely because VR services are provided only to those who can legally work in the United States.

Barriers

There were several barriers identified consistently across data sources. Some barriers such as housing and transportation are outside the scope of DARS, but they are significant barriers to obtaining and maintaining employment.

Another barrier consistently noted is the lack of availability of appropriate jobs. Suggestions for improving availability of jobs were noted in the town hall meetings. Participants suggested

outreach to employers to address attitudes and perceptions, better relationships between DARS and potential employers, and better opportunities for self-employment.

Other barriers identified were lack of awareness of DARS services among consumers, parents, doctors, and other medical professionals, as well as inadequate funding for services.

Concern over loss of benefits is a barrier identified through multiple surveys. Staff reported low levels of knowledge of how work impacts Social Security benefits. Both staff and stakeholders expressed that concern over loss of benefits is a disincentive to work.

Areas for Improvement

While the consumer survey reported that consumers were satisfied with their jobs and wages, the stakeholder survey indicated dissatisfaction that was echoed in the town hall meetings.

Customer service issues such as responsiveness were noted as issues. The lack of and quality of service providers (CRP providers) in some areas of the state was also a stated concern. In general, there appears to be a perception that there is too much bureaucracy that impedes the rehabilitation process, particularly related to the eligibility process.

Strategies to Address Underserved Populations:

Services for Students with Disabilities

Students with disabilities transitioning from high schools have been identified as an underserved population. DRS will develop and implement strategies to achieve consistency, increase coordination, and improve outcomes in the delivery of transition services. DRS will leverage use of partnerships and business relations to better prepare students for work and to obtain jobs. Counselors will receive training and gain skills needed to develop stronger partnerships with ISDs.

Transition consumers can be on VR caseloads for long periods of time. Developing a work ethic is critical for these consumers to succeed in VR and in work. DRS needs to ensure that each transition consumer has an experience in the work world, which will help inform the consumer of career options, job expectations, labor market trends, and the soft skills required to work.

DRS plans to focus on improving the effectiveness of transition services by expanding partnerships with schools, community colleges, and technical colleges, and increasing the availability of work experience for transition students. Planned actions include:

- Evaluating and revising policy, procedures, and staffing strategies to improve consistency and increase the effectiveness of transition services across the state;
- Increasing staff knowledge and competencies to more effectively assist students with disabilities to transition to postsecondary education and achieve employment goals, with a particular focus on strategies to assist students with developmental or intellectual impairments, autism, mental health challenges, and multiple disabilities;

- Improving partnerships with the TEA, THECB, high schools, community colleges, stakeholders, and businesses to leverage relations that better prepare students to transition to postsecondary education and the workforce; and
- Expanding the availability of preemployment transition services for students with disabilities by developing opportunities for work experience programs to include internships, job shadowing, apprenticeships, volunteer placements, and on-the-job training opportunities, to name a few, which will be based on the consumer's interests and vocational goals; enhancing career guidance; and increasing the number of career mentor and peer-to-peer mentor programs.

Services for Individuals with Mental Health, Developmental, Intellectual, or Neurodevelopmental Impairments

Individuals with mental health disorders have specifically been identified as an underserved population of individuals who receive services from DRS, and who are not served as effectively as other DRS consumers. Additionally, feedback from stakeholders during the CSNA process identified the need to more effectively serve consumers who have developmental, intellectual, or neurodevelopmental impairments.

While these groups constitute about a third of DRS consumers, the need focuses on those most difficult to serve in these groups. Data shows that the rehabilitation rate for these groups over the three years prior to the needs assessment was lower than the rest of the population served by up to 14percent.

VR agencies across the nation are experiencing similar challenges with effectively serving these underserved consumer populations, and discussions at both the state and national level are focused on improving outcomes for these populations. The challenges exist, in part, because for many decades, the VR program was focused more on serving individuals with physical disabilities. As a result, VR programs developed expertise and capacity to effectively serve consumers with a wide range of physical disabilities. Individuals with intellectual, developmental, and mental health disabilities were present in the consumer population, but in lower numbers. However, the number of VR consumers in these underserved populations has grown steadily in recent years. This growth has occurred for a number of reasons, including but not limited to, greater societal awareness of the abilities of people with disabilities, more individuals being diagnosed and/or diagnosed properly, advances in assistive and adaptive technologies, and public policy initiatives focused on ensuring that more individuals with disabilities are integrated into their communities rather than being institutionalized. Particularly related to these populations, the rehabilitation and educational communities and agencies have become more aware of abilities (rather than disabilities) and the possibilities for employment.

DRS plans to focus on increasing staff knowledge and skills with effective rehabilitation strategies for serving consumers who have mental health, developmental, intellectual, or neurodevelopmental impairments. Planned actions include:

- Researching and implementing best practices in serving consumers in these underserved populations and seeking stakeholder feedback on solutions and strategies for improving services; and
- Increasing coordination and developing new partnerships with other state and community organizations that serve individuals with developmental or intellectual impairments and mental health challenges by:
 - partnering with organizations that serve these individuals (for example, mental health organizations, local authorities serving individuals with intellectual disabilities, universities that offer treatment) to develop resources and expand knowledge about best practices;
 - partnering with the Health and Human Services Commission Office of Mental Health Coordination to identify best practices, potential community partners, and facilitate service coordination; and
 - Building staff capacity and expertise to serve these populations through implementation of best practices, coordination with state and community organizations, and use of internal and external subject matter experts to provide staff training.

Strategies to Address Identified Barriers:

Enhance Public Awareness of VR Services and Develop More Effective Relationships with Business

Information taken from public meetings and surveys suggests there is a perception that DARS should enhance public awareness of its services and develop more business community partnerships and relationships with potential employers for individuals with disabilities.

DARS will identify and emulate strategies used by other entities that have proven effective in increasing awareness among potential VR consumers.

DARS will work with local business partners to become more keenly aware of regional employment opportunities and needs, and also work with area community colleges and vocational and technical schools to ensure consumers are better prepared for more advanced positions in these businesses.

DRS and DBS are joining forces to bring a DARS-wide approach to business relations so DRS, DBS, and the DRS Office for Deaf and Hard of Hearing Services business relations specialists and employment specialists will work together toward a common goal. This includes planned implementation of a shared DRS and DBS customer relations management database to track business partnerships and consumer employment opportunities and placements.

Mitigating Concern about Impact of Work on Benefits

Concern over loss of benefits has been identified as a barrier for consumers seeking rehabilitation services, and the impact of work on SSDI and SSI is not well understood by staff and potential consumers.

DARS will increase counselor and consumer knowledge about work incentives and the effect of earnings on SSDI and SSI in order to facilitate quality employment outcomes for consumers. In preparation for this initiative, DARS has added an additional Benefits and Work Incentives Specialist. Plans include:

- Biannual benefits and work incentives training sessions for DRS and DBS staff nominated by area managers;
- Training of all Benefits Subject Matter Resources (SMRs) to be trainers within three months of successful completion of test;
- Availability of daily technical assistance from Central Office benefits and work incentives specialists;
- Monthly teleconferences for Benefits SMRs that provide an opportunity for case reviews targeted at consumers receiving SSI/SSDI as well as refresher presentations on a variety of federal and state work incentive programs;
- DARS Work Incentive of the Month—a review of one federal or state work incentive is written by and disseminated to all DRS and DBS staff statewide;
- Annual statewide Benefits SMR meeting to provide refresher training on a variety of benefits-related subjects;
- Coordination/training with Texas' Medicare SHIP program; the Health Information Counseling and Advocacy Program; the Protection and Advocacy for Beneficiaries of Social Security; Health and Human Services Commission Medicaid/CHIP division and its managed care organizations; community centers' consumer benefits officers; and Work Incentive Planning and Assistance's (WIPA) Community Work Incentive Coordinators (DRS and DBS have the ability to purchase benefits and work incentives services from the majority of Texas' WIPA programs);
- Federal benefits overview for CRPs statewide;
- Targeted additional training for specific offices based on status 26 and 28 closure data; and
- Development of focused training for Deaf and Hard of Hearing Counselors.

Funding

DRS will continue to work through DARS to provide information to state officials about the value of VR services to Texans with disabilities and to the overall state economy. DRS will leverage existing resources and make every effort to draw down the maximum federal funding match in order to provide needed services for Texans with disabilities. As needed, DRS will request additional funding and FTE positions to address increases in the demand for services.

Transportation Services

Information taken from public meetings and surveys suggests that individuals with disabilities, especially those in rural areas, are in need of transportation systems that will facilitate better access to DRS offices, providers, and jobs.

DRS will continue to participate in Health and Human Services regional coordination forums related to public transportation to advocate for local improvement.

Areas for Improvement:

Community Rehabilitation Programs

One of the improvements identified in the CSNA was the need to address the shortage and quality of CRPs in some areas of the state. Planned actions include:

- Require CRP staff who provide job coaching, job placement, supported employment services, and supported self-employment services to be credentialed in order to serve DRS consumers (to help ensure that all CRP staff working with consumers have and maintain, through the continuing education process, the foundational skills necessary to effectively provide individualized and customized, goal-directed services);
- Initiate the use of “nontraditional” job coaching and job placement services to leverage the experience of individuals in the local community (to allow non-CRP staff to work with a consumer when a CRP is not available; these nontraditional providers can work with up to three consumers without becoming a credentialed, contracted CRP);
- To help support the provision of CRP services in rural areas, review potential travel mileage reimbursement options for CRPs and formalize policy for this process in alignment with agency practices and state statute;
- Use both the state-level and regional program specialist assigned to CRP services to work with local DRS staff to recruit potential CRPs;
- Facilitate “Think Tank” sessions that help DARS staff better serve special population consumers such as autism and significant mental illness (SMI) by providing training, education, and other resources; and
- Continue to work with other state agencies in the delivery of extended services (sometimes referred to as long-term supports) to consumers.

Streamlining the Eligibility Process

The CSNA identified a perception that the eligibility process for VR services needs streamlining. While the regulations allow 60 days for the determination of eligibility, the goal is to determine eligibility as quickly as possible to ensure timeliness of service provision. Delayed services undermine the effectiveness of the rehabilitation process. DRS will make a concerted effort to reinforce the need for staff to determine eligibility in a timely manner. This will be accomplished by using the case review process and quality assurance monitoring to identify issues and opportunities for improvement. Additionally, consumers identified as SSI or SSDI recipients are presumed eligible. Finally, consumers who report having a ticket-to-work (TTW), are also SSI or SSDI recipients, and should be presumed eligible.

Ongoing Process for 2017 Comprehensive Statewide Needs Assessment:

The next CSNA will be the product of an ongoing data collection and assessment process that will culminate with a comprehensive report to be published in 2017.

DRS and DBS are continuing their collaboration with the Child and Family Research Institute of the University of Texas School of Social Work and RCT to engage in a continuous process of collecting and analyzing data for a robust and effective assessment of the needs of Texans with disabilities. In recognition of WIOA’s focus on students with disabilities and youth,

preemployment transition services, and supported employment, and in addition to the methodology used in the most recent CSNA, efforts going forward have been enhanced to include surveys and/or focus groups throughout the state with staff, transition-age consumers, families, TEA representatives, home-school networks, and other stakeholders.

Section 10: Annual Estimates

Population

The 2013 *Disability Status Report* published by the Cornell University Employment and Disability Institute estimates the percentage of noninstitutionalized working-age (ages 21 to 64) Texans with disabilities using data from the 2013 American Community Survey, at 10.4 percent of the total population of 27 million.

Applications

DRS anticipates the increase in individuals applying for VR services will level out by 2017, leading to a more gradual rate of increase in 2017–2018.

Year	Number of Applications	Percent Change From Prior Year
2011	39,144	
2012	34,981	-10.6
2013	33,715	-3.62
2014	38,014	+12.75
2015	37,750	-0.69

For federal fiscal year (FFY) 2015, DRS application levels were roughly equivalent to 2014 levels. DRS expects applications will continue to trend slightly upward in 2017–2018. The predicted trend in applications is attributed to a continued effort by DRS to increase outreach, referrals, and partnerships with other state agencies.

Eligibility Determinations

The number of individuals determined eligible is expected to follow the trend of applications. Therefore, DRS expects to see an increase in the number of eligibility determinations for FFY 2017–2018. The number of eligibility determinations trend is as follows:

Year	Eligibility Determinations	Percent Change From Prior Year
2011	27,397	
2012	24,974	-8.84
2013	24,296	-2.71
2014	28,319	+16.56
2015	31,974	+12.91

For FFY 2015, DRS determined eligibility for approximately 32,000 individuals. This is an increase of 12.9 percent from FFY 2014. DRS expects the number of eligibility determinations made through 2018 will continue to remain in proportion to the projection for applications.

Outreach activities will be conducted to broaden the population of individuals with disabilities being served by DRS. Outreach, education, and awareness efforts will be targeted to underserved and unserved populations such as transition students, veterans, and individuals with autism and intellectual developmental disabilities, and mental health disorders such as bipolar disorder or schizophrenia.

Identify the number of eligible individuals who will receive services provided with funds under:

- **Part B of Title I;**
- **Part B of Title VI; and**
- **each priority category, if under an order of selection.**

Average Cost of Services

Adequate funds are available to serve all 6,324 individuals currently eligible for DRS services and 39,067 individuals in plan development status. DRS also has adequate funds to cover the cost of expected eligibility determinations and postemployment services.

DRS does not anticipate a significant change in the average cost of services. This average considers the total costs of a case from application to closure for all cases closed with an employment outcome during the federal fiscal year.

DRS will look at strategies to maximize DRS resources and serve the greatest number of eligible individuals possible. This will include increasing the use of comparable services and benefits, expanding the use of best practices in case management, and enhanced training on management of fiscal resources.

Individualized Plan for Employment Carry-Forward

DRS carried over approximately 38,369 individual plans for employment (IPEs) into FFY 2015. This is an increase from the prior year by 5.78 percent. Number of IPEs carried forward in each year is expected to increase slightly in 2017–2018 as the increased applications begin to reach the end of the estimated time for closure.

Year	IPEs Carried Over From Prior Year	Percent Change From Prior Year
2011	39,913	
2012	40,236	+0.81
2013	38,701	-3.81
2014	36,272	-6.28
2015	38,369	+5.78

Identify the cost of services for the number of individuals estimated to be eligible for services. If under an order of selection, identify the cost of services for each priority category.

Estimated Cost of Services

With an average expenditure per IPE per year of approximately \$3,204, IPE costs will total approximately \$112,000,000. This will leave DRS with sufficient funds to pay for costs incurred in pre-plan and post-plan services at the current rate of 10.57 percent of the total expenditures. DRS will actively evaluate the impacts of population growth in Texas, WIOA requirements, expenditures, and caseload movement to determine appropriate interventions to ensure it continues to have the resources to effectively serve all eligible individuals.

DRS estimates approximately 32,000 consumers will be eligible for VR services in each of the FFYs 2017–2018 and that DRS will provide VR services to all consumers in those years. The following chart details the estimated funds and consumers served by Part B title funds.

“Consumers served” for this purpose is defined as consumers with a purchased service during the fiscal year, consistent with the definition used by the Rehabilitation Services Administration (RSA) in the RSA 2.

Category	Title I or Title VI	Estimated Funds	Estimated Number to be Served	Average Cost of Services
Not applicable	Title I	\$189,000,000	78,099	\$2,420
Not applicable	Title VI	\$1,575,000	1,115	\$1,413
Totals		\$190,575,000	79,214	\$2,405

Section 11: State's Goals and Priorities for PY 2017–2020

The Division for Rehabilitation Services (DRS) has identified three (3) goal areas that were jointly reviewed and agreed upon by the Rehabilitation Council of Texas (RCT). With an emphasis on these areas, barriers to employment will be reduced. These goals align with the results of:

- The Comprehensive Statewide Needs Assessment (CSNA) completed in May 2014;
- The internal and external assessments conducted by the Department of Assistive and Rehabilitative Services (DARS) for the Texas Health and Human Services System Strategic Plan 2015–2019; and
- The FY 2016–FY 2023 Strategic Plan for the Texas Workforce System.

These goals are based, in part, on an analysis of the RSA performance standards and indicators and represent Texas' Vocational Rehabilitation (VR) general program's strategic priorities for the combined state plan. DRS and RCT will review at the mid-point of the combined state plan, or sooner, if there are significant changes in internal or external factors.

Goal Area 1: Target Populations

Improve consumer employment outcomes for individuals with significant disabilities to include individuals with developmental or intellectual disabilities, neurodevelopmental disorders (including autism), mental health disorders, and veterans with disabilities. These populations have been identified as target populations because program outcomes have not been as high as with other populations, or the division has not served as many in comparison to the population in Texas. Upon identification, other populations may be identified and targeted.

Increase counselors' knowledge about work incentives and the effect of earnings on Social Security Disability Insurance and Supplemental Security Income to facilitate their ability to provide vocational counseling to consumers about decisions impacting employment.

Goal Area 2: Services to Students and Youth with Disabilities

Expand and improve VR services, including preemployment transition services for students with disabilities who are transitioning from high school to postsecondary education and/or employment, and improve coordination with state and local secondary and postsecondary educational entities.

Provide supported employment services for youth and other individuals with the most significant disabilities who require extended supports in order to achieve and maintain an employment outcome.

Goal Area 3: Partnerships

Enhance collaboration and coordination with Local Workforce Development Boards, and enhance strategies to develop and maintain employer relationships that result in competitive integrated employment outcomes and work-based learning experiences, which may include in-

school or after school opportunities such as internships, volunteer positions, summer work experience programs, etc.

The DRS strategies to achieve these goals, and the measures for determining progress toward each goal, are described in **Section 13, entitled “State’s Strategies and Use of Title I Funds for Innovation and Expansion Activities”**

Section 12: Goals and Plans for Distribution of Title VI Supported Employment Funds

DRS provides supported employment services for consumers with the most significant disabilities, including youth with the most significant disabilities, through the use of funds received under Title VI, Part B (also known as the supported employment program) of the Rehabilitation Act of 1973, as amended.

Goal

DRS considers competitive employment to be the primary objective when assisting consumers with the most significant disabilities to achieve their employment goals. The goal for distribution of Title VI, Part B funds is to provide supported employment services that result in a competitive integrated employment outcome for consumers who require supported employment. Providers of supported employment services receive payment for providing services to eligible consumers when specific outcome benchmarks have been achieved.

Measure: 50 percent or greater of consumers exiting the VR program after receiving supported employment services will achieve an employment outcome.

Achieved FFY 2014: 56.1percent or 1, 468 consumers.

Achieved FFY 2015: 57.2 percent or 1,480 consumers

Funding

Title VI, Part B and/or 110 funding is available statewide to VR counselors to serve Texans with the most significant disabilities. Services leading to supported employment are integrated into the VR service delivery system. At case closure, or at the conclusion of any time-limited postemployment services, the services paid for by the Title VI, Part B and/or 110 funds are concluded. Title I funds are used to provide services leading to supported employment when Title VI, Part B funds are not available. This creates an opportunity for more consumers with the most significant disabilities, including youth with the most significant disabilities, to have access to supported employment services. DRS is reserving 50 percent of supported employment funds for youth with the most significant disabilities as mandated by WIOA.

Additional details pertaining to extended services and using additional resources for extended services are described in Section 5.

Section 13: State’s Strategies and Use of Title I Funds for Innovation and Expansion Activities

DRS reserves and uses a portion of federal funds allocated under §110 of the Rehabilitation Act for Innovation and Expansion (I&E) activities. DRS is engaged in the following strategic initiatives consistent with the requirements of the Rehabilitation Act.

Technology

The DRS Rehabilitation Technology Resource Center (RTRC) offers individualized services for consumers to support and facilitate their participation in education, rehabilitation, and employment opportunities. RTRC’s services also include assisting consumers with transportation and independent living needs.

As provided by DRS, assistive technology (AT) services can describe many different ways in which a technology-based approach is used to maintain, increase, or improve the functional capabilities of individuals with disabilities as part of the rehabilitation process. It is a primary goal of RTRC to expand the knowledge, access, and utilization of AT for all consumers, staff, employers, and community partners. Some examples of these activities include:

- Consultation on and assistance with vehicle modifications, work place modifications, and residential modifications;
- Access to AT equipment through the device loan program and Assistive Technology Toolkits enabling consumers to use a “try it before you buy it” approach to help validate the appropriateness of the assistive solution; and
- Research regarding new and emerging technologies.

DRS will also be exploring ways in which AT can be more efficiently applied as a part of our services to students with disabilities and our services to business (employers).

Additionally, DRS will enhance our partnership with the University of Texas’s Texas Technology Access Program as another viable resource for our consumers.

Outreach to Individuals with Disabilities Who Are Minorities

DRS engages in numerous programs and activities that are designed to inform and make available VR and Supported Employment services to minorities and those who have the most significant disabilities. Some examples of these activities include:

- All DRS staff are required to take Language Services for People with Limited English Proficiency training developed by the DARS Center for Learning Management. This training provides guidance on best practices and specific resources for effectively communicating with our unique population of limited English language proficiency consumers. It also includes web-based instruction and desk references for quick access to information.
- DRS has ongoing outreach initiatives with colleges and universities that have historically served African American students.

- DRS staff is collaborating with the Alabama-Coushatta Tribe of East Texas to make services available to Native Americans with disabilities.
- Consumers have access to the Language Line as a resource for those who are not fluent in English.
- DRS staff is attending community job fairs held for the Hispanic population and meeting with groups, such as the Hispanic Chamber of Commerce, Casa de Amigos, the League of United Latin American Citizens, and Catholic Charities. For example, DRS has targeted outreach activities with Catholic Charities of Lubbock and others in various counties and the Guadalupe-Parkway Neighborhood Centers.
- Outreach activities with the African American population are occurring, such as meetings with the local Sickle Cell Anemia Association, Minority Business Alliance, African American Family Conference, and NAACP. For example, the Abilene office has an ongoing relationship with the International Rescue Committee, which has a high percentage of African refugees.
- DRS staff is actively involved in the Colonias Initiative, a collaborative workgroup of state and private nonprofit agencies designed to increase access to services for residents of the colonias located along the Mexican border region who are primarily Spanish-speaking Hispanics.
- DRS has a liaison with the American G.I. Forum that targets the needs of Hispanic veterans and has assigned a bilingual counselor who has completed the Social Security work incentive training to work with significantly disabled veterans drawing SSDI benefits but who want to work.
- A number of counselors are participating in training to learn to speak other languages and attending sign language classes.
- DRS establishes specialized caseloads for certain disabilities to help develop the expertise needed to most benefit the consumers served.
- DRS actively recruits rehabilitation counselors who are Spanish speaking to better serve the Hispanic population.
- Counselors and managers develop relationships with local referral sources that serve individuals who are minorities who have the most significant disabilities.
- DRS encourages staff to stay abreast of issues impacting minorities. Examples of related activities include trainings and health summits conducted by the Center for the Elimination of Disproportionality and Disparities, which many staff members have attended.
- DRS staff engages with the faith-based community to educate and inform minority and other allied congregations about DARS services. For example, DRS staff participates in the Texas Annual Conference of the United Methodist Church.

Outreach to Serve Individuals with Disabilities Who Have been Unserved or Underserved by Vocational Rehabilitation

DRS identified individuals who have **developmental or intellectual impairments, neurodevelopmental disorders** (such as autism), **and mental health disorders** (such as bipolar disorder or schizophrenia) as populations that are underserved by DRS. To better serve these consumers, DARS will initiate outreach and increase staff knowledge and skills with effective rehabilitation strategies for serving such consumers by:

- Increasing coordination and developing new partnerships with mental health organizations, local school districts, and postsecondary education institutions; and Health and Human Services Commission Office of Mental Health Coordination.
- Building staff capacity and expertise through coordination with state and community organizations and the use of internal and external subject matter experts to provide staff training.
- Continuing to provide training to program specialists and members of the Autism/Developmental Disorders Team.

DRS identified **veterans with disabilities** as an unserved VR consumer group. To better serve this population of consumers, DRS will initiate outreach and increase VR services to veterans with disabilities and improve coordination with other federal and state entities providing veterans' services by:

- Evaluating policies, procedures, and rules specific to veterans to provide seamless and efficient access to services for veterans with disabilities;
- Ensure staff is aware of the MOU existing between DARS and the Department of Veterans Affairs, which details the referral process between the two entities and coordination of services on behalf of eligible veterans;
- Enhancing coordination with other entities serving veterans with disabilities, to help veterans more easily navigate available programs and services; and
- Expanding the Veterans Think Tank, which consists of internal and external subject matter experts for the purpose of sharing knowledge, resources, and strategies to more efficiently and effectively coordinate services and case management activities.
- Increasing collaboration with veterans' stakeholder organizations and service providers to include:
 - TWC's Texas Veterans Leadership Program
 - Texas Veterans Commission
 - Texas Health and Human Service Commission
 - Department of Veterans Affairs

Strategies to Establish, Develop, or Improve Community Rehabilitation Programs

DRS staff work with a network of CRPs across the state and continue to operate an outcome-based payment system for supported employment and job placement services. DRS has implemented initiatives to increase the competencies of these CRP partners, thereby enhancing services to consumers with disabilities. As part of this initiative, DRS has implemented the following:

- DRS requires contracted CRPs to obtain training and credentialing to ensure that CRP job coaches, job skills trainers, job placement specialists, supported employment specialists, supported self-employment, and CRP directors who oversee those positions meet basic criteria to effectively deliver employment services. DRS will continue to evaluate CRP roles by determining and evaluating the need to change or modify CRP services based on the emerging needs of consumers and businesses.
- DRS implemented new Work Experience services to allow consumers to participate in volunteer, internship, or paid temporary work settings. These services will help consumers

learn or enhance soft and hard skills in areas of interest and can also help consumers validate a potential or planned vocational goal for placement. The Work Experience services can also be used for trial work evaluations as a means of providing information necessary to determine eligibility.

- DARS continues to research and assess opportunities to add innovative programs supportive of WIOA preemployment transition services (Pre-ETS) requirements and other services to prepare and support consumers in their long-term employment placement.
- DRS continues to review the need for revising the outcome-based payment method for supported employment and job placement to better serve (1) transition of employment for people with persistent and serious mental illness, (2) supported self-employment, and (3) autism. In 2014 DRS added the employment premium service to reward providers who maintain training and skills necessary to work with specific populations to increase successful outcomes. The services eligible for the premium are criminal background, wage, professional placement, deaf and hard of hearing, and Autism Spectrum Disorder (ASD).
- DRS has implemented the use of transition educator providers. The transition educator service provider is a person who is not currently a contracted provider; has a master's degree or a bachelor's degree in rehabilitation, counseling and guidance, psychology, education, or a related field; and is or has been an employee of a school system or a Texas Education Service Center within the past fiscal year. These providers were added to better meet the needs of transition age students.

Strategies to Improve the Performance of the Evaluation Standards and Performance Indicators

- DRS maintains a quality assurance process, and quality improvement program, to evaluate and monitor performance for state and federal performance measures and indicators.
- DRS will coordinate with TWC to collect, monitor, and evaluate data for the WIOA core measures, and develop strategies to address gaps in performance that are identified through routine reports, quarter performance reports through on-site budget and performance reviews, and the quality assurance program.
- DRS will reference labor market and career information and data available through TWC partners for the purpose of identifying target occupations and placement and/or advancement opportunities for program participants.
- DRS will enhance collaboration with TWC partners and Local Workforce Development Boards to increase DRS staff access to labor market and career information for program participants, including youth who are in the process of transitioning into the labor market.
- DRS will assess and identify staff training needs and opportunities to build competency and increase capacity to assist program participants with identification of an employment goal and development of the individualized plan for employment.
- DRS will implement training courses and develop new community partnerships to focus on postsecondary education as a means to increase employment in high-skill, high-wage occupations by increasing the number of consumers receiving postsecondary education and training.
- DRS will replicate initiatives such as Project HIRE and Project SEARCH to provide training and certificates as well as on the job skills gains and/or credentials for employment.

- DRS and the VR Blind program at DBS have implemented a consolidated Business Relations Team, composed of Business Relations Coordinators from each division who work with regional and field management and staff to provide a variety of services to employers. DRS and DBS will continue to enhance their systems to assess and monitor effectiveness in serving employers.

Strategies for Assisting other Components of the Statewide Workforce Investment System to Benefit Individuals with Disabilities

DRS participates in the planning for and evaluation of the Texas workforce system conducted by the Texas Workforce Investment Council (TWIC), which serves as the state workforce investment board. These activities include:

- Participating in the development and implementation of the state-mandated strategic plan for the Texas workforce system;
- Participating in TWIC meetings and serving on the TWIC Apprenticeship and Training Advisory Committee; and
- Reporting quarterly and annually as requested by TWIC on the division’s activities to implement goals and objectives in the workforce system strategic plan.

DRS staff also serves on 22 of the 28 Local Workforce Development Boards (Boards), and actively participate in Board activities and committees. Additionally, DRS partners with Workforce Solutions Office staff to provide information, partner on community initiatives, and enhance consumer referral processes. Across the state, DRS counselors developed strong relationships with the 15 Disability Navigators located at the Workforce Solutions Offices that provide consultation on disability issues to workforce system staff, and provide direct assistance to consumers with disabilities, as needed.

DRS has established working relationships with each of the 28 Boards and their workforce center contractors to develop partnerships, initiatives, and processes such as joint community outreach and awareness events, summer youth initiatives, employer symposia and job fairs, consumer referrals, coordination of services, and cross-training for staff.

Strategies to Address Needs Identified in Comprehensive Statewide Needs Assessment

The CSNA identified underserved populations such as youth transitioning from high school and individuals with mental illness. These results are consistent with the priority areas identified in early 2014 during DARS’ strategic planning process for FY 2015–FY 2019. Additionally, the CSNA identified several opportunities for continued improvement in DRS’ service delivery processes, including increasing consumer engagement, improving customer service, streamlining eligibility, and increasing the knowledge of staff and consumers about work incentives and how work impacts SSDI benefits and SSI. These opportunities for improvement are addressed in the section entitled Results of Comprehensive Statewide Assessment of the Rehabilitation Needs of Individuals with Disabilities and Need to Establish, Develop, or Improve Community Rehabilitation Programs under the sub-headings: Strategies to Address Underserved Populations, Strategies to Address Barriers, and Areas for Improvement.

The data collection and assessment process is underway for the next CSNA that will culminate with the publication of a comprehensive report in 2017. In recognition of WIOA's focus on students and youth with disabilities and preemployment transition services, CSNA efforts going forward have been enhanced to assess needs in these areas.

State Rehabilitation Council Support

The RCT is the state rehabilitation council for DRS and DBS. RCT assists DARS in fulfilling the requirements of the federal Rehabilitation Act for the delivery of quality, consumer-responsive VR services. Its stated mission is: "The Rehabilitation Council of Texas, partnering with the Texas Department of Assistive and Rehabilitative Services, advocates for Texans with disabilities in the vocational rehabilitation process." Funds are allocated for the operation of RCT to meet the goals and objectives set forth in its resource plan. RCT is a valued and active partner in the development of VR goals, priorities, and policies. RCT reviews, analyzes, and advises DARS about performance related to VR eligibility; the extent, scope, effectiveness of VR services; policy changes related to service delivery to VR consumers; and other functions related to the VR program performed by DARS. RCT also reviews and analyzes consumer satisfaction with VR services provided and assists DARS in developing VR State Plans and in conducting the comprehensive statewide needs assessment.

Overcome Identified Barriers Relating to Equitable Access to and Participation of Individuals with Disabilities in the State Vocational Rehabilitation Services Program and the State Supported Employment Services Program

During fall 2013 through spring 2014, DRS, DBS, and RCT collaborated with the Child and Family Research Institute of the University of Texas School of Social Work to conduct a comprehensive statewide needs assessment (CSNA). The CSNA findings were initially summarized in the DRS and DBS FY 2015 State Plans for VR. They inform the 2015–2017 State Plans for VR. The next CSNA will be the product of an ongoing data collection and assessment process that will culminate with a comprehensive report to be published in 2017. DRS and DBS are continuing their collaboration with the Child and Family Research Institute of the University of Texas School of Social Work. In recognition of WIOA's focus on students and youth with disabilities and preemployment transition services, efforts going forward have been enhanced to assess needs in these areas.

The current CSNA used several approaches to obtain information from individuals knowledgeable about the needs of individuals with disabilities and to identify existing barriers to serving those identified as being unserved or underserved, including surveys of staff and stakeholders, demographic research, and town hall meetings.

Barriers to serving unserved and underserved populations identified in the CSNA included:

- Lack of awareness of the impact of service receipt on Social Security benefits, highlighting the disincentive to work from the fear of losing benefits;
- Lack of awareness of services by consumers and/or parents;
- Lack of awareness of DARS services among doctors and other medical professionals;

- Growing need for services that will require partners to leverage available funding and may require increased funding; and
- Scarcity of available transportation that creates challenges for potential consumers, especially in rural areas, to access DRS offices, providers, and jobs.

Strategies

The following are DRS strategies to address the barrier of a lack of awareness of the impact of service receipt on Social Security benefits:

- Work closely with community partners such as the local Social Security offices and Work Incentives Planning programs to dispel inaccurate perceptions regarding loss of benefits and attempt to work efforts;
- Provide statewide training for all VR counselors on basic benefits and work incentives supports and services; and
- Expand training for additional DRS staff to be Benefits Subject Matter Resources (SMRs), including a train-the-trainer component for all SMRs, and provide ongoing statewide training in federal and state work incentive programs for all DRS staff.

The following are DRS strategies to address the barrier of a lack of awareness of DARS services among consumers, parents, doctors, and other medical professionals:

- Increase collaboration with other organizations to access services for consumers;
- Increase outreach efforts to the business community;
- Educate community leaders of the availability of DRS services to enhance outreach efforts to all ethnic groups;
- Offer the 2-1-1 Texas statewide referral helpline, a service that assists consumers with referrals to appropriate agencies for help; and
- Enhance community outreach activities.

The following are DRS strategies to address the barrier of a growing need for services:

- DRS will continue to work through DARS to educate state officials and oversight authorities about the value of VR services to Texans with disabilities and to the overall state economy;
- DRS will leverage existing resources and make every effort to draw down the maximum federal funding match in order to provide needed services for Texans with disabilities;
- As needed, DRS will request additional funding and FTE positions to address increases in the demand for services;
- Identify and use available comparable services and benefits;
- Fully use the programs of the Social Security Administration and work to maximize SSA/VR reimbursements; and
- Provide budget management training for staff.

The strategy of DRS to address the barrier of the scarcity of available transportation is to continue to participate in Health and Human Services (HHS) regional coordination forums related to public transportation to advocate for local improvement.

Strategies to Improve the Performance Related to Identified Goal Areas:

Goal Area 1: Target Populations

DRS will improve consumer employment outcomes for target populations by:

- Strengthening and expanding collaboration, outreach, and education with various partners to efficiently and effectively use existing resources.
- Assessing business processes, policy, training, and organizational capacity on an ongoing basis to make consistent improvements in employment outcomes.
- Increasing employer knowledge and awareness regarding the benefits of hiring individuals with disabilities.
- Increasing consumer knowledge and awareness of DRS services and benefits offered to individuals with disabilities in target populations to obtain or retain employment.

Success will be measured by:

- an increase in the number of individuals with developmental or intellectual disabilities, neurodevelopmental disorders (including autism), mental health disorders, and veterans served;
- an increase in the number of successful closures for target populations; and
- enhanced consumer satisfaction results received from the consumer satisfaction survey.

Goal Area 2: Services to Students and Youth with Disabilities

DRS and DBS developed a formalized method of reviewing proposed ideas and initiatives for preemployment transition services. This method includes the establishment of a core group of staff who reviews proposed ideas for preemployment transition services on a weekly basis. Additionally, a preemployment transition services mailbox was developed so field staff can ask questions and obtain consistent responses from the state transition program specialists leading to implementation of preemployment transition services. The following strategies will expand and improve VR services for students and youth with disabilities who are transitioning from high school to postsecondary education and/or employment, and improve coordination with state and local secondary and postsecondary educational entities by:

- Providing supported employment services for youth with the most significant disabilities, and enhanced coordination to ensure extended supports are in place for consumers to achieve and maintain employment outcomes.
- Evaluate, revise, and develop policy, procedures, and staffing strategies to improve consistency and increase effectiveness in the provision of transition services.
- Develop a transition training module, which will provide guidance and best practices pertaining to provision of transition services.
- Expand and increase partnerships with schools to facilitate the coordination and provision of preemployment transition services to students with disabilities.
- Expand and increase partnerships with state and local secondary and postsecondary educational institutions and organizations to facilitate the identification of best practices, leveraged resources, and improved coordination.

Success will be measured by:

- an increase in successful outcomes for students with disabilities and youth; and
- an increase in consumer satisfaction of students and youth with disabilities as measured by the consumer satisfaction survey.

Goal Area 3: Partnerships

DRS will strengthen partnerships with Boards and enhance strategies to develop and maintain employer relationships that result in competitive integrated employment outcomes and work-based learning experiences by:

- Continuing to collaborate on special initiatives and activities for youth, veterans, and other persons with disabilities;
- Increased participation in Board committees;
- Increased coordination with Board contractor business services unit and with other business intermediaries such as local Chambers of Commerce;
- Providing information to VR partners pertaining to various disabilities, assistive technology, and suggestions for reasonable accommodations; and
- Developing and implementing agency-wide business relationships strategies with a regional focus that creates a unified, comprehensive approach to serving businesses.

Success will be measured by:

- an increase in sustained business relationships leading to successful outcomes for our consumers;
- an increase in work-based learning experiences; and
- an increase in the number of partnerships for special initiatives and ongoing coordination of services to businesses.

Section 14: Evaluation and Reports of Progress: VR and Supported Employment Goals

DRS and the RCT annually review and report on the effectiveness of the VR program. The following areas were reviewed:

- An evaluation of the extent to which the goals identified for FFY 2014 and 2015 were achieved;
- Strategies that contributed to the achievement of these goals and priorities;
- To the extent not achieved, factors that impeded achievement of these goals and priorities;
- An assessment of the performance of DRS on the standards and indicators established pursuant to Section 106 of the Rehabilitation Act; and
- A report of the plan regarding how the funds reserved for innovation and expansion activities were used in the preceding year.

VR and SE Program Goals for FFY 2014 and 2015

The following are DRS VR program goals per the federal Standards and Indicators for FFY 2014 and 2015, from October 1, 2013, to September 30, 2015, including an evaluation of the extent to which the VR program goals were achieved.

Strategies Contributing to Successful Passing of Standards and Indicators

- Enhanced collaboration with community partners for resource and supports;
- Specific training on service delivery of target population;
- Expanded network of business account partners to provide a continuum of options for consumer employment outcomes; and
- Focused internally on fundamental service delivery and consumer engagement.

Goal 1: To provide vocational rehabilitation services that result in individuals with significant disabilities achieving a quality employment outcome.

Measure 1.1: The number of employment outcomes (successful closures) achieved will be equal to or exceed 12,287.

FFY 2014 Progress: The number of employment outcomes DRS achieved in FFY 2014 was 13,136.

FFY 2015 Progress: The number of employment outcomes DRS achieved in FFY 2015 was 13,241.

Measure 1.2: Of the individuals exiting the VR program after receiving services, a minimum of 55.8 percent will have achieved an employment outcome.

FFY 2014 Progress: Of the individuals exiting the VR program after receiving services during FFY 2014, 66.26 percent achieved an employment outcome.

FFY 2015 Progress: Of the individuals exiting the VR program after receiving services during FFY 2015, 65.79 percent achieved an employment outcome.

Measure 1.3: Of the individuals achieving a competitive employment outcome earning at or above minimum wage, the average hourly earnings when compared to the state's average hourly earnings will equal or exceed a ratio of 0.52.

FFY 2014 Progress: Of the individuals achieving a competitive employment outcome earning at or above minimum wage during FFY 2014, the average hourly earnings when compared to the state's average hourly earnings was 0.48 (\$12.21 per hour).

FFY 2015 Progress: Of the individuals achieving a competitive employment outcome earning at or above minimum wage during FFY 2015, the average

hourly earnings when compared to the state's average hourly earnings was 0.49 (\$12.77 per hour),

Goal 2: To effectively provide VR services to consumers from minority backgrounds with significant disabilities and to ensure that they are satisfied with services provided.

Measure 2.1: Of the total number of individuals residing in Texas with a disability who: (1) receive services under an individualized plan for employment (IPE), and (2) achieve an employment outcome, at least 46 percent will be from a minority background.

FFY 2014 Progress: Of the total number of individuals residing in Texas with a disability who: (1) received services under an IPE, and (2) achieved an employment outcome, 60.8 percent were from a minority background.

FFY 2015 Progress: Of the total number of individuals residing in Texas with a disability who: (1) received services under and IPE, and (2) achieved an employment outcome, 52.9 percent were from a minority background.

Measure 2.2: On the consumer satisfaction survey, a minimum of 80 percent of the respondents from minority backgrounds will indicate that they are satisfied with their overall experience with DRS.

FFY 2014 Progress: 87.3 percent of respondents from minority backgrounds indicated that they were satisfied with their overall experience with DARS. (DRS VR Closed-Case Consumer Satisfaction Survey Report submitted in October 2014, which covers the time frame of 9/1/2013 through 8/31/2014.)

FFY 2015 Progress: This was not a measure in the FFY 2015 VR state plan.

Goal 3: To provide a consumer service delivery system that is based on informed consumer choice and designed to enhance the delivery of quality and timely services to VR consumers.

Measure 1.9: On the consumer satisfaction survey, a minimum of 80 percent of the respondents will indicate that they were satisfied with their overall experience with DRS.

FFY 2014 Progress: 89.8 percent of respondents indicated they were satisfied with their overall experience with DRS. (DRS VR Closed-Case Consumer Satisfaction Survey Report)

FFY 2015 Progress: 90.6 percent of respondents indicated they were satisfied with their overall experience with DRS. (DRS VR Closed-Case Consumer Satisfaction Survey Report)

Measure 3.2: On the consumer satisfaction survey, a minimum of 80 percent of the respondents will indicate that they discussed with their counselor when services would begin and end.

FFY 2014 Progress: 85.8 percent of respondents indicated that they discussed with their counselor when services would begin and end. (DRS VR Closed-Case Consumer Satisfaction Survey Report)

FFY 2015 Progress: 85.3 percent of respondents indicated that they discussed with their counselor when services would begin and end. (DRS VR Closed-Case Consumer Satisfaction Survey Report)

Measure 3.3: On the consumer satisfaction survey, a minimum of 71 percent of the respondents will indicate that they took part in choosing who would provide the services (schools or colleges, doctors or hospitals, job coaches, etc.).

FFY 2014 Progress: 76 percent of respondents indicated that they took part in choosing who would provide services. (DRS VR Closed-Case Consumer Satisfaction Survey Report)

FFY 2015 Progress: This was not a measure in the FFY 2015 VR state plan.

Measure 1.10: On the consumer satisfaction survey, a minimum of 85 percent of the respondents will indicate that they were satisfied with the explanation of services to help them reach their goal.

FFY 2014 Progress: 88.6 percent of respondents indicated that they were satisfied with the explanation of services to help them reach their goal. (DRS VR Closed-Case Consumer Satisfaction Survey Report)

FFY 2015 Progress: 76.2 percent of respondents indicated that they took part in choosing who would provide services. (DRS VR Closed-Case Consumer Satisfaction Survey Report)

Measure 3.5: On the consumer satisfaction survey, a minimum of 85 percent of the respondents will indicate that they had input in setting their employment goals.

FFY 2014 Progress: 87.9 percent of respondents indicated that they had input in setting their employment goals. (DRS VR Closed-Case Consumer Satisfaction Survey Report)

FFY 2015 Progress: This was not a measure in the FFY 2015 VR state plan.

Measure 1.12: On the consumer satisfaction survey, a minimum of 90 percent of the respondents will indicate that they were treated in a friendly, caring, and respectful manner when they dealt with DRS staff.

FFY 2014 Progress: 94.4 percent of the respondents indicated that they were treated in a friendly, caring, and respectful manner when they dealt with DRS staff. (DRS VR Closed-Case Consumer Satisfaction Survey Report)

FFY 2015 Progress: 95.4 percent of the respondents indicated that they were treated in a friendly, caring, and respectful manner when they dealt with DRS staff. (DRS VR Closed-Case Consumer Satisfaction Survey Report)

Goal 4: **To provide supported employment services for individuals with the most significant disabilities who require extended supports in order to achieve and maintain an employment outcome.**

Measure 4.1: 50 percent or greater of consumers exiting the VR program after receiving supported employment services will achieve an employment outcome.

FFY 2014 Progress: 58 percent of consumers exiting the VR program after receiving supported employment services achieved an employment outcome.

FFY 2015 Progress: 57.2 percent of consumers exiting the VR program after receiving supported employment services achieved an employment outcome.

Goal 5: **To expand and improve transition services for students with disabilities that will support the agency's efforts to become a nationally recognized leader in the provision of transition services.**

Measure 5.1: Enhancement of policies and procedures that support consistency and clarity in the collaborative roles of DRS and schools, so students can successfully achieve their established goals.

FFY 2014 Progress: Policy changes were delayed until DRS could evaluate the Workforce Innovation and Opportunity Act (WIOA) of 2014 and incorporate necessary policy changes required by the new federal law. However, the following enhancements related to the provision of transition services were implemented to ensure quality and consistency of program implementation:

- DRS reviewed DARS' procedures related to transition services to ensure the Transition Counselors and Liaison Counselors for high schools were visiting the high schools, conducting presentations, and ensuring that students and families were informed of DRS services.
- DRS attended meetings at the education services centers across the state to discuss VR and other DARS services. DRS also partnered with the TEA to

provide information about DRS services. At TEA's request, DRS participated in TEA's broadcasts to provide information about DRS.

FFY 2015 Progress: Policy revisions regarding transition were finalized and will be published in October 2015. These revisions incorporate changes based on WIOA to include:

- Definition of student with a disability;
- Definition of preemployment transition services; and
- Definition of youth with a disability.

Additionally, meetings were held with TEA and stakeholders to discuss referrals to DARS, coordination of services and resources, and information that will be included in an updated MOU.

Goal 6: To improve and expand VR services to individuals with autism and intellectual disabilities.

Measure 6.1: The number of successful closures for consumers with diagnosis of autism and intellectual disability will be 2,400 or higher.

FFY 2014 Progress: The number of successful closures for consumers with diagnosis of autism and intellectual disability was 3,217.

FFY 2015 Progress: The number of successful closures for consumers with diagnosis of autism and intellectual disability was 3,756.

Strategies Contributing to Successful VR and SE Performance Measures

The following are DRS strategies that contributed to the achievement of the VR goals and priorities as described in the prior section:

Goal 1: To provide vocational rehabilitation services that result in individuals with significant disabilities achieving a quality employment outcome.

Strategies

DRS focused on a number of quality initiatives during FY 2014 to include:

- consumer engagement within subpopulations where successes were generally less than the consumer population as a whole, such as consumers with Autism and Intellectual and Developmental Disabilities;
- provision of benefits training for counselors so they may better educate their consumers who receive SSI/SSDI benefits about available work incentives; and
- expanding the number of employers who have been receptive to hiring job-ready consumers.

Goal 2: To effectively provide VR services to consumers from minority backgrounds with significant disabilities and to ensure they are satisfied with services provided.

Strategies

HHSC established the Center for Elimination of Disproportionality and Disparities' Office of Minority Health and Health Equity to help create an awareness of underserved populations. Training provided to management positioned field operations for targeted community outreach and prepared staff to address cultural and diversity concerns when necessary.

Partnering with local advocates and services for people with significant disabilities also increased outreach through centers for independent living, and program development with external stakeholder groups. For example, DARS held facilitated discussions with external stakeholder groups who attended town hall meetings regarding the Comprehensive Statewide Needs Assessment and incorporated stakeholder feedback into DARS 2015–2019 Strategic Plan.

Also, DARS co-chairs the Employment First Task Force (EFTF), which was created as a result of SB 1226 and was passed by the 83rd Texas Legislature (2013). The EFTF consists of 26 members (seven represent state agencies) appointed by the HHSC executive commissioner. The purpose of the EFTF is to promote competitive employment of individuals with disabilities, with the expectation that individuals with disabilities are able to meet the same employment standards, responsibilities, and expectations as any other working-age adult.

The 83rd legislature established Employment First Policy for Texas, which makes competitive employment and earning a living wage a priority and the preferred outcome for working-age individuals with disabilities who receive public benefits.

The EFTF's responsibilities include designing an education and outreach process, developing recommendations for policy, procedure, and rule changes necessary to implement the employment first policy, and providing reports to the governor's office, Texas legislature, and HHSC executive commissioner. The first report was submitted in Fall 2014. The next report is due in the fall of 2016.

The EFTF made several recommendations to DARS regarding the consumer eligibility process, communication and training, service delivery, partnerships, and data reporting. DARS management discussed the recommendations and provided responses to each of them. Based on the implementation of WIOA, enhanced monitoring and oversight, policy revisions, and training to staff, a majority of these recommendations have been addressed and will continue to be addressed.

Goal 3: To provide a consumer service delivery system that: (1) enhances available information about service providers, employment options, and other choices; and (2) is based on informed consumer choice and designed to enhance the delivery of quality and timely services to VR consumers.

Strategies

To enhance available information about service providers, employment options, and other choices, DRS identified opportunities to improve VR service delivery, including:

- Improving customer service by returning phone calls no later than the next business day.

- Improving compliance with policy by implementing a monitoring, oversight, and internal controls process for the VR program that is designed to check whether service delivery practice aligns with federal, state, and program policy at the headquarter, region, and state level, and continuing to work with Internal Audit to implement risk assessment.
- Developing a new quality assurance process that involved discussion and further required action by management following routinely scheduled senior management team meetings and DRS' Statewide Managers Meeting. For example, during the 2014 Statewide Managers Meeting, managers were tasked with developing and then implementing a plan to sustain the number and rate of successful closures, increase the number of consumers served, and increase the number of consumers who reported that their calls were returned no later than the next business day.

To address informed consumer choice and enhance the delivery of quality and timely services to VR consumers, DRS focused on external challenges and opportunities to develop VR strategies to increase access to services and improve service delivery to meet the needs of unserved and underserved populations. The focus on unserved and underserved populations came about as a result of input from external stakeholder groups during the Comprehensive Statewide Needs Assessment, which RCT facilitated in 2014. DRS defined unserved consumers as those who may benefit from VR services but are not accessing VR services in proportion to the percentage of a specifically defined population (e.g., veterans). DRS defined underserved consumers as individuals who receive services from DRS but are not served as effectively as other consumers.

Underserved consumers included persons who have:

- Developmental or intellectual impairments;
- Neurodevelopmental disorders such as autism;
- Mental health disorders such as bipolar disorder or schizophrenia;
- Other disabilities in addition to blindness;
- Deaf-blindness; and
- Transition-age consumers.

The VR Blind and VR General divisions are collaborating on strategies to include in the Health and Human Services Strategic Plan for SFY 2015–2019.

Goal 4: To provide supported employment services for individuals with the most significant disabilities who require extended supports in order to achieve and maintain an employment outcome.

Strategies

- Develop and implement an improved benchmark system for the provision of specific supported employment services statewide. In 2014, improvements to the Supported Employment benchmark system were implemented that include:
 1. Changes to the Supported Employment Assessment that assists providers in using discovery and person centered techniques, vocational theme development, and providing worksite observations.

2. Changes to the Supported Employment planning and service provision to improve consumer participation and informed choice by requiring their review and signatures at each benchmark.
 3. Changes to the identification and coordination of extended services/long-term supports to start prior to beginning the benchmark process. Counselors are now required to identify long-term supports available and assist the provider in the coordination of the provider of extended services/long-term supports to ensure the extended services/long-term supports are in place and working prior to determining job stability.
 4. Criteria for determining job stability were strengthened to ensure extended services/long-term supports required for continued success after VR case closure.
- Explore complimentary services for specific populations like persons with autism and mental health diagnoses.
 1. Developed specific services for people with autism to improve their success in obtaining and maintaining employment such as the Environmental Work Assessment (EWA) and the Autism Spectrum Disorders (ASD) Supports.
 2. Established ongoing coordination with the Department of State Health Services with the goal of developing more employment service options for people with mental health diagnoses.
 - Develop a supported employment technical assistance training model for DRS staff members to improve their ability to determine when supported employment services are needed.
 1. Supported Employment webinars for VR staff and Supported Employment service providers were developed to provide training on when SE should be used, and how to implement the new changes to the benchmark system along with basic training on the entire benchmark process.
 2. Coordinated with UNTWise, the credentialing body for Texas DARS employment service providers, to ensure that all new changes have been included in their certification classes and ongoing training materials. UNTWise also posted the Supported Employment webinars developed by DARS for providers to access at no charge to the providers.
 - Develop tools that will help staff members monitor and provide guidance to supported employment contract providers.
 1. For each benchmark report, monitoring sections have been added to assist SE providers and VR staff in ensuring all required criteria and deliverables have been met for each benchmark.
 2. Job aides have been developed and disseminated to assist SE providers and VR staff with the provision and monitoring of service provision to ensure services provided meet each consumer's needs.

Goal 5: To expand and improve transition services for youth with disabilities that will support the agency's efforts to become a nationally recognized leader in the provision of transition services.

Strategies

- DRS revised the definition of transition-age consumers from 16–24 to 14–22 to accurately show the number of consumers being served.
- DRS staff connected with the education services centers to increase awareness and ensure a consistent message regarding services for youth with disabilities.
- DRS worked with DARS Program Reporting and Analysis (PRA) to update the reporting data to give a more comprehensive snapshot of the work being done with the transition-age population.

Goal 6: To improve and expand VR services to individuals with autism and intellectual disabilities.

Strategies

DRS established a statewide team of VR counselors and CRP providers who are trained to be subject matter resources that collaborate with the State Program Specialist for Autism, Intellectual and Developmental Delays to develop strategies and tools, and identify training needs. This Program Specialist expanded the Autism team to include all Developmental Disorders. An advanced training on Developmental Disorders and VR best practices was made available to all staff, including CRP providers. To date, 120 staff and CRPs are members of the statewide team; however, approximately 150 others have received specialized training in developmental disorders and best practices in VR.

Factors Limiting Success in Meeting VR Performance Measures

DRS did not meet two of the Standards and Indicators in FFY 2014, and one of the Standards and Indicators in FFY 2015. . The following are factors that impeded the achievement of the DRS goals and priorities.

- Difficulty accessing higher wage jobs in the labor market;
- Inaccurately coding the consumer’s primary source of support at application and closures impacts the success in meeting the self-support measure that is being corrected; and
- Lack of effective use of labor market information.

Standard 1.5 (Standards and Indicators)

Ratio of Average Hourly Earnings to State’s Average Hourly Earnings for those cases that were closed successfully in competitive or self-employment

FFY 2014 Progress: This measure was missed by 0.04 (0.48 in FFY 2014 with a goal of 0.52).

FFY 2015 Progress: This measure was missed by 0.05 (0.54 in FFY 2015 with a goal of 0.59).

Impediments to Achievement of Measure 1.5

Impediments to achieving a competitive employment outcome earning at or above minimum wage when the average hourly earnings are compared to the State’s average hourly earnings may

have included lack of effective use of labor market information and the need for enhanced communication with providers regarding average hourly earnings.

Strategies to Improve Performance on Measure 1.5

- Communication with providers about expectations regarding quality placements with higher wages;
- Educate staff about labor market tools that reflect demand occupations and average wages across Texas, which can be shared with consumers; and
- Increase consumers' knowledge about postsecondary training opportunities leading to certificates and degrees.

Standard 1.6 (Standards and Indicators)

Percentage Increase of those cases that were closed successfully in competitive or self-employment and were Self-Supporting at Closure to Self-Supporting at Profile

FFY 2014 Progress: 52.82 percent, failed to meet the goal by 0.18 percent.

FFY 2015 Progress: 54.61 percent (surpassed goal of 53.00 percent).

Impediments to Achievement of Measure 1.6

Impediments to achieving self-supporting at closure may have been related to inaccurate coding in RehabWorks.

Strategies to Improve Performance on Measure 1.6

Guidance was provided to staff explaining how to accurately code cases at closure. Continued monitoring in this area will occur.

Progress Achieved by Innovation and Expansion Activities

During FFY 2014 and FFY 2015, DRS reserved and used funds for Innovation and Expansion (I&E) activities to move forward with the strategies described below.

Strategy 1: Maintain public access to a broad range of assistive technology services for individuals with disabilities on a statewide basis.

Strategies

- DARS Internet: Web site contains items specific to assistive technology and vehicle modifications.
- DARS Rehabilitation Technology Resource Center (RTRC) Intranet. A Virtual Tour of Assistive Technology (AT) can be accessed by counselors to view the latest AT advances to help consumers make educated decisions about their vocational and independent living goals.
- RTRC access: The center is open to both agency staff and the disability community for product demonstrations and testing.
- Continuation of the statewide rehabilitation demonstration and loan program.
- DRS participation in statewide conferences to inform employers of the technology available that will enhance a consumer's ability to engage in employment and live independently.

Measure

The number of assistive devices loaned for consumer demonstration and testing.

FFY 2013 Baseline

- Devices loaned: **343**
- Pieces of technology loaned to aid in consumer decision-making process: **122**
- Pieces of technology loaned until consumer technology was repaired: **44**
- Pieces of technology loaned for training or school purposes: **62**
- Pieces of technology used in work setting to assist consumers to complete certain job functions: **51**
- Pieces of technology loaned to assist consumers with activities of daily living: **55**
- The number of demonstrations of AT in FFY 2013 was **49**, with **31** involving the RTRC, and **18** involving AT kits located throughout various regions.

FFY 2014 Performance

- Devices loaned: **39**
- Pieces of technology loaned to aid in consumer decision-making process: **23**
- Pieces of technology loaned until consumer technology was repaired: **12**
- Pieces of technology loaned for training or school purposes: **16**
- Pieces of technology used in work setting to assist consumers to complete certain job functions: **27**
- Pieces of technology loaned to assist consumers with activities of daily living: **10**
- The number of demonstrations of AT in FFY 2014 was **38**, with **11** involving AT kits located throughout various regions.

FFY 2015 Performance

- Devices loaned: **87**
- Pieces of technology loaned to aid in consumer decision-making process: **34**
- Pieces of technology loaned until consumer technology was repaired: **16**
- Pieces of technology loaned for training or school purposes: **22**
- Pieces of technology used in work setting to assist consumers to complete certain job functions: **31**
- Pieces of technology loaned to assist consumers with activities of daily living: **25**
- The number of demonstrations of AT in FFY 2015 was **24**, with **8** involving AT kits located throughout various regions.

Strategy 2: The comprehensive statewide needs assessment completed in 2011 identified a need for improvement and enhancement of services to these consumer populations who have lower outcomes than others, such as Texans with developmental delays, intellectual disabilities, and autism spectrum disorders (including persons with Asperger’s Syndrome). DRS added a program specialist who is a Board Certified Behavior Analyst to implement multiple strategies to enhance services to these consumers.

Strategies

- Present training seminars throughout the state to build field staff capacity to better serve population of consumers;
- Create a statewide team that will focus on autism and also collaterally improve service delivery to individuals with intellectual and developmental disabilities;
- Identify CRPs with autism expertise who will each develop at least one partnership with a business that has an autism-friendly work environment; and
- Partner with businesses to educate, create, or adapt their work environments to promote sustainable employment opportunities.

Measures

- The number of field staff trained as specialists to serve persons with autism spectrum disorders.
- The number of successful closures for consumers with diagnoses of autism and intellectual disability.

FFY 2013 Baseline

In FFY 2013, **40** Vocational Rehabilitation Counselors, **20** Community Rehabilitation Providers, and **21** Central Office and regional staff were trained as specialists to serve persons with autism spectrum disorders. Additionally, the number of successful closures for consumers with diagnoses of autism and intellectual disability was **2,811**.

FFY 2014 Performance

In FFY 2014, **80** Vocational Rehabilitation Counselors, **34** Community Rehabilitation Providers, and **19** Central Office and regional staff were trained as specialists to serve persons with autism spectrum disorders. Additionally, the number of successful closures for consumers with diagnoses of autism and intellectual disability was **3,217**.

FFY 2015 Performance-

In FFY 2015, **82** Vocational Rehabilitation Counselors, **38** Community Rehabilitation Providers, **17** Central Office and regional staff were trained as specialists to serve persons with autism spectrum disorders. Additionally, the number of successful closures for consumers with diagnoses of autism and intellectual disability was **3,756**.

Strategy 3: Maintain and increase coordination and collaboration with the Texas Workforce Investment Council and Local Workforce Development Boards (Boards).

Strategies

- Maintain active memberships on local boards;

- Look for opportunities to partner with Disability Navigators; and
- Assign counselors to one-stop centers to provide consultation on disability issues to workforce system staff and to provide direct assistance to people with disabilities as needed.

Measures

- The number of agreements with Boards.
- The number of appointments to Boards.
- The number of one-stop centers with assigned counselors.

FFY 2013 Baseline

In FFY 2013, DARS (DRS or DBS) maintained agreements with:

- **22 of 28** Local Workforce Development Boards;
- **22 of 28** public VR appointments; and
- **192 of 192** one-stop centers.

FFY 2014 Performance

In FFY 2014, DARS (DRS or DBS) maintained agreements with:

- **22 of 28** Local Workforce Development Boards;
- **22 of 28** public VR appointments; and
- **All 191** one-stop centers.

FFY 2015 Performance

In FFY 2015, DARS (DRS or DBS) maintained agreements with:

- **15 of 28** Local Workforce Development Boards. DARS is in the process of updating MOUs with all 28 Boards);
- **22 of 28** public VR appointments; and
- **190** workforce centers

Strategy 4:

Meet or exceed all Standards and Indicators.

Strategies

- Analyze data entry in DARS' case management system to develop corrective strategies and training and technical assistance to staff to ensure data accurately reflects delivery of services and credit for each standard and indicator.
- Strengthen partnerships with HHS agencies, workforce system, Social Security Administration, etc., to ensure quality job placements offering a livable wage as well as information on benefits planning and coordination of services and long-term supports when DRS closes a consumer's VR case.

Measure

The number of Standards and Indicators that are met or exceeded.

FFY 2013 Baseline

In FFY 2013, DRS met or exceeded **5 of the 6** Standards and Indicators.

FFY 2014 Performance

In FFY 2014, DRS met or exceeded **4 of the 6** Standards and Indicators.

FFY 2015 Performance

In FFY 2015, DRS met or exceeded **5 of the 6** Standards and Indicators.

Strategy 5: Maintain comprehensive training and evaluation system for VR.

Strategy

Maintain a comprehensive training and evaluation system for VR counselors and support staff.

Measure

The number of times the Comprehensive System of Personnel Development (CSPD) Committee, a subcommittee of the Rehabilitation Council of Texas, meets with DRS.

FFY 2013 Baseline

In FFY 2013, the CSPD Committee met **4** times.

FFY 2014 Performance

In FFY 2014, the CSPD Committee, now called Policy, Procedure & Personnel Development Committee, met **3** times.

FFY 2015 Performance

In FFY 2015, the Policy, Procedure & Personnel Development Committee, met **4** times.

Strategy 6: Expand program capacity through collaborative relationships with businesses and community partners that enable more quality employment opportunities for consumers.

Strategies

- Replicate Project SEARCH; and
- Pilot projects for training and placement

Measure

The number of developed agreements leading to active projects.

FFY 2013 Baseline

In FFY 2013, the following agreements were developed:

Project SEARCH:

1 agreement is in active service; and
3 agreements were developed and began in FFY 2014.

Pilot Projects:

There are **4** agreements for training and/or placement of DRS consumers.

FFY 2014 Performance

Project SEARCH added **5** additional sites and expanded to a total of **11** sites during the 2014–2015 school year in industries such as manufacturing, distribution, hospitals, hospitality, a university, city government, and office administration. Each Project SEARCH site typically has 8 to 12 participants per year.

FFY 2015 Performance

Project SEARCH added **6** additional sites and expanded to **17** programs across the state for the 2015-2016 school years and continues to operate in various industry sectors such as manufacturing, distribution, hospitals, hospitality, university, city government and office administration. There are a total of **144** DARS consumers participating throughout these sites.

Projects for Placement and Training are conducted through two formal programs, **Project HIRE** which is in its fourth year and has served **52** consumers. The program continues to be a collaborative community effort that provides educational wraparound services in addition to other DARS services. The goal is for consumers to complete a certificate level degree that leads to employment. **Project HIGHER** is the sister program to Project HIRE with the same collaborative model and is beginning its first year with **6** consumers.

Strategy 7: Increase successful outcomes for transition consumers.

Strategy

To increase successful outcomes for transition consumers and use strategic partnerships to outreach to schools and communities as a pipeline to direct business hiring.

Measure

Number of closures for transition consumers.

FFY 2013 Baseline

In FFY 2013, the number of closures for transition consumers was **3,220**.

FFY 2014 Performance

In FFY 2014, the number of closures for transition consumers was **3,525**.

FFY 2015 Performance

In FFY 2015, the number of closures for transition consumers was **3,393**.

Strategy 8: Explore opportunities to increase funds to provide services through third-party agreements with other agencies.

Strategy

With a continued effort to expand service options for consumers, DRS will explore the possibility of entering into third-party agreements with strategic partners to make available to DRS the nonfederal share of funds and increase the drawdown of federal matching funds.

Measure

- Actions taken to explore options for third-party agreements.
- Determination of whether to pursue third-party agreements.

FFY 2013 Baseline

DARS and DRS extensively researched options for third-party agreements with other VR agencies and made the determination to not engage in this funding option at this time.

FFY 2014 Performance

DARS and DRS extensively researched options for third-party agreements with other VR agencies and made the determination to not engage in this funding option at this time.

FFY 2015 Performance

DARS and DRS extensively researched options for third-party agreements with other VR agencies and made the determination to not engage in this funding option at this time.

Strategy 9: Increase efficiency in delivering VR services.

Strategy

With the goal of creating a more efficient VR delivery process, DRS will analyze business systems (with the assistance of a grant funded by the Institute for Community Inclusion) to increase 1,000 more successful closures (over a three-year period) and reduce unsuccessful closures by 10 percent.

Measure

Revamped business plan with a more flexible, responsive VR system resulting in increased outcomes for consumers and business partners:

- Revamped business plan;
- 1,000 more successful closures (over a three-year period); and
- Unsuccessful closures reduced by 10 percent.

Note: Public meetings are planned for stakeholder review and input regarding any proposed process changes that would potentially impact service delivery. Revisions will accordingly be made to the State Plan to document any substantive changes in service delivery before implementation.

FFY 2013 Baseline

Newly developed strategy so there is not a baseline for 2013.

FFY 2014 Performance

1,610 more successful closures over three years (successful closures)

- 2011 - **11,526** (baseline)
- 2012 - **11,856** (330 over baseline)
- 2013 - **12,286** (760 over baseline)
- 2014 - **13,136** (610 over baseline)

10 percent reduction in unsuccessful closures

- 2011 - **7,917**(baseline)
- 2012 - **8,286** (4.7percent increase over baseline)
- 2013 - **8,406** (6.2 percent increase over baseline)
- 2014 **6,690** (15.5 percent decrease over baseline)

FFY 2015 Performance

1,385 more successful closures over three years (successful closures)

- 2012 - **11,856** (baseline)
- 2013 - **12,286** (430 over baseline)
- 2014 - **13,136** (1,280 over baseline)
- 2015 - **13,241** (1,385 over baseline)

13 percent reduction in unsuccessful closures

- 2011 - **7,917** (baseline)
- 2012 - **8,286** (4.7 percent increase over baseline)
- 2013 - **8,406** (6.2 percent increase over baseline)
- 2014 - **6,690** (15.5 percent decrease over baseline)
- 2015 - **6,886** (13.0 percent decrease over baseline)

Appendix A–Texas Combined State Plan for Programs Authorized Under the Federal Workforce Innovation and Opportunity Act

The Workforce Innovation and Opportunity Act

The Workforce Innovation and Opportunity Act (WIOA) was signed into law on July 22, 2014. It replaced the Workforce Investment Act of 1998 and amended the Adult Education and Family Literacy Act, the Wagner-Peyser Act, and the Rehabilitation Act Amendments of 1973. WIOA refers to the following six programs authorized by the Act as “core programs” and administered by two federal agencies:

- Department of Labor Programs:
 - WIOA Services for Adults
 - WIOA Services for Dislocated Workers
 - WIOA Services for Youth
 - Wagner-Peyser Employment Service
- Department of Education Programs
 - Adult Education and Literacy
 - Vocational Rehabilitation

WIOA is focused on several important purposes, including:

- meeting the skill requirements of employers and connecting employers with the skilled workers they need to compete in the global economy;
- increasing access to and opportunities for the employment, education, training, and support services that individuals, particularly those with barriers to employment, need to succeed in the labor market;
- increasing services to youth, including those with disabilities, especially as they make the transition from education to employment;
- maximizing the ability of individuals with disabilities, including individuals with the most significant disabilities, to achieve competitive integrated employment; and
- improving alignment, coordination, and integration across the core programs in each state’s workforce development system.

WIOA in Texas

TWC and DARS are the two state agencies in Texas that administer the six core programs authorized by WIOA².

TWC administers employment and training services for the following programs:

- WIOA Services for Adults
- WIOA Services for Dislocated Workers
- WIOA Services for Youth
- Wagner-Peyser Employment Service
- Adult Education and Literacy

² Effective September 1, 2016, TWC will assume responsibility for the administration of all WIOA core programs, with the transfer of vocational rehabilitation services from DARS to TWC, in accordance with SB 208, 84th Texas Legislature.

TWC is part of Texas Workforce Solutions, a local and statewide network composed of the agency, 28 Boards, and their contracted service providers and community partners. This network gives customers local access to workforce solutions and statewide services at numerous Workforce Solutions Offices. Texas Workforce Solutions provide workforce development services that help workers find and keep good jobs, and help employers hire the skilled workers they need to grow their businesses.

DBS and DRS administer the VR programs that help people with physical or mental disabilities prepare for, find, or keep employment. VR provides specialized services to help Texans with disabilities find the high-quality jobs or training needed to be successful in school and beyond in order to live independent lives. The VR programs also offer a variety of services to assist businesses with hiring, training, and retaining qualified individuals with disabilities.

Joint Development of the Texas Combined State Plan

WIOA requires states to jointly develop and submit a single four-year plan for achieving the workforce goals of the state. The plan will reflect the state's goals and strategies to:

- align, coordinate, and integrate education, employment, and training programs;
- guide investments to ensure that training and services are meeting the needs of employers and individuals; and
- engage economic, education, and workforce partners in improving the workforce development system.

Texas must submit the Combined State Plan to the secretary of the U.S. Department of Labor by March 3, 2016. The Combined State Plan will be approved by the secretary of each federal agency that oversees the core programs.

The plan will include information for the six WIOA core programs, as well as other programs administered by TWC, including the Senior Community Services Employment Program and the Trade Adjustment Assistance Program.

Stakeholder Input

TWC and DARS are seeking input from the public as they develop the State's Combined State Plan on how to improve services and to continue preparing a skilled workforce that meets the needs of employers. Broad stakeholder engagement is important to ensure that the Plan reflects the perspective of the stakeholders and customers served by the programs covered by the Plan.

The draft Combined State Plan will be posted for public review and comment on the agency websites later this fall. The agencies will notify stakeholders when the draft Combined State Plan is available for review and comment.

Appendix B–Transfer of Programs from DARS to TWC

DARS Programs Transferring to TWC

On June 19, 2015, Governor Greg Abbott signed into law Senate Bill (SB) 208, which directs the transfer of several VR programs from DARS to TWC. Effective September 1, 2016, the following programs will transfer to TWC:

- General Vocational Rehabilitation
- Blind Vocational Rehabilitation, including the Criss Cole Rehabilitation Center
- Business Enterprises of Texas (BET)
- Independent Living Services (ILS)—Older Blind

The RCT also transfers to TWC on September 1, 2016. RCT serves as the State Rehabilitation Council required under the federal Rehabilitation Act of 1973 as amended by WIOA. RCT advises the agency administering VR programs on policy and the scope and effectiveness of VR services and the development of state goals and priorities for the VR program, as well as consults on the preparation of the VR state plans.

Legislative Oversight of the Transfer of Programs from DARS to TWC

The legislature established a Legislative Oversight Committee to facilitate the transfer of VR, BET, and ILS—Older Blind to TWC. The oversight committee will be composed of four members of the Senate, four members of the House of Representatives, and three members of the public appointed by the governor. The HHSC executive commissioner, the DARS commissioner, and the TWC executive director will serve as ex officio nonvoting members of the oversight committee.

SB 208 instructs TWC, DARS, and HHSC to develop a Transition Plan, and in the development of that Plan to consider input from the public. This plan is due to the Legislative Oversight Committee as soon as possible after September 1, 2015, but no later than March 1, 2016. Among other items, the Plan must include:

- measures to ensure that unnecessary disruption to the provision of services does not occur;
- a schedule for implementing the transfer of services and programs effective September 1, 2016;
- a strategy for the integration of General VR and Blind VR, which must occur no later than October 1, 2017; and
- a strategy for the integration of VR staff into Workforce Solutions Offices, which must occur no later than September 1, 2018.

Federal Requirements Regarding State VR Agency Structure and Organization³

As part of the transfer, TWC must ensure that Texas is in compliance with federal requirements regarding the organizational placement of VR programs within the agency.

³ Information in this section is taken from the U.S. Department of Education Rehabilitation Services Administration [Technical Assistance Circular 13-02: “Reorganization of the Designated State Agency and the Designated State Unit for the Vocational Rehabilitation Program”](#), July 9, 2013

If a state identifies a new DSA to administer the VR programs, the state must ensure the agency is primarily concerned with VR, or VR and other rehabilitation of individuals with disabilities. In the event that the new DSA is not primarily concerned with VR, or VR and other rehabilitation of individuals with disabilities, the state must ensure the agency contains a DSU, or two DSUs for states that have both a blind and general agency, that:

- is primarily concerned with VR, or VR and other rehabilitation, of individuals with disabilities, and is responsible for the VR program(s) of the DSA;
- is administered by a full-time director(s);
- employs staff on the rehabilitation work of the organizational unit(s), all or substantially all of whom devote their full time to such work; and
- is located at an organizational level and has an organizational status within the DSA comparable to that of other major organizational units of the DSA.

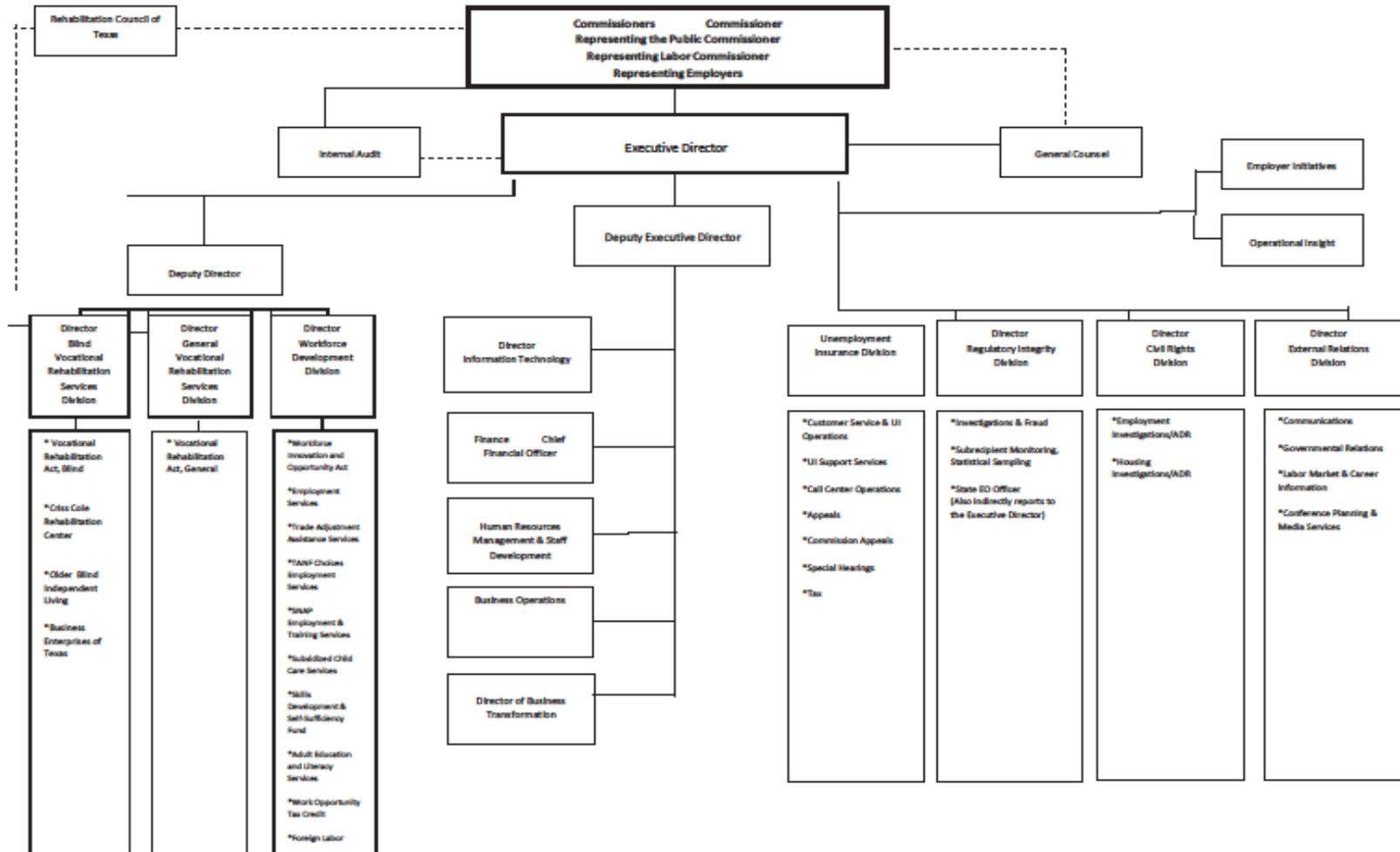
States may choose to designate one agency to provide VR services to persons with all types of disabilities (known as a “combined” agency), or two distinct agencies, one to serve individuals who are blind and visually impaired and another to serve individuals with all other disabilities (known as “blind” and “general” agencies, respectively). Under the provisions of SB 208, Texas will have two DSUs—one for General VR, and one for Blind VR—until September 1, 2017, at which point SB 208 directs that General VR and Blind VR be merged.

Effective September 1, 2016, TWC will ensure that the two DSUs are located organizationally at a level comparable to that of other major organizational units of the agency. Under the new TWC organizational structure, which will be effective September 1, 2016, the DSU for General VR and the DSU for Blind Services will each be established as a separate Division (see attached).

Following the public meetings to be held throughout the state, Texas will submit the required information for the DSA/DSU changes in the VR sections of the Texas Combined State Plan. The Rehabilitation Services Administration (RSA) must approve the amended State Plans on or before the effective date of the organizational change.

Appendix C- Texas Workforce Commission Organizational Chart Effective September 2016

Our mission is to promote and support an effective workforce system that offers employers, individuals, and communities the opportunity to achieve and sustain economic prosperity.



Appendix D-Acronyms

ACS-American Community Survey

ARD-Admission, Review, and Dismissal

AT-Assistive Technology

BET-Business Enterprises of Texas

CAP-Council for Advising and Planning

CART- Communication Access Real-time Translation

CBTAC-Certified Business Technical Assistance Consultant

CHIP-Children's Health Insurance Program

CIL-Center for Independent Living

CLM-Center for Learning Management

CMS-Centers for Medicaid and Medicare Services

CMU-Contract Management Unit

COS-Contract Oversight and Support Services

CRC-Certified Rehabilitation Counselor

CRCC-Commission on Rehabilitation Counselor Certification

CRCG-Community Resources Coordination Group

CRP-Community Rehabilitation Program

CRP-Community Rehabilitation Provider

CSAVR- Council of State Administrators for Vocational Rehabilitation

CSNA-Comprehensive Statewide Needs Assessment

CSPD-Comprehensive System of Personnel Development

CYDP-Community Youth Development Program

DADS-Department of Aging & Disability Services

DARS-Department of Assistive and Rehabilitative Services

DBS-Division for Blind Services

DRS-Division for Rehabilitation Services
DSA-Designated State Agency
DSHS-Department of State Health Services
DSU-Designated State Unit
EFTF-Employment First Task Force
EN-Employment Networks
ESBD-Electronic State Business Daily
HCS-Home and Community-Based Services
HHS-Health and Human Services
HHSC-Health and Human Services Commission
HIRE-Helping Individuals Reach Employment
I&E-Innovation and Expansion
IDD-Intellectual and Developmental Disabilities
IDEA-Individuals with Disabilities Education Act
IEP-Individualized Education Plan
ILS-Independent Living Services
IPE-Individualized Plan for Employment
LEP-Limited English-Language Proficiency
LPC-Licensed Professional Counselor
LSSP-Licensed Specialist in School Psychology
MBI-Medicaid Buy-In
MFP-Money Follows the Person
MH-Mental Health
MOU-Memorandums of Understanding
NCRE-National Council on Rehabilitation Education
NCSRC-National Coalition of State Rehabilitation Councils
OABI-Office of Acquired Brain Injury

PRA-Program Reporting and Analysis
QVRC-Qualified Vocational Rehabilitation Counselor
RCT-Rehabilitation Council of Texas
RID-Registry of Interpreters
RST-Rehabilitation Services Technicians
RTRC-Rehabilitation Technology Resource Center
SE-Supported Employment
SELN-State Employment Leadership Network
SFY-State Fiscal Year
SHIP-State Health Insurance Program
SILC-State Independent Living Council
SLPI-Sign Language Proficiency Interview
SMI-Significant Mental Illness
SMR-Subject Matter Resources
SSA-Social Security Administration
SSES-Supported Self-Employment Specialist
TACE-Texas Administrators of Continuing Education
TBIAC-Traumatic Brain Injury Advisory Council
TCCVS-Texas Coordinating Council for Veteran Services
TEA-Texas Education Agency
TED-Transition and Employment Designee
TIBH-Texas Industries for the Blind and Handicapped
TTAP-Texas Technology Access Program
TTW-Ticket-to-Work
TVRC-Transition Vocational Rehabilitation Counselor
UNT-University of North Texas
UPS-Unit Program Specialists

VR-Vocational Rehabilitation

WIOA-Workforce Innovation and Opportunity Act of 2014

WIPA-Work Incentive Planning and Assistance

WRAP-Wellness Recovery Action Plan