



State Plan State Plan

For Texans with
For Texans with
Developmental
Disabilities

Fiscal Years

2002-2006

with FY 2005 Amendments



Texas Council for Developmental Disabilities

PURPOSE OF THE STATE PLAN

The State Plan on Developmental Disabilities is developed in order to:

- A. Advise citizens of Texas about the Texas Council for Developmental Disabilities, its goals, objectives, activities, programs and procedures, to enable them to participate in the planning process and to be knowledgeable about Council; and
- B. Provide the federal Administration on Developmental Disabilities and the U.S. Secretary of Health and Human Services with reliable, useful information upon which to base current and future national policy regarding the state developmental disabilities councils and the needs of individuals with developmental disabilities and their families in Texas.

THE COUNCIL'S MISSION

The mission of the Texas Council for Developmental Disabilities is to create change so that all people are fully included in their communities and exercise control over their own lives.

STATE PLAN
FOR TEXANS WITH
DEVELOPMENTAL DISABILITIES

Fiscal Years 2002-2006
With FY 2005 Amendments

Prepared

By



TEXAS COUNCIL *for*
DEVELOPMENTAL
DISABILITIES

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Executive Director

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with updated information and FY 2005 Amendments to TCDD Goals and Objectives added August 2005

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**State Plan for Texans
with Developmental Disabilities
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SECTION I

The Developmental Disabilities Assistance and Bill of Rights Act of 2000

Federal Definition of Developmental Disabilities

As noted in the Developmental Disabilities Assistance and Bill of Rights Act of 2000:

“(A) In general, the term ‘developmental disability’ means a severe, chronic disability of an individual that:

- (i) is attributable to a mental or physical impairment or a combination of mental and physical impairments;
- (ii) is manifested before the individual attains age 22;
- (iii) is likely to continue indefinitely;
- (iv) results in substantial functional limitations in three or more of the following areas of major life activity: (a) self care, (b) receptive and expressive language, (c) learning, (d) mobility, (e) self-direction, (f) capacity for independent living, and (g) economic self-sufficiency; and
- (v) reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

(B) Infants and young children: An individual from birth to age nine, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria described in clauses (i) through (v) of subparagraph (A) if the individual, without services and supports, has a high probability of meeting these criteria later in life.”

Basic Findings

In the Developmental Disabilities Act of 2000, Congress expanded upon the basic findings that focus on the progressive approaches for enabling individuals with developmental disabilities to achieve their maximum potential through increased independence, productivity, and integration into the community. The legislation states:

"Congress finds that —

- (1) disability is a natural part of the human experience that does not diminish the right of individuals with developmental disabilities to live independently, to exert control and choice over their own lives, and to fully participate in and contribute to their communities through full integration and inclusion in the economic, political, social, cultural, and educational mainstream of United States society;
- (2) in 1999 there were between 3,200,000 and 4,500,000 individuals with developmental disabilities in the United States, and recent studies indicate that individuals with developmental disabilities comprise between 1.2 and 1.65 percent of the United States population;
- (3) individuals whose disabilities occur during their developmental period frequently have severe disabilities that are likely to continue indefinitely;
- (4) individuals with developmental disabilities often encounter various forms of discrimination in the provision of critical services, such as services in the areas of emphasis;
- (5) individuals with developmental disabilities are at greater risk than the general population of abuse, neglect, financial and sexual exploitation, and the violation of their legal and human rights;
- (6) a substantial portion of individuals with developmental disabilities and their families do not have access to appropriate support and services, including access to assistive technology, from generic and specialized service systems, and remain unserved or underserved;
- (7) individuals with developmental disabilities often require lifelong community services, individualized supports, and other forms of assistance, that are most effective when provided in a coordinated manner;
- (8) there is a need to ensure that services, supports, and other assistance are provided in a culturally competent manner, that ensures individuals from racial and ethnic minority backgrounds are fully included in all activities under this title;
- (9) family members, friends, and members of the community can play an important role in enhancing the lives of individuals with developmental disabilities, especially when the family members, friends, and community members are provided with the necessary community services, individualized supports, and other forms of assistance;

(10) current research indicates that 88 percent of individuals with developmental disabilities live with their families or in their own households;

(11) many service delivery systems and communities are not prepared to meet the impending needs of the 479,862 adults with developmental disabilities who are living at home with parents who are 60 years old or older and who serve as the primary caregivers of the adults;

(12) in almost every state, individuals with developmental disabilities are waiting for appropriate services in their communities, in the areas of emphasis;

(13) the public needs to be made more aware of the capabilities and competencies of individuals with developmental disabilities, particularly in cases in which the individuals are provided with necessary services, supports, and other assistance;

(14) as increasing numbers of individuals with developmental disabilities are living, learning, working, and participating in all aspects of community life, there is an increasing need for a well trained workforce that is able to provide the services, supports, and other forms of direct assistance required to enable the individuals to carry out those activities;

(15) there needs to be greater effort to recruit individuals from minority backgrounds into professions serving individuals with developmental disabilities and their families;

(16) the goals of the nation properly include a goal of providing individuals with developmental disabilities with the information, skills, opportunities and support to —

- (A) make informed choices and decisions about their lives;
- (B) live in homes and communities in which such individuals can exercise their full rights and responsibilities as citizens;
- (C) pursue meaningful and productive lives;
- (D) contribute to their families, communities, and States, and the Nation;
- (E) have interdependent friendships and relationships with others;
- (F) live free of abuse, neglect, financial and sexual exploitation, and violations of their legal and human rights; and
- (G) achieve full integration and inclusion in society, in an individualized manner, consistent with the unique strengths, resources, priorities, concerns, abilities, and capabilities of each individual; and

(17) as the nation, states, and communities maintain and expand community living options for individuals with developmental disabilities, there is a need to evaluate the access to those options by individuals with developmental disabilities and the effects of those options on individuals with developmental disabilities.”

Federal Areas of Emphasis

The Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act) provides funds for state councils on developmental disabilities to initiate advocacy, capacity building, and systemic change activities. Each council is responsible for developing a state plan that specifies goals, objectives and planned activities within any “areas of emphasis” specified in the DD Act. Definitions for each area are based on the DD Act.

1. **Quality Assurance Activities** means advocacy, capacity building, and systemic change activities that result in improved customer- and family-centered quality assurance and that result in systems of quality assurance and consumer protection. These include: monitoring of services, supports, and assistance; training in leadership, self-advocacy, and self-determination; and activities related to interagency coordination and systems integration.
2. **Education Activities and Early Intervention Activities** means advocacy, capacity building, and systemic change activities that result in individuals with developmental disabilities and, when appropriate, their families being able to access appropriate supports and modifications that will allow individuals to maximize their potential, to benefit from lifelong educational activities, to be integrated and included in all facets of student life, and to ensure that sufficient capacity exists within the family to meet the needs of their child with a disability.
3. **Child Care-Related Activities** means advocacy, capacity building, and systemic change activities that result in families of children with developmental disabilities having access to and use of child care services, including before-school, after-school, and out-of-school services, in their communities.
4. **Health-Related Activities** means advocacy, capacity building, and systemic change activities that result in individuals with developmental disabilities having access to and use of coordinated health, dental, mental health, and other human and social services, including prevention activities, in their communities.
5. **Employment-Related Activities** means advocacy, capacity building, and systemic change activities that result in individuals with developmental disabilities acquiring, retaining, or advancing in paid employment, including supported employment or self-employment, in integrated settings in a community.
6. **Housing-Related Activities** means advocacy, capacity building, and systemic change activities that result in individuals with developmental disabilities having access to and use of housing and housing supports and services in their communities, including assistance related to renting, owning, or modifying an apartment or home.
7. **Transportation-Related Activities** means advocacy, capacity building, and systemic change activities that result in individuals with developmental disabilities having access to and use of transportation.
8. **Recreation-Related Activities** means advocacy, capacity building, and systemic change activities that result in individuals with developmental disabilities having access to and use of recreational, leisure, and social activities, in their communities.

In addition, funds may be used for **Formal and Informal Community Supports**, which means other services available or offered to individuals in a community that affect their quality of life, and for **Cross-Cutting Measures** that represent council activities that impact all areas of emphasis.

SECTION II

Developmental Disabilities and Texas

Application of the Federal Definition in Texas

The Texas Council for Developmental Disabilities uses the federal definition of developmental disabilities as stated in the DD Act of 2000. The definition provides guidance to the Council as it determines its strategies and activities. Further, the federal definition is referenced in all of the Council's grant activities and programs, and is also referenced in its policies, procedures, planning, and advocacy efforts.

While the Council uses the federal definition to guide its focus on issues and activities, the Council recognizes the many individuals whose disabilities may not be included in the federal definition of developmental disabilities. The Council therefore endeavors to design strategies and activities that also impact people with other disabilities whenever possible and appropriate.

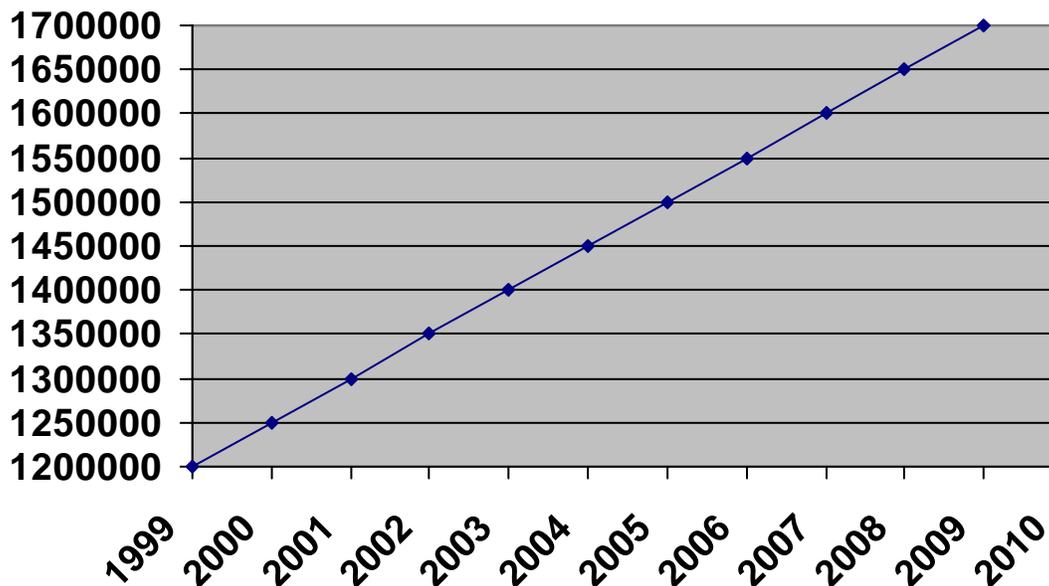
Estimating the Number of Texans with Severe Disabilities

Demographic studies on people with developmental disabilities are thin and typically inconsistent across studies. In a recent study estimating the number of people with disabilities in Texas, consultants based findings on best available state-level information which relied upon population estimates from Texas A&M, Department of Rural Sociology and the State Data Center. Estimates on disability prevalence were compiled from a variety of sources including:

- 1990 U.S. Regular Census.
- 1997-1999 averaged current population survey data, March supplement.
- Surveys of Income Participation Programs: 1984-1997.
- U.S. Department of Census, "American with Disabilities: 1991/92".
- Texas Health and Human Services Commission, unpublished rates from 1994-1995.
- Medicaid eligibility data for "Disabled and Blind Categories."
- Newacheck and Halfon, "Prevalence and Impact of Disabling Chronic Conditions in Childhood," *American Journal of Public Health*, 88(4), Pages 610-617, April 1998.
- U.S. DHHS Public Health Service, "Disabilities Among Children Aged Less Than or Equal to 17 Years: United States 1991-1992," *Morbidity and Mortality Weekly Report*, 44(33), pages 609-613, August 25, 1995.

Applying the estimates to the Texas A&M population data reveals that the aging of Texas' population, as well as general population growth, will cause the number of Texans with disabilities to increase by 30 percent, from 1,279,792 to 1,672,439, over the next 10 years. This includes all disabilities, including developmental disabilities and accident and work related disabilities. These individuals represent approximately 5 percent of the state's current and future population.

Texans with Severe Disabilities 1999-2010



Health and Human Service Delivery in Texas

Texas does not have a single agency of state government that is responsible, by statute, to provide supports and services to people with “developmental disabilities.” Rather, responsibility for programs, services and supports is spread over several agencies with responsibilities for specific programs or specific target populations and groups of Texans that include people with developmental disabilities.

Health and human services programs in Texas represent the second largest function of state government, behind education, with appropriations for the 2002-2003 biennium totaling over \$36 billion (approximately 32 percent of all state appropriations). Eleven state agencies in the health and human services area provide services to Texans with disabilities through dozens of interrelated and frequently overlapping programs. In 1991, the Legislature created the Texas Health and Human Services Commission (HHSC) to (a) coordinate services among the agencies, (b) ensure delivery of state health and human services in a manner that uses an integrated system to determine eligibility; (c) maximize the use of federal, state and local funds; and (d) emphasize coordination, flexibility and decision making at the local level. Billions of dollars in services to more than a quarter million Texans with disabilities are provided annually. The state agencies under the umbrella of HHSC that provide services to Texans with disabilities are:

- Commission on Alcohol and Drug Abuse (TCADA)
- Commission for the Blind (TCB)
- Commission for the Deaf and Hard of Hearing (TCDHH)
- Department on Aging (TDoA)
- Department of Health (TDH)
- Department of Human Services (TDHS)
- Department of Mental Health and Mental Retardation (TDMHMR)
- Department of Protective and Regulatory Services (TDPRS)
(Children and Adult Protective Services)
- Health Care Information Council (HCIC) (*Does not provide direct services*)

- Interagency Council on Early Childhood Intervention Services (ECI)
- Texas Rehabilitation Commission (TRC)

Most of these agencies have specific programs and services targeting individuals with developmental disabilities. Although HHSC is primarily responsible for overseeing the coordination of all health and human services, increased effectiveness and efficiency of service delivery are yet to be fully realized. Recent findings from the State Auditor verified by recent Sunset review of health and human service agencies concluded the following:

- fragmentation of services continues;
- services are delivered categorically around funding streams or eligibility requirements rather than actual client needs;
- there is a limited consolidation of administrative activities;
- information systems are not integrated between agencies;
- top-down decision making emanates from Austin with no local input;
- problems continue related to purchasing client services;
- there is a lack of strategic vision for service delivery; and
- there is a lack of service integration among agencies unless legislatively directed.

The State's delivery structure for health and human services contains several inherent barriers to change. No other large state relies on so many agencies to deliver services. Voluntary coordination between state agencies is difficult and has been infrequent because there are no incentives to do so and cooperative projects are outside any one agency's span of control. Agencies have little motivation to coordinate their administrative functions for fear of a loss of control.

Consolidation of Programs/Services

Increasingly, Texas health and human services agencies, providers and consumers are becoming aware that the needs of Texans with developmental disabilities cross numerous agency lines and that better interagency coordination is necessary. The 77th Legislature passed several bills directing the Health and Human Services Commission to engage in or coordinate plans for interagency case management for certain recipients of financial assistance and for persons needing multi-agency services, to address HIV and hepatitis prevention, to provide joint training to caseworkers from different agencies if they work with children, and to ensure that state agencies coordinate planning efforts with regional planning groups. During the 76th Legislature SB 374 was passed to restructure the delivery of long-term care through consolidating certain programs from the Texas Rehabilitation Commission, Texas Department of Health and Department of Human Services into a new state agency, the Department of Aging and Disability Services in 2003.

Health and human service agencies are also working together to coordinate respite services. Funding for services is minimal and some waiver programs are not available statewide. Eligibility requirements are also often restrictive. Interagency coordination included a legislative appropriation request for additional funding for respite and other family support services across agencies. As part of the interagency efforts underway, a workgroup is addressing transition services. A revised memorandum of understanding between state agencies focused on transition of children across health and human services and education programs has been proposed.

Environmental Factors and State Trends¹

Economic Issues

According to the U.S. Department of Commerce, the employment rate for people 21-64 without a disability is about 82 percent while only 26 percent of people with severe disabilities ages 21-64 are employed. As a result, people with disabilities are much more likely to be impoverished and in need of public assistance to pay for basic needs such as health care and housing. In Texas, employment for people with developmental disabilities continues to be an issue.

Presently, Texas has the most restrictive possible income standard allowable under federal Supplemental Security Income (SSI) law. An applicant must receive income not greater than 77 percent of the federal poverty level and have fewer than \$2,000 in assets in order to qualify. In 1998, about 295,000 Texans with disabilities 0-64 qualified for Medicaid through the federally mandated Supplemental Security Income (SSI), representing about 12 percent of the total Medicaid eligible population. Today, that figure has surpassed 300,000 and continues to climb.

Healthcare remains an issue for many who are employed. Approximately one million Texans with severe disabilities do not qualify for Medicaid, because they or a family member exceed income requirements and may not have sufficient private healthcare coverage. Texas has structured its Medicaid program in a restrictive manner compared to other states, and has one of the lowest rates of eligibility determinations and SSI & Social Security Disability Insurance (SSDI) nationally. As stated above, an applicant may not earn over 77 percent of the Federal poverty level nor have more than \$2,000 in assets to qualify. Thus many people whose disability might qualify them for public health insurance must choose either adequate healthcare or career ambitions. Some children with disabilities are eligible for healthcare supports despite their family's income exceeding Supplemental Security Income and Medicaid limits. The 77th Legislature passed several bills addressing: (1) insurance/healthcare needs including measures to study a buy-in option for the state child health plan; (2) a medical assistance buy-in pilot program for certain persons with disabilities; and (3) it established a task force to eliminate health care access disparities in Texas.

Socio-Demographic Issues

Major challenges for Texas health and human service agencies include the great geographic and demographic variance across the state as well as an increasing population. In addition to being large, Texas is a very diverse state. The regions of the state vary dramatically on the basis of climate, geography, demographics, culture, and socio-economic characteristics.

Over 50 percent of the growth during the next decade will occur in two health and human service regions, the Dallas/Ft. Worth Metroplex and Houston and its surrounding counties. Rural areas of East and West Texas have populations that are older than the state population as a whole and have much lower rates of population increase. These parts of the state are also predominately Anglo as compared to the rest of the state. They also have higher rates of poverty, but slightly better insurance coverage. The middle Gulf Coast and Central areas of the state most closely mirror state averages in various indicators.

If current demographic and socio-economic trends remain constant, health and human service agencies will experience an increased demand for services.

Political Issues

Community services for people with disabilities and their families remain out of reach for many Texans. The Home and Community Services (HCS) waiver at the Texas Department of Mental Health and Mental Retardation presently has a waiting list of more than 12,000. The Community Based Alternatives (CBA) waiver at the Texas Department of Human Services has a waiting list of more than 26,000. Despite the

¹ p. 15, The State of The States in Developmental Disabilities; David Braddock, 1999.

need for personal attendants, respite, and other community-based services that these and other waivers offer, there are a number of reasons why large numbers remain unserved. Texas continues to have a strong institutional bias in its delivery of health and human services. The nursing home industry and constituencies of state schools and hospitals wield considerable influence at the legislature. Many of the state institutions are in rural areas where they are large employers in those communities. Coupled with these competing interests, there is an underlying problem of limited funding. Compared to the per capita spending in other states, Texas historically has not allocated substantial dollars to the health and human services sector.

Unfortunately, the State Comptroller has already indicated that the state may be facing a \$5 billion deficit come next session due to increased funding the Legislature committed to for 2002-2003. Texas' ability to maintain health and human services in the near term (much less make progress) depends on strengthening state government's revenue-generating capacity to match the needs of the growing population.

Community-Based vs. Facility-Based Services

Since the 1970's, many states have vigorously pursued deinstitutionalization. These states reduced their reliance on institutional facilities and developed community residential settings including group homes, foster care, and supported living placements. Between 1993-1998, the total number of recipients receiving residential services in the U.S. increased 15 percent, from 362,440 to 416,717. Underlying this expansion, the number of people living in settings for six or fewer people expanded by 60 percent, a dramatic increase. In contrast, residents in the nation's public and private institutional facilities for 16 or more person declined by 21 percent. However, in the same period in Texas, at least 40 percent of all persons living in out-of-home residential placements were in institutional facilities for 16 or more persons.

Ten states have given up all utilization of the public institutional model. They are Alaska, District of Columbia, Hawaii, Maine, Minnesota, New Hampshire, New Mexico, Rhode Island, Vermont, and West Virginia. The transformation of services from an institution-dominated system to a community living approach is clearly reflected in the financing of community-based services nationally. In 1998, total community services spending accounted for 72 percent of the nation's total MR/DD expenditure.

Texas ranks tenth in the nation in percentage of total people in institutions. Eleven state schools and two state centers provide residential services, and many people with developmental disabilities reside in nursing homes. While Texas spends only an average of \$79,355 annually per institutionalized person (the national average is \$107,536 rendering Texas 37th out of 43 states), this is a relatively large financial commitment to institutional settings which concerns community services advocates. In 1999, 68 percent of Texas Department of Mental Health/Mental Retardation funds were allocated for campus-based services. In smaller residential settings (1-6 people), Texas ranks 46th. Between 1995 and 2000, the nation decreased institutional populations by 21 percent, but Texas' institutional population only declined by 1 percent.

In 1981, Texas first authorized its Home and Community Based Services Medicaid Waiver (1915 part c), developed by the federal government (with matching funds from participating states) to provide home- and community-based long-term care services. The federal objective of the HCBS Waiver was to encourage states to provide community-based rather than institutional-based care.

To the extent they are available, Texas' waiver services which support community services and opportunities are of value. However, they are not available in all areas of the state, and when they are available, there are long waiting lists. Texas is 39th in the nation regarding size of waiting lists. In addition, due to capacity considerations, the services available are not always as community-integrated as advocates would like. The recent Legislature increased funding for waiver services but waiting lists will continue to exist for all existing programs.

Assistive technology is frequently not viewed as an allowable service. However, HHSC, Rider 55, passed in the 77th Legislature, authorizes the Health and Human Services Commissioner to provide grants to entities qualified to receive the Telecommunications Infrastructure Funding. The grants are given for researching, developing, or implementing innovative technologies and telecommunications infrastructure specifically for use by persons with disabilities.

Waiting Lists for Developmental Disability Services by Program as of June 2001:

Community Based Alternatives Waiver CBA is designed for people of all ages who have disabilities.	26,000
Community Living Assistance and Support Services Waiver CLASS provides home and community based services to children and adults with "related conditions," not including mental retardation.	6,102
Deaf/Blind/Multiple Disability Waiver DBMD is designed to meet needs of people with multiple disabilities and who are deaf and blind. Waiver participants receive residential services or services in the community.	83
Medically Dependent Children Program Waiver MDCP provides nursing and respite services to children in their homes in lieu of placement in a nursing facility.	1,922
Home and Community Based Services Waiver HCS provides individualized services to people with mental retardation or related conditions who require specialized services and reside or have resided in nursing homes. Services support individuals who return to home and community settings.	12,000
Mental Health Services (TDMHMR)	5375
Mental Retardation Services (TDMHMR)	18,833
In Home and Family Support Services	7,106

Neither **Housing** nor **Supportive Employment** has consolidated waiting lists. However, people are waiting for these services. These waiting lists (including some listed above) do not indicate whether or not the individuals waiting have developmental disabilities.

The 77th Legislature authorized the Health and Human Services Commission (HHSC) to consolidate five of the existing HCBS (1915 part c) waivers into a pilot program. The five waivers are CBA, HCS, CLASS, DBMD, and MDCP. The legislature also required HHSC to examine the cost effectiveness and feasibility of providing HCS/MRLA consumers services in five-bed residences at the current per-consumer level of need rate.

The Olmstead Decision and its Impact in Texas

Subsequent to the Supreme Court Olmstead case ruling, Executive Order GWB 99-2 directed the Health and Human Services Commission to enlist the participation of consumers, advocates, providers, and agency representatives in a comprehensive review of all services and support systems available to persons with disabilities. The Promoting Independence Advisory Board developed recommendations for the

state's move towards a system of services and supports that would foster independence and provide meaningful opportunities for people with disabilities in their communities.

Health and Human Service agencies' six-year strategic plans included activities and funding necessary to expand opportunities for community-based services. Some agencies trained staff on person- and family-centered planning approaches and identification of appropriate community-based alternatives for individuals residing in institutions. An appointed task force will address the implementation of the Advisory Board's recommendations.

In addition, the 77th Legislature provided funding for increased HCBS waiver slots with nearly two-thirds of the slots allocated for people leaving institutions. Nevertheless, many will remain on lengthy waiting lists. Another bill passed addressed identification of nursing home residents with mental illness or mental retardation who are appropriate for community-based services. Other bills passed included appropriate care settings and voucher programs for transitional living assistance for people with disabilities, and permanency planning and development of a system of family based alternatives for institutionalized children. The Council also has awarded a grant to assist in the development of family-based alternatives for institutionalized children in Texas.

Interagency Initiatives

In summer and early fall of 1999, the Health and Human Services Commission (HHSC), with local Councils of Government and local United Way organizations, conducted a series of 21 public forums across the state to obtain local input to the strategic planning process. The most frequently identified issues were incorporated into a set of priorities for the Commission and other health and human service agencies. In May-August of 2001, the forums were repeated with similar results. Each health and human service agency addressed applicable strategic priorities in their agency strategic plans.

The significant issues identified at the community level requiring interagency planning and coordination include:

(1) community-based transportation services; (2) availability of information about services and continued development of a statewide information and referral network; (3) coordination of eligibility process for state health and human services and supports; (4) implementation of health insurance initiatives for children; (5) improved coordination of community initiatives focused on children; and (6) the expansion of supported employment opportunities for people with developmental disabilities.

The Council continues to work on transportation and supported employment through grants, and has provided support for the statewide I&R network and children's health insurance initiatives. The Council also participates, with funds and staff activity, in the Texas Integrated Funding Initiative, which blends funding from health and human service agencies to develop systems of care in local communities for children with severe emotional disturbances and their families. Seven other state agencies and public representatives serve on this state-level consortium, which has been mandated to increase the use of systems of care in communities in Texas. This has been combined with the efforts of the Community Resource Coordination Groups (CRCG) of Texas to further interagency collaboration.

SECTION III

The Texas Council for Developmental Disabilities

Mission Statement

The mission of the Texas Council for Developmental Disabilities is to create change so that all people are fully included in their communities and exercise control over their own lives.

Council Background

The Texas Council for Developmental Disabilities (TCDD) is composed of 29 members. It includes individuals with developmental disabilities, immediate relatives or guardians of individuals with developmental disabilities, representatives of the principal state agencies that provide services to people with developmental disabilities, the state's protection and advocacy system, the university Center in the state, and local and non-governmental agencies and private nonprofit groups concerned with services to individuals with developmental disabilities.

Provisions of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (P.L. 106-402) require that at least 60 percent of the Council membership consist of individuals with developmental disabilities, their immediate family members or guardians. Of that 60 percent, one-third must be individuals with developmental disabilities. At least one Council member must be an individual previously or currently institutionalized or an immediate relative or guardian of a formerly or currently institutionalized individual with a developmental disability.

The Governor appoints non-state agency members who represent the state's geographic, race and ethnic diversity for staggered six-year terms. Each agency's chief executive officer designates that agency's representative. The Governor designates a member of the Council to serve as the presiding officer. Representatives of state agencies are not eligible to serve as Council chair or vice-chair.

The Governor designates an agency to provide fiscal and administrative support for the Council. The Texas Education Agency has provided these supports as the Council's "designated state agency" since 2004.

Role of the Texas Council for Developmental Disabilities

The Council is responsible for establishing the policy framework through which the agency carries out its statutory responsibilities. The staff of the Council receives direction from the Council through the Executive Director. Specifically, the Council:

- Adopts administrative rules that guide the staff in administering Council activities and projects;
- Approves the state plan and state plan amendments;
- Approves requests for appropriations;
- Approves an operating budget;
- Approves public policy position statements of the Council;
- Approves grants and contracts;
- Oversees operations of the Council for integrity, effectiveness and efficiency;
- Acts as a final board of appeals for actions of the Council and staff;
- Approves personnel policies for Council staff;

- Selects the executive director;
- Approves staff positions; and
- Provides input to the chair for the annual performance appraisal of the executive director.

Role of Designated State Agency

The Developmental Disabilities Act provides for each state to designate an agency to provide fiscal and administrative support to the state's developmental disabilities council. In Texas, state law confers this responsibility to the Governor. The Texas Education Agency (TEA) has served as the "designated state agency" for the Texas Council for Developmental Disabilities since 1983. In that capacity, TRC is responsible to:

1. Receive, account for, and disburse funds on behalf of the Council;
2. Provide required assurances for the TCDD State Plan and ensure that State Plan is consistent with state law;
3. Provide or assist the TCDD in securing the non-federal share of the cost of projects as required by federal law; and
4. Provide other administrative services as specified, requested by, and negotiated with the Council. Those administrative services currently include:
 - Financial, budgeting, and accounting services,
 - Human resources services,
 - Computer and automation support,
 - Purchasing and procurement services,
 - Telecommunication services,
 - Mail services, and
 - Facilities management services.

Members of Texas Council for Developmental Disabilities

August 15, 2005

FEDERAL STATUTORY MEMBERS			
A. CONSUMERS			
DD ACT MEMBERSHIP REQUIREMENTS	MEMBER NAME	DATE APPOINTED	APPOINTMENT EXPIRES
1) "Individuals with DD"	Raul Acosta	2000	2005
	Susan Berkley	2002	2007
	Cynthia Johnston	2002	2007
	Diana Kern	2002	2009
	Amy Ley	1997	2009
	John Morris	2001	2007
	Joe Rivas	2002	2005
2) "Parents or Guardians of Individuals with DD or Immediate Relative or Guardian of an Individual with a Mental Impairing DD"	Kristine Bissmeyer	2002	2005
	Brenda Coleman-Beattie	2002	2007
	Mary Durham	2000	2005
	Marcia Dwyer	2001	2005
	Theda Hoyt	1996	2001
	Vickie Mitchell	1997	2009
	Jan R. Newsom	2002	2007
	Dana Perry	2002	2009
	Ed Rankin	2002	2007
	Melonie Smith Castor	2002	2009
	Richard Tisch	2001	2009
	Raul Trevino, Jr.	2001	2009
3) "Representative of Individuals in Institutions"	Raul Acosta	2000	2005

B. PRINCIPAL STATE AGENCIES⁽¹⁾				
DD ACT MEMBERSHIP REQUIREMENTS	MEMBER NAME	DATE APPOINTED	APPOINTMENT EXPIRES	STATE AGENCY
1) Rehabilitation Act of 1973	Larry Lottmann	NA	(1)	DARS
2) Individuals with Disabilities Education Act	Kathy Clayton	N/A	(1)	TEA
3) Older Americans Act	Karl Urban	N/A	(1)	DADS
4) Title V of the Social Security Act	Lesla Walker	N/A	(1)	DSHS
5) Title XIX of the Social Security Act	Trey Berndt	N/A	(1)	THHSC
6) Other	Catherine Gorham	N/A	(1)	TWC
7) Other	Michael Lyttle	N/A	(1)	TDHCA
8) Other	Regina Patridge	N/A	(1)	DFPS

	MEMBER NAME	DATE APPOINTED	APPOINTMENT EXPIRES
C. CENTERS			
UT Austin Center for Disability Studies	Penny Seay	N/A	(1)
D. STATE PROTECTION AND ADVOCACY			
Advocacy, Inc.	Mary Faithfull	N/A	(1)
E. LOCAL AGENCIES AND NON-GOVERNMENTAL AND PRIVATE NON-PROFIT AGENCIES			
	Susan Vardell	2002	2007

⁽¹⁾ Agency representatives are designated by each agency chief.

Abbreviation Key:

AI Advocacy, Incorporated (Protection & Advocacy Agency)

CDS Center for Disability Studies

DD Developmental Disabilities

DADS Department of Aging and Disability Services

DARS Department of Assistive and Rehabilitative Services

DFPS Department of Family and Protective Services

DSHS Department of State Health Services

TDHCA Texas Department of Housing and Community Affairs

TEA Texas Education Agency

THHSC Texas Health and Human Services Commission

TWC Texas Workforce Commission

UT-Austin University of Texas at Austin

For information on how to be appointed as a Council member, contact:

Texas Council for Developmental Disabilities 6201 E. Oltorf, Suite 600 Austin, TX 78741	http://www.txddc.state.tx.us/ Telephone: 512/437-5432 Toll Free: 800/262-0334 TDD: 512/437-5431
Appointments Staff Office of the Governor P.O. Box 12428 Austin, TX 78711	http://www.governor.state.tx.us/appointments/index.htm Telephone: 512/463-1828

SECTION IV

TCDD State Plan, Fiscal Years 2002-2006

Public Input Process

Input was gathered from three public forums by HHSC, the State Independent Living Council and the Families are Valued Project prior to completing a State Plan for 2001-2003. Additional input was received from Texas Partners graduates, participants at meetings of the Disability Policy Consortium, and ongoing input from various sources including the Council web site. Significant issues were identified from these activities and addressed in the State Plan.

The significant issues identified were:

1. **Community-based transportation services.** In rural and urban areas, lack of transportation is an important barrier to services. There does not appear to be one problem in all areas of the state; rather, there appear to be a myriad of problems requiring local solutions.
2. **Availability of information about services.** Texas is continuing development of the statewide **Information and Referral** Network. During the local planning forums, communities indicated that I&R services were not available, were inadequate, or were not widely known. There was considerable interest in and support for the development of a single number system, such as dialing 211 for I&R services. In July 2000, the Federal Communications Commission assigned the 211 dialing code for use by community I&R organizations. In April 2001, the Texas Public Utility Commission adopted rules to establish the 211 dialing codes. Plans are underway to set up the 211 system across Texas.
3. **Eligibility and enrollment processes across agencies.** Eligibility for state health and human services is confusing and restrictive. The process is especially difficult for individuals seeking services that require multiple applications in multiple locations.
4. **Health insurance for children.** Approximately 1.5 million children in Texas have no health insurance.
5. **Coordination of children's special initiatives at the community level.** Texas, like most states, faces the dilemma of how to effectively deliver services and supports to children and families whose needs encompass many systems.
6. **Availability of supported employment opportunities.** At this time, there are no reliable estimates of the number of Texans requiring supported employment. Consumer advocates support increased opportunities for community-integrated employment.

The Council requested public comment on the draft State Plan for FY 2001-2003. Most responses supported the proposed plan as written. Sixty-five percent agreed with target areas, objectives, and strategies. The 2002-2006 State Plan was developed from the previous plan and from input received since its submittal. This included input on related policy issues to the Texas Legislature by the public during the 2001 state session. The Council anticipates further revisions to the plan in subsequent years and will solicit public comment at that time.

The State Plan will be monitored, evaluated, and reviewed at Council meetings on a quarterly basis. Public input will be obtained through public meetings, forums, and surveys and addressed through amendments as necessary.

The Council is participating in activities to gather information from people with developmental disabilities in two different geographical regions of the state regarding their quality of life (most receive services from the state and some may not). In addition, the Council is currently working to develop evaluation methodology that will assist in better measuring the outcomes of Council activities and grants. The information gained from these activities will be used in the review and evaluation of the State Plan.

Areas of Emphasis

The State Plan developed by the Texas Council for Developmental Disabilities includes activities that address the majority of the Federal Areas of Emphasis.

“Quality Assurance” includes the bulk of the State Plan's objectives and reflects the Council's commitment to supporting self-advocacy training and efforts as well as activities that encourage coalition building and cooperation between advocates and state agencies. In order for positive change to occur, it is necessary for consumer voices to be heard and for providers to work effectively towards common goals that are based on that input. The heavy emphasis on quality assurance activities focuses efforts on creating systemic change that will better reflect and serve the needs of those consumers. Many of the goals previously identified as addressing self-determination are included in quality assurance.

“Education and Early Intervention,” “Transportation,” “Housing,” and “Employment-Related” were chosen because these supports are necessary to achieve and maintain community integration for people with transportation, and employment opportunities will increase. Education and early intervention enhance an individual's quality of life and increase one's potential for future success. Earning wages from a job one enjoys increases one's choices and decisions in all areas of life. Affordable, accessible, and integrated housing and adequate transportation are essential for achieving and maintaining and successful community integration. However, neither exists in appropriate quantity or quality in Texas at this time. All of these issues have been identified as primary concerns by people with developmental disabilities living in Texas. Projects in these areas focus primarily on increasing capacity and providing demonstration models for others to apply.

“Child Care-Related” was added in the 2003 amendments made to the State Plan to address an identified need for inclusive child care. Child-care activities, as defined in the DD Act, include advocacy, capacity building, and systemic change activities that result in families of children with developmental disabilities having access to and use of child-care services, including before-school, after-school, and out-of-school services in their communities.

“Health-Related” addresses the ongoing need to improve physical and mental healthcare, particularly for children. Inadequate or uninformed care in these areas has been shown to result sometimes in inappropriate institutionalization or exclusion from community activities. In addition, Texas has the nation's second highest rate of uninsured children (1.4 million out of the nearly 11 million uninsured children nationwide), most of whom receive inadequate healthcare.

“Recreation-Related” was chosen in response to input from the community, primarily through the Council's new initiatives request for proposals. Recreation-related activities further the Council's intent to encourage and support full inclusion in all aspects of life.

“Formal and Informal Community Supports” and “Cross-Cutting Measures” include support of local advocacy efforts as well as those activities of Council staff that are necessary to support the Council itself.

Goals and Objectives

As Amended August 2005

Area of Emphasis: Quality Assurance Activities

Goal 1: People with developmental disabilities and their families fully participate in the development of public policy.

Objective 1.1: Support leadership and advocacy training for people with disabilities and their families at the local level in at least 5 regions of the state each year of the Plan.

Community Leadership Project

Projected Funding: Federal \$675,000 Non-Federal \$225,000

Grantee: *The Enterprise Foundation (Years 1, 2 and 3)*

Academia de Lidarazgo para Familias

Projected Funding: Federal \$225,000 Non-Federal \$75,000

Grantee: *El Paso Rehabilitation Center (Years 1, 2, 3 and 4)*

Consumer Stipends

Projected Funding: Federal \$375,000 Non-Federal \$125,000

Grantee: *Eligible Organizations as They Apply*

Objective 1.2: Support at least one leadership and advocacy training for people with disabilities and their families at the state level each year of the Plan.

Partners in Policymaking Training Project

Projected Funding: Federal \$1,925,000 Non-Federal \$642,000

Grantee: *Family to Family Network, Inc. (Years 1, 2, 3, 4 and 5)*

Enhanced Leadership, Advocacy & Empowerment Seminar

Projected Funding: Federal \$150,000 Non-Federal: \$50,000

Grantee: *Mental Health Mental Retardation of Tarrant County (Year 2)*

Objective 1.3: At least three out of five years, support at least one training that focuses on advocacy, leadership skills, and career development for youth who have developmental disabilities.

Youth Leadership Project

Projected Funding: Federal \$300,000 Non-Federal \$100,000

Grantee: *Children's Association for Maximum Potential (Years 3, 4 and 5)*

Youth Leadership and Advocacy Projects (Four Projects)

Projected Funding: Federal \$325,000 Non-Federal \$81,250

Grantees: *To be determined (Year 5)*

Objective 1.4: Support at least one leadership and advocacy training developed and implemented for and by individuals with developmental disabilities for each year of the Plan.

Leadership Academy

Projected Funding: Federal \$75,000 Non-Federal \$27,000

Grantee: Texas Advocates (Years 1, 2 and 3)

Peer-to-Peer-Self Advocacy Training (Five Projects)

Projected Funding: Federal \$1,000,000 Non-Federal \$333,000

Grantees: Sabine Valley MHMR (Years 4 and 5)

Texas Advocates (3 projects) (Years 4 and 5)

El Paso Rehabilitation Center (Years 4 and 5)

Training Effective Board Members

Projected Funding: Federal \$150,000 Non-Federal \$36,000

Grantee: National Alliance for the Mentally Ill of Texas (Years 1, 2 and 3)

Objective 1.5: Provide funding each year of the Plan for people with disabilities or family members of people with disabilities who are members of health and human service advisory boards to allow them to be able to attend meetings.

Support for Members of State Advisory Boards

Projected Funding: Federal \$50,000 Non-Federal \$17,000

Goal 2: People with developmental disabilities have the individualized services, supports, opportunities, and protections that enable them to live in the setting of their choice.

Objective 2.1: Through collaboration with state agencies and families, develop and support local demonstration models of community-based and family-centered systems of care for children with severe emotional disturbances and their families and utilize the experience gained to bring forth policy recommendations on an ongoing basis for all five years of the Plan.

Texas Integrated Funding Initiative

Projected Funding: Federal \$140,000 Non-Federal \$47,000

Grantee: Health and Human Services Commission (Years 1 and 2)

Objective 2.2: Increase the number of individuals with disabilities currently residing in nursing homes, state schools, and ICF-MR programs who are recommended for community placement and who move to community living settings in at least two communities in Texas by September 30, 2006.

Texas Community Integration Project

Projected Funding: Federal \$1,350,000 Non-Federal \$450,000

Grantee: Advocacy, Inc. (Years 1, 2, 3, 4 and 5)

Objective 2.3: Develop and implement a model for a statewide system of family-based alternatives for children with developmental disabilities who are currently living in institutions or who are in danger of being placed in an institution by September 30, 2006.

Family-Based Alternatives

Projected Funding: Federal \$153,000 Non-Federal \$50,000

Grantee: EveryChild, Inc. (Year 1, 3, 4 and 5)

Objective 2.4: Collaborate with other agencies and organizations on an ongoing basis to develop and promote concrete policy alternatives and best practices to ensure that needed services and supports are available by using state dollars creatively and effectively.

Administrative Support for the Disability Policy Consortium

Projected Funding: Federal \$1,000,000 Non-Federal \$100,000

Grantees: Advocacy, Inc. (Years 1, 2 and 3)

United Cerebral Palsy (Years 4 and 5)

Community Based Services and Support Wavier Expansion

Projected Funding: Federal \$325,000 Non-Federal \$81,500

Grantee: Texas Department of Aging and Disability Services (Year 5)

Objective 2.5: Gather information on characteristics and trends in service delivery and supports for individuals with disabilities and develop evaluation indicators and methodologies to promote quality services and supports as determined by consumers and advocates.

Research and Evaluation Project

Projected Funding: Federal \$375,000 Non-Federal \$126,000

Grantee: Human Services Research Institute (Years 1 and 2)

Autism and Pervasive Developmental Disorders Service

Delivery Innovations Research Project

Projected Funding: Federal \$100,000 Non-Federal \$25,000

Grantee: The Council for Autism and Pervasive Developmental Disorders (Year 5)

Objective 2.6: Establish and/or expand a program to integrate education on abuse, neglect and exploitation of people with disabilities (including the direct face to face education of persons with disabilities on personal safety) in existing family violence programs by September 30, 2006.

Domestic Violence and Sexual Assault Prevention Project

Projected Funding: Federal \$150,000 Non-Federal \$48,000

Grantee: Travis County Domestic Violence and Sexual Assault Survival Center (Years 1, 2, 3 and 4)

Objective 2.7: Develop or expand at least 5 new local guardianship programs and/or programs that prevent inappropriate guardianship, such as money management programs by September 30, 2006.

Request For Ideas: Exploration of Guardianship Issues

Projected Funding: To Be Determined

Grantee: To be determined (Years 4 and 5)

Objective 2.8: Provide information, training, and technical assistance related to Self-Determination to promote and demonstrate the concepts and benefits by September 30, 2006.

Self-Determination Project

Projected Funding: Federal \$720,000 Non-Federal \$240,000

Grantee: Imagine Enterprises (Years 4 and 5)

Area of Emphasis: Education and Early Intervention Activities

Goal 3: Students with developmental disabilities are appropriately and fully included throughout their education.

Objective 3.1: Establish and/or expand a program to provide training, information, and support to parents of children with developmental disabilities about successful strategies for working with school systems by September 30, 2006.

Connections – Creating a Positive School Culture by Uniting Families and Schools

Projected Funding: Federal \$150,000 Non-Federal \$39,000

Grantee: Family to Family Network, Inc. (Years 1, 2 and 3)

Objective 3.2: Demonstrate best and promising practices in school-to-work transition for students with developmental disabilities in at least five different locations around the state by September 30, 2006.

School-to-Work Transition Project(s)

Projected Funding: Federal \$1,125,000 Non-Federal \$375,000

Grantees: Arc of the Gulf Coast (Years 1, 2 and 3)

Dallas Metrocare Services (Years 2, 3 and 4)

Richardson Independent School District (Years 1, 2 and 3)

Texoma Council of Governments (Years 1, 2 and 3)

Texana Mental Health/Mental Retardation Center (Years 1, 2 and 3)

Objective 3.3: Demonstrate best practices in providing transition services for children moving from an early childhood intervention program to a preschool program by September 30, 2006.

Three to Five Transition Project

Projected Funding: Federal \$150,000 Non-Federal \$51,000

Grantee: Special Care and Career Services (Years 1, 2 and 3)

Objective 3.4: Develop and distribute a motivational and informative video encouraging youth with disabilities and their families to consider and plan for post-secondary education.

Higher Education Video

Projected Funding: Federal \$150,000 Non-Federal \$50,000

Grantee: AMS Production Group (Years 1 and 2)

Goal 4: Teachers competently adapt public school curriculum to ensure that students with developmental disabilities are appropriately and fully included throughout their education.

Objective 4.1: Establish a program to demonstrate best practices concerning inclusion in public education for students with developmental disabilities by September 30, 2006.

Middle School Inclusion Project

Projected Funding: Federal \$900,000 Non-Federal \$368,000

Grantee: *LR Consulting (Years 1, 2, 3 and 4)*

Objective 4.2: Provide support for training through statewide conferences and/or Web based media regarding best practices and current issues in inclusive education for three out of five years by September 30, 2006.

Inclusion Conference

Proposed Funding: Federal \$450,000 Non-Federal \$150,000

Grantee: *The Arc of Texas (Years 1, 2 and 3)*

Objective 4.3: Demonstrate at least one educational model in which teachers, administrators, and post-secondary instructors (including deans) receive training during pre-service and continuing education that will enable teachers to appropriately and fully include students with developmental disabilities by September 30, 2006.

Teacher Preparation for Inclusive Education

Proposed Funding: \$200,000 Non-Federal \$50,000

Grantee: *To be determined (Year 5)*

Area of Emphasis: Child-Care Related Activities

Goal 5: Families of children who have disabilities are able to access inclusive child care in their communities.

Objective 5.1: Expand the Statewide Resource and Referral System to assist families of children with special needs, child care providers, and their communities to develop, sustain, and utilize completely inclusive child care facilities by September 30, 2006.

Inclusive Child Care Project

Projected Funding: Federal \$125,000 Non-Federal \$31,000

Grantee: *Texas Association of Child Care Resource and Referral Agencies (Years 1 and 2)*

Area of Emphasis: Health-Care Related Activities

Goal 6: People with developmental disabilities have access to appropriate health-care and wellness programs, including community recreational facilities and programs.

Objective 6.1: Develop a program to train health-care and wellness providers on issues concerning best practices in delivery of long term care to people with chronic illness or disabilities and their families by September 30, 2006.

Project DOCC

Projected Funding: Federal \$975,000 Non-Federal \$169,000

Grantees: *Driscoll Children's Hospital (Years 1, 2, 3, and 4)*

Project DOCC, Inc. (Years 1, 2, 3, 4 and 5)

Children's Association for Maximum Potential (Years 1, 2, 3, 4 and 5)

Medical Education Program (Years 3, 4 and 5)

Projected Funding: Federal \$150,000 Non-Federal \$37,500

Grantee: *Texas Parent to Parent*

Objective 6.2: Develop and/or improve at least one community-based, consumer-driven, wellness program that enables people with developmental disabilities to improve and maintain physical and/or psychological health by September 30, 2006.

Healthy Relationships

Projected Funding: Federal \$125,000 Non-Federal \$31,250

Grantee: *To Be Determined (Year 5)*

Area of Emphasis: Employment-Related Activities

Goal 7: People with developmental disabilities have different employment models from which to choose.

Objective 7.1: Promote local level policy and practice that will increase the number of people with developmental disabilities in integrated work settings on an ongoing basis.

Supported Employment Project

Projected Funding: Federal \$250,000 Non-Federal \$373,134

Grantee: *Imagine Enterprises, Inc. (Years 2 and 3)*

Objective 7.2: Support the identification of best and promising practices in self-employment for individuals with developmental disabilities and determine appropriate demonstration activities by September 30, 2006.

Self-Employment Projects (Three Projects)

Projected Funding: Federal \$375,000 Non-Federal \$93,250

Grantees: *To Be Determined (Year 5)*

Objective 7.3: Support a local initiative combining supported employment and supported living services with efforts to strengthen existing self-advocacy groups and provide quality education on best practices by September 30, 2006.

Texas Employment Project

Projected Funding: Federal \$150,000 Non-Federal \$48,000

Grantee: *Imagine Enterprises, Inc. (Years 1, 2, and 3)*

Objective 7.4: Develop a one-stop center to demonstrate effective practices for providing inclusive employment services for people with developmental disabilities by September 30, 2006.

Inclusive Workforce Center Project

Projected Funding: To Be Determined

Objective 7.5: Support at least one field-driven innovative initiative developed by individuals and organizations having expertise in employment, including employers, advocates, and individuals with disabilities, by September 30, 2006.

Field Initiated Employment Projects (*Three Projects*)
Projected Funding: Federal \$375,000 Non-Federal \$93,250
Grantees: To be determined (Year 5)

Area of Emphasis: Housing

Goal 8: People with developmental disabilities have access to accessible, affordable, integrated housing.

Objective 8.1: Increase the number of affordable, accessible, community integrated housing units in Texas by increasing the number of community housing collaboratives focused on issues and concerns of people with developmental disabilities by September 30, 2006.

Consumer Controlled Housing Initiative

Projected Funding: Federal \$250,000 Non-Federal \$120,000
Grantee: The Enterprise Foundation (Years 1 and 2)

Objective 8.2: Support, develop and expand mortgage lending opportunities and individual support activities that enable people with developmental disabilities to own homes by September 30, 2006.

Home of Your Own Project

Projected Funding: Federal \$370,000 Non-Federal \$136,000
Grantee: United Cerebral Palsy of Texas (Years 1 and 2)

Objective 8.3: Provide training and technical assistance to housing providers in Texas to increase integrated housing for people with disabilities by September 30, 2006.

Public Housing

Projected Funding: Federal \$225,000 Non-Federal \$75,000
Grantee: Coalition of Texans with Disabilities (Years 2, 3 and 4)

Objective 8.4: Develop or improve a program to educate builders and architects on the advantages of building new homes to meet visitability and/or accessibility standards and promote the establishment of visitability as a part of the standard building code across Texas by September 30, 2006.

Accessible New Housing Project

Projected Funding: Federal \$400,000 Non-Federal \$100,000
Grantee: TIRR/ILRU (Years 4 and 5)

Area of Emphasis: Transportation

Goal 9: People with developmental disabilities have accessible and reliable transportation in their communities.

Objective 9.1: Build and support coalitions of individuals and groups, including non-traditional partners, to influence transportation planning throughout the state on an ongoing basis.

Community Transportation Advocacy Network

Projected Funding: Federal \$300,000 Non-Federal \$100,000

Grantee: Texas Citizen Fund (Years 1, 2 and 3)

Local Transportation and Mobility Initiatives

Projected Funding: Federal \$600,000 Non-Federal \$150,000

Grantee: Texas Citizen Fund (Years 3, 4 and 5)

Objective 9.2: Initiate grass-roots evaluation and development activities in rural areas that already have an established infrastructure by September 30, 2006.

Rural Transportation Development

Projected Funding: Federal \$300,000 Non-Federal \$100,000

Grantee: To Be Determined (Years 4 and 5)

Objective 9.3: Encourage and promote innovative field-initiated activities that address transportation and mobility needs of people with disabilities by September 30, 2006.

Request for Ideas: Transportation and Mobility Related Issues

Projected Funding: Federal \$100,000 Non-Federal \$33,000

Grantee: To Be Determined (Years 4 and 5)

Area of Emphasis: Recreation

Goal 10: People with developmental disabilities can participate in recreational activities of their choice in inclusive environments.

Objective 10.1: Develop and integrate training for scuba divers with disabilities into existing training curriculum by September 30, 2006.

National Scuba Diving Curriculum Research and Development for Inclusion of Divers with Disabilities

Projected Funding: Federal \$150,000 Non-Federal \$50,000

Grantee: The Aquatics Unlimited Foundation (Years 1, 2 and 3)

Objective 10.2: Develop a program to provide information and/or training to university staff and students and community recreation/exercise instructors so that they may better understand and address, in a consumer driven manner, the health and wellness needs of people with disabilities by September 30, 2006.

Inclusive Community Recreation Programs

Projected Funding: To Be Determined

Grantee: To Be Determined (Year 5)

Formal and Informal Community Supports

Goal 11: People with disabilities have access to community-based systems of support and services that increase community participation, integration, and inclusion of people with disabilities.

Objective 11.1: Support cross disability advocacy networks to train, support, and provide information to people with disabilities and their families and to increase awareness of and access to services and supports on an ongoing basis.

Local Advocacy Network Project(s)

Projected Funding: Federal \$1,285,000 Non-Federal \$428,000

Grantees: Accessible Communities, Inc. (Years 1, 2 and 3)

The Arc of Texas (Years 3, 4, and 5)
Boerne Independent School District (Years 3, 4, and 5)
Denton County Federation of Families (Years 3, 4 and 5)
East Texas Center for Independent Living (Years 3, 4 and 5)
Family to Family (Years 3, 4 and 5)
The HALI Project (Years 3, 4 and 5)
Sabine Valley MHMR (Years 4 and 5)
Serving Children and Adolescents in Need (SCAN) (Years 3, 4 and 5)
Texoma Council of Governments (Years 1, 2 and 3)
Texas A&M Research Foundation (Years 2, 3 and 4)

Parent Connection Program

Projected Funding: Federal \$150,000 Non-Federal \$40,000
Grantee: *The Arc of McLennan County (Years 1, 2 and 3)*

Objective 11.2: Demonstrate innovative approaches to recruit and train personal attendants in at least three different communities by September 30, 2006.

Personal Attendants Project

Projected Funding: Federal \$992,000 Non-Federal \$326,750
Grantees: **The Arc of Dallas** (Years 1, 2, 3 and 4)
Austin Travis County MHMR (Years 1, 2, 3, 4 and 5)
Sabine Valley Center (Years 2, 3, 4 and 5)
San Antonio Independent Living Services & San Antonio Area Disability Advocates (Years 1, 2, 3, and 4)

Objective 11.3: Increase the availability of high quality and accessible services for positive and appropriate behavioral or psychiatric support for individuals with developmental disabilities living in the community by September 30, 2006.

Positive Behavior Support Projects (Years 3, 4 and 5)

Projected Funding: Federal \$1,500,000 Non-Federal \$385,000
Grantees: Region 17 Education Service Center
Texas Association of ChildCare Resource and Referral Agencies
Texana MHMR

Goal 12: Promote and support best and promising practices in service provision for people with developmental disabilities.

Objective 12.1: Provide funding and technical assistance for three statewide conferences on best and promising practices in services and supports for people with disabilities by September 30, 2006.

Best Practices Conference Project

Projected Funding: Federal \$575,000 Non-Federal \$200,000
Grantee: *Enterprise Foundation (Years 1, 2 and 3)*

Objective 12.2: Develop and establish a special needs master trust for individuals with developmental disabilities by September 30, 2006.

Special Needs Trust Fund

Projected Funding: Federal \$9,000 Non-Federal \$41,000
Grantee: *The Arc of Texas (Year 1)*

Objective 12.3: Provide opportunities each year for funding of innovative field-initiated activities that support the Texas Council for Developmental Disabilities' State Plan.

Requests for New Initiatives (Years 1, 2, and 3)

Projected Funding: Federal \$1,250,000 Non-Federal \$417,000

Funded Projects and Grantees:

Accessibility Internet Rally

Knowbility, Inc. (Years 2, 3 and 4)

Arts-Based Learning

VSA Arts of Texas (Years 2, 3, 4 and 5)

Mount Everest Video

Coalition of Texans with Disabilities

Cross-Cutting Measures

Goal 13: Identify, develop, and maintain approaches necessary to promote public awareness about issues related to individuals with developmental disabilities.

Objective 13.1: Develop and disseminate, as needed, summaries of trends, policy and fiscal issues, characteristics of programs and services, and the effects of these on Texans with developmental disabilities, and offer recommendations to develop more efficient, person directed, services each year of the Plan.

Biennial Disability Report (Years 1, 2, 3 4, and 5)

Projected Funding: Federal \$450,000 Non-Federal \$150,000

Grantees: Coalition of Texans with Disabilities (Years 1 and 2)

Texas Citizen Fund (Years 1 and 2)

UCP Texas (Years 3 and 4)

To Be Determined (Year 5)

Objective 13.2: Develop approaches that increase public awareness about issues and trends concerning individuals with disabilities and their families in Texas by September 30, 2006.

Marketing and Public Awareness Project

Projected Funding: Federal \$262,000 Non-Federal \$371,000

Grantee: *Loomis Agency (Years 3 and 4)*

Objective 13.3: Provide input as appropriate representing the philosophies and positions of the Council on public policy issues affecting people with developmental disabilities, and coordinate various activities to provide information to the public each year of the Plan.

Public Policy and Public Information Activities (Years 1 - 5)

Projected Funding: Federal \$1,077,980 Non-Federal \$73,300

Goal 14: The Council and its Committees receive the training, administrative support, staff services, and information necessary to implement the Council's mission and goals effectively and in accordance with the Council's Guiding Principles.

Objective 14.1: Provide support and coordination for quarterly meetings of the Council and Committees, and leadership and administrative coordination to implement Council approved activities each year of the Plan.

Council Support and Coordination (Years 1 - 5)

Projected Funding: Federal \$1,753,760 Non-Federal \$119,200

Objective 14.2: Coordinate the Council's planning processes, develop and evaluate projects, and provide monitoring and guidance to grant projects each year of the Plan.

Planning and Project Development Activities (Years 1 - 5)

Projected Funding: Federal \$1,085,755 Non-Federal \$73,830

Grants Management Activities (Years 1 - 5)

Projected Funding: Federal \$1,206,270 Non-Federal \$82,000

Objective 14.3: Monitor the Council's internal processes at least twice a year and implement necessary action to ensure that the Council maximizes the value of funded activities, responds to the needs and preferences of Texans with developmental disabilities, and conducts outreach to assure Council activities reflect the state's diversity.

Planning and Project Development Activities (Years 1 - 5)

Projected Funding: See Above

Grants Management Activities (Years 1 - 5)

Projected Funding: See Above

SECTION V

Assurances

Purpose

In order to be approved by the Secretary, this State Plan contains the following assurances.

Assurances

- **USE OF FUNDS [Section 1124(c)(5)(B)(i)-(vi)]**

With respect to the funds paid to the State under section 122, Texas assures that:

- (i) not less than 70 percent of such funds will be expended for activities related to the goals described in paragraph (4);
- (ii) such funds will contribute to the achievement of the purpose of this subtitle in various political subdivisions of the State;
- (iii) such funds will be used to supplement, and not supplant, the non-Federal funds that would otherwise be made available for the purposes for which the funds paid under section 122 are provided;
- (iv) such funds will be used to complement and augment rather than duplicate or replace services for individuals with developmental disabilities and their families who are eligible for Federal assistance under other State programs;
- (v) part of such funds will be made available by the State to public or private entities;
- (vi) at the request of any State, a portion of such funds provided to such State under this subtitle for any fiscal year shall be available to pay up to 1 /2 (or the entire amount if the Council is the designated State agency) of the expenditures found to be necessary by the Secretary for the proper and efficient exercise of the functions of the designated State agency, except that not more than 5 percent of such funds provided to such State for any fiscal year, or \$50,000, whichever is less, shall be made available for total expenditures for such purpose by the designated State agency; and
- (vii) not more than 20 percent of such funds will be allocated to the designated State agency for service demonstrations by such agency that(1) contribute to the achievement of the purpose of this subtitle; and (11) are explicitly authorized by the Council.

- **STATE FINANCIAL PARTICIPATION [Section 124(c)(5)(C)]**

Texas assures that there will be reasonable State financial participation in the cost of carrying out the plan.

- **CONFLICT OF INTEREST [Section 124(c)(5)(D)]**

Texas assures that no member of such Council will cast a vote on any matter that would provide direct financial benefit to the member or otherwise give the appearance of a conflict of interest.

- **URBAN AND RURAL POVERTY AREAS [Section 124(c)(5)(E)]**

Texas assures that special financial and technical assistance will be given to organizations that provide community services, individualized supports, and other forms of assistance to individuals with developmental disabilities who live in areas designated as urban or rural poverty areas.

- **PROGRAM ACCESSIBILITY STANDARDS [Section 124(c)(5)(F)]**

Texas assures that programs, projects, and activities funded under the plan, and the buildings in which such programs, projects, and activities are operated, will meet standards prescribed by the Secretary in regulations and all applicable Federal and State accessibility standards, including accessibility requirements of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d), and the Fair Housing Act (42 U.S.C. 3601 et seq.).

- **INDIVIDUALIZED SERVICES [Section 124(c)(5)(G)]**

Texas assures that any direct services provided to individuals with developmental disabilities and funded under the plan will be provided in an individualized manner, consistent with the unique strengths, resources, priorities, concerns, abilities, and capabilities of such individual.

- **HUMAN RIGHTS [Section 124(c)(5)(H)]**

Texas assures that the human rights of the individuals with developmental disabilities (especially individuals without familial protection) who are receiving services under programs assisted under this subtitle will be protected consistent with section 109 (relating to rights of individuals with developmental disabilities).

- **MINORITY PARTICIPATION [Section 124(c)(5)(I)]**

Texas assures that the State has taken affirmative steps to assure that participation in programs funded under this subtitle is geographically representative of the State, and reflects the diversity of the State with respect to race and ethnicity.

- **EMPLOYEE PROTECTIONS [Section 124(c)(5)(J)]**

Texas assures that fair and equitable arrangements (as determined by the Secretary after consultation with the Secretary of Labor) will be provided to protect the interests of employees affected by actions taken under the plan to provide community living activities, including arrangements designed to preserve employee rights and benefits and provide training and retraining of such employees where necessary, and arrangements under which maximum efforts will be made to guarantee the employment of such employees.

- **STAFF ASSIGNMENTS [Section 124(c)(5)(K)]**

Texas assures that the staff and other personnel of the Council, while working for the Council, will be responsible solely for assisting the Council in carrying out the duties of the Council under this subtitle and will not be assigned duties by the designated State agency, or any other agency, office, or entity of the State.

- **NON INTERFERENCE [Section 124(c)(5)(L)]**

Texas assures that the designated State agency, and any other agency, office, or entity of the State, will not interfere with the advocacy, capacity building, and systemic change activities, budget, personnel, State Plan development, or plan implementation of the Council, except that the designated State agency shall have the authority necessary to carry out the responsibilities described in section 125(d)(3).

- **STATE QUALITY ASSURANCE [Section 124(c)(5)(M)]**

Texas assures that the Council will participate in the planning, design or redesign, and monitoring of State quality assurance systems that affect individuals with developmental disabilities.

- **OTHER ASSURANCES [Section 124(c)(5)(N)]**

Texas assures that the plan shall contain such additional information and assurances as the Secretary may find necessary to carry out the provisions (including the purpose) of this subtitle.

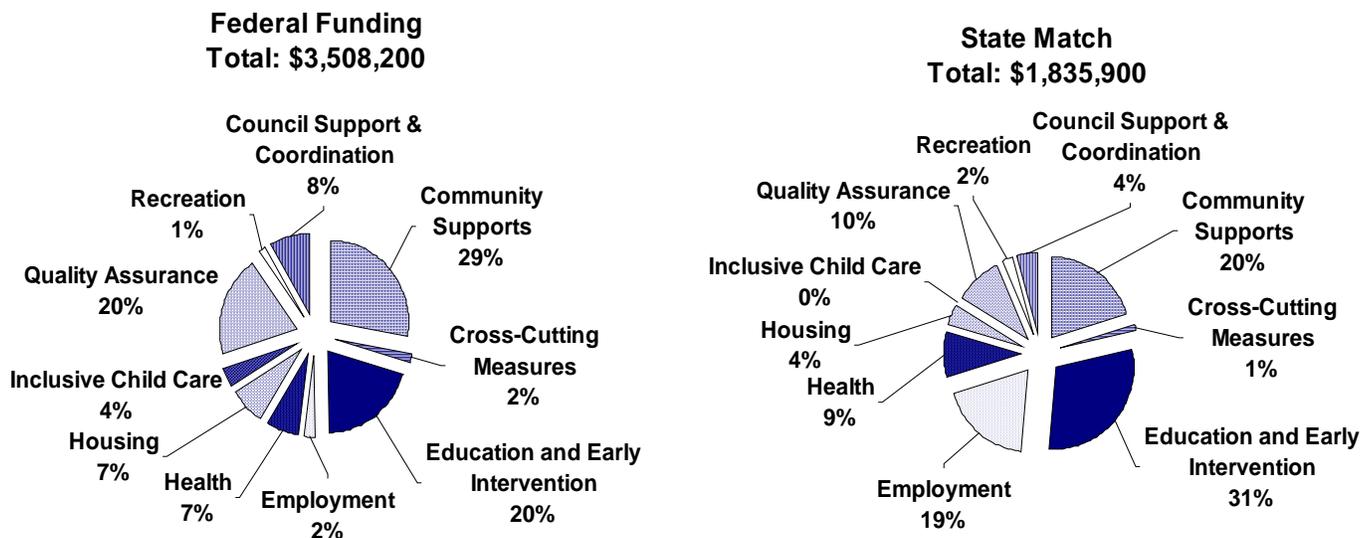
SECTION VI

BUDGET DATA

Over the next three years, the Texas Council for Developmental Disabilities will invest more than 80 percent of its funds in grants and staff-directed projects that benefit the entire state and its residents. These projects make it possible for more individuals with disabilities to be active, contributing members of their community. By developing new partnerships, using scarce dollars wisely, and supporting full inclusion, more people with disabilities can live in their own homes, work in desirable jobs, attend school with their neighbors, and participate in everyday activities.

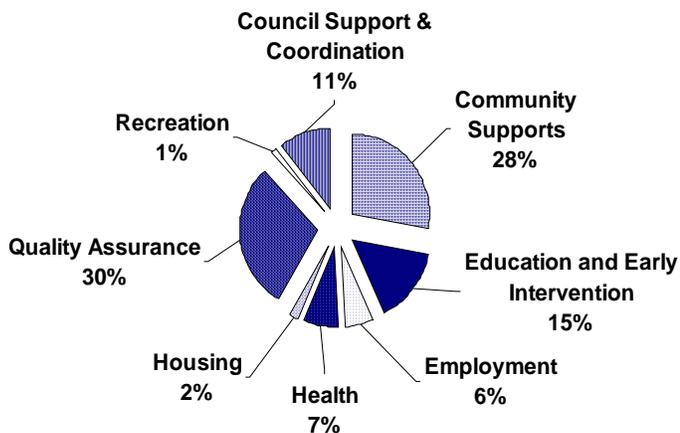
The majority of the Council’s grant projects provide non-federal “matching funds” – equal to at least 25 percent of the grant if the grant is not located in a poverty area and 10 percent if the grant is located in a poverty area. Projects include direct service demonstration grants, training and technical assistance, policy recommendations and leadership training. The following charts illustrate funding allocations for each target area beginning 2002 through 2006, based on the State Fiscal Year (SFY) from September 1 through August 31.

Budget Data SFY 2002

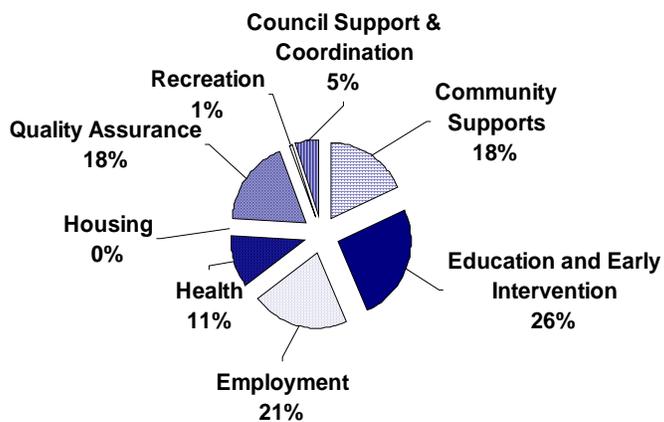


Budget Data SFY 2003

Federal Funding
Total: \$3,739,800

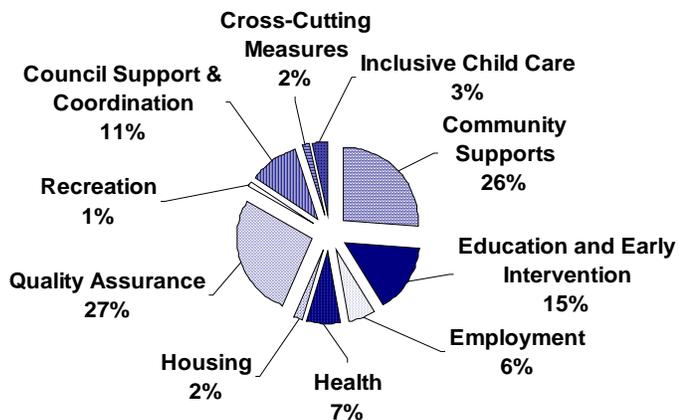


State Match
Total: \$1,845,900

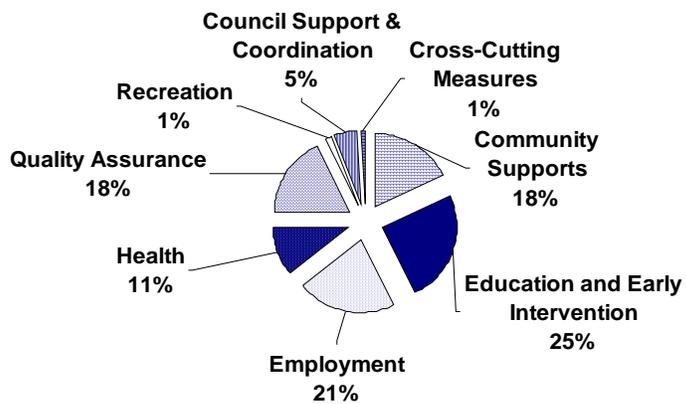


Budget Data SFY 2004

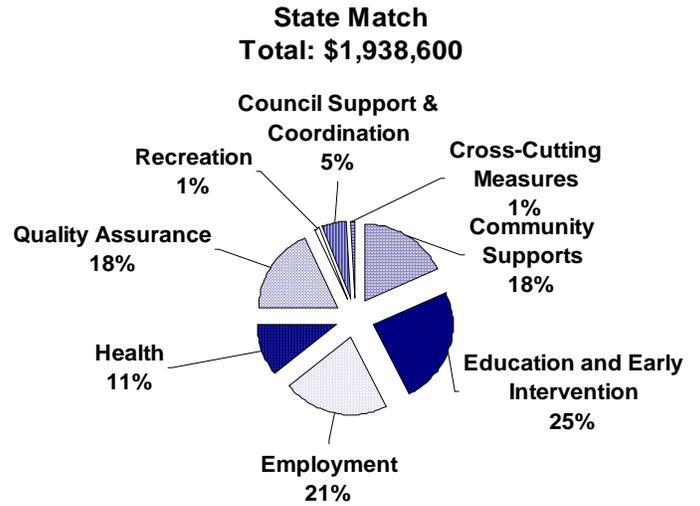
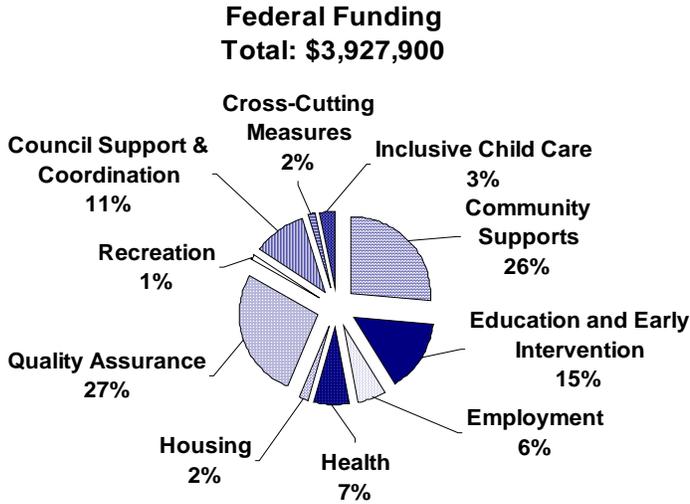
Federal Funding
Total: \$3,851,500



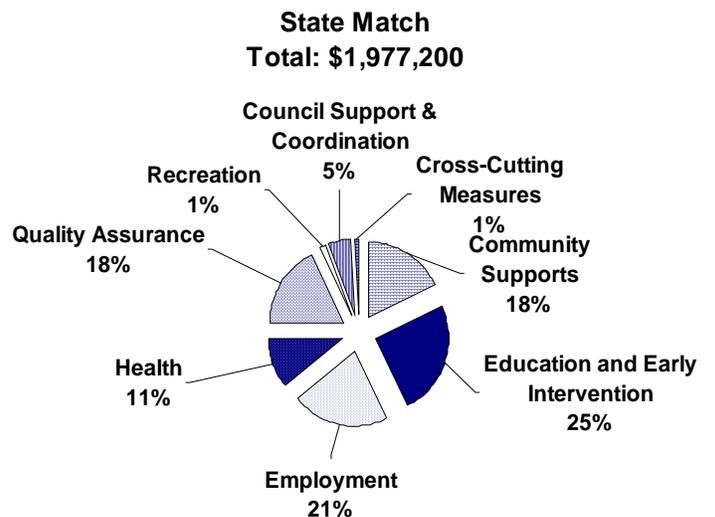
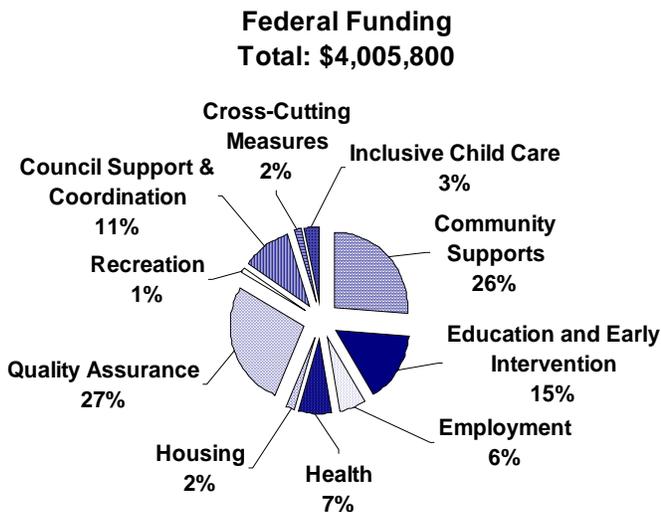
State Match
Total: \$1,900,600



Budget Data SFY 2005



Budget Data SFY 2006



SECTION VII

Position Statements of the Texas Council for Developmental Disabilities

- **Community Living**
- **Access to Health Care**
- **Aging with Developmental Disabilities**
- **Children and Families**
- **Criminal Competency**
- **Education**
- **Employment**
- **Family Support Services**
- **Guardianship**
- **Service Coordination**
- **Public Transportation Systems**
- **Right to Privacy**
- **Transition from School to Adult Life**

Community Living

The Texas Council for Developmental Disabilities believes that individuals with developmental disabilities should have access to opportunities and the supports needed to be included in community life, have interdependent relationships, live in homes and communities, and make contributions to their families, communities, the state, and the nation.

Accommodations must be provided to people with disabilities to ensure that living in their natural community is possible. These accommodations may take various forms. Accommodations may be sustained for either longer or shorter duration or may be of greater or lesser intensity depending on the need of the individual. Examples of accommodations include physical accessibility, attendant services, medication monitoring, supported living, assistive technology and employment services.

Services to children should be provided in their natural family. When children cannot remain with their natural family, they must have access to family-based alternatives.

Adults with developmental disabilities shall exercise choice and control about where, how, and with whom they live. They must be provided with assistance that may be needed to make these choices and to sustain choices regarding community living. Adults should have access to the services and supports they need to live in the community. The state of Texas must allocate the requisite resources to support community living for people with developmental disabilities.

Adopted by TCDD on August 7, 1992
Revisions approved May 10, 2002

Access to Health Care

The Council believes that full access to health care must be based on the following critical principles:

Non-Discrimination - All people, regardless of their disability or age, must be able to fully participate in all health care systems generally available to citizens of Texas. They must have access to health care which:

- prohibits pre-existing condition exclusions as outlined in the Health Insurance Portability and Accountability Act;
- prohibits rating practices that discriminate against higher users of health care;
- ensures that all persons, regardless of income or health status, have access to needed health-related services;
- ensures continuity and portability of coverage to and from group, individual and government plans; and
- ensures an appeals process when disagreements exist.

Comprehensiveness - All people, regardless of their disability, age of onset, or age, must have access to affordable and available health care programs that ensure a comprehensive array of health, rehabilitation, personal, and support services across all service categories and sites of service delivery. In addition to the traditional acute care hospital and physician services, comprehensive health-related services include, but are not limited to the following:

- wellness and preventive services, including services to prevent secondary conditions or a loss of functional ability;
- health promotion/education services;
- diagnostic services;
- long and short term home and community-based services;
- prescription drugs, biologicals and medical foods;
- mental health and counseling services;
- rehabilitation services and specialty care, including audiology, occupational therapy, physical therapy, respiratory therapy, speech-language pathology services, cognitive therapy, vision care, behavioral therapies, and therapeutic recreation;
- personal assistance services and independent living services; and
- durable medical equipment and other assistive technology devices, equipment and related services.

Choice - All people, regardless of their disability or age, must be assured that comprehensive health, rehabilitation, personal and support services are provided on the basis of individual need, preference and choice which:

- ensure a level of consumer choice in relation to services and providers;
- ensure a range of service settings through an integrated delivery system;
- ensure an appropriate amount, scope and duration of services; and
- ensure the availability of trained personnel.

Equity - All people, regardless of their disability or age, must be ensured equitable participation in all available health care systems and not be burdened with disproportionate costs. An equitable system:

- limits out-of-pocket expenses and cost sharing requirements for participants to a reasonable non-discriminatory level;
- provides access to services based on health care need, not income level or employment status;
- ensures adequate reimbursement for service; and
- ensures equity in coverage between mental health and physical health benefits.

Efficiency - All people, regardless of their disability or age, must have access to a comprehensive health care system - including wellness, prevention and treatment services - that provides appropriate, effective, quality services and which minimizes administrative waste. An efficient system:

- reduces administrative complexity and minimizes administrative costs;
- allocates resources in a more balanced way between preventive services, acute care, rehabilitation and chronic care management; and

- maintains effective cost controls so that all people can get the health care services which they need.

Adopted by TCDD on May 8, 1992
Revisions approved November 7, 2003

Aging with Developmental Disabilities

The number of older adults is rapidly increasing overall and becoming a larger percentage of the general population. Included in this aging population are people with developmental disabilities. While exact figures are not known, it is estimated that about 526,000 Americans age 60 and older have developmental disabilities such as cerebral palsy, mobility impairments, traumatic brain injuries, spinal cord injuries, mental illness and mental retardation. In the next 30 years, this number is projected to double.

While the aging process brings significant changes to all individuals and their families, these changes are often intensified by the presence of a disability. Many people with developmental disabilities continue to rely on their families for care throughout their adult life. The care is often provided by aging parents, and the quality of this care often becomes compromised by the parents' own aging process. Individuals with developmental disabilities and their families each face challenges and transitions caused by the aging process.

The Texas Council for Developmental Disabilities believes that older adults with developmental disabilities should have:

- the same opportunities as other older citizens to live, work, enjoy leisure time and retire in the community of their choice with the services and supports they need;
- the same rights and dignity as other older people; and
- assistance in establishing a comprehensive retirement plan to encompass any or all of the following concerns:
 - access to health care
 - advanced directives relating to health care
 - counseling services
 - financial issues
 - guardianship
 - housing
 - legal issues
 - leisure time activities
 - long-term care plan
 - retirement or employment options
 - self advocacy training
 - transportation

Therefore the Council believes that Texas has a responsibility to ensure that the state's service delivery systems develop the capacity to meet the projected needs of older Texans with disabilities. To meet these challenges, the Texas Council for Developmental Disabilities calls for:

- the current service delivery systems to increase their capacity to provide for a larger number of older Texans with developmental disabilities who will be needing assistance to maintain a high quality of life; and
- coordinating and integrating to the maximum extent possible the delivery systems that traditionally provide services to the aging population and the delivery systems that traditionally provide services to people with developmental disabilities. In so doing, older individuals with developmental disabilities will be better served and more fully included in their communities.

Adopted by TCDD on August 9, 2002

Children and Families

All children belong in families that provide love, caring, nurturing, bonding and a sense of belonging and permanence that best enables them to grow, develop and thrive. Children with disabilities are no different from other children in their need for the unique benefits that come only from growing up in a permanent family relationship. All children benefit and are enriched by being part of an inclusive environment that promotes physical, social, and intellectual well-being and leads to independence and self-determination.

Families of children with disabilities often need supports and services to sustain family life and keep their child at home and included in the community. Family support services are intended to strengthen the family's role as primary caregiver, prevent expensive out-of-home placement of individuals with developmental disabilities, maintain family unity, and foster self-determination.

The Texas Council for Developmental Disabilities believes that:

- All children can and should live in a family. All children need a family to best grow, develop and thrive. All children deserve the love, nurturing and permanency that are unique to family life.
- Families come from many cultures and are multidimensional. No matter its composition or cultural background, a family offers a child a home and a lifelong commitment to love, belonging and permanency.
- Families should have available the level of supports and services needed to keep children with disabilities in their own homes. Family support services should include, but are not limited to, respite care, provision of rehabilitation and assistive technologies, personal assistant services, parent training and counseling, vehicular and home modifications, and assistance with extraordinary expenses associated with developmental disabilities. In addition, since the vast majority (over 85%) of individuals with disabilities reside with families in their own households, families of children with developmental disabilities need access to appropriate child care and to before- and after-school programs. Child care for children with disabilities should be affordable, safe, appropriate and in the most integrated setting.
- Providers of family support services must have education and training that will prepare them to work with people with developmental disabilities in inclusive settings to achieve this goal.
- To be effective and beneficial, supports and services must be easy to access, family-driven, individualized, flexible to changing needs and circumstances, culturally sensitive and based on functional needs rather than categorical labels.
- When children cannot remain in their own families, for whatever reason, they still deserve to live and grow up in a family. The first priority should be to reunite the family through the infusion of services and supports. When that is not possible and the family can remain actively involved in the child's life, the natural family should be a key participant in selecting an alternate family situation for their child, including foster families, co-parenting and adoption.
- When families are not actively involved in their child's life, permanency planning must occur to allow the child to live in a family.
- School Districts are an integral source of information and training for parents. Coordination among school districts and outside agencies is critical to provide parents with accurate, timely information regarding services and eligibility requirements.

The Council also believes that when children with disabilities grow up in families, the community at large accepts the value of providing supports to children and families at home so that children become and remain participants and contributors to their communities.

The Council believes that the state of Texas should adopt a public policy statement recognizing the value of families in children's lives and develop programs, policies and funding mechanisms that allow all children to live and grow up in a family.

Adopted by TCDD on May 13, 1994

Revisions approved on November 7, 2003

Note: This statement incorporates provisions of the Child Care Statement, which was adopted by TCDD on August 7, 1992

Criminal Competency

People with disabilities experience greater problems with criminal courts than society at large for a variety of reasons including general discrimination, lack of knowledge and training about disabilities, and inadequate supports and representation in criminal justice proceedings. A particular problem is invalid and inconsistent assessments for legal competency and sanity. Current assessment procedures do not fully address the needs of this population.

The Texas Council for Developmental Disabilities believes that the following fundamental principles apply to people with disabilities who undergo competency evaluations.

- People with cognitive and psychiatric disabilities share with all people the rights to equal protection and due process under the law.
- People with disabilities are also afforded certain protections, rights and benefits under the Americans with Disabilities Act (Title II), and these protections, rights and benefits extend to involvement with the criminal justice system.
- People with disabilities, as all people, have rights, protections and benefits and responsibilities. When their rights are fairly and equally protected, people with disabilities must accept responsibility for criminal activity. A diagnosis of mental retardation or mental illness does not automatically mean a person is incompetent to stand trial. However, the presence of mental retardation raises so many possibilities of miscommunication, misperceptions and an inadequate defense, that people with mental retardation found competent to stand trial must not be subject to the death penalty. Further, the determination of mental retardation must be made by the Court in a proceeding that occurs prior to the onset of a trial.

The Council believes that criminal assessment procedures must fully address the needs of people with disabilities and include the following components:

Early Intervention

- Must include, valid improved screening during arrest, booking or incarceration, and assessment of disability, and comprehensive training of arresting and booking individuals.

Recognition

- Must include ongoing training of criminal justice professionals that is based on research and proven effective practices. This would include recognizing the possible existence of a disability, skill in communicating with people with disabilities, and understanding of stereotypes and stigma about disabilities unrelated to criminal activity. They must also seek expert consultation for competency evaluations. Expert consultants must have specialized training and experience in forensic evaluation, which would include legal competency for adults and fitness to proceed for juveniles.

Due Process

- Must include reliable, age-specific and culturally competent assessments of and standards for:
- Determining the existence of cognitive and psychiatric disabilities -- example formats include the uniform mental health assessment and the diagnostic eligibility for mental retardation and related conditions formats; and
- Determining legal competency for adults and fitness to proceed for juveniles -- example instruments include the CAST-MR (Competency Assessment for Standing Trial for Defendants with MR) and the MacCAT-CA (MacArthur Competence Assessment Tool – Criminal Adjudication).
- These assessments should describe any relevant negative impact on the results because of the individual's cultural background, primary language, communication style, physical or sensory impairments, motivation, attentiveness, or emotional factors.

Reasonable Accommodations

- ❑ Must include, at all stages of criminal justice proceedings, accommodations to assist in understanding and participating in one's own defense, with physical and cognitive accommodations and assistance in decision making if needed.

The Council recognizes that prevention, early intervention, due process and reasonable accommodations are interwoven and overlapping components of a comprehensive system and that all must be available at all stages of an individual's involvement with the criminal justice system.

Adopted by TCDD on June 14, 1996
Revisions approved on February 7, 2003

Education

All people with developmental disabilities in Texas should have the opportunity to achieve their maximum potential for independence, productivity and integration into the community. Education is a lifelong learning process which is vital to attaining a full and complete life.

The Texas Council for Developmental Disabilities believes that all students regardless of individual needs must be provided with individualized appropriate instruction, research-based positive behavioral interventions and supports, access to the general curriculum, and related services in the least restrictive environment. Related services include but are not limited to adaptive, assistive technology; modifications; and supplementary aides. Related services must be designed to ensure students with disabilities receive a free and appropriate public education in the least restrictive environment. The delivery of individually appropriate instruction and related services must be provided by qualified teachers and service providers with administrative support and opportunities for continued/ongoing professional development in all areas of identified need. It is the position of the Council, as well as the policy of the state, that all children should be treated with dignity and respect when addressing behavioral and disciplinary needs of students.

The Council believes that students who may access publicly funded education through Charter Schools or schools accepting voucher payments must be accorded the same education as noted above. The Council believes that schools that accept state money to educate students must accept any student with a disability who may apply for admission to that school, abide by federal and state education laws that protect the rights of students with disabilities, abide by Section 504 of the Rehabilitation Act that requires any entity receiving federal funds to include people with disabilities in its program, and accept any student at the state rate of payment asking for no additional tuition or fees beyond the normal fees required by the student's independent school district. If these criteria are not met, then the Council adamantly opposes publicly funded school vouchers and charter schools. The Council is opposed to any initiative that would deplete funds from the public education system and ultimately from funds available for the education of students with disabilities.

The Council believes that full inclusion should be approached as a value and underlying philosophy by which we educate all students. We believe that successful inclusion requires that teacher education programs prepare all educators and administrators to work with the full range of students in inclusive settings. Special education is not a separate educational system, but rather a service provided to people with specific needs within the general educational system. Professional preparation programs should emphasize the shared responsibility of all educators and administrators for all students.

The Council believes that full inclusion requires the ongoing, shared responsibility of students, parents, guardians, educators, administrators and the community at large.

It is therefore the position of the Texas Council for Developmental Disabilities that all students have a right to learn, play and work with students their own age, with and without disabilities, in the same schools, classrooms and other educational programs attended by their brothers, sisters and neighbors, and that schools, classrooms and programs must be both physically and programmatically accessible to all students.

Adopted by TCDD on November 15, 1991
Revisions approved February 7, 2003

Employment

The Texas Council for Developmental Disabilities believes that people with developmental disabilities have the right to job training, employment at competitive wages, and career growth as lifelong learners. The Council further believes that employment opportunities should be open to people with disabilities in the community job market without discrimination or segregation. Through employment, people with disabilities gain an important point of entry into their community, a sense of being valued, wages and job benefits. With these tangible and intangible rewards from employment, people with disabilities secure greater independence and freedom from public support service systems.

The Texas Council for Developmental Disabilities affirms that:

- Students with developmental disabilities should receive a sound foundation in their public school education from which to transition to a career path after graduation. This foundation must include futures planning. Secondary education must provide a range of choices in career preparation such as vocational skills, career and technology education, preparation for post secondary education and opportunities for employment in the community.
- People with disabilities have the right to self determination and choice in establishing their career path, career goals, job placement or self-employment options, retention, advancement, and retirement plans.
- People with disabilities should have access to an array of individualized, flexible and coordinated support services including assistive technology and natural supports, as long as necessary to obtain and keep employment.
- The employment needs of people with disabilities should be effectively addressed by a collaborative effort between businesses, professional organizations, and state and local governments.
- All entities involved in statewide employment initiatives should disseminate information about civil rights laws that protect people with disabilities, about resources to support people with disabilities in the workplace, and about the tangible benefits that accompany employment of people with disabilities in the workforce.

Adopted by TCDD on May 8, 1992

Revisions approved May 10, 2002

Reviewed without further revisions February 6, 2004

Family Support Services

It is estimated that more than 85% of individuals with developmental disabilities reside with and rely on their families for care. Families that care for individuals with disabilities range from young parents learning to care for children with physical and mental disabilities, to parents caring for teenagers and young adults with disabilities, to frail and elderly parents of aging, dependent adults with disabilities. Emotional, social and economic challenges accompany a family's commitment to their family member with a disability. To provide sustained care for a child, a sibling, or an adult with developmental disabilities, families need access to supports and services.

Services to families with a family member with disabilities have a dual focus. Those services support the health and integrity of family units, and they maximize the strengths and potential of individuals with disabilities to independently participate in and be included in their communities. During childhood, family support services are intended to strengthen the family's role as primary caregiver and prevent institutional placement of individuals with developmental disabilities. Throughout an individual's life span, family support services are intended to strengthen and maintain family connections while fostering self-determination, independence, and participation in school, job, recreational and community settings. Adequate support services must be available to people with disabilities so that they can remain in the community rather than face inappropriate institutional placements.

The Texas Council for Developmental supports the provision of a full array of flexible family support services that include but are not limited to:

- adaptive equipment and specialized clothing;
- assistive technology devices and services;
- counseling services;
- financial assistance with the extra expenses of providing support;
- home modifications;
- leisure-time planning;
- person-centered comprehensive planning for transition from early childhood to school, from school to adult life, and from adult life to retirement;
- personal assistance services/direct care services;
- respite care that is affordable, safe, age-appropriate and in the most integrated setting;
- service coordination including information and referral services;
- training to empower people with disabilities and their families to advocate for lifestyles they choose;
- transportation; and
- vehicular modifications.

Providers of family support services must have education and training that will prepare them to work with families and people with developmental disabilities of all ages in inclusive settings to maximize each individual's potential and inclusion with their peer groups.

To be effective and beneficial, family supports and services must be easy to access, designed by the individual and their family, individualized based on functional needs, flexible to changing needs and circumstances, and culturally sensitive.

Adopted by TCDD on August 9, 2002

Guardianship

The appointment of a guardian is a legal proceeding designed to protect individuals from abuse, neglect (including self-neglect) and exploitation and to provide for their care and the appropriate management of their property. Establishing a guardianship removes rights and privileges from the individual and assigns control to someone else. The Council believes guardianship should be granted only if all other alternatives are insufficient, and only to the extent and only for the length of time determined to be necessary, with annual reviews to determine if the guardianship can be terminated or reduced.

The Texas Probate Code requires that all guardianships be as limited as possible. The Council also believes that guardianship must be demonstrated to be the most appropriate and least restrictive alternative. When determined to be necessary, a guardianship should be tailored such that it is limited to only those specific areas in which surrogate decision making is likely to be needed. The individual's ability to make decisions should be developed and supported to the maximum extent possible, and guardianship should not decrease an individual's dignity or the right to make choices if there is no undue risk.

According to Texas Probate Code, Chapter XIII, a court may appoint a guardian with full authority over an "incapacitated person" or may grant a limited authority over an "incapacitated person" as indicated by the person's actual physical or mental limitations and only as necessary to promote and protect the well-being of the person. Texas Probate Code further defines "incapacitated person" to mean (A) a minor; (B) an adult who, because of a physical or mental condition, is substantially unable to provide for their own food, clothing or shelter; to care for their own physical health; or to manage their financial affairs; or (C) a person who must have a guardian appointed to receive funds due the person from any government resource.

The Council believes that such limitations in abilities must be carefully evaluated, with a presumption that persons with developmental disabilities are competent. Individuals may require assistance from others or accommodations based on their disability but still be able to make informed decisions based on their own preferences. Most importantly, the presence of a physical or mental disability or the age of an individual does not indicate the need for guardianship. The Council also believes that the evaluation of a person's mental status must take into consideration and rule out any reversible conditions that can cause confusion and seeming incapacity before certifying the need for a guardian.

The vast majority of people with developmental disabilities, including mental retardation, do not need guardians. An in-depth capacity assessment must be conducted prior to any guardianship hearing, focusing on the person's decision-making skills, experience, capacity and support system. The assessment should be conducted by a professional trained to administer and interpret an appropriate instrument related to need for guardianship. Additionally, there must be a mechanism for individuals to provide input during their own capacity assessment and guardianship reviews.

There are a number of alternatives to guardianship that should be explored before proceeding with a guardianship hearing. In the financial area, multi-party contracts, trusts, powers of attorney, representative payees, and money management programs may enable an individual to successfully manage financial issues without the necessity of having a **guardian of the estate** appointed. For health and programmatic concerns, the use of advance directives or surrogate decision-makers (under the Health and Safety Code) might prevent the need to establish a **guardian of the person**. Consideration should be given to providing education and support to develop decision-making skills and opportunities for additional experience.

If the alternatives are not sufficient to protect the interests of the individual, a guardianship hearing may be necessary. It is important that a judge carefully evaluates the qualifications and interests of a proposed guardian and gives special consideration to the nature of the relationship. It is also essential that an appointed **attorney ad litem** adequately represent the interests of the person for whom guardianship is being proposed, and that all attorneys ad litem appointed by judges in guardianship proceedings have been certified in guardianship law by the State Bar of Texas as required by the Texas Probate Code. Further, a professional evaluation of the individual by a physician or psychologist (for mental retardation) must clearly indicate how the individual's disability affects his or her ability to make and communicate informed decisions.

The Council believes that if a **guardianship of the person** is granted, it should be of the limited type in which the specific areas of needed assistance are listed in the order by the judge. The guardianship should encourage the development of maximum self-reliance and independence for the individual. Further, the required annual review of the guardianship must involve a serious consideration of whether it needs to be continued, modified, or terminated and a yearly report of this review filed in each guardianship. It is essential that annual reviews are not limited to a

financial review, but also consider the individual's capacity and needs. Additionally, the judicial system must have the resources needed to make and review guardianship assessments. The Council further recommends that participants in the annual review should include, but not be limited to, the individual, the guardian, attorney ad litem, and an outside advocate/ombudsman.

It is estimated that many of the Texans with disabilities who do not have the capacity to provide informed consent for services, treatments, or legal issues have no one to provide assistance in decision-making or even to serve as a guardian. Financial barriers (bonds and court costs) often prevent family members from serving in this role. The Council believes that the state of Texas should remove these barriers. Local guardianship and money management programs (supported in part by the Health and Human Services Commission) plus surrogate consent committees (for ICF-MR residents only) fill part of this gap, as do services provided by the Texas Department of Family and Protective Services. However, more resources are sorely needed in this area. Additionally, the Council believes that the state needs to establish statutory authority to regulate private professional guardians more closely.

Adopted by TCDD on August 8, 2003

Right to Privacy

The Texas Council for Developmental Disabilities recognizes that people with disabilities have the same right to privacy as all people have in our nation. Confidentiality has historically been a cornerstone in providing services and medical care to people. The level of privacy protected under the Fourth Amendment of the U.S. Constitution is being challenged by the rapidly developing interactive technologies with a quickly emerging global information infrastructure.

In this age of the evolving information and communication technologies, the Council recognizes the positive role that the electronic media brings to the compilation and exchange of information. Our government agencies, businesses and non-profit agencies now have the advantage of quick exchange of information and the ability to gather and analyze massive amounts of information. This new capacity can help in streamlining business, reduce costs and ensure appropriate services for people. However, this new capacity for data collection can also be used intentionally or unintentionally to the detriment of the people the government agencies serve. The Council believes that the following basic principles must be applied to all information data collection systems.

- Individuals, government entities, profit and nonprofit organizations have a shared responsibility for the secure use of personal information.
- Prior to the collection and dissemination of personal and identifiable information, each individual must be advised of:
 - the specifics of personal information to be collected and/or released,
 - the entity which is collecting the information and the entity to which the information will be released,
 - the purpose for which the information is to be collected and/or released,
 - the individual's legal rights to privacy and confidentiality of personal information,
 - the administrative procedures to follow to review personal information,
 - the process to remove, correct or add information that has been entered in a data collection system,
 - the avenues of recourse to recover damages in the case of improper use and/or disclosure of personal information, and
 - the degree of risk that personal information may be inadvertently collected by other entities through the electronic transmission processes.
- Efforts must be made to ensure that personal information is not inadvertently shared, obtained, or collected by unauthorized parties through the process of electronic data transmission.
- Directories of an individual's personal information which may include personal identity; social security number; religious, political or organizational affiliations; employment; educational, medical,

psychiatric, psychological, financial, and legal history and family status must be used only as originally allowed by the individual.

Adopted by TCDD on February 7, 2003

Service Coordination

The Texas Council for Developmental Disabilities believes that the full inclusion and participation of people with developmental disabilities in community life require that individuals be aware of the services and supports available, that they have an array of service and support options from which to choose, and most importantly, that they have the central role in planning and directing their own future. These goals are most readily achieved when individuals and their families receive the benefit of service coordination.

Service coordination is assisting individuals through planning, coordinating, locating, accessing and monitoring services and supports that will result in an optimal quality of life and level of community participation. Service coordination should be viewed as a distinct benefit available to people with disabilities who require access to various services to participate fully and be fully included in their communities.

The service coordination system should be independent. By independent, the Council means the service coordinator is free from conflict of interest, and independent or separate from the direct delivery of other services received by the individual and/or family. Service coordinators who are employees of public or private agencies, family members, or individual contractors should be independent from conflict of interest. An independent system also enables service coordinators to maintain the integrity of their advocacy role.

Service coordination must be available on an ongoing basis and support individual(s) rights to:

- refuse services as desired;
- develop their own service plan;
- request alternate services, providers or service coordinators; and
- appeal decisions made about the services they receive.

Access to service coordination should be available to all persons with developmental disabilities who have functional needs for services. Eligibility should not be based on specific diagnosis or financial status. The service must be readily accessible and must have sufficient staff to provide assistance to individuals in a timely and responsive manner. Service coordination should be provided by one person who:

- is committed;
- is well trained;
- is culturally competent;
- serves a reasonable number of individuals; and
- spends most of the time in support and coordination activities.

It is the responsibility of the service coordinator to: (1) advocate on behalf of the individual; (2) help the individual become empowered to act on his or her own behalf; and (3) support the right of that individual to make decisions and to take risks based on informed choice and individual goals and values.

Service coordinators must: (1) be knowledgeable about public and private resources; (2) be creative in their ability to make public and private supports and services work to meet the individuals' needs; and (3) serve a facilitative role in bringing individuals, families and providers together. While service coordinators should be available to assist and consult with providers to ensure services are delivered, they also have a responsibility to monitor the quality of services received.

Adopted by TCDD on August 23, 1990
Revisions approved on February 6, 2004

Public Transportation Systems

Within our society, freedom of movement is a fundamental right. Transportation is essential to any effort to enable all citizens to live as independently as they choose, to engage in productive self-sustaining activity, to participate in all facets of community life, and to be fully integrated in their communities.

A transportation system should be a seamlessly connected network with a pedestrian infrastructure linked to all modes of public transportation including taxi services, bus, light rail, trains and airplanes. A public transportation system must meet the needs of citizens in an accessible and affordable manner. However, the right to freedom of movement remains a largely unfulfilled promise for citizens with disabilities.

The Texas Council for Developmental Disabilities believes that all publicly funded and/or regulated transportation service systems must be seamlessly coordinated among all modes of transportation, expanded in suburban, urban, rural and unincorporated areas to connect places people live with places they work, shop, socialize, worship, attend school, access health care, etc. and be fully accessible to all people with disabilities.

The Council will continue to work collaboratively with partners such as agencies representing seniors and low income families, who share transportation concerns, to continue to seek solutions now and in the future.

Adopted by TCDD on September 8, 1989
Revisions approved February 6, 2004

Transition from School to Adult Life

The Texas Council for Developmental Disabilities believes that people with developmental disabilities have the right to live in and be an integral part of their communities, to be employed, to be independent, and to make informed choices about their lives. Each student with disabilities, as all youth, must be given opportunities to achieve academic success, to cultivate personal interests and preferences, to explore relevant and meaningful career options, and to participate in job training, job placement and community experiences as part of the transition from public school to adult life.

A comprehensive array of timely services, coordinated among and between all adult service agencies, is imperative to maximize choices and opportunities for students with disabilities to achieve independence and be contributing and respected members of their communities. The transition planning process should be a deliberately thoughtful, student-centered, student-led process that takes into account the individual's unique values, preferences, abilities, and challenges. In addition, it should include training in self-determination, self-advocacy and individual rights.

Whole communities, including families, schools, businesses, employers, public service agencies, and other stakeholders must work together to identify, locate, and share resources to assist in promoting successful post-school outcomes. Students and families should be trained to actively and effectively participate in transition planning. Students should have the opportunity to identify and self-select the participants in their transition planning processes. Successful transition planning is facilitated when each student and his or her parents have the information, knowledge, and skills that will enable them to fully participate in the process that plans the student's future. That information, knowledge and skills should be coordinated by a single point of access at each independent school district.

The Council values the diversity and unique contributions of each citizen of the state. The current fragmentation of the various service delivery systems often results in the provision of inadequate, untimely, and/or inappropriate services and costly duplicative efforts. Coordination among school districts and outside agencies on information sharing, flexible scheduling, and implementation timelines is critical to the success of transition planning. It is the Council's position that providing effective transition planning and services benefits each community and the entire state. People with disabilities who are employed enrich the diversity of our communities, rely less on publicly-funded services, and contribute to the overall well being of the community's economic base.

Adopted by TCDD on May 10, 2002
Revisions approved November 7, 2003

Texas Council for Developmental Disabilities

(as of August 15, 2005)

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