**MAINTAINING SEPARATE AND DISTINCT VOCATIONAL REHABILITATIONSERVICES FOR BLIND TEXANS**

**Purpose:** To ensure the continuation of the seamless and specialized service delivery system necessary for blind individuals in Texas to learn the alternative techniques needed to achieve a quality employment outcome.

**Background:** The Department of Assistive and Rehabilitative Services, Division for Blind Services (DBS) is charged with providing vocational rehabilitation and independent living programs for blind and deaf-blind adults, transition programs for blind high school students, and specialized programs designed to offer education support to blind children and their families. Agency staff works in partnership with blind consumers, their families and advocates to achieve DBS’s ultimate goal: full employment for all consumers.

In order to achieve maximum efficiency, Texas must access all available federal vocational rehabilitation (VR) funds, secure current level funding for all Division for Blind Services programs—including the Blind Children’s Vocational Discovery & Development Program (BCVDDP), and abandon any proposal for further consolidation of the Department of Assistive and Rehabilitative Services (DARS).

VR dollars help blind people to become taxpaying citizens, rather than being dependent upon government programs. Even with current funding, blind people struggle against a staggering 75% unemployment rate.

* The Blind VR Program funding will fall approximately $2 million short unless additional state funds are provided.
* Without these funds, services will be scaled back for blind consumers; increasing the time it will take before they secure employment, and decreasing the probability they will receive the critical training and technology necessary to achieve employment.
* The federal government matches state funds on a 4 to 1 ratio. Therefore, only $400,000 in general revenue is needed to close the prospective $2 million gap.
* If Texas does not provide these matching funds, the federal funds earmarked for Texas will be reallocated to other states.

The Blind Children’s Vocational Discovery & Development Program prepares blind and significantly visually impaired children for the Vocational Rehabilitation Program, while also helping parents teach their children to become responsible and independent adults. Without these services, the VR program will have to expend additional resources to prepare these consumers for employment. Some will be so far behind, employment will not be attainable and they will be dependent on government programs.

* It is critical to restore the $1.5 million for the BCVDDP, along with the 20 staff positions targeted for elimination.
* Without these services, many children with significant visual impairment will not receive essential services, jeopardizing educational and employment outcomes.
* Services will be discontinued for approximately 900 children currently receiving services.

Merging DARS and the Division for Blind Services (DBS) with other large agencies such as the Department of Aging and Disability Services (DADS) or the Department of State Health Services (DSHS) will be detrimental to blind Texans. Neither DADS nor DSHS has employment as its primary focus, and both agencies lack the fundamental expertise to provide quality services to the population currently served by DARS and DBS. Furthermore, separating early childhood intervention services, the BCVDDP, from all other blindness programs would interrupt a seamless service delivery system, moving the “treatment” to a medical model, rather than a rehabilitative model. Such action would be injurious to blind children and their parents.

**Current Legislation:** HB 3629 proposes that the Department of Assistive and Rehabilitative Services be abolished and the duties and programs be folded into the Department of Aging and Disability Services. Early childhood intervention services, the Blind Children’s Vocational Discovery & Development Program, would be transferred to the Department of State Health Services.

**Requested Action:** Please champion quality services for blind Texans by opposing HB 3629 and any other legislation that proposes additional consolidation of the Division for Blind Services and the Department for Assistive and Rehabilitative Services. Please advocate for full funding of DBS and Vocational Rehabilitation programs, and work to ensure that all programs for blind children and adults are maintained as part of an identifiable agency that specializes in serving blind and visually impaired people.

**Conclusion:** Consolidation of departments for the blind and blindness services in other states has not resulted in cost-saving, and the quality of services has consistently diminished. James H. Omvig, author and consultant on issues concerning blindness and a current board member of the National Blindness Professional Certification Board, articulates the issue as follows:

There is, indeed, a need for coordination and integration of state services for the blind, but terminology should not be confused with reality. If, for instance, a state has a supervisor of highway construction, a supervisor of elementary education, a supervisor of pest control, and a supervisor of health and welfare, it does not follow that integration and coordination are achieved by creating a Department of Supervisors and  
lumping all of these people and functions together. Nor is any real  
integration or coordination achieved by establishing a Department of  
Health and Highways. Health is one function, highways another, and  
they cannot be meaningfully integrated. If such a department is  
established, all that can be accomplished is to superimpose a costly  
administrative hierarchy upon the two departments. They will still  
remain separate functions whether they be called departments, divisions, sections, bureaus, or whatever. In fact, the administrative hierarchy will be detrimental and will only cause inefficiency and waste in such a situation.

Relating all of this to the blind, fragmentation is increased rather than helped by putting all of the services for the blind into a division of a super-department. What is needed is common sense rather than textbook theory and neatness of somebody's organizational chart. Sound reasoning tells us that the various services for the blind complement and supplement one another and form one unique entity. They are only very slightly and incidentally related to services for people with other disabilities or other disadvantaged groups despite the similarity of terminology.”

Finally, several years ago an independent study (The Mallas Report) was made of service delivery systems to determine which type was best suited to provide quality rehabilitation and related services for the blind. The study concluded that the separate, independent agency with a lay board appointed by the governor is best. In an interview the researcher said, "Where reorganization of services for the blind has taken place on the basis of the economy-of-scale principle, its proponents have sold the legislature and the Governor on statements such as, `This will be more efficient and economical. It will let us get more mileage out of every tax dollar.' As a matter of fact, in every state where such reorganization has taken place, the prestige and level of operation of the agencies serving the blind have been downgraded." This study also makes another revealing finding. "In general programs for the blind which fall under rehabilitation departments and umbrella agencies have the least effectiveness in developing and utilizing necessary financial resources."

The decline of effective programs and services will result in lower employment, and prolonged dependence on public assistance: everyone will lose.

Dozens of articles supporting this conclusion can be accessed at:   
<http://www.google.com/u/NFB?index=18960&q=separate+agencies>

Blindness and Visual Impairment: State Infrastructures and Programs

<http://projectforum.org/docs/BlindnessandVisualImpairments-StateInfrastructuresandPrograms.pdf>

This In-Depth Policy Analysis describes the variety of state infrastructures and programs under the Individuals with Disabilities Education Act that serve children and youth who are blind or visually impaired. Information was collected through a brief survey distributed to all state education agencies and an interview with eight of the responding states. Findings are presented in the areas of staffing, schools for the blind, personnel preparation, educational materials and technology, reporting and accountability, other initiatives and future directions.

**SPECIALIZED REHABILITATION SERVICES FOR BLIND AND VISUALLY IMPAIRED PERSONS – WHY A SEPARATE AGENCY FOR THE BLIND IS NEEDED**

**BACKGROUND**

Throughout history, people have feared blindness more than almost any other physical disability.  In the last few years, AIDS, cancer and Alzheimer's Disease have become more feared in industrialized nations because massive publicity has brought them to the forefront.  For most of the world, however, blindness is still the most feared.

The fear of blindness is based largely upon two elements: the extent to which we rely upon vision as our primary sense, and the negative images about blindness which are almost universal throughout the world.  These negative images are pervasive and deeply entrenched: If you can't see, you can't do; blind people are dependent and not able to meet their own needs; they cannot work, travel, enjoy recreation or maintain households.  These two elements represent myths and stereotypes which constitute a dangerous and misleading view of blindness.  They lead the general public to assume that visually impaired persons lead cloistered, sterile lives.  They deny the essential truth of the normality of blind persons.  They deny the fact that many, many blind people lead successful, fulfilling lives.

For years many states have examined the feasibility -- even the desirability -- of merging specialized agencies for the blind with other human service agencies.  Even with the attractive idea of saving money by creating a massive bureaucracy, many states reached a different conclusion.  They determined that true cost effectiveness, efficient and timely service delivery, focused management, and competent targeted leadership are best accomplished in a separate agency, or in an identifiable department or bureau with competent, qualified and trained staff.

**RESEARCH**

Research to compare outcomes of rehabilitation services for people who are blind according to specialized or general settings has been limited.  The best designed study (conducted for the U.S. Rehabilitation Services Administration by a neutral research firm (JWK International) had two major findings.

First, most state agencies, even those not identified as providing rehabilitation services solely for persons who are blind or visually impaired, chose to serve blind people either:

via a specialized unit within the agency, or via counselors in a specialized unit within the agency, or via counselors with specialized caseloads.  
Second, specialized caseloads, regardless of agency type, produced better rehabilitation outcomes for blind clients.

This and other studies have supported the advantages of separate agencies.

**WHY SPECIALIZED SERVICES?**

Nowhere is the need for specialized, intensive services more required than in dealing with the consequences of blindness.  The basic skills and techniques to overcome blindness are many and varied and teaching these basic skills requires discrete knowledge, a thorough understanding of blindness and the problems attendant to it.

**Unique skills related to this disability:**

Traveling with the long cane or the guide dog; such training must encompass how to assess the environment and move about efficiently in it.

Braille, a system of reading and writing which depends upon the tactile identification of raised dots; Braille will vary in complexity from a simple alphabet to specialized notations for computers, foreign languages, music, math and other disciplines.

Assistive technology, including the use of synthetic speech for computers, closed circuit television magnifiers, Braille computer terminals and reading machines or scanners.  This includes assessment of the need for specific devices to accomplish specific tasks.

Independent living; including all the skills for personal and home maintenance – from grooming, to how to cook, to how to get to work.  In short, all those things sighted persons take for granted in daily living.

Personal adjustment, which is a blind person learning how to deal with the effects of total or partial loss of vision and how to respond to negative thinking about the abilities of blind people.

The efficient, effective transmittal of all the skills required to cope with blindness requires the specialized attention of experts whose own unique training and experience has been focused on those who are visually impaired.

**WHAT DO CUSTOMERS WANT?**

A paramount issue in deciding upon the structure of a service delivery system for blind and visually impaired persons must be the view point of the consumers of the services.  All major organizations, of and for the blind, agree on the need for specialized services.  They overwhelmingly believe that the optimal way to deliver such services is through a separate agency.  
  
Reasons for agreement include the following:

* Access to decision-makers – not buried in a bureaucracy
* Specially-trained personnel who can use their skills and abilities to facilitate the acquisition of vocational and independent living skills
* Appropriate representation on advisory councils, task forces, and other work groups so that their specific needs can be addressed
* An agency that advocates for blind persons to overcome the myths and stereotypes so evident in our society

The Americans with Disabilities Act and other laws enacted in recent years in the United States and Canada represent enlightened disability policy.  However, the noticeable trend to define "disability" as an overarching generic condition for purposes of program design, administration, and funding is pernicious in its effect upon rehabilitation services for children and adults who are blind or visually impaired.

It is the common experience of the agencies and organizations that have joined in this statement that specialize, comprehensive rehabilitation services and essential changes in social attitudes about blindness do not occur when rehabilitation services for the blind are provided through as single program which serves both blind and disabled persons.  This is so in large part because the characteristics and distinctive needs of the blind become lost amid much larger issues and populations and because specialized services are overshadowed by diverse, unrelated goals.

The accomplishment of individualized rehabilitation goals can be achieved in an efficient, consumer-responsive manner when blind people have access to an agency dedicated to providing blindness- specific services. Such an agency must be administratively identifiable and have qualified personnel especially trained to serve the blind.

Promoting more enlightened social attitudes about blindness is an indispensable goal of specialized services for the blind. Blind individuals require comprehensive and often complex rehabilitation services in area such as adjustment training, independent mobility, Braille, and the use of assistive technology to meet their particular information needs resulting from vision loss.  Most importantly, they must develop confidence, which is a prerequisite to effective use of these skills in daily life. 

When services for the blind are submerged into broad disability programs precision is sacrificed for generality, and comprehensive, consumer-responsive services for blind individuals are lost.

Because of the myths and stereotypes of blindness, rehabilitation agencies for blind persons must take a different approach than agencies that serve persons with other disabilities.  Agencies serving the blind must deal with two problems.  Of course, they must address the physical loss of vision by teaching specialized skills and techniques.  But, they must also address the misconceptions.  The second aspect involves creating attitudinal changes in their clientele and in society.  This requires that rehabilitation professionals working with blind persons possess in- depth knowledge about the abilities of blind people.

**For more information contact:**

**Kimberly Flores**

**(512) 323-5444**

**Kflores@nfb-texas.org**