Texas Evaluation of Department of Assistive and Rehabilitative Services

Outsourcing to Centers for Independent Living

April 29, 2016

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ACKNOWLEDGEMENT

Public Consulting Group would like to thank the leadership and staff of the Department of Assistive and Rehabilitative Services for their commitment to this process. We would also like to thank the Centers for Independent Living for their work in providing documents, data, and participating in webinars as part of this evaluation. Finally, we send a special thank you to the individuals, stakeholders, and community members who attended the public meetings, sent videos, and letters sharing their thoughts and insight regarding the outsourcing of independent living services.

EXECUTIVE SUMMARY

The Texas Department of Assistive and Rehabilitative Services (DARS) identifies as its mission: "To work in partnership with Texans with disabilities and families with children who have developmental delays to improve the quality of their lives and enable their full participation in society."[1] As such, a desire to ensure the ongoing integrity of services and supports offered to these individuals and their families is viewed as the primary principle behind DARS request for this evaluation in response to mandated legislation.

In 2015, the Texas legislature through the Sunset Bill, House Bill (HB) 2463, directed the Texas Department of Assistive and Rehabilitative Services (DARS) to do the following:

- *Independent Living (IL) programs currently operated separately by the DARS Division for Rehabilitation Services (DRS) and Division for Blind Services (DBS) are to be integrated into one IL program by September 1, 2016; and*

- *IL services currently provided by DARS are to be provided by or through Centers for Independent Living (CILs) or other entities effective August 31, 2016, except where no CIL or other entity is willing or able to provide them.*

In addition, Senate Bill (SB) 200 directed that independent living programs currently operated by DARS will transfer to the Health and Human Services Commission (HHSC) on September 1, 2016, except for the Independent Living Services for Older Individuals who are Blind grant, which will transfer to the Texas Workforce Commission (TWC) as required by SB 208.

The Sunset Commission management actions also directed DARS to evaluate:

- *the capacity of CILs and other entities to provide all IL services currently provided by DARS to facilitate the changes required by HB 2463*
- *DARS should determine whether the services it currently provides through the Office of Deaf and Hard of Hearing Services could be better provided through the centers for independent living.*

CIL Capacity Assessment

In response to these mandates, DARS contracted with Public Consulting Group, Inc. (PCG) to conduct two assessments; the first being the capacity assessment of CILs interested in providing the consolidated independent living services program. PCG conducted the following activities as part of this evaluation:

- Determined the interest of the CILs in assuming the services;
- Documented the geographic areas that each CIL would cover;
- Developed a goods and services inventory of current DARS services for independent living provided by the Division for Blind Services and Division for Rehabilitation Services;

[1] http://www.dars.state.tx.us/about/

- Gathered information and data from each CIL who expressed interest in assuming the transferring services;
- Conducted research on other states' approaches to independent living service delivery;
- Gathered information from other entities within the State of Texas who could potentially deliver independent living services;
- Facilitated public forums to gather consumer and stakeholder input.

Findings

As a result of this evaluation, we found the participating CILs demonstrated a strong willingness to provide the independent living services currently provided by DARS. However, the current capacity of and readiness to provide these services varies across the CILs. Work needs to be done to support and expand the CILs capacity prior to transitioning the independent living services to ensure a successful transition. Areas of need include the development and dissemination of specific contractual requirements, including any staff certification requirements for service delivery, and training on these requirements to ensure CILs understand contract components. Capacity building through training and technical assistance is necessary for purchasing of services, specifically with regard to assistive technology and vehicle modifications. Transition planning by DARS and the CILs at an organizational level is necessary, as well as transition planning for specific services and individuals currently served by DARS to prevent consumers from experiencing interruptions in service.

Deaf and Hard of Hearing Services Assessment

PCG also conducted a second assessment regarding whether services provided through the DARS Office for Deaf and Hard of Hearing Services (DHHS) could be better provided through the CILs. PCG conducted the following activities as part of this assessment:

- Determined the interest of the CILs in contracting to provide the services;
- Developed a goods and services inventory of current DARS Office for Deaf and Hard of Hearing Services;
- Gathered information and data from each CIL that expressed interest in delivering the services;
- Facilitated public forums to gather consumer and stakeholder input.

Findings

While CILs indicated a willingness to provide services for Deaf and Hard of Hearing Services consumers, some CILS indicated a hesitation to transfer the services provided by the Office of Deaf and Hard of Hearing at the same time as the consolidated independent living services are transferred. Consumers and stakeholders indicated concerns about Deaf and Hard of Hearing Services transferring to the CILs at this time, and believe CILs are not the appropriate agency to provide the office of deaf and hard of hearing services. While some CILs currently have Specialized Telecommunications Assistance Program contracts with DARS, this is not the only

services provided by the office of deaf and hard of hearing. Based on the assessment, the CILs are not currently in a position to deliver the services better than DARS at this time. The deaf and hard of hearing services section outlines steps to be considered further regarding these services.

PROJECT METHODOLOGY

Project Approach

In October of 2015, the Department of Assistive and Rehabilitative Services (DARS) contracted with Public Consulting Group, Inc. (PCG) to conduct the evaluation of the capacity of CILs available in communities throughout the State of Texas. The purpose of the evaluation was to:

- Assess the capacity, or the ability and willingness of the CILs to develop the capacity to provide a statewide network of independent living services as currently provided by DARS.
- Assess the capacity of other service providers, such as Area Agencies on Aging, Council of Government, and Aging and Disability Resource Centers to provide independent living services as currently provided by DARS.

DARS requested the evaluation include research on evidence-based best practices and other states' experiences with the delivery of outsourced independent living services; as well as recommendations for the optimum delivery of statewide services through contractual relationships between DARS/Health and Human Services Commission and CILs or other service providers.

The following tasks were completed as part of the evaluation:

1. Kick Off Conference

Meeting with DARS: In October 2015, PCG and DARS staff met for the project kick off conference in Austin. The meeting included an introduction of the project team members and the planning of the evaluation activities. This meeting included key staff from both PCG and DARS who together reviewed the Sunset Commission recommendations and resulting legislation to ensure there was understanding and agreement on the expectations and approach of the evaluation.

Meeting with CILs: In October 2015, PCG met with the Texas Centers for Independent Living (CILs) interested in participating in the individual capacity assessment and evaluation. As authorized under title VII, chapter 1, part C of the Rehabilitation Act, as amended by the Workforce Innovation and Opportunity Act CILs provide independent living services to individuals with significant disabilities. After the meeting, twenty-three (23) out of twenty-seven (27) CILs in Texas agreed to be part of the capacity assessment process. PCG conducted individual assessments of the following CILs:

Name of CIL	Office Location
ABLE Center for Independent Living	Odessa
Austin Resource Center for Independent Living (ARCIL), ARCIL Round Rock, ARCIL San Marcos	Austin, Round Rock, San Marcos
Brazos Valley Center for Independent Living	Bryan
Coastal Bend Center for Independent Living	Corpus Christi

Name of CIL	Office Location
Coalition for Barrier Free Living: Houston Center for Independent Living (HCIL); Brazoria County Center for Independent Living (BCCIL); Fort Bend Center for Independent Living (FBCIL)	Houston, Angleton, Sugarland
Crockett Resource Center for Independent Living, Palestine Resource Center for Independent Living	Crockett, Palestine
Disability in Action	Abilene
Disability Connections	San Angelo
East Texas Center for Independent Living	Tyler
Heart of Central Texas Independent Living (HOCTIL)	Belton
LIFE/RUN	Lubbock
Mounting Horizons Center for Independent Living	Galveston
Panhandle Independent Living Center	Amarillo
RISE Center	Beaumont
San Antonio Independent Living Services (SAILS)	San Antonio
Valley Association for Independent Living Rio Grande Valley, Valley Association for Independent Living South Texas (VAIL)	McAllen, Laredo
Volar Center for Independent Living	El Paso

REACH Resource Centers for Independent Living chose not to participate in the capacity assessment. REACH indicated after internal discussions they did not believe they had the capacity to take on the additional services.

2. DARS Goods and Services Inventory

In preparing for the capacity assessment, PCG completed a goods and services inventory (see appendix #1) cataloguing the services DARS currently provides to identify the services the CILs would be required to provide through the consolidated independent living program. The goods and services inventory included detailed information from the Division for Blind Services (DBS) and the Division for Rehabilitation Services (DRS). The completion of the goods and services inventory included researching federal grants received by DARS, conducting interviews with key DARS staff, and gathering fiscal and programmatic data from DARS. The completed inventory was provided to the CILs prior to beginning the capacity assessment process, for use as a reference tool during their individual assessments.

The goods and services inventory included the service name, the definition of the service, the number of individuals in the state that received the service in the last two fiscal years, and service category. It also included the expenditures of DARS statewide for each service type.

DARS employs staff and contracts with entities to provide direct consumer services for independent living services. PCG also learned the following regarding how DARS currently provides independent living services:

a. DARS employs thirty-five (35) Full Time Equivalent (FTE) independent living resource specialists across the state.
b. There are two-hundred forty five (245) individuals on the Division for Rehabilitation Services Independent Living Services waiting list as of March 31, 2016 and their average wait time was seven months. There is no Division for Blind Services Independent Living waiting list. The Division for Rehabilitation Services Independent

Living Services consumers are waiting for DARS purchased services, which may include: vehicle modifications, home modifications, hearing aids & accessories, prosthetic & orthotics, etc. Because waiting lists are ordered by caseload based on service ready date, not all consumers are waiting for high cost services.

c. Vocational Rehabilitation Counselors, Rehabilitation Technicians, and other vocational rehabilitation staff provide program information and consultative services for independent living consumers when requested to do so.

3. Other State Research

PCG completed research on practices to outsource independent living services in nine other states. PCG, in conjunction with DARS, held conference calls with leaders from three states, and PCG conducted extensive state specific research, see appendix #2. The results of the research is summarized in this report.

4. Other Service Provider Survey

PCG deployed a survey to other entities including the Area Agencies on Aging (AAA's), Aging and Disability Resource Centers (ADRC's), and Councils of Government (COG's) to gather information regarding the services they provide, the geographic areas of the state they covered, and their interest in providing the independent living services currently provided by DARS. The results of the survey are summarized in this report. A full accounting of survey results can be found in appendix #3.

5. Public and Other Provider Input

PCG hosted nine public meetings in three areas of the state to obtain stakeholder feedback on the requirement to transfer independent living services provided by DARS Division for Blind Services and Division for Rehabilitative Services to the CILs. The public meetings were conducted in Fort Worth, Midland, and San Antonio and were attended by 607 people. These sessions gave PCG an opportunity to hear first-hand the perspectives of the public on the current services provided by the CILs as well as the community's thoughts and feelings about the transition. PCG also had the opportunity to visit three CIL offices including Life Run in Lubbock, REACH in Fort Worth, and SAILS in San Antonio, to further inform the analysis. A full listing of the public feedback can be found in appendix #5.

6. Individual CILs Capacity Assessment

PCG conducted individual capacity assessments with twenty-three (23) of the twenty-seven (27) CILs in Texas who expressed an interest in providing the consolidated independent living services program. The individual capacity assessments had three phases including:

a. A request for information from each CIL;
b. The completion of a survey by each CIL; and

c. A webinar meeting between the CIL and PCG staff to review and clarify information submitted through the information request and survey.

The request for information sent to the CILs asked them to provide the following:

- General CIL information such as name, address, and number of individuals served;
- List of services provided, with target populations currently served and service descriptions;
- List of staff positions, with any required credentialing, and the date of hire for each staff position listed;
- CIL policies and procedures;
- CIL organizational charts;
- Audited financial statements;
- Information on CIL performance targets and performance reports (if available); and
- Any strategic plans the CIL had in place for the transition (if available).

The CILs submitted the requested information to the PCG project team for review. Some CILs did not provide all the information requested. Please see the individual capacity assessments in appendix #4 for additional information. Clarifications on the materials provided to PCG were an integral part of the webinars held with each CIL.

The CILs also completed a sixty-two (62) question online survey. The survey was divided into two parts. The first section was an abbreviated McKinsey Capacity Assessment Grid, which is a widely used tool to assess non-profit organizational capacity. Each CIL was asked to rate their capacity, on a scale of 1-4, on a variety of domains such as funding model, performance measurement, and strategic planning. PCG modified the tool prior to distribution to capture the elements most important for this engagement and to use wording applicable to the project. The CILs were instructed that the Chief Executive Officer (CEO), one board member, and two or three senior agency leaders should each independently complete the assessment tool and then come together to agree on a final response to be submitted to PCG as the agency's official response to the survey. PCG used the additional materials requested from each CIL to substantiate the responses provided on the survey.

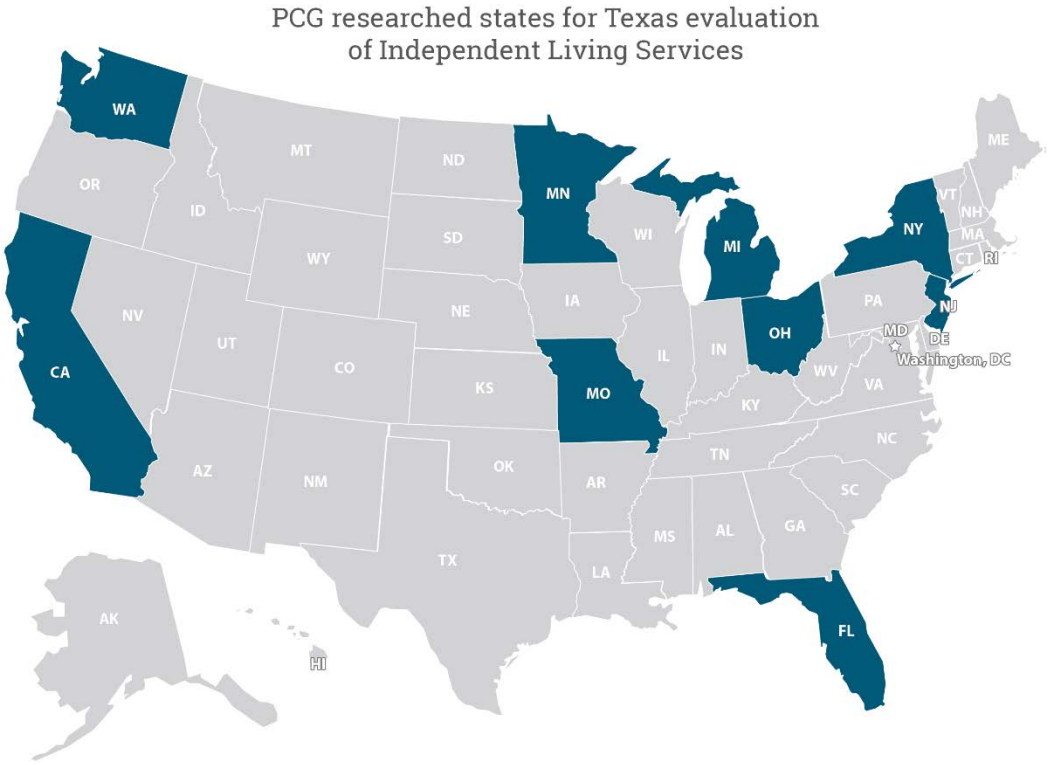
A key aspect of the capacity assessment was to quantify the specific assistance the CILs would need in order to provide the independent living services currently provided by DARS. To achieve this goal the second part of the survey included open-ended questions to identify areas of need such as training, staffing and resources, in order to provide the independent living services. The survey participants for each CIL were instructed to use the DARS Goods and Services Inventory as a reference when answering the survey questions.

Following receipt and review of the survey responses, PCG scheduled a 90-minute webinar with each CIL to ask clarifying questions and develop a clear understanding of their staffing and service delivery models. PCG talked with each CIL in detail about the information provided in

the survey and discussed how their business processes would need to change to support the provision of the independent living services currently provided by DARS.

OTHER STATE RESEARCH

As part of this evaluation, DARS requested research on states that outsource independent living services to other providers including Centers for Independent living (CILs). The research was done to gather information regarding the states' models for outsourcing, and to provide information to DARS as they develop the service delivery model in Texas. DARS selected the states to be reviewed and considered similarities in population, states that outsourced their independent living services, and states having progressive service models. As part of this effort,



Public Consulting Group in partnership with DARS interviewed three states: Washington[2], Florida, and California to gather information about their service delivery models for blind, low vision, and deaf and hard of hearing populations. The fourth state, Louisiana, was interviewed by DARS. In addition to phone interviews, research was conducted by reviewing each state's independent living state plan and materials from their individual websites. Additional states researched were Minnesota, Missouri, Ohio, New York, New Jersey and Michigan (see graphic).

Outsourcing

All states reviewed outsource some or all of the services offered, to nonprofit entities. In the states reviewed, outsourcing to nonprofit provider agencies was driven by the needs of the individuals served. States contract with community-based agencies, who may as needed, utilize subcontractors to provide the actual service. For example, Ohio selects their service providers

[2] Washington's information is specific to their youth program

by conducting an assessment of providers from across the state willing to participate in providing the required services.

In some states an oversight commission, made up of state agency representatives, consumers, and other interested parties is created to contract for direct client service delivery. The commission, in turn, subcontracts with community-based organizations giving additional flexibility to purchase the goods and services at a local level to meet the individual's needs.

No uniform case management data systems are in place in eight of the nine states reviewed. The states reviewed do not require all of the service provider agencies to use the same case management data system to capture and analyze consumer information. The states require the contractor(s) to have some type of a case management data system to collect information, to oversee individual client outcomes and track financial data. Florida was the only state where community rehabilitation service agencies enter information and data into a statewide case management system and the data is then analyzed by the state to determine eligibility for specific goods and services.

Services

Each of the states reviewed provide services based on the needs of the individuals they serve. While each state provides core services required to receive federal funding, the service delivery mechanism is directed by individuals. The following categories of services are offered by each state:

1. Education
2. Communication Access
3. Advocacy
4. Adaptive Technology

All states indicated that services are provided based on the needs of the individuals and also based on their disability. The services are then tailored to meet the person's unique needs to meet their goals.

Consumer Disability Categories

States often provide services to individuals who are blind or have low vision using a unique and separate set of non-profit providers than those who serve individuals who are deaf and hard of hearing. Of the states reviewed, none of them employ or contract with one provider to deliver services across both disability categories. States reported that the provision of services for individuals with disabilities must take into account the culture, values, and norms unique to the person and their disability in order to create individualized plans that reflect the individual's goals and support them to achieve their outcomes. States also indicated they contract with agencies who have experience with the specific disability population and services. The states also reported having specific service types for adults, youth, and older individuals, since the services may vary based on the needs of the target population.

Funding

The funding mix utilized to support these services varies greatly between the states. The funding used often includes federal part B funds, which are funds to provide independent living services to individuals with significant disabilities, general state revenue, vocational rehabilitation program income, and matching funds. Some services are also funded through competitive grants awarded by government and philanthropic agencies. Florida, for example, asks their nonprofit providers to fundraise in order to fill funding gaps not supported by federal and state dollars. In California, individuals may pay for a portion of the expenditures needed to meet their individual needs (e.g. assistive technology).

Based on the research conducted, DARS and Health and Human Services Commission should consider the following when building their model:

a. Services for individuals who are blind should be well defined and provided by experts who are trained or have previous experience in providing the services.
b. Outsourcing models were common in the states reviewed, and currently DARS contracts with many agencies for direct services to consumers. A key to success in an outsourcing approach is having well developed contract monitoring tools to oversee and measure the outcomes achieved by the providers.
c. Funding for these services, while supported by federal and state dollars, could benefit from the CILs having the ability to fundraise as nonprofit agencies. These funds would be unrestricted, and could be used to support infrastructure, enhanced practices, or other services to enhance achievement of individual outcomes. DARS could consider a requirement in the CILs contract for the CILs to fundraise private funds or identify matching funds for a percentage of the services they intend to provide. This should be determined in partnership with the CILs.

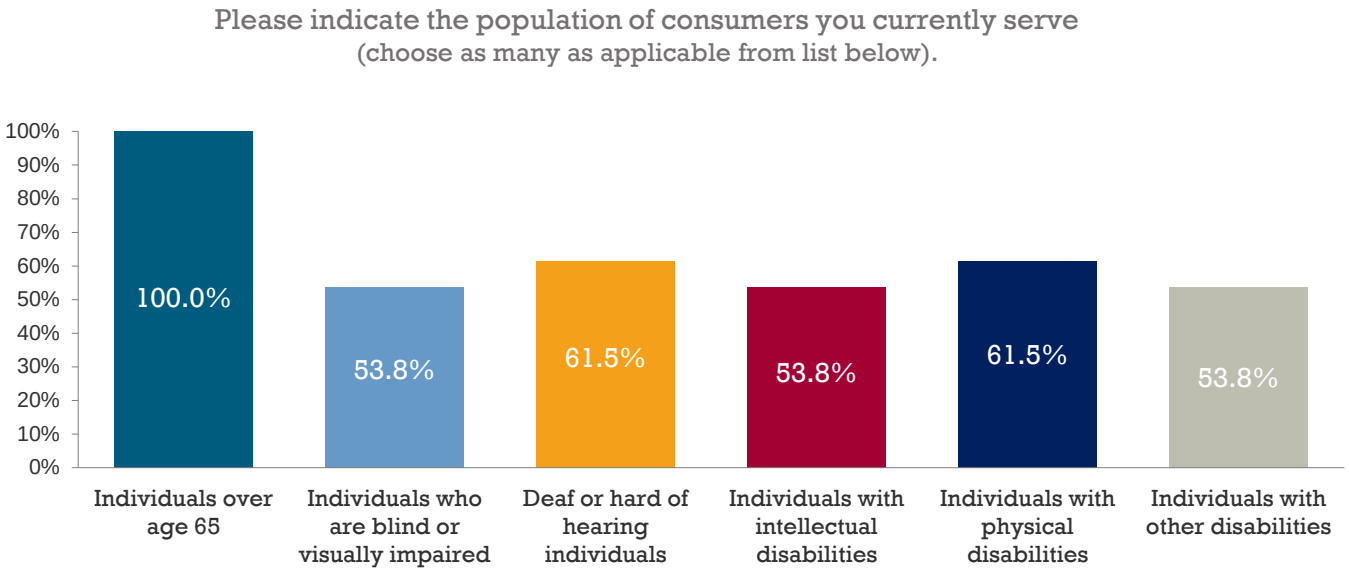
OTHER AGENCY INVENTORY

As part of this evaluation, PCG assessed the interest of "other entities" in Texas to provide the consolidated Independent Living services program. These other agencies included Area Agencies on Aging, Aging and Disability Resource Centers, and Councils on Government. As specified in the legislation, DARS must outsource independent living services currently under DARS Division for Blind Services and Division for Rehabilitation Services, and the CILs were designated as the first priority for consideration to deliver these services. DARS will not provide these services after August 31, 2016. PCG developed and conducted a survey to gauge the interest and capacity of other entities, and developed an inventory of services the other entities currently provide. PCG sent a nine-question survey to sixty-seven (67) other entities. Of the sixty-seven (67) entities contacted for the survey, thirteen (13) responded. PCG did not receive information on why the other agencies did not respond to the survey.

For those other entities who responded to the survey, there was a varying degree of interest in providing the services, or supplementing services in conjunction with the CILs. Based on the limited number of responses, these agencies would not be able to provide statewide coverage. All responding agencies indicated that to deliver the services identified they would need assistance in capacity building including additional staff, changes to technology, and training and technical assistance from DARS.

Populations Served

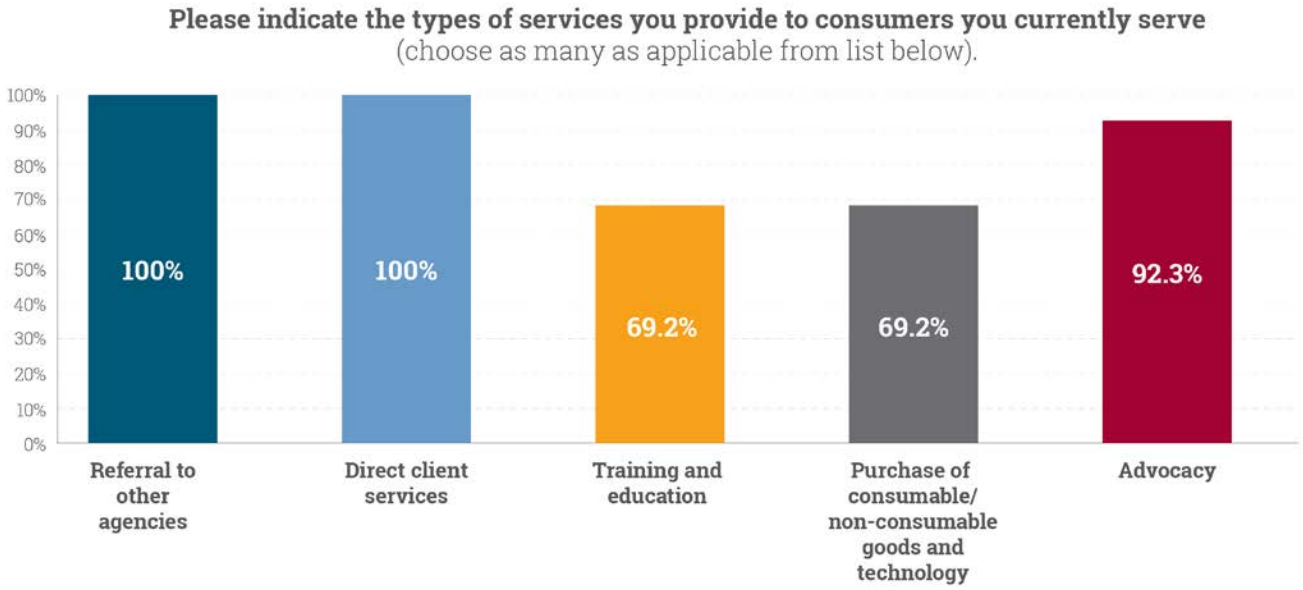
Responding agencies serve a combined one-hundred one (101) counties out of the two-hundred fifty four (254) total counties in the state of Texas. One hundred percent of the survey respondents serve individuals over the age of sixty-five (65), seven (7) serve individuals who are deaf or hard of hearing, eight (8) serve individuals who are blind or vision impaired, seven (7)



serve individuals with intellectual disabilities, eight (8) serve individuals with physical disabilities, and seven (7) serve individuals with other disabilities. The chart above summarizes the results.

Services Provided

All thirteen (13) of the entities responding, reported providing referral services as well as direct client services. Nine (9) agencies stated they provide training and education services, nine (9) stated they assist in the purchase of goods and services, and twelve (12) provide advocacy services. Additionally, the other entities identified forty-nine (49) unique services they provide. Most listed traditional services offered through Aging and Disability Resource Centers and Area Agencies on Aging services, benefits counseling, and information and referral services.



Additionally, agencies listed services such as meal delivery, transportation, workforce development services, housing services, education services, and caregiver services (respite, education, general information). The chart above summarizes the survey results.

Interest in Providing Independent Living Services

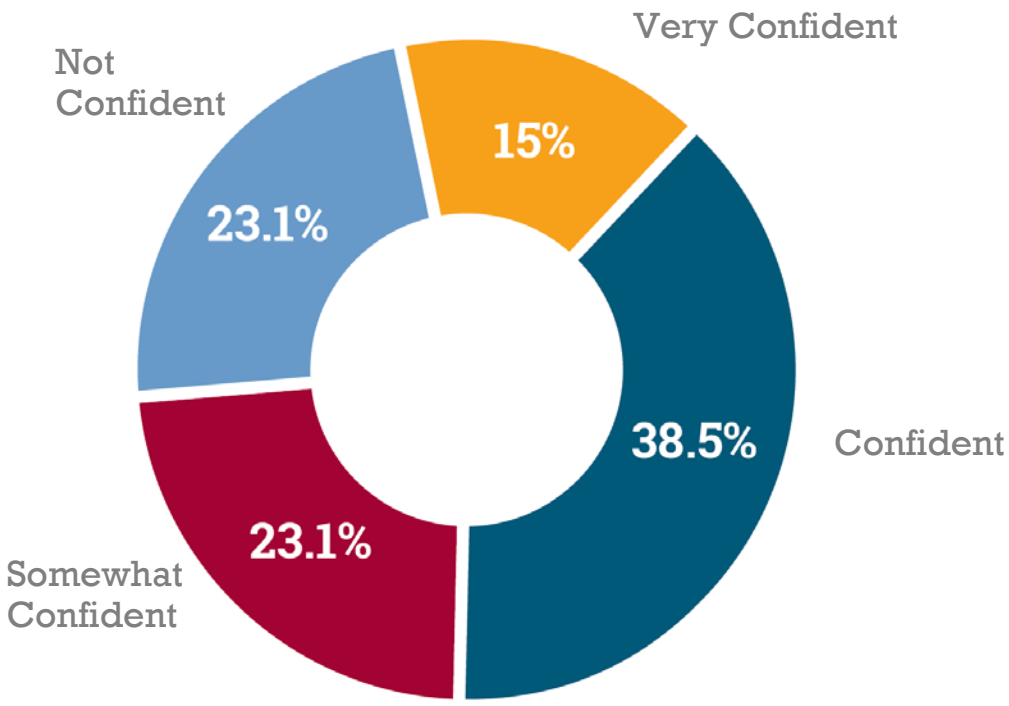
In response to whether the agencies would be interested in contracting to provide the independent living services currently provided by DARS, just over half of the survey respondents indicated they were interested or very interested, four (4) indicated they were somewhat interested, and three (3) indicated they were not interested in providing these services. Ten out of the thirteen (13) respondents currently contract with the Health and Human Services Commission to provide a variety of services.

In response to whether or not the other entities felt confident to provide independent living services listed in the goods and services inventory, seven (7) indicated they were confident or very confident, three (3) indicated they were somewhat confident, and three (3) indicated they were not confident in their ability to provide independent living services. One respondent

indicated they currently contract with DARS and one CIL to provide services, and the agency does not wish to disrupt their contract with the CIL to provide additional services themselves.

All thirteen (13) respondents indicated that after reviewing the goods and services inventory, their agencies would need staff training for all agency staff in order to provide the Independent Living services. Twelve (12) survey respondents indicated they would need an increase in staff to meet the service demand. Eleven (11) respondents indicated they would need to change the staffing model used in the agency, seven (7) indicated they would need to change their financial systems and processes currently in place, and six indicated they would require changes in their current technology. While ten (10) of the thirteen (13) respondents indicated an interest in providing independent living services, it is PCG's recommendation that there would need to be a more in-depth assessment of each agency's capacity to fully understand the scope of the needs they have initially identified.

> **Please rate your confidence level in being able to provide Independent Living Services based on your review of the goods and services inventory.**



STAKEHOLDER INPUT

PCG conducted nine public meetings in Fort Worth, Midland, and San Antonio with approximately six-hundred seven (607) individuals and other stakeholders in attendance. The format of the public meetings included receiving comments from individuals, consumers, other stakeholders, and interested community partners regarding the outsourcing of services for Division for Blind Services and Division for Rehabilitation Services. Participants were also invited to provide comment regarding whether Deaf and Hard of Hearing Services currently provided by DARS could be better provided by the CILs. Please refer to the section of this report for explanation and analysis of the Deaf and Hard of Hearing Services review. In addition to the public meeting comments, we received eighty-five (85) emails, sixteen (16) letters, and twenty-two (22) VLOGs[3] providing feedback about these topics. PCG staff also attended three stakeholder meetings including the December DARS Independent Living Services Stakeholder meeting, the January Texas State Independent Living Council meeting, and the February DARS Independent Living Services Stakeholder meeting, to collect additional input[4]. The graphic below represents the public input PCG received as part of this project.

In the following tables we summarize key areas of feedback and concern raised during the meetings and in the written correspondence, specifically in the areas of:

- **Qualified and Prepared Staff:** CILs hiring qualified staff to deliver independent living services to Division for Blind Services and Division for Rehabilitation Services consumers
- **Communication Access:** CILs providing adequate communication access for consumers who need independent living services
- **Readiness and Transition Planning:** CILs' readiness and transition planning to provide independent living services

[3] VLOG is a blog in which the postings are primarily in video form.

[4] Stakeholders raised many concerns about the transition of DARS operations to the Health and Human Services Commission and Texas Workforce Commission.

Qualified and Prepared Staff	
Sources	Public Meetings, Written Letters and Site Visits
Theme	Consumers expressed concerns that CILs will not hire or train qualified staff to deliver critical services to promote independence and as a result, there could be a gap in or lack of services beginning on September 1, 2016.
Participant Statements	• CILs do not have staff with the certifications necessary to work with individuals who are blind (e.g. orientation and mobility training), and will not hire certified individuals • CILs do not currently travel or provide services in consumers' homes and they are not trained on how to assist a person to safely use household appliances • CILs will not have trained staff available on the first day of the contract, therefore services will be delayed to consumers • Technology (e.g. adaptive equipment, computers) needs to be readily accessible at the CILs provided by trained staff with the knowledge of the technology to assist individuals

CILs indicated they are ready to provide the consolidated independent living services to consumers on September 1, 2016. While CILs have stated that they need training and technical assistance from DARS, consumers and stakeholders report concerns regarding the ability of CILs to hire certified staff. Consumers and stakeholders indicated it is imperative for the CILs to hire staff and enter into subcontracts with direct service providers prior to September 1, 2016 so they are ready to provide services on the first day of the contract period. In public meetings, people reported feeling uneasy and fearful the CILs will not be ready to provide services required by consumers to live independently.

> "The center staff have no idea what it takes to work with those who happen to be blind."
>
> - Public Hearing Participant, Fort Worth, TX

Communication Access	
Sources	Public Meetings, Emails, Written Letters
Theme	Consumers reported the need for the CILs to know how to access communication to meet their individual needs. They stated the CILs should be able to translate their individual communications into languages and formats consumers and stakeholders can access (e.g. braille, Spanish, or make other accommodations as needed).
Participant Statements	• CILs do not have their information readily available in braille, large print, or other languages • Adaptive technology and communication access is not available at center sites to communicate with individuals who enter the center for services • Consumers want a list of services provided at the centers and the list to be provided in their preferred communication style • Each CIL should ensure a fair and equal communication access for consumers • CILs and DARS should develop a grievance policy and/or establish a "helpline" for individuals to voice concerns or questions about the services provided by the CILs

> "CILs must be able to communicate with us in our language".
>
> – Public Hearing Participant, Midland, TX

Communication access was a key concern of consumers and stakeholders during the public meetings. Consumers and stakeholders reported visiting CILs and not being able to communicate with staff or read information about the CILs because it was not accessible to them (e.g. signs were posted outside the CIL but were not in braille). While consumers indicated communication access with DARS is not always ideal, they are worried the transition will set back the progress they have made under the DARS system. Consumers and stakeholders also stated it will be important for the CILs not to "assume" the preferred communication style of consumers and how the consumer can best receive information. They indicated the CILs should make a point to join community groups, network with other providers, and reach out to individual consumers to understand their preferred communication style.

Readiness and Transition Planning	
Sources	Public Meetings, Emails, Written Letters
Theme	Consumers and stakeholders expect independent living services provided by the CILs to be ready on September 1, 2016 with no lapse as the transition takes place.
Participant Statements	• DARS should select an oversight committee to monitor the transition of services so no consumers "fall through the cracks". Members should include consumers who the transition impacts • CILs need to develop and enhance strong community partnerships with agencies who provide direct consumer services and work on a process of collaboration so consumers do not have to go to multiple locations to have their needs met • CILs do not have physical offices in all areas where consumers reside. Therefore, CILs will need to develop expansion plans or consider how to deploy staff to these areas • CILs, in conjunction with DARS, should communicate with current consumers receiving independent living services to support a seamless transition, and ensure the consumer's services do not lapse

> "Who is going to be looking at the system to make sure it is equal"?
>
> – Public Hearing Participant, San Antonio, TX

Consumers and stakeholders reported concern regarding the readiness and transition planning activities the CILs are going to engage in prior to the transition date of September 1, 2016. They indicated the expertise at DARS will be critical during the transition, and there will need to be clear oversight of the CILs during the transition. Commenters suggested DARS and the CILs need to communicate with consumers about the transition to ensure there is not a lapse in services. Stakeholders also indicated their communities already have groups that meet to strengthen local services; therefore, CILs should begin to attend the community meetings to gather information, report progress, and strengthen local relationships.

CIL CAPACITY ASSESSMENT

One of PCG's primary tasks of this evaluation was to conduct a comprehensive assessment of the interest and capacity of the Centers for Independent Living (CILs) in providing consolidated independent living services. In order to do this, it is important to understand the legislation behind the creation of these CILs. As authorized under title VII, chapter 1, part C of the Rehabilitation Act, as amended by the Workforce Innovation and Opportunity Act, the Centers for Independent Living Program provides grants to consumer-controlled, community-based, cross-disability, nonresidential, private nonprofit agencies for the provision of an array of independent living services for individuals with significant disabilities. At a minimum, centers funded by the program are required to provide the following five independent living core services:

1. Information and referral;
2. Independent living skills training;
3. Peer counseling;
4. Individual and systems advocacy; and
5. Services that facilitate transition from nursing homes and other institutions to the community, provide assistance to those at risk of entering institutions, and facilitate transition of youth to postsecondary life.

CILs also may provide, among other services: psychological counseling, assistance in securing housing or shelter, personal assistance services, transportation referral and assistance, physical therapy, mobility training, rehabilitation technology, recreation, and other services necessary to improve the ability of individuals with significant disabilities to function independently in the family or community and/or to continue in employment. A population-based formula determines the total funding available for discretionary grants to centers in each State.[5]

> *"HCIL, BCCIL, and FBCIL promote the full inclusion, equal opportunity and participation of persons with disabilities in every aspect of community life. We believe that people with disabilities have the right to make choices affecting their lives, a right to take risks, a right to fail, and a right to succeed."*
>
> - Coalition for Barrier Free Living

Across the state of Texas, twenty-three (23) out of twenty-seven (27) CILs agreed to be part of the capacity assessment process. While all CILs seek to promote independence for people with disabilities, *how* they do this varies signficantly. The CILs demonstrated they are each unique, serving different populations with diverse offerings, tailored to the people and communities they serve.

The purpose of the individual capacity assessments was to assess how the CILs' administrative, financial, and program operations and infrastructure would need to change in order to deliver

[5] US Department of Health and Human Services, Administration for Community Living http://www.acl.gov/Programs/AoD/ILA/Index.aspx

the consolidated independent living services program currently provided by DARS, and to understand the resources and supports the CILs need to make those changes.

The tasks of the individual capacity assessments included:

- A self-assessment survey completed by all twenty-three (23) participating CILs;
- A review of supporting materials from each CIL to validate the self-assessment including a list of services and number of individuals served, staff lists including staff credentials and dates of hire, as well as the materials listed in the chart below; and
- 90 minute webinars with each CIL.

In addition, the capacity assessments were informed by the public meetings and the public comments summarized in the previous report section.

Every CIL submitted a letter from their Board of Directors indicating their support for taking on the independent living services currently provided by DARS.

The chart below shows the materials and data requested from and submitted by the CILs for their individual capacity assessments. When the CILs did not submit requested materials, it was generally because they did not have data requested[6]. For example, many of the CILs did not submit an example of a vendor subcontract[7]. Additionally, all of the CILs were asked to submit a letter from their Board of Directors indicating the Board's support for the CIL to take on the new services and all provided it.

[6] Life Run/Disability Connections are in the process of developing a strategic plan but it was not ready to be shared at the time of this assessment.

[7] The project team was looking for examples of subcontracts executed by the CILs, where the CIL was purchasing services from another entity. Numerous CILs submitted examples of contracts showing them as the subcontracted entity, but that was not what the project team was looking to gather.

CIL Capacity Assessment Data Request

Name of CIL	Org Chart	Financial Statement	Mission/ Vision Statement	Strategic Plan	Vendor Subcontract	Performance Measures
ABLE Center for Independent Living	●	●	●	●		●
Austin Resource Center for Independent Living (ARCIL), ARCIL Round Rock, ARCIL San Marcos	●	●	●	●	●	●
Brazos Valley Center for Independent Living	●	●	●	●		●
Coastal Bend Center for Independent Living	●	●	●	●		●
Coalition for Barrier Free Living: Houston Center for Independent Living (HCIL); Brazoria County Center for Independent Living (BCCIL); Fort Bend Center for Independent Living (FBCIL)	●	●	●	●		●
Crockett Resource Center for Independent Living, Palestine Resource Center for Independent Living	●	●	●	●		●
Disability in Action	●		●	●		●
Disability Connections	●	●	●		●	●
East Texas Center for Independent Living	●	●	●	●		●
Heart of Central Texas Independent Living (HOCTIL)	●	●	●	●		●
LIFE/RUN	●	●	●		●	●
Mounting Horizons Center for Independent Living	●	●	●	●		●
Panhandle Independent Living Center	●		●			●
RISE Center	●	●	●	●		●
San Antonio Independent Living Services (SAILS)	●	●	●	●		●
Valley Association for Independent Living Rio Grande Valley, Valley Association for Independent Living South Texas (VAIL)	●	●	●			●
Volar Center for Independent Living	●	●	●	●		●

All the CILs that participated in this endeavor expressed willingness to take on the independent living services program currently provided by DARS. They stated great confidence in their ability to provide the additional services. Overall, the CILs were very responsive and willing to participate in this evaluation.

The CILs expressed willingness to participate in the capacity assessment and were highly responsive throughout the evaluation.

Below we summarize the current staffing and service delivery models for the network of CILs before discussing the capacity needs.

Staffing Overview

The twenty-three (23) CILs employ a total of 230 Full Time Equivalents[8] staff positions. CIL staffing levels ranged from a low of 4.5 Full Time Equivalents to a high of 30 Full Time Equivalents[9]. At the time of the evaluation, there were no critical vacancies at the CILs, although one CIL had an interim Executive Director. Most CILs reported turnover rates lower than 20% for their most recently completed fiscal year[10]. Across the entire CIL network, turnover was 16.5% during this same time period. This is slightly higher than the turnover rate of 13% reported by DARS for 2014[11]. Primary reasons for turnover included contract reductions, retirements, and staff finding opportunities elsewhere. The chart below provides an overview of staffing levels for each CIL, as well as their individual turnover rates.

[8] Source: Capacity assessment data request. Numbers represent staff as submitted by the CILs at the time of their data submission.

[9] CILs that share executive directors or other staff (such as Life Run and Disability Connections) were combined together for the purposes of this analysis.

[10] Source: Capacity assessment data request

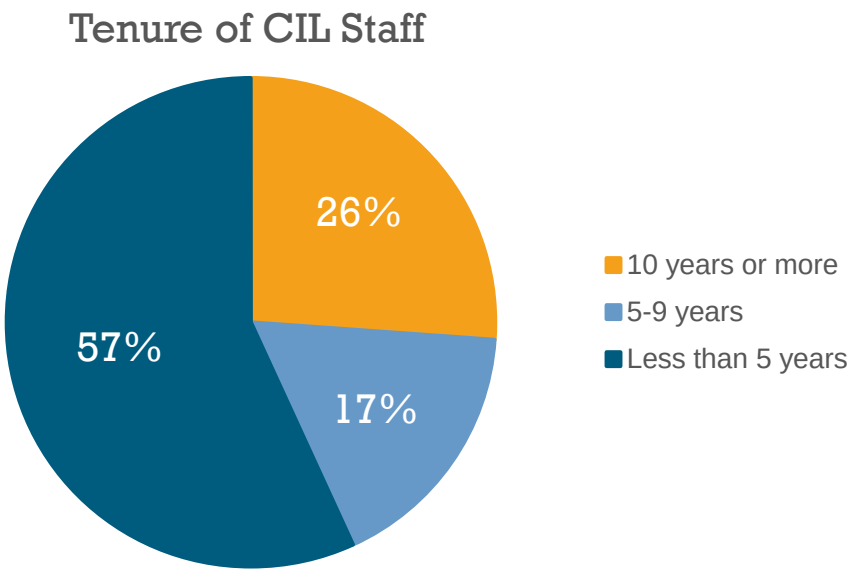
[11] DARS Annual Report 2014 http://www.dars.state.tx.us/reports/annual2014/2014AnnualReport.pdf

CIL Staffing and Turnover Levels

Name of CIL	# of Staff	Staff who Exited Employment During Most Recent Fiscal Year	Turnover Percent
ABLE Center for Independent Living	4.5	0	0.0%
Austin Resource Center for Independent Living (ARCIL), ARCIL Round Rock, ARCIL San Marcos	18.0	0	0.0%
Brazos Valley Center for Independent Living	9.8	4.0	41.0%
Coastal Bend Center for Independent Living	22.0	2.0	9.1%
Coalition for Barrier Free Living: Houston Center for Independent Living (HCIL); Brazoria County Center for Independent Living (BCCIL); Fort Bend Center for Independent Living (FBCIL)	25.5	3.0	11.8%
Crockett Resource Center for Independent Living, Palestine Resource Center for Independent Living	16.0	1.0	6.3%
Disability in Action	7.5	1.0	13.3%
Disability Connections / Life Run	29.2	3.0	10.3%
East Texas Center for Independent Living	10.5	2.0	19.0%
Heart of Central Texas Independent Living (HOCTIL)	10.3	4.0	38.8%
Mounting Horizons Center for Independent Living	6.0	1.0	16.7%
Panhandle Independent Living Center	8.5	1.5	17.6%
RISE Center	5.5	2.0	36.4%
San Antonio Independent Living Services (SAILS)	9.0	0.5	5.6%
Valley Association for Independent Living Rio Grande Valley, Valley Association for Independent Living South Texas (VAIL)	30.0	12.0	40.0%
Volar Center for Independent Living	18.0	1.0	5.6%
Total	**230.3**	**38.0**	**16.5%**

The CILs reported a range of staff experience levels[12]. More than half (57%) of the CIL staff have been employed at their CIL for less than five (5) years[13]. However, 26% of the staff have been with their CIL for more than ten (10) years, providing a balance of experience and historical knowledge. Seventeen percent of CIL staff have been employed with their CIL between five (5) to nine (9) years.

[12] Source: Capacity Assessment Data Request. Mounting Horizons did not submit staff dates of hire so their staff is excluded from the years of service analysis. All other staff data points were provided.
[13] As of the December 2015, which was when the capacity assessment data was submitted by the CILs.



Many of the CILs reported that the required credentials for their staff were educational such as a high school diploma, bachelor's degrees, or master's degrees, but few reported specific certification requirements. CILs reported they are generally flexible about who they hire based on the candidate's unique experience. DARS currently requires specific credentials for some staff positions at the CILs.

The job description below aptly represents how many of the CILs approach the hiring of staff:

> "Education/Experience: Bachelor's Degree in the field of Human Services, with a minimum of two (2) years' experience in working with individuals with disabilities and assisting them in navigating various service delivery systems to obtain essential resources; or, any combination of education and experience that, in the opinion of the Executive Director, qualifies the individual for the position"
> - job posting for Independent Living Specialist at Life Run

Another CIL (Brazos Valley) noted they intended their specialist positions to be a "training ground" often hiring individuals with disabilities, so they can gain experience for a few years as an Independent Living Specialist and then advance to career opportunities outside of the CILs.

Specialized staff at the CIL's included Community Work Incentives Coordinators (CWIC), Community Living Assistance and Support Services (CLASS) Case Manager, Specialized Telecommunications Assistance Program (STAP) Specialists, Hearing Loss Resource Specialists (HLRS), Deafness Resource Specialists (DRS), and others. The Specialized Telecommunications Assistance Program, Hearing Loss Resource Specialists, and Deaf

Resource Specialist positions are funded through contracts with DARS, and will be further discussed in deaf and hard of hearing section of this report.

Service Delivery Overview

As previously noted, the core services provided by the CILs include information and referral, independent living skills training; peer counseling, individual and systems advocacy, and services that facilitate transition from nursing homes and other institutions to the community, provide assistance to those at risk of entering institutions, and facilitate transition of youth to postsecondary life. Beyond these core services, there is great variability in the services offered by the CILs. For example, one CIL offers an Alzheimer's support group; others offer cooking competitions, stress and anxiety management, and exercise/stretching classes. Many executive directors emphasized the community-based nature of the CILs, and how their offerings had evolved in response to the specific needs of the communities they serve.

The Valley Association for Independent Living's (VAIL) mission statement aptly expresses the community focus of many CILs:

> *"The Valley Association for Independent Living (VAIL) is organized to serve people with disabilities in the greater Rio Grande Valley. VAIL is committed to enabling persons with disabilities to gain effective control and direction of their lives in the home, in the workplace and in the community. VAIL's goal is to stimulate and promote a growing sense of personal dignity and empowerment through individualized programs designed to provide the tools necessary for maximum independence and community participation."*

Other services offered at some CILs include benefits counseling, housing navigator, health insurance navigator, Work Incentive Planning and Assistance, and Community Assistance and Support Services case management. The CILs provide the majority of services at the Centers, and most noted this supported the goal of encouraging consumers to be independent. Most of the CILs have developed and rely on community partnerships with cities and towns, local schools, community colleges, universities, local Councils of Government, Area Agencies on Aging, and other similar types of organizations in order to provide direct services. None of the CILs identified any current waiting lists for services.

The twenty-three (23) CILs included in this assessment are proposing to cover the entire state of Texas. In a state as large as Texas, this poses some geographical challenges, with some CILs covering, or proposing to cover, very large geographic areas. Going forward, a critical challenge will be for the CILs to be more standardized in their service delivery across the CIL network while preserving the flexibility of the CILs to meet the unique needs of their communities.

Capacity Needs

Ability to Serve Individuals who are Blind or Visually Impaired

During our assessment, PCG staff found there is a lack of specialized staff to serve individuals who are blind or visually impaired at the CILs. The CILs indicated that they rely on the DBS, and other community-based agencies (such as Lighthouses for the Blind) to provide more specialized services to individuals who are blind or visually impaired.

This is reflected in their overall service numbers as well. CILs reported serving a total of approximately 9,000[14] individuals last year. Of those, 442[15] individuals reported a primary disability of blindness or visual impairment; approximately 5% of the total population of individuals served. The chart below provides more detail by CIL.

[14] The primary source of data for this number is the capacity assessment data submissions from the CILs. The CILs were asked to provide the total number of individuals (unduplicated) they each served last year. However, there was variability in the data they provided. Most reported the number of consumers for whom consumer records were opened. Some appeared to provide a duplicated count of individuals and in those cases, the project team followed up to request number of consumers served. If the CIL did not respond to follow up requests the project team pulled the number of consumers served by the CIL from their Annual Performance Report for Centers for Independent Living required by the Rehabilitation Services Administration for CILs funded under Part C (704 report).

[15] Source: Capacity assessment data request

Percent of Blind or Visually Impaired Individuals Served

Name of CIL	Total Individuals Served	Individuals Served who are Blind or Visually Impaired	Percent of Individuals who are Blind or Visually Impaired	Less Than 5%
ABLE Center for Independent Living	302	32	10.6%	
Austin Resource Center for Independent Living (ARCIL), ARCIL Round Rock, ARCIL San Marcos	1,053	14	1.3%	●
Brazos Valley Center for Independent Living	168	40	23.8%	
Coastal Bend Center for Independent Living	506	23	4.5%	●
Coalition for Barrier Free Living: Houston Center for Independent Living (HCIL); Brazoria County Center for Independent Living (BCCIL); Fort Bend Center for Independent Living (FBCIL)	1,712	129	7.5%	
Crockett Resource Center for Independent Living, Palestine Resource Center for Independent Living	196	11	5.6%	
Disability in Action	359	27	7.5%	
Disability Connections	433	21	4.8%	●
East Texas Center for Independent Living	599	-	0.0%	●
Heart of Central Texas Independent Living (HOCTIL)	170	15	8.8%	
LIFE/RUN	513	38	7.4%	
Mounting Horizons Center for Independent Living	316	16	5.1%	
Panhandle Independent Living Center	323	13	4.0%	●
RISE Center	333	6	1.8%	●
San Antonio Independent Living Services (SAILS)	470	21	4.5%	●
Valley Association for Independent Living Rio Grande Valley, Valley Association for Independent Living South Texas (VAIL)	248	30	12.1%	
Volar Center for Independent Living	1,371	6	0.4%	●
Total	**9,072**	**442**	**4.9%**	

Brazos Valley Center for Independent Living stands out as serving the largest population of individuals who are blind or visually impaired. They may be able to serve as a resource for other CILs going forward.

> *The CILs need more staff specialization and experience in serving individuals who are blind or visually impaired.*

As previously stated, the numbers above reflect the number of individuals who reported blindness or visual impairment as their primary disability. Many CILs noted they serve a large number of individuals with multiple disabilities, which means that relying on reports of primary disability may under-state the number of individuals who are blind or visually impaired who were served. Even so, it is clear this is a small portion of individuals served overall.

Overall, the CILs reported good relationships with and reliance on DARS and other community based organizations, such as Lighthouse Services for the Blind, for providing services to people who are blind. Those with community-based partnerships planned to continue them, but indicated a need for more expertise in this area. Nearly every CIL expressed a need for more staff, or contracted resources, with specialization or experience in blind/visually impaired services and/or a need to train existing staff.

Capacity to Procure Assistive Technology, Durable Medical Equipment, and Vehicle Modifications

All of the CILs expressed a willingness to purchase assistive technology, vehicle modifications, or durable medical goods. Currently, the CILs refer consumers to DARS for the majority of these purchases. DARS first reviews whether the device/equipment is consistent with the consumer's plan. If so, an assessment is completed by an outside vendor to determine the best device/solution for the consumer. The assessment may be completed by a physical therapist, occupational therapist, or the vendor of the equipment. If the consumer has insurance, DARS will assist the consumer to access insurance to pay for the needed service. If the consumer does not have insurance, DARS may purchase it from their approved list of vendors after negotiating a “best” price. After the equipment is purchased, the vendor will provide training to the consumer in how to use it. DARS may pay for additional training over and above the standard amount of training, if needed. DARS has an approved list of vendors for assessment and provision of the goods. The vendor may be the same for both the assessment and the provision, or may not.

DARS will also assist consumers to obtain vehicle modifications, if this accommodation will allow them to live more independently in their home or community. This is a highly specialized process. If the person is determined eligible for services and if his or her Independent Living Plan includes vehicle modifications, then DARS has to determine that the consumer has an appropriate vehicle for modification and that the requested modifications are consistent with their plan, and the most appropriate way to meet their needs. After DARS determines that the request can move forward, a mechanic completes an assessment of the vehicle. The assessment is then shared with the Texas Transportation Institute, which oversees the plan and the actual vehicle modifications to ensure the modifications meet safety standards.

This type of purchasing will add another layer of fiscal complexity and work volume for all CILs, which will require additional staff and/or training. While many of the CILs do purchase administrative goods or services such as interpreter services, janitorial services, or office supplies, these purchases are generally low dollar, and well below the dollar threshold associated with the requirements for more complex purchasing policies. The degree to which the CILs employ financial personnel to handle this increased complexity of purchasing varies. Currently, all but three (3) of the CILs have designated fiscal staff[16], although the types of fiscal staff varies from full time chief financial officers to office managers and bookkeepers.

[16] Source: Capacity assessment data request

The chart below indicates the CILs who currently employ dedicated financial staff.

CILS WITH DEDICATED FINANCIAL STAFF

Name of CIL	Dedicated Financial Staff
ABLE Center for Independent Living	●
Austin Resource Center for Independent Living (ARCIL), ARCIL Round Rock, ARCIL San Marcos	●
Brazos Valley Center for Independent Living	●
Coastal Bend Center for Independent Living	●
Coalition for Barrier Free Living: Houston Center for Independent Living (HCIL); Brazoria County Center for Independent Living (BCCIL); Fort Bend Center for Independent Living (FBCIL)	●
Crockett Resource Center for Independent Living, Palestine Resource Center for Independent Living	●
Disability in Action	
Disability Connections / Life Run	●
East Texas Center for Independent Living	●
Heart of Central Texas Independent Living (HOCTIL)	●
Mounting Horizons Center for Independent Living	
Panhandle Independent Living Center	●
RISE Center	
San Antonio Independent Living Services (SAILS)	●
Valley Association for Independent Living Rio Grande Valley, Valley Association for Independent Living South Texas (VAIL)	●
Volar Center for Independent Living	●

At the three (3) CILs without designated fiscal staff (Mounting Horizons Center for Independent Living, Disability in Action, and RISE Center) financial functions are currently either purchased from another vendor, or are covered by staff without a financial title, such as the Executive Director. Mounting Horizons Center for Independent Living and Disability in Action, specifically identified the need for one (1) full-time administrative person at their organizations in order to take on the additional purchasing requirements. RISE Center acknowledged they would likely need additional staff, but did not estimate an exact number or type of personnel at this time.

Even where there are dedicated financial staff, additional personnel may be needed at the CILs to handle the additional purchasing responsibilities; and training and technical assistance will be needed in order for the CILs to identify and select vendors and negotiate fair prices (a fuller assessment of staffing needs is provided later in this section). Training and technical assistance will especially be needed for the vehicle modification purchases.

The centralized nature of DARS' current purchasing process affords some benefits. It provides an opportunity for better price negotiation and a centralized pool of dollars allows DARS to approve and prioritize requests in a standardized way, thus providing some assurance that the dollars are used in the most appropriate way. De-centralizing the dollars creates some risks that the funds may not go as far and may not be utilized as effectively. This is an area where DARS should work together with the CILs to create standardized purchasing processes, including processes for prioritizing requests, shared vendor lists, and even pooling the dollars to maximize the purchasing power.

Decentralizing the purchasing power of DARS will create risks, including that the funds will not be utilized or maximized effectively. The CILs will need training and technical assistance in developing purchasing processes, including processes for prioritizing requests, vendor lists, and how to negotiate fair prices.

Another layer of complexity in taking on these purchases is that the CIL staff will need to stay apprised of available assistive technology and equipment. Ten (10) of the CILs currently have assistive technology demonstration labs or sites on loan from the Texas Technology Assistance Program (TTAP) from the University of Texas[17]. The Texas Technology Assistance Program allows for assistive technology and computer access demonstrations for consumers and family members, as well as other interested parties. Participants are provided with an explanation of how the devices work and instructions for use. Participants are also able to try the device and possibly even able to borrow the device to determine if the device meets their needs. Participants are also provided information about further assessment if needed, as well as cost and vendor information so that they can acquire the device if they are financially able. Assistive technology needs of consumers with a variety of disabilities are addressed at these sites, including individuals who are deaf, hard of hearing, blind or visually impaired.

Demonstration sites provide the staff at those centers with exposure to and familiarity with current assistive technology. This is a strength for these centers. These sites, along with the staff at the CILs where they are operated, may be a resource for training or technical assistance for the other CILs, showing again the need for the CILs to form a network to deliver the consolidated independent living services.

[17] Source: Texas Technology access program http://tatp.edb.utexas.edu/demo3.html

Centers with Texas Technology Assistance Program sites are noted in the chart below. Note that both Brazoria County Center for Independent Living and Houston Center for Independent Living have Texas Technology Assistance Program sites. Because they are both contained within the Coalition for Barrier Free living, there are only nine CILs marked in the graphic below.

CILs with Texas Technology Assistance Program (TTAP) Sites

Name of CIL	TTAP Site
ABLE Center for Independent Living	
Austin Resource Center for Independent Living (ARCIL), ARCIL Round Rock, ARCIL San Marcos	
Brazos Valley Center for Independent Living	●
Coastal Bend Center for Independent Living	●
Coalition for Barrier Free Living: Houston Center for Independent Living (HCIL); Brazoria County Center for Independent Living (BCCIL); Fort Bend Center for Independent Living (FBCIL)	●
Crockett Resource Center for Independent Living, Palestine Resource Center for Independent Living	
Disability in Action	●
Disability Connections	●
East Texas Center for Independent Living	●
Heart of Central Texas Independent Living (HOCTIL)	●
Life Run	
Mounting Horizons Center for Independent Living	
Panhandle Independent Living Center	
RISE Center	●
San Antonio Independent Living Services (SAILS)	
Valley Association for Independent Living Rio Grande Valley, Valley Association for Independent Living South Texas (VAIL)	●
Volar Center for Independent Living	

The CILs do have purchasing policies and procedures; however, they will need to modify these policies to specifically address the purchase of assistive technology, equipment, vehicle modifications, and therapeutic services.

> *The CILs will not have the cash to "front" large purchases, such as expensive technology, equipment, or vehicle modifications.*

All of the CILs indicated they would need to receive the funds associated with purchasing technology, equipment, or vehicle modifications as part of the contract with DARS. The CILs universally expressed the concern that they do not have the funds to "front" large purchases and then wait for DARS to reimburse them. All of the CILs have accounting and payment software that can be modified at low to no cost to expand their functionality to make these purchases.

Need for Additional Staff

Fifteen (15) CILs identified a specific need for additional administrative and program personnel at their organizations[18]. It is challenging to estimate the specific number of additional staff, because the impact of the transition on case volume at the CILs it is not yet known. The chart below shows the number of individuals served by each CIL in FY15, as well as the number of independent living consumers served by DBS and DRS in FY15. There is likely significant overlap in the consumers currently served by the CILs and the consumers served by DARS. The chart below shows the minimum increase in consumer volume at the CILs as well as the maximum. The minimum estimate assumes every consumer served by the CIL is also served by DARS, so that only where DARS currently serves more consumers than the CIL will there be an increase for the CIL. The maximum estimate assumes no overlap between DARS and CILs' consumers. It is likely that the actual increase in consumer volume will be somewhere in between, which is represented by the mid-point.

[18] Source: Capacity assessment surveys and webinars with the CILs. Some of the estimates were provided in writing by the CILs and some were provided more informally during the webinar calls and documented by the project team.

Consumer Volume

Name of CIL	Total Individuals Served by CIL FY15	Total IL consumers Served by DARS FY15	Minimum Change to Consumer Volume	Maximum Change to Consumer Volume	Mid-point
ABLE Center for Independent Living	302	113	-	113	57
Austin Resource Center for Independent Living (ARCIL), ARCIL Round Rock, ARCIL San Marcos	1,053	637	-	637	318
Brazos Valley Center for Independent Living	168	48	-	48	24
Coastal Bend Center for Independent Living	506	204	-	204	102
Coalition for Barrier Free Living: Houston Center for Independent Living (HCIL); Brazoria County Center for Independent Living (BCCIL); Fort Bend Center for Independent Living (FBCIL)	1,712	972	-	972	486
Crockett Resource Center for Independent Living, Palestine Resource Center for Independent Living	196	245	49	245	147
Disability in Action, Inc.	359	305	-	305	153
Disability Connections	433	53	-	53	27
East Texas Center for Independent Living	599	563	-	563	281
Heart of Central Texas Independent Living (HOCTIL)[19]	170	1,714	1,544	1,714	1,629
LIFE/RUN	513	517	4	517	261
Mounting Horizons Center for Independent Living	316	139	-	139	69
Panhandle Independent Living Center	323	648	325	648	487
RISE Center for Independent Living	333	290	-	290	145
San Antonio Independent Living Services (SAILS)	470	575	105	575	340
The Valley Association for Independent Living Rio Grande Valley, Valley Association for Independent Living South Texas (VAIL)	248	622	374	622	498
Volar Center for Independent Living	1,371	340	-	340	170
Total	**9,072**	**7,982**	**2,400**	**7,982**	**5,191**

[19] HOCTIL is proposing to cover a much larger geographic area than they currently serve.

The chart below illustrates the potential percentage increases in consumer volume for both the minimum and mid-point scenarios noted in the chart above.

Consumer Volume Percent Change

Name of CIL	Total Individuals Served by CIL FY15	Minimum Change to Consumer Volume	Minimum Percent Change to Consumer Volume	Mid-point Consumer Count	Mid-Point Percent Change to Consumer Volume
ABLE Center for Independent Living	302	-	0%	57	19%
Austin Resource Center for Independent Living (ARCIL), ARCIL Round Rock, ARCIL San Marcos	1,053	-	0%	318	30%
Brazos Valley Center for Independent Living	168	-	0%	24	14%
Coastal Bend Center for Independent Living	506	-	0%	102	20%
Coalition for Barrier Free Living: Houston Center for Independent Living (HCIL); Brazoria County Center for Independent Living (BCCIL); Fort Bend Center for Independent Living (FBCIL)	1,712	-	0%	486	28%
Crockett Resource Center for Independent Living, Palestine Resource Center for Independent Living	196	49	25%	147	75%
Disability in Action, Inc.	359	-	0%	153	42%
Disability Connections	433	-	0%	27	6%
East Texas Center for Independent Living	599	-	0%	281	47%
Heart of Central Texas Independent Living (HOCTIL)	170	1,544	908%	1,629	958%
LIFE/RUN	513	4	1%	261	51%
Mounting Horizons Center for Independent Living	316	-	0%	69	22%
Panhandle Independent Living Center	323	325	101%	487	151%
RISE Center for Independent Living	333	-	0%	145	44%
San Antonio Independent Living Services (SAILS)	470	105	22%	340	72%
The Valley Association for Independent Living Rio Grande Valley, Valley Association for Independent Living South Texas (VAIL)	248	374	151%	498	201%
Volar Center for Independent Living	1,371	-	0%	170	12%
Total	**9,072**	**2,400**		**5,191**	

Heart of Central Texas Independent Living, Valley Association for Independent Living and Panhandle Independent Living Center will likely experience the largest increases in consumer volume, with Crockett and Palestine Resource Centers for Independent Living and San Antonio Independent Living Services also experiencing a definitive increase in consumer volume. Heart of Central Texas Independent Living is proposing to cover the counties currently covered by REACH. REACH will continue to provide services as a CIL, so it will be imperative that Heart of Central Texas Independent Living and REACH work together to establish their respective roles and responsibilities, estimate the case volume changes for Heart of Central Texas Independent Living, and cover the needs of consumers in their communities. There may also be variation in the comprehensiveness of the services provided by DARS versus the services provided by the CIL's.

Heart of Central Texas Independent Living, Valley Association of Independent Living, and Panhandle Independent Living Center will likely see the largest increases in consumer volume.

The CILs did not have access to DARS' county break down of service numbers during the assessment. Fifteen CILs did provide specific staffing estimates for the number of new staff they would need in order to take on the new independent living services. Eight (8) of the CILs were unable to provide specific estimates of staffing needs until they have a better understanding of the specific program requirements and caseload changes under the new program; however, they all noted that additional staff would likely be necessary. All of the CILs indicated they needed the following information before estimates could be finalized:

- They need more specificity about the program requirements, including staffing and credentialing requirements, and
- They need more data about the volume of services currently provided by DARS in their communities and the current number of DARS staff working in their regions.

The chart below depicts the CILs initial staffing estimates alongside the service data above.

Consumers Served and Staffing Estimates

Name of CIL	Total Individuals Served by CIL FY15	Minimum Percent Change to Consumer Volume	Mid-Point Percent Change to Consumer Volume	Number of Additional Admin Staff Estimated by CILs	Number of Additional IL Specialists Estimated by CILs	Total Additional Staff Estimated by CILs
ABLE Center for Independent Living	302	0%	19%			-
Austin Resource Center for Independent Living (ARCIL), ARCIL Round Rock, ARCIL San Marcos	1,053	0%	30%			-
Brazos Valley Center for Independent Living	168	0%	14%	1	1	2
Coastal Bend Center for Independent Living	506	0%	20%			-
Coalition for Barrier Free Living: Houston Center for Independent Living (HCIL); Brazoria County Center for Independent Living (BCCIL); Fort Bend Center for Independent Living (FBCIL)	1,712	0%	28%	4		4
Crockett Resource Center for Independent Living, Palestine Resource Center for Independent Living	196	25%	75%	4	2	6
Disability in Action, Inc.	359	0%	42%	3	1	4
Disability Connections	433	0%	6%	2		2
East Texas Center for Independent Living	599	0%	47%	3	2	5
Heart of Central Texas Independent Living (HOCTIL)	170	908%	958%	6		6
LIFE/RUN	513	1%	51%	2	1	3
Mounting Horizons Center for Independent Living	316	0%	22%	4	1	5
Panhandle Independent Living Center	323	101%	151%			-
RISE Center for Independent Living	333	0%	44%			-
San Antonio Independent Living Services (SAILS)	470	22%	72%	7	2	9
The Valley Association for Independent Living Rio Grande Valley, Valley Association for Independent Living South Texas (VAIL)	248	151%	201%	4		4
Volar Center for Independent Living	1,371	0%	12%			-
Total	**9,072**			**39**	**10**	**47**

Heart of Central Texas Independent Living will likely need more staff than they estimated as DARS is currently serving more than 1,700 consumers in that area; considerably more than the 170 consumers served by Heart of Central Texas Independent Living last year. The potential for increased consumer volume at Mounting Horizons Center for Independent Living may be understated in the chart above because they are proposing to cover two (2) additional counties. The two (2) additional counties are excluded from the DARS service numbers because other CILs are also proposing to cover the same counties.

More research needs to be conducted to quantify the additional number of staff needed across the CILs.

Additional research and consideration should be given before the staffing estimates can be quantified such as:

- The degree of duplication between DARS consumers and CIL consumers should be assessed. That would give a more accurate picture of the likely increase in case volume for each CIL.
- Average duration length of service from consumer service records should be assessed, which would allow DARS and the CILs to better estimate staffing needs.

Additionally, DARS and the CILs should work together to develop workload standards across the CILs. The CILs indicated a range of caseload ratios. Some variability may be appropriate based on staff tenure and specialized versus general caseloads, but consumers should have access to similar levels of service regardless of which CIL serves them.

Standardization and Coordination across the CILs

The CILs that participated in this evaluation all indicated a willingness to work with each other, but at the time of this assessment, they did not identify specific plans for doing so. Given the variability across the CILs, one critical area in need of improvement is performance measurement and reporting. In response to the individual capacity assessments request for performance tracking reports, CILs submitted a variety of reports, including their Annual Performance Report for Centers for Independent Living Program, required for entities that receive funding through Part C of the Rehabilitation Act (704 report), strategic plans, DARS quarterly performance tracking reports, and agency-specific goals and progress. Currently, the CILs share some basic performance measures, including those that must be reported on the Rehabilitation Services Administration 704 report.

The kinds of measures on this report include:

- Number of individuals served;
- Demographics of individuals served, including age, gender, and type of disability;
- Number of cases closed and reason for closure;
- Number of services provided by type;

- Number of individuals who set goals related to independence and number who achieve the goals;
- Number of individuals who expressed need to access healthcare, transportation, or number of individuals who obtained access; and
- Various compliance indicators.

Additionally, CILs that currently receive funding from DARS must complete quarterly program performance reports. Measures include objectives and goals related to outreach and education, information and referrals, and other outputs. Some CILs also produce their own performance measures and tracking reports. In general, whether the reports are required by oversight agencies or produced by the CIL itself, they are focused on outputs, rather than outcomes. The chart below is an example of performance measures submitted by Coastal Bend Center for Independent Living.

Goal	Strategy	Activity
Individuals with disabilities seeking assistance from Coastal Bend Center for Independent Living access services, supports, information and/or referral	1. Information about services, supports and programs offered at the Center is consistently provided to individuals with disabilities.	Independent living staff conduct intake appropriate to the individual and develop a Consumer Service Record (CSR) for each individual.
	2. Outreach is conducted to inform the community about services to individuals with cross-disabilities.	CBCIL staff develop appropriate materials, provide presentations, participate in outreach events and seek opportunities to leverage community partnership.

It is commendable that CILs develop and track numerous output-related performance measures; however, a more robust performance measurement strategy would include the addition of more outcome related measures across the system. Mounting Horizons Center for Independent Living submitted the most robust, outcome focused performance reports. Examples of their measures are included in the chart below.

Activities	Measurable Product/Outcome
Participants will demonstrate kitchen safety procedures, sanitation techniques, and use of kitchen equipment	At least 60% of participants in the program will be able to function independently in the kitchen
Participants will explore a variety of food items and prices at the grocery store and learn how to prepare a meal and appropriate hygiene and safety skills	At least 60% of participants will know how to shop for groceries and prepare a meal and demonstrate proper hygiene skills.

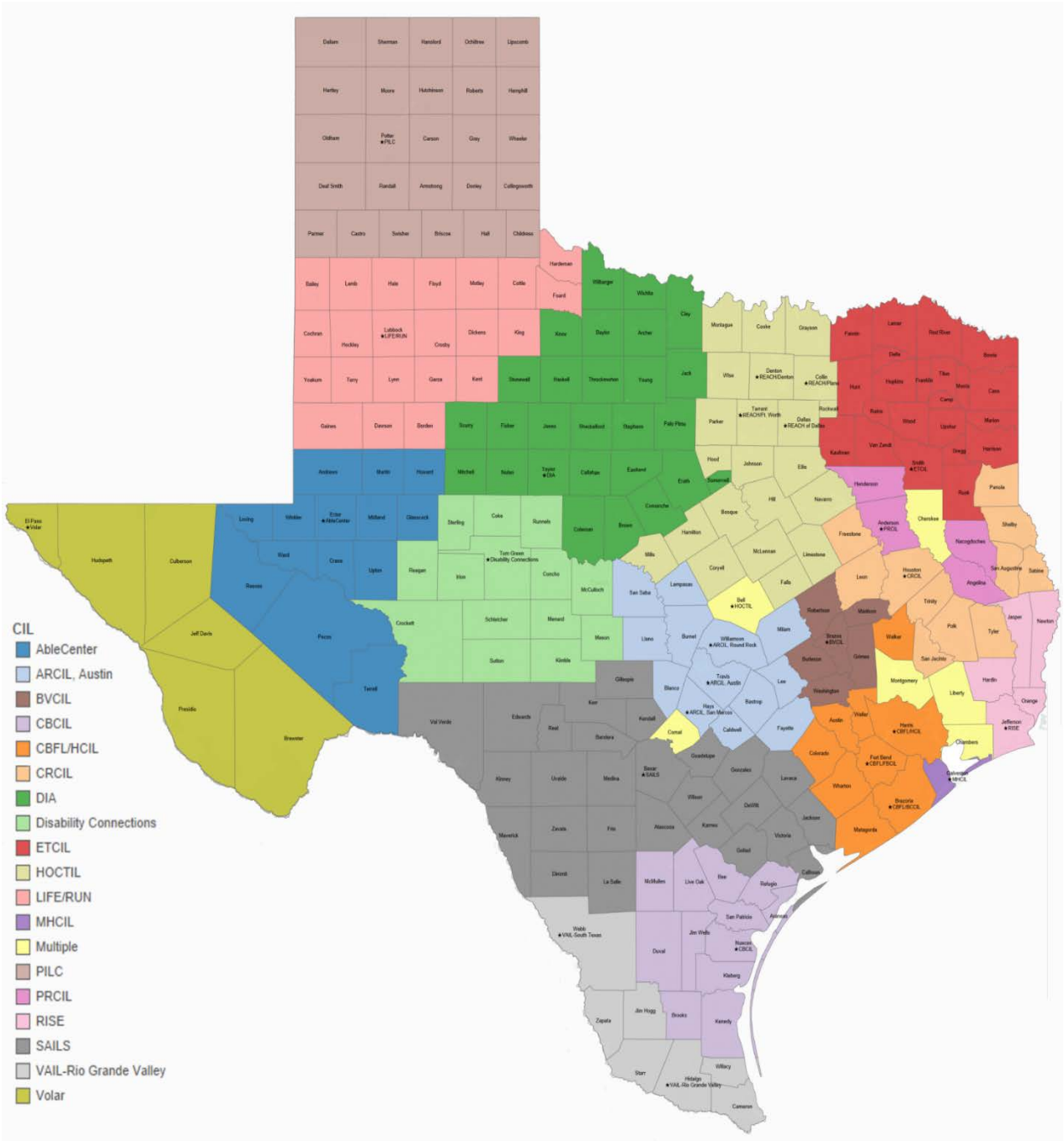
The CILs need standardized, robust, outcome-focused measures that identify the impact that services made on a person's life.

Establishing robust, outcome-focused, uniform performance standards across the CILs will be critical for maintaining a balance between flexibility and standardization, and for determining if consumers are properly served. Most CILs use CIL Management Suite as their tracking and management database. This database can be readily modified to capture additional data fields as needed. Those CILs that do not use CIL Management Suite use software that is similarly modifiable. Thus, the CILs do have the capacity to capture additional or new data as part of new performance standards.

Accessibility of the CILs

Geographic Accessibility

The twenty-three (23) CILs evaluated in this assessment are proposing to cover the entire state of Texas. Most will need to cover large geographic areas of the state in order to accomplish this; and many already do cover large areas. Three (3) CILs are proposing to take on more than ten (10) new counties: Life Run, Heart of Central Texas Independent Living, and Disability in Action.



Some parts of the state may be underserved now, particularly if they are very rural and far from

a CIL. Long travel times can hamper outreach efforts and an individual's ability to access services. The map above illustrates the proposed coverage areas of each CIL[20].

The graph below provides statistics to demonstrate the approximate travel times from the existing CIL offices to the furthest part of the geographic region they cover[21]. The estimates include proposed geographic expansion.[22]

Estimated Travel Times

Name of CIL	1 Hour or Less	Between 1-2 Hours	Between 2-3 Hours	More than 3 Hours
ABLE Center for Independent Living				●
Austin Resource Center for Independent Living (ARCIL), ARCIL Round Rock, ARCIL San Marcos		●		
Brazos Valley Center for Independent Living		●		
Coastal Bend Center for Independent Living		●		
Coalition for Barrier Free Living: Houston Center for Independent Living (HCIL); Brazoria County Center for Independent Living (BCCIL); Fort Bend Center for Independent Living (FBCIL)	●			
Crockett Resource Center for Independent Living, Palestine Resource Center for Independent Living			●	
Disability in Action			●	
Disability Connections			●	
East Texas Center for Independent Living			●	
Heart of Central Texas Independent Living (HOCTIL)				●
Life Run			●	
Mounting Horizons Center for Independent Living		●		
Panhandle Independent Living Center			●	
RISE Center			●	
San Antonio Independent Living Services (SAILS)				●
Valley Association for Independent Living Rio Grande Valley, Valley Association for Independent Living South Texas (VAIL)			●	
Volar Center for Independent Living				●

[20] Where more than one CIL has proposed to cover a county, that county is designated as "multiple".
[21] Source: the project team researched the travel time from the county within which the CIL office resides to the county that is furthest from the office on Google Maps.
[22] Travel times include projected geographic expansion excluding counties that multiple CILs proposed to cover.

Disability in Action, East Texas Center for Independent Living, Heart of Central Texas Independent Living, San Antonio Independent Living Services, Mounting Horizons Center for Independent Living, RISE Center, and Coastal Bend Center for Independent Living specifically identified a desire to add one to two satellite offices to mitigate long travel times. Mounting Horizons Center for Independent Living has proposed to expand to cover Montgomery and Chambers counties, which would significantly expand their geographic area. This additional travel time is not reflected in the chart above because multiple CILs have proposed to serve those counties.

> *Efforts should be made to minimize travel times to no more than 1- 2 hours from the Centers to the furthest point of the areas they serve.*

Currently, the CILs provide very few services in consumers' homes. Encouraging and assisting consumers to come to the Centers is more consistent with their missions. Many CILs also noted an increasing reliance on technology, such as telephone and other technology to reduce the need for consumers to repeatedly go to the Centers. While all of the CILs noted a willingness to offer more services in the home in the future for people who are blind or visually impaired, travel time may be a barrier. Ideally, there should be no more than between one and two hours from the CIL centers to the furthest point of the geographic area they serve. This may require additional CIL offices or satellite staffing. However, the CILs should first work together to explore the potential for more co-location with each other. Additionally, the CIL's should explore opportunities for more collaboration with other community based agencies, the Councils of Government, and/or the Area Offices on Aging for ways to collectively serve the communities within their geographic regions.

Physical and Communication Accessibility

Physical and communication accessibility issues at the CILs were also frequently noted areas of concern at the public meetings. PCG's project team did note some accessibility issues at the CILs visited. When conducting site visits at three (3) CILs, two (2) of the buildings were locked and required a person to use an intercom to communicate with the receptionist. On these buildings there were no signs in braille, therefore, a person who is blind would not know to use the intercom to access the building. At the Midland public meeting an individual indicated while there was a CIL in Odessa, the building was on a very busy street, which did not have appropriate accommodations (i.e. speaking signals, etc.) for people who are blind to safely cross the street. It was also noted by one CIL that individuals are only seen, if they have an appointment prior to arriving at the CIL. The reason cited was that staff might not be in the office when they arrive. While this may be true, the CILs will need to expand their business model to serve consumers during normal business hours, and develop coverage plans for staff who are not in the office. The CILs will have to increase accessibility to their offices in order to serve this additional population.

Board Composition

A CIL must have written documentation that its board:

- is the CIL's principal governing body, and
- has a majority of members who have significant disabilities[23].

During the public meetings, individuals provided feedback regarding the composition of the CILs' boards of directors. While the CILs reported 51% of their board members have a disability, the commenters at the public hearings are concerned the board members' disabilities do not proportionately represent the disabilities of the people they will serve with the addition of the new population.

Summary

Based on the strengths and gaps noted above, the CILs will need the following additional resources and capacity to provide the independent living services currently provided by DARS:

- More staff, or contracted resources, with specialization or experience with service provision for people who are blind/visually impaired, including services such as providing daily living skills like tactile markings for appliances or special labeling or markings to distinguish clothing, orientation and mobility services, and braille;
- More information about program specifications, including staffing and credentialing requirements so that they can better estimate their needs;
- Training and technical assistance in developing purchasing processes, including processes for prioritizing requests, vendor lists, and how to negotiate fair prices;
- Funding, as part of their contracts, in order to purchase technology, equipment, or vehicle modifications. The CILs will not have the cash to "front" large purchases;
- More information about DARS service levels, as well as information about the degree of overlap between DARS' consumers and the CILs' consumers;
- More administrative and program staff to cover additional responsibilities related to purchasing and additional consumer volume;
- More standardization across the CILs for workload standards, such as number of open Consumer Service Records allowed for Independent Living Specialists at any one time;
- More robust, standardized, outcome-based performance measures;
- More collaboration with community based agencies to resolve issues of geographic accessibility and additional satellite locations within some areas;
- Improved physical and communication accessibility for consumers including:
    - Building modifications to include accessible signs and communication tools;

[23] http://www.dars.state.tx.us/DRS/ProviderManual/ch7.htm#7.1

  - Accommodating individuals who walk into a CIL without an appointment; and
  - Utilizing technology to increase communication access for individuals.

In addition, the CILs should:

- continue to develop and add new relationships with community based organizations that provide services to individuals who are blind/visually impaired in the regions;
- engage in collaborative planning across CILs to ensure a statewide coordinated system of services for the target populations;
- engage in collaborative planning with individuals and the community to develop a comprehensive plan for what is needed; and
- develop plans that include having a CIL workforce that more proportionally represents the individuals served.

The table below summarizes some of the key findings related to necessary training and technical assistance for the CILs from this evaluation.

Name of CIL	Training /TA in Purchasing Technology, Goods, Services	Need Dedicated Financial Staff	Training and TA Serving Individuals who are Blind/ Visually Impaired[24]	Need for Improved Geographic Accessibility[25]
ABLE Center for Independent Living	●			●
Austin Resource Center for Independent Living (ARCIL), ARCIL Round Rock, ARCIL San Marcos	●		●	
Brazos Valley Center for Independent Living	●			
Coastal Bend Center for Independent Living	●		●	
Coalition for Barrier Free Living: Houston Center for Independent Living (HCIL); Brazoria County Center for Independent Living (BCCIL); Fort Bend Center for Independent Living (FBCIL)	●		●	
Crockett Resource Center for Independent Living, Palestine Resource Center for Independent Living	●		●	●
Disability in Action, Inc.	●	●	●	●
Disability Connections	●		●	●
East Texas Center for Independent Living	●		●	●
Heart of Central Texas Independent Living (HOCTIL)	●		●	●
LIFE/RUN	●		●	●
Mounting Horizons Center for Independent Living	●	●	●	
Panhandle Independent Living Center	●		●	●
RISE Center for Independent Living	●	●	●	●
San Antonio Independent Living Services (SAILS)	●		●	●
The Valley Association for Independent Living Rio Grande Valley, Valley Association for Independent Living South Texas (VAIL)	●			●
Volar Center for Independent Living	●		●	●

In the following section, we provide more detail about recommendations DARS should implement to address these capacity needs of the CILs.

[24] Currently less than 10% of the individuals they serve are blind or visually impaired
[25] Includes CILs with drive times of more than 2 hours from the Center(s) to the furthest point of the area they serve.

CIL CAPACITY ASSESSMENT RECOMMENDATIONS

The CILs have several areas of capacity strengthening and development needs that should be addressed prior to the transfer of independent living services from DARS. The recommendations outlined below will assist in the development of capacity for CILs, but also aim to limit any gaps in services for consumers.

Capacity Development and Transition

- **DARS and the Health and Human Services Commission, in collaboration with the CILs should develop a transition plan with specific action steps, timelines, outcomes and deliverables for the transfer of Independent Living Services to the Centers for Independent Living.**

While the legislation requires services provided by DARS be transitioned to the CILs by September 1, 2016, there are several activities that must be accomplished to ensure an effective, efficient and timely completion of the transfer. The transition plan should include:

a. A plan regarding how current individuals' services will be transitioned to the CILs
b. A plan to notify individuals about the change in services
c. A timeline for ongoing and transparent communication with consumers both by DARS and by CILs
d. A date for contract negotiations, beginning as soon as possible, to give both DARS and the CILs time to negotiate the contract details
e. A plan from the CILs on hiring staff to deliver the services, or a plan to subcontract the services
f. A timeline for training to be provided by DARS to the CILs

- **DARS should provide or arrange for training, technical assistance, and ongoing contract management for the CILs to ensure the transition is successful.**

Throughout the capacity assessment process the CILs indicated and we identified a need for training and technical assistance from DARS. DARS should provide training and technical assistance specific to the areas listed below prior to the transfer of independent living services to the CILs. In addition, there are a number of ways DARS can prepare for and implement strong contract management activities that will support the success of the transition, and the ongoing successful delivery of services to consumers.

Capacity to Serve Individuals who are Blind or Visually Impaired

We recommend DARS provide training to the CILs in best practices for the provision of service for people who are blind and visually impaired. DARS should provide their policies and procedures, desk aides, and vendor lists, to the CILs. If certain credentials will be required to provide these services, the CILs need to be notified as soon as possible.

DARS trainings should focus on program requirements, staff credentials and qualifications, office accessibility requirements, services for people who are blind/visually impaired such as orientation and mobility services, and general understanding of the individual needs of people who are blind or visually impaired.

Capacity to Procure Assistive Technology, Durable Medical Equipment, and Vehicle Modifications

Currently, the centralized nature of how DARS purchases these items provides for better price negotiation. DARS staff approves and prioritizes requests in a standardized way, thus providing some assurance that the dollars are used appropriately and efficiently. De-centralizing the dollars creates some risks that the funds may not go as far and may not be utilized as effectively. We recommend that DARS should retain responsibility for these purchases.

If the responsibilities are transferred to the CILs, they will need significant training and technical assistance. Currently, DARS obtains assessments to determine whether a particular equipment or technology is the right “fit” for the individual. The CILs should be given DARS policies and procedures, which should include: procedures for obtaining assessments related to assistive technology and durable medical equipment, policies and procedures for prioritizing requests, desk aides, and vendor lists. We also recommend that DARS provide an orientation training on these materials for the CILs. In addition, DARS will need to provide training and technical assistance around how the CILs can obtain and ensure fair prices for these highly specialized and individualized goods.

After training, and prior to implementation, DARS should require the CILs to develop their own policies and procedures to address all of the identified procurement areas. We recommend that the CILs collaborate with each other to develop standardized policies and procedures (to the extent possible), particularly with respect to processes for evaluating, approving, and prioritizing requests. We further recommend that the CILs work together to develop procedures to maximize purchasing power, such as shared vendor lists, or “pooling” resources for these purchases regionally.

We recommend DARS provide the CILs periodic ongoing training in assistive technology options so they stay current with the most recent developments. This could be accomplished with the help of the CILs that have access to the Texas Technology Access Program (TTAP) labs. One option is for CIL staff to periodically visit these sites and learn about the most up to date devices and equipment.

DARS currently maintains a waiting list. The Division for Rehabilitation Services Independent Living Services consumers are waiting for DARS purchased services, which may include: vehicle modifications, home modifications, hearing aids and accessories, and prosthetics and orthotics. Because waiting lists are ordered by caseload based on service ready date, not all consumers are waiting for high cost services. DARS will need to communicate and transfer this waitlist to the CILs. DARS has indicated that they will include the instructions for how the CILs should manage and triage the waitlist, in the contract with the CILs. This instruction will be very important for the CILs assuming they will face the same financial limitations as DARS.

Need for Additional Staff

The CILs need a better understanding of how the consumer volume will change under this transition. First, the independent living services provided by DARS per year by county should be shared with the CILs. Then the CILs and DARS will need to work together to estimate the degree of overlap in the individuals currently served by the CILs and those served by DARS. With this information, the CILs can better estimate additional consumer volume and additional workload they may experience.

It is also recommended that DARS develop, in collaboration with the CILs, some guidance around workload standards, including target consumer to service staff ratios. The targets could include ranges and guidance for weighting the system based on individual consumer needs. This would allow for more standardization of services across the CILs but would still allow the CILs some flexibility in determining workload.

Program and Performance Requirements

The CILs need information on the specific program requirements, including staffing and credential requirements that will be included in the new contracts. This information is critical to the CILs' ability to understand and plan for how their business operations will need to change. This information should be provided in writing to the CILs and DARS should conduct one or two webinars where the CILs can ask questions and gain clarification.

In addition, DARS should develop, in collaboration with the CILs, standard performance measures that are more outcome-focused than the annual reports currently required by the Rehabilitation Services Administration [26] or the DARS quarterly reports. The method by which the data is tracked, collected and reported should be standard across the CILs. These measures should capture outcomes data, as well as output data. Staff from Mounting Horizons, as well as the measures already developed at Mounting Horizons, could be a resource in developing these measures.

Finally, DARS will need to provide training and technical assistance to the CILs related to any financial requirements associated with the new programs. For specific state and federal rules and regulations, the CILs will need to be trained regarding what the rules and regulations state, and how those are applicable to the CILs. Additionally, DARS should provide one (1) or two (2) "train the trainer" sessions for the CILs, which the staff can then take back to their own organizations, as well as share with other organizations.

Cultural Competence of the CILs

We recommend DARS require the CILs receive comprehensive, ongoing training in cultural competence to ensure the agency staff, policies, procedures and other protocols or guidance set the stage for the effective provision of services for the people who will access services from

[26] Annual Performance Report for Centers for Independent Living required by the Rehabilitation Services Administration for CILs funded under Part C (704 report).

the CILs. The National[27] Center for Cultural Competence at Georgetown University has provided guidance on what cultural competence includes, and states that cultural competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations. PCG recommends that DARS require the CILs receive comprehensive, ongoing training in cultural competence to ensure the CILS can appropriately and effectively serve the target populations who will access services from them.

The NCCC further states that cultural competence is a developmental process that evolves over an extended period and requires that organizations:

- Have a defined set of values and principles, and demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally.
- Have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to diversity and the cultural contexts of communities they serve.
- Incorporate the above in all aspects of policy-making, administration, and practice and service delivery; systematically involve consumers, families and communities.

Based on input received through the forum process, and observation PCG recommends that the CILs would be better positioned to provide services if they engaged in this transformative process.

Ongoing Contract and Performance Monitoring

Perhaps the most important aspect of DARS' technical assistance will be ongoing contract and performance monitoring. We recommend DARS require the CILs to submit specific performance and financial information on at least an annual basis. DARS should also design and implement a program to regularly conduct site visits to monitor the CIL settings, observe program activities, and conduct fiscal monitoring. The monitoring program established by DARS should result in CILs being notified in writing of any deficiencies or program areas of concern and require that the CILs submit a plan of corrective action. The CILs may also be required to obtain additional technical assistance to achieve compliance.

- **Regional accessibility should be prioritized and supported.**

Efforts should be made to minimize travel times to no more than two hours from the CILs to the furthest point of the areas they serve. First, the CILs should explore potential co-location with each other or other community based agencies as a way to reduce travel times. Second, the CILs should work with other community based agencies and public agencies (such as the Area Offices on Aging) to develop partnerships and collaborations to serve consumers across their geographic areas. The CILs may need to subcontract certain services to improve the geographic

[27] http://www.nccccurricula.info/culturalcompetence.html

accessibility of services. Finally, additional satellite offices may be necessary for some CILs to be adequately accessible to consumers. This may need to be a phased-in process, starting with a goal to reduce all travel times to no more than two (2) hours in the first year, and one (1) hour by the end of year three (3).

- **The independent living program funds are limited, and CILs may decide to subcontract independent living services to other agencies. DARS should develop guidance that caps the funding for administrative costs for each CIL to maximize funding for services to individuals.**

Some CILs plan to subcontract many of the services for independent living to other direct service providers in their communities (e.g. other nonprofit agencies). DARS currently has individual contracts with many of these agencies to purchase services. Since the funding for independent living services will be transferred via contract to the CILs, it will be important to prevent duplication of administrative costs for example at the state level (for contract oversight), and at the CILs (to manage subcontracts). This duplicative cost could ultimately leave less funding for direct services for individuals. Controls regarding the percentage of administrative funds each entity can use will need to be clearly articulated in contracts.

- **DARS must ensure that the services provided by the CILs are accessible to the target population.**

CILs will need to enhance the physical access to their buildings. We recommend DARS require the CILs to make building modifications, place accessible signs on their buildings, and distribute communication materials that are accessible to consumers. DARS should also require CILs to accommodate individuals for walk in appointments, and utilize technology to increase communication access for individuals. DARS should monitor the CILs accessibility during annual onsite visits. Also, DARS should develop a process by which consumers can communicate with DARS regarding any concerns with the CILs or independent living services they are receiving.

- **DARS in conjunction with the CILs should develop a comprehensive communication plan to explain the transition to both existing consumers and potential consumers.**

A portion of the target service population is currently not served by the CILs. Many individuals indicated they did not know where CILs were located, and what services they provide. We recommend DARS and the CILS develop a joint communication plan to address these issues. A joint communication plan should address how each CIL plans to distribute information about the services they will be providing, as well as what information will be shared statewide by DARS. Additionally, the communication plan should be developed using a variety of communication strategies including language appropriate to the community, including braille, English, Spanish, and others as necessary.

Funding and Organization

PCG examined the funding and organizational structure needed to accomplish the goals set forth in the outsourcing of independent living services to the CILs.

Developing a Transparent and Equitable Funding Methodology

During this evaluation, PCG developed a goods and services inventory that was a compendium of the current DARS independent living and deaf and hard of hearing services. This inventory included the name of the service, the service definition, the number of individuals served in FY2014 and FY2015, and the funding amount for each service type for the corresponding years. The goods and services inventory was instrumental in developing the following recommendations, which correspond to the development of a transparent and equitable methodology for allocating funds to the CILs. PCG recommends that DARS take the following steps:

1	Gather and share with the CILs the historical data by county for the number of individuals served for FY 14 and FY 15.
2	Gather and share with the CILs expenditure data by county for FY 14 and FY 15.
3	Provide the CILs any waiting list data for each specified geographic area they will serve.
4	Allocate funding to the CILs based on historical cost data.
5	For the high dollar equipment/goods and services purchases, DARS should either retain the responsibility for purchasing; or DARS should develop a methodology to allocate the dollars across the CILs that is equitable based on the anticipated population.

DARS should aggregate the agency's consumer population data for FY 14 and FY 15 by county. This will provide the CILs an understanding of how many consumers in their area have been accessing independent living services. Based on the population data, DARS should aggregate expenditure data for FY 14 and FY 15, both for direct services and indirect administrative expenditures, for consumers served in each county. The population and expenditure data should then be shared with the CILs. This will provide baseline data from which to allocate funds for the first contract year. In the development of the goods and services inventory, PCG learned there is a waiting list for some services including assistive technology and vehicle modifications. DARS should share the waiting lists for each area with the CILs prior to the contract being executed so they understand how many consumers are in need of services.

DARS should assume the historical data will be similar for the first year of the contract and allocate the funds accordingly. In year two (2) of the contract, the Health and Human Services Commission should analyze the expenditures and consumers served by area again using the data collected during year one of the contract and the funding allocation should be re-visited. If possible, historical data should be analyzed to determine an average cost per person served,

and whether there are geographic or other variations in the average cost per consumer. DARS should then develop standardized funding allocations based on the average cost per consumer and the consumers served at each CIL going forward.

As previously noted, DARS provides services such as assistive technology and vehicle modifications that require large amounts of funding for one-time purchases. PCG recommends above that DARS should consider retaining the responsibility for purchasing these services. If the CILs are to make these purchases, DARS should consider having the CILs request funding for these specific purchases prior to buying the good or service and DARS should provide payment to the CILs prior to the purchase. Because these specific service needs vary greatly across the state, based on individual needs, it will be challenging to distribute funds equitably in advance.

Developing an Appropriate Organizational Structure

The organizational structure needed to manage and oversee an outsourced model, will require that the DARS staff be trained and become expert in providing training, technical assistance, and contract management to include both programmatic and fiscal monitoring. The number of DARS staff required to manage the contracts should be determined once the number of contracts to be awarded has been determined. The basic factors to consider when determining the number of staff includes: the total allocation of funding for each CIL, the risk associated with the contract, the contract terms and conditions, and determination if other entities also have oversight roles regarding the contracts. The organizational structure at DARS or Health and Human Services Commission should include staff who are available to conduct the following tasks:

1	Review annual outcome reports from the CILs.
2	Conduct onsite visits to assess accessibility, review financial data, and review case specific data.
3	Provide assistance and monitoring to CILs in the development and implementation of performance improvement plans, if necessary.
4	Provide initial training and technical assistance to the CILs during the transition of independent living services.
5	Provide ongoing training to the CILs based on identified needs.
6	Develop and implement a consistent complaint process for independent living consumers served by the CILs.

Through the contract process, DARS should require the CILs to provide an annual report regarding outcomes. These outcomes should be well defined, and DARS should prescribe the way CILs report the information as part of the contract. DARS should also develop a site visit tool to be completed on at least an annual basis with each CIL, and include case file reviews, a review of the CIL's financial data, and a review of the CIL's facilities. Based on the results of the annual site review and the outcome data, DARS should require the CILs to develop and

implement a corrective action plan, if necessary. DARS staff should then monitor the plan by requiring specific documentation showing improvement to be completed by the CILs.

DARS should also provide ongoing training and technical assistance to the CILs when needed. There are identified transition training needs described in the capacity assessment section of this report. For ongoing training and technical assistance, DARS staff should be prepared to provide specific case consultation related to the purchase of goods and services, and be prepared to assist the CILs with interpreting policy or contract language. Should a CIL request training on a specific topic (e.g. financial management), DARS should determine whether they have the expertise to provide the training, and if not, work with the CIL to obtain the training.

DARS or the Health and Human Services Commission should maintain a toll free number and email address for consumers to contact, if they have a complaint with regard to the services they receive at the CILs. DARS should develop a procedure for responding to consumers' concerns or questions, and should be responsible for working with the CIL to alleviate the consumers' concerns to the best of their ability. DARS should keep record of the complaints received, and themes should be communicated to the CILs as a network.

Developing a Plan to Best Utilize Existing Funding

There were five CILs who received state funding from DARS in 2013. These CILs (REACH-Plano, Valley Association for Independent Living, Disability in Action, Mounting Horizons, and Disability Connections) did not receive any part C federal funding for delivering independent living services other than those being outsourced. In 2013, each agency received $250,000 from the state which appears to be distributed without regard to the population served. Going forward, DARS should consider reviewing the methodology for how these funds are distributed, and base the allocation on population served rather than providing each CIL with the same amount of funding regardless of historical expenditure and population data. The formula should consider total population of the area served, total individuals served, geographic factors, and historical expenditures. PCG also recommends that after performance measures are standardized and implemented across the system, consideration should be made as to whether some portion of funding could be tied to performance.

OFFICE FOR DEAF AND HARD OF HEARING SERVICES

In 2015, a Texas Sunset Commission management action directed DARS to evaluate "whether services provided through the DARS Office for Deaf and Hard of Hearing Services (DHHS) could be better provided through the CILs."

DARS requested PCG include this as part of the overall capacity assessment evaluation. The particular focus of this part of the evaluation was to determine whether the current services provided by the Office for Deaf and Hard of Hearing Services (DHHS) could be better provided through the CILs. While better can be measured in many ways, PCG approached this question using a holistic view of the CILs including current services provided, experience with persons who are deaf and hard of hearing, and how the required transition of the consolidated independent living services program would impact the provision of deaf and hard of hearing services. To conduct this assessment, PCG completed the following tasks:

a. Developed a goods and services inventory for the Office of Deaf and Hard of Hearing Services to be considered for outsourcing
b. Conducted public meetings, and received information from consumers and stakeholders regarding whether CILs could better provide the services
c. Requested information regarding the deaf and hard of hearing population currently served as part of the individual capacity assessments
d. Developed observations and recommendations.

Deaf and Hard of Hearing Services Stakeholder Input

As indicated in the stakeholder input section of the report, PCG conducted nine public meetings in Fort Worth, Midland, and San Antonio with approximately six-hundred seven (607) individuals and other stakeholders in attendance. The purpose of the public meetings was to receive comments from individuals, other stakeholders, and interested community partners regarding the outsourcing of independent living services and whether services currently provided by the Office for Deaf and Hard of Hearing Services at DARS could be better provided by the CILs. In addition, PCG received comments via email, written letters and VLOGs. The comments described below are specific to the Office for Deaf and Hard of Hearing Services.

Outsourcing Deaf and Hard of Hearing Services to CILs	
Sources	Public Meetings, VLOGs, Emails, Written Letters
Theme	Individuals who are deaf or hard of hearing and other stakeholders stated communication access is key, and in their experience CILs do not provide adequate communication access.
Participant Statements	• CILs often do not have accessible offices including video monitors to communicate with individuals; nor do they have receptionist staff who can communicate using ASL • Not all CILs employ certified interpreters in their agencies, nor do they have technology to communicate with deaf individuals • Interpreting certification testing[28] should not become a CIL function due to the knowledge and high level of expertise needed to conduct the testing • CILs are not currently staffed to deal with individuals who are deaf causing fear in the community that services will not be available • CILs do not adequately understand individuals who are deaf or deaf culture, and this can take years to learn

According to individuals who are deaf and hard of hearing, for CILs to be successful with serving the deaf and hard of hearing population they would need extensive training and technical assistance regarding the deaf culture and community. They also reported CILs need to improve communication access for persons who are deaf and hard of hearing. It was recommended that CILs consider meeting with people from the deaf and hard of hearing community to gather data on their specific service needs and have a strategic plan developed before assuming these services.

> "I have a strong feeling the CILs will not have good communication or will have less services for the deaf community"
>
> – Public Hearing Participant, Fort Worth, TX

Consumers and stakeholders also stated they are concerned the CILs will rely on interpreters or outside agencies to communicate with them. Having a third party involved in communication delays responses and is difficult when discussing sensitive information. The overwhelming response from the commenters was that the Office for Deaf and Hard of Hearing Services should not be transferred to the CILs at this time. While some people in the deaf and hard of hearing community indicated they might be open to the transition in the future, they indicated additional assessment and planning should occur prior to services being mandated to transfer.

The Office for Deaf and Hard of Hearing Services focuses on ensuring effective communication, access to the telephone networks, providing interpreter, consumer education and interpreter

[28] The DARS Office for Deaf and Hard of Hearing Services (DHHS) Board for Evaluation of Interpreters (BEI) certification program is responsible for testing and certifying the skill level of individuals seeking to become certified interpreters in Texas.

certification through the Board for Evaluation of Interpreters (BEI). Texas, as reported by individuals and stakeholders, has a strong history of certifying interpreters through the certification program. This program is responsible for testing and certifying the skill level of individuals seeking to become certified interpreters in Texas. Consumers and stakeholders do not believe this certification service should be outsourced, as it is the responsibility of government to certify those who provide critical effective communication to the deaf community.

CIL Capacity and Experience with the Deaf and Hard of Hearing Population

Most CILs serve a small population of people who are deaf and hard of hearing. Nine (9) CILs reported less than 5% of the population they served are deaf or hard of hearing. These nine CILs are:

The numbers above may be understated as they generally rely on reports of primary disability. Many individuals have multiple disabilities and may not report deaf or hard of hearing as their primary disability. However, it is clear from these numbers that the majority of the CILs serve fairly low numbers of people who are deaf and hard of hearing.

Of the remaining CILs, four (4) out of seven (7) Specialized Telecommunication Assistance Program contracts are with CILs. Four (4) out of fourteen (14) Hearing Loss Resource Specialists contracts are with CILs while three (3) out of fourteen (14) Deafness Resource Specialists contracts are with CILs. Because of these contracts, these CILs may proportionately serve a higher numbers of individuals who are deaf or hard of hearing.

Telecommunications Assistance Program Specialists

Four (4) of the twenty-three (23) CILs currently have contracts with DARS to provide Specialized Telecommunications Assistance Program (STAP) outreach services for the Office for Deaf and Hard of Hearing. The other entities that provide STAP outreach services in regions across the state are organizations that focus on serving persons who are deaf or hard of hearing. This program is a voucher program that provides financial assistance to Texans with disabilities for the purchase of specialized assistive equipment or services. The program includes approximately forty (40) voucher categories that cover over 2,000 different makes and models of equipment. In FY 2015, DARS staff issued almost 20,000 vouchers and processed almost 24,000 applications of which 88% of the applications were for persons who are deaf or hard of hearing. This program is vital to individuals who are deaf and hard of hearing so they may obtain communication access and effective communication.

Other Contracted Communication Access Services

In addition to the STAP outreach contracts, some CILs contract with DARS Deaf and Hard of Hearing Services (DHHS) for additional services. These programs include:

a. *Resource Specialist Services* to help individuals who are deaf or hard of hearing receive the services they need from state and local government, service organizations, employers and private entities while advocating within the community to remove communication barriers to render more access to the targeted groups. Services also include training geared toward individuals seeking a better understanding of the laws that support and protect them, equipment demonstrations, and information about hearing loss.

b. *Interpreter and Real-Time Captioning Services*, facilitates access to essential services and community participation for individuals who are deaf or hard of hearing. Utilization of these services are designed to be a last resort, and funding is to only be used when the Americans with Disabilities Act and other access mandates are not applicable. This service includes sign language or oral interpreters and real-time captioning.

To effectively serve individuals who are deaf or hard of hearing, the CILs would have to:

- Ensure staff has an understanding of the needs of persons who are deaf or hard of hearing including a knowledge of culturally and linguistically appropriate services (includes various communication modes such as American Sign Language);
- Ensure an understanding of the various assistive listening devices and other accommodations available that allow for effective communication; and
- Ensure the ability to effectively communicate with persons who are deaf or hard of hearing upon arrival when an appointment has not been scheduled (preference is direct communication without the use of an interpreter); and
- Have clear signage at the front door and utilize signaling devices, such as flashing lights in addition to doorbells and buzzers, for access into the building.

PCG visited three (3) CILs and noted that two (2) had locked entrances requiring communication via intercom to gain access to the building, making access challenging for a person who is deaf or hard of hearing. For CILs who reported they had a staff member who was ASL (American Sign Language) fluent, they reported these staff are not always available to individuals when they may need services such as interpreting, training, or other services.

Observations/Recommendations

The CILs indicated on surveys, and during webinars a willingness to deliver the deaf and hard of hearing services should funding be transferred to them to do so. PCG received numerous letters, Vlogs, and emails expressing a variety of concern specific to deaf and hard of hearing services being potentially outsourced to the CILs. In order for CILs to be able to provide deaf and hard of hearing services effectively, in the same manner or better than the DARS Office for Deaf and Hard of Hearing Services, certain readiness benchmarks would need be met. Readiness benchmarks should include a CIL's demonstration of deaf cultural competency, appropriately skilled staff (for example trained in American Sign Language), knowledge of

interpreter agencies, understanding of how the American with Disabilities Act (ADA) applies to people who are deaf and hard of hearing, and knowledge of assistive training devices.

Based on the information provided by the CILs, the information received from people who are members of the deaf and hard of hearing community, and PCG's observations the transition of Deaf and Hard of Hearing Services to the CILs at this time would not be better for consumers because of the following:

1. The CILs must focus on the transition of the consolidated independent living program from the Division for Blind Services and the Division for Rehabilitation Services. The changes and capacity building the CILs need to make to ensure those consumers receive services is a large undertaking as evidenced in the report sections above.
2. The CILs currently do not have trained experienced staff to provide direct services to individuals who are deaf and hard of hearing. The deaf and hard of hearing community indicated significant concerns about services being provided by the CILs, including a lack of accessible information making it difficult to believe the CILs can deliver effective services.
3. There is a mission disconnect between the CILs and people who are deaf or hard of hearing. When consumers seek services through the CILs, they must declare a "disability". Not all individuals who are deaf or hard of hearing believe they have a disability. This disconnect may impact consumers' desires or inclination to seek services from the CILs, creating a gap in services for some individuals.

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APPENDIX #1

PUBLIC CONSULTING GROUP

Appendix #1 Goods and Services Inventory
DARS IL CIL Capacity Assessment

DHHS Goods and Services							
Division	**Service**	**General Program Description**	**Consumers**	**Contracted**	**Notes**	**FY15 # purchases**	**Requirements**
ODHHS	Training and Education	Training and Education is provided by staff statewide to persons who are deaf or hard of hearing focusing on communication access topics. A wide variety of training is provided state-wide including topics on self-advocacy training, a consumer based training to empower consumer who are deaf or hard of hearing to ensure communicational access, ADA, how to work with an interpreter, understanding hearing loss, understanding Deaf culture, etc.	An average of 500 consumers are served a year.	Consumer training is provided by staff. Staff would remain to provide state-wide services.	Staff perform other functions in addition to direct training. Staff would be responsible for contract oversight, plus providing training for state-wide initiatives. All contracts must be in compliance with state requirements as well as DARS/ HHSC standard terms and conditions. Human Resources Code 81.016 requires DARS to make reasonable efforts to notify all potential providers of the availability of contracts. HRC 81.016 also establishes developing a formula based on population and region to ensure an equitable distribution of contracts.	Varies as it relies on the need for the provision of interpreter or CART services for effective communication. Training is often provided by staff who are all able to sign.	Trainers must be knowledgeable in the field of deafness, understand the needs of persons who are deaf or hard of hearing, have good presentation skills, and in some instances have the ability to communicate directly with persons who can sign. Trainings must be accessible (effective communication) to persons who are deaf and hard of hearing. Reporting requirements would include: • Submittal of sign-in-sheets to reflect participants in attendance • Date of training • Number of hours of training • Title and topics covered
ODHHS	Specialized Telecommunications Assistance	The Specialized Telecommunications Assistance Program (STAP) is a voucher program that provides financial assistance to Texans with disabilities that interfere with access to the telephone networks for the purchase of specialized assistive equipment or services.	2,535 applications submitted by contractors. This represents 12% of all applications received.	Outreach activities are provided by contractors.	Services to be evaluated are currently contracted services. STAP contractors are responsible for assisting consumers with completing STAP applications and demonstrating equipment options. All contracts must be in compliance with state requirements as well as	N/A Services are to assist consumer in applying for a voucher and to ensure appropriate equipment is selected. Services do not purchase the equipment for consumers.	6.11.2 Contents Reports are to contain the following information: • Program statistical data including: ○ number of individuals served; ○ number of hours of services provided; and ○ number of customer satisfaction evaluations distributed. • Narrative of the work performed including how these individuals were

DHHS Goods and Services							
Division	**Service**	**General Program Description**	**Consumers**	**Contracted**	**Notes**	**FY15 # purchases**	**Requirements**
		STAP typically covers the cost of most phones included in our voucher categories. The program provides for approximately 40 voucher categories that cover over 2,000 different makes/ models of equipment. In FY 2015, staff issued almost 20,000 vouchers and processed almost 24,000 applications. About 90% of the vouchers issued during FY 2015 were for persons who are deaf or hard of hearing.			DARS/HHSC standard terms and conditions. Human Resources Code 81.016 requires DARS to make reasonable efforts to notify all potential providers of the availability of contracts. HRC 81.016 also establishes developing a formula based on population and region to ensure an equitable distribution of contracts.		served; • Narrative description of expenditures based on budget line items for cost-reimbursement contracts; • Number of trainings provided as defined by an activity that shall: ○ be advertised at least 2 weeks in advance; ○ be geared towards a specific audience; ○ have a planned agenda; and ○ document consumers served using a sign-in sheet. • Status toward obtaining approved measurable goals and outcomes; and • Financial information regarding allowable expenditures based on budget line items. 6.21.2 Minimum Standards for Contractor Staff – STAP Qualified Specialized Telecommunication Assistance Program Specialist shall have as a minimum: • Knowledge of a variety of specialized assistive devices and software used by persons with disabilities in accessing the telephone network; • Knowledge of the telephone network access needs of persons with disabilities; and • Public speaking experience and ability; 6.21.5 Additional Reporting

DHHS Goods and Services							
Division	**Service**	**General Program Description**	**Consumers**	**Contracted**	**Notes**	**FY15 # purchases**	**Requirements**
							Requirements – STAP Contractor shall provide the following in addition to the program reporting requirement: • Number of applications submitted • Number of equipment demonstrations • Number of equipment setups
ODHHS	Communication Access Services Including Resource Specialist Services	Communication access services encompass a variety of services intended to ensure equal access to other needed services. The majority of these services are provided via contracts, while some are provided directly by DHHS staff. 1. Resource Specialist Services to local service providers to ensure that consumers receive the services they need from state and local government, service organizations, employers and private entities while advocating within the communities to remove communication barriers to render more access to the targeted groups. Services also include training geared toward consumers acquiring a better understanding of	Resource Specialist: HLRS-7622, DeafnessRS-4939; Senior Citizens Program-31,659, Last Resort Communication Access-281	Contractors	Services to be evaluated are currently contracted services. All contracts must be in compliance with state requirements as well as DARS/HHSC standard terms and conditions. Human Resources Code 81.016 requires DARS to make reasonable efforts to notify all potential providers of the availability of contracts. HRC 81.016 also establishes developing a formula based on population and region to ensure an equitable distribution of contracts. Refer to sample contract provided for more detail.	N/A Services are to ensure effective communication or equal access. This program does not purchase goods or services for consumers.	1. Resource Specialist Requirements 6.11.2 Contents Reports are to contain the following information including a breakdown for Vocational Rehabilitation services: • Program statistical data including: ○ number of individuals served; ○ number of hours of service provided; and ○ number of customer satisfaction evaluations distributed. • Narrative of the work performed including how these individuals were served; • Narrative description of expenditures based on budget line items for cost-reimbursement contracts; • Number of trainings provided as defined by an activity that shall: ○ be advertised at least 2 weeks in advance; ○ be geared towards a specific audience; ○ have a planned agenda; and ○ document consumers served

DHHS Goods and Services							
Division	**Service**	**General Program Description**	**Consumers**	**Contracted**	**Notes**	**FY15 # purchases**	**Requirements**
		the laws which support and protect them, equipment demonstrations, and information about hearing loss. 2. Services to Senior Citizens to address communication barriers and reduce the isolation facing persons who are deaf or hard of hearing, ages 60 or older. Services vary from area to area and may include coping skills training, independent living services, and recreational activities. 3. Contracted Interpreter and Real-Time Captioning Services as Last Resort awarded to local service providers to facilitate access to essential services and community participation. Services are available as last resort funding only when the Americans with Disabilities Act and other access mandates are not applicable. This service includes sign language or oral interpreters and real-time captioning.					using a sign-in sheet. • Status toward obtaining approved measurable goals and outcomes; and • Financial information regarding allowable expenditures based on budget line items. 6.19.2 Minimum Standards for Contractor Staff - HLRS Qualified Hearing Loss Resource Specialist shall have as a minimum: • Certificate in Hearing Loss Support or must be currently registered and participating in the on-line certification from the American Academy of Hearing Loss Support Specialists. Information can be found at http://www.hearingloss.org/academy/index.asp. Contractor shall not be reimbursed more than one time for expenditures associated with this requirement; • Basic knowledge of the communication needs of persons who have hearing loss; • Ability to modify his/her communication methods to clearly communicate with this population; • Basic knowledge of hearing aids, cochlear implants and specialized assistive devices used by persons who have hearing loss; • Basic knowledge of the various types of hearing loss, their causes and their impact; • Basic knowledge of the psychosocial

DHHS Goods and Services							
Division	**Service**	**General Program Description**	**Consumers**	**Contracted**	**Notes**	**FY15 # purchases**	**Requirements**
							implications of hearing loss; and • Public speaking experience and ability. If the contractor provides STAP services the contractor may establish the HLRS and STAP Specialist as one Specialist or may establish two separate Specialists for both HLRS and STAP services. 6.19.3 Contractor Requirements - HLRS The contractor shall: • Establish a Hearing Loss Resource Specialist as the main staff person to provide services in accordance with the contract; • Serve persons who are hard of hearing, late-deafened or deaf: • Identify and assess the services and technology needs of persons in the target population who are unserved and underserved and provide outreach and support services as appropriate; • Develop partnerships with audiologists, hearing instrument specialists, speech-language pathologists, state and local service provider agencies including Vocational Rehabilitation Counselors, school systems, institutions of higher education, private businesses, service organizations, etc., to facilitate equal access and to provide outreach and support services for the target

DHHS Goods and Services							
Division	**Service**	**General Program Description**	**Consumers**	**Contracted**	**Notes**	**FY15 # purchases**	**Requirements**
							population; • Serve as a resource for information to the general public to raise the awareness of hearing loss and resources for the target population; and • Provide training in one-on-one and group settings to service providers and consumers. Training shall include demonstration of assistive technology, information on hearing aids and cochlear implants, communication strategies, information on available resources provided by state and by local service providers, including information on the services of DARS VR, information on real-time captioning (CART) and other forms of communication assistance for persons who are hard of hearing; The contractor may provide STAP in accordance with 6.21. 6.19.5 Additional Reporting Requirements - HLRS Contractor shall provide the following in addition to the program reporting requirement: • Number of VR and Non-VR individuals served who are deaf or hard of hearing aged: ○ 0-15 years; ○ 16-22 years; and ○ 23 years and older. • Number of VR and Non-VR hearing individuals served aged:

DHHS Goods and Services							
Division	**Service**	**General Program Description**	**Consumers**	**Contracted**	**Notes**	**FY15 # purchases**	**Requirements**
							○ 0-15 years; ○ 16-22 years; and ○ 23 years and older. • Number of services hours providing VR and Non-VR services to ages: ○ 0-15 years; ○ 16-22 years; and ○ 23 years and older. • Number of males and females served; • Number of individuals served who are: ○ African-American/Black; ○ Caucasian; ○ Hispanic; ○ Pacific Islander; or ○ Other. • Number of state agencies and local agencies provided VR and Non-VR services; • Number of VR and Non-VR hours of service provided to state agencies; • Number, types and topics of VR and Non-VR trainings provided and: ○ number of participants who are deaf or hard of hearing; ○ number of participants who are hearing; and ○ number of hours spent preparing and conducting the training. • Number of administrative hours worked such as staff meetings, time spent completing the online monthly report, completing time sheets and travel forms, scheduling travel, etc.; Any hours categorized as "administrative" that are unlike these examples must have prior approval of

DHHS Goods and Services							
Division	**Service**	**General Program Description**	**Consumers**	**Contracted**	**Notes**	**FY15 # purchases**	**Requirements**
							the DHHS Director; • Number of hours of leave; and • Number of VR and Non-VR staff development hours. 6.20 DHHS Specialist Program -- Deafness Resource Specialist 6.20.2 Minimum Standards for Contractor Staff – Deafness RS Qualified Deafness Resource Specialist shall have as a minimum: • Ability to communicate effectively in a conversational mode utilizing various forms of manual communication including ASL and PSE; • Have knowledge of and ability to address the unique communication needs and issues of persons who are hard of hearing, late-deafened or deaf; • Have knowledge about basic audiological concepts and how loss of hearing affects access to language and basic information as related to age of onset, severity, and type of loss; • Have a knowledge base of state, local and federal services available, including eligibility requirements for each; • Have a knowledge base of the ADA, ADA Amendment Act, Fair Housing Act and Sections 501 and 504 of the Rehabilitation Act; • Have knowledge or experience in interviewing techniques to determine service or independent living needs of

DHHS Goods and Services							
Division	**Service**	**General Program Description**	**Consumers**	**Contracted**	**Notes**	**FY15 # purchases**	**Requirements**
							individuals; • Have an AAS degree or better in a human services area or related field and one year of experience in the field of deafness or hearing loss, or a high school diploma/GED and 4 years of proven experience in the field of deafness or hearing loss; • Have public speaking ability and experience; and • Within 60 days of employment hold and maintain Red Cross CPR/AED Certification, for the purposes of gaining access into emergency shelters to provide outreach and support services. 6.20.3 Contractor Requirements – Deafness RS The contractor shall: • Establish a Deafness Resource Specialist as the main staff person to provide services in accordance with the contract; • Serve persons who are deaf or hard of hearing; • Identify and assess the service needs of persons in the target population who are unserved and underserved and provide outreach and support services as appropriate;; • Develop partnerships with state and local service provider agencies, federal agencies, law enforcement agencies, courts, school systems, institutions of higher education, private businesses, service organizations, etc., to facilitate

DHHS Goods and Services							
Division	**Service**	**General Program Description**	**Consumers**	**Contracted**	**Notes**	**FY15 # purchases**	**Requirements**
							equal access to provide outreach and support services for the target population. This may include the provision of training and awareness regarding applicable state and federal access laws to these entities, and the consumer population as well; • Follow-up on service referrals to provide assistance as needed and to ensure delivery of services; • Serve as a resource for information to the general public to raise awareness of deafness and hearing loss and services available to the target population; • Provide appropriate training to service providers to enhance access to the provision of existing services to the target population; • Assist DARS/DRS counselors serving consumers who are deaf or hard of hearing who are providing school-to-work transition services at annual ARD (Admission, Review and Dismissal) meetings of junior high and high school students; and • Provide training in one-on-one and group settings to service providers and consumers to carry-out the goals of the program. 6.20.5 Additional Reporting Requirements – Deafness RS Contractor shall provide the following in addition to the program reporting requirement: • Number of VR and Non-VR

DHHS Goods and Services							
Division	**Service**	**General Program Description**	**Consumers**	**Contracted**	**Notes**	**FY15 # purchases**	**Requirements**
							individuals served who are deaf, hard of hearing, late-deafened or hearing aged: ○ 0-3 years; ○ 4-15 years; ○ 16-22 years; ○ 23-65 years and ○ older than 65 years. • Number of services hours providing VR and Non-VR services to ages: ○ 0-3 years; ○ 4-15 years; ○ 16-22 years; ○ 23-65 years and ○ older than 65 years. • Number of males and females served; • Number of individuals served who are: ○ African-American/Black; ○ Caucasian; ○ Hispanic; ○ Pacific Islander; or ○ Other. • Number of state agencies and local agencies provided VR and Non-VR services; • Number of interventions made to state agencies; • Number of VR and Non-VR hours of service provided to state agencies; • Number and types of VR and Non-VR trainings provided and: ○ number of participants who are deaf or hard of hearing; ○ number of participants who are hearing; and ○ number of hours spent preparing

DHHS Goods and Services							
Division	**Service**	**General Program Description**	**Consumers**	**Contracted**	**Notes**	**FY15 # purchases**	**Requirements**
							and conducting the training. • Number of administrative hours worked, such as staff meetings, time spent completing the online monthly report, completing time sheets and travel forms, scheduling travel, etc; Any hours categorized as "administrative" that are unlike these examples must have prior approval of the DHHS Director; • Number of hours of leave; • Number of state agency interventions; and • Number of VR and Non-VR staff development hours. 2. Senior Citizens Program Requirements Available services and fee for service rates. http://www.dars.state.tx.us/dhhs/scprates.shtml 3. Last Resort Communication Access Requirements CONTRACTOR RESPONSIBILITIES A. Provide interpreter services and/or CART services to persons who are deaf or hard of hearing as last resort funding. B. Request funds in advance and receive approval of funds by DHHS before services are provided. Funds shall be requested using the online

DHHS Goods and Services							
Division	**Service**	**General Program Description**	**Consumers**	**Contracted**	**Notes**	**FY15 # purchases**	**Requirements**
							DHHS Contract Reporting application. Contractor must have internet access (link, user identification and password will be provided to contractor). Funds requested in less than 1 month in advance are not guaranteed to be approved prior to service need. Services provided without prior approval by DHHS of funds are not guaranteed to be approved for reimbursement. C. DHHS funds shall not be used to supplement the contractor's accessibility needs for staff or other services that are provided by the contractor, including contractor's Board meetings. D. Provide advocacy efforts to the requestor to facilitate compliance with applicable mandates and/or to make the requestor services accessible to persons who are deaf or hard of hearing. Advocacy efforts shall include the efforts of a DHHS contracted Deafness Resource Specialist. For last resort funding requests that are requested in less than 24 hours from the time of need, the requirements of the Deafness Resource Specialist involvement can be waived if the contractor has not received a response from the Deafness Resource Specialist within four business hours. E. Complete and submit to DHHS

DHHS Goods and Services							
Division	**Service**	**General Program Description**	**Consumers**	**Contracted**	**Notes**	**FY15 # purchases**	**Requirements**
							documentation of advocacy efforts as required Available services and fee for service rates. http://www.dars.state.tx.us/dhhs/providers/casrates.shtml

Appendix #1 Goods and Services Inventory
DARS IL CIL Capacity Assessment

DRS Goods and Services Inventory									
Division	**Category of Service**	**Service**	**Detailed Description**	**Contracted**	**Notes**	**FY14 # purchases**	**FY14 spend**	**FY15 # purchases**	**FY15 spend**
DRS	Intake	Intake	Process: after the initial consumer contact, the consumer completes an application (including a diagnostic interview) and then DRS determines eligibility. The process may include obtaining additional information from collateral contacts or purchasing a diagnostic evaluation.	No	This is not contracted; DRS does purchase diagnostic and/or evaluative services if the information is needed to make an eligibility determination.	N/A "in house" administrative service	N/A "in house" administrative service	N/A "in house" administrative service	N/A "in house" administrative service
DRS	Plan Development	Plan Development	Following the application and determination of eligibility, DRS works with consumers to develop an individualized plan. The plan includes goal(s) as well as the services that DRS and/or other entities will provide, arrange or purchase.	No	Average length of time from plan development to case closure was 9 months in SFY14. Case is closed when the consumer has met their goals.	N/A "in house" administrative service	N/A "in house" administrative service	N/A "in house" administrative service	N/A "in house" administrative service
DRS	Direct Provision of Services	Advocacy	Providing help in obtaining benefits, services and programs to which a consumer may be entitled. They may navigate systems on behalf of consumers or with consumers, or educate consumers about their rights, benefits, and the process to obtain them.	No		N/A "in house" administrative service	N/A "in house" administrative service	N/A "in house" administrative service	N/A "in house" administrative service

DRS	Direct Provision of Services	Counseling and Related Services	Meeting with the consumer, tracking plan and progress, modifying goals as needed. Being responsive to the consumer and meeting them where they are at if needed. Assist in a variety of ways to support the achievement of their goals, including purchasing the services described below as appropriate and needed and making needed referrals.	No		N/A "in house" administrative service	N/A "in house" administrative service	N/A "in house" administrative service	N/A "in house" administrative service
DRS	Direct Provision of Services	Information and Referral	Providing information and referral about: • Recreational and socialization opportunities • IL Skills training and life skills training (refer to CIL's for this) • Housing, shelter needs • Peer counseling • Youth services and transition services • Transportation services	No	May refer to contracted providers for services that DRS does not provide; however, DRS provides consumer with the information and referral.	N/A "in house" administrative service	N/A "in house" administrative service	N/A "in house" administrative service	N/A "in house" administrative service
DRS	Purchased Services	Assistive Devices and Equipment	Process: if the device/ equipment is consistent with the consumer's plan, then an assessment is completed (by outside vendor) to determine the best device/solution for the consumer. Examples of devices and equipment include: TDD's, video phones, two-way text pagers, amplified phones, computers or other IT hardware/software. Assessment may be completed by PT, OT, or the vendor of the equipment. DRS reviews the assessment, the consumer's goals, and moves forward with the purchase or not. If the consumer has insurance,	Yes	DARS has approved list of vendors for assessment and provision of the goods. The vendor may be the same for both the assessment and the provision, or may not. DRS benefits from being able to use the vendor list created by the VR program, which is much larger than the IL program.	1,907	$3,882,750	1,948	$3,975,641

			DRS will assist the consumer to access insurance to pay for it. If insurance doesn't fully cover the cost, DRS may pay for the uncovered portion based on fees and rates set in DRS policies. If the consumer does not have insurance, DRS may purchase it from their approved list of vendors. After the equipment is purchased, the vendor will provide training to the consumer in how to use it. DRS may pay for additional training over and above the standard amount of training if needed.						
DRS	Purchased Services	Communication Services and Support	Communication Access includes real-time translation services, braille services and interpreter services. Process is the same as above for purchased services.	Yes	Contract with approved list of vendors providing the equipment.	15	$2,144	7	$1,257
DRS	Purchased Services	Training	1. Family Support Training: DRS may provide time-limited training and education to a consumer's family members to improve the consumer's ability to live and function independently (catheterization training, medication management, nutrition management). The support is not usually provided directly by DRS, but rather by an attendant or home health aide. Process for purchasing the service and/or assisting the consumer to obtain is the same as above (DRS reviews the request, professional assessment is done, service is arranged and/or purchased, consumer is	Yes	Purchase from approved vendor list.	33	$44,443	34	$37,253

			trained by vendor). 2. Mobility Training: Services, equipment, and training to assist consumers to get around their homes or communities. Examples include use of a new wheelchair, use of self-propelled walker and driving with vehicle adaptive equipment. Process for purchasing the equipment is the same as above. DRS purchases additional training (over and above the standard amount that comes with the purchase of new equipment) for consumers. Process for purchasing/ assisting the consumer with obtaining the service is generally the same as above (DRS reviews the request, professional assessment is done, service is arranged and/or purchased, consumer is trained by vendor).						
DRS	Purchased Services	Diagnostic or Psychological Services	Evaluation or diagnostic services to determine eligibility, inform plan development, or consumer needs. Psychological services to support consumer short-term. Medication management. Process for purchasing/ assisting the consumer in obtaining the service is generally the same as above (DRS reviews the request, professional assessment is done, service is arranged and/or purchased, consumer is trained by vendor).	Yes	Approved list of vendors. Sometimes have a hard time finding someone in region 1 who is qualified to do the assessment.	2,113	$374,369	2,200	$380,865

DRS	Purchased Services	Vehicle Modifications	DRS will occasionally assist consumers to obtain vehicle modifications to assist them with driving, if appropriate, to live independently in their home or community. This is highly specialized. First DRS has to determine that the consumer has a vehicle and that modifications are consistent with their plan, and the most appropriate way to meet their needs. After DRS determines that the request can move forward, a mechanic completes an assessment of the vehicle. The assessment is then shared with the Texas Transportation Institute, which oversees the plan and the actual vehicle modifications to confirm their safety.	Yes	Can be $25-100K per vehicle.	87	$1,229,525	101	$1,021,718
DRS	Purchased Services	Personal Assistance Services	Time-limited services from another person to help with: personal bodily functions, communication, household management, mobility, personal and financial affairs, community participation, parenting, leisure, and other needs. Process for purchasing/assisting the consumer to obtain the service, is generally the same as above (DRS reviews the request, professional assessment is done, service is purchased or obtained, consumer is trained by vendor).	Yes		103	$187,025	67	$133,617

DRS	Purchased Services	Restoration Services	Services such as providing eyeglasses and hearing aids, medical services such as arthritis steroid injections, health maintenance services such as training to follow a diabetic diet, pain clinic, and short-term medication supplies until other resources become available. Process for purchasing/ assisting the consumer to obtain the service, is generally the same as above (DRS reviews the request, professional assessment is done, service is arranged and/or purchased, consumer is trained by vendor).	Yes		627	$329,937	718	$439,663
DRS	Purchased Services	Other Equipment	Prosthetics, orthotics, or other appliances. Communication equipment. Process for purchasing/ assisting the consumer to obtain the service, is generally the same as above(DRS reviews the request, professional assessment is done, service is arranged and/or purchased , consumer is trained by vendor).	Yes		139	$152,158	103	$172,376

DRS	Purchased Services	Therapeutic Treatment	Services provided by a licensed or certified occupational, physical, recreational, hearing, speech/language therapists. Process for purchasing/assisting the consumer to obtain the service, is generally the same as above (DRS reviews the request, professional assessment is done, service is arranged and/or purchased, consumer is trained by vendor).	Yes		19	$21,759	8	$10,314
DRS	Purchased Services	Transportation	Services that provide or arrange for transportation. Examples are: community based transportation and bus passes. These are time-limited based on transportation availability and alternatives into the community. Usually refer to CIL's for assistance with learning how to use public transportation, but might buy passes or other transportation in the meantime.	Yes		80	$27,905	94	$40,416

Appendix #1 Goods and Services Inventory
DARS IL CIL Capacity Assessment

DBS Goods and Services Inventory								
Division	**Service**	**Detailed Description**	**Contracted**	**Notes**	**FY14 # purchases**	**FY14 spend**	**FY15 # purchases**	**FY15 spend**
DBS	Education	Educate the consumer in self advocacy related to vision loss and adjustment to blindness (e.g. how to request and access assistance in stores, rights related to guide dogs). Assist consumer in obtaining benefits, services and programs to which a consumer may be eligible.	No		N/A Provided "in house"	N/A Provided "in house"	N/A Provided "in house"	N/A Provided "in house"
DBS	Family services	Family services are provided to the consumer's family members to improve the consumer's ability to live and function independently. Examples include: 1. Family participation in individuals in home Independent Living Skills Training 2. Family participation in group skills training such as mini-immersion training, braille training, etc. 3. Information referral	No	Many consumers of this service are elderly or older consumers. As are the majority of the DBS IL consumers	N/A Provided "in house"	N/A Provided "in house"	N/A Provided "in house"	N/A Provided "in house"
DBS	Information & Referral	Information & referral services include: 1. Information, referral and assistance with application for blindness related services such as Talking books program, Bibles on Tape (National Library), Currency Reader (Treasury), recreational groups 2. Information and referral to community agencies for services such as paratransit service, meals on wheels, personal care attendants, benefits counseling, utility assistance 3. Information and referral to state/nationwide resources such as Specialized Telecommunications Assistance Program (STAP), DADS, SNAP, etc.	No	All consumers receive this service	N/A Provided "in house"	N/A Provided "in house"	N/A Provided "in house"	N/A Provided "in house"

		4. Information and referral to local fee-for-service businesses that provide services that are particularly helpful to people with low vision or blindness such as grocery delivery service and transportation services 5. Referral and assistance completing application for paratransit services for individuals who are blind						
DBS	Housing, home modifications and shelter	Housing, home modifications and shelter includes information and referral to community agencies or DRS IL program for services such as: Assistance finding accessible housing.	No	DARS staff don't build or provide home modifications and shelter-- this is more of a referral service	N/A Provided "in house"	N/A Provided "in house"	N/A Provided "in house"	N/A Provided "in house"
DBS	Skills training	IL Skills training and life skills training are one-on-one in-home. Independent Living Skills training is provided for all consumer in the IL program and includes non-visual training and low vision training.	No		N/A Provided "in house"	N/A Provided "in house"	N/A Provided "in house"	N/A Provided "in house"
DBS	Skills training	IL Skills training and life skills training are one-on-one in-home. Independent Living Skills training is provided for all consumers in the IL program and includes non-visual training and low vision training in areas such as: Kitchen safety and meal preparation (e.g. tactile marking of appliances, non-visual cutting & food prep).	Yes		901	$106,152.15	722	$78,806.49
DBS	Skills training	Kitchen safety and meal preparation (e.g. tactile marking of appliances, non-visual cutting & food prep).	No		N/A Provided "in house"	N/A Provided "in house"	N/A Provided "in house"	N/A Provided "in house"

DBS	Skills training	Financial management (e.g. non-visual training with check and writing guides, bold line paper, accessible check information, magnification demonstrations.	No		N/A Provided "in house"	N/A Provided "in house"	N/A Provided "in house"	N/A Provided "in house"
DBS	Skills training	Personal care (e.g. magnified mirrors, talking thermometers, training on non-visual shaving & nail care and training in non-visual organization of personal care products).	No		N/A Provided "in house"	N/A Provided "in house"	N/A Provided "in house"	N/A Provided "in house"
DBS	Skills training	Communication skills training (e.g. training on setting & telling time with talking or braille watches/clocks, non-visual dialing of telephone, low vision calendar use, non-visual digital recorder use).	No		N/A Provided "in house"	N/A Provided "in house"	N/A Provided "in house"	N/A Provided "in house"
DBS	Skills training	Communication Services/Access: provide consumable and non-consumable goods (e.g. hearing aid services) to assist the consumer in benefiting from the skills training. The service provides benefit for the consumer with skills training and provides them the ability to communicate and interact with others.	Yes		5	$8,721.25	5	$2,399.94
DBS	Skills training	Medical management training (e.g. training on non-visual medication identification methods, non-visual training for managing weight or other medical concerns).	No		N/A Provided "in house"	N/A Provided "in house"	N/A Provided "in house"	N/A Provided "in house"

DBS	Skills training	Household management (e.g. training in non-visual household maintenance, training in non-visual cleaning techniques for sweeping/ mopping/ dishwashing/ spill cleanup, non-visual needle threading & sewing).	No		N/A Provided "in house"	N/A Provided "in house"	N/A Provided "in house"	N/A Provided "in house"
DBS	Skills training	Organization skills (e.g. training in non-visual identification & storage of clothing, household items, canned goods, financial information, correspondence, etc.	No		N/A Provided "in house"	N/A Provided "in house"	N/A Provided "in house"	N/A Provided "in house"
DBS	Deafblind Services	This involves the assessment and development of service recommendations for individuals who are deafblind or have a severe visual impairment and an unaddressed hearing loss. The service is provided by DBS staff and involves an in-home assessment, recommendation of assistive devices or adaptive techniques. Staff order recommended devices and install them in the consumer's home. Such devices might include amplified or visual doorbells, telephone ringers, or alarm clocks.	No		N/A Provided "in house"	N/A Provided "in house"	N/A Provided "in house"	N/A Provided "in house"
DBS	Assistive Technology Devices and Training	Assistive devices and equipment include the purchasing of equipment and training in use of or coordination to obtain: Specialized equipment for low vision such as, 1. Stationary Closed Circuit Televisions (CCTV) 2. Portable or hand held CCTV, 3. Magnifiers. Specialized equipment for low vision &/or blindness such as 1. Talking devices (e.g. watches, clocks, cooking thermometers, digital recorders). Audible devices like 'liquid level indicators'.	Yes		814	$418,969.88	801	$405,867.35

		Medical equipment (e.g. talking glucometers, talking blood pressure monitors). Tactile markings/equipment (e.g. bump dots, writing guides, tactile watch, tactile timers, kitchen safety/cooking equipment). Low vision devices (e.g. color contract cutting boards, large print check registers). Specialized equipment for deaf blind such as: Pocket talkers, Vibra-Call, alarm systems for timers, doorbells, smoke detectors, amplified telephones, provision of eye glasses for consumers who are severely visually impaired or legally blind even with corrective lenses and provision of low vision devices such as CCTVs.						
DBS	Diabetes Education	Preventative services are provided in the area of diabetes to prevent the increase in severity and to prevent blindness from diabetes. Services provided include: 1. Diabetes Education in the non-visual use of adaptive devices such as a talking glucometer and in general diabetes education 2. Additionally, with the written order of a physician a talking blood pressure meter can be provided to a consumer. Food preparation & portion size, blood sugar testing, self-care and management (in a non-visual way).	Yes		269	$58,570.98	367	$81,761.77
DBS	Medical Services (includes Medical Services Diagnostic, Assessment, Restorative, and Restorative)	Low vision evaluations; diagnostic evaluations for eligibility; access to prosthetic eyes (less than 1%); provision of eye glasses for consumers who are severely visually impaired or legally blind even with corrective lenses. Could include the purchasing of copies of medical records from eye professionals.	Yes		284	$50,249.06	227	$37,924.08

DBS	Accommodation Services	Communication services enable consumer to better communicate with skills training staff. These are not purchased for the consumer to communicate with other individuals. Examples include interpreter and translator services (e.g. sign language, foreign language).	Yes		39	$5,945.06	50	$7,040.13
DBS	Training - Orientation & Mobility	Orientation & Mobility Training consists of services to facilitate low vision or blind consumers to be able to get around inside and outside of their homes as well as travel independently in the community. These are services such as: 1. Orientation and Mobility Training from a Certified Orientation and Mobility Specialist (COMS) 2. Provision of long, rigid, white cane for training and Identification purposes 3. O&M training in consumer's homes and in community settings	Yes		593	$185,613.02	618	$194,568.35
DBS	Consumable and non-consumable goods and services	Consumable and non-consumable goods purchased to support the service delivery and skills training provided to consumers across the spectrum of DBS services to assist them to live independently. These services vary based on the individual needs of the consumer.	Yes		2,178	$169,163.35	1,663	$182,170.39

APPENDIX #2

PUBLIC CONSULTING GROUP

PCG Human Services
Public Focus. Proven Results.™

State Research Independent Living Services

This document contains state research relating to deaf, blind and/or hard or hearing populations in the following states: Minnesota, Michigan, Missouri, Ohio, New York, and New Jersey.

Each state profile below contains hyperlinks to applicable websites to allow the reader to view corresponding services and program information. The research for each state includes the following sections: services, eligibility, administration/budgeting, and job descriptions.

MINNESOTA:

Minnesota Department of Employment and Economic Development is the division that oversees services and programs for the deaf, blind and hard of hearing population as well as the Minnesota Department of Human Services. Attached is the hyperlink to their websites; http://mn.gov/deed/job-seekers/blind-visual-impaired/ and http://mn.gov/dhs/people-we-serve/children-and-families/services/deaf-hard-of-hearing/index.jsp.

SERVICES

Adult services are designed to help individuals in day-to-day activities necessary for self-sufficiency and independency.

Educational events and activities to help integrate adults who are deafblind into the community are also offered.

Intervener and family communication services are available for children who are deafblind. These services help children with the development of communication skills and learning activities. They also assist families to develop effective communication strategies with the child in the family who is deafblind.

Established in 1986 as Deafblind Services Minnesota, Inc., DBSM specializes in providing rehabilitation training and community-based support and services to children and adults living in Minnesota who have significant vision and hearing loss (commonly known as “deafblindness” or “dual sensory loss”). This singular yet complex disability affects all facets of life: access to information, communication, relationships, mobility, community integration and independent living to name a few.

Vision Loss Resources is a contracted provider with Minnesota Department of Human Services http://visionlossresources.org/programs/dbsm.

Vision Loss Resources is integrated into its complement of services for the blind, visually impaired and deafblind consumers. Below are a list of programs provided:

Children, Youth and Family Services program (CYFS)

CYFS provides support, information, referral, training and advocacy for the parents of deafblind children from ages 0 to 21 in Minnesota. Staff are trained in deafblind intervention work with deafblind children to assist them with accessing and learning about their environment and community, meeting childhood developmental goals, and developing communication strategies. Staff also assist families with learning to communicate with their child, developing appropriate expectations of and for their child and collaborates with the educational system and other service providers.

The Adult Community Services program (ACS)

ACS provides community support to deafblind adults age 22 and up. Support Services Providers ("SSP") assist deafblind adults with errands such as grocery shopping, banking, activities of daily living including reading mail, assisting with bill paying plus access to information and environment.

Independent Living Skills Training

Through the Medicaid Home and Community-based Waivered Programs of CADI (Community Alternatives for Disabled Individuals) and EW (Elderly Waiver), DBSM provides Independent Living Skills Training and supports to deaf, hard of hearing, blind and deafblind consumers who are eligible for the described funding streams.

Adjustment to Blindness/Deafblindness training

Provided through the Rehabilitation Center of Vision Loss Resources, a variety of training activities and classes are focused on the unique needs of deafblind people.

Payment for services at Vision Loss Resources comes from multiple sources including; The Minnesota Department of Human Services, Deaf and Hard of Hearing Services Division; Hennepin County; Medicaid Home and Community-Based waivers; Minnesota State Services for the Blind (Minnesota Department of Employment and Economic Security); Fee-for services and private pay.

ELIGIBILITY

The Minnesota Deaf and Hard of Hearing Services Division provides services to Minnesotans of any age who are deaf, deafblind, hard of hearing, late deafened, parents and family of those with a hearing loss, human service providers, employers and businesses, schools, and other interested individuals and communities.

This link provides examples of brochures and fact sheets to provide information regarding eligibility http://mn.gov/dhs/people-we-serve/people-with-disabilities/services/deaf-hard-of-hearing/resources/resources-publications-reports.jsp.

ADMINISTRATION/BUDGETING

Minnesota, in compliance with state and federal law, has a State Rehabilitative Council for the Blind. This is the hyperlink explaining what this council does and who makes up the membership: http://mn.gov/deed/job-seekers/blind-visual-impaired/council/.

Minnesota has grant funded programs, which help to provide additional services to consumers. This hyperlink is a reference to those grants: http://mn.gov/deed/programs-services/office-youth-development/index/grants/index.jsp.

JOB DESCRIPTION

Rehabilitation Instructor and Orientation & Mobility Specialist

Vision Loss Resources is a company that provides community services, rehabilitation and education for the deafblind community as well as low vision individuals. Ideally, we are looking for individuals who are dual certified in orientation & mobility as well as low vision therapy. We will consider candidates with either certification. This critical position is accountable for:

- Teaching technology, Braille and other subjects to students of all ages;
- Support Orientation and Mobility program students as requested, and within level of expertise;
- Design and deliver instruction appropriate to student learning style and individual needs;
- Evaluate client progress against goals;
- Partner with other teachers and departments to develop new curriculum;
- Participate in VLR outings and events as required.

The selected candidate for this role has a Bachelor's or Master's degree in a related field, coupled with Orientation & Mobility certification. Also must show prior success working with teens, adults and seniors of varying ability levels as well as have a desire and ability to work with diverse cultures. Finally, must have strong instructional and interpersonal skills and an ability to work occasional evening and weekend hours.

Service Support Provider

Support Service Providers (SSPs) in the Duluth or Faribault areas provide services to assist deafblind adults maintain their in-dependence. SSPs provide assistance with daily errands and communication. SSPs may also assist with independent living support such as mail reading or organizing paperwork. Working as a Support Service Provider is a challenging and rewarding experience. You will make a difference one-to-one with DeafBlind adults, use creative problem solving skills, and experience other cultures.

Pay rates start at $11.50 per hour (depending on experience) and mileage with clients is reimbursed. Must be able to communicate with Deafblind people who do not use sign language, but use residual hearing and voice to communicate.

MICHIGAN:

Michigan Department of Licensing and Regulatory Affairs oversees services and programs for the deaf, blind and hard of hearing population. Attached is a hyperlink to their website http://www.michigan.gov/lara/0,4601,7-154-28313_33134-15000--,00.html. The Michigan Bureau of Services for Blind Persons is a division within the Department of Licensing and Regulatory Affairs.

The (Michigan) Bureau of Services for Blind Persons (BSBP) provides statewide Vocational Rehabilitation services and/or Independent Living consultations to adults and high school students who are legally blind and/or have moderate to profound hearing loss.

The BSBP believes in the capacity of people who are blind, deaf, or visually impaired to achieve employment and independence. BSBP provides training and other services that empower people to achieve their individual goals.

SERVICES

DeafBlind individuals can contact the Bureau's DeafBlind Unit directly for services or be referred by family members, friends, physicians, employers, teachers, or others.

Services that may be provided include:

- Training:
  - Vocational rehabilitation;
  - Sign language;
  - Activities of daily living;
  - Orientation and mobility;
  - Assistive technology;
- Consultation;
- Job placement services;
- Transition services and college accommodations;
- In-service presentations to groups:
  - Group homes;
  - Families;
  - Day programs;
  - Agencies;
  - Community service organizations;
  - Community rehabilitation facilities;
- Business services for employers with DeafBlind employees, to keep experienced employees on the job after sight and hearing loss;
- The Intervenor Program--An Intervenor is someone works as an independent contractor providing direct, one-on-one services focusing on developing daily living skills and the greatest vocational potential possible. Intervenor Program services may be provided in the consumer's workplace, home environment, or other places in the community such as stores, restaurants, libraries, laundromats, etc. The Intervenor becomes a tutor, friend, advocate, mentor, and language role model to improve the DeafBlind individual's communication skills. The Intervenor Program is funded through a cooperative cash match agreement between the Bureau of Services for Blind Persons and another agency such as Community Mental Health, an

Intermediate School District (ISD) or Regional Educational Service Agency (RESA), or another rehabilitation agency;
- Employment.

Vocational Rehabilitation programs are available at: http://www.michigan.gov/lara/0,4601,7-154-28313_33142-160043--,00.html. The Vocational Rehabilitation encourages phone calls to learn more about their specific program.

This is a link to a brochure Michigan provides with a list of services and how to enroll: http://www.michigan.gov/documents/lara/Deaf-Blind-Brochure_final_April_2011_354627_7.pdf.

The Bureau of Services for Blind Persons (BSBP) provides a transition program specifically for youth. It is detailed in this link: http://www.michigan.gov/lara/0,4601,7-154-28313_33128-127250--,00.html.

ELIGIBILITY

Referrals for services are generated by the intermediate school district for youth. This is answered in the frequently asked questions hyperlink: http://www.michigan.gov/lara/0,4601,7-154-28313_33128-110984--,00.html. This also contains information regarding costs and where to obtain verification of disability.

ADMINISTRATION/BUDGETING

Funded by federal and state taxes, Bureau of Services for Blind Persons (BSBP) provides counseling and training in skills for daily living without vision. Depending upon needs and eligibility for specific services, BSBP may also provide some types of adaptive equipment, computer software, and postsecondary education.

JOB DESCRIPTION

Blind Rehabilitation Instructor

Employees in this job complete and oversee a variety of professional assignments to carry out the activities of a program to minimize the limitations in orientation, mobility and daily living care needs of the visually impaired. Typical assignments involve such work as instructing clients in the techniques of Braille reading and writing and in using special lenses, long canes, sighted guides and electronic travel devices.

The employee performs a full range of professional blind rehabilitation instructor assignments in a full-functioning capacity. Considerable independent judgment is used to make decisions in carrying out assignments that have significant impact on services or programs. Guidelines may be available, but require adaptation or interpretation to determine appropriate courses of action.

Works with other staff members in the planning of the overall rehabilitation program for clients. Develops community referral sources for the purpose of rendering services to clients. Instructs clients in general homemaking skills and techniques related to cooking, appliances, sewing, cleaning. Instructs clients in methods of gaining and maintaining orientation in indoor and outdoor environments. Instructs clients in daily living activities such as identification and handling of money, use of the telephone, use of timing devices, home orientation and maintenance, and craft and leisure time activities. Instructs clients in the use of low vision devices such as magnifiers, telescopes, for near point and distant visual tasks.

Plans individual programs for clients and writes daily and monthly progress reports. Plans and carries out in-service training for various people in the client's family and community on blindness. Instructs clients in the techniques of travel using special lenses, long canes, sighted guides, and electronic travel devices. Supplies appropriate equipment for use in rehabilitation instruction.

NOTE: The job duties listed are typical examples of the work performed by positions in this job classification.

MISSOURI:

Missouri Department of Social Services, Rehabilitation Services (RSB) for the Blind oversees services for the blind. Attached is the hyperlink to their website: http://dss.mo.gov/fsd/rsb/.

Missouri relies on the Commission for the deaf and hard of hearing to provide services for this population. This commission acts as an agency of the state. Attached is a hyperlink to their website: http://mcdhh.mo.gov/.

SERVICES

Child Specific Services for the blind as provided by the Department of Social Services, Rehabilitative Services are listed below. A comprehensive evaluation conducted collaboratively by a Children's Specialist, the parents/caretakers and the client will determine the nature and scope of services needed:

- Advocacy on behalf of children and families to schools and community service providers;
- Technical assistance to responsible service providers (including families);
- Evaluation of developmental needs;
- Resource and referral;
- Connecting families;
- Transitional (i.e., to new school/service environment, developmental) services;
- Promoting the Expanded Core Curriculum;
- Educating the community on blindness issues;
- Adjustment counseling for children and families;
- Promoting community integration;
- Securing equipment and services;
- Career Exploration Activities, without cost, that increase the child's vocationally relevant; knowledge of themselves and the world of work;
- Other services in keeping with the mission and core functions of the Children's Services program.

At this hyperlink: http://dss.mo.gov/fsd/rsb/manual/csmanual/toc.htm is the children services manual, which breaks down funding and eligibility.

Missouri has a separate program for the older blind population as shown in detail in the manual contained at this hyperlink: http://dss.mo.gov/fsd/rsb/manual/obsmanual/toc.htm.

Deaf and Hard of Hearing Services are developed and overseen by The Missouri Commission for the Deaf and Hard of Hearing, which functions as an agency of the state to advocate public policies, regulations, and programs to improve the quality and coordination of existing services for deaf and hard of hearing persons, and to promote new services whenever necessary. The commission does the following:

- Promotes deaf awareness to the general public and serve as a consultant to any public agency needing information regarding deafness;
- Developed a system of state certification for those individuals serving as interpreters of the deaf;
- Maintains the quality of interpreting services;

- Maintains a census of persons with a hearing loss in Missouri – **Deaf Census Form**;
- Promotes the development of a plan, which advocates the initiation of improved physical and mental health services for deaf Missourians;
- Conducts or makes available workshops or seminars as needed for educating nondeaf individuals of the problems associated with deafness and ways by which these groups or agencies can more effectively interact with those who are deaf;
- Promotes the development of services for deaf adults, such as shelter homes, independent living, skill training facilities and post-school educational training;
- Established a network for effective communication among the deaf adult community and promotes the establishment of telecommunication devices for the deaf or TDD relay services where needed;
- Develop and establish interpreting services for the state.

ELIGIBILITY

Eligibility for the Children's Services (CS) program is based upon the following criteria:

A. The applicant meets the Rehabilitative Service Bureau's visual disability requirement by exhibiting:

(1) a central visual acuity of 20/200 or less in the better eye with best correction, or central acuity of more than 20/200 if there is a field defect such that the peripheral diameter of central visual field subtends an angular distance no greater than 20 degrees, or

(2) a central visual acuity of 20/70 or worse in the better eye with best correction, or has near vision that is decreased to the extent that the applicant cannot read print that is smaller than Jaeger nine (J9) with best correction, or

(3) a visual efficiency (visual acuity and visual field) that does not exceed sixty four percent (64%), or

(4) functional limitations caused by the visual condition (i.e., inability to fixate and follow, limitations on the applicant's educational performance due to vision) that are consistent with the best corrected acuities/fields expressed in 1-3 above.

B. The applicant claims to be legally present in the state of Missouri with an intent to remain;

C. The applicant requires Children's Specialists services to improve his or her ability to function in family, educational and/or community settings.

D. The applicant must be less than 21 years of age or in the final year of secondary education that the 21st birthday falls within.

ADMINISTRATION/BUDGETING

The Rehabilitation Services Bureau establishes a case service limit for each Children's Specialist on an annual basis at the beginning of the State Fiscal Year. A Children's Specialist may not authorize any purchase that will exceed their annual limit without the written approval of the Deputy Director of the Rehabilitative Services Bureau.

JOB DESCRIPTION

Rehabilitation Teacher for the Blind

Definition
This position is responsible for technically specialized work in the Division of Family Services/Rehabilitation Services for the Blind in providing rehabilitation services to persons with blindness and severe visual impairments. An employee in this class has responsibility for assisting individuals with blindness and severe visual impairments adapt to a loss of vision by acquiring and retaining those skills, which are necessary for independent living in their own homes and communities. Work includes responsibility for the attainment of these objectives through teaching the necessary communication, mobility and daily living skills and providing guidance and counseling services to the individual on adjustment problems, which interfere with the attainment of objectives. Supervision is normally received from a District Supervisor with the Rehabilitation Services for the Blind.

Job Duties
Assesses the impact the loss of vision has on blinded persons, assesses needs of the client and takes steps to assist in compensating for the loss of vision. Provides counseling services to individual clients as necessary to help in realistically accepting the loss of vision and to assist the client in remaining a contributing member of the family and community. Participates with a rehabilitation counselor and mobility specialist as a member of the rehabilitation team to provide comprehensive services to clients. Provides direct teaching services to blind and visually impaired persons in their own homes. Interprets services available to blind and visually impaired persons and determines what services are needed and desired. Teaches skills necessary for daily living and homemaking activities. Teaches braille, scriptwriting, typing and other communication skills, as needed. Gives limited travel instruction, with both sighted guide and cane, about the client's home and immediate surroundings. Teaches handicrafts for therapeutic purposes. Assists blind and visually impaired persons in obtaining and operating special aids and devices such as talking book machines, magnifying aids and homemaking aids. Works with the family and other persons in the community as indicated by the needs of the blind or visually impaired person. Refers persons in need of eye care, other medical care or special services to an appropriate provider. Works cooperatively with personnel in other agencies to enable the blind and visually impaired persons to achieve maximum services and independence. Keeps records and makes reports as required. Orders equipment and training aids necessary for effective client training and job performance. Serves as case manager for all Vocational Rehabilitation clients whose vocational goal is homemaker and for all Independent Living Rehabilitation clients. Evaluates the need for and teaches blind diabetics in the use of adaptive devices to measure blood sugar and insulin. Performs other related work as assigned.

Areas of Interest:
College Graduates; Social Service, Public Welfare & Mental Health; Therapy, Rehabilitation & Related
Annual Salary Range: $33,744.00 – $47,892.00

OHIO:

Ohio utilizes the Office of Opportunities for Ohioans with Disabilities (OOD) to oversee the deaf, blind and hard of hearing population. Attached is the hyperlink to their website: http://www.ood.ohio.gov/Core-Services/BVR.

SERVICES

Opportunities for Ohioans with Disabilities (OOD) provides counseling and guidance to individuals with disabilities who are seeking employment. This office encourages consumers to choose an employment goal based on strengths, resources, priorities, concerns, capabilities and interests. A thorough, objective understanding of consumer assets and liabilities and of employment opportunities is a prerequisite in planning.

Personal and work adjustment training may be purchased by OOD to help reach the occupational objective by:

- Acquiring personal habits, attitudes and skills (including social skills) needed to function effectively on the job;
- Increasing work tolerance;
- Developing work habits and orientation to the work world; or
- Learning techniques that can compensate for the loss of a bodily or sensory function such as mobility or sight.

Opportunities for Ohioans with Disabilities partners with community centers specifically for the deaf/ hard of hearing population. Community Centers for the Deaf help deaf Ohioans to maintain their independence through:

- Referral and linkage to community programs;
- Vocational and financial counseling; and
- Coordination with legal, educational, and mental health supports.

Ohio has 11 locally managed centers for independent living with three branch offices that provide services to assist people with severe disabilities to live independently and avoid institutionalization. Services provided include: information and referral, advocacy, peer counseling, and independent living skills training. Attached is the hyperlink to the Ohio state plan for independent living, which governs how the centers operate: http://www.ohiosilc.org/pages/pdf/2014-2016%20State%20Plan%20for%20Independent%20Living.pdf.

Ohio provides services for older blind individuals. Attached is a link to this website: http://www.ood.ohio.gov/Programs/Independent-Living/Independent-Living-Services-for-ILOB

ELIGIBILITY

Determinations for eligibility are based on an application process and an interview with a qualified counselor. The application is not available online.

Eligibility is based on three factors:

- Consumers have a physical or mental impairment which causes or results in a substantial impediment to employment;
- Consumers can benefit from services that lead to employment; and
- Consumers require vocational rehabilitation to prepare for, secure, retain or regain employment.

A separate bureau exists for the visually blind population. The Bureau of Services for the Visually Impaired (BSVI) provides individuals who have low vision and blindness services and supports necessary to help them attain and maintain employment. Vocational Rehabilitation (VR) services are customized for each individual through assessments and one-on-one meetings with professional VR counselors. VR services are available statewide and include:

- Evaluation and treatment of an individual's disability;
- Information and referral services;
- Vocational counseling and training;
- Job search and job placement assistance;
- Educational guidance (tuition resources and other support);
- Transportation services;
- Occupational tools and equipment;
- Personal attendant services (reader, interpreter, etc.).

For the older blind individuals in Ohio, the criteria for services are based on age (must be older than 55) and a documented visual impairment.

Each community center for the deaf is able to provide services; these services vary from employment to housing to medical and social services. Attached is the hyperlink listing the services provided and in which area they are provided: http://www.ood.ohio.gov/Programs/Community-Centers-for-the-Deaf/Deaf-Ohio-Resources.

ADMINISTRATION/BUDGETING

Providers, state and local entities must meet certain criteria to partner with OOD. In order to participate, each contractor must provide new, expanded, and reconfigured Vocational Rehabilitation services for consumers as well as provide services to Opportunities for Ohioans with Disabilities (ODD) eligible consumers and allow OOD to administer and monitor the local program. Finally they must abide by OOD's state and federal policies, and provide services within the contract provisions. New contracts are implemented based on data collected through the Ohio Comprehensive Statewide Needs Assessment.

JOB DESCRIPTION

Vocational Rehabilitation Caseload Assistant

Applicants for this position must be proficient in sign language. Prior to appointment, applicants will be required to demonstrate fluent communication skills in American Sign Language or other non-verbal means of communication (e.g. manually coded-English, etc.). Persons without fluent skills will not be eligible for appointment. Successful candidates will receive a five (5) percent pay supplement upon hire.

Opportunities for Ohioans with Disabilities (OOD) has full-time opportunities for Vocational Rehabilitation Caseload Assistants (CA). CAs assist eligible people with disabilities toward increased functioning and mutually agreeable vocational goals. They will assist vocational rehabilitation counselors in developing comprehensive individual plans of employment for eligible consumers.

A Caseload Assistant will:

- Schedule and conduct interviews with OOD clients to assess vocational needs;
- Coordinate and conduct job placement activities with consumers including assisting in preparing resumes & completing job applications, preparing for job interviews and information related to how to seek employment;
- Assist consumers with benefits counseling & planning;
- Prepare paperwork to request diagnostic testing/evaluation from doctor's, psychologists & other health care professionals;
- Monitor treatment plans & monitor caseloads for case progression;
- Conduct referral screening & maintain documentation.

To be successful as a Caseload Assistant you are:

- A graduate with a Bachelor's degree in psychology, sociology, special education, social work/welfare, speech hearing or rehabilitation education or comparable rehabilitation major;
- Passionate about helping people with disabilities find jobs;
- Compassionate;
- Customer focused;
- Able to communicate effectively with diverse populations;
- Excellent in organizational skills;
- Goal oriented;
- Able to multitask effectively;
- Able to take initiative;
- Able to work independently and as part of a team;
- Flexible.

Minimum Qualifications:
-Bachelor's core program in human services area (e.g. rehabilitation, counseling, social work, psychology, sociology, special education, communication disorders, rehabilitation teaching).

-Or 24 mos. exp. In the delivery of vocational rehabilitation services (e.g. job development, benefits analysis, certified vocational evaluator, vocational specialist).

Major Worker Characteristics:
Knowledge of public relations, departmental policy & procedures related to vocational programs; eligibility criteria; evaluation & appraisal techniques; available community & governmental resources; human services area (e.g., rehabilitation counseling, psychology, sociology, social work, special education, pre-medicine, guidance & counseling, nursing, occupational or physical therapy, speech & hearing); nature & implications of physical or mental disability. Skill in operation of personal computer & related software. Ability to define problems, collect data, establish facts & draw valid conclusions;

calculate fractions, decimals & percentages; develop service plans suitable to client needs; gather, collate & classify data, handle sensitive face-to-face contacts & develop good rapport with client.

Salary: $17.58 / Hour

NEW YORK:

New York State within the Children and Family Services division, created a commission, titled the New York State Commission for the Blind (NYSCB), to oversee and manage services related to the blind population. Attached is the hyperlink to their website: http://ocfs.ny.gov/main/cb/.

It is the oversight of the commission, which contracts with agencies for services, payment, and eligibility. It is the commission, which also writes and prepares the information for the state plan.

SERVICES

This hyperlink: http://ocfs.ny.gov/main/cb/provider_info.asp, provides examples of New York contract criteria. The New York State Commission for the Blind (NYSCB) is the referral source and service delivery provider for the State.

The NYSCB offers an array of programs to help individuals who are legally blind achieve economic self-sufficiency and full integration into society. NYSCB works closely with non-profit agencies for the blind throughout New York State to provide technical, educational and resource assistance to consumers.

NYSCB also contracts with the Helen Keller National Center (HKNC) to provide consumers with the specialized services that will enable them to reach greater levels of independence. The Helen Keller National Center is the only national rehabilitation program serving youth and adults who are deaf-blind. Communication Skills Training, Orientation and Mobility Training, Vision Rehabilitation Therapy, Social Casework and Job Placement services are provided by the HKNC staff in a residential setting located at Sands Point, NY.

For individuals living too far away from HKNC and not willing to leave their home environment for specialized training services, NYSCB contracts with agencies for the blind, which also can provide services to individuals who are deafblind.

ELIGIBILITY

New York has an online application process found at: http://ocfs.ny.gov/main/documents/docsCBVH.asp. This hyperlink will show what this application process entails. Also at this link are examples of the components of a service plan.

This hyperlink: http://ocfs.ny.gov/main/cb/programs.asp gives access to the public to learn more about the six programs available through the New York State Commission for the Blind.

The commission provides a variety of programs. The vocational rehabilitation program is just one of the seven programs available to the deaf and blind population. The Vocational Rehabilitation (VR) Program offers guidance and counseling to assist consumers who are legally blind find or retain employment. Counselors work with the consumer to develop an Individualized Plan for Employment (IPE). The IPE acts as a road map to guide the consumer toward their employment goals. Goals vary, and include preparing for and finding a job, continuing at a current workplace or maintaining a household independently.

In addition to counseling and guidance, services offered through the Vocational Rehabilitation Program may include access to the following:

- Assessments to determine service needs;

- Deafblind Services;
- Maintenance, transportation, interpreter services and reader services;
- Vocational assessment;
- Vocational training;
- Job training;
- Orientation and Mobility (O&M);
- Rehabilitation Teaching.

Rehabilitation teaching is instruction, which focuses on learning skills to maximize the consumer's activities of independent living. This instruction teaches skills such as Braille, various methods of meal preparation, home management activities and other daily living tasks. The goal of this instruction is to prepare the consumer for school, work or managing their household responsibilities. Purchase of the services shown below may be funded by NYSCB in some cases:

- Low vision exams and devices;
- Braille instruction;
- Assistive technology;
- Low-Tech Solutions to Accommodate Employees who are Legally Blind.

ADMINISTRATION/BUDGETING

The Federal Rehabilitation Act provides funding for New York State to implement vocational rehabilitation and supported employment programs. The purpose of these programs is to empower individuals with disabilities to maximize employment opportunities and achieve economic self-sufficiency and independence with the goal of full inclusion and vocational rehabilitation and supported employment services to individuals who are legally blind. In order to receive this NYSCB must submit a State Plan for Vocational Rehabilitation and Supported Employment Services to the Rehabilitation Services Administration (RSA) as well as annual updates to the plan.

Attached is the hyperlink to New York's State plan: http://ocfs.ny.gov/main/cb/defaultDetails.asp?ID=1046.

JOB DESCRIPTION

Instructor of the Blind (this job posting was located in the Department of Corrections, so it focuses on offenders)

Minimum Qualifications

Either 1. A bachelor's degree or higher with a major in rehabilitation teaching of the blind or vision rehabilitation therapy;

Or 2. A bachelor's degree and successful completion of the following courses:

- Anatomy of the Eye and Low Vision
- Psycho-Social Aspects of Visual Impairment
- Medical Aspects of Disability
- Grade II Braille
- Methods in Rehabilitation Teaching

- Student Teaching in Rehabilitation Teaching*

* One (1) year of actual experience in providing rehabilitation teaching of the blind may be substituted for this course in student teaching.

Duties Description as an Instructor of the Blind, you would organize, plan, teach, and direct the provision of reasonable accommodations and rehabilitative blind/low vision services (communication, personal, and adult living skills) to the offenders in a correctional setting who are legally blind or have severe visual impairment. You would provide instruction in use and care of adaptive equipment issued and provide extended assessment and discharge planning information to the Guidance unit, as needed. In addition, you would establish and maintain a working relationship with rehabilitative agencies to ensure effective delivery of services, discharge planning and programming for offenders. You would interview and instruct offenders, supervise mobility assistants and provide in-service training for various departmental staff as requested. Purchase/control inventories of all offender-use equipment in the facility. You would also travel to and communicate with other facilities as needed to ensure delivery of services to offenders who are legally blind or have a severe visual impairment.

Annual Salary: $52,293 - $66,494

NEW JERSEY:

The New Jersey Department of Human Services oversees the deaf, blind and hard of hearing population. Attached is the hyperlink to their website: http://www.state.nj.us/humanservices/divisions/. On this website, you will notice New Jersey has the areas split; one is governed by the Commission for the Blind & Visually Impaired (CBVI), while the other is a separate division called the Division of the Deaf and Hard of Hearing (DDHH).

Commission for the Blind & Visually Impaired (CBVI) - promotes and provides services in the areas of education, employment, independence and eye health. It provides specialized services to persons with vision problems; educates and works in the community to reduce the incidence of vision loss; and works to improve attitudes concerning people with vision loss.

The FAQ page for the CBVI address eligibility and common consumer issues at: http://www.state.nj.us/humanservices/cbvi/faq/.

Division of the Deaf and Hard of Hearing (DDHH) – Department of Human Service's is the smallest division with only nine employees. These nine employees serve as advocates for people in New Jersey who are deaf or hard of hearing, a number estimated to be as high as 720,000. They assist consumers in numerous ways to gain access to programs, services and information.

SERVICES

Commission for the Blind and Visually Impaired (CBVI)

EDUCATIONAL SERVICES: CBVI provides educational services from birth through high school years to eligible children and their families. These services are designed to allow students who are visually impaired to participate equally with other students in regular classroom activities.

VOCATIONAL REHABILITATION: The goal of this program is to provide services that will enable people who are blind or visually impaired to develop, acquire or update skills that will help them secure and maintain suitable employment. This may include obtaining jobs in a wide array of competitive career fields like law, education, business, technology, as well as self-employment and other occupations.

INDEPENDENT LIVING SKILLS: This program provides training designed to help people of any age who are blind or visually impaired to adjust to their vision loss and gain the skills of daily living they will need to lead a full and productive life.

EYE HEALTH SERVICES: The goal of this program is to save sight and restore vision whenever it is medically possible. CBVI also conducts and sponsors a variety of educational programs and eye health screenings throughout the state to detect vision problems.

ADDITIONAL SERVICES: services for people who are deafblind; business and entrepreneurial training; educational materials for visually impaired children; income tax certification letters; referral to community based programs and services; and low and high technical aids and appliances for people that are blind or visually impaired.

Division of Deaf and Hard of Hearing
Since 1993, the Division of the Deaf and Hard of Hearing (DDHH) has operated a program to ensure that New Jersey residents with hearing loss, regardless of their economic status, have access to telecommunications and visual alerting home safety equipment needed to live independently.

Individuals unable to afford the costs of assistive communication devices may apply to the "Equipment Distribution Program' for assistance. Upon meeting eligibility requirements, individuals may receive communication devices free of cost from the DDHH.

Devices currently available as part of this program include:

- Amplified Telephone;
- CapTel;
- Hearing Carry Over(HCO) Telephone;
- Smoke Detector;
- Carbon Monoxide Detector;
- Baby Cry Alert System;
- Artificial Larynx Device (ALD).

DDHH partners with multiple community organizations to meet the needs of the deaf and hard of hearing population, attached is a link with a list of organizations in New Jersey who also support this population: http://www.state.nj.us/humanservices/ddhh/links/.

ELIGIBILITY

CBVI services and programs are available to all visually impaired NJ residents without regard to other disabling conditions. A person may be eligible for services, if he or she is experiencing a vision impairment that is affecting his or her normal daily life activities.

- **VISUALLY IMPAIRED** means that with the best correction an individual's vision is 20/70 or less in the better eye. (The person sees at 20 feet what a person without a visual impairment sees at 70 feet.)
- **LEGALLY BLIND** means that with the best correction an individual's vision is 20/200 or less in the better eye. (The person sees at 20 feet what a person without a visual impairment sees at 200 feet.) Also, an individual is considered legally blind, if he or she has a restricted visual field limitation of 20 degrees or less. (The person sees 20 degrees of all the objects in their field of vision, when a person without a visual impairment would see 180 degrees.)

ADMINISTRATION/BUDGETING

The Commission for the Blind and Visually Impaired (CBVI) coordinates and provides preventive, rehabilitative and assistive services to people who are blind or visually impaired or at risk of becoming so. Services include, but are not limited to, eye health screenings and assessments for adults and children, educational and vocational rehabilitation, annual sleep-away camping for children who are blind or visually impaired, and referrals to other services, as required. These services are made available through state and Federal funding and for the most part, are provided free of charge. DIVISION BUDGET: $27,470,000

The Division of the Deaf and Hard of Hearing (DDHH) is the State's central information and referral service for people who are deaf and hard of hearing. This division helps people obtain devices and services required to help them better communicate and participate in daily life, such as text telephones (TTYs) and sign language interpreters. DIVISION BUDGET: $1,000,000 (state funds)
DIVISION STAFF: 8

JOB DESCRIPTION

Deaf & Hard of Hearing Specialist
DEFINITION:
Under the direction of the Director, Division of the Deaf and Hard of Hearing or other division supervisor, consults with the community and agencies in outreach efforts to enable clients with hearing loss to take full advantage of the medical, social, vocational, economic, legal, and personal services available; provides consultation and coordination of communication access services and provides information, guidance, and direction to citizens of New Jersey who may be deaf, hard of hearing, late-deafened or deafblind; does other related duties.

EXAMPLES OF WORK:
Performs the work involved in establishing and operating regional assistive device displays, device loaner libraries and disability-specific information activities for people with hearing loss; provides technical assistance, training and resource information to consumers, professionals and medical personnel who have contact with individuals with hearing loss and provides consultation to clients, families, agencies, businesses on issues related to deafness, hearing loss and access; assigns, coordinates the work and activities of interns and interpreters. Demonstrates assistive devices, which facilitate access, provides information and advice on how to select/use assistive technology, and conducts/coordinates workshops and conferences on relevant issues pertaining to and communicating effectively with people with hearing loss. Administers and is directly involved in the interpreter screening process, conducts interviews and provides recommendations to the communication access unit regarding candidates' inclusion on the Division of the Deaf and Hard of Hearing Interpreter. Offers opportunity for consultation with clients, families, agencies and businesses on issues related to deafness, hearing loss and access; offers guidance and coordination assistance to schools, hospitals, courts, businesses, theaters, assisted living centers, social services and other settings in providing accessibility and communication access services. Performs outreach to inform prospective interpreters of the services of the Division of the Deaf and Hard of Hearing Interpreter Referral Service and provides overview of the Interpreter screening process. Contacts clients with hearing loss requiring services; visits organizations of the deaf, hard of hearing, late deafened or deaf-blind to determine needs of this community; informs citizens with hearing loss of the goals and objectives of the division of the Deaf and Hard of Hearing; encourages citizens to seek and utilize the services of the Division, and other government and private agencies. Compiles technical and statistical information to assess communication access goals and objectives with respect to organizational agreements, departmental regulations and standard operating procedures. Arranges and conducts public information and community awareness activities, educational programs, symposia, workshops and in-service training for constituents, organizations and professionals serving people with hearing loss. Organizes and oversees programming of special division events, including Deaf and Hard of Hearing Awareness Day, conferences, town meetings, etc. Reviews, comments on and provides consultations regarding logistical issues to organizations requesting communication access services and funding. Prepares and reviews information in official division and department documents.

Conducts surveys and interviews, designs questionnaires, data collection tools and various forms to obtain feedback to assess and address the needs of deaf and hard of hearing communities. Develops and maintains cooperative working relationships with other public service agencies; refers clients and receives referrals; informs public and private entities of their responsibilities to citizens with hearing loss as mandated by statutes. Develops and maintains cooperative working relationships with private organizations and agencies to facilitate services for citizens with hearing loss when needs cannot be met by public agencies both at the state and local levels; works with private organizations and agencies to seek ways to supplement the services of public agencies in the interest of citizens who may be deaf, hard of hearing, late-deafened, or deaf-blind; makes appropriate referrals.

Aids individuals and agencies in obtaining professional interpreting services and other communication access services through the Division's Interpreter Referral/Communication Access Unit; instructs them in the most effective use of the interpreters/Computer Aided Real-Time Transcription (CART), and Assistive Listening Devices (ALD's). Aids individuals and agencies in obtaining other appropriate accommodations to achieve effective communication such as assistive-listening devices and captioning.

Cooperates with educational institutions in the development of interpreter training, sign language programs, provides information about the availability of and training in utilizing assistive listening equipment and captioning, and the development of continuing education programs; organizes and gives workshops or seminars for groups in need of information or advice about hearing loss.

Gives presentations to various groups, schools, and organizations. Provides training, advocacy and referral to auxiliary resources and services for consumers, service providers and groups seeking assistance in their efforts to comply with access services and specified by Federal and State laws.

Attends organizational meetings of consumers, service providers and auxiliary aid vendor groups, and represents the Division. Prepares comprehensive statistical and other reports containing findings, conclusions, and recommendations. Maintains required records, reports and files. Writes articles and new releases for public information related to program activities.

EDUCATION
Graduation from an accredited college or university with a Bachelor's degree included or supplemented by 24 semester hour credits in courses related to deafness and/or hearing loss (audiology, sign language, interpreting, psychology, sociology, social work, special education, rehabilitation counseling, or in some combination thereof).

EXPERIENCE
Three (3) years of experience performing outreach work activities with persons with hearing loss, or in the planning, evaluation, and/or delivery of services to clients with hearing loss in a public or private agency.

Texas State Research for Independent Living Services; 3 states interviewed.

	WASHINGTON*	FLORIDA	CALIFORNIA
INTAKE			
1. How do consumers enter the program?	Consumer enter the program through self-referral.	Referrals are made by family or consumers self-refer.	Referrals come from multiple sources. Providers hold outreach events and build relationships with other area providers, hospitals, clinics, and other community partners.
2. Is there a waiting list?	No waiting lists were reported.	No wait lists were reported however the state is required to serve a minimum number of consumers.	Yes, the waiting lists are managed at the regional level. Regional level service providers believe they are in touch with the needs of the consumer. Older individuals who are blind in need of services may be on a waiting list, this list is for specialty services.
3. If so, is it managed statewide, by caseload or through some other centralized process?	No reported wait lists.	No reported wait lists.	The waiting list is managed by the providers. Each provider has its own processes according to the assessment of community needs. Guidance is provided by the "underserved populations" section of the Independent Living State Plan.
4. Who completes the application process?	Consumers	Community Rehabilitation Program staff with the consumer.	Consumers

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5. Is there an online application option?	No online application process is in place.	No, but an online process is in development.	No online application process is in place.
6. Is an electronic case management system shared by the state and required by contract or agreement? If not, how is consumer information documented and reported? Purchasing Information?	No shared case management system is in place, however two (2) Centers for Independent Living use the same system and 1 Center for Independent Living is in the process of developing its own case management system. The State has expressed no preference regarding which system is to be used.	Yes, there is a shared case management system. Community Rehabilitation Program staff enter information into the shared system and this information is reviewed by state contract monitoring staff.	No shared case management system is in place. All the providers have their own management system. Documentation requirements and maintenance of records are dictated by Federal Reg. RSA-7-Older Blind and Independent Living Title VII.
7. What considerations, if any, are given to priority populations? i.e. deaf/HOH, transition, veteran, minority, older blind, MH, DD	No identified priority populations were reported.	No identified priority populations were reported.	Priority populations are managed at the regional level. The underserved populations section of the Independent Living State Plan serves as guidance.
ELIGIBILITY			
1. Who determines eligibility for the program?	Each Center for Independent Living determines consumer eligibility.	The state makes the determination for consumer eligibility, this decision is based on information entered by Community Rehabilitation Program staff.	The consumers declare need and the providers determine if the consumer can benefit from the independent living services provided by the center.
2. What rules, policies or processes govern eligibility or ineligibility decisions?	No eligibility rules were reported.	No eligibility rules were reported.	Federal Rules require information to be given to the consumers about Client Assistance Programs which aid with determinations of eligibility and ineligibility.

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3. What services are available in eligibility status and before the plan is finalized?	No services are provided while in eligibility status.	No services are provided while in eligibility status. A Comprehensive Functional Assessment must be completed prior to service delivery.	No services are provided until the intake process is completed.
4. What documents govern policies and processes?	Not answered	Not answered	Federal policy determines how services are provided
WAIVER			
1. Who completes the plan with the consumer?	Center for Independent Living staff complete the service plan with consumers.	Community Rehabilitation Program staff complete the service plan with consumers.	An Independent Living Center staff person completes the service plan with consumers. Providers who deliver services to Older Individuals who are Blind may use the same staff for the application process and plan development. Other similar service providers may use any available staff such as; case managers, social workers, or administrative specialists.
2. Is there a waiver process?	Not answered	No, there is not a waiver process.	Yes, Independent living Center consumers may choose to waive plan development. No waiver process is currently in place for Older Blind Individuals.

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3. Are there service or cost limits? Any sort of consumer participation or other cost containment strategies?	There were no cost limits reported other than to show the funds were spent for youth in transition and not on non-allowable costs such as taking staff to lunch.	There are no limits reported regarding the cost of services, or containment strategies.	Independent Living Centers and programs for Older Individuals who are Blind may have service limits at certain agencies, the specifics of these were not reported. The services are at no cost to the consumer, Independent Living Centers could require fees for things like borrowed Assistive Technology. If a fee is charged, the state is required to report this per federal rules.
SERVICE DELIVERY			
1. Do state staff provide any consumer services? If so, what are they? Are there documents that govern those policies and procedures?	Yes, state staff provide independent living services however, any excess consumers are referred to Centers for Independent Living Services. No policies were reported.	No, state staff do not provide services to consumers, however there are Independent Living Specialists who conduct invoice reviews as well as onsite or desk reviews, which is consistent with contract management activities.	Older Individuals who are Blind & Independent Living consumers do not receive services from state staff. Independent Living Centers utilize Part B funds to make purchases for consumers.
2. What services do the contractor staff provide? Where do they offer services? i.e. in home, in the CIL community, other community locations etc.	The state does not dictate specific services provided by a Center for Independent Living. However, each Center for Independent Living is required to meet	Service delivery by the contractors is consumer driven.	Centers for Independent Living provide core services required under federal law, in addition to other services listed in the State Independent Living Plan.

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	core services, those are; 1. Individual and systems advocacy, 2. Information and referral, 3. Peer counseling and 4. Independent Living skills training. Services are provided in the community in which the consumer lives or in the home. Service delivery is based on consumer need.		
3. Are there standards that govern the providers who are paid to deliver services? i.e. credentialing for professional services, etc.	There were no reported specified standards.	No standards were identified.	There are incentives for Independent Living Centers to hire staff with a Master's Degree. This is not a requirement but the grant process is weighted toward the number of staff with graduate degrees. Most staff hold a Master's in Social Work, but not all. The better the qualifications of the staff, the better chance of funding for the Center.
4. What business agreement exists between providers and the contractor? Are there contracts, cooperative agreements, etc… that govern those relationships?	There are contracts in place between the state and Centers for Independent Living. Monthly reporting requirements are established. Reports are sent via email. The state conducts on-site annual reviews to include a review of	There are contracts in place with 18 providers in 10 districts to provide statewide service delivery.	Grant Agreements serve as business agreements with the state. These agreements are based on state contracting rules.

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	programming and financial records.		
5. Are contractor staff credentialed to manage service provision? Provide direct counseling and guidance services?	This was not specified. The contracts do not list credentialing requirements.	The state has specific staffing requirements and qualifications which are detailed in the contracts.	Specific incentives are detailed in the grant and are included as part of the evaluation process.
6. Are all services delivered Statewide? What is the typical travel distance required for consumers to access the contractor or providers?	Yes, all services are delivered state wide and the 4 Centers for Independent Living divide the state, however a Center for Independent Living recently closed in Southern Washington leaving this area without center service delivery. This need is currently met by state workers.	Yes, services are provided statewide and travel varies based on the location of the consumer.	Services are provided across the state. There is limited coverage in one county due to lack of consumers who apply for services. Most Independent Living Centers cover at least two counties. Consumers may chose services in other regions but many areas do not have public transportation to go from county to county. The farthest distance for travel is 2 hours but there was no typical travel time reported.
CASE CLOSURE			
1. What defines a successful closure? And, unsuccessful? Who makes that determination?	Centers for Independent Living make the determination regarding case closure after the consumer has met their identified goals. There is one center that closes all its cases on December 31st, and	Successful case closure only occurs when the consumer has successfully completed at least one goal from the plan. The state makes the determination regarding case closure based on	Case closure is monitored during compliance reviews, no set closure definition was reported.

	WASHINGTON*	FLORIDA	CALIFORNIA
	reopens them on January 1st of the next year.	information provided by Community Rehabilitation Program staff.	
2. Are post-closure services available Statewide?	No post closure services are provided. A satisfaction survey is sent after case closure and these surveys also go to the Board of Directors.	No, there are no post closure services available.	Post closure services depend on which Independent Living center provided the service, there are specifics based on the Grant Agreement between each center and the state. These specifics were not reported.
3. Are there any time limitations or cost limits on closure services or post-closure services?	No there are no limits.	No there are no limits.	No standard limitations for closure services, this is determined by the plan developed with the consumer.
ADMINSTRATION/BUDGETING			
1. What funding streams do you provide your contractors?	The state uses Part B funds and the Division of Vocational Rehabilitation is the pass through agency to distribute these funds.	The state utilizes general revenue, social security money, state and federal matching funds as well as contractors are asked to fund raise private dollars.	The state uses competitive and non-competitive grants as well as Federal Grants.
2. Who are your contractors? What business agreements do you have in place with them? i.e. grant, contract, MOA, etc. Why did you choose that method?	Centers for Independent Living are contracted providers, this has been the chosen method for over 10 years.	The contracted service providers are Community Rehabilitation Programs and Lighthouses.	The contracted service providers vary, contracts are awarded through competitive and non-competitive grants to those agencies who apply and are based on established criteria.
3. How are the contractors staffed to provide IL services?	Not answered	The state has an endorsement	The contractors must meet

	WASHINGTON*	FLORIDA	CALIFORNIA
		program and have language written in the contracts regarding recruitment and responsibilities to provide Independent Living services.	standards as indicated in federal funding codes.
4. What are the roles and responsibilities of the State staff? i.e. any service delivery; any contract monitoring etc.?	State staff provide service delivery and there is a program manager who conducts contract monitoring as well as reviews for the Centers for Independent Living.	State staff conduct compliance reviews on the districts. State staff also conduct preliminary reviews of invoices, onsite and desk reviews. These reviews are based on funding and staff availability.	State staff award grants to agencies who apply for funding to provide services. Awarding the grant funds is based on established criteria. The specific criteria was not reported.
5. What method is used to distribute funds?	Funds are distributed monthly for 1/12th of the contracted amount and then at the end of the 2 year contract, a financial review of spending occurs to pay the remainder, if the costs are allowable.	No designated method was reported, the current funding distribution is based on historical methodology by previous administration.	For Independent Living Centers there are 28 providers. Request for the Application document and the Grant Agreement provides information on how reimbursement is distributed. Older Individuals who are Blind Programs have 22 grantees. These grantees are paid by Vocational Rehabilitation Programs and Older Individuals who are Blind Programs. They are reimbursed on an hourly basis. A joint review process is conducted by each program.

	WASHINGTON*	FLORIDA	CALIFORNIA
6. What technology requirements are the providers expected to meet? Case management system, accessibility, communications devices, other?	There are no technology requirements of the providers.	Contractors are required to utilize the shared state case management system.	No technology requirements were reported. Each center uses their own systems.
7. How is compliance monitoring conducted and by whom?	Compliance is conducted by a state program manager, monthly documentation is sent via email and annual site reviews are conducted.	Compliance is completed by state staff both onsite and desk reviews depending on funding and availability.	For Independent Living Centers there are monthly and quarterly reporting requirements. Also semi-annual narrative reports are required. State staff conduct monitoring and compliance review activities. Older Individuals who are Blind Programs and Vocational Rehabilitation Programs use a joint review process.
8. Any documents or models that may help us develop similar systems?	No other documents or models were shared.	All state contractors use different models for services; the programs last 8 to 12 week depending on the contractor but each contractor has the same objective.	The state has grant agreements, quarterly reports, and requests for applications that can be used to help develop a system.
9. Any programmatic or administration pieces that we haven't addressed that were important in building your system? i.e. we don’t know what we don't know.	No further information was provided.	No further information was provided.	No further information was provided.

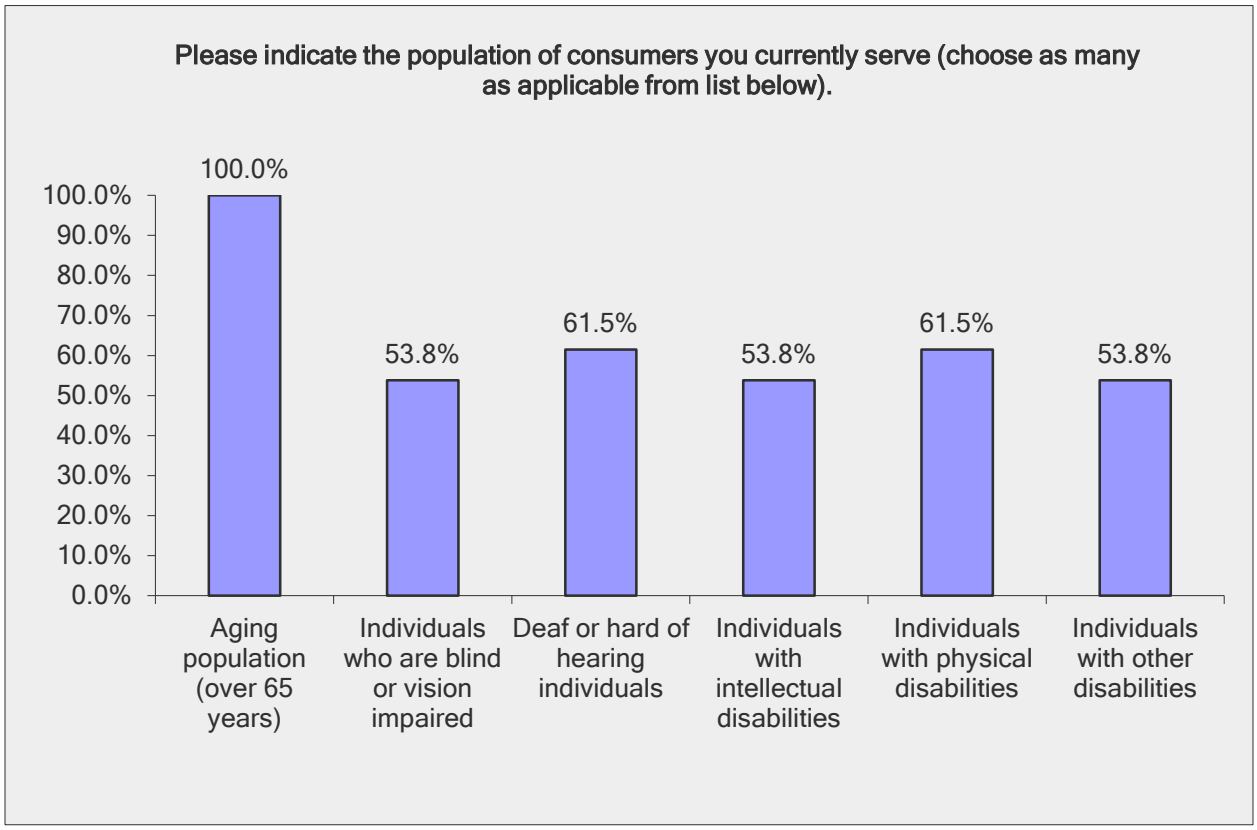
APPENDIX #3

PUBLIC CONSULTING GROUP

Question 1:

Please indicate the population of consumers you currently serve (choose as many as applicable from list below).

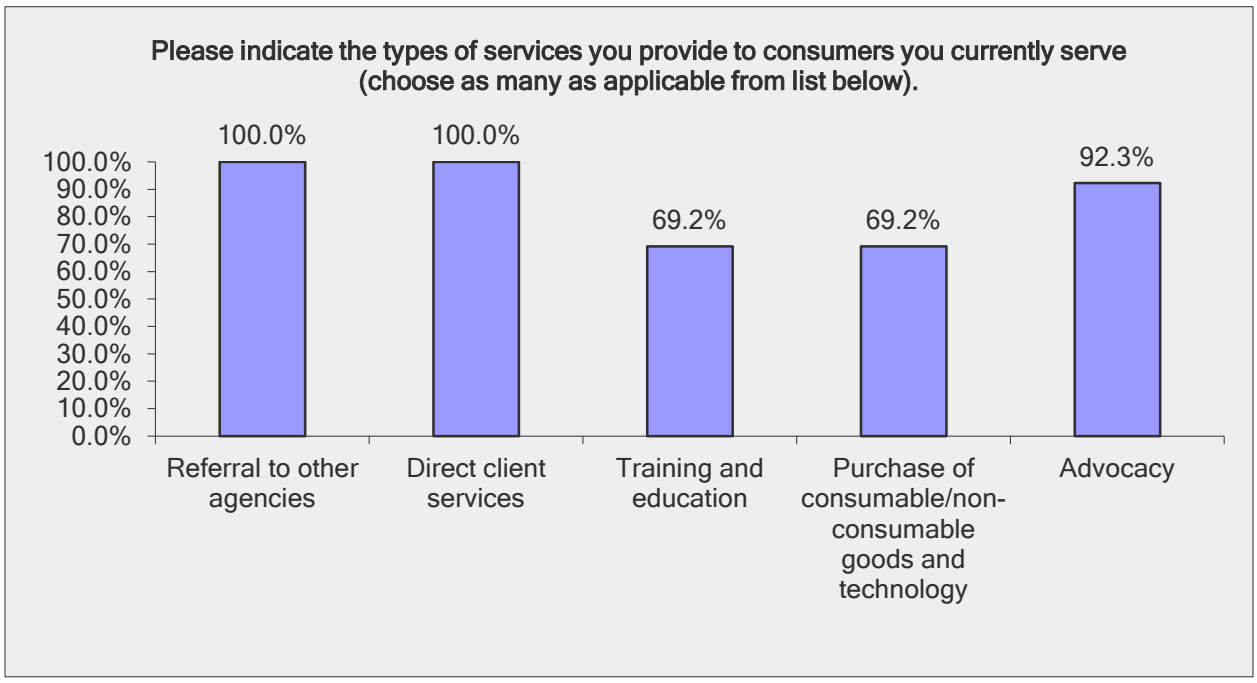
Answer Options	Response Percent	Response Count
Aging population (over 65 years)	100.0%	13
Individuals who are blind or vision impaired	53.8%	7
Deaf or hard of hearing individuals	61.5%	8
Individuals with intellectual disabilities	53.8%	7
Individuals with physical disabilities	61.5%	8
Individuals with other disabilities	53.8%	7
	answered question	**13**
	skipped question	**0**



Question 2:

Please indicate the types of services you provide to consumers you currently serve (choose as many as applicable from list below).

Answer Options	Response Percent	Response Count
Referral to other agencies	100.0%	13
Direct client services	100.0%	13
Training and education	69.2%	9
Purchase of consumable/non-consumable goods and technology	69.2%	9
Advocacy	92.3%	12
	answered question	**13**
	skipped question	**0**



Question3:

Please indicate the counties you currently provide services in.

Answer Options	Response Count
	12
answered question	**12**
skipped question	**1**

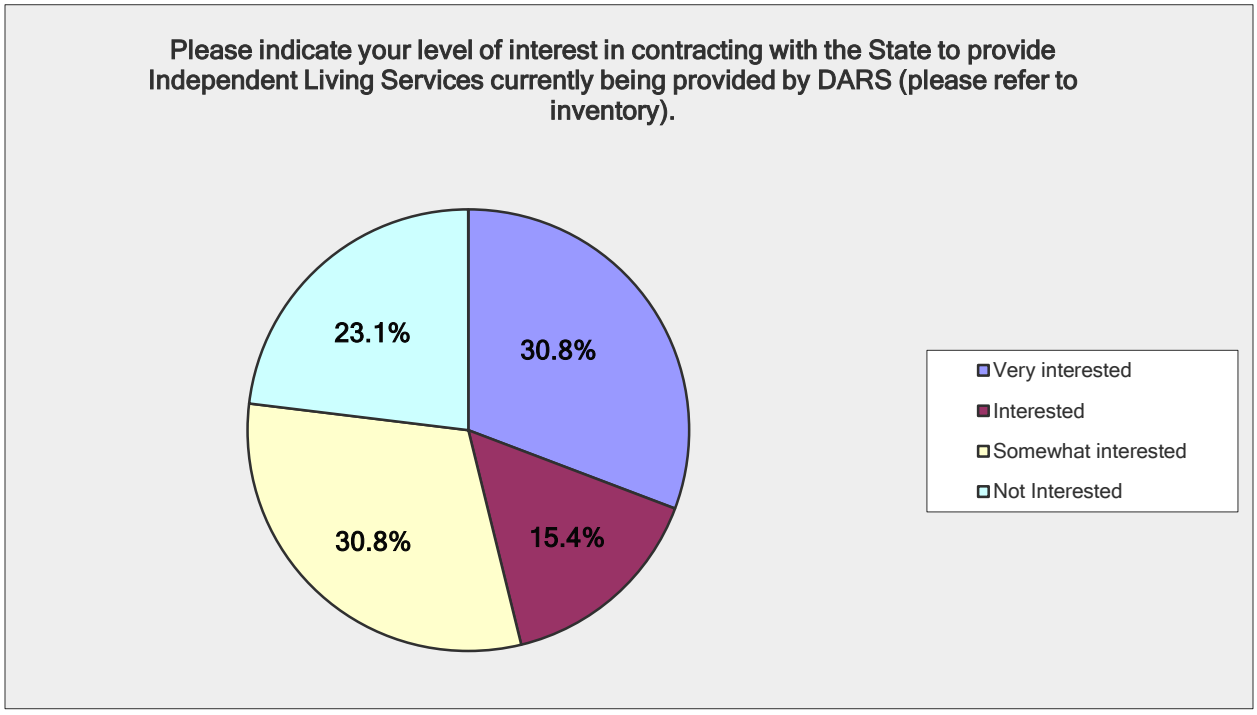
Number	Response Date	Response Text[1]
1	Feb 29, 2016 4:10 AM	Bastrop, Burnet, Blanco, Caldwell, Hays, Lee, Llano, Travis, Williamson
2	Feb 26, 2016 11:14 PM	cooke, fannin, grayson, rains, titus, red river, bowie, cass, delta, franklin, hopkins, lamar, morris
3	Feb 26, 2016 5:55 PM	Angelina, Houston, Jasper, Nacogdoches, Newton, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler
4	Feb 26, 2016 5:37 PM	Andrews, Borden, Crane, Dawson, Fisher, Gaines, Garza, Glasscock, Howard, Kent, Loving, Martin, Mitchell, Nolan, Reeves, Runnels, Scurry, Terrell, Terry, Upton, Ward, Winkler and Yoakum
5	Feb 26, 2016 5:17 PM	Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Liberty, Matagorda, Montgomery, Waller, Walker, and Wharton
6	Feb 26, 2016 4:48 PM	Bosque, Falls, Freestone, Hill, Limestone and McLennan
7	Feb 26, 2016 3:33 PM	Gillespie, Kerr, Bandera, Kendall, Comal, Guadalupe, Bexar, Medina, Frio, Atascosa, Wilson, Karnes, McMullen
8	Feb 26, 2016 3:33 PM	Bosque, Falls, Freestone, Hill, Limestone and McLennan
9	Feb 26, 2016 3:13 PM	Andrews, Borden, Crane, Dawson, Ector, Gaines, Glasscock, Howard, Loving, Martin, Midland, Winkler, Pecos, Reeves, Terrell, Upton, Ward
10	Feb 26, 2016 3:08 PM	Cameron, Hidalgo, and Willacy
11	Feb 26, 2016 3:07 PM	Brazos; Burleson; Grimes; Leon; Madison; Robertson and Washington
12	Feb 18, 2016 8:31 PM	Brazos, Burleson, Grimes, Leon, Madison, Robertson, Washington

[1] Agency responses are entered exactly as provided. No copy editing of the survey responses has occurred.

Question 4:

Please indicate your level of interest in contracting with the State to provide Independent Living Services currently being provided by DARS (please refer to inventory).

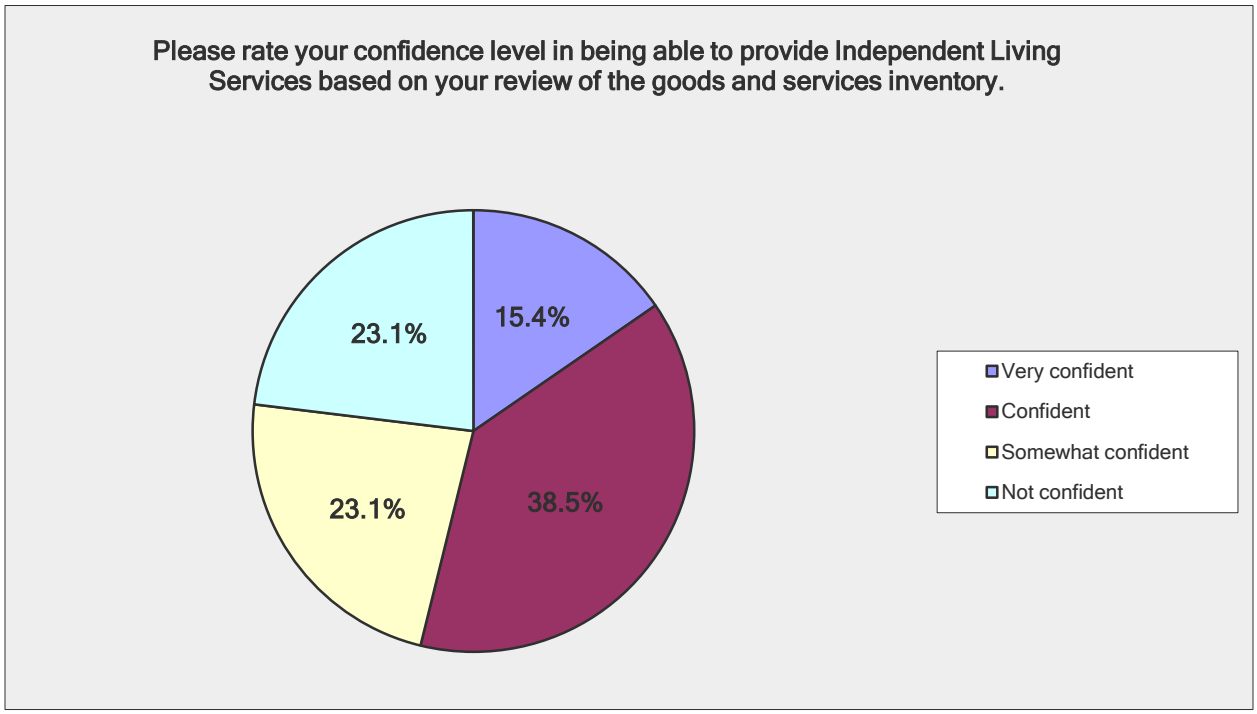
Answer Options	Response Percent	Response Count
Very interested	30.8%	4
Interested	15.4%	2
Somewhat interested	30.8%	4
Not Interested	23.1%	3
	answered question	**13**
	skipped question	**0**



Question 5:

Please rate your confidence level in being able to provide Independent Living Services based on your review of the goods and services inventory.

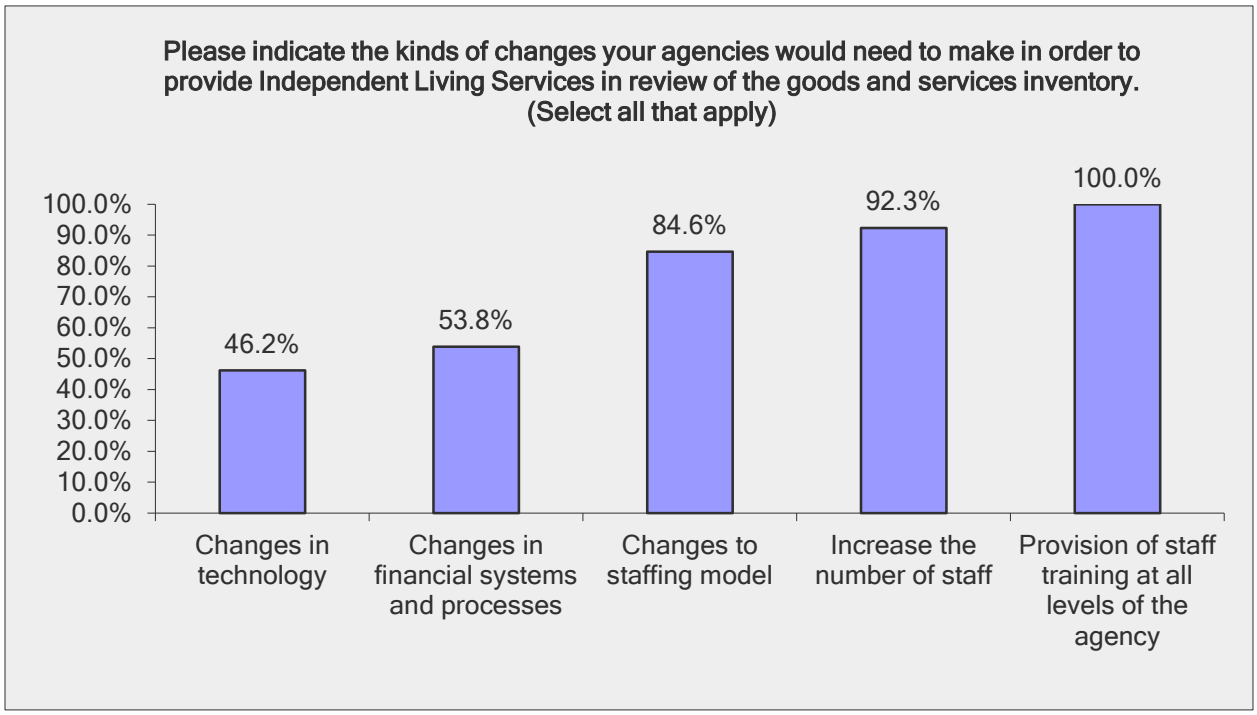
Answer Options	Response Percent	Response Count
Very confident	15.4%	2
Confident	38.5%	5
Somewhat confident	23.1%	3
Not confident	23.1%	3
	answered question	**13**
	skipped question	**0**



Question 6:

Please indicate the kinds of changes your agencies would need to make in order to provide Independent Living Services in review of the goods and services inventory. (Select all that apply)

Answer Options	Response Percent	Response Count
Changes in technology	46.2%	6
Changes in financial systems and processes	53.8%	7
Changes to staffing model	84.6%	11
Increase the number of staff	92.3%	12
Provision of staff training at all levels of the agency	100.0%	13
	answered question	**13**
	skipped question	**0**



Question 7:

Please list the services your agency currently provides to consumers:

Answer Options	Response Count
	12
answered question	**12**
skipped question	**1**

Number	Response Date	Response Text[2]
1	Feb 29, 2016 4:10 AM	ADRC referrals to appropriate partner agencies and LTSS serivce providers. The AAA provides services to senior's 60 and older and their caregivers. Too many separate services to list.
2	Feb 26, 2016 11:14 PM	AAA, ADRC, Utility Assistance, Weatherization, 211, public housing, section 8 housing (including VASH), senior corps
3	Feb 26, 2016 5:55 PM	Meals, limited transportation, evidence based intervention, case management, respite care services, caregiver education, information and referral, benefits counseling, application assistance, LTSS Screening
4	Feb 26, 2016 5:37 PM	HCS, TxHmL Waiver Services
5	Feb 26, 2016 5:17 PM	congregate and home delivered meals, transportation, health maintenance, case management, residential repair, in-home services, earring aids, glasses, benefits counseling, ombudsmen services, evidence based education, and caregiver information services
6	Feb 26, 2016 4:48 PM	Traditionl services offered by Area Agencies on Aging and Aging and Disability Resource Centers.
7	Feb 26, 2016 3:33 PM	Benefits Counseling; Care Coordination; Caregiver Support; Information, Referral, and Assistance; Nutrition; Ombudsman/Advocacy; Senior Centers; Transportation; IDD Eligibility Determination; Service Coordination (Targeted Case Management); Preadmission Screening and Residential Review in Nursing Facilities; Continuity of Services/Transition Planning; Purchase of goods; Direct client services.
8	Feb 26, 2016 3:33 PM	Traditional services provided by an AAA and an ADRC. Two of our partners in the HOTADRC are DARS and HOCTIL. We have no desire to supplant them in providing their services.
9	Feb 26, 2016 3:13 PM	Referrals to needed services, assist with applications for services, benefits counseling
10	Feb 26, 2016 3:08 PM	Case Management, Benefits Counseling, Infromation, Referral, and Assistance

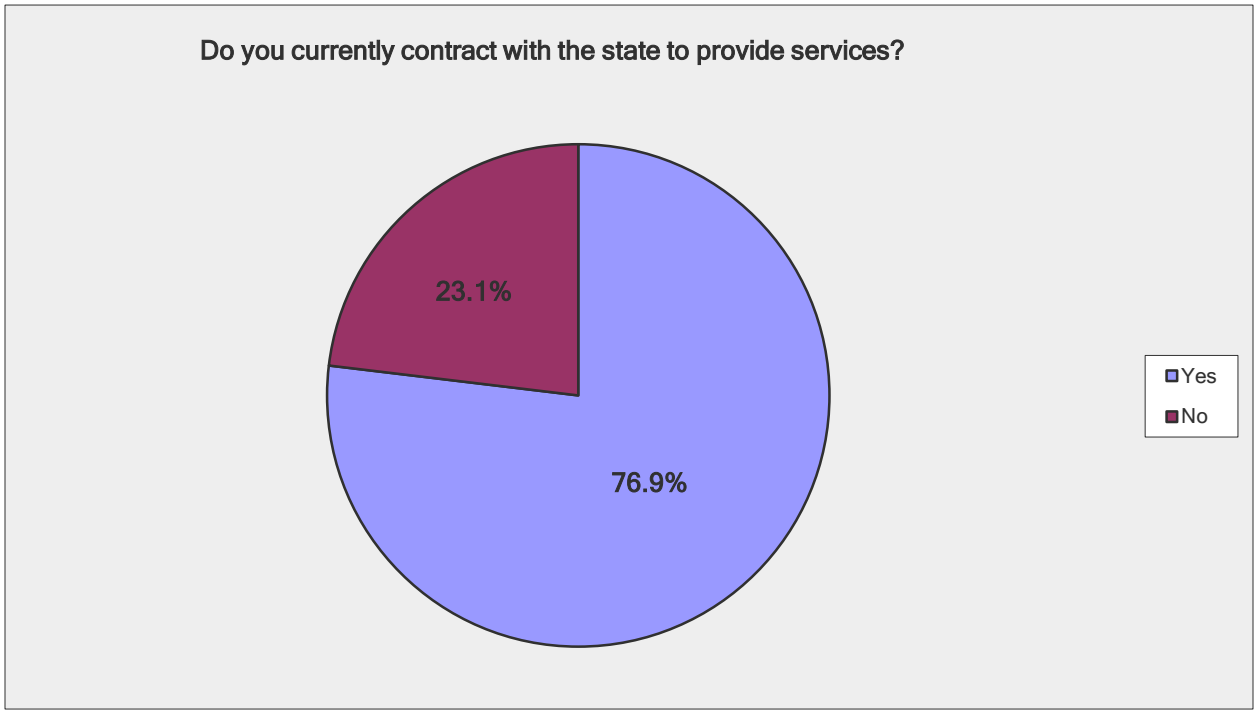
[2] Agency responses are entered exactly as provided. No copy editing of the survey responses has occurred.

11	Feb 26, 2016 3:07 PM	We provide direct and Indirect services to persons age 60 and older and to their caregivers under the age of 60, services include Minor Home Repare; Nutrition Services i.e. Congregate and Home DElivered Meals; Transportation; Information and Referal; Caregiver Services; Evidence Base Intervention (EBI) Services, i.e. CDSMP, DSMP, AMB, HomeMeds, Stress Busters, Fit and Strong and Texersize; Benifits Counceling in the form of Legal Awareness and Legal Assistance; Inhopme Services i.e. HOmemaker Services, Respite Care and Emergency Respoince Systems (ERS); Senior Senter Operations; Caregiver Education and Training; Ombudsman Services; and Care Coordinationa Services.
12	Feb 18, 2016 8:31 PM	Workforce (employment/training), housing, indigent health, HIV, HUD, AAA, ADRC, environmental services, adult education & literacy,

Question 8:

Do you currently contract with the state to provide services?

Answer Options	Response Percent	Response Count
Yes	76.9%	10
No	23.1%	3
	answered question	**13**
	skipped question	**0**



Question 9:

Please provide the contact information of the person we could potentially follow up with regarding these survey results from your agency:

Answer Options	Response Count
	12
answered question	**12**
skipped question	**1**

Number	Response Date	Response Text[3]
1	Feb 29, 2016 4:10 AM	Jennifer Scott, Director of AAA/ADRC - 512-916-6053
2	Feb 26, 2016 11:14 PM	Susan B. Thomas, PhD, Executive Director, TCOG
3	Feb 26, 2016 5:55 PM	Holly Anderson handerson@detcog.org 409-381-5258
4	Feb 26, 2016 5:37 PM	Rodney Jones, Rodney.Jones@wtcmhmr.org, 432-264-3242
5	Feb 26, 2016 5:17 PM	Curtis Cooper, 713-993-4534, curtis.cooper@h-gac.com
6	Feb 26, 2016 4:48 PM	Russell.Devorsky@hot.cog.tx.us
7	Feb 26, 2016 3:33 PM	Jacob Ulczynski, julczynski@aacog.com, 210-832-5035
8	Feb 26, 2016 3:33 PM	Gary W. Luft - Director of Health and Human Services - HOTCOG - 254-292-1837 and gary.luft@hot.cog.tx.us
9	Feb 26, 2016 3:13 PM	David Gutierrez 432/264-3235
10	Feb 26, 2016 3:08 PM	Jose L. Gonzalez, Director
11	Feb 26, 2016 3:07 PM	Ronnie Gipson, Program Manager Brazos Valley Council of Governments Area Agency on Aging; rgipson@bvcog.org; (979) 595-2800 Ext 2020; P. O. Drawer 4128, Bryan, Texas 77805-4128
12	Feb 18, 2016 8:31 PM	Mr. Tom wilkinson, Executive Director, 979-595-2800

[3] Agency responses are entered exactly as provided. No copy editing of the survey responses has occurred.

APPENDIX #4

PUBLIC CONSULTING GROUP

Individual CIL Capacity Assessment Data Submissions and Initial Assessments

Notes: 1. Responses from CILs have not been copy-edited

2. Information included in this appendix is reported as the agencies submitted or as the PCG team understood from discussions with CILs staff. In some cases, information included in the full report may differ such as when PCG conducted independent research or follow up with the CIL that provided further clarification or understanding.

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Notes: 1. Responses from CILs have not been copy-edited

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ABLE Center for Independent Living

Notes: 1. Responses from CILs have not been copy-edited

2. Information included in this appendix is reported as the agencies submitted or as the PCG team understood from discussions with CILs staff. In some cases, information included in the full report may differ such as when PCG conducted independent research or follow up with the CIL that provided further clarification or understanding.

General Information

Question	CIL Response
Name of CIL	ABLE Center for Independent Living
Address of CIL	1931 E. 37th St. Suite 1 Odessa Texas 79762
What counties do you currently serve? Please note if you only serve part of a county.	Andrews, Crane, Ector, Midland, Martin, Upton, Ward
Please list the services provided by this CIL.	Authorized under title VII, chapter 1, part C of the Rehabilitation Act, as amended by WIOA, the Centers for Independent Living Program provides grants to consumer-controlled, community-based, cross-disability, nonresidential, private nonprofit agencies for the provision of an array of IL services to individuals with significant disabilities. At a minimum, Centers funded by the program are required to provide the following five IL core services: 1. Information and referral; 2. IL skills training; 3. Peer counseling; 4. Individual and systems advocacy; and 5. Services that facilitate transition from nursing homes and other institutions to home and community based residences with the necessary supports and services, provide assistance to those at risk of entering institutions, and facilitate transition of youth to postsecondary life. Centers also may provide, among others: Services related to securing housing or shelter; personal assistance services; transportation, including referral and assistance, mobility training, rehabilitation technology
Do you contract for any goods/services? If so, please list the goods and services here.	Not at this time.

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How many individuals did you serve in your most recent completed fiscal year? Please provide an unduplicated count of unique individuals served by your agency.	302

Services

Type of Service	Total # of people served (unduplicated by service)	Description of Service	Target Population (consumers who are blind, consumers with general disabilities, consumers who are deaf or hard of hearing)	Location Where Service is Provided
Information and referral	196	Provide comprehensive and up to date information on available resources for people with disabilities and assist individuals by providing referrals for: • Housing • Education • Attendant assistance services • Community resources for related services	Target Population Demographics are All Individuals, All Disabilities, Any Ages, Birth- Death.	All I&R Services are completed at Center.
IL skills training	22	Provide opportunities for people with disabilities to gain the skills that empower them to live independently. The following are examples of independent living skills activities: • Independent living skills training (problem solving, decision making activities) • Functional life skills training • Social & recreational activities	Target Population Demographics are All Individuals, All Disabilities, Any Ages, Birth- Death	At the Center
Advocacy/Legal Services	7	Provide information and assistance for people with disabilities and their families in accessing support systems, and promoting	Target Population Demographics are All	At the Center, Community, Consumers Home

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		changes that enhance full access to the community	Individuals, All Disabilities, Any Ages, Birth- Death	
Peer counseling	31	Offer people with disabilities the opportunity to interact with peers sharing knowledge, experiences and related issues such as: • Friendship • Leisure recreation • Family support	Target Population Demographics are All Individuals, All Disabilities, Any Ages, Birth- Death	Center, community, Consumers home, ECISD, nursing homes, etc.
Youth Transition	9	Facilitate transition of youth to postsecondary life. This service focuses on independent living skills, community supports, social leisure activities and appropriate referrals for education, training and employment.	Target Population Demographics are All Individuals, All Disabilities, Any Ages, Birth- Death	Center, community, Consumers home, ECISD, etc.
Nursing Home Transition	3	Transition services empowers consumers to participate and advance as members of the community. This service focuses on independent living skills, community supports, social leisure activities and appropriate referrals for education, training and employment.	Target Population Demographics are All Individuals, All Disabilities, Any Ages, Birth- Death	Center, community, Consumers home, nursing homes, etc.
Transportation	27	Individuals receiving Travel Training learn to use transportation services for travel to and from the Permian Basin area. Travel training will help people with disabilities learn to use different transportation services, or even a combination of services, to get where they need to go. This service is provided by our mobility manager to learn to use public buses, door-to-door services, rural transit	Target Population Demographics are All Individuals, All Disabilities, Any Ages, Birth- Death	Center, community, Consumers home, buses, other transit

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		services, volunteer driver programs, and others		
Vocational Services	7	Provide Vocational Assistance to consumers by providing Vocational Training like Resume Assistance, Dress for Success programs, Benefits Planning and Counseling, and facilitation of Social Security's Ticket to Work Program	Target Population Demographics are All Individuals, All Disabilities, Any Ages, Birth- Death	Center, community, Consumers home, ECISD, etc.
Total # of people served	**302**			

Notes: 1. Responses from CILs have not been copy-edited

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Organizational Chart

Fiscal Year 2014
Board President: David Edens
Vice President and Treasurer: Mike Bates
Secretary: Janet Mullins,
Members at Large:
Rhonda Stark, Juan Baca

Executive Director: Marilyn Hancock
Director of Finance and Administration: Britni Veretto
Independent Living Specialist: Meshal Look
Receptionist: Julia Medina
Employment Specialist: Donna McKandles
Intake Coordinator: Audriana Prieto

Notes: 1. Responses from CILs have not been copy-edited
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Staffing

Position Title	FTE Level	Credentials Required (if any)	Date of Hire	Agency Employee or Contractor
Executive Director	1.00	no credentials required	6/1/2007	agency employee
Director of Finance and Administration	1.00	no credentials required	6/26/2012	agency employee
Independent Living Specialist	0.75	no credentials required	3/25/2015	agency employee
Receptionist	0.50	no credentials required	3/8/2013	agency employee
Intake Coordinator	0.25	no credentials required	11/23/2015	agency employee
Transportation and Outreach Coordinator	1.00	no credentials required	TBH	Agency Employee
Total Number of FTE's	**4.50**			
Number of FTE's that exited employment during the year	**0**			
Turnover	**0%**			

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Survey Results

Respondent ID	4446228493
Start Date	1/14/2016
End Date	1/14/2016
Contact Information	ABLE Center for Independent Living / 1931 E. 37th St. Suite 1 / Odessa / 79762
Mission	Clear expression of organization's mission which describes an enduring reality that reflects its values and purpose; broadly held within organization and frequently referred to High Level of capacity in place
Our mission is consistent with the needs and priorities of the people and communities we serve?	Strongly agree
Goals/Performance Targets	Quantified, aggressive targets in most areas; linked to aspirations and strategy; mainly focused on "outputs/outcomes" (results of doing things right) with some "inputs"; typically multiyear targets, though may lack milestones; targets are known and adopted by most staff who usually use them to broadly guide work Moderate level of capacity in place
Funding Model	Organization has access to multiple types of funding (e.g., government, foundations, corporations, private individuals) with only a few funders in each type, or has many funders within only one or two types of funders Basic level of capacity in place
Performance Measurement	Performance measured and progress tracked in multiple ways, several times a year, considering social, financial, and organizational impact of program and activities; multiplicity of performance indicators; social impact measured, but control group or longitudinal (i.e., long term) nature of evaluation is missing Moderate level of capacity in place
Performance Analysis and Program Adjustments	Some efforts made to benchmark activities and outcomes against outside world; internal performance data used occasionally to improve organization Moderate level of capacity in place
Strategic Planning	Some ability and tendency to develop high-level strategic plan either internally or via external assistance; strategic plan roughly directs management decisions Basic level of capacity in place
Financial Planning/Budgeting	Very solid financial plans, continuously updated; budget integrated into full operations; as strategic tool, it develops from process that incorporates and reflects organizational needs and objectives; well understood divisional (program or geographical) budgets within overall central budget; performance-to-budget closely and regularly monitored High level of capacity in place

Notes: 1. Responses from CILs have not been copy-edited

2. Information included in this appendix is reported as the agencies submitted or as the PCG team understood from discussions with CILs staff. In some cases, information included in the full report may differ such as when PCG conducted independent research or follow up with the CIL that provided further clarification or understanding.

Operational Planning	Ability and tendency to develop and refine concrete, realistic operational plan; some internal expertise in operational planning or access to relevant external assistance; operational planning carried out on a near regular basis; operational plan linked to strategic planning activities and used to guide operations Moderate level of capacity in place
Human Resources Planning	Some ability and tendency to develop high-level HR plan either internally or via external assistance; HR plan loosely linked to strategic planning activities and roughly guides HR activities Basic level of capacity in place
Partnerships and Alliances Development and Nurturing	Built, leveraged, and maintained strong, high-impact, relationships with variety of relevant parties (local, state, and federal government entities as well as for-profit, other nonprofit, and community agencies); relationships deeply anchored in stable, long term, mutually beneficial collaboration High level of capacity in place
Local Community Presence and Involvement	Organization reasonably well known within community, and perceived as open and responsive to community needs; members of larger community (including a few prominent ones) constructively involved in organization Moderate level of capacity in place
Influencing of Policymaking	Organization is aware of its possibilities in influencing policy-making; some readiness and skill to participate in policy discussion, but rarely invited to substantive policy discussions Basic level of capacity in place
Management of Legal and Liability Matters	Legal support resources identified, readily available, and employed on “as needed” basis; major liability exposures managed and insured (including property liability and workers compensation)Basic level of capacity in place
Organizational Processes Use and Development	Solid, well designed set of processes in place in core areas to ensure smooth, effective functioning of organization; processes known and accepted by many, often used and contribute to increased impact; occasional monitoring and assessment of processes, with some improvements made Moderate level of capacity in place
Staffing Levels	Most critical positions within and peripheral to organization (e.g., staff, volunteers, board, senior management) are staffed (no vacancies), and/or experience limited turnover or attendance problems Basic level of capacity in place
Board – Composition and Commitment	Good diversity in fields of practice and expertise; membership represents most constituencies (nonprofit, academia, corporate, government, etc.); good commitment to organization’s success, vision and mission, and behavior to suit; regular, purposeful meetings are well-planned and attendance is consistently good, occasional subcommittee meetings Moderate level of capacity in place
Planning Systems	Regular planning complemented by ad hoc planning when needed; some data collected and used systematically to support planning effort and improve it Moderate level of capacity in place
Decision Making Framework	Appropriate decision makers known; decision making process fairly well established and process is generally followed, but frequently breaks down and becomes informal Basic level of capacity in place
Financial Operations Management	Financial activities transparent, clearly and consistently recorded and documented, include appropriate checks and balances, and tracked to approve budget Basic level of capacity in place

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Human Resources Management – Management Recruiting, Development, and Retention	Recruitment, development, and retention of key managers is priority and high on CEO/executive director's agenda; some tailoring in development plans for brightest stars; relevant training, job rotation, coaching/feedback, and consistent performance appraisal are institutionalized; genuine concern for high-quality job occupancy; well connected to potential sources of new talent Moderate level of capacity in place
Human Resources Management – General Staff Recruiting, Development, and Retention	No active development tools/ programs; feedback and coaching occur sporadically; performance evaluated occasionally; limited willingness to ensure high-quality job occupancy; sporadic initiatives to identify new talent Basic level of capacity in place
Physical Infrastructure – Buildings and Office Space	Fully adequate physical infrastructure for the current needs of the organization; infrastructure does not impede effectiveness and efficiency (e.g., favorable locations for clients and employees, sufficient individual and team office space, possibility for confidential discussions)Moderate level of capacity in place
Technological Infrastructure – Telephone/Fax	Sophisticated and reliable telephone and fax facilities accessible by all staff (in office and at frontline), includes around-the-clock, individual voice mail; supplemented by additional facilities (e.g., pagers, cell phones) for selected staff; effective and essential in increasing staff effectiveness and efficiency High level of capacity in place
Technological Infrastructure – Computers, Applications, Network, and E-mail	Solid hardware and software infrastructure accessible by central and local staff; no or limited sharing of equipment is necessary; limited accessibility for frontline program deliverers; high usage level of IT infrastructure by staff; contributes to increased efficiency Moderate level of capacity in place
Technological infrastructure – Web Site	Basic Web site containing general information, but little information on current developments; site maintenance is a burden and performed only occasionally Basic level of capacity in place
Technological Infrastructure – Databases and Management Reporting Systems	Sophisticated, comprehensive electronic database and management reporting systems exist for tracking clients, staff, volunteers, program outcomes and financial information; widely used and essential in increasing information sharing and efficiency High level of capacity in place
Performance as Shared Value	Performance contribution is occasionally used and may be one of many criteria for hiring, rewarding and promoting employees; performance data is used to make decisions Basic level of capacity in place
Other Shared Beliefs and Values	Common set of basic beliefs and values (e.g., social, religious) exists and is widely shared within the organization; provides members sense of identity and clear direction for behavior; beliefs embodied by leader but nevertheless timeless and stable across leadership changes; beliefs clearly support overall purpose of the organization and are consistently harnessed to produce impact High level of capacity in place
Shared References and Practices	Common set of references and practices exists, and are adopted by many people within the organization; references and practices are aligned with organizational purpose and occasionally harnessed to drive towards impact Moderate level of capacity in place

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Please describe how your service delivery and business operations would need to change to provide the IL services currently provided by (a) DARS individuals who are blind or have visual impairments and (b) to other individuals with significant disabilities.	ABLE CENTER has engaged in extensive discussion with CILs across Texas to develop plans to accomplish the following goals: * Establishing State Contracts for Independent Living Services * Developing a Program Budget * Providing the Full Scope of Independent Living Services *Providing Statewide Coverage * Responding to Legislative Direction on Avoiding Institutional Placement * Meeting Goals Established by Sunset Commission ABLE CENTER, like most CILs in Texas, continually strives to expand our capacity to provide new services and establish new programs. We have been successful in numerous areas, and have established new services in collaboration with CILs and other organizations and funders. In short, ABLE CENTER's service delivery and business operations would change in the sense that we would be adding a new program – with new funding, new data collection and reporting requirements, and staffing changes. ABLE CENTER has adequate infrastructure, in comparison to what DARS is currently doing in our area to do so.
How would your board support the change? Has this already been discussed by the Board and has any action been taken?	The ABLE CENTER Board of Directors has discussed and supports providing ILS program services.
Would the changes be consistent with your organization's mission?	Yes they would.
Would your existing staff need additional training? Please explain.	ABLE CENTER assumes that any organization that implements ILS program services will receive training. As noted elsewhere, we feel strongly that statewide consistency is essential to the success of this program. All providers should collect the same consumer information and use the same case management and purchasing processes to ensure - a. Consistent collection of demographic data; b. Efficiency in verifying eligibility; c. Coordinated collection and compilation of data on consumer outcomes; d. Consistent approval process for purchases.
Would you need additional staff? Please explain.	The program will obviously require staff. Staffing levels will be contingent on the program budget. The budget will be reduced in FY 2017 as the transfer occurs and the Older Blind program moves to the Texas Workforce Commission. The state will retain some staff for oversight and technical assistance, listed as $550,000 per year and 8 FTEs. This amount, part of Operational Costs, will reduce the total amount of the contracts that will occur in FY 2017. DARS uses part of the total available ILS funding for staffing, administration, office space and other expenses related to operation of the program. DARS reports the amount used for this purpose. This is an average of about 35% of total budget for Operational Costs. The remaining amount, averaging about 65% of total budget, is

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	used for purchase of services and technologies. ABLE CENTER proposes, as the program is transferred, that the percentage of funds used by CILs for Purchased Services will be higher than the percentage used by DARS for this purpose. As community-based nonprofit organizations, Texas CILs have some natural advantages over state agencies in terms of Operational Costs. ABLE CENTER proposes that Texas CILs develop and implement budgets that commit a minimum of 70% of total contracted funds to Purchased Services. Operational Costs, including the amount retained by the state, will not exceed 30%.
Would you need to contract for more goods and services than you currently do? Please explain.	ABLE CENTER proposes to provide the full scope of Independent Living Services as provided by DARS. The same products and services will be available to consumers. State agency staff will provide oversight and technical assistance for the program, and this function will be transferred to HHSC in FY 2018. DARS reports expenditures by Type of Service – DRS DBS Assistive technology Assistive technology & adaptive equipment Hearing aids/services & Interpreter services Orientation & mobility training Prosthetics & orthotics Diagnostics & evaluation All other goods & services All other goods & services Diagnostics & evaluation Diabetes education Training Restoration services (hospital care, surgery, etc.) Texas CILs are reviewing the case management, data collection and reporting processes used by DARS for the ILS program. These processes are quite similar to processes used by CILs for provision of CIL core services and auxiliary services. There is also significant congruence between DARS and CIL requirements for collection and reporting of demographic data and service outputs. Independent Living Services as provided by CILs Assistive technology & adaptive equipment Orientation & mobility training Diagnostics & evaluation All other goods & services Diabetes education Training Restoration services (hospital care, surgery, etc.) Hearing aids/services & Interpreter services Prosthetics & orthotics
If so, would your staff have the expertise to procure the services and manage the contracts and vendor payments? Please explain.	ABLE CENTER's track record shows the ability to provide complex services to individuals with complex needs, successfully maintain cross-disability services, collect and report data according to grant requirements, and account for funding through multiple funding streams.
Would your technology infrastructure need to change in order to procure additional goods and services (provider billing, payment tracking, etc.)? Please explain.	As CILs assume responsibility for the ILS program, it is critical that we will establish consistent, statewide performance measures that demonstrate the value of the program. This can most easily achieved with a web-based database, accessed statewide, to document and track consumer data, eligibility and all program activity.
Please identify the data elements and other information you currently capture in your case management system.	ABLE CENTER anticipates no need for significant changes in data collection, as detailed below. Demographic Information – Ethnicity DARS-ILS CIL Recommendation White Hispanic African American American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Hispanic/Latino Two or more races Race and ethnicity unknown No change to CIL process. Demographic Information – Type of Disability DARS-ILS CIL Recommendation Neurological/musculoskeletal/orthopedic Deaf

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	and hard of hearing Traumatic brain injury/spinal cord injury Cardiac/respiratory/circulatory Diabetes mellitus Other chronic diseases/disorders Intellectual/cognitive Mental/emotional/psychosocial More than one disability All other impairments Cognitive Mental/Emotional Physical Hearing Vision Multiple Disabilities Other No change to CIL process. Demographic Information – Education DARS-ILS CIL Recommendation High school graduate or equivalency Elementary education Secondary education, no high school diploma Post-secondary education, no degree Associate degree or voc/tech certificate All others Bachelor's degree Special education certificate or in attendance Not reported. No change to CIL process. Demographic Information – Other DARS-ILS CIL Recommendation Gender – reported as number and percentage Age – reported as average Veterans – number reported Gender – reported as number and percentage Age – (Under 5, 5-19, 20-24, 25-29, 60 and older, age unavailable) Veterans – not reported Maintain CIL process, but it may be helpful to track # of veterans served. Reporting Services Totals DARS-ILS CIL Recommendation Expenditures by type of service, as percentage - Assistive technology Hearing aids/services & Interpreter services Prosthetics & orthotics Diagnostics & evaluation Orientation & mobility training Diabetes education Training Restoration services (hospital care, surgery) All other goods & services Significant Life Area - Goals Set, Goals Achieved, In Progress - Self-Advocacy/Self-Empowerment Communication Mobility/Transportation Community-Based Living Educational Vocational Self-care Information Access/Technology Personal Resource Management Relocation from a Nursing Home or Institution Community/Social Participation CILs will continue to follow the federal process for documenting Significant Life Areas. In addition, CILs will document the types and amounts of purchased goods and services. Reporting Consumer Totals DARS-ILS CIL Recommendation Total consumers served Number of new applicants Successful closures Number of new consumers Number of consumers carried over Closed – completed all goals Closed – (moved, withdrawn, died) No change to CIL process.
Do you monitor and track consumers who have maintained or improved functional abilities as a result of the services your organization has provided? If so, what information do you maintain in your case management system regarding this success?	The DARS ILS program does not report outcomes, only outputs - number of consumers opened and closed, length of service period, time on waiting list, and dollars spent. As CILs assume responsibility for the ILS program, it is critical that we will establish consistent, statewide performance measures that demonstrate the value of the program. This can most easily achieved with a web-based database, accessed statewide, to document and track consumer data, eligibility and all program activity. We will be able to report more detailed outputs – • # of each type of technology purchased, recycle and repaired • $ amount for purchase and repair of each type of technology • # of units of each type of training purchased • $ amount for each type of training purchased • Cost per consumer • # consumers served and # consumers completing goals • Wait time and # of consumers served from waiting list ABLE CENTER proposes that all providers collect the same consumer information and use the same case management and purchasing processes to ensure - e. Consistent collection of demographic data; f. Efficiency in verifying eligibility; g. Coordinated collection and compilation of data on consumer outcomes; h. Consistent approval process for purchases. The Independent Living programs have also found a new home on the federal

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	level, moving from the U.S. Department of Education to the U.S. Department of Health & Human Services in the newly-created division called Administration on Community Living (ACL). This change occurred with the reauthorization of the Workforce Innovation and Opportunity Act. ACL is developing new compliance standards, program rules and reporting requirements. The new ACL regulations, when completed, are expected to yield reporting of new Outcomes & Indicators that demonstrate the impact of services on the consumer. CILs, through the National Council on Independent Living member organization, have proposed Outcomes & Indicators that include: Outcome: Persons with disabilities have skills, knowledge or resources to support their choices. Indicator: Consumers served by the CIL can list at least one specific skill, type of knowledge, or resource they have. Outcome: Persons with disabilities are more independent. Indicator: Consumers served by the CIL can list at least one specific way in which they are more independent. Outcome: Persons with disabilities get the information they need. Indicator: Consumers can list at least one new resource they learned about. Outcome: Persons with disabilities advocate for increased community supports. Indicator: Consumers can list at least one specific personal advocacy and/or systemic advocacy activity they engaged in. Outcome: Methods and practices promote independence. Indicator: Consumers who moved out of an institution and into a self-directed, community-based setting. Indicator: Consumers who remained in a self-directed, community-based setting despite having been at risk of moving into an institution.
Would you need to improve or modify the accessibility of your services? Please explain.	No. ABLE CENTER offices are fully accessible for persons with all types of disabilities, can be reached via public transportation, and technology is in place to produce accessible format materials and provide reasonable accommodations to consumers.
How will you serve IL consumers who cannot travel to your physical site to access services?	Counties served by Texas 27 CILs, plus unserved counties, are outlined in the SPIL. However, some counties are far removed even though within the existing service area of a CIL. Several CILs have numerous counties that may be impractical to reach. As noted above, ABLE CENTER provides in-person services in an expanded service area in other programs. ABLE CENTER will employ communications technology to increase remote service delivery, reducing time and cost of travel.
Some of the business changes may require financial investment prior to starting service delivery. Do you have existing funding that you could leverage to support these “start-up” investments? If not, please estimate the amount and specify the need for each additional financial investment.	The Texas Health & Human Services Commission typically uses a cash-reimbursement process to contract for services. Contractors may be required to maintain significant cash reserves, with funds spent and reimbursed by the state at a later date. However, DARS contracts for CIL services using a cash-advance methodology. Texas CILs do not have the cash reserves to conduct purchases on a reimbursement basis. A cash-reimbursement process would limit, if not eliminate the ability of CILs to provide program services.

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Are you taking on any other new initiatives at this time? If so, please explain.	No.
Please describe your organization's process(as) and frequency for collecting consumer feedback.	Using a systemic statistical information format, extensive Information and Referral evaluation system, consumer and class satisfaction survey, ABLE CENTER's quality assurance systems provides consumers with the opportunity to express satisfaction with ABLE CENTER services. Through its individualized ILPs and CSR formats, consumers are provided with opportunities to create, direct, and achieve their respective IL goals. Once goals are defined, consumers and ABLE CENTER staff developed ILPs to measure progress toward consumer-established goals. Consumers are given opportunities to modify, delete, or add further goals upon request. Consumers electing to waive the ILP are provided services requested. Documentation of these services is maintained in a Consumer Service Record (CSR file). The CSR file complies with all required compliance standards. Consumers are provided with several methods to express satisfaction with the services. ABLE CENTER staff distributes "Consumer Satisfaction Surveys" to determine service delivery consistency and areas that need improvement. The document affords consumers the opportunity to provide suggestions for improving services. ABLE Center also makes maximum effort to reach out to consumers personally and frequently to assure that adequate service delivery has been met.
What training or technical assistance would you need from DARS or other entities to take on these services from DARS?	Please refer to 35.
How will you assure purchased equipment is going to be appropriate for the consumer, and ensure they can use it safely?	As noted, the DARS ILS program does not report outcomes, only outputs - number of consumers opened and closed, length of service period, time on waiting list, and dollars spent. DARS does not report on actual use or safety of equipment provided. Nor does DARS report on reclaiming, recycling or re-using equipment. There is no baseline. There are, however, some built-in safeguards. The need for mobility and communications equipment is typically determined through professional evaluations. ABLE CENTER proposes continuation of this practice. The DARS ILS program purchases assistive technology for consumers – communication aids, adaptive computer technologies, etc. – that does not always get used to its full potential. Consumers have no means to try out, test, and experiment with various technologies before purchase. Texas CILs potentially provide 27 assistive technology demo sites, plus a growing capacity to provide technology training.
Please describe how your business would need to change to take on the specified services that the DARS Office for Deaf and Hard of Hearing Services (DHHS) currently	STAP provides accessible telephone equipment through vouchers, and the Specialist program provides information and referral. These programs, on surface, seem compatible with ILS program services, with potentially some overlap. ABLE CENTER would consider incorporation of the DHHS program components into the ILS program, or a separate contract for DHHS.

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provides? Please explain your understanding of these services.	
Would your Board support the change? Has this already been discussed by the Board and has any action been taken?	This has not been discussed by the Board.
Would the changes be consistent with your organization's mission?	Yes.
Would your existing staff need additional training? Please explain.	ABLE CENTER assumes that any organization that implements the program will receive training. We have NO current information on the operation of the program.
Would you need additional staff? Please explain.	The program will obviously require staff. Staffing levels will be contingent on the program budget.
Would you need to contract for more goods and services than you currently do? Please explain.	ABLE CENTER assumes we would be expected to provide the full scope of services as provided by DHHS. Unless changes are determined by the state, the same products and services will be available to consumers.
If so, would your staff have the expertise to procure the services and manage the contracts and vendor payments? Please explain.	ABLE CENTER's track record shows the ability to provide complex services to individuals with complex needs, successfully maintain cross-disability services, collect and report data according to grant requirements, and account for funding through multiple funding streams.
Would your technology infrastructure need to change in order to procure additional goods and services (provider billing, payment tracking, etc.)? Please explain.	If ABLE CENTER were to assume responsibility for the program, we would like to have consistent, statewide performance measures that demonstrate the value of the program. Again, a single, statewide database seems like the best strategy.
Would you need to improve or modify the accessibility of your services? Please explain.	No.
Do you currently have a STAP contract? If no, are you interested in providing these services? If yes, please explain your current capacity to provide the services.	We do not have a contract. More information is necessary to answer this question.

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Do you currently have a Hearing Loss Resource Specialist contract or a Deafness Resource Specialist contract? If no, are you interested in providing these services? If yes, please explain your current capacity to provide the services.	We do not have a contract. More information is necessary to answer this question.
Do you currently provide training specific to persons who are deaf or hard of hearing? If no, are you interested in providing training to this population group? If yes, please explain your current capacity to provide training.	No. On surface, it seems this type of training would be a natural addition to the ILS program.
What percent of the consumers you serve are persons who are deaf? What percent of the consumers you serve are persons who are hard of hearing? What services are provided to these population groups?	ABLE CENTER typically reports less than 5% of consumers with Hearing as the category of primary disability. However, many consumers are in the category of Multiple Disabilities, which often includes hearing loss.
How will you ensure services are accessible to persons who are deaf or hard of hearing?	ABLE CENTER offices are fully accessible for persons with all types of disabilities, can be reached via public transportation, and technology is in place to produce accessible format materials and provide reasonable accommodations to consumers. Consumers who are deaf typically contact ABLE CENTER by one of several relay services, and staff at all three ABLE CENTER offices are familiar with this process. ABLE CENTER contracts with ASL interpreter service providers as needed. ABLE Center also has a fully equipped Video Phone (VP) and VP services at our location. We also have staffed deaf individuals.

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Capacity Assessment

New Counties to serve	Glasscock, Howard, Loving, Pecos, Reeves, Terrell, Winkler	
Established	1993	
Number of Staff	4.5	
Number of people served	302	
Capacity Assessment Needs		
Area of Assessment	**Analysis**	**Capacity Needs**
Staffing Needs Knowledge and experience needs? Training needs types of staff needed number of staff needed providers/subcontractors needed	ABLE, at the time of the webinar, is in the process of moving to a new building to allow more access and room for consumers. They have an ED and Director of Finance and Admin, and 2 FTE direct service staff. No employees left last year. The ED is the only employee who has been there more than 5 years. They reported they are excited and believe they can meet the needs of consumers as it relates to the necessary services. Staff are providing services in the consumer home, the center and community settings based on the ability of the consumer. They were unsure of the number of staff they may need to hire as this greatly depends on funding and what is in the contract as it relates to qualifications. They do not have specialty staff, such as HLRS, STAP, or O&M.	1. Additional staff to address additional volume. They would also have to hire for the specialized needs of the consumers in this area, depending on the population. Unsure of numbers at this time. 2. Additional staff training and ongoing technical assistance.
Service Delivery	All services are provided directly by the CIL. Services are primarily provided at the Center, but also go into the community and into homes. This CIL does purchase some goods. They have an established procurement process in that they research and obtain 3-5 quotes and find lowest price to meet the needs of the consumers. They reported being comfortable to reach out to the community or other CIL's to address any service gaps for the consumer and have been doing this already with a relationship with 190 agencies within their community.	

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Systems Needs fiscal, contracting, purchasing systems case management systems reporting systems	They utilize QuickBooks for the financial record keeping and CIL Suite for consumer tracking. Both systems are able to meet the current needs and have the ability to be adapted to the majority of changes that may come with the new contract. This CIL does some purchasing and the current financial system has the ability to meet the current purchasing need and can be adapted if this were to increase with the contract. They report they track the purchases they currently make, and understand the volume will increase with the additional population. They have an allocation methodology currently for their grants and what can be charged to them. For example, some grants indicate they can spend 30% for staff and administrative services, and 70% should be used for services. They believe it will be important to understand this in a contract with DARS for these purchases.	1. They want there to a shared database between HHSC and CILs to avoid duplication of services and provide consistency among the CIL's (this unique to this CIL). 2. They already purchase services, but will need time to integrate new vendors into their purchasing and procurement system. 3. CIL Suite can be modified at low to no cost if needed.
Geographic issues Specific plan for reaching additional counties? Which areas are furthest away from center? How will they reach those farthest away?	This CIL currently serves 7 counties with the farthest travel being 90 miles one way. They believe they have thought through this and feel very confident to continue the work in the current counties, they also have received calls from consumers in counties adjacent to the current area and are able to work with these consumers. They admit to not having a close relationship with some agencies as result of location but believe if they aren't able to meet the needs of the consumer, and if they are unable to they will find someone who can.	1. Will need additional funding for transportation if more services need to be provided in the consumers' homes.
B/VI Services	They report this is the current consumer served and they have no concerns continuing to meet the needs of the blind/visually impaired consumer. 32 Visually impaired consumers were served last year.	
Other Needs (building infrastructure, etc.)	They are already moving into the new building which will allow more accessibility for the consumer and allows for added space.	

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Anticipated barriers and challenges	They reported they are unsure of the training that may be required and the funding that will be tied to the contract. This CIL is strongly opposed to a reimbursement process as they do not have a large cash reserve to accommodate large purchases. Could not support a reimbursement contract, would need funding through a grant and a cap of administrative funds versus services.	
Anticipated cost and time needed	30 days to get staff hired and trained once the expectations are known and 6 months to be fully effective	1. Reported needing six months to truly transition all services to them.
Deaf and Hard of Hearing Services (DHHS) Capacity		
Summary of capacity needed	They are currently serving this population but would need more information regarding what this service would entail and training regarding their responsibility. They do have access to video phones, and have translation services for deaf individuals. They do not currently have a contract with DHHS and do not have STAP specialist, HLRS, DRS at this time. This CIL is unsure of what this population entails specifically and are willing to listen and learn more information as they serve this population as part of consumers with cross disabilities	1. Increased staff but not sure of numbers yet. 2. Training and technical assistance from DARS. 3. Additional information on the program responsibilities.
Anticipated cost and time needed	Have not considered this for DHHS population.	

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Austin Resource Center for Independent Living, Inc.

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General Information

Question	CIL Response
Name of CIL	ARCIL, Inc.
Address of CIL	825 E. Rundberg Lane, E-6, Austin, TX 78753
What counties do you currently serve? Please note if you only serve part of a county.	Centers for IL- Travis, Bastrop, Lee, Williamson, Bell, Burnet, Milam, Hays, Comal, Blanco, Caldwell. Cap Metro- Travis, Williamson, Haye, Bastrop, Caldwell. HBC Region 4 - Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panaola, Rains, Red River, Rusk, Smith, Titus, Upshue, Van Zandt, Wood. HBC Region 5 - Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity and Tyler. HBC Region 7 - Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hayes, Hill, Lampass, Lee, Leon, Limestone, Llano, Madison, McLennan, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson. WIPA- Atascosa, Bandera, Bexar, Blanco, Brooks, Caldwell, Cameron, Comal, DeWitt, Duval, Frio, Gillespie, Gonzales, Guadalupe, Hays, Hidalgo, Jim Hogg, Jim Wells, Karnes, Kendall, Kennedy, Kerr, La Salle, Live Oak, McMullan, Medina, Starr, Webb, Willacy, Wilson, Zapata.
Please list the services provided by this CIL.	Information and Referral, IL Skills Training, Peer Counseling, Individual and Systems Advocacy, Transition, Nursing Home Relocation, Transpiration Training, Work Incentives
Do you contract for any goods/services? If so, please list the goods and services here.	We contract with DARS, DADS, ACL, Cap Metro, SSA for the services listed above. DARS and ACL services--- Information and Referral, IL Skills Training, Peer Counseling, Individual & Systems Advocacy, Transition DADS--- Nursing Home Relocation. Cap Metro---Transportation Training, and SSA---Work Incentives
How many individuals did you serve in your most recent completed fiscal year? Please provide an unduplicated count of unique individuals served by your agency.	DADS HBC Reg 4---273, DADS HBC Reg 5---140, DADS HBC Reg 7---173, DARS, ACL A, SM, and RR, Cap Metro---81, WIPA---386

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Services –ARCIL

Services Table 1: ACL, DARS & Cap Metro-Austin

Type of Service	Total # of people served (unduplicated by service)	Description of Service	Target Population (consumers who are blind, consumers with general disabilities, consumers who are deaf or hard of hearing)	Location Where Service is Provided
Advocacy/Legal Services	235	Attached	Consumers with significant disabilities	Center
Assistive Technology	35	Attached	Consumers with significant disabilities	Center
Children's Services	1	Attached	Consumers with significant disabilities	Center
Communication Services	3	Attached	Consumers with significant disabilities	Center
Counseling and Related Services	2	Attached	Consumers with significant disabilities	Center
Family Services	4	Attached	Consumers with significant disabilities	Center
Housing, Home Modifications, and Shelter Services	131	Attached	Consumers with significant disabilities	Center
IL Skills Training and Life Skills Training	86	Attached	Consumers with significant disabilities	Center
Information and Referral Services	2150	Attached	Consumers with significant disabilities	Center
Peer Counseling Services	209	Attached	Consumers with significant disabilities	Center
Personal Assistance Services	87	Attached	Consumers with significant disabilities	Center
Preventive Services	48	Attached	Consumers with significant disabilities	Center

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Recreational Services	74	Attached	Consumers with significant disabilities	Center
Transportation Services	92	Attached	Consumers with significant disabilities	Center
Youth/Transition Services	20	Attached	Consumers with significant disabilities	Center
Vocational Services	116	Attached	Consumers with significant disabilities	Center
Total # of people served	**3058**			

Services Table 2: San Marcos

Type of Service	**Total # of people served (unduplicated by service)**	**Description of Service**	**Target Population (consumers who are blind, consumers with general disabilities, consumers who are deaf or hard of hearing)**	**Location Where Service is Provided**
Advocacy/Legal Services	115	Attached	Consumers with significant disabilities	Center
IL Skills Training and LifeSkills Training	66	Attached	Consumers with significant disabilities	Center
Information and Referral Services	140	Attached	Consumers with significant disabilities	Center
Peer Counseling Services	107	Attached	Consumers with significant disabilities	Center
Recreational Services	38	Attached	Consumers with significant disabilities	Center
Transportation Services	6	Attached	Consumers with significant disabilities	Center
Vocational Services	55	Attached	Consumers with significant disabilities	Center
WIPA	12			
Total # of People Served	**424**			

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Services Table 3: Round Rock

Type of Service	Total # of people served (unduplicated by service)	Description of Service	Target Population (consumers who are blind, consumers with general disabilities, consumers who are deaf or hard of hearing)	Location Where Service is Provided
Advocacy/Legal Services	176	Attached	Consumers with significant disabilities	Center
Assistive Technology	6	Attached	Consumers with significant disabilities	Center
Children's Services	4	Attached	Consumers with significant disabilities	Center
Communication Services	43	Attached	Consumers with significant disabilities	Center
Counseling and Related Services	45	Attached	Consumers with significant disabilities	Center
Family Services	8	Attached	Consumers with significant disabilities	Center
Housing, Home Modifications, and Shelter Services	100	Attached	Consumers with significant disabilities	Center
IL Skills Training and LifeSkills Training	44	Attached	Consumers with significant disabilities	Center
Information and Referral Services	628	Attached	Consumers with significant disabilities	Center
Mental Restoration Services	7	Attached	Consumers with significant disabilities	Center
Peer Counseling Services	175	Attached	Consumers with significant disabilities	Center
Personal Assistance Services	174	Attached	Consumers with significant disabilities	Center
Physical Restoration Services	4	Attached	Consumers with significant disabilities	Center
Preventive Services	17	Attached	Consumers with significant disabilities	Center
Recreational Services	5	Attached	Consumers with significant disabilities	Center
Rehabilitation Technology Services	3	Attached	Consumers with significant disabilities	Center
Transportation Services	5	Attached	Consumers with significant disabilities	Center
Youth/Transition Services	45	Attached	Consumers with significant disabilities	Center
Vocational Services	53	Attached	Consumers with significant disabilities	Center
Other Services (Relocation)	38	Attached	Consumers with significant disabilities	Center
Total # of people served	**1398**			

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Services Table 4: WIPA

Type of Service	Total # of people served (unduplicated by service)	Description of Service	Target Population (consumers who are blind, consumers with general disabilities, consumers who are deaf or hard of hearing)	Location Where Service is Provided
ILS Services	386	Attached	Consumers with significant disabilities	Center
Individual Advocacy	22	Attached	Consumers with significant disabilities	Center
Information and Referral	174	Attached	Consumers with significant disabilities	Center
WIPA	190	Attached	Consumers with significant disabilities	Center
Total # of people served	**386**			

Service Table 5: HBC Regions 4, 5, and 7

Type of Service	Total # of people served (unduplicated by service)	Description of Service	Target Population (consumers who are blind, consumers with general disabilities, consumers who are deaf or hard of hearing)	Location Where Service is Provided
Relocation Services	273	Attached	Consumers with significant disabilities	Center, Consumer Nursing Home, Consumer home
Relocation Services	140	Attached	Consumers with significant disabilities	Center, Consumer Nursing Home, Consumer home
Relocation Services	173	Attached	Consumers with significant disabilities	Center, Consumer Nursing Home, Consumer home
Total # of people served	**586**			

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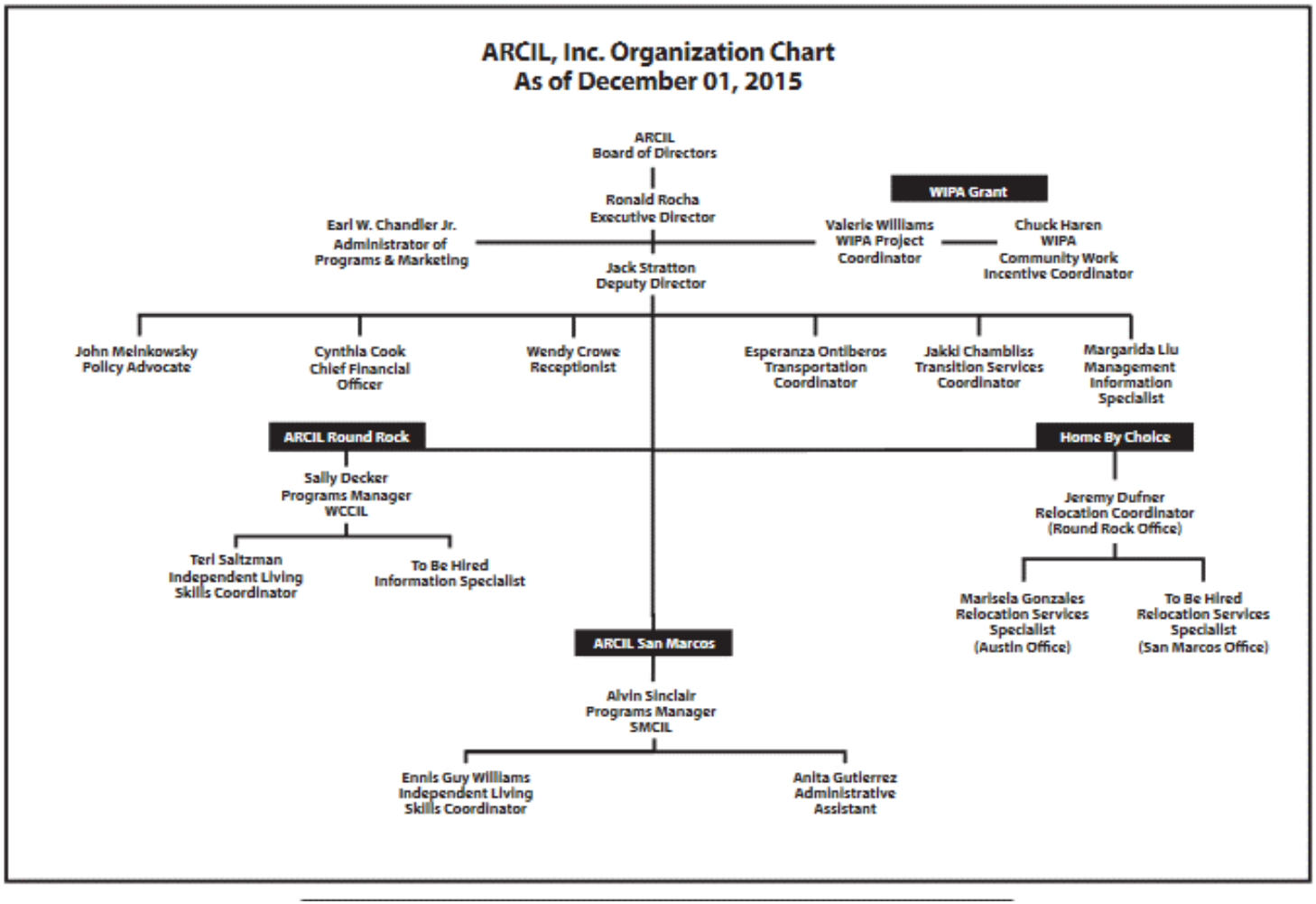
Organizational Chart



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Staffing

Title	FTE	Credentials required (if any)	Date of hire	Employee or Contractor
CFO	1	Bachelor or related work experience	6/29/2009	agency employee
CWIC	1	Bachelor or related work experience	2/14/2014	agency employee
Deputy Director	1	Bachelor	6/27/1988	agency employee
Director of Mkting & System Administrator experience	1	Associate or related work	4/28/1988	agency employee
Executive Director	1	Bachelor	11/1/1985	agency employee
HBC Program Coordinator	1	Bachelor or related work experience	9/13/2013	agency employee
HBC Relocation Coordinator	1	Bachelor or related work experience	9/3/2015	agency employee
Management Information Specialist	1	Work experience in clerical & data entry	10/15/1990	agency employee
Policy Advocate	1	Bachelor or related work experience	1/7/1991	agency employee
Receptionist	1	Clerical work experience	7/24/2015	agency employee
RR IL Skills Coordinator	1	Bachelor or related work experience	2/18/2014	agency employee
RR Program Manager	1	Bachelor or related work experience	2/17/2005	agency employee
SM Admin. Asst	1	Work experience in clerical & data entry	2/12/1996	agency employee
SM IL Skills Coordinator	1	Bachelor or related work experience	2/13/2015	agency employee
SM Program Manager	1	Bachelor or related work experience	9/6/2012	agency employee
Transitional Services Coord.	1	Bachelor	1/3/2011	agency employee
Transporation Coordinator	1	Bachelor or related work experience	1/3/2011	agency employee
WIPA Program Director	1	Bachelor or related work experience	7/5/2002	agency employee
Total Number of FTE's	**9.75**			
Number of FTE's that exited employment during the year	**4**			
Turnover	**41%**			

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Survey Results

Respondent ID	4446002783
Start Date	1/14/2016
End Date	1/14/2016
Contact Information	ARCIL, Inc. / 825 E. Rundberg Lane, Suite E-6 / Austin / 78753
Mission	Clear expression of organization's mission which describes an enduring reality that reflects its values and purpose; broadly held within organization and frequently referred to High Level of capacity in place
Our mission is consistent with the needs and priorities of the people and communities we serve?	Strongly agree
Goals/Performance Targets	Realistic targets exist in some key areas, and are mostly aligned with aspirations and strategy; may lack aggressiveness, or be short-term, lack milestones, or mostly focused on "inputs" (things to do right), or often renegotiated; staff may or may not know and adopt targets Basic level of capacity in place
Funding Model	Organization has access to multiple types of funding (e.g., government, foundations, corporations, private individuals) with only a few funders in each type, or has many funders within only one or two types of funders Basic level of capacity in place
Performance Measurement	Performance measured and progress tracked in multiple ways, several times a year, considering social, financial, and organizational impact of program and activities; multiplicity of performance indicators; social impact measured, but control group or longitudinal (i.e., long term) nature of evaluation is missing Moderate level of capacity in place
Performance Analysis and Program Adjustments	Some efforts made to benchmark activities and outcomes against outside world; internal performance data used occasionally to improve organization Moderate level of capacity in place
Strategic Planning	Ability to develop and refine concrete, realistic and detailed strategic plan; critical mass of internal expertise in strategic planning, or efficient use of external, sustainable, highly qualified resources; strategic planning exercise carried out regularly; strategic plan used extensively to guide management decisions High level of capacity in place

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Financial Planning/Budgeting	Solid financial plans, regularly updated; budget integrated into operations; reflects organizational needs; solid efforts made to isolate divisional (program or geographical) budgets within central budget; performance-to budget monitored regularly Moderate level of capacity in place
Operational Planning	Ability and tendency to develop and refine concrete, realistic operational plan; some internal expertise in operational planning or access to relevant external assistance; operational planning carried out on a near regular basis; operational plan linked to strategic planning activities and used to guide operations Moderate level of capacity in place
Human Resources Planning	Ability and tendency to develop and refine concrete, realistic HR plan; some internal expertise in HR planning or access to relevant external assistance; HR planning carried out on near-regular basis; HR plan linked to strategic planning activities and used to guide HR activities Moderate level of capacity in place
Partnerships and Alliances Development and Nurturing	Effectively built and leveraged some key relationships with few types of relevant parties (for-profit, public, and nonprofit sector entities); some relations may be precarious or not fully “win-win "Moderate level of capacity in place
Local Community Presence and Involvement	Organization reasonably well known within community, and perceived as open and responsive to community needs; members of larger community (including a few prominent ones) constructively involved in organization Moderate level of capacity in place
Influencing of Policymaking	Organization is fully aware of its possibilities in influencing policy-making and is one of several organizations active in policy-discussions on state or national level Moderate level of capacity in place
Management of Legal and Liability Matters	Legal support regularly available and consulted in planning; routine legal risk management and occasional review of insurance Moderate level of capacity in place
Organizational Processes Use and Development	Solid, well designed set of processes in place in core areas to ensure smooth, effective functioning of organization; processes known and accepted by many, often used and contribute to increased impact; occasional monitoring and assessment of processes, with some improvements made Moderate level of capacity in place
Staffing Levels	Positions within and peripheral to organization (e.g., staff, volunteers, board, senior management) are almost all staffed (no vacancies); few turnover or attendance problems Moderate level of capacity in place
Board – Composition and Commitment	Good diversity in fields of practice and expertise; membership represents most constituencies (nonprofit, academia, corporate, government, etc.); good commitment to

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	organization's success, vision and mission, and behavior to suit; regular, purposeful meetings are well-planned and attendance is consistently good, occasional subcommittee meetings Moderate level of capacity in place
Planning Systems	Regular planning complemented by ad hoc planning when needed; some data collected and used systematically to support planning effort and improve it Moderate level of capacity in place
Decision Making Framework	Clear, formal lines/ systems for decision making that involve as broad participation as practical and appropriate along with dissemination/ interpretation of decision High level of capacity in place
Financial Operations Management	Formal internal controls governing all financial operations; fully tracked, supported and reported, annually audited fund flows well managed; attention is paid to cash flow management; regular processes in place for budget review, management, and problem resolution Moderate level of capacity in place
Human Resources Management – Management Recruiting, Development, and Retention	Recruitment, development, and retention of key managers is priority and high on CEO/executive director's agenda; some tailoring in development plans for brightest stars; relevant training, job rotation, coaching/feedback, and consistent performance appraisal are institutionalized; genuine concern for high-quality job occupancy; well connected to potential sources of new talent Moderate level of capacity in place
Human Resources Management – General Staff Recruiting, Development, and Retention	Limited use of active development tools/programs; frequent formal and informal coaching and feedback; performance regularly evaluated and discussed; genuine concern for high-quality job occupancy; regular concerted initiatives to identify new talent Moderate level of capacity in place
Physical Infrastructure – Buildings and Office Space	Physical infrastructure well-tailored to organization's current and anticipated future needs; well-designed and thought out to enhance organization's efficiency and effectiveness (e.g., especially favorable locations for clients and employees, plentiful team office space encourages teamwork, layout increases critical interactions among staff)High level of capacity in place
Technological Infrastructure – Telephone/Fax	Sophisticated and reliable telephone and fax facilities accessible by all staff (in office and at frontline), includes around-the-clock, individual voice mail; supplemented by additional facilities (e.g., pagers, cell phones) for selected staff; effective and essential in increasing staff effectiveness and efficiency High level of capacity in place

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Technological Infrastructure – Computers, Applications, Network, and E-mail	Solid hardware and software infrastructure accessible by central and local staff; no or limited sharing of equipment is necessary; limited accessibility for frontline program deliverers; high usage level of IT infrastructure by staff; contributes to increased efficiency Moderate level of capacity in place
Technological infrastructure – Web Site	Comprehensive Web site containing basic information on organization as well as up-to-date latest developments; most information is organization-specific; easy to maintain and regularly maintained Moderate level of capacity in place
Technological Infrastructure – Databases and Management Reporting Systems	Electronic database and management reporting systems exist in most areas for tracking clients, staff, volunteers, program outcomes and financial information; commonly used and help increase information sharing and efficiency Moderate level of capacity in place
Performance as Shared Value	Employee contribution to social, financial and organizational impact is typically considered as a preeminent criterion in making hiring, rewards and promotion decisions; important decisions about the organization are embedded in comprehensive performance thinking Moderate level of capacity in place
Other Shared Beliefs and Values	Common set of basic beliefs held by many people within the organization; helps provide members a sense of identity; beliefs are aligned with organizational purpose and occasionally harnessed to produce impact Moderate level of capacity in place
Shared References and Practices	Common set of references and practices exists, and are adopted by many people within the organization; references and practices are aligned with organizational purpose and occasionally harnessed to drive towards impact Moderate level of capacity in place
Please describe how your service delivery and business operations would need to change to provide the IL services currently provided by (a) DARS individuals who are blind or have visual impairments and (b) to other individuals with significant disabilities?	ARCIL has engaged in extensive discussion with CILs across Texas to develop plans to accomplish the following goals: * Establishing State Contracts for Independent Living Services * Developing a Program Budget * Providing the Full Scope of Independent Living Services *Providing Statewide Coverage * Responding to Legislative Direction on Avoiding Institutional Placement * Meeting Goals Established by Sunset Commission ARCIL, like most CILs in Texas, continually strives to expand our capacity to provide new services and establish new programs. We have been successful in numerous areas, and have established new services in collaboration with CILs and other organizations and funders. In short, ARCIL's service delivery and business operations would change in the sense that we would be adding a new program – with new funding, new data collection and reporting requirements, and staffing changes. ARCIL has the infrastructure and capacity to do so.

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How would your board support the change? Has this already been discussed by the Board and has any action been taken?	The ARCIL Board of Directors has discussed and supports providing ILS program services.
Would the changes be consistent with your organization's mission?	Yes
Would your existing staff need additional training? Please explain.	ARCIL assumes that any organization that implements ILS program services will receive training. As noted elsewhere, we feel strongly that statewide consistency is essential to the success of this program. All providers should collect the same consumer information and use the same case management and purchasing processes to ensure - a. Consistent collection of demographic data; b. Efficiency in verifying eligibility; c. Coordinated collection and compilation of data on consumer outcomes; d. Consistent approval process for purchases.
Would you need additional staff? Please explain.	The program will obviously require staff. Staffing levels will be contingent on the program budget. The budget will be reduced in FY 2017 as the transfer occurs and the Older Blind program moves to the Texas Workforce Commission. The state will retain some staff for oversight and technical assistance, listed as $550,000 per year and 8 FTEs. This amount, part of Operational Costs, will reduce the total amount of the contracts that will occur in FY 2017. DARS uses part of the total available ILS funding for staffing, administration, office space and other expenses related to operation of the program. DARS reports the amount used for this purpose. This is an average of about 35% of total budget for Operational Costs. The remaining amount, averaging about 65% of total budget, is used for purchase of services and technologies. ARCIL proposes, as the program is transferred, that the percentage of funds used by CILs for Purchased Services will be higher than the percentage used by DARS for this purpose. As community-based nonprofit organizations, Texas CILs have some natural advantages over state agencies in terms of Operational Costs. ARCIL proposes that Texas CILs develop and implement budgets that commit a minimum of 70% of total contracted funds to Purchased Services. Operational Costs, including the amount retained by the state, will not exceed 30%.
Would you need to contract for more goods and services than you currently do? Please explain.	ARCIL proposes to provide the full scope of Independent Living Services as provided by DARS. The same products and services will be available to consumers. State agency staff will provide oversight and technical assistance for the program, and this function will be transferred to HHSC in FY 2018. DARS reports expenditures by Type of Service – DRS DBS

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	Assistive technology Assistive technology & adaptive equipment Hearing aids/services & Interpreter services Orientation & mobility training Prosthetics & orthotics Diagnostics & evaluation All other goods & services All other goods & services Diagnostics & evaluation Diabetes education Training Restoration services (hospital care, surgery, etc.) Texas CILs are reviewing the case management, data collection and reporting processes used by DARS for the ILS program. These processes are quite similar to processes used by CILs for provision of CIL core services and auxiliary services. There is also significant congruence between DARS and CIL requirements for collection and reporting of demographic data and service outputs. Independent Living Services as provided by CILs Assistive technology & adaptive equipment Orientation & mobility training Diagnostics & evaluation All other goods & services Diabetes education Training Restoration services (hospital care, surgery, etc.) Hearing aids/services & Interpreter services Prosthetics & orthotics
If so, would your staff have the expertise to procure the services and manage the contracts and vendor payments? Please explain.	ARCIL's track record shows the ability to provide complex services to individuals with complex needs, successfully maintain cross-disability services, collect and report data according to grant requirements, and account for funding through multiple funding streams.
Would your technology infrastructure need to change in order to procure additional goods and services (provider billing, payment tracking, etc.)? Please explain.	As CILs assume responsibility for the ILS program, it is critical that we will establish consistent, statewide performance measures that demonstrate the value of the program. This can most easily achieved with a web-based database, accessed statewide, to document and track consumer data, eligibility and all program activity.
Please identify the data elements and other information you currently capture in your case management system.	ARCIL anticipates no need for significant changes in data collection, as detailed below. Demographic Information – Ethnicity DARS-ILS CIL Recommendation White Hispanic African American American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Hispanic/Latino Two or more races Race and ethnicity unknown No change to CIL process. Demographic Information – Type of Disability DARS-ILS CIL Recommendation Neurological/musculoskeletal/orthopedic Deaf and hard of hearing Traumatic brain injury/spinal cord injury Cardiac/respiratory/circulatory Diabetes mellitus Other chronic diseases/disorders Intellectual/cognitive Mental/emotional/psychosocial More than one disability All other impairments Cognitive Mental/Emotional Physical Hearing Vision Multiple Disabilities Other No change to CIL process. Demographic Information – Education DARS-ILS CIL Recommendation High school graduate or equivalency Elementary education Secondary education, no high school diploma Post-secondary education, no degree Associate degree

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	or voc/tech certificate All others Bachelor's degree Special education certificate or in attendance Not reported. No change to CIL process. Demographic Information – Other DARS-ILS CIL Recommendation Gender – reported as number and percentage Age – reported as average Veterans – number reported Gender – reported as number and percentage Age – (Under 5, 5-19, 20-24, 25-29, 60 and older, age unavailable) Veterans – not reported Maintain CIL process, but it may be helpful to track # of veterans served. Reporting Services Totals DARS-ILS CIL Recommendation Expenditures by type of service, as percentage - Assistive technology Hearing aids/services & Interpreter services Prosthetics & orthotics Diagnostics & evaluation Orientation & mobility training Diabetes education Training Restoration services (hospital care, surgery) All other goods & services Significant Life Area - Goals Set, Goals Achieved, In Progress - Self-Advocacy/Self-Empowerment Communication Mobility/Transportation Community-Based Living Educational Vocational Self-care Information Access/Technology Personal Resource Management Relocation from a Nursing Home or Institution Community/Social Participation CILs will continue to follow the federal process for documenting Significant Life Areas. In addition, CILs will document the types and amounts of purchased goods and services. Reporting Consumer Totals DARS-ILS CIL Recommendation Total consumers served Number of new applicants Successful closures Number of new consumers Number of consumers carried over Closed – completed all goals Closed – (moved, withdrawn, died) No change to CIL process.
Do you monitor and track consumers who have maintained or improved functional abilities as a result of the services your organization has provided? If so, what information do you maintain in your case management system regarding this success?	The DARS ILS program does not report outcomes, only outputs - number of consumers opened and closed, length of service period, time on waiting list, and dollars spent. As CILs assume responsibility for the ILS program, it is critical that we will establish consistent, statewide performance measures that demonstrate the value of the program. This can most easily achieved with a web-based database, accessed statewide, to document and track consumer data, eligibility and all program activity. We will be able to report more detailed outputs – • # of each type of technology purchased, recycle and repaired • $ amount for purchase and repair of each type of technology • # of units of each type of training purchased • $ amount for each type of training purchased • Cost per consumer • # consumers served and # consumers completing goals • Wait time and # of consumers served from waiting list ARCIL proposes that all providers collect the same consumer information and use the same case management and purchasing processes to ensure - e. Consistent collection of demographic data; f. Efficiency in verifying eligibility; g.

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	Coordinated collection and compilation of data on consumer outcomes; h. Consistent approval process for purchases. The Independent Living programs have also found a new home on the federal level, moving from the U.S. Department of Education to the U.S. Department of Health & Human Services in the newly-created division called Administration on Community Living (ACL). This change occurred with the reauthorization of the Workforce Innovation and Opportunity Act. ACL is developing new compliance standards, program rules and reporting requirements. The new ACL regulations, when completed, are expected to yield reporting of new Outcomes & Indicators that demonstrate the impact of services on the consumer. CILs, through the National Council on Independent Living member organization, have proposed Outcomes & Indicators that include: Outcome: Persons with disabilities have skills, knowledge or resources to support their choices. Indicator: Consumers served by the CIL can list at least one specific skill, type of knowledge, or resource they have. Outcome: Persons with disabilities are more independent. Indicator: Consumers served by the CIL can list at least one specific way in which they are more independent. Outcome: Persons with disabilities get the information they need. Indicator: Consumers can list at least one new resource they learned about. Outcome: Persons with disabilities advocate for increased community supports. Indicator: Consumers can list at least one specific personal advocacy and/or systemic advocacy activity they engaged in. Outcome: Methods and practices promote independence. Indicator: Consumers who moved out of an institution and into a self-directed, community-based setting. Indicator: Consumers who remained in a self-directed, community-based setting despite having been at risk of moving into an institution.
Would you need to improve or modify the accessibility of your services? Please explain.	No. ARCIL offices are fully accessible for persons with all types of disabilities, can be reached via public transportation, and technology is in place to produce accessible format materials and provide reasonable accommodations to consumers. ARCIL and other Texas CILs have experience providing services throughout an expanded service area, most notably in two programs that provide services statewide. Most of the Texas CILs serve as primary contractors or sub-contractors in these programs: Texas Department of Aging & Disability Services (DADS) contracts for Relocation Services. The programs assists individuals with disabilities to transition from nursing facilities to community residences. As contractors and sub-contractors, Texas CILs provide case management, coordinate access to community-based services and supports, and make arrangements for housing, transportation, medical

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	care and other supports necessary to maintain a community residence. Through this program, CILs also purchase and deliver household goods and make payment of certain expenses through state grants. DADS Relocation Services contracts require face-to-face contacts with consumers. Social Security Administration (SSA) contracts for Work Incentives Planning & Assistance. As contractors and sub-contractors, Texas CILs assists Social Security beneficiaries with understanding and using work incentives as they gain work income, leading to greater financial self-sufficiency. SSA contracts do not require face-to-face contact with consumers, encouraging use of communication technologies.
How will you serve IL consumers who cannot travel to your physical site to access services?	Counties served by Texas 27 CILs, plus unserved counties, are outlined in the SPIL. However, some counties are far removed even though within the existing service area of a CIL. Several CILs have numerous counties that may be impractical to reach. As noted above, ARCIL provides in-person services in an expanded service area in other programs. ARCIL will employ communications technology to increase remote service delivery, reducing time and cost of travel. The technology and expertise for remote service delivery has been enhanced through services under our contract with the Social Security Administration.
Some of the business changes may require financial investment prior to starting service delivery. Do you have existing funding that you could leverage to support these "start-up" investments? If not, please estimate the amount and specify the need for each additional financial investment.	The Texas Health & Human Services Commission typically uses a cash-reimbursement process to contract for services. Contractors may be required to maintain significant cash reserves, with funds spent and reimbursed by the state at a later date. However, DARS contracts for CIL services using a cash-advance methodology. Texas CILs do not have the cash reserves to conduct purchases on a reimbursement basis. A cash-reimbursement process would limit ability of CILs to provide program services.
Are you taking on any other new initiatives at this time? If so, please explain.	No
Please describe your organization's process(as) and frequency for collecting consumer feedback.	Using a systemic statistical information format, extensive Information and Referral evaluation system, consumer and class satisfaction survey, ARCIL's quality assurance systems provides consumers with the opportunity to express satisfaction with ARCIL services. Through its individualized ILPs and CSR formats, consumers are provided with opportunities to create, direct, and achieve their respective IL goals. Once goals are defined, consumers and ARCIL staff developed ILPs to measure progress toward consumer-established goals. Consumers are given opportunities to modify, delete, or add further goals upon request. Consumers electing to waive the ILP are provided services requested.

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	Documentation of these services is maintained in a Consumer Service Record (CSR file). The CSR file complies with all required compliance standards. ARCIL documents each instance of I&R for follow up activities. A random statistical sample of instances is selected for follow-up; an independent non-service provider using ARCIL's "I&R Follow-Up Surveys" provides consumers the opportunity to express their satisfaction with the information provided. The follow-up surveys track relevant outcomes for each of the three new outcome indicators. The non-service provider conducted 100% follow up activities on the outcome indicators and a 20% sampling of other information and referral provided by the agency. Consumers are provided with several methods to express satisfaction with the services. ARCIL staff distributes "Consumer Satisfaction Surveys" to determine service delivery consistency and areas that need improvement. The document affords consumers the opportunity to provide suggestions for improving services.
What training or technical assistance would you need from DARS or other entities to take on these services from DARS?	This is a repeat of question 35.
How will you assure purchased equipment is going to be appropriate for the consumer, and ensure they can use it safely?	As noted, the DARS ILS program does not report outcomes, only outputs - number of consumers opened and closed, length of service period, time on waiting list, and dollars spent. DARS does not report on actual use or safety of equipment provided. Nor does DARS report on reclaiming, recycling or re-using equipment. There is no baseline. There are, however, some built-in safeguards. The need for mobility and communications equipment is typically determined through professional evaluations. ARCIL proposes continuation of this practice. The DARS ILS program purchases assistive technology for consumers – communication aids, adaptive computer technologies, etc. – that does not always get used to its full potential. Consumers have no means to try out, test, and experiment with various technologies before purchase. Texas CILs potentially provide 27 assistive technology demo sites, plus a growing capacity to provide technology training.
Please describe how your business would need to change to take on the specified services that the DARS Office for Deaf and Hard of Hearing Services (DHHS) currently provides? Please explain your understanding of these services.	STAP provides accessible telephone equipment through vouchers, and the Specialist program provides information and referral. These programs, on surface, seem compatible with ILS program services, with potentially some overlap. ARCIL would consider incorporation of the DHHS program components into the ILS program, or a separate contract for DHHS.

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Would your Board support the change? Has this already been discussed by the Board and has any action been taken?	This has not been discussed by the Board.
Would the changes be consistent with your organization's mission?	Yes.
Would your existing staff need additional training? Please explain.	ARCIL assumes that any organization that implements the program will receive training. We have little information on the operation of the program.
Would you need additional staff? Please explain.	The program will obviously require staff. Staffing levels will be contingent on the program budget.
Would you need to contract for more goods and services than you currently do? Please explain.	ARCIL assumes we would be expected to provide the full scope of services as provided by DHHS. Unless changes are determined by the state, the same products and services will be available to consumers.
If so, would your staff have the expertise to procure the services and manage the contracts and vendor payments? Please explain.	ARCIL's track record shows the ability to provide complex services to individuals with complex needs, successfully maintain cross-disability services, collect and report data according to grant requirements, and account for funding through multiple funding streams.
Would your technology infrastructure need to change in order to procure additional goods and services (provider billing, payment tracking, etc.)? Please explain.	If ARCIL were to assume responsibility for the program, we would like to have consistent, statewide performance measures that demonstrate the value of the program. Again, a single, statewide database seems like the best strategy.
Would you need to improve or modify the accessibility of your services? Please explain.	No, as before.
Do you currently have a STAP contract? If no, are you interested in providing these services? If yes, please explain your current capacity to provide the services.	No. Our interest would depend on learning more about the program
Do you currently have a Hearing Loss Resource Specialist contract or a Deafness Resource Specialist contract? If no, are you interested in providing these services? If yes, please explain your current capacity to provide the services.	No. Our interest would depend on learning more about the program

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Do you currently provide training specific to persons who are deaf or hard of hearing? If no, are you interested in providing training to this population group? If yes, please explain your current capacity to provide training.	No. On surface, it seems this type of training would be a natural addition to the ILS program.
What percent of the consumers you serve are persons who are deaf? What percent of the consumers you serve are persons who are hard of hearing? What services are provided to these population groups?	ARCIL typically reports under 2% of consumers with Hearing as the category of primary disability. However, many consumers are in the category of Multiple Disabilities, which often includes hearing loss.
How will you ensure services are accessible to persons who are deaf or hard of hearing?	ARCIL offices are fully accessible for persons with all types of disabilities, can be reached via public transportation, and technology is in place to produce accessible format materials and provide reasonable accommodations to consumers. Consumers who are deaf typically contact ARCIL by one of several relay services, and staff at all three ARCIL offices are familiar with this process. ARCIL contracts with ASL interpreter service providers as needed. If ARCIL were to incorporate the DHHS programs, this would likely yield a greater frequency of calls from consumers seeking these services, thus it may prove practical to incorporate new technologies for program staff – TTY, VCO, and/or video phone.

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Capacity Assessment

New Counties to serve	None	
Established	1979, incorporated 1982	
Number of staff	19	
Number of people served	1,053	
Capacity Assessment Needs		
Area of Need	**Analysis**	**Capacity Needs**
Staffing Needs Knowledge and experience needs? Training needs types of staff needed number of staff needed providers/subcontractors needed	ARCIL has three sites; Round Rock, San Marcos, and Austin. Administrative personnel, such as the executive director, deputy director, CFO are shared between the 3 sites. Their senior team, a number of whom participated in the call, reported more than 20 years working at the CIL. They do not experience high rates of turnover. Staff reported they wanted to create an atmosphere where people would want to come work and stay until they are ready to retire. They promote from within and have career ladders, which supports their retention rate. They were unable to provide specific information regarding the number of new staff that may be needed for service delivery as they were not sure exactly what would be required under them under any future contracts. They reported if they are to add the specialized services (assessments, evaluations, marking a consumers home) they would hire additional staff or contract for this level of expertise. Skills they optimally would be seeking include ASL, tech savvy individuals with tech experience, bilingual staff. They subcontract to other CIL's now for the Housing Relocation Program so staff has some experience with contracting, billing, and making payments to other organizations. Staff would need training on new program requirements and services they don't currently provide (such as assessments, purchasing, specialized technology, and specialized services (or they would hire staff with experience/contract).	1. Due to not knowing what the scope of the contract will be it staff were unable to provide a specific number of future FTE's. 2. Some additional staff to handle volume and increase specialization. Primary staff qualification is ability to problem solve, also favor tech savvy individuals. 3. Need ASL skills and bi-lingual staff. 4. Training needs: training on new policies and procedures, how to obtain and purchase assistive technology and assessments, medical and therapeutic services, new reporting requirements, and any new fiscal or program requirements.

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Service Delivery	ARCIL provides a variety of services, mainly directly. However they do subcontract their Housing Relocation program to 5 different CIL's, so they have experience with contracting and paying providers. They provide services at the Center, in homes, in the community, whatever is needed to meet an individual's needs. They also try to utilize technology and telephone/email when possible especially for intake and paperwork. They travel more in rural areas and also to deliver non-core services. They have an expanded area for some non-core services and they travel as needed. Have people in the area who are qualified by DARS, people are able to use technology to do assessment type things, could be vendor problems in certain parts of the state. Have relationships with community organizations and other CIL's. Recidivism rate is 2%. They estimate that between the 3 centers they refer about 20 -25 consumers per month to DARS for medical equipment and assistive technology needs. They do not purchase assistive technology, assessments, or therapeutic treatment. They connect people with vendors so they can obtain equipment/devices with through their insurance. They were a little concerned about how DARS' waiting list would be handled - will there be an initial surge in consumers because of the wait list? Location in Austin has many available resources (vendors, etc.).	1. Do subcontract now, but would need to contract more to purchase goods and services the way DARS does. 2. Vendor list from DARS. 3. Need to develop new program policies and procedures related to purchasing goods and therapeutic services.
Systems Needs fiscal, contracting, purchasing systems case management systems reporting systems	They use the Abila accounting system and it is able to adapt and change thing but tracks what was done previously. Doesn't erase anything. ICU- used as consumer tracking system. It is customizable as it was built by staff currently employed by the center (or contracted). This system can adapt to capture what information is needed. This is the source to generate quarterly, annual and monthly reports. Once the center staff know what data will be required they can modify the system to meet this requirement.	1. Systems can be modified for low to no cost.

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Geographic issues Specific plan for reaching additional counties? Which areas are furthest away from center? How will they reach those farthest away?	At this time the center has no plans to expand into other counties. Any expansion is the result of decisions made by the board of directors and based on the needs of the consumers.	
B/VI Services	The FY 2015 combined total of B/VI consumers from the ARCIL locations in Austin, Round Rock and San Marcos is 14 consumers with a primary disability listed as Visual. An additional 382 consumers were listed with as Multiple Disability, which often includes visual impairment. This count only includes consumers living in our 11-county "core services" service area. ARCIL served additional consumers in a much broader service area through the Home By Choice program and the Work Incentives Planning. Many consumers have multiple disabilities, especially the older populations.	
Other Needs (building infrastructure, etc.)	Training, technical assistance and staff were the three things identified by the center staff as immediate needs to continue work with the consumers. No building issues.	
Anticipated barriers and challenges	Staff identified the biggest challenge at this time is not knowing what the scope of services will be to meet the needs of the consumers. They are also concerned about the ability to purchase equipment for consumers as this is not something they have experience with. They stated they do not have a cash reserve to do purchasing and do not believe reimbursements would be beneficial as this can take too long. Equipment cost can be quite high and other than the "home by choice" program they do not do any purchasing. "Home by choice" only allows for small items and is time specific. This is the center's only experience with purchasing equipment.	
Anticipated cost and time needed	Center staff reported they believe they would be ready within 3-6 months, based on a specialized situation. There was concern that they are going to inherit ready-made waiting list, and need to have a purchasing process in place. The center staff also expressed a desire to have some standardization regarding expectations and service delivery	1. Will take 3-6 months transition time. 2. Additional staff but unknown how many until the program specifications are better understood.

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	stating this transition will not be very successful without some sort of standardization. This would also help them better estimate their needs and cost.	
Deaf and Hard of Hearing Services (DHHS) Capacity		
Summary of capacity needed	Center staff reported it was difficult to determine the percentage of current consumers who are deaf or hard of hearing as they do not make this distinction and they serve consumers with multiple disabilities. This center does not participate in the STAP program and does not have contracts with DHHS. They believe they are working with this population through other services but do not define consumer with this one identified need. Many consumers have multiple disabilities, especially the older populations. They reported they served 21 D/HH consumers at the three locations however did not believe this to be an accurate representation. They do not currently have specialized STAP or HLRS, or DRS on staff.	
Anticipated cost and time needed	This would be part of the 3-6 month ramp up to include hiring and training staff.	1. 3-6 months to hire and train staff but unknown exactly how many at this time.

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Brazos Valley Center for Independent Living

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General Information

Question	CIL Response
Name of CIL	Brazos Valley Center for Independent Living (BVCIL)
Address of CIL	1869 Briarcrest Dr, Bryan, TX 77802
What counties do you currently serve? Please note if you only serve part of a county.	Brazos, Burleson, Madison, Robertson and Washington and contract-restricted services in other counties
Please list the services provided by this CIL.	Core Services including:
	Information and Referral
	Independent Living Skills Training
	Peer Support
	Advocacy (Individual and Systems)
	Transition (Relocation, Diversion, Young Adult)
	Health and Fitness Services including:
	Diet & Nutrition
	Mental Wellness
	Physical Fitness Exercise
	Healthy Cooking
	Container Gardening
	Beep Baseball (League & club teams)
	Smoking Cessation
	Transportation Services including:
	BVCIL owned ADA rear entry minivan, "The Connector" - BVCIL provides transportation directly using this vehicle but also operates the vehicle as a community-shared ride service.
	BVCIL accessible bus, "The Transporter" -- BVCIL provides transportation directly under a sub-contract with Brazos Transit District.
	Mobility Management - BVCIL coordinates transportation based on individual transportation plans and coordination among service delivery area providers.
	Disability Awareness Activities including:
	Dining in the Dark
	Accessibility Help Desk for community festivals

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	Housing Services including:
	Tenant Based Rental Assistance for Persons with Disabilities
	Family Self-Sufficiency
	Accessibility Inspections and inventory
	Assistive Technology including:
	Full Texas Technology Access Lab with supplemental equipment
	Durable Medical Equipment Loan Program
Do you contract for any goods/services? If so, please list the goods and services here.	We do not contract for any programmatic goods/services. We have staff members fluent in ASL and have one interpreting service in our community that we have used occasionally when we needed to purchase interpreting services. For example over the past 12 months we have spent $862.50 for interpreting services which is below our contracting threshold of $5,000. On the administrative-side of BVCIL we do have various contracts such as our lease agreement, janitorial, technology management, security, health insurance, retirement administration, office supplies, etc.
How many individuals did you serve in your most recent completed fiscal year? Please provide an unduplicated count of unique individuals served by your agency.	NOTE: I have added rows to this answer to clarify some dates and definitions.
"Consumer" Definition	Consumer refers to a person who has a "Consumer Service Record (CSR)" which contains eligibility documentation, written IL plan or waiver, services requested, and IL goals established with the individual.
"I & R" Definition	One individual that is not a "consumer" who makes a direct request (letter, email, phone call, in-person, online, via social media) for a particular type of information or referral.
Completed Fiscal Year (12/31/14)	Unduplicated "consumers" 168 Unduplicated "I&R" 777 Total "Individuals Served" = 945

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Services

Type of Service	Total # of people served (unduplicated by service)	Description of Service	Target Population (consumers who are blind, consumers with general disabilities, consumers who are deaf or hard of hearing)	Location Where Service is Provided
Advocacy/Legal	41	Assistance in obtaining access to benefits, services and programs to which a consumer bay be entitled.	All consumers	At BVCIL, in-home, in a community-based setting, at agencies (e.g., DARS, SSA),
Assistive Technology	25	Devices, equipment, or systems that enhance, increase, or maintain the physical and/or mental capabilities of people with disabilities. Training in or location of available resources.	All consumers	At BVCIL, in-home, in a community-based setting
Communication	39	Services directed to enable consumer to better communicate, such as interpreter services, training in communication equipment use, Braille instruction, and reading services.	All consumers; includes ASL sign language classes	At BVCIL, in-home, in a community-based setting
5th Core/relocation from institution to community	1	Services to assist with relocation from institution such as skilled nursing facility to consumer's desired living arrangement in community of his choice.	All consumers	At BVCIL, in-home, in a community-based setting
5th Core/diversion	2	Service efforts for consumer to be able to remain in choice of community living environments.	All consumers	At BVCIL, in-home, in a community-based setting

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5th Core/young adult transition	12	Services targeted to assist young adults who have exited the public school system where they were served under IDEA to transition to adulthood.	Consumers who are post high school to age 26	At BVCIL, in-home, in a community-based setting
Housing, home modification, shelter	14	Services related to seeking affordable housing, rental assistance or training while on voucher waitlist.	All consumers	At BVCIL, in-home, in a community-based setting, at agencies/organizations (e.g., homeless shelter, housing authority)
Independent Living Skills	112	One-to-one or small group instruction to develop skills in areas such as personal care, coping, financial management, social skills, and household management.	All consumers	At BVCIL, in-home, in a community-based setting
Information and referral	54	Information about BVCIL services and programs; referrals to community partners and services	All consumers	At BVCIL, in-home, in a community-based setting
Family Service	10	Services provided to the family members of a consumer when necessary for improving the individual's ability to live and function more independently, or ability to engage or continue in employment.	All consumers	At BVCIL, in-home, in a community-based setting
Mobility training	10	Services involving assisting consumers to get around their homes and communities.	All consumers	At BVCIL, in-home, in a community-based setting
Peer Counseling	8	Peer support, information sharing and similar kinds of contact provided to consumers by other people with disabilities.	All consumers	At BVCIL, in-home, in a community-based setting
Diet and nutrition	55	Preventative service intended to prevent additional disabilities or to prevent additional disabilities, or to prevent an	All consumers	At BVCIL

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		increase in the severity of an existing disability.		
Exercise	55	Preventative service intended to prevent additional disabilities or to prevent additional disabilities, or to prevent an increase in the severity of an existing disability -- Classes include: aerobics, stretching, and strengthening.	All consumers	At BVCIL and in a community-based setting
Health & Fitness re-evaluation	14	Preventative service intended to prevent additional disabilities or to prevent additional disabilities, or to prevent an increase in the severity of an existing disability.	Consumers who enroll in H&F program	At BVCIL or online based on consumer preference.
Mental Wellness	37	Preventative service intended to prevent additional disabilities or to prevent additional disabilities, or to prevent an increase in the severity of an existing disability-- Classes include: Stress management & relaxation, cognitive fitness, and brain injury support.	All consumers	At BVCIL and in a community-based setting
Health & Fitness preventive	11	Preventative service intended to prevent additional disabilities or to prevent additional disabilities, or to prevent an increase in the severity of an existing disability.	Consumers who enroll in H&F program	At BVCIL and in a community-based setting
Health & Fitness recreation	12	Services that promote health and wellness while developing meaningful leisure time activities.	Consumers who enroll in H&F program	At BVCIL and in a community-based setting
Recreation	34	Services that provide pursuit of meaningful leisure time actives.	All consumers	At BVCIL and in a community-based setting

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Transportation	32	Provision of or arrangements for transportation.	All consumers	Within BVCIL service delivery area
Vocational	63	Services designed to achieve or maintain employment.	All consumers	At BVCIL, at job-sites and in other community-based settings.
Youth transition	22	Any service that develops skills specifically designed for youth with disabilities between the ages of 14-24 (excluding those counted as a 5th core recipient) to promote self-awareness and esteem, develop advocacy and self-empowerment skills and the exploration of career options, including the transition from school to post school activities.	All consumers ages 14 through 26 including in school (not duplicated in 5th Core Service)	At BVCIL, at schools, and in community-based settings
Total # of people served	**663**			

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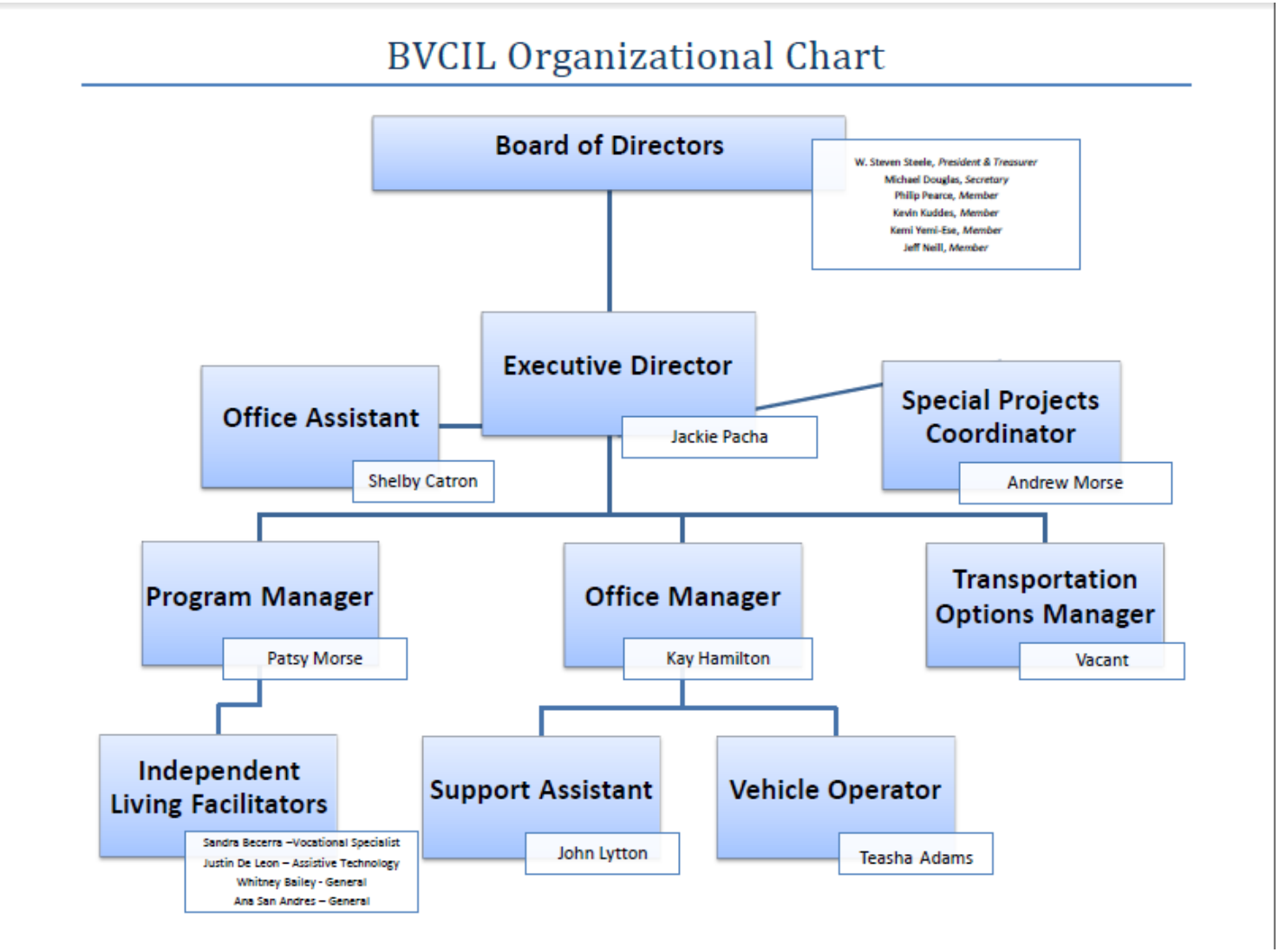
Organizational Chart



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Staffing

Position Title	FTE Level	Credentials Required (if any)	Date of Hire	Agency Employee or Contractor
Executive Director	1.00	Minimum Master degree in human-services, business management, or a closely related field	10/1/2010	agency employee
Program Manager	1.00	Minimum Bachelor degree in human-services, business management, or a closely related field	6/1/2012	agency employee
Office Manager	1.00	Minimum Bachelor's degree	12/15/2014	agency employee
Special Projects Coordinator	1.00	Minimum Associate degree or H.S. Diploma/Equivalent with 4 yrs. experience	3/10/2014	agency employee
Office Assistant	1.00	Minimum H.S. Diploma or Equivalent	7/22/2014	agency employee
IL Facilitator - Vocational Specialist	1.00	Minimum Associate degree or H.S. Diploma/Equivalent with 4 yrs. experience	8/11/2014	agency employee
IL Facilitator - Youth Development	1.00	Minimum Associate degree or H.S. Diploma/Equivalent with 4 yrs. experience	3/6/2013	agency employee
IL Facilitator - Assistive Technology	0.50	Minimum Associate degree or H.S. Diploma/Equivalent with 4 yrs. experience	3/25/2014	agency employee

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IL Facilitator - Health and Fitness	0.50	Minimum Associate degree or H.S. Diploma/Equivalent with 4 yrs. experience	1/13/2014	agency employee
IL Facilitator - General	0.25	Minimum Associate degree or H.S. Diploma/Equivalent with 4 yrs. experience	6/16/2014	agency employee
IL Facilitator - Deafness Specialist	1.00	Minimum Bachelor degree	Vacant	agency employee
Support Assistant	0.50		11/26/2012	agency employee
Total Number of FTE's	**9.75**			
Number of FTE's that exited employment during the year	**4**			
Turnover	**41%**			

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Survey Results

Respondent ID	4400208882
Start Date	12/15/2015
End Date	1/16/2016
Contact Information	Brazos Valley Center for Independent Living (BVCIL) / 1869 Briarcrest Dr. / Bryan / 77802
Mission	Clear expression of organization's mission which reflects its values and purpose; held by many within organization and often referred to Moderate level of capacity in place
Our mission is consistent with the needs and priorities of the people and communities we serve?	Strongly agree
Goals/Performance Targets	Realistic targets exist in some key areas, and are mostly aligned with aspirations and strategy; may lack aggressiveness, or be short-term, lack milestones, or mostly focused on "inputs" (things to do right), or often renegotiated; staff may or may not know and adopt targets Basic level of capacity in place
Funding Model	Solid basis of funders in most types of funding source (e.g., government, foundations, corporations, private individuals); some activities to hedge against market instabilities (e.g., building of endowment); organization has developed some sustainable revenue generating activity Moderate level of capacity in place
Performance Measurement	Performance measured and progress tracked in multiple ways, several times a year, considering social, financial, and organizational impact of program and activities; multiplicity of performance indicators; social impact measured, but control group or longitudinal (i.e., long term) nature of evaluation is missing Moderate level of capacity in place
Performance Analysis and Program Adjustments	Some efforts made to benchmark activities and outcomes against outside world; internal performance data used occasionally to improve organization Moderate level of capacity in place
Strategic Planning	Some ability and tendency to develop high-level strategic plan either internally or via external assistance; strategic plan roughly directs management decisions Basic level of capacity in place
Financial Planning/Budgeting	Solid financial plans, regularly updated; budget integrated into operations; reflects organizational needs; solid efforts made to isolate divisional (program or geographical) budgets within central budget; performance-to budget monitored regularly Moderate level of capacity in place
Operational Planning	Ability and tendency to develop and refine concrete, realistic operational plan; some internal expertise in operational planning or access to relevant external assistance; operational planning carried out on a near regular basis; operational plan linked to strategic planning activities and used to guide operations Moderate level of capacity in place

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Human Resources Planning	Ability and tendency to develop and refine concrete, realistic HR plan; some internal expertise in HR planning or access to relevant external assistance; HR planning carried out on near-regular basis; HR plan linked to strategic planning activities and used to guide HR activities Moderate level of capacity in place
Partnerships and Alliances Development and Nurturing	Built, leveraged, and maintained strong, high-impact, relationships with variety of relevant parties (local, state, and federal government entities as well as for-profit, other nonprofit, and community agencies); relationships deeply anchored in stable, long term, mutually beneficial collaboration High level of capacity in place
Local Community Presence and Involvement	Organization reasonably well known within community, and perceived as open and responsive to community needs; members of larger community (including a few prominent ones) constructively involved in organization Moderate level of capacity in place
Influencing of Policymaking	Organization is fully aware of its possibilities in influencing policy-making and is one of several organizations active in policy-discussions on state or national level Moderate level of capacity in place
Management of Legal and Liability Matters	Legal support regularly available and consulted in planning; routine legal risk management and occasional review of insurance Moderate level of capacity in place
Organizational Processes Use and Development	Solid, well designed set of processes in place in core areas to ensure smooth, effective functioning of organization; processes known and accepted by many, often used and contribute to increased impact; occasional monitoring and assessment of processes, with some improvements made Moderate level of capacity in place
Staffing Levels	Positions within and peripheral to organization (e.g., staff, volunteers, board, senior management) are almost all staffed (no vacancies); few turnover or attendance problems Moderate level of capacity in place
Board – Composition and Commitment	Good diversity in fields of practice and expertise; membership represents most constituencies (nonprofit, academia, corporate, government, etc.); good commitment to organization's success, vision and mission, and behavior to suit; regular, purposeful meetings are well-planned and attendance is consistently good, occasional subcommittee meetings Moderate level of capacity in place
Planning Systems	Regular planning complemented by ad hoc planning when needed; clear, formal systems for data collection in all relevant areas; data used systematically to support planning effort and improve it High level of capacity in place
Decision Making Framework	Clear, largely formal lines/ systems for decision making but decisions are not always appropriately implemented or followed; dissemination of decisions generally good but could be improved Moderate level of capacity in place

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Financial Operations Management	Formal internal controls governing all financial operations; fully tracked, supported and reported, annually audited fund flows well managed; attention is paid to cash flow management; regular processes in place for budget review, management, and problem resolution Moderate level of capacity in place
Human Resources Management – Management Recruiting, Development, and Retention	Recruitment, development, and retention of key managers is priority and high on CEO/executive director's agenda; some tailoring in development plans for brightest stars; relevant training, job rotation, coaching/feedback, and consistent performance appraisal are institutionalized; genuine concern for high-quality job occupancy; well connected to potential sources of new talent Moderate level of capacity in place
Human Resources Management – General Staff Recruiting, Development, and Retention	Management actively interested in general staff development; well-thought out and targeted development plans for key employees/positions; frequent, relevant training, job rotation, coaching/ feedback, and consistent performance appraisal institutionalized; proven willingness to ensure high quality job occupancy; continuous, proactive initiatives to identify new talent High level of capacity in place
Physical Infrastructure – Buildings and Office Space	Fully adequate physical infrastructure for the current needs of the organization; infrastructure does not impede effectiveness and efficiency (e.g., favorable locations for clients and employees, sufficient individual and team office space, possibility for confidential discussions)Moderate level of capacity in place
Technological Infrastructure – Telephone/Fax	Solid basic telephone and fax facilities accessible to entire staff (in office and at front line); cater to day-to-day communication needs with essentially no problems; includes additional features contributing to increased effectiveness and efficiency (e.g., individual, remotely accessible voice-mail)Moderate level of capacity in place
Technological Infrastructure – Computers, Applications, Network, and E-mail	Solid hardware and software infrastructure accessible by central and local staff; no or limited sharing of equipment is necessary; limited accessibility for frontline program deliverers; high usage level of IT infrastructure by staff; contributes to increased efficiency Moderate level of capacity in place
Technological infrastructure – Web Site	Comprehensive Web site containing basic information on organization as well as up-to-date latest developments; most information is organization-specific; easy to maintain and regularly maintained Moderate level of capacity in place
Technological Infrastructure – Databases and Management Reporting Systems	Electronic database and management reporting systems exist in most areas for tracking clients, staff, volunteers, program outcomes and financial information; commonly used and help increase information sharing and efficiency Moderate level of capacity in place
Performance as Shared Value	All employees are systematically hired, rewarded and promoted for their collective contribution to social, financial and organizational impact; day-to-day processes and decision making are embedded in comprehensive performance thinking; performance is constantly referred to High level of capacity in place

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Other Shared Beliefs and Values	Common set of basic beliefs held by many people within the organization; helps provide members a sense of identity; beliefs are aligned with organizational purpose and occasionally harnessed to produce impact Moderate level of capacity in place
Shared References and Practices	Common set of references and practices exist within the organization, which may include: traditions, rituals, unwritten rules, stories, heroes or role models, symbols, language, dress; are truly shared and adopted by all members of the organization; actively designed and used to clearly support overall purpose of the organization and to drive performance High level of capacity in place
Please describe how your service delivery and business operations would need to change to provide the IL services currently provided by (a) DARS individuals who are blind or have visual impairments and (b) to other individuals with significant disabilities?	In general, BVCIL already provides IL services for individuals who are blind or have visual impairments and to other individuals with significant disabilities. The primary variance between IL services currently provided by DARS and those provided by BVCIL is with regard to directly purchasing goods and services for consumers. We recognize that we will need to expand our internal practices to accommodate the added purchasing element. Specifically related to serving individuals who are blind or have visual impairments, we will need to increase our vendor network to include O&M specialists; sharpen our resources for diabetes education; add a Braille printer to our office inventory.
How would your board support the change? Has this already been discussed by the Board and has any action been taken?	Our board is very supportive and have been involved in on-going discussions related to this since the DARS self-evaluation report was published.
Would the changes be consistent with your organization's mission?	Yes. Our mission is to promote the full inclusion and participation of individuals with disabilities in all aspects of community life. IL is our mission!!
Would your existing staff need additional training? Please explain.	BVCIL has a solid staff training process and puts a high value on continued staff development. There are elements of this change that will require additional staff training; however, the training needed will be in relation to administrative technicalities not specific to how to provide IL services.
Would you need additional staff? Please explain.	Yes. We will need to add a minimum of 2 FTEs to effectively deliver services in the projected service delivery area. This estimation is based on the fact that we currently do not have an ILS counselor through DRS that actively serves our area and takes into consideration the DBS IL demand that has been demonstrated through our current IL contract with DBS. There may be a need beyond 2 depending on the number of consumers served, but 2 would be required to maintain purchasing integrity and quality consumer service delivery.
Would you need to contract for more goods and services than you currently do? Please explain.	Yes. Our purchasing policies specify when a contract is required and when one is not based on the projected amount of money to be spent on particular goods and services. Based on these established thresholds, BVCIL has a minimal number of contracts. Based on the limited financial data available from DARS regarding

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	actual expenditures in our service delivery area, it is difficult to predict what may be necessary. At a minimum, we expect to need to have contracts related to vehicle modifications.
If so, would your staff have the expertise to procure the services and manage the contracts and vendor payments? Please explain.	Yes. We have made large procurements in the past and presently manage multiple grants and contracts. Additionally, we manage day-to-day vendor payments in the routine course of business.
Would your technology infrastructure need to change in order to procure additional goods and services (provider billing, payment tracking, etc.)? Please explain.	We are not expecting to need to change our technology infrastructure. We use QuickBooks to manage our financial transactions. It has sufficient capabilities to handle additional procurement-related activities.
Please identify the data elements and other information you currently capture in your case management system.	We utilize Cil Suite as our case management system. Since this is the primary case management software system utilized by centers for independent living in Texas, PCG is most likely keenly aware of the data elements. The "other information" we capture in the system includes the following: tracking of staff development; tracking of volunteer hours; track if the person has a DARS counselor; and whether or not the person is a student at Texas A&M University.
Do you monitor and track consumers who have maintained or improved functional abilities as a result of the services your organization has provided? If so, what information do you maintain in your case management system regarding this success?	Yes. When a consumer initially sets his/her goal, the consumer is asked how he/she will know when the goal has been achieved. At the time of goal development, both the goal and the expected outcome are recorded. This is used to help the consumer and BVCIL staff monitor progress toward goal completion. When the consumer has decided the goal is achieved, it is marked as such along with commentary.
Would you need to improve or modify the accessibility of your services? Please explain.	A little but not too much. We would like to add a higher capacity copy machine to allow for more efficient creation of large print materials and a Braille printer. Otherwise, our facility is accessible, including a fully functional assistive technology lab and we have 2 ADA accessible vehicles.
How will you serve IL consumers who cannot travel to your physical site to access services?	The same way we do now. We work with the consumer to plan the most independent and efficient way for him/her to access our services. This may include arranging transportation, directly providing transportation via one of our accessible vehicles, meeting the individual at a convenient location (e.g., community room of apartment complex, library, etc., or in-home visits).
Some of the business changes may require financial investment prior to starting service delivery. Do you have existing funding that you could leverage to support these “start-up”	It depends on the scope of deliverables and timelines required by the contract in order to fully answer this question. The primary financial investment is going to be related to personnel and training. We have the capability to utilize existing staff and have funds we are able to leverage to provide for their initial training. However, it would be most effective to have a 12 week implementation lead time to be able to ensure the

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investments? If not, please estimate the amount and specify the need for each additional financial investment.	project is fully staffed, trained and ready to immediately deliver a full range of services. I would estimate this 12 week expense to be $27,115.
Are you taking on any other new initiatives at this time? If so, please explain.	BVCIL is just a little over 5 years old -- every initiative is a "new" initiative. Initiatives started within the past 12 months include: Mobility Management, Financial Management Services Agency, and Tenant-based Rental Assistance.
Please describe your organization's process (as) and frequency for collecting consumer feedback.	Consumer feedback is collected by BVCIL from an organizational perspective with additional feedback collected based on particular programs. BVCIL presently has 3 types of consumer satisfaction surveys: 1) All consumers -- At 90 days after goal development, at progress reviews and upon goal completion are provided an electronic survey (also available in alternate formats). The case management system flags the consumer record for survey at those intervals and office staff (not program staff) ensures consumers are offered the opportunity to complete the survey. 2) DRS Consumers that are completing a CRP service have a DRS required survey that is given upon completion of service; maintained in CRP folder and provided to program specialist; and 3) TCDD (Texas Council for Developmental Disabilities) Consumers that are participating in the health and fitness program have a TCDD-specific survey that is completed annually and provided to the TCDD contract specialist.
What training or technical assistance would you need from DARS or other entities to take on these services from DARS?	BVCIL would need training and technical assistance related to HIPPA compliance and contract-specific compliance/reporting training.
How will you assure purchased equipment is going to be appropriate for the consumer, and ensure they can use it safely?	BVCIL does not routinely purchase equipment for individuals; however, we have done so in the past. We do not anticipate changing our method for determining appropriate purchases -- meaning purchasing will only be considered after all other avenues for achieving the IL objective have been pursued. When we do make a purchase it is after consideration by several different parties with instruction in use being dependent upon what is being purchased (for example, a talking watch requires demonstration, training and practice where an augmentative communication device requires professional evaluation, prescription and instruction by a licensed professional).
Please describe how your business would need to change to take on the specified services that the DARS Office for Deaf and Hard of Hearing Services (DHHS) currently provides? Please explain your understanding of these services.	BVCIL's understanding of the programs administered by DHHS is limited to our experiences in attempting to help our consumers obtain services. We understand DHHS provides hearing loss resource specialists and deafness resource specialists. These specialists are charged with assisting employers, consumers and the community-at-large in promoting and advocating for communication access. Over the past five years we have had mixed experiences in obtaining these services and have found that it has been more efficient for our consumers and less burdensome to our staff to provide the services directly than it is to attempt to find

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	and utilize one of the specialists. BVCIL has staff members fluent in American Sign Language, a fully equipped assistive technology lab, offers Sign Language classes free of charge to the community, and has a video phone. BVCIL cannot predict how our business may need to change without seeing data related to services currently being delivered in a county-by-county basis.
Would your Board support the change? Has this already been discussed by the Board and has any action been taken?	Our board would be supportive of this change as long as the structure of the contracting process for these services was not the same as it currently is. BVCIL's board of directors approved a position posting for a Deafness Resource Specialist several months ago to allow us to better provide services in our community. It is important to note this is our own position NOT a position contracted through DHHS.
Would the changes be consistent with your organization's mission?	Yes.
Would your existing staff need additional training? Please explain.	It depends on the scope of the services to be delivered. Our staff are accustomed to working on a cross-disability basis; have ready access to assistive devices; and either know sign language or know how to obtain interpreting services.
Would you need additional staff? Please explain.	Yes if additional services were going to be required beyond what we are currently providing. Our present staffing is sufficient to deliver services to our consumer-base in our service delivery area. If additional contract requirements or deliverables are required then we would need to hire additional staff to meet these needs.
Would you need to contract for more goods and services than you currently do? Please explain.	Unknown. BVCIL has not observed a need to contract for additional services. We have in-house capabilities, local interpreting services, utilize VRI when needed, have a fully equipped assistive technology lab and capability to assist individuals in obtaining loaner equipment. Additionally, we assist many consumers with their STAP vouchers in relation to obtaining their technology and learning how to use it.
If so, would your staff have the expertise to procure the services and manage the contracts and vendor payments? Please explain.	We have made large procurements in the past and presently manage multiple grants and contracts. Additionally, we manage day-to-day vendor payments in the routine course of business
Would your technology infrastructure need to change in order to procure additional goods and services (provider billing, payment tracking, etc.)? Please explain.	We are not expecting to need to change our technology infrastructure. We use QuickBooks to manage our financial transactions. It has sufficient capabilities to handle additional procurement-related activities.
Would you need to improve or modify the accessibility of your services? Please explain.	Overall no, but we would like to add additional video phones for public use.

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Do you currently have a STAP contract? If no, are you interested in providing these services? If yes, please explain your current capacity to provide the services.	No. Yes, we would be interested in providing these services. We presently assist consumers in requesting STAP vouchers and in obtaining and learning how to use the equipment once it is obtained.
Do you currently have a Hearing Loss Resource Specialist contract or a Deafness Resource Specialist contract? If no, are you interested in providing these services? If yes, please explain your current capacity to provide the services.	No. We are not interested in these contracts if they are administered in the same manner they are currently.
Do you currently provide training specific to persons who are deaf or hard of hearing? If no, are you interested in providing training to this population group? If yes, please explain your current capacity to provide training.	Yes. We have staff fluent in ASL, a fully equipped assistive technology lab, video phone, and a full range of IL services equally available to this population as any other population of individuals with disabilities.
What percent of the consumers you serve are persons who are deaf? What percent of the consumers you serve are persons who are hard of hearing? What services are provided to these population groups?	Three percent of our consumers indicate they are deaf or have a hearing impairment. Presently we have consumers with the identified disabilities participating in job search/readiness/placement, independent living skills training, written driver's test preparation, assistive technology training, self-advocacy instruction, communication skills training, housing, transportation, health and fitness, and diversion services.
How will you ensure services are accessible to persons who are deaf or hard of hearing?	BVCIL has staff members fluent in American Sign Language, a fully equipped assistive technology lab, utilizes local interpreting services and VRI when needed. We will continue to do so.

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Capacity Assessment

New Counties to serve	Grimes	
Established	2011	
Number of staff	10	
Number of people served	168	
Capacity Assessment Needs		
Area of Assessment	**Analysis**	**Capacity Needs**
Staffing Needs Knowledge and experience needs? Training needs types of staff needed number of staff needed providers/subcontractors needed	They have 1 site. They recently changed the roles of some staff and have hired new staff. They have an ED and office manager (fiscal person). They also have 3 program managers; 1 who provides transportation as his main role, he has a master's degree and is a vet, 1 who is a TAP certified rehab counselor who also is deaf and serves a dual role; this individual was a DARS counselor previously, 1 who is hired to work specifically with IDD and DD waiver programs. They do not have staff with specialization or certification in O&M or services for blind/vi, especially in-home services. It was reported that 4 FTE's left last year. This was partly due to some restructuring but also this is intentional. This CIL works with Texas A&M to hire students for direct service positions. They take pride in training students (usually with disabilities) and giving them experience so that they can move up the career ladder. Administrative positions are more stable and do not experience high turnover. Their ED formerly taught adaptive technology at Texas A&M University so this is an area of expertise for her and also she has developed ongoing partnerships with A&M. Their staff does have experience paying for some outside services such as interpreters and janitorial and other administrative services.	1. 2 FTE's for increased demand and the increase consumers and also purchasing volume. They do not believe that DARS is providing any IL service in their area but they are providing DBS services. 2. More contracting for specialized services will be needed, such as O&M, diabetes education, vehicle modifications. They believe there are vendors in their area now and that DARS uses them. 3. Training needs: training on new policies and procedures, how to obtain and purchase assistive technology and assessments, medical and therapeutic services, new reporting requirements, and any new fiscal or program requirements. However, their ED has expertise in assistive technology.

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Service Delivery	This center provides their services directly. They do purchase sign language interpreter services and have some other administrative contracts like supplies, janitorial, etc. Under $5K they can purchase without a contract. They provide services at the center, in community settings, and (rarely) at people's homes. It is not their preference to provide in-home services. They have a van and bring people to the center when needed. Most services are delivered in Bryan or College Station within a 15 minute drive. However it is a 90 minute drive (1-way) to the furthest points of the area. They do not purchase assistive technology for individuals now but they do have a TTAP lab at the center. They can provide demonstration and presentation of the devices to consumers and if consumers like they can loan the devices to see if it meets their needs. Then they can connect them with DARS to obtain the item if they want to purchase it. Also assist people with STAP vouchers to try and test devices. One area that they are uncertain of going forward is whether they will need to conduct the same kind of eligibility determinations that DARS does. This would be a big change for them. Also need to purchase more (technology, therapeutic services, etc.). May also need to purchase equipment assessments but not as many as DARS does now, only for very complex needs. May need more expertise in O&M but they believe DARS also contracts that out in their area.	1. Need to develop new policies and procedures, especially around how to purchase specialty goods (such as assistive technology, assessments, medical and therapeutic services, vehicle modifications). 2. Need vendor list from DARS
Systems Needs fiscal, contracting, purchasing systems case management systems reporting systems	This CIL utilizes QuickBooks for financial applications and CIL Suite for consumer tracking. Both systems have the ability to take on additional responsibilities that may have not been accessed previously however have the options to be modified to address changes in payments, data tracking and reports on an as needed basis.	1. CIL Suite can be modified for low to no cost.
Geographic issues Specific plan for reaching additional counties? Which areas are furthest away from center? How will they reach those farthest away?	This CIL is not looking to expand as it relates to the counties served however are hopeful with additional funding from DARS they will be able to expand on services provided within the CIL. The preferred method of providing services is for consumers to come to the center, if the need arises for staff to go to a consumers home it is typically done by a program manager as direct services staff are teaching classes. The furthest a staff may have to travel is 90 miles one way however this CIL has a lift van to	1. Some additional travel will be required. Although they are not proposing to serve any new counties, there will likely be more need for travel due to higher consumer volume and expanded services.

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	utilize in the event a consumer is unable to get to the CIL on their own, they will provide transportation. Most of their travel is within 15 minutes.	
B/VI Services	Served 40 unique BVI consumers. This included 18 individuals with Blindness as the primary disability; 1 individual with Deaf/Blindness as the primary disability; and 21 with Visual Impairment; 17 of them were served in-home. Of the 17 that were served in their homes, the majority lived less than 15 miles from the center. The furthest lived approximately 50 miles from BVCIL. In home services included IL skills training related to using assistive devices (e.g., talking calculator, iPads, signature guides, CCTVs, etc.); tactile marking of appliances and other frequently used objects to facilitate use; identifying other disability-related needs that were not related to the person having a VI (e.g., durable medical equipment, accessible housing, advocacy, transportation); IL skills related to general home organization, item identification, etc.	
Other Needs (building infrastructure, etc.)	They would like to purchase a higher capacity printer for more efficient creation of large print materials and they would like to add a braille printer. While they would not able to do vehicle modifications on Sept. 1st they anticipated have a shorter wait time that what DARS currently has.	1. Higher capacity printer. 2. Braille printer.
Anticipated barriers and challenges	Some concern that the CIL's would need to take on the cumbersome eligibility determination process that DARS currently performs. This would be a barrier to efficiency. Concerns that the contract may have changes to the way services are provided currently and would want to know those in advance to work with the community as well as would like to have the DARS vendor list.	
Anticipated cost and time needed	90 days to hire and train staff. Estimated cost for the initial 90 days is $27,115. Then ongoing 2 new FTE's.	
Deaf and Hard of Hearing Services (DHHS) Capacity		
Summary of capacity needed	They have existing expertise in their staff but if the number of consumers increased, then they would need additional staff.	2. Would need more staff if number of consumers increased.
Anticipated cost and time needed	Need more information about the contract and program requirements before they can estimate.	

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Coalition for Barrier Free Living (Houston Center for Independent Living)

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General Information

Question	CIL Response
Name of CIL	Houston Center for Independent Living (HCIL)
Address of CIL	6201 Bonhomme Road, Suite 150-S, Houston Texas 77036
What counties do you currently serve? Please note if you only serve part of a county.	Harris/HHS/ACL Title VII C funds; Austin, Brazoria, Colorado, Chambers, Fort Bend, Galveston, Harris, Liberty; Matagorda, Montgomery, Walker, Waller, Wharton/DADS Relocation Services funds; Same coverage Counties for SSA Ticket to Work funding.
Please list the services provided by this CIL.	Independent Living Skills training, peer to peer counseling; individual and systems advocacy; information and referral; transition/relocation services from nursing home/institutions; prevent PwD at risk of entering an institution; transition services to youth with disabilities; ADA technical assistance; disability awareness/culture.
Do you contract for any goods/services? If so, please list the goods and services here.	Relocation/transition services; Affordable Care Act Outreach and Education for PwD.
How many individuals did you serve in your most recent completed fiscal year? Please provide an unduplicated count of unique individuals served by your agency.	791 Active Consumer Service Records (Case Management); 3,678 Information & Referrals; SSA Ticket to Work- Work Incentives: 481 Active Case Management and 547 information & referrals.

Question	CIL Response
Name of CIL	Brazoria County Center for Independent Living (BCCIL)
Address of CIL	1104-D East Mulberry, Angleton, Texas 77515
What counties do you currently serve? Please note if you only serve part of a county.	Brazoria County and Matagorda County
Please list the services provided by this CIL.	Independent Living Skills training, peer to peer counseling; individual and systems advocacy; information and referral; transition/relocation services from nursing home/institutions; prevent PwD at

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	risk of entering an institution; transition services to youth with disabilities; ADA technical assistance; disability awareness/culture.
Do you contract for any goods/services? If so, please list the goods and services here.	Affordable Care Act Outreach and Education for PwD.
How many individuals did you serve in your most recent completed fiscal year? Please provide an unduplicated count of unique individuals served by your agency.	276 Active Consumer Record (case management); 5,391 Information and Referrals.

Question	**CIL Response**
Name of CIL	Fort Bend Center for Independent Living (FBCIL)
Address of CIL	12946 Dairy Ashford Road, Suite 110, Sugar Land, Texas 77478
What counties do you currently serve? Please note if you only serve part of a county.	Fort Bend, Austin, Colorado, Wharton, Waller counties.
Please list the services provided by this CIL.	Independent Living Skills training, peer to peer counseling; individual and systems advocacy; information and referral; transition/relocation services from nursing home/institutions; prevent PwD at risk of entering an institution; transition services to youth with disabilities; ADA technical assistance; disability awareness/culture.
Do you contract for any goods/services? If so, please list the goods and services here.	Affordable Care Act Outreach and Education for PwD.
How many individuals did you serve in your most recent completed fiscal year? Please provide an unduplicated count of unique individuals served by your agency.	164 Active Consumer Service Records (case management); 384 Information and Referrals.

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Services

Type of Service	Total # of people served (unduplicated by service)	Description of Service	Target Population (consumers who are blind, consumers with general disabilities, consumers who are deaf or hard of hearing)	Location Where Service is Provided
Advocacy/Legal	1115	Assistance and/or representation in obtaining access to benefits, services, and programs to which a consumer may be entitled.	CBFL/HCIL, BCCIL, FBCIL Cumulative Disability Type for FY 2015:	Center, home, or nursing facility
Assistive Devices/Equipment	324	Provision of, and training in the use of specialized devices and equipment such as TTY's, computers, information technology hardware or software, or the provision of assistance to obtain these devise and equipment from other sources.	Vision/Blind: 129	Center, home, or nursing facility
Children's Services	11	The provision of specifics designed to serve individuals with significant disabilities under the age of 5.	Hearing/Deaf: 127	Center, home, or nursing facility
Communication Services	677	Services directed to enable consumers to better communicate, such as interpreter services, training in communication equipment use, Braille instruction, and reading services.	General Disabilities:	Center, home, or nursing facility
Counseling and Related Services	110	These include information sharing, psychological services of a non-psychiatric, non-therapeutic nature, parent-to-parent services, and related services.	a. Cognitive: 94	Center, home, or nursing facility

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Family Services	109	Services to Consumer's family when necessary for improving the consumer's ability to live and function more independently, or ability to engage or continue in employment, i.e. respite care.	b. Mental/Emotional: 163	Center, home, or nursing facility
Housing, Home Modifications and Shelter Services	510	These are related to securing housing or shelter, adaptive housing services (including appropriate accommodations to and modifications of any space used to serve, or occupied by consumers with significant disabilities.	c. Physical: 383	Center, home, or nursing facility
IL Skills Training and Life Skills Training Services	782	Instructions to develop independent living skills in areas such as personal care, coping, financial management, social skills, and household management. This may also include education and training necessary for living in the community and participating in community activities.	d. Multiple Disability: 292	Center, home, or nursing facility
Information and Referral Services	1231	The provision of community based, local and national resource information that is specific to the needs of PwD.	e. Other: 43	Center, home, or nursing facility
Mental Restoration Services	17	Psychiatric restoration services including maintenance on psychotropic medication, psychological services, and treatment management for substance abuse.		Center, home, or nursing facility
Mobility Training Services	40	Services involving assisting consumers to get around their homes and communities using assistive devices, adaptive equipment.	Total: 1,231	Center, home

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Peer Counseling Services	935	Counseling, teaching, information sharing, and similar kinds of contact provided to consumers by other people with disabilities.	Yearly cumulative totals stated above.	Center, home, or nursing facility
Personal Assistance Services	67	Included but not limited to assistance with personal bodily functions; communicative, household, mobility, work, emotional, cognitive, personal, and financial affair; community participation; parenting; leisure; and other related needs.	Yearly cumulative totals stated above.	Center, home, or nursing facility
Physical Restoration Services	135	Restoration services including medical services, health maintenance, eyeglasses, and visual services.	Yearly cumulative totals stated above.	Center, home.
Preventative Services	111	Services intended to prevent additional disabilities, or to prevent an increase in the severity of an existing disability.	Yearly cumulative totals stated above.	Center, home, or nursing facility
Prostheses, Orthotics and other Appliances	9	Provision of, assistance in obtaining through other sources, an adaptive device or appliance to substitute for one or more parts of the human body.	Yearly cumulative totals stated above.	Center, home, or nursing facility
Recreational Services	517	Provision or identification of opportunities for the involvement of consumers in meaningful leisure time activities. These may include: participation in community affairs and other recreation activities that may be competitive, active, or quiet.	Yearly cumulative totals stated above.	Center or home

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Rehabilitation Technology Services	9	Provision of, or assistance to obtain through other sources, adaptive modifications, such as wheelchairs and lifts, which address the barriers confronted by PwD with respect to education, rehabilitation, employment, transportation, IL and/or recreation.	Yearly cumulative totals stated above.	Center or home
Therapeutic Treatment Services	8	Services provided by registered occupational, physical, recreation, haring, language, or speech therapists.	Yearly cumulative totals stated above.	Center or home
Transportation Services	339	Provision of, or arrangements for, transportation.	Yearly cumulative totals stated above.	Center or home
Youth/Transition Services	46	Specific IL services designed and provided to individuals with significant disabilities, ages 5-19, and may include training to develop skills specifically designed for youth to promote self-awareness and esteem, develop advocacy and self-empowerment skills, and the exploration of career options.	Yearly cumulative totals stated above.	Center, or home
Vocational Services	979	Any service designed to achieve or maintain employment.		Center, or home
Other Services	43	Any IL services not listed above.	Yearly cumulative totals stated above.	Center, home, or nursing facility.
Total # of people served	**8124**			

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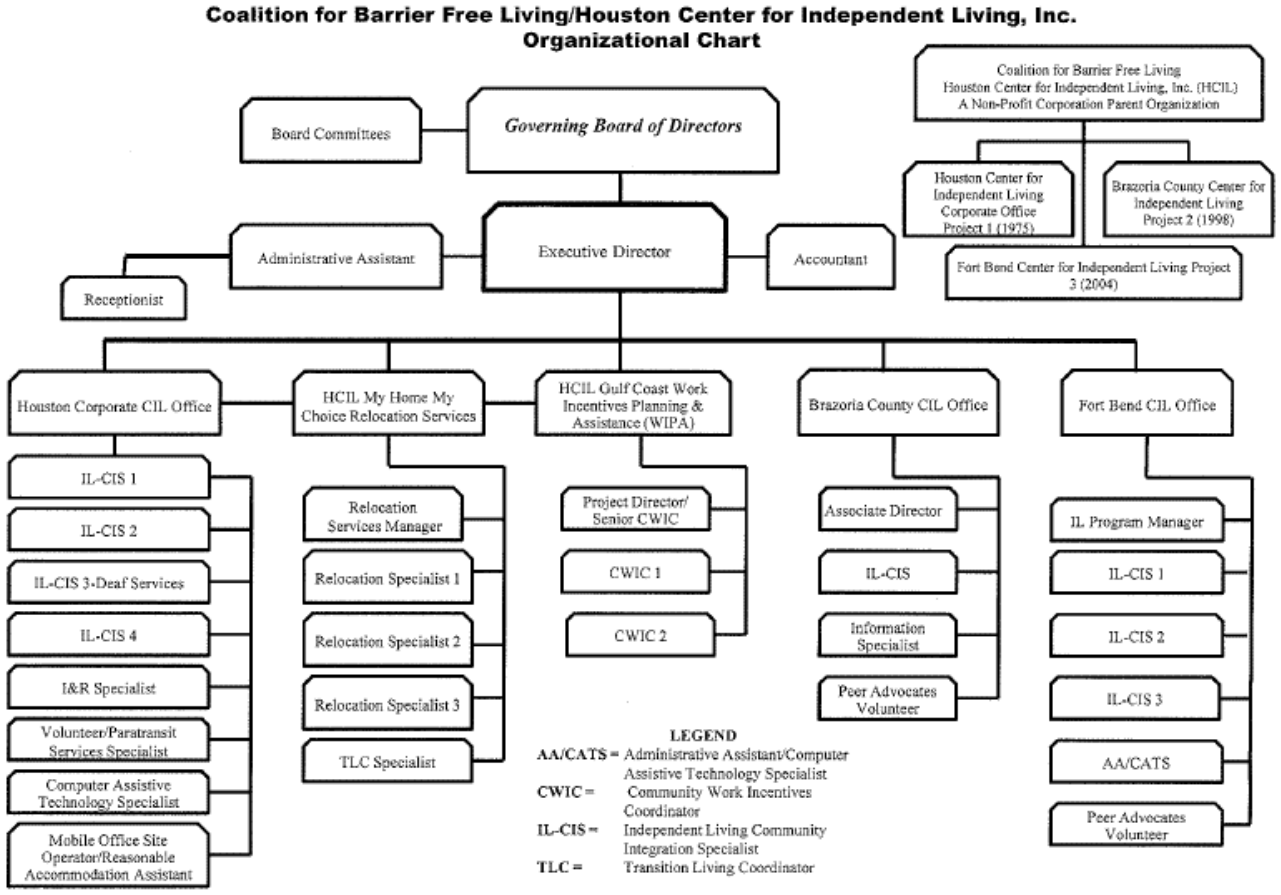
Organizational Chart



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Staffing

Position Title - HCIL	FTE Level	Credentials required (if any)	Date of Hire	Agency employee or Contractor
Executive Director	0.75		4/15/1985	agency employee
Accountant	0.75		3/8/2010	agency employee
Administrative Assistant	1.00		10/1/2015	agency employee
Receptionist	1.00		12/1/2014	agency employee
IL-Community Integration Specialist (IL-CIS) 1	1.00		6/28/2004	agency employee
IL-CIS 2	0.60		12/6/2011	agency employee
IL-CIS 3 - Deaf Services	1.00		4/11/2001	agency employee
IL-CIS 4	1.00		12/1/2014	agency employee
I & R Specialist	0.50		9/23/2013	agency employee
Volunteer/Paratransit Services Specialist	0.65		6/1/1995	agency employee
Computer Assistive Technology Specialist	0.50		TBH	agency employee
MOS Operator/Reasonable Accom. Assistant	1.00		10/19/2011	agency employee
Relocation Services Manager	1.00		1/1/2007	agency employee
Relocation Specialist 1	1.00		2/16/2011	agency employee
Relocation Specialist 2	1.00		5/23/2011	agency employee
Relocation Specialist 3	1.00		10/16/2014	agency employee
TLC Specialist	1.00		4/13/2015	agency employee
Project Director / Senior CWIC	1.00		2/1/2015	agency employee
CWIC 1	1.00		10/19/2015	agency employee
CWIC 2	1.00		8/1/2015	agency employee
Total Number of FTE's	**17.75**			
Number of FTE's that exited employment during the year	**3**			
Turnover	**17%**			

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Position Title - BCCIL	FTE Level	Credentials required (if any)	Date of Hire	Agency Employee or Contractor
Executive Director	0.09		4/15/1985	agency employee
Accountant	0.09		3/8/2010	agency employee
Associate Director	1.00		4/20/1998	agency employee
IL-CIS	1.00		11/16/2006	agency employee
Information Specialist	1.00		6/5/2012	agency employee
Total Number of FTE's	**3.18**			
Number of FTE's that exited employment during the year	**0**			
Turnover	**0%**			

Position Title - FBCIL	FTE Level	credentials required (if any)	date of hire	agency employee or contractor
Executive Director	0.16		4/15/1985	agency employee
Accountant	0.16		3/8/2010	agency employee
IL Program Manager	1.00		4/1/2014	agency employee
IL-CIS 1	0.75		6/9/2009	agency employee
IL-CIS 2	1.00		4/1/2014	agency employee
IL-CIS 3	0.50		1/1/2016	agency employee
Administrative Assistant / CATS	1.00		2/14/2011	agency employee
Total Number of FTE's	**4.57**			
Number of FTE's that exited employment during the year	**0**			
Turnover	**0%**			

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Survey Results

Respondent ID	4438990864
Start Date	1/11/2016
End Date	1/14/2016
Contact Information	CBFL/HOUSTON CENTER FOR INDEPENDENT LIVING, INC. (HCIL) / 6201 Bonhomme Road, Suite 150-S / HOUSTON, TX (Angleton, Texas; Sugar Land, Texas) / 77036
Mission	Clear expression of organization's mission which describes an enduring reality that reflects its values and purpose; broadly held within organization and frequently referred to High Level of capacity in place
Our mission is consistent with the needs and priorities of the people and communities we serve?	Strongly agree
Goals/Performance Targets	Limited set of quantified, genuinely demanding performance targets in all areas; targets are tightly linked to aspirations and strategy, output/outcome-focused (i.e., results of doing things right, as opposed to inputs, things to do right), have annual milestones, and are long-term nature; staff consistently adopts targets and works diligently achieve them High level of capacity in place
Funding Model	Solid basis of funders in most types of funding source (e.g., government, foundations, corporations, private individuals); some activities to hedge against market instabilities (e.g., building of endowment); organization has developed some sustainable revenue generating activity Moderate level of capacity in place
Performance Measurement	Performance measured and progress tracked in multiple ways, several times a year, considering social, financial, and organizational impact of program and activities; multiplicity of performance indicators; social impact measured, but control group or longitudinal (i.e., long term) nature of evaluation is missing Moderate level of capacity in place
Performance Analysis and Program Adjustments	Some efforts made to benchmark activities and outcomes against outside world; internal performance data used occasionally to improve organization Moderate level of capacity in place
Strategic Planning	Ability and tendency to develop and refine concrete, realistic strategic plan; some internal expertise in strategic planning or access to relevant external assistance; strategic planning carried out on a near-regular basis; strategic plan used to guide management decisions Moderate level of capacity in place
Financial Planning/Budgeting	Solid financial plans, regularly updated; budget integrated into operations; reflects organizational needs; solid efforts made to isolate divisional (program or geographical) budgets within central budget; performance-to budget monitored regularly Moderate level of capacity in place
Operational Planning	Ability and tendency to develop and refine concrete, realistic operational plan; some internal expertise in operational planning or access to relevant external assistance; operational planning carried out on a near regular

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	basis; operational plan linked to strategic planning activities and used to guide operations Moderate level of capacity in place
Human Resources Planning	Ability and tendency to develop and refine concrete, realistic HR plan; some internal expertise in HR planning or access to relevant external assistance; HR planning carried out on near-regular basis; HR plan linked to strategic planning activities and used to guide HR activities Moderate level of capacity in place
Partnerships and Alliances Development and Nurturing	Effectively built and leveraged some key relationships with few types of relevant parties (for-profit, public, and nonprofit sector entities); some relations may be precarious or not fully “win-win "Moderate level of capacity in place
Local Community Presence and Involvement	Organization widely known within larger community, and perceived as actively engaged with and extremely responsive to it; many members of the larger community (including many prominent members) actively and constructively involved in organization (e.g., board, fund-raising)High level of capacity in place
Influencing of Policymaking	Organization is fully aware of its possibilities in influencing policy-making and is one of several organizations active in policy- discussions on state or national level Moderate level of capacity in place
Management of Legal and Liability Matters	Legal support regularly available and consulted in planning; routine legal risk management and occasional review of insurance Moderate level of capacity in place
Organizational Processes Use and Development	Robust, lean, and well-designed set of processes (e.g., decision making, planning, reviews) in place in all areas to ensure effective and efficient functioning of organization; processes are widely known, used and accepted, and are key to ensuring full impact of organization; continual monitoring and assessment of processes, and systematic improvement made High level of capacity in place
Staffing Levels	Positions within and peripheral to organization (e.g., staff, volunteers, board, senior management) are almost all staffed (no vacancies); few turnover or attendance problems Moderate level of capacity in place
Board – Composition and Commitment	Good diversity in fields of practice and expertise; membership represents most constituencies (nonprofit, academia, corporate, government, etc.); good commitment to organization’s success, vision and mission, and behavior to suit; regular, purposeful meetings are well-planned and attendance is consistently good, occasional subcommittee meetings Moderate level of capacity in place
Planning Systems	Regular planning complemented by ad hoc planning when needed; some data collected and used systematically to support planning effort and improve it Moderate level of capacity in place
Decision Making Framework	Clear, formal lines/ systems for decision making that involve as broad participation as practical and appropriate along with dissemination/ interpretation of decision High level of capacity in place

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Financial Operations Management	Formal internal controls governing all financial operations; fully tracked, supported and reported, annually audited fund flows well managed; attention is paid to cash flow management; regular processes in place for budget review, management, and problem resolution Moderate level of capacity in place
Human Resources Management – Management Recruiting, Development, and Retention	Recruitment, development, and retention of key managers is priority and high on CEO/executive director's agenda; some tailoring in development plans for brightest stars; relevant training, job rotation, coaching/feedback, and consistent performance appraisal are institutionalized; genuine concern for high-quality job occupancy; well connected to potential sources of new talent Moderate level of capacity in place
Human Resources Management – General Staff Recruiting, Development, and Retention	Management actively interested in general staff development; well-thought out and targeted development plans for key employees/positions; frequent, relevant training, job rotation, coaching/ feedback, and consistent performance appraisal institutionalized; proven willingness to ensure high quality job occupancy; continuous, proactive initiatives to identify new talent High level of capacity in place
Physical Infrastructure – Buildings and Office Space	Physical infrastructure well-tailored to organization's current and anticipated future needs; well-designed and thought out to enhance organization's efficiency and effectiveness (e.g., especially favorable locations for clients and employees, plentiful team office space encourages teamwork, layout increases critical interactions among staff)High level of capacity in place
Technological Infrastructure – Telephone/Fax	Sophisticated and reliable telephone and fax facilities accessible by all staff (in office and at frontline), includes around-the-clock, individual voice mail; supplemented by additional facilities (e.g., pagers, cell phones) for selected staff; effective and essential in increasing staff effectiveness and efficiency High level of capacity in place
Technological Infrastructure – Computers, Applications, Network, and E-mail	State of the art fully networked computing hardware with comprehensive range of up-to-date software applications; all staff has individual computer access and e-mail; accessible by frontline program deliverers as well as entire staff; used regularly by staff; effective and essential in increasing staff efficiency High level of capacity in place
Technological infrastructure – Web Site	Comprehensive Web site containing basic information on organization as well as up-to-date latest developments; most information is organization-specific; easy to maintain and regularly maintained Moderate level of capacity in place
Technological Infrastructure – Databases and Management Reporting Systems	Sophisticated, comprehensive electronic database and management reporting systems exist for tracking clients, staff, volunteers, program outcomes and financial information; widely used and essential in increasing information sharing and efficiency High level of capacity in place
Performance as Shared Value	Employee contribution to social, financial and organizational impact is typically considered as a preeminent criterion in making hiring, rewards and promotion decisions; important decisions about the organization are embedded in comprehensive performance thinking Moderate level of capacity in place

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Other Shared Beliefs and Values	Common set of basic beliefs and values (e.g., social, religious) exists and is widely shared within the organization; provides members sense of identity and clear direction for behavior; beliefs embodied by leader but nevertheless timeless and stable across leadership changes; beliefs clearly support overall purpose of the organization and are consistently harnessed to produce impact High level of capacity in place
Shared References and Practices	Common set of references and practices exist within the organization, which may include: traditions, rituals, unwritten rules, stories, heroes or role models, symbols, language, dress; are truly shared and adopted by all members of the organization; actively designed and used to clearly support overall purpose of the organization and to drive performance High level of capacity in place
Please describe how your service delivery and business operations would need to change to provide the IL services currently provided by (a) DARS individuals who are blind or have visual impairments and (b) to other individuals with significant disabilities?	HCIL has engaged in extensive discussion with CILs across Texas to develop plans to accomplish the following goals: * Establish State Contracts for Independent Living Services * Develop a Program Budget * Provide the Full Scope of Independent Living Services *Provide Statewide Coverage * Respond to Legislative Direction on Avoiding Institutional Placement * Meet Goals Established by Sunset Commission HCIL, like most CILs in Texas, continually strives to expand our capacity to provide new services and establish new programs. We have been successful in numerous areas, and have established new services in collaboration with CILs and other organizations and funders. In short, HCIL's service delivery and business operations would change in the sense that we would be adding a new program – with new funding, new data collection and reporting requirements, and staffing changes. HCIL has the infrastructure and capacity to do so.
How would your board support the change? Has this already been discussed by the Board and has any action been taken?	The HCIL Board of Directors has discussed and supports providing ILS program services.
Would the changes be consistent with your organization's mission?	Yes.
Would your existing staff need additional training? Please explain.	HCIL assumes that any organization that implements ILS program services will receive training. As noted elsewhere, we feel strongly that statewide consistency is essential to the success of this program. All providers should collect the same consumer information and use the same case management and purchasing processes to ensure - • Consistent collection of demographic data; • Efficiency in verifying eligibility; • Coordinated collection and compilation of data on consumer outcomes; • Consistent approval process for purchases.
Would you need additional staff? Please explain.	The program will require staff. Staffing levels will be contingent on the program budget. The budget will be reduced in FY 2017 as the transfer occurs and the Older Blind program moves to the Texas Workforce Commission. The state will retain some staff for oversight and technical assistance, listed as $550,000 per year and 8 FTEs. This amount, part of Operational Costs, will reduce the total amount of the contracts that will occur in FY 2017. DARS uses part of the total available ILS funding for staffing, administration, office space and other expenses related to

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	operation of the program. DARS reports the amount used for this purpose. This is an average of about 35% of total budget for Operational Costs. The remaining amount, averaging about 65% of total budget, is used for purchase of services and technologies. HCIL proposes, as the program is transferred, that the percentage of funds used by CILs for Purchased Services will be higher than the percentage used by DARS for this purpose. As community-based nonprofit organizations, Texas CILs have some natural advantages over state agencies in terms of Operational Costs. HCIL proposes that Texas CILs develop and implement budgets that commit a minimum of 70% of total contracted funds to Purchased Services. Operational Costs, including the amount retained by the state, will not exceed 30%.
Would you need to contract for more goods and services than you currently do? Please explain.	HCIL proposes to provide the full scope of Independent Living Services as provided by DARS. The same products and services will be available to consumers. State agency staff will provide oversight and technical assistance for the program, and this function will be transferred to HHSC in FY 2018. DARS reports expenditures by Type of Service: DRS: Assistive technology Hearing aids/services & Interpreter services Prosthetics & orthotics All other goods & services Diagnostics & evaluation DBS: Assistive technology & adaptive equipment Orientation & mobility training Diagnostics & evaluation All other goods & services Diabetes education Training Restoration services (hospital care, surgery, etc.) Texas CILs are reviewing the case management, data collection and reporting processes used by DARS for the ILS program. These processes are quite similar to processes used by CILs for provision of CIL core services and auxiliary services. There is also significant congruence between DARS and CIL requirements for collection and reporting of demographic data and service outputs. Independent Living Services as provided by CILs: Assistive technology & adaptive equipment Orientation & mobility training Diagnostics & evaluation All other goods & services Diabetes education Training Restoration services (hospital care, surgery, etc.) Hearing aids/services & Interpreter services Prosthetics & orthotics
If so, would your staff have the expertise to procure the services and manage the contracts and vendor payments? Please explain.	HCIL's track record shows the ability to provide complex services to individuals with complex needs, successfully maintain cross-disability services, collect and report data according to grant requirements, and account for funding through multiple funding streams.
Would your technology infrastructure need to change in order to procure additional goods and services (provider billing, payment tracking, etc.)? Please explain.	As CILs assume responsibility for the ILS program, it is critical that we establish consistent, statewide performance measures that demonstrate the value of the program. This can most easily be achieved with a web-based database, accessed statewide, to document and track consumer data, eligibility and all program activity.
Please identify the data elements and other information you currently capture in your case management system.	HCIL anticipates no need for significant changes in data collection, as detailed below. Demographic Information – Ethnicity: DARS-ILS: White Hispanic African American CIL: American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Hispanic/Latino Two or more races Race and ethnicity unknown Recommendation: No change to CIL process. Demographic Information – Type of Disability:

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	DARS-ILS: Neurological/musculoskeletal/orthopedic Deaf and hard of hearing Traumatic brain injury/spinal cord injury Cardiac/respiratory/circulatory Diabetes mellitus Other chronic diseases/disorders Intellectual/cognitive Mental/emotional/psychosocial More than one disability All other impairments CIL: Cognitive Mental/Emotional Physical Hearing Vision Multiple Disabilities Other Recommendation: No change to CIL process. Demographic Information – Education: DARS-ILS: High school graduate or equivalency Elementary education Secondary education, no high school diploma Post-secondary education, no degree Associate degree or voc/tech certificate All others Bachelor's degree Special education certificate or in attendance CIL: Not reported. Recommendation: No change to CIL process. Demographic Information – Other: DARS-ILS: Gender – reported as number and percentage Age – reported as average Veterans – number reported CIL: Gender – reported as number and percentage Age – (Under 5, 5-19, 20-24, 25-29, 60 and older, age unavailable) Veterans – not reported Recommendation: Maintain CIL process, but it may be helpful to track # of veterans served. Reporting Services Totals: DARS-ILS: Expenditures by type of service, as percentage - Assistive technology Hearing aids/services & Interpreter services Prosthetics & orthotics Diagnostics & evaluation Orientation & mobility training Diabetes education Training Restoration services (hospital care, surgery) All other goods & services CIL: Significant Life Area - Goals Set, Goals Achieved, In Progress - Self-Advocacy/Self-Empowerment Communication Mobility/Transportation Community-Based Living Educational Vocational Self-care Information Access/Technology Personal Resource Management Relocation from a Nursing Home or Institution Community/Social Participation Recommendation: CILs will continue to follow the federal process for documenting Significant Life Areas. In addition, CILs will document the types and amounts of purchased goods and services. Reporting Consumer Totals: DARS-ILS: Total consumers served Number of new applicants Successful closures CIL: Number of new consumers Number of consumers carried over Closed – completed all goals Closed – (moved, withdrawn, died) Recommendation: No change to CIL process.
Do you monitor and track consumers who have maintained or improved functional abilities as a result of the services your organization has provided? If so, what information do you maintain in your case management system regarding this success?	The DARS ILS program does not report outcomes, only outputs - number of consumers opened and closed, length of service period, time on waiting list, and dollars spent. As CILs assume responsibility for the ILS program, it is critical that we will establish consistent, statewide performance measures that demonstrate the value of the program. This can most easily be achieved with a web-based database, accessed statewide, to document and track consumer data, eligibility and all program activity. We will be able to report more detailed outputs – • # of each type of technology purchased, recycle and repaired • $ amount for purchase and repair of each type of technology • # of units of each type of training purchased • $ amount for each type of training purchased • Cost per consumer • # consumers served and # consumers completing goals • Wait time and # of consumers served from waiting list HCIL proposes that all providers collect the same consumer information and use the same case management and purchasing processes to ensure the following: • Consistent collection of demographic data; • Efficiency in verifying eligibility; • Coordinated collection and compilation of data on consumer outcomes; • Consistent approval process

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	for purchases. The Independent Living programs have also found a new home on the federal level, moving from the U.S. Department of Education to the U.S. Department of Health & Human Services in the newly-created division called Administration on Community Living (ACL). This change occurred with the reauthorization of the Workforce Innovation and Opportunity Act. ACL is developing new compliance standards, program rules and reporting requirements. The new ACL regulations, when completed, are expected to yield reporting of new Outcomes & Indicators that demonstrate the impact of services on the consumer. CILs, through the National Council on Independent Living, the U. S. CIL's membership organization, have proposed Outcomes & Indicators that include but are not limited to: Outcome: Persons with disabilities have skills, knowledge or resources to support their choices. Indicator: Consumers served by the CIL can list at least one specific skill, type of knowledge, or resource they have. Outcome: Persons with disabilities are more independent. Indicator: Consumers served by the CIL can list at least one specific way in which they are more independent. Outcome: Persons with disabilities get the information they need. Indicator: Consumers can list at least one new resource they learned about. Outcome: Persons with disabilities advocate for increased community supports. Indicator: Consumers can list at least one specific personal advocacy and/or systemic advocacy activity they engaged in. Outcome: Methods and practices promote independence. Indicator: Consumers who moved out of an institution and into a self-directed, community-based setting. Indicator: Consumers who remained in a self-directed, community-based setting despite having been at risk of moving into an institution.
Would you need to improve or modify the accessibility of your services? Please explain.	No. HCIL offices are fully accessible for persons with all types of disabilities can be reached via public transportation; and technology is in place to produce accessible format materials and provide reasonable accommodations to consumers. HCIL and other Texas CILs have experience providing services throughout an expanded service area, most notably in two programs that provide services statewide. Most of the Texas CILs serve as primary contractors or sub-contractors in these programs: Texas Department of Aging & Disability Services (DADS) contracts for Relocation Services. The programs assist individuals with disabilities in transitioning from nursing facilities to community residences. As contractors and sub-contractors, Texas CILs provide case management, coordinate access to community-based services and supports, and make arrangements for housing, transportation, medical care and other supports necessary to maintain a community residence. Through this program, CILs also purchase and deliver household goods and make payment of certain expenses through state grants. DADS Relocation Services contracts require face-to-face contacts with consumers. Social Security Administration (SSA) contracts for Work Incentives Planning & Assistance. As contractors and sub-contractors, Texas CILs assists Social Security beneficiaries with understanding and using work incentives as they gain work income, leading to greater financial self-sufficiency. SSA contracts do not require face-to-face contact with consumers, encouraging use of distance communication technologies.

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How will you serve IL consumers who cannot travel to your physical site to access services?	Counties served by Texas 27 CILs, plus unserved counties, are outlined in the SPIL. However, some counties are far removed even though within the existing service area of a CIL. Several CILs have numerous counties that may be impractical to reach. As noted above, HCIL provides in-person services in an expanded service area in other programs. HCIL will employ communications technology to increase remote service delivery, reducing time and cost of travel. The technology and expertise for remote service delivery has been enhanced through services under our contract with the Social Security Administration.
Some of the business changes may require financial investment prior to starting service delivery. Do you have existing funding that you could leverage to support these "start-up" investments? If not, please estimate the amount and specify the need for each additional financial investment.	The Texas Health & Human Services Commission typically uses a cash-reimbursement process to contract for services. Contractors may be required to maintain significant cash reserves, with funds spent and reimbursed by the state at a later date. However, DARS contracts for CIL services using a cash-advance methodology. Texas CILs do not have the cash reserves to conduct purchases on a reimbursement basis. A cash-reimbursement process would limit the ability of CILs to provide program services.
Are you taking on any other new initiatives at this time? If so, please explain.	No.
Please describe your organization's process(as) and frequency for collecting consumer feedback.	Using a systemic statistical information format, extensive Information and Referral evaluation system, consumer and class satisfaction survey, HCIL's quality assurance systems provide consumers with the opportunity to express satisfaction with HCIL services. Through its individualized Independent Living Plans (ILPs) and Consumer Service Record (CSR) file formats, consumers are provided with opportunities to create, direct, and achieve their respective IL goals. Once goals are defined, consumers and HCIL staff jointly develop ILPs to measure progress toward the consumer's established goals. Consumers can modify, delete, or add further goals as they require/desire doing so. Consumers electing to waive the ILP are provided services requested. Documentation of these services is maintained in the consumer's CSR file. The CSR file adheres to all required compliance standards of confidential file management. HCIL documents each instance of I&R for follow up activities. A random statistical sample of instances is selected for follow-up; an independent non-service provider using HCIL's "I&R Follow-Up Surveys" provides consumers the opportunity to express their satisfaction with the information provided. The follow-up surveys track relevant outcomes for each of the three new outcome indicators. The non-service provider conducted 100% follow up activities on the outcome indicators and a 20% sampling of other information and referral provided by the agency. Consumers are provided with several methods to express satisfaction with the services. HCIL staff distributes "Consumer Satisfaction Surveys" to determine service delivery consistency and areas that need improvement. The document affords consumers the opportunity to provide suggestions for improving services.

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What training or technical assistance would you need from DARS or other entities to take on these services from DARS?	As HCIL noted in our answer to question number 35, we are providing the same response to question 47: HCIL assumes that any organization that implements ILS program services will receive training. As noted elsewhere, we feel strongly that statewide consistency is essential to the success of this program. All providers should collect the same consumer information and use the same case management and purchasing processes to ensure the following: a. Consistent collection of demographic data; b. Efficiency in verifying eligibility; c. Coordinated collection and compilation of data on consumer outcomes; d. Consistent approval process for purchases.
How will you assure purchased equipment is going to be appropriate for the consumer, and ensure they can use it safely?	As noted, the DARS ILS program does not report outcomes, only outputs - number of consumers opened and closed, length of service period, time on waiting list, and dollars spent. DARS does not report on actual use or safety of equipment provided. Nor does DARS report on reclaiming, recycling or re-using equipment. There is no baseline. There are, however, some built-in safeguards. The need for mobility and communications equipment is typically determined through professional evaluations. HCIL proposes continuation of this practice. The DARS ILS program purchases assistive technology for consumers – communication aids, adaptive computer technologies, etc. – that does not always get used to its full potential. Consumers have no means to try out, test, and experiment with various technologies before purchase. Texas CILs potentially provide 27 assistive technology demo sites, plus a growing capacity to provide technology training.
Please describe how your business would need to change to take on the specified services that the DARS Office for Deaf and Hard of Hearing Services (DHHS) currently provides? Please explain your understanding of these services.	HCIL has maintained deaf IL specialist(s), peer counselors and advocates on staff for our entire 40 year existence as the first CIL in Texas; we therefore believe that there would be minimum change in service-type and delivery to deaf and hard of hearing consumers. Our work has included: HCIL implementation and operation the first ASL Sign Language company in Houston 35 years ago; the first CIL to open and operate a Center on Deafness in the late 70's and early 80's. HCIL services for deaf and hard of hearing consumers are consistent with the IL philosophy for all people with disabilities. DHHS service descriptions mirror what HCIL has always offered to deaf and hard of hearing consumers, i.e., self-advocacy and self-determination skills training/education; family and community integration in a hearing society; health and wellness, communication and assistive technology access; information and referral on local and state resources; and all other services needed by people with disabilities no matter the disability type. DHHS' has a Specialized Telecommunications Assistance Program (STAP) which provides accessible telephone equipment through vouchers, and the Specialist program provides information and referral. Information and Referral is one of the core mandatory services for federally funded U. S. CILs. HCIL has had successful STAP contracts with DHHS in past years.
Would your Board support the change? Has this already been discussed by the Board and has any action been taken?	This has not been discussed by the Board.

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Would the changes be consistent with your organization's mission?	Yes.
Would your existing staff need additional training? Please explain.	HCIL assumes that any organization that implements additional or enhanced services to existing programs will receive additional training. We have little information on the operation of the DHHS program.
Would you need additional staff? Please explain.	The program will probably require additional staff due to our urban targeted population size. Staffing levels will be contingent on the program budget.
Would you need to contract for more goods and services than you currently do? Please explain.	HCIL assumes we would be expected to provide the full scope of services as provided by DHHS. Unless changes are determined by the state, the same products and services will be available to consumers on a larger scale.
If so, would your staff have the expertise to procure the services and manage the contracts and vendor payments? Please explain.	HCIL's track record shows the ability to provide complex services to individuals with complex needs, successfully maintain cross-disability services, collect and report data according to grant requirements, and account for funding through multiple funding streams.
Would your technology infrastructure need to change in order to procure additional goods and services (provider billing, payment tracking, etc.)? Please explain.	If HCIL were to assume responsibility for the program, we would like to have consistent, statewide performance measures that demonstrate the value of the program. Again, a single, statewide database seems like the best strategy.
Would you need to improve or modify the accessibility of your services? Please explain.	No, as answered previously.
Do you currently have a STAP contract? If no, are you interested in providing these services? If yes, please explain your current capacity to provide the services.	No, we do not have a current STAP contract. HCIL has had STAP contracts with DHHS in past years. HCIL has the current capacity to provide STAP services. As stated in our response to your question 49, HCIL has maintained a strong deaf and hard of hearing service delivery component in our office for 40 years. The current HCIL staffer in our deaf and hard of hearing services and opportunities component was the project manager for our past STAP contracts.
Do you currently have a Hearing Loss Resource Specialist contract or a Deafness Resource Specialist contract? If no, are you interested in providing these services? If yes, please explain your current capacity to provide the services.	No current contracts with DHHS. Yes, we would be interested in enhancing our deaf and hard of hearing services as we learn more details and specifics of these DHHS service components. As noted in our response to questions 49 and 58, HCIL has operated a very strong service component for deaf and hard of hearing consumers for our entire 40 year existence as a Center for Independent Living.

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Do you currently provide training specific to persons who are deaf or hard of hearing? If no, are you interested in providing training to this population group? If yes, please explain your current capacity to provide training.	Yes, as noted in our response to question 49.
What percent of the consumers you serve are persons who are deaf? What percent of the consumers you serve are persons who are hard of hearing? What services are provided to these population groups?	HCIL typically serves approximately 14 to 15% of consumers with Hearing as the category of primary disability. However, many consumers are in the category of Multiple Disabilities, which often includes hearing loss – which HCIL serves at approximately 30%. We provide IL services to people with disabilities on a cross-disability basis with each consumer being empowered to exercise consumer control and consumer option of choice of services and opportunities that they receive from CILs.
How will you ensure services are accessible to persons who are deaf or hard of hearing?	HCIL offices are fully accessible for persons with all types of disabilities can be reached via public transportation, and technology is in place to produce accessible format materials and provide reasonable accommodations to consumers. As noted previously, HCIL has operated a strong deaf and hard of hearing component within our CIL services since we began 40 years ago. We have a legacy of maintaining deaf individuals /or CODA's (Children (adults) of Deaf Adults) as HCIL staffers and consumer advocates. Consumers who are deaf typically contact HCIL by direct contact via in-person at our CIL offices, video relay, HCIL TTY direct line, or public relay services. Staff at all three HCIL offices are knowledgeable of communication and assistive technology access for deaf and hard of hearing consumers. HCIL contracts with ASL interpreter and Captioning service providers as needed. If HCIL were to incorporate the DHHS programs, this would likely yield more calls from consumers seeking DHHS-like services. HCIL continues to operate a very accessible organization for deaf and hard of hearing consumers.

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Capacity Assessment

New Counties to Serve	Liberty, Matagorda	
Number of staff	25.5	
Number of people served	1,231	
Established	1975	
Capacity Assessment Needs		
Area of Assessment	**Analysis**	**Capacity Needs**
Staffing Needs Knowledge and experience needs? Training needs types of staff needed number of staff needed providers/subcontractors needed	They have an ED and accountant. The coalition has 3 different centers in the counties they serve. They have been in operation since 1975, and were the first center in Texas. When asked about who would write contracts the executive director indicated she would have to write the contracts. The CIL indicated they would need training and technical assistance from DARS, and their understanding is this would occur over the first year of the contract, from what they understood during the legislative session. In regards to staffing, they have tried to think through comparing what they would need to what DARS IL counselors in the region. To do a good job and to take on the counties Houston (Harris County) - 2 staff, Bazoria- 1 staff, Fort Bend Center – 1 staff for a total of 4 IL counselors. They don't see a need for office expansion to bring on this population. The centers have no vacancies, and do not currently operate any waiting lists.	1. Need to build capacity and staff knowledge around purchasing, procurement, best value, and writing subcontracts. 2. Training and technical assistance from DARS regarding new services; their understanding is this will last up to a year from contract execution. 3. They will need additional IL staff (4 counselors) in the three offices to serve the population.

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	They are a demonstration site for University of Texas (TTAP), where they able to loan assistive technology equipment to consumers and provide hands on experience. They also have devices on site and provide peer to peer training to consumers. They work with the consumers to try the devices but connect with DARS if they need to purchase. They report being able to stay abreast of the latest assistive technology. They do not currently make purchases for technology, but are familiar with the voucher program for the Deaf and Hard of Hearing Services. They do not currently subcontract or purchase services, nor do they have staff dedicated to working with contracts. They would also need to become familiar with vehicle modifications. They do not have capacity in this area, and while they indicated having capacity with staff who have had vehicle modifications on their vehicles, they have not purchased such modifications or have the capacity to understand how to assess the need, which would require training and technical assistance. They have a lift van and can provide transportation for consumers.	1. They will need to build capacity in understanding their current vendors in the area for purchasing services, and build a network of providers.
Systems Needs fiscal, contracting, purchasing systems case management systems reporting systems	The coalition uses "Abila Sage" accounting software to create any type of report rather robust software to meet the needs of the business. The coalition currently uses MYCIL Management for tracking consumer plans, services, and goals. They indicated the accounting software could be expanded for tracking purchases, however, they have not currently been purchasing services which would be an area of capacity they would need to grow in.	1. They will need modifications to the current system to provide purchase of services, as they are not currently doing this. They will also need to open up additional modules on their accounting system.
Geographic issues Specific plan for reaching additional counties? Which areas are furthest away from center? How will they reach those farthest away?	They are no expecting to expand to other areas at this time. They did indicate the furthest they would travel from a center is no more than an hour. They currently provide many of their services in their centers since they have three of them. They do provide services in consumers' homes, if needed, however, encourage consumers to be independent and travel to the center. They do have a lifted van to provide transportation to consumers. In the last year, they have not had any requests to go to homes.	1. Will need to build capacity with IL staff who can travel to consumer homes to provide services, as they rarely provide this now.

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B/VI Services	They served 129 b/vi consumers last year. Currently serving many older blind consumers around computer technology. They have capacity with this program that specifically serves the older blind population. They have this capacity as they have some younger staff who are more familiar with technology so they provide peer to peer services, they also have an employee who is blind.	1. They have capacity with the older blind in some specific areas, will need training on the services for older blind DARS is providing.
Other Needs (building infrastructure, etc.)	No needs in this area	
Anticipated barriers and challenges	They indicated the only challenge they anticipate is that the funding will not be adequate to serve all the consumers. They understand the training and technical assistance will be over an entire year, if this is not the case that would be a challenge for this particular center. They indicated the transition time to hire staff would be at least six to eight weeks, depending on the funding.	
Anticipated cost and time needed	They identified the number of staff they anticipate needing, however, they have not put cost to it not knowing the grant amount. They also believe it will take six to eight weeks to hire staff. They expect to receive ongoing training and technical assistance for at least 12 months post contract execution from DARS.	1. Will need 6 to 8 weeks to hire staff. 2. Ongoing training and TA from DARS for 1 year.
Deaf and Hard of Hearing Services (DHHS) Capacity		
Summary of capacity needed	They don't currently have a contract with DHHS, but have had one in the past. They employee staff who are deaf and hard of hearing, and have relationships with ASL interpreter services in the community. They approximate they serve 100 deaf/hard of hearing individuals in a year. When approached about a phased in approach to taking on this population, they believe with adequate funding and training they could do this as soon as the contracts are available.	1. Need to hire and train staff for the program. 2. Need to have ongoing technical assistance.
Anticipated cost and time needed	They did not specifically have a funding amount, they would work within the grant funding. They would need 6-8 weeks for hiring, and at least 12 months of training and technical assistance from DARS.	1. Will do 6 to 8 weeks to hire staff. 2. Ongoing training and TA from DARS for 1 year.

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Coastal Bend Center for Independent Living

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General Information

Question	CIL Response
Name of CIL	Coastal Bend Center for Independent Living
Address of CIL	1537 Seventh St., Bldg. B, Corpus Christi, TX 78404
What counties do you currently serve? Please note if you only serve part of a county.	
Please list the services provided by this CIL.	1) Center for Independent Living - 5 core services;
	2) CLASS Case Management Services;
	3) Consumer Directed Services;
	4) Housing Navigator program;
	5) Benefits Counseling at local Aging Disability Resource Center;
	6) Volunteer Ramp program;
	7) Rural Ramp and Home Modification Program;
	8) CDBG - Ramp and Minor Home Modification Program
	9) Amy Young Barrier Removal Program;
	10) Coastal Bend Advocacy Development classes;
	11) Health Insurance Marketplace - Navigator Program;
	12) Relocation Program
	13) Transitional Assistance Services;
	14) TXDOT - JARC Transportation Program;
	15) New Freedom - Transportation Program;
	16) TXDOT - 5310 Transportation Program;
	17) Tenant Based Rental Assistance Program;
	18) Assistive Technology Demonstration Site
Do you contract for any goods/services? If so, please list the goods and services here.	Contracts for Home modification contractors/professionals, Professional services: OMB A-133 audit services, Human Resources, Financial and Computer IT services
How many individuals did you serve in your most recent completed fiscal year? Please provide an unduplicated count of unique individuals served by your agency.	3831

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Services

Type of Service	Total # of people served (unduplicated by service)	Description of Service	Target Population (consumers who are blind, consumers with general disabilities, consumers who are deaf or hard of hearing)	Location Where Service is Provided
1) Center for Independent Living - 5 core services;	408	CBCIL provides five core services of advocacy (individual and systemic), Information and referral, peer counseling, independent living skills training and transition services.	People with cross-disabilities of all types and of all ages.	Center, consumer home, community setting
2) CLASS Case Management Services;	110	CBCIL provides Case Management for participants in the Community Living Assistance Support Services waiver program, coordinating services to live in communities.	Individuals with IDD or a related condition, diagnosed prior to the age of 22, and as determined eligible for CLASS Medicaid Waiver services.	Consumer home, CLASS program office
3) Consumer Directed Services;	101	CBCIL serves as the fiscal agent for payroll services for individuals electing to be the employer of record for their personal assistance/provider services through their MCO in STAR PLUS program.	Individuals with cross-disabilities qualified for Waiver programs, and enrolled in STAR PLUS.	Consumer home, CDS program office

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4) Housing Navigator program;	N/A	Contract with ADRC to address housing policy and funding development for MFP program	Primary target population: individuals with cross-disabilities and seniors who want to relocate from nursing facilities to affordable, accessible and integrated rental housing.	Center, community and public policy input sessions
5) Benefits Counseling at local Aging Disability Resource Center;	3	Provided under contract with ADRC along with Information and Referral.	Services are provided to individuals with cross-disabilities and adults age 60+.	Aging Disability Resource Center
6) Volunteer Ramp program;	20	Volunteer ramps build ramps for consumers with disabilities in the Coastal Bend Region.		Consumer homes
7) Rural Ramp and Home Modification Program;	1	Through funding provided by Texas State Affordable Housing Corporation (TSAHC) wheelchair ramps and minor home modifications (accessibility improvements) are provided to people with disabilities in rural areas of the Coastal Bend Region.		Center, consumer home
8) CDBG - Ramp and Minor Home Modification Program	3	Wheelchair ramps and minor home modification provide accessibility improvements for households with an individual with disabilities.	Eligible households have a person with a disability of any age, owner-owned home, and extremely or very low income.	Service area is the City of Corpus Christi; services provided at the consumer home, Center.

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9) Amy Young Barrier Removal Program;	9	Funded through TDHCA Amy Young Barrier Removal Program funds home modifications for urban and rural residents with disabilities in the Coastal Bend region.	Eligible households have a person with a disability of any age, owner-owned home, and extremely or very low income.	Service area is throughout the Coastal Bend area; services are provided at the consumer home, and the Center.
10) Coastal Bend Advocacy Development classes;	29	Annual sessions provided in class setting to teach self-advocacy, independent living and leadership skills.	Target population is individuals with disabilities of all ages, parents of children with disabilities, and allies.	Center; community settings.
11) Health Insurance Marketplace - Navigator Program;	2675	Navigators perform outreach and assistance to individuals in obtaining healthcare through the Affordable Care Act.	General public with or without a disability.	Center, community setting
12) Relocation Program	232	Relocating Medicaid-eligible individuals from nursing facilities to a community-based living setting of their choice.	Individuals with cross-disabilities of all ages who reside in nursing facilities.	Services provided throughout DADS Region 11; consumers receive services within nursing facilities, consumer homes, and the Center.
13) Transitional Assistance Services;	74	Transition Assistance Program (TAS) assists with deposits and household items needed by Medicaid-eligible individuals to establish living in the community.	CBCIL provides TAS to consumers in the STARPLUS program requesting this assistance to move from an institutional setting and set up a new household in the community.	TAS is provided in conjunction with the Relocation Services contract in Coastal Bend; at consumers' homes.

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14) TXDOT - JARC Transportation Program;	29	Mobility Options Project provides vouchers and Mobility Management for employment related trips.	Individuals with cross-disabilities.	Transportation provided throughout the Coastal Bend in both Urban and Rural Public Transit areas; MM over telephone, consumer home, and Center and job site.
15) New Freedom - Transportation Program;	40	Mobility Options Project provides Mobility Management and purchase of gap-filling transportation services from private & public transportation providers.	Individuals with cross-disabilities and seniors 65+.	Transportation provided in Urban Public Transit Service Area; MM provided over telephone, at consumer home, Center.
16) TXDOT - 5310 Transportation Program;	34	Mobility Options Project provides Mobility Management and purchase of service from private & public providers for gap-filling transportation.	Individuals with cross-disabilities and seniors 65+.	Transportation provided throughout rural areas of the Coastal Bend; MM provided over telephone, at consumer home, Center.
17) Tenant Based Rental Assistance Program;	27	Tenant Based Rental Assistance Program assists persons with disabilities with temporary rental assistance to bridge the gap to permanent affordable housing.	Individuals with cross-disabilities of all ages, extremely low income and want to leave a nursing facility or at risk of entering an institution.	Assistance is available throughout the Coastal Bend counties, and provided at the Center and consumer's homes.

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18) Assistive Technology Demonstration Site	36	CBCIL houses one of a statewide network of assistive technology demonstration centers to provide general assistive technology, computer access, and portable computer access demonstrations and "try before you buy" assistance.	Available to individuals with cross-disabilities, their family members, as well as advocates, employers, educators, and case managers.	Center
Total # of people served	**3831**			

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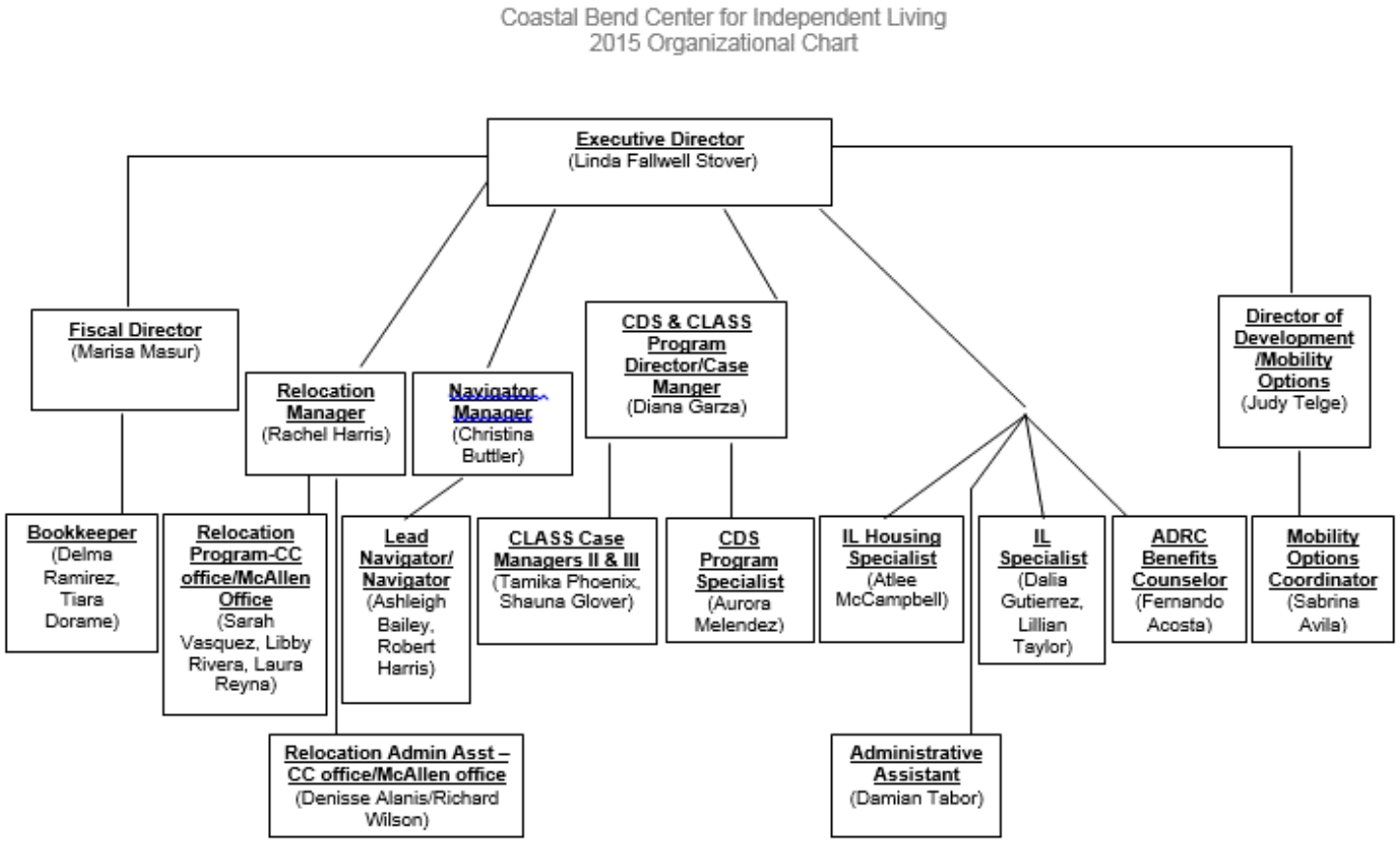
Organizational Chart



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Staffing

Position Title	FTE Level	Credentials required (if any)	Date of Hire	Agency employee or Contractor
Executive Director	1.00		9/14/2014	agency employee
Fiscal Director	1.00		10/1/1998	agency employee
Director of Development	1.00		10/1/1998	agency employee
CLASS/CDS Program Director	1.00		7/12/2002	agency employee
Navigator Program Manager	1.00		10/22/2012	agency employee
Relocation Program Manager	1.00		5/3/2013	agency employee
Bookkeeper I	1.00		8/29/2013	agency employee
Bookkeeper II	1.00		5/22/2012	agency employee
CLASS Case Manager I	1.00		6/27/2011	agency employee
CLASS Case Manager II	1.00		10/5/2015	agency employee
CDS Program Specialist	1.00		12/16/2013	agency employee
Independent Living Specialist I	1.00		2/18/2013	agency employee
Independent Living Specialist II	0.50		3/5/2010	agency employee
Independent Living Specialist III	0.50		1/20/2015	agency employee
Independent Living Housing Specialist	1.00		4/17/2013	agency employee
I&R Specialist/Benefits Counselor	0.50		12/9/2002	agency employee
Relocation Specialist I	1.00		8/26/2013	agency employee
Relocation Specialist II	1.00		10/1/2012	agency employee
Relocation Specialist III	1.00		8/30/2013	agency employee
Administrative Assistant-Relocation (CC)	0.75		11/23/2015	agency employee
Administrative Assistant-Relocation (RGV)	0.75		4/15/2013	agency employee
Lead Navigator	1.00		2/3/2015	agency employee

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Navigator	1.00		10/15/2015	agency employee
Mobility Coordinator	1.00		4/24/2015	agency employee
Total Number of FTE's	**22.00**			
Number of FTE's that exited employment during the year	**2**			
Turnover	**9%**			

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Survey Results

Respondent ID	4411946595
Start Date	12/22/2015
End Date	1/15/2016
Contact Information	/ / /
Mission	Clear expression of organization's mission which describes an enduring reality that reflects its values and purpose; broadly held within organization and frequently referred to High Level of capacity in place
Our mission is consistent with the needs and priorities of the people and communities we serve?	Strongly agree
Goals/Performance Targets	Limited set of quantified, genuinely demanding performance targets in all areas; targets are tightly linked to aspirations and strategy, output/outcome-focused (i.e., results of doing things right, as opposed to inputs, things to do right), have annual milestones, and are long-term nature; staff consistently adopts targets and works diligently achieve them High level of capacity in place
Funding Model	Highly diversified funding across multiple source types; organization insulated from potential market instabilities (e.g., fully developed endowment) and/or has developed sustainable revenue generating activities; other nonprofits try to imitate organization's fund-raising activities and strategies High level of capacity in place
Performance Measurement	4. Well-developed comprehensive, integrated system (e.g., balanced scorecard) used for measuring organization's performance and progress on continual basis, including social, financial, and organizational impact of program and activities; small number of clear, measurable, and meaningful key performance indicators; social impact measured based on longitudinal studies with control groups High level of capacity in place
Performance Analysis and Program Adjustments	Some efforts made to benchmark activities and outcomes against outside world; internal performance data used occasionally to improve organization Basic level of capacity in place
Strategic Planning	Ability to develop and refine concrete, realistic and detailed strategic plan; critical mass of internal expertise in strategic planning, or efficient use of external, sustainable, highly qualified resources; strategic planning exercise carried out regularly; strategic plan used extensively to guide management decisions High level of capacity in place
Financial Planning/Budgeting	Very solid financial plans, continuously updated; budget integrated into full operations; as strategic tool, it develops from process that incorporates and reflects organizational needs and objectives; well understood divisional (program or geographical) budgets within overall central budget; performance-to-budget closely and regularly monitored High level of capacity in place

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Operational Planning	Organization develops and refines concrete, realistic, and detailed operational plan; has critical mass of internal expertise in operational planning, or efficiently uses external, sustainable, highly qualified resources; operational planning exercise carried out regularly; operational plan tightly linked to strategic planning activities and systematically used to direct operations High level of capacity in place
Human Resources Planning	Ability and tendency to develop and refine concrete, realistic HR plan; some internal expertise in HR planning or access to relevant external assistance; HR planning carried out on near-regular basis; HR plan linked to strategic planning activities and used to guide HR activities Moderate level of capacity in place
Partnerships and Alliances Development and Nurturing	Built, leveraged, and maintained strong, high-impact, relationships with variety of relevant parties (local, state, and federal government entities as well as for-profit, other nonprofit, and community agencies); relationships deeply anchored in stable, long term, mutually beneficial collaboration High level of capacity in place
Local Community Presence and Involvement	Organization widely known within larger community, and perceived as actively engaged with and extremely responsive to it; many members of the larger community (including many prominent members) actively and constructively involved in organization (e.g., board, fund-raising)High level of capacity in place
Influencing of Policymaking	Organization proactively and reactively influences policymaking, in a highly effective manner, on state and national levels; always ready for and often called on to participate in substantive policy discussion and at times initiates discussions High level of capacity in place
Management of Legal and Liability Matters	Legal support regularly available and consulted in planning; routine legal risk management and occasional review of insurance Moderate level of capacity in place
Organizational Processes Use and Development	Robust, lean, and well-designed set of processes (e.g., decision making, planning, reviews) in place in all areas to ensure effective and efficient functioning of organization; processes are widely known, used and accepted, and are key to ensuring full impact of organization; continual monitoring and assessment of processes, and systematic improvement made High level of capacity in place
Staffing Levels	Positions within and peripheral to organization (e.g., staff, volunteers, board, senior management) are almost all staffed (no vacancies); few turnover or attendance problems Moderate level of capacity in place
Board – Composition and Commitment	Good diversity in fields of practice and expertise; membership represents most constituencies (nonprofit, academia, corporate, government, etc.); good commitment to organization's success, vision and mission, and behavior to suit; regular, purposeful meetings are well-planned and attendance is consistently good, occasional subcommittee meetings Moderate level of capacity in place
Planning Systems	Regular planning complemented by ad hoc planning when needed; some data collected and used systematically to support planning effort and improve it Moderate level of capacity in place
Decision Making Framework	Clear, formal lines/ systems for decision making that involve as broad participation as practical and appropriate along with dissemination/ interpretation of decision High level of capacity in place

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Financial Operations Management	Robust systems and controls in place governing all financial operations and their integration with budgeting, decision making, and organizational objectives/strategic goals; cash flow actively managed; regular processes in place for budget review, management and problem resolution High level of capacity in place
Human Resources Management – Management Recruiting, Development, and Retention	Recruitment, development, and retention of key managers is priority and high on CEO/executive director's agenda; some tailoring in development plans for brightest stars; relevant training, job rotation, coaching/feedback, and consistent performance appraisal are institutionalized; genuine concern for high-quality job occupancy; well connected to potential sources of new talent Moderate level of capacity in place
Human Resources Management – General Staff Recruiting, Development, and Retention	Limited use of active development tools/programs; frequent formal and informal coaching and feedback; performance regularly evaluated and discussed; genuine concern for high-quality job occupancy; regular concerted initiatives to identify new talent Moderate level of capacity in place
Physical Infrastructure – Buildings and Office Space	Fully adequate physical infrastructure for the current needs of the organization; infrastructure does not impede effectiveness and efficiency (e.g., favorable locations for clients and employees, sufficient individual and team office space, possibility for confidential discussions)Moderate level of capacity in place
Technological Infrastructure – Telephone/Fax	Solid basic telephone and fax facilities accessible to entire staff (in office and at front line); cater to day-to-day communication needs with essentially no problems; includes additional features contributing to increased effectiveness and efficiency (e.g., individual, remotely accessible voice-mail)Moderate level of capacity in place
Technological Infrastructure – Computers, Applications, Network, and E-mail	Solid hardware and software infrastructure accessible by central and local staff; no or limited sharing of equipment is necessary; limited accessibility for frontline program deliverers; high usage level of IT infrastructure by staff; contributes to increased efficiency Moderate level of capacity in place
Technological infrastructure – Web Site	Basic Web site containing general information, but little information on current developments; site maintenance is a burden and performed only occasionally Basic level of capacity in place
Technological Infrastructure – Databases and Management Reporting Systems	Sophisticated, comprehensive electronic database and management reporting systems exist for tracking clients, staff, volunteers, program outcomes and financial information; widely used and essential in increasing information sharing and efficiency High level of capacity in place
Performance as Shared Value	All employees are systematically hired, rewarded and promoted for their collective contribution to social, financial and organizational impact; day-to-day processes and decision making are embedded in comprehensive performance thinking; performance is constantly referred to High level of capacity in place
Other Shared Beliefs and Values	Common set of basic beliefs and values (e.g., social, religious) exists and is widely shared within the organization; provides members sense of identity and clear direction for behavior; beliefs embodied by leader but nevertheless timeless and stable across leadership changes; beliefs clearly support overall purpose of the organization and are consistently harnessed to produce impact High level of capacity in place

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Shared References and Practices	Common set of references and practices exist within the organization, which may include: traditions, rituals, unwritten rules, stories, heroes or role models, symbols, language, dress; are truly shared and adopted by all members of the organization; actively designed and used to clearly support overall purpose of the organization and to drive performance High level of capacity in place
Please describe how your service delivery and business operations would need to change to provide the IL services currently provided by (a) DARS individuals who are blind or have visual impairments and (b) to other individuals with significant disabilities?	CBCIL's service delivery (model) will not change to provide IL services for individuals who are blind or have visual impairments and to other individuals with significant disabilities. CBCIL's ability to provide IL core services requires staff with cross-disabilities to effectively provide peer counseling and assistance. CBCIL will need to increase staff to effectively work with additional consumers. New staff should be blind or have visual impairments. Consideration is always given to contract new service provision. This will have no effect on business operations, other than physical space needs for additional staff.
How would your board support the change? Has this already been discussed by the Board and has any action been taken?	Board supports increased service delivery opportunities. There has been no discussion yet with Board as there is no Board action identified. Information is provided to the Board as it is known. A Board member has participated in this data collection effort with PCG as recommended.
Would the changes be consistent with your organization's mission?	Yes, but no changes anticipated.
Would your existing staff need additional training? Please explain.	Yes, training to staff is always provided with new programs/services.
Would you need additional staff? Please explain.	Yes, an increase in consumer referrals will necessitate additional staff. As noted in question #32, CBCIL will hire appropriately.
Would you need to contract for more goods and services than you currently do? Please explain.	Yes, our contracting for goods and services at this time are primarily for the Home Modification programs. We procure contractors to provide home modifications for three funding source contracts. A review will be performed to determine if contracts will be needed for more goods and services based on funding source expectation/requirements.
If so, would your staff have the expertise to procure the services and manage the contracts and vendor payments? Please explain.	Yes, current staff have extensive experience and expertise in grants management, procurement and vendor payment. Contract management and vendor payments with additional clients will require additional administrative staff.
Would your technology infrastructure need to change in order to procure additional goods and services (provider billing, payment tracking, etc.)? Please explain.	CBCIL currently uses SAGE MIP fund accounting, if needed, additional modules could be added, for example Purchase Order module.

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Please identify the data elements and other information you currently capture in your case management system.	Utilize CIL Suite to capture data elements required for annual 704 reporting on all IL consumers.
Do you monitor and track consumers who have maintained or improved functional abilities as a result of the services your organization has provided? If so, what information do you maintain in your case management system regarding this success?	Tracking includes goals set, goals met. Required reporting in 704 for Part C funding.
Would you need to improve or modify the accessibility of your services? Please explain.	Only improvement would be to provide Brailling or ASL interpretation onsite. We refer consumers to resources and contract with local resources. All offices are physically accessible.
How will you serve IL consumers who cannot travel to your physical site to access services?	Staff will conduct intake over the telephone, via Skype (or other appropriate technology) or will travel to consumer home or meet at other agreed upon location.
Some of the business changes may require financial investment prior to starting service delivery. Do you have existing funding that you could leverage to support these "start-up" investments? If not, please estimate the amount and specify the need for each additional financial investment.	The majority of CBCIL contracts are cost-reimbursement. Funds will be needed to cover costs associated with this grant. CBCIL has substantial cash reserves in a local fund to cover costs will awaiting reimbursement from funding source. Impacting factors are the amount of the upfront costs and the length of time involved for reimbursement. Additional financial investment for high dollar purchases would be welcome.
Are you taking on any other new initiatives at this time? If so, please explain.	CBCIL has been approached by STAR KIDS providers in the Nueces Service Delivery Area to contract for services beginning Sept 2016. This is under consideration.
Please describe your organization's process (as) and frequency for collecting consumer feedback.	Consumer satisfaction surveys are provided to consumers at close out of their services. Written surveys are relevant to the funding source requirements. One program requires annual satisfaction surveys. Consumers provide input to staff at other times either verbally, or with written notes. Written feedback is provided to Board.
What training or technical assistance would you need from DARS or other entities to take on these services from DARS?	Until we have more information about what services we will be taking on, it is difficult to answer this question. CBCIL is open to training and/or technical assistance from DARS to provide IL services that will meet the needs of individuals with disabilities.
How will you assure purchased equipment is going to be appropriate for the consumer, and ensure they can use it safely?	Consumer's stated functional needs and individual goals are the measures by which services, equipment, etc. are established. CBCIL is fortunate to have an Assistive Technology Demonstration Center to provide an opportunity to "try before you buy" as well as exploration of options. Evaluation by appropriate professionals will be contracted by CBCIL to provide a clinical basis as needed.

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Please describe how your business would need to change to take on the specified services that the DARS Office for Deaf and Hard of Hearing Services (DHHS) currently provides? Please explain your understanding of these services.	CBCIL has a good relationship with the local DHH Center, they are currently providing these services. While we are prepared to provide these services if requested, we anticipate that we would likely subcontract to DHH. CBCIL has previously contracted with DHH for Interpreter Services.
Would your Board support the change? Has this already been discussed by the Board and has any action been taken?	Yes, Board supports increased service delivery opportunities, and a current Board member is an individual with hearing loss.
Would the changes be consistent with your organization's mission?	Yes, CBCIL mission states we "assist people with disabilities to achieve their goals". We serve individuals with all types of disabilities.
Would your existing staff need additional training? Please explain.	Yes, training to staff is always provided with new programs/services.
Would you need additional staff? Please explain.	Yes, an increase in consumer referrals will necessitate additional staff. As noted in question #32, CBCIL will hire appropriately.
Would you need to contract for more goods and services than you currently do? Please explain.	If CBCIL is serving deaf/hard of hearing consumers we anticipate there would likely be costs associated with hearing aids and assistive technology. There would likely be an increased need for Interpreter and CART Service as well.
If so, would your staff have the expertise to procure the services and manage the contracts and vendor payments? Please explain.	Yes, current staff have extensive experience and expertise in grants management, procurement and vendor payment. Contract management and vendor payments with additional clients will require additional administrative staff.
Would your technology infrastructure need to change in order to procure additional goods and services (provider billing, payment tracking, etc.)? Please explain.	CBCIL currently uses SAGE MIP fund accounting, if needed, additional modules could be added, for example Purchase Order module.
Would you need to improve or modify the accessibility of your services? Please explain.	No, CBCIL has contracted with DHH for interpreter services and could look to hiring an individual who is deaf and fluent in ASL if appropriate.
Do you currently have a STAP contract? If no, are you interested in providing these services? If yes, please explain your current capacity to provide the services.	CBCIL does not have the STAP contract locally, we anticipate that we would work with DHH as a subcontractor if we were asked to provide these services.

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Do you currently have a Hearing Loss Resource Specialist contract or a Deafness Resource Specialist contract? If no, are you interested in providing these services? If yes, please explain your current capacity to provide the services.	The local DHH has the Deafness Resource Specialist contract. As previously stated CBCIL has a good relationship with Corpus Christi Area Council for the Deaf and would likely subcontract with them if we were asked to provide those services. While we are certainly interested in expansion of services we provide to the diverse community of people with disabilities we value our relationships with community partners like DHH.
Do you currently provide training specific to persons who are deaf or hard of hearing? If no, are you interested in providing training to this population group? If yes, please explain your current capacity to provide training.	CBCIL does not currently provide training specific to persons who are deaf. As previously stated, we are always interested in expanding services. We anticipate that we could provide those services. We would need to contract with or have on staff a deaf/hard of hearing individual who is fluent in ASL.
What percent of the consumers you serve are persons who are deaf? What percent of the consumers you serve are persons who are hard of hearing? What services are provided to these population groups?	Currently, CBCIL serves approximately 21 consumers who have identified deafness/hearing loss as a disability.
How will you ensure services are accessible to persons who are deaf or hard of hearing?	CBCIL will ensure effective communication through provision of CART services or ASL interpreters as appropriate. We will also engage in staff training on Deaf Culture. While we currently serve individuals with all types of disabilities, we know that many individuals in our area receive services through local DHH.

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Capacity Assessment

New Counties to serve	McMullen	
Number of staff	22	
Number of people served	506	
Established	2002	
Capacity Assessment Needs		
Area of Need	**Analysis**	**Capacity Needs**
Staffing Needs Knowledge and experience needs? Training needs types of staff needed number of staff needed providers/subcontractors needed	This CIL has an ED and fiscal director. They also have a program director and director of mobility options. This center found it difficult to answer specific questions as it related to staffing needs. They indicated it would be greatly based on the funding behind the contract. They reported they have staff who currently serve the deaf/HH population as well as the blind and visually impaired. They are hopeful that with the contract will come additional funding and training. They believe they are able to meet the needs of the consumers currently and if the numbers of consumers were to increase so would the need for staff. This center stated they are willing to hire staff who have a high level of expertise as well as though who need extensive training and are willing to do what is needed to serve the consumer. They indicated they will need to understand staffing credentials they need to hire for, and this will likely affect who they are able to hire within the funding received. They did not report high levels of turnover last year. Many of the staff have been with the CIL for less than 5 years.	1. Additional staff to handle additional volume - unknown how many. 2. Possibly additional staff for specialized/certified services, including blind services - unknown how many. 3. Training needs: training on specialized services, new policies and procedures, new reporting requirements, and any new fiscal or program requirements

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Service Delivery	They reported the current consumer varies in age and disability and they serve whomever seeks out services. Service delivery is based on the needs of the consumer and can take place in the home, the center, and the community. Services are provided directly, they do not subcontract. They do purchase some outside services now so have some experience with contracting and paying vendors. Current contracts include home modification contractors/professionals, Professional services: OMB A-133 audit services, Human Resources, Financial and Computer IT services. They currently purchase services for assistive technology if needed.	
Systems Needs fiscal, contracting, purchasing systems case management systems reporting systems	They currently use Sage MIT for financial and consumer tracking system utilized by this center. They use their fund accounting software to track purchases, vendors, and subcontracts they manage currently. They use "purchase of service agreements" for services not only for the center (e.g. pest control, office supplies), but also for consumer controlled services (e.g. transportation). Their software has the ability to adjust account codes such as; acct code charged (salary, utilities), code if a purchase is direct benefit to a client or shared allocation expense, and have the ability to make general ledger debits and credits. This software is used by municipalities and nonprofits and allows the user to see everything combined. It has the ability to be modified to meet the needs of the current and future contract to accommodate reporting requirements. The changes needed would be to look at reevaluating staffing to manage the software and purchasing. They would want to expand and integrate the grant and purchase of services into their current system. They indicated they have procurement processes in which	1. May need to modify current system to accommodate reporting requirements with the contract.

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	they engage outside vendors and they receive proposals to evaluate on specific criteria. They do look for the best value, and are required to report how they evaluate the services.	
Geographic issues Specific plan for reaching additional counties? Which areas are furthest away from center? How will they reach those farthest away?	The CIL staff reported the farthest travel is hour and a half one way to reach consumers and they do not foresee this being a change as they move forward with taking on additional consumers. The expansion to the additional county would not extend travel beyond what is happening currently.	
B/VI Services	This center provided services to 23 b/vi consumers last year, 3 of them in their homes. Would need significant expansion to work with consumer. Would need additional training to do in home services such as marking the home.	
Other Needs (building infrastructure, etc.)	Do not have enough office space currently and would need to add office space as we currently have 2 staff to an office. They are looking at other potential options, they indicated the potential of getting office space in the Victoria area, and they are looking seriously at moving staff to additional areas to have additional local presence. They also lease space in Rio Grande Valley, Dodge Ridge Plaza, and at the ADRC. They continue to review options to either consolidate space, or share space with other entities for the expansion.	1. Must secure additional work space for the additional staff, already looking for options will need funding to do this.

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Anticipated barriers and challenges	They indicated a concern about making sure they have adequate funding and training when taking on the additional purchasing for this population. If it is a rapid expansion staff reported they want to do it right while still meeting the need of the consumer. They also indicated they are interested in how funding will support what is going to come next, and their model may not be what existed with DARS and may be something different. They indicated a need to receive training and have prescribed forms and reporting mechanisms to DARS, and those contract requirements must have funding attached to them.	
Anticipated cost and time needed	To hire staff, they reported it takes 45 - 60 days to post and hire for a position but they cannot do that until they know what funding is going to be provided. They reported being unable to give any more specifics until more information from DARS is provided.	1. Will need a transition time, at least 6-8 weeks to hire staff. 2. Need training and technical assistance from DARS.
Deaf and Hard of Hearing Services (DHHS) Capacity	They do not currently have a contract with DHHS and do not have STAP, HLRS, or DRS staff at this time. They reported needing a timeline to take on these services. They reported there is a local deaf and HH center, and they have an established relationship. They indicated this service would not be difficult to take on because they have connectivity to those services and to interpreters in the community. They have been planning more for the DBS and DRS population. They only started looking at DHHS because they have heard it may be coming to them. If there is a time line for DHHS services to find a home they would need to do serious planning? In regards to DHHS, their first thought would be to subcontract out for services to the current deaf and hard of hearing center because they do not want to be in a position of competing with them, as they want to	1. Would need a timeline for moving the services to them. 2. Additional staff, or ability to subcontract this service to the current vendor of services in their area.

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	continue to have a partnership and to do an evaluation of what would be the best, to contract out or keep in house.	
Summary of capacity needed	Dependent on timeline and contract.	
Anticipated cost and time needed	Have not evaluated this as they have focused on DBS/DRS.	

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Crocket Resource Center for Independent Living & Palestine Resource Center for Independent Living

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General Information

Question	CIL Response
Name of CIL	Crockett Resource Center for Independent Living
Address of CIL	1020 East Loop 304 Crockett Texas 75835
What counties do you currently serve? Please note if you only serve part of a county.	Houston, Leon, Trinity, Alabama-Coushatta Indian Reservation, Polk, Tyler, San Augustine, Sabine, Shelby, Panola, Rusk and Freestone
Please list the services provided by this CIL.	Advocacy, assistive technology, independent living skills, information and referral, peer counseling, preventive, recreational, transportation, youth/transition, vocational
Do you contract for any goods/services? If so, please list the goods and services here?	No
How many individuals did you serve in your most recent completed fiscal year? Please provide an unduplicated count of unique individuals served by your agency?	93
Years in Business	More than 25 years
New Counties to serve	San Jacinto

Question	CIL Response
Name of CIL	Palestine Resource Center for Independent Living
Address of CIL	421 Avenue A, Palestine, Texas 75801
What counties do you currently serve? Please note if you only serve part of a county.	Anderson, Angelina, Cherokee (Shared with ETCIL), Nacogdoches, Smith (Shared with ETCIL)
Please list the services provided by the CIL.	Advocacy, Assistive Technology, Children's Services, Family Services, Housing, Home Modifications, and Shelter Services, IL Skills Training, Information and Referral, Mobility Training, Peer Counseling, Personal Assistance Services, Preventative Services, Recreational Services, Transportation Services, Youth Services, Vocational Services.
Do you contract for any goods/services?	No
How many individuals did you serve in your most recent completed fiscal year? Please provide an unduplicated count of unique individuals served by your agency?	103
Years in Business	More than 10 years
New Counties to Serve	Henderson

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Services: CRCIL

Type of Service	Total # of people served (unduplicated by service)	Description of Service	Target Population (consumers who are blind, consumers with general disabilities, consumers who are deaf or hard of hearing)	Location Where Service is Provided
Independent Living Skills	49	These may include instruction to develop independent living skills in areas such as personal care, coping, financial management, social skills, and household management. This may also include education and training necessary for living in the community and participating in community activities.	consumers with disabilities	center
Advocacy	44	Assistance and/or representation in obtaining access to benefits, services, and programs to which a consumer may be entitled.	consumers with disabilities	center
Assistive Technology	40	Any assistive technology device, that is, any item, piece of equipment or product system that is used to increase, maintain, or improve functional capabilities of individuals with disabilities and any assistive technology service that assists an individual with a disability in the selection, acquisition or use of an assistive technology device.	consumers with disabilities	center
Communication Services	5	Services directed to enable consumers to better	consumers with disabilities	center

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		communicate, such as interpreter services, training in communication equipment use, Braille instruction, and reading services.		
Housing	17	Related to securing housing or shelter, adaptive housing services including appropriate accommodations to and modifications of any space used to serve, or occupied by individuals with significant disabilities.	consumers with disabilities	center
Information and Referral	51	Obtaining information necessary for independence and community integration.	consumers with disabilities	center
Peer Counseling	40	Counseling, teaching, information sharing, and similar kinds of contact provided to consumers by other people with disabilities.	consumers with disabilities	center
Preventive Services	49	Services intended to prevent additional disabilities or to prevent an increase in the severity of an existing disability.	consumers with disabilities	center
Recreational Services	35	Provision or identification of opportunities for the involvement of consumers in meaningful leisure time activities. These may include such things as participation in community affairs and other recreation activities	consumers with disabilities	center

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		that may be competitive, active, or quiet.		
Transportation	17	Provision of, or arrangements for, transportation.	consumers with disabilities	center
Youth/Transition Services	3	Any service that develops skills specifically designed for youth with significant disabilities between the ages of 14 and 24 to promote self-awareness and esteem, develop advocacy and self -empowerment skills, and the exploration of career options, including the transition from school to post school activities such as postsecondary education, vocational training, employment, continuing and adult education, adult services, independent living, or community participation.	consumers with disabilities	center
Vocational	1	Any services designed to achieve or maintain employment.	consumers with disabilities	center
Total # of people served	**351**			

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Services: PRCIL

Type of Service	Total # of people served (unduplicated by service)	Description of Service	Target Population (consumers who are blind, consumers with general disabilities, consumers who are deaf or hard of hearing)	Location Where Service is Provided
Advocacy	69	Assistance and/or representation in obtaining access to benefits, services, and programs to which a consumer may be entitled.	Consumers with disabilities	Center
Assistive Technology	35	Any assistive technology device, that is, any item, piece of equipment or product system that is used to increase, maintain, or improve functional capabilities of individuals with disabilities and any assistive technology service that assists an individual with a disability in the selection, acquisition or use of an assistive technology device.	Consumers with disabilities	Center
Children Services	4	The provision of specific IL services designed to serve individuals with significant disabilities under the age of 14.	Consumers with disabilities	Center
Family Services	5	Services provided to the family members of an individual with a significant disability when necessary for improving the individual's ability to live and	Consumers with disabilities	Center

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		function more independently, or ability to engage or continue in employment. Such services may include respite care.		
Housing Services	3	Related to securing housing or shelter, adaptive housing services including appropriate accommodations to and modifications of any space used to serve, or occupied by individuals with significant disabilities.	Consumers with disabilities	Center
IL Services	46	These may include instruction to develop independent living skills in areas such as personal care, coping, financial management, social skills, and household management. This may also include education and training necessary for living in the community and participating in community activities.	Consumers with disabilities	Center
Information and Referral	57	Obtaining information necessary for independence and community integration.	Consumers with disabilities	Center
Mobility Training	5	A variety of services involving assisting consumers to get around their homes and communities.	Consumers with disabilities	Center
Peer Counseling Services	41	Counseling, teaching, information sharing, and similar kinds of contact provided to consumers by other people with disabilities.	Consumers with disabilities	Center

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Personal Assistance Services	54	Services include but are not limited to assistance with personal bodily functions, communicative, household, mobility, work, emotional,, cognitive, personal and financial affairs, community participation, parenting, leisure and other related needs.	Consumers with disabilities	Center
Preventive Services	26	Services intended to prevent additional disabilities or to prevent an increase in the severity of an existing disability.	Consumers with disabilities	Center
Recreational Services	33	Provision or identification of opportunities for the involvement of consumers in meaningful leisure time activities. These may include such things as participation in community affairs and other recreation activities that may be competitive, active, or quiet.	Consumers with disabilities	Center
Transportation Services	13	Provision of, or arrangements for, transportation.	Consumers with disabilities	Center
Youth Services	9	Any service that develops skills specifically designed for youth with significant disabilities between the ages of 14 and 24 to promote self awareness and esteem, develop advocacy and self -empowerment skills, and the exploration of career options, including the transition from	Consumers with disabilities	Center

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		school to post school activities such as postsecondary education, vocational training, employment, continuing and adult education, adult services, independent living, or community participation.		
Vocational Services	18	Any services designed to achieve or maintain employment.	Consumers with disabilities	Center
Total # of people served	418			

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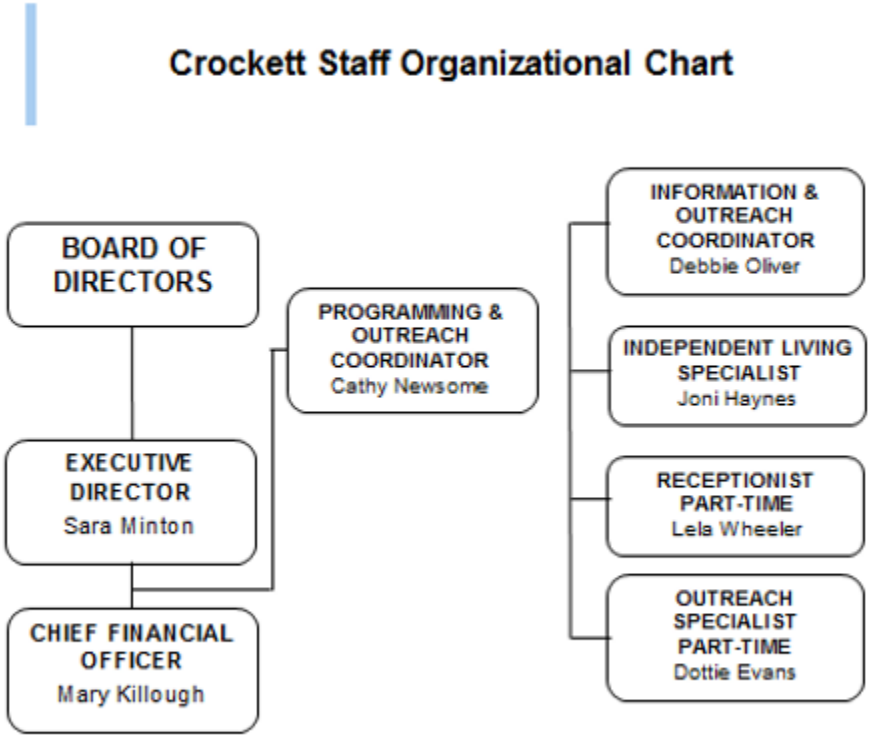
Organizational Charts



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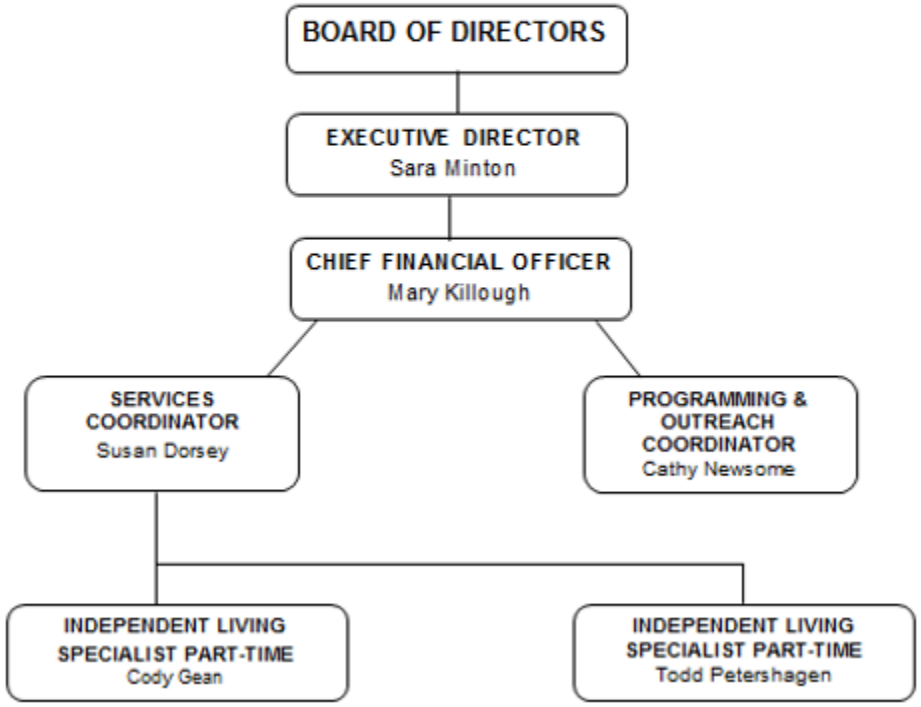
Palestine Staff Organizational Chart



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Staffing: CRCIL

Position Title	FTE Level	credentials required (if any)	date of hire	agency employee or contractor
Executive Director	1.00		6/18/2001	agency employee
Chief Financial Officer	1.00		3/26/1999	agency employee
Independent Living Specialist	1.00		6/1/2015	agency employee
Community Work Incentive Coordinator	1.00		7/16/2007	agency employee
Community Work Incentive Coordinator	1.00		8/27/2003	agency employee
Information and Outreach Coordinator	1.00		10/1/2012	agency employee
Receptionist	0.50		9/16/2013	agency employee
Program and Outreach Coordinator	1.00		8/27/2002	agency employee
Outreach Specialist	0.50		8/21/2011	agency employee
Relocation Specialist	1.00		3/14/2011	agency employee
Relocation Specialist	1.00		9/20/2010	agency employee
Independent Living Specialist	1.00		9/21/2009	agency employee
CWIC/WIPA Program Director/Data	1.00		9/8/2015	agency employee
CWIC/WIPA Program Director/Staff	1.00		11/1/2015	agency employee
Total Number of FTE's	13.00			
Number of FTE's that exited employment during the year	1			
Turnover	8%			

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Staffing: PRCIL

Position Title	FTE Level	Credentials required (if any)	Date of Hire	Agency Employee or Contractor
Executive Director	1.00		6/18/2001	agency employee
Chief Financial Officer	1.00		3/26/1999	agency employee
Services Coordinator	1.00		6/29/2004	agency employee
Program and Outreach Coordinator	1.00		8/27/2002	agency employee
ILS (Part Time)	0.50		8/12/1999	agency employee
ILS (Part Time)	0.50		7/15/2014	agency employee
Total Number of FTE's	**5.00**			
Number of FTE's that exited employment during the year	**0**			
Turnover	**0%**			

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Survey Results

Respondent ID	4443925366
Start Date	1/13/2016
End Date	1/13/2016
Contact Information	Palestine Resource Center for Independent Living / 421 Avenue A / Palestine / 75801
Mission	Clear expression of organization's mission which reflects its values and purpose; held by many within organization and often referred to Moderate level of capacity in place
Our mission is consistent with the needs and priorities of the people and communities we serve?	Agree
Goals/Performance Targets	Quantified, aggressive targets in most areas; linked to aspirations and strategy; mainly focused on "outputs/outcomes" (results of doing things right) with some "inputs"; typically multiyear targets, though may lack milestones; targets are known and adopted by most staff who usually use them to broadly guide work Moderate level of capacity in place
Funding Model	Organization has access to multiple types of funding (e.g., government, foundations, corporations, private individuals) with only a few funders in each type, or has many funders within only one or two types of funders Basic level of capacity in place
Performance Measurement	Performance measured and progress tracked in multiple ways, several times a year, considering social, financial, and organizational impact of program and activities; multiplicity of performance indicators; social impact measured, but control group or longitudinal (i.e., long term) nature of evaluation is missing Moderate level of capacity in place

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Performance Analysis and Program Adjustments	Comprehensive internal and external benchmarking part of the culture and used by staff in target-setting and daily operations; high awareness of how all activities rate against internal and external best-in-class benchmarks; systematic practice of making adjustments and improvements on basis of benchmarking High level of capacity in place
Strategic Planning	Ability and tendency to develop and refine concrete, realistic strategic plan; some internal expertise in strategic planning or access to relevant external assistance; strategic planning carried out on a near-regular basis; strategic plan used to guide management decisions Moderate level of capacity in place
Financial Planning/Budgeting	Solid financial plans, regularly updated; budget integrated into operations; reflects organizational needs; solid efforts made to isolate divisional (program or geographical) budgets within central budget; performance-to budget monitored regularly Moderate level of capacity in place
Operational Planning	Ability and tendency to develop and refine concrete, realistic operational plan; some internal expertise in operational planning or access to relevant external assistance; operational planning carried out on a near regular basis; operational plan linked to strategic planning activities and used to guide operations Moderate level of capacity in place
Human Resources Planning	Ability and tendency to develop and refine concrete, realistic HR plan; some internal expertise in HR planning or access to relevant external assistance; HR planning carried out on near-regular basis; HR plan linked to strategic planning activities and used to guide HR activities Moderate level of capacity in place

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Partnerships and Alliances Development and Nurturing	Built, leveraged, and maintained strong, high-impact, relationships with variety of relevant parties (local, state, and federal government entities as well as for-profit, other nonprofit, and community agencies); relationships deeply anchored in stable, long term, mutually beneficial collaboration High level of capacity in place
Local Community Presence and Involvement	Organization widely known within larger community, and perceived as actively engaged with and extremely responsive to it; many members of the larger community (including many prominent members) actively and constructively involved in organization (e.g., board, fund-raising)High level of capacity in place
Influencing of Policymaking	Organization proactively and reactively influences policymaking, in a highly effective manner, on state and national levels; always ready for and often called on to participate in substantive policy discussion and at times initiates discussions High level of capacity in place
Management of Legal and Liability Matters	Legal support resources identified, readily available, and employed on “as needed” basis; major liability exposures managed and insured (including property liability and workers compensation)Basic level of capacity in place
Organizational Processes Use and Development	Solid, well designed set of processes in place in core areas to ensure smooth, effective functioning of organization; processes known and accepted by many, often used and contribute to increased impact; occasional monitoring and assessment of processes, with some improvements made Moderate level of capacity in place

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Staffing Levels	Positions within and peripheral to organization (e.g., staff, volunteers, board, senior management) are almost all staffed (no vacancies); few turnover or attendance problems Moderate level of capacity in place
Board – Composition and Commitment	Good diversity in fields of practice and expertise; membership represents most constituencies (nonprofit, academia, corporate, government, etc.); good commitment to organization's success, vision and mission, and behavior to suit; regular, purposeful meetings are well-planned and attendance is consistently good, occasional subcommittee meetings Moderate level of capacity in place
Planning Systems	Regular planning complemented by ad hoc planning when needed; some data collected and used systematically to support planning effort and improve it Moderate level of capacity in place
Decision Making Framework	Clear, formal lines/ systems for decision making that involve as broad participation as practical and appropriate along with dissemination/ interpretation of decision High level of capacity in place
Financial Operations Management	Robust systems and controls in place governing all financial operations and their integration with budgeting, decision making, and organizational objectives/strategic goals; cash flow actively managed; regular processes in place for budget review, management and problem resolution High level of capacity in place

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Human Resources Management – Management Recruiting, Development, and Retention	Recruitment, development, and retention of key managers is priority and high on CEO/executive director's agenda; some tailoring in development plans for brightest stars; relevant training, job rotation, coaching/feedback, and consistent performance appraisal are institutionalized; genuine concern for high-quality job occupancy; well connected to potential sources of new talent Moderate level of capacity in place
Human Resources Management – General Staff Recruiting, Development, and Retention	Limited use of active development tools/programs; frequent formal and informal coaching and feedback; performance regularly evaluated and discussed; genuine concern for high-quality job occupancy; regular concerted initiatives to identify new talent Moderate level of capacity in place
Physical Infrastructure – Buildings and Office Space	Physical infrastructure well-tailored to organization's current and anticipated future needs; well-designed and thought out to enhance organization's efficiency and effectiveness (e.g., especially favorable locations for clients and employees, plentiful team office space encourages teamwork, layout increases critical interactions among staff)High level of capacity in place
Technological Infrastructure – Telephone/Fax	Sophisticated and reliable telephone and fax facilities accessible by all staff (in office and at frontline), includes around-the-clock, individual voice mail; supplemented by additional facilities (e.g., pagers, cell phones) for selected staff; effective and essential in increasing staff effectiveness and efficiency High level of capacity in place

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Technological Infrastructure – Computers, Applications, Network, and E-mail	State of the art fully networked computing hardware with comprehensive range of up-to-date software applications; all staff has individual computer access and e-mail; accessible by frontline program deliverers as well as entire staff; used regularly by staff; effective and essential in increasing staff efficiency High level of capacity in place
Technological infrastructure – Web Site	Comprehensive Web site containing basic information on organization as well as up-to-date latest developments; most information is organization-specific; easy to maintain and regularly maintained Moderate level of capacity in place
Technological Infrastructure – Databases and Management Reporting Systems	Electronic database and management reporting systems exist in most areas for tracking clients, staff, volunteers, program outcomes and financial information; commonly used and help increase information sharing and efficiency Moderate level of capacity in place
Performance as Shared Value	Employee contribution to social, financial and organizational impact is typically considered as a preeminent criterion in making hiring, rewards and promotion decisions; important decisions about the organization are embedded in comprehensive performance thinking Moderate level of capacity in place
Other Shared Beliefs and Values	Common set of basic beliefs held by many people within the organization; helps provide members a sense of identity; beliefs are aligned with organizational purpose and occasionally harnessed to produce impact Moderate level of capacity in place

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Shared References and Practices	Common set of references and practices exists, and are adopted by many people within the organization; references and practices are aligned with organizational purpose and occasionally harnessed to drive towards impact Moderate level of capacity in place
Please describe how your service delivery and business operations would need to change to provide the IL services currently provided by (a) DARS individuals who are blind or have visual impairments and (b) to other individuals with significant disabilities?	PRCIL is constantly seeking to expand services by partnering with other organizations and CILs to establish new programming which serve people with disabilities. The service and delivery aspect should only be affected by employing new staff and providing training about the new programming as well as training on existing CIL services. Tenured Center staff will require training on the new programming. Although there will be additional funding, PRCIL should not have drastic or major changes to the normal business operations. Naturally, there will be an increase in the data collection and reporting requirements which are already in place in all PRCIL current grant activities; however, it will not be a change to our normal procedures just an increase in work and staff.
How would your board support the change? Has this already been discussed by the Board and has any action been taken?	PRCIL's Board of Directors is totally committed to this project. One Board member in particular is a prior DADS and DSHS employee and worked closely with DARS in this particular program. They fully understand the programming and feel PRCIL is more than suited to implement. It has been discussed at length by the Board, however, no action taken until more information is received.
Would the changes be consistent with your organization's mission?	Yes.

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Would your existing staff need additional training? Please explain.	Yes. Anytime PRCIL implements a new program or finds out about a new program within our Service Delivery Area (SDA), we have staff training. It is imperative for staff to have the most up to date information and the correct information so that consumers can be served and receive the necessary supports to maintain their independent living. PRCIL feels that all of the statewide projects through the CILs should have program consistency, utilizing the same consumer eligibility and case management criteria, documentation procedures, as well as approval for purchases and vendor selection.
Would you need additional staff? Please explain.	PRCIL will need additional staff to implement this program and the number of staff required will be based on service area covered and the overall program budget. We know that because of the retention of staff for state technical assistance, the budget will be reduced somewhat, approximately $550,000 for the 2017 year. In collaboration with other CILs across the state, we are projecting that budgets hopefully will reflect 70% of state funds to be dedicated to Purchased Services and operational costs will not exceed 30%.
Would you need to contract for more goods and services than you currently do? Please explain.	We do not see any problem with PRCIL being able to provide the same scope of IL services as currently being provided by DARS. There should be no change to the products and services available to consumers since there will be a state Technical Assistance Unit dedicated for this program. DARS reports expenditures by Type of Service – DRS DBS Assistive technology Assistive technology & adaptive equipment Hearing aids/services & Interpreter services Orientation & mobility training Prosthetics & orthotics Diagnostics & evaluation All other goods & services All other goods & services Diagnostics & evaluation Diabetes education Training Restoration services (hospital care, surgery, etc.) PRCIL's collaborative efforts with other CILs across the state have revealed that the case management and data collection, as well as reporting procedures currently being used by DARS and CILS are comparable in many ways as far as reporting the demographic data and service output. Independent Living Services as provided by CILs Assistive technology & adaptive equipment Orientation & mobility training Diagnostics & evaluation All other goods & services Diabetes education Training Restoration services (hospital care, surgery, etc.) Hearing aids/services & Interpreter services Prosthetics & orthotics
If so, would your staff have the expertise to procure the services and manage the contracts and vendor payments? Please explain.	PRCIL's performance history verifies that we are more than capable of providing the multifaceted services to people with disabilities who have complex needs, collecting data and reporting as required by grant provisions, as well as accounting for funding through multiple funding streams.

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Would your technology infrastructure need to change in order to procure additional goods and services (provider billing, payment tracking, etc.)? Please explain.	Yes. Currently our data base does not do provider billing or payment tracking. It is only used for information gathering and case management. Through collaboration with Texas CILs, it is felt that a web-based database, which is accessible to Centers, can be developed to track consumer data, eligibility, as well a provider billing and payment tracking.
Please identify the data elements and other information you currently capture in your case management system.	PRCIL's current data management system tracks: Ethnicity American Indian or Alaska Native Asian Black or African American White Hispanic/Latino Two or More Races Unknown Type of Disability Cognitive Mental/Emotional Physical Hearing Vision Multiple Disabilities Other Gender Male/Female Age Under 5 5 – 19 20 – 24 25 – 29 60 and older Unavailable Individual Services and Achievements – Consumers Requesting Services – Consumers Receiving Services Advocacy/Legal Services Assistive Technology Children's Services Communication Services Counseling and Related Services Family Services Housing, Home Modifications, and Shelter Services IL Skills and Training and Life Skills Training Information and Referral Mental Restoration Services Mobility Training Peer Counseling Services Personal Assistance Services Physical Restoration Services Preventative Services Prostheses, Orthotics, and Other Appliances Recreational Services Rehabilitation Technology Services Therapeutic Treatment Transportation Services Youth/Transition Services Vocational Services Other Services Significant Life Area Goals Set – Goals Achieved – Goals In Progress Self-Advocacy/Self-Empowerment Communication Mobility/Transportation Community-Based Living Educational Vocational Self-Care Information Access/Technology Personal Resource Management Relocation from Nursing Home or Institution Community/Social Participation Consumer Totals New Consumers Consumers Carried Over From Previous Year Closed – Completed All Goals Moved Withdrawn Died Other Consumers Served by County In addition to the above data and services provided to consumers, PRCIL tracks all Information and Referrals, the hours spent by each staff person, goals input and outcomes, services to the community and time spent on collaborative efforts with other organizations which benefit consumers.
Do you monitor and track consumers who have maintained or improved functional abilities as a result of the services your organization has provided? If so, what information do you maintain in your case management system regarding this success?	PRCIL does monitor and track consumers who have improved by services we provide by documenting their goals that have been met or are in progress. Consumer progress and success is documented in case notes and each active consumer is reviewed by the case worker quarterly with documentation to the case record. DARS has previously reported only the # of consumers served, the length of the service period, the length of time spent on the waiting list, and dollars spent. As CILs take on the role of the IL DARS program, we will be able to verify more detailed performance measures and outputs as we are already doing with current programming. This should provide more insight and validation as to the importance of this program. Our database will need the ability to track: • # of each type of technology purchased, recycled, and repaired • Amount spent for purchase and repair of each type of technology • # of units of each type of training purchased • Amount spent for each type of training purchased • Cost per consumer • # of consumers served and # completing goals

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Would you need to improve or modify the accessibility of your services? Please explain.	No. PRCIL is readily accessible to individuals and the local transportation system as it is right in the middle of downtown. Any individual, regardless of disability, has easy access as both entrances are covered and equipped with electric door openers. The classroom and computer lab may be reached from the front door as well as the back door, and accessible parking is in the rear of the building for individuals disembarking from their vehicle in a wheelchair. A fully accessible assistive technology lab is available at PRCIL. Included in this lab is assistive technology to accommodate people with hearing, visual, speech, and mobility/physical disabilities. This technology allows PRCIL's staff to communicate in the manner which is most accommodating to the consumer. Adaptive equipment and software include Zoom Text, Topaz Video Magnifier/CCTV's, Magic, Victor Stream, Kurzweil 1000 for visual, intellectual, and learning impairments; Dragon Naturally, I pad mounts and I phones for mobility impaired; Sound Director, Clear Ring Amplified Telephone Signal and an amplified loop set for cell phones for hearing impaired; large keyed keyboard for low vision; ergonomic keyboard for mobility impairments and Touch dot on display are also available in the AT lab for consumer use and teaching. The lab computers have programs loaded to assist consumers with intellectual disabilities with employment training to teach them how to count money, Drivers Zed to obtain their license so they can go to work, and for those who cannot read, the Kurzweil will assist by reading the study material to them. Computers with internet access, phones, a copier and fax machine are available to all consumers. If needed, consumers are accommodated with large print and tape recorded material and staff is readily available to read and discuss material. When transportation to the Center is not possible, staff is available to go to the consumer's home. PRCIL, along with other Texas CILs have experience providing services throughout an expanded service area, most notably in two programs that provide services statewide. Most of the Texas CILs serve as primary contractors or sub-contractors in these programs. PRCIL is the satellite to our home Center, CRCIL, which administers and oversees the following programs: Texas Department of Aging and Disability Services (DADS) contracts for Relocation Services. The Relocation programs assist individuals with disabilities to transition from nursing facilities to community residences. As contractors and sub-contractors, Texas CILs provide case management, coordinate access to community-based services and supports, and make arrangements for housing, transportation, medical care and other supports necessary to maintain a community residence. Through this program, CILs also purchase and deliver household goods and make payment of certain expenses through state grants. DADS Relocation Services contracts require face-to-face contacts with consumers. Social Security Administration (SSA) contracts for Work Incentives, Planning, and Assistance. As contractors and sub-contractors, Texas CILs assist SSA beneficiaries with understanding and using work incentives as they gain work income, leading to greater financial self-sufficiency. SSA contracts do not require contact with consumers, encouraging use of communication technologies. Services for the two above programs are delivered from PRCIL at times, however, CRCIL is the project contractor for WIPA and sub-contractor for Relocation.

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How will you serve IL consumers who cannot travel to your physical site to access services?	The Texas SPIL outlines the counties served by the 27 Texas CILs as well as unserved counties. Some of these counties are not even close to a CIL although they may be within their existing SDA and are impossible to reach. As stated above, in-person services within an expanded service area in other PRCIL programs, is provided with no problems noted. Under CRCIL's SSA contract, technology for remote service delivery has been enhanced and PRCIL will utilize technology to increase remote service delivery which should reduce time and travel costs.
Some of the business changes may require financial investment prior to starting service delivery. Do you have existing funding that you could leverage to support these "start-up" investments? If not, please estimate the amount and specify the need for each additional financial investment.	No, PRCIL does not have the cash reserves to conduct purchases on a reimbursement basis. Currently DARS contracts with our home Center, CRCIL, for services using a cash-advance methodology and this would have to continue.
Are you taking on any other new initiatives at this time? If so, please explain.	No.
Please describe your organization's process(as) and frequency for collecting consumer feedback.	PRCIL consumers are sent a yearly Consumer Satisfaction Survey to express their opinions about Center services and participants are provided with satisfaction evaluations after each event held by the Center. These surveys allow the consumers the opportunity to express satisfaction or dis-satisfaction with the Center services and to identify areas that need improvement or services they would like to see offered.
What training or technical assistance would you need from DARS or other entities to take on these services from DARS?	Not really sure but do want to have enough staff training so that consumers can be served and receive the necessary supports to maintain their independent living. The overall program should have statewide consistency so we will need directives regarding consumer eligibility, case management documentation, equipment purchases, and vendor selection and payment.
How will you assure purchased equipment is going to be appropriate for the consumer, and ensure they can use it safely?	There is really no information from DARS as to recycling or reusing equipment or how this was done or if it was done. One complaint that CILs have frequently heard throughout the state is that DARS purchased equipment but consumers did not receive the proper guidance or training needed to utilize the equipment. Unfortunately, the equipment sat in the corner and was never utilized by the consumer. All 27 Texas CILs have AT demonstration sites, a growing capacity to provide technology training, a proven record of making sure the consumer has full understanding of the services received, and follow up provided until training is completed.

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Please describe how your business would need to change to take on the specified services that the DARS Office for Deaf and Hard of Hearing Services (DHHS) currently provides? Please explain your understanding of these services.	PRCIL would be interested in adding or incorporating DARS/DHHS STAP programming into our current IL program or as a separate contract. The STAP programming provides accessible telephone equipment through vouchers and the Specialist Program provides information and referral. These programs appear to be compatible with PRCIL IL programming.
Would your Board support the change? Has this already been discussed by the Board and has any action been taken?	Yes PRCIL's Board will support this change. It has not been discussed and no action has been taken.
Would the changes be consistent with your organization's mission?	Yes.
Would your existing staff need additional training? Please explain.	Although PRCIL staff know enough about the STAP program to give information and make referrals to consumers, if implementing as a new program, staff will need training.
Would you need additional staff? Please explain.	Additional staff will be required, however, that will depend on program budget.
Would you need to contract for more goods and services than you currently do? Please explain.	PRCIL is assuming that we will be expected to provide the full scope of services as provided currently. Unless changes are determined by the state, the same products and services will be available to consumers.
If so, would your staff have the expertise to procure the services and manage the contracts and vendor payments? Please explain.	PRCIL's past performance verifies the ability that we have the ability to provide complex services to individuals with complex needs, maintain cross-disability services, collect and report data according to grant requirements, and account for funding through multiple funding streams.
Would your technology infrastructure need to change in order to procure additional goods and services (provider billing, payment tracking, etc.)? Please explain.	If PRCIL accepts responsibility for the program, the technology infrastructure will not necessarily change but in addition to our current system, it will be necessary to have a statewide performance measure or database to demonstrate the value of the program and confirm provider billing, payment tracking, etc.
Would you need to improve or modify the accessibility of your services? Please explain.	No, previously stated. CRCIL is easily accessible to an individual regardless of their disability as the entrance is covered, equipped with an electric door opener, and accessible parking is available with a ramp for individuals disembarking from their vehicle in a wheel chair.
Do you currently have a STAP contract? If no, are you interested in providing these	We do not have a STAP contract but would be interested in providing these services.

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services? If yes, please explain your current capacity to provide the services.	
Do you currently have a Hearing Loss Resource Specialist contract or a Deafness Resource Specialist contract? If no, are you interested in providing these services? If yes, please explain your current capacity to provide the services.	We do not have a Hearing Loss Resource Specialist but would be interested in providing these services after learning more about the program.
Do you currently provide training specific to persons who are deaf or hard of hearing? If no, are you interested in providing training to this population group? If yes, please explain your current capacity to provide training.	No we do not, however, it does appear that this training would be something that our CIL could easily perform.
What percent of the consumers you serve are persons who are deaf? What percent of the consumers you serve are persons who are hard of hearing? What services are provided to these population groups?	PRCIL does not report any consumers with hearing loss as primary category. Many consumers are listed as Multiple Disabilities which often includes hearing loss. The services provided could be anywhere from preventative services to computer training, it varies for each consumer. CRCIL has less than 1% (3) of consumers with hearing loss as primary category.
How will you ensure services are accessible to persons who are deaf or hard of hearing?	PRCILs office is fully accessible for persons with all types of disabilities. Center technology is in place to provide reasonable accommodation and to serve these consumers. Contracting with ASL interpreters is used as needed. Most hard of hearing consumers contact PRCIL by relay services and all staff are familiar with this process. If PRCIL did contract for Deaf and Hard of Hearing services, there would be a larger amount of calls from consumers needing these services and it would be useful to incorporate new technologies for staff such as TTY, VCO, and/or video phone.

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Capacity Assessment

New Counties to Serve	Henderson; San Jacinto	
Number of Staff	16 (ED and CFO are shared between the 2 CIL's)	
Number of people served	196	
Established		
Capacity Assessment Needs		
Area of Assessment	**Analysis**	**Capacity Needs**
Staffing Needs Knowledge and experience needs? Training needs types of staff needed number of staff needed providers/subcontractors needed	Their CFO has experience with executing and monitoring subcontracts, from other non-profits and also they used to do some subcontracting. They employ a variety of personnel, including a CFO. They do not have any critical vacancies, nor have they experienced significant turnover at their centers. They fill positions quickly, usually within 30 days. Under this initiative they would expect a higher volume of consumers, although they were not exactly sure how much higher volume, which would necessitate more staff. They anticipate a need for at least additional 2 case managers in each office, and 1 clerical staff in each office who will perform intakes for the new population. They would plan to review staffing needs on a quarterly basis. This is an initial estimate that may need to be revisited depending on the population served and their needs. Case manager requirements will include having previous experience, while a degree is preferred, based on the rural nature of the area and based on the Director's experience, they tend to prioritize experience over degree. They indicated a need to have training and technical assistance from DARS and to receive detailed resources from DARS including vendor listings, copies of subcontracts, and other pertinent information to carrying out the services. In regards to knowledge and experience, while the staff understood they would be the provider of all services for the population, they rated their confidence very high in being able to deliver the services. They did indicate the CILs	1. Need six staff members, and funding to support them for salary, fringe benefits, and funds for transportation for the staff to travel from county to county to provide services to consumers. 2. Will need training for new staff and existing staff in regards to the new services, particularly home-based services and services for b/vi or d/hh as a primary disability and technical assistance to answer questions when they arise.

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	operate as a "network" and they feel comfortable in reaching out to other CILs for assistance in identifying vendors for services, asking practice questions, and for general assistance.	
Service Delivery	This CIL is located in a rural area. They provide a wide range of services, including case management, advocacy, support groups (see the list of services in the workbook). Although they initially indicated that all services are provided at the Center, in discussion with them it was noted that they do meet consumers outside of the center, in public locations, although rarely at home. They do not provide a lot of home-based services now (such as marking up homes for b/vi individuals). They do not purchase goods or services on behalf of consumers and they do not provide vehicle modifications, although they do connect individuals to resources in the community to assist with these needs now. They seemed adept at identifying the needs of their communities and developing programs and delivering services that meet those needs (for example they run Alzheimer's and Parkinson's support groups, and provide support services to children with developmental disabilities). Between the 2 centers they serve a wide variety of individuals, with a high percentage of consumers with intellectual disabilities at Palestine and many older adults at both locations. While they serve a range of consumers with various disabilities, they may need some training and technical assistance to serve consumers whose primary disability is d/hh, or to provide the types of services they don't provide now (marking up homes, etc.). They would also need some training in how to purchase and obtain goods and services for consumers (such as assistive technology).	1. They identified a need to have tools DARS currently possesses including vendor lists, copies of subcontracts, and any other desk aides for procuring services. 2. Will need to develop networks with the other CIL's to be able to connect consumers with goods and services, especially as this is a rural community and not all goods and services are available within the community.
Systems Needs fiscal, contracting, purchasing systems case management systems reporting systems	They indicated they use QuickBooks for non-profits for their financial system. When asked about their ability to issue vendor payments and track invoices, they indicated the system they have has the capability to perform these functions, but they aren't currently subcontracting for services. They described how they use QuickBooks for their accounting system now, and they were able to indicate the functionality of the system to process subcontractor payments. They lack the ability to have a standard "purchasing system" as they don't currently purchase services for consumers. This is an area they identified they	

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	would need some assistance in. Due to the rural nature of the area, they believe they may have vendors outside of the catchment area. They indicated a strong desire to learn who the vendors are during the transition period from DARS so they can reach out and build relationships with those vendor contacts. They currently use CIL's First as their case management system. They reported they are able to pull data in regards to how many people are served, the type of service received, whether their goals are met, and the outcome of their services (please see survey for other specifics). They indicate they have been using this system for quite some time, therefore, they reporting having capacity to report measures for the new population. They did indicate they will have to know what HHSC is requesting in regards to information, but they are prepared to expand this system to meet the needs of the contracted requirements.	
Geographic issues Specific plan for reaching additional counties? Which areas are furthest away from center? How will they reach those farthest away?	The two additional counties they propose to serve are Henderson and San Jacinto. They serve a large geographic area now, with catchment areas as far as 2 hours away from the Centers (which are just 40 miles apart). Some of the areas they propose expanding to are also about 2 hours from the Centers. The staff explained the farthest they will travel from a center is approximately 2 hours to serve consumers, which they do now. While they indicated initially in their data request response that they only provide services in the Center, they actually do travel to cities within the catchment area to meet with consumers. The Palestine Center can make use of GO bus to assist with transportation needs of consumers, however this service is not offered in the Crockett area. They describe a process of reaching out and serving consumers in senior living centers, and other locations in small communities. When asked about whether they meet with consumers in their home, they indicated they have sporadically done that, but understand that going forward, it may be more substantially required with specific services especially for the older blind population. They anticipate that transportation costs would need to increase significantly going forward to provide the new services and pay staff to meet with consumers both in group settings and individual homes. They struggled to estimate the dollars they would need because they are unsure of the overlap in population.	1. Must have funding to pay for transportation to other communities to provide services

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	They indicated they are committed to serving consumers who are in any area, but will need the ability to pay for transportation.	
B/VI Services	Their database reflects that they served 9 consumers with visual impairments at CRCIL and 2 at PRCIL last year. If visual impairment was listed as a secondary disability, we would not have reported it as visual so the #s could be more. These consumers were all served from the Centers. As indicated in their survey many of the services they currently provide include to those who are part of this population. As indicated in the conversation, they spend a lot of their time delivering services to individuals in senior centers in communities throughout their catchment area. Once a need is identified, the CIL finds the necessary resources to meet the consumer's needs, or they refer to another agency. We did discuss they will not be able to refer to DARS for the same services as before, when reviewing the goods and services inventory, they believe while they may not deliver services in the same manner, they do provide some of the same services. They identified the modifications to their model to serve more individuals in their homes if needed. When asked how they would assess the need for visits to the home, they indicated they would talk to the consumer about what their needs are and then they will meet them.	
Other Needs (building infrastructure, etc.)	None identified. The Centers are already fully accessible.	
Anticipated barriers and challenges	One of the anticipated barriers is the growing Hispanic population in their area of Texas. When asked how they would address this, they described the ability to have interpreters assist them, and they currently have a bi-lingual staff. They also have consumers who are bi-lingual who in group settings, sometimes translate for other consumers. This is an area to keep an eye on, and the ability of the CIL to meet the needs of this population will be important as the population increases if the services are outsourced to them. They also indicated they do not have experience with large purchases, especially in regards to vehicle modifications. There is a clear need for capacity building in this area, they indicated while they have staff who have had vehicle modifications, and they have one staff who really understands some of these	1. Will need training and technical assistance regarding large purchase of goods including vehicle modifications.

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	services, and they do not have widespread knowledge of low volume, large purchased goods.	
Anticipated cost and time needed	The anticipated amount of time they indicated for the transition would be 90 days. They would need at least that much time to hire staff, receive training, and to put together enhanced policies and procedures for this new population. While they feel confident they can take this initiative on, they do need time to get operations up to speed. In regards to cost, it was difficult for them to make an estimate in regard to funding. For staffing they estimated 6 staff at approximately $30K per position, possibly more based on staff's experience or if they have additional training such as a bachelor's degree. They will then need approximately a 25% fringe benefit rate for each staff member. They also indicated they will need funding for transportation, however, they struggled to put numbers to this. While this may be a lack of capacity as an agency, they do not have data indicating the population increase to be expected with the outsourcing for their specific area. They also indicated a need for additional administrative funding to add infrastructure (computers, phones, etc.).	1. Need approximately $30K (time 6 employees). 2. Need fringe benefits at 25%. 3. Need increased transportation costs. 4. Need administrative costs.
Deaf and Hard of Hearing Services (DHHS) Capacity		
Summary of capacity needed	While they are familiar with ODHHS services, they serve no deaf individuals, and some who are hard of hearing. When discussing this population with them they started out indicating they could meet the needs of the consumers. However, after some probing about specifics regarding the services they would need capacity for, they said it may be more reasonable to transition the DBS/DRS services to begin with, and then slowly transition the ODHHS services in the future. They are not a CIL who has extensive knowledge of this population, therefore, they want to make sure they can transition the DBS/DRS population first.	
Anticipated cost and time needed	N/A	

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Disability Connections

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General Information

Question	CIL Response
Name of CIL	Disability Connections (A CIL of LIFE Inc.)
Address of CIL	2809 Southwest Blvd., San Angelo, Texas 76904
What counties do you currently serve? Please note if you only serve part of a county.	Coke, Concho, Irion, Menard, Runnels, Schleicher, Sterling, Tom Green
Please list the services provided by this CIL.	Information and Referral, Advocacy, Peer Support, Independent Living Skills Training, Job Readiness Training, Home By Choice Nursing Home Relocation Services, Youth Transition Services, Payee Services, Health & Fitness, Interpreting, Social & Recreational, Housing, Transportation, Options Counseling, Health Care Navigation, Benefits Counseling, Nursing Home Diversion
Do you contract for any goods/services? If so, please list the goods and services here.	Yes. ADRC and ASL Interpreting Services
How many individuals did you serve in your most recent completed fiscal year? Please provide an unduplicated count of unique individuals served by your agency.	433
New Counties	Crockett, Kimble, McCulloch,Mason, Reagan, Sutto

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Services

Type of Service	Total # of people served (unduplicated by service)	Description of Service	Target Population (consumers who are blind, consumers with general disabilities, consumers who are deaf or hard of hearing)	Location Where Service is Provided
Advocacy Social Security Assistance Filling out resource applications Providing advocacy with resource providers Teaching the Consumer advocacy skills Encouraging voter participation	412	Assistance and /or representation in obtaining access to benefits, services, and programs to which a consumer may be eligible.	Cross-Disability Population	In Center, Home and Community
Assistive Technology (AT) Providing donated AT to Consumer at no cost Providing training on assistive technology Videophone services	15	Any assistive technology service that assists an individual with a disability in the selection, acquisition or use of an assistive technology device.	Cross-Disability Population	In Center, Home and Community
Childrens Services Attend ARD meetings at school Educate parents regarding community resources	1	The provision of specific IL services designed to serve individuals with significant disabilities under the age of 14.	Cross-Disability Population	In Center, Home and Community
Family Services Refer to and assist with accessing community resources	49	Services provided to the family members of an individual with a significant disability when necessary for improving the individual's ability to live and function more independently, or ability to engage or continue in employment.	Cross-Disability Population	In Center, Home and Community
Housing, Home Modificatiions and Shelter Services Assistance in accessing subsidized housing	149	These services are related to securing housing or shelter, adaptive housing services.	Cross-Disability Population	In Center, Home and Community

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Assistance in location affordable, accessible housing Training in reading leases Locating emergency rental assisistance Assisting in applying for utility assistance Advocating with landlords for accessibility				
IL Skills and Life Skills training Healthy Cooking Classes Money mangement and budgeting Training in making informed choices Personal hygiene classes Shopping classes	5	These may include instruction to develop independent living skills in areas such as personal care, coping, financial management, social skills, and household management. This may also include education and training necessary for living in the community and participating in community activities.	Cross-Disability Population	In Center, Home and Community
Information and Referral Services	1466	Providing information regarding programs and resources and Referrals to resources, organizations and programs.	Cross-Disability Population	In Center, Home and Community
Peer Support Regularly scheduled cross-disability peer support groups Veterans Support Services	121	Counseling, teaching, information sharing, and similar kinds of contact provided to consumers by other people with disabilities.	Cross-Disability Population	In Center, Home and Community
Personal Assistance Services (PAS) Training to understand PAS management	20	Assistance with personal bodily functions; communicative, household, mobility, work, emotional, cognitive, personal, and financial affairs; community participation; parenting; leisure; and other related needs.	Cross-Disability Population	In Center, Home and Community
Preventive Services Diabetes awareness training Nutrition classes	9	Services intended to prevent additional disabilities, or to prevent an increase in the severity of an existing disability.	Cross-Disability Population	In Home and in Center

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Recreational Services Craft classes Holiday activities	21	Provision or identification of opportunities for the involvement of consumers in meaningful leisure time activities.	Cross-Disability Population	In Center, In community
Transportation Services Transportation assistance to Center activities One-on-One Bus training	19	Services involving improving a Consumer's access to space, environment and community by improving the ability to move, travel, transport oneself, or use public transportation.	Cross-Disability Population	In Center, In community
Youth Transition Provide information on community resources Assist with applying for resources Encourage social participation Coordinate with DARS Transition	4	Any service that develops skills specifically designed for youth with disabilities between the ages of 14-24 (excluding those counted as a 5th core recipient) to promote self-awareness and esteem, develop advocacy and self-empowerment skills and the exploration of career options, including the transition from school to post school activities. Services targeted to assist young adults who have exited the public school system where they were served under IDEA to transition to adulthood.	Cross-Disability Population	In Center, In community
Vocational Services Computer classes Job Readiness classes Benefits planning Coordinating with DARS Vocational	28	IL services related to advancing, obtaining or maintaining employment. Servicess of an academic or training nature, expected to improve the consumer's basic knowledge or increase the ability to perform skills deemed to increase independence.	Cross-Disability Population	In Center, Home and Community
Nursing Home Relocation Provide Follow-up to ensure stability and safety for those who relocate back into life in the community.	13	Services to assist with relocation from institution such as skilled nursing facility to Consumer's desired living arrangement. Service efforts for consumer to be able to remain in choice of community living environments.	Cross-Disability Population	In Center, Home and Community
Total # of people served	**2332**			

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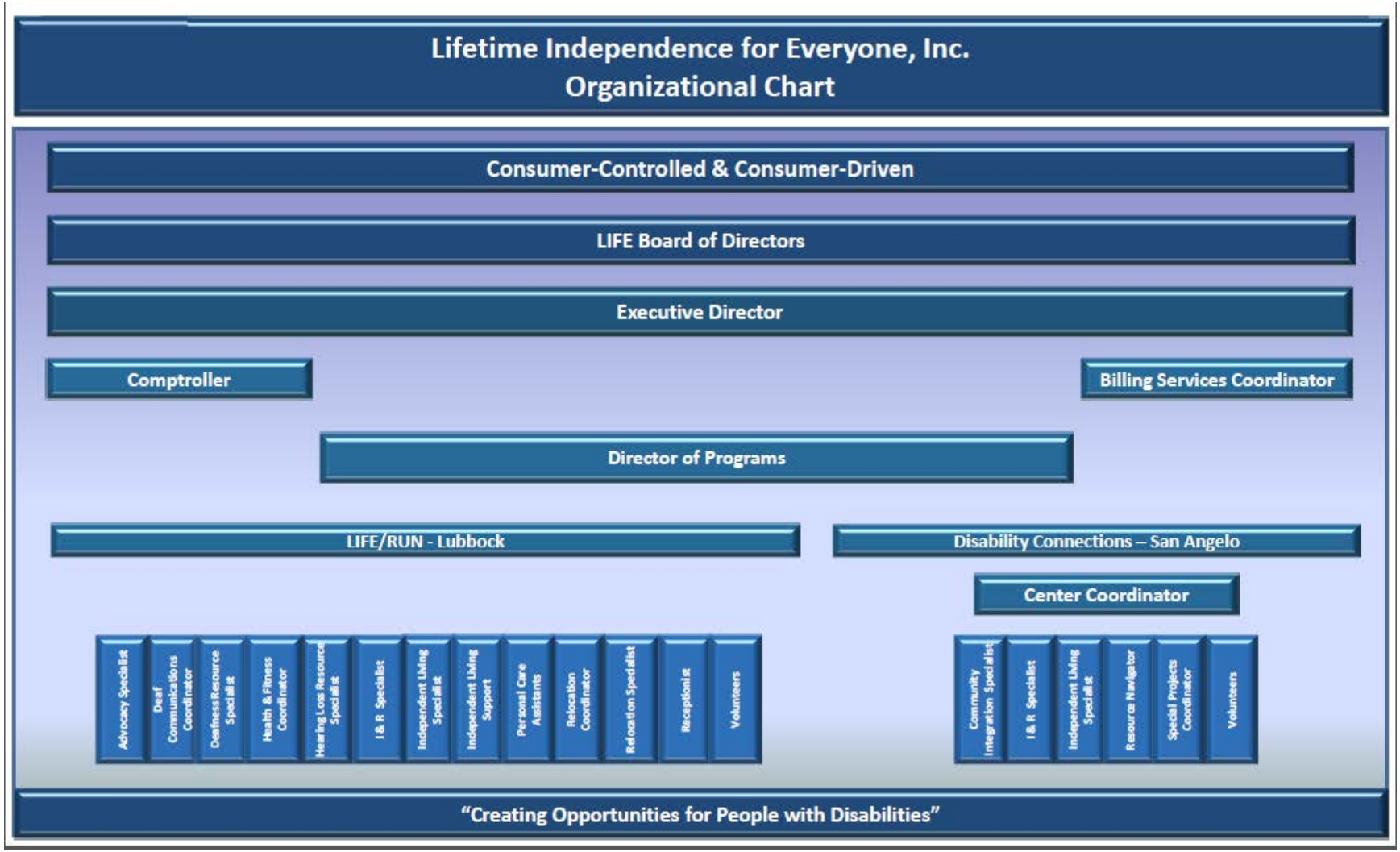
Organizational Chart



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Staffing

Position Title	FTE Level	Credentials required (if any)	Date of Hire	Agency employee or Contractor
Executive Director	1.00	Bachelor's Degree	11/20/2000	Employee
Director of Programs	1.00	Bachelor's Degree	3/26/1998	Employee
Comptroller	1.00	Bachelor's Degree	11/3/2010	Employee
Center Coordinator	1.00	Bachelor's Degree	10/4/2009	Employee
Community Integration Specialist	1.00	Bachelor's Degree	6/16/2014	Employee
I&R Specialist	0.50	Bachelor's Degree	10/5/2015	Employee
Independent Living Specialist	0.50	Bachelor's Degree	7/1/2013	Employee
Independent Living Specialist	0.50	Bachelor's Degree	1/1/2014	Employee
Independent Living Specialist	1.00	Bachelor's Degree	10/19/2015	Employee
Resource Navigator	0.50	Bachelor's Degree	12/16/2015	Employee
Special Projects Coordinator	1.00	Bachelor's Degree	11/1/2010	Employee
Total Number of FTE's	**9.00**			
Number of FTE's that exited employment during the year	**3**			
Turnover	**33%**			

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Survey Results

Respondent ID	4400181862
Start Date	12/15/2015
End Date	1/21/2016
Contact Information	LIFE Inc. - Disability Connections / 2809 Southwest Blvd. / San Angelo / 76904
Mission	Some expression of organization's mission that reflects its values and purpose, but may lack clarity; held by only a few; needs broader agreement or rarely referred to Basic level of capacity in place
Our mission is consistent with the needs and priorities of the people and communities we serve?	Agree
Goals/Performance Targets	Quantified, aggressive targets in most areas; linked to aspirations and strategy; mainly focused on "outputs/outcomes" (results of doing things right) with some "inputs"; typically multiyear targets, though may lack milestones; targets are known and adopted by most staff who usually use them to broadly guide work Moderate level of capacity in place
Funding Model	Organization dependent on a few funders of same type (e.g., government or foundations or private individuals) Clear need for increased capacity
Performance Measurement	4. Well-developed comprehensive, integrated system (e.g., balanced scorecard) used for measuring organization's performance and progress on continual basis, including social, financial, and organizational impact of program and activities; small number of clear, measurable, and meaningful key performance indicators; social impact measured based on longitudinal studies with control groups High level of capacity in place
Performance Analysis and Program Adjustments	Some efforts made to benchmark activities and outcomes against outside world; internal performance data used occasionally to improve organization Basic level of capacity in place
Strategic Planning	Limited ability and tendency to develop strategic plan, either internally or via external assistance; if strategic plan exists, it is underutilized in decision making Clear need for increased capacity
Financial Planning/Budgeting	Very solid financial plans, continuously updated; budget integrated into full operations; as strategic tool, it develops from process that incorporates and reflects organizational needs and objectives; well understood divisional (program or geographical) budgets within overall central budget; performance-to-budget closely and regularly monitored High level of capacity in place

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Operational Planning	Some ability and tendency to develop high-level operational plan either internally or via external assistance; operational plan loosely or not linked to strategic planning activities and used roughly to guide operations Basic level of capacity in place
Human Resources Planning	Lack of HR planning activities and expertise (either internal or accessible external); lack of experience in HR planning Clear need for increased capacity
Partnerships and Alliances Development and Nurturing	Effectively built and leveraged some key relationships with few types of relevant parties (for-profit, public, and nonprofit sector entities); some relations may be precarious or not fully "win-win" Moderate level of capacity in place
Local Community Presence and Involvement	Organization reasonably well known within community, and perceived as open and responsive to community needs; members of larger community (including a few prominent ones) constructively involved in organization Moderate level of capacity in place
Influencing of Policymaking	Organization is fully aware of its possibilities in influencing policy-making and is one of several organizations active in policy-discussions on state or national level Moderate level of capacity in place
Management of Legal and Liability Matters	Legal support resources identified, readily available, and employed on "as needed" basis; major liability exposures managed and insured (including property liability and workers compensation) Basic level of capacity in place
Organizational Processes Use and Development	Basic set of processes in core areas for ensuring efficient functioning of organization; processes known, used, and truly accepted by only portion of staff; limited monitoring and assessment of processes, with few improvements made in consequence Basic level of capacity in place
Staffing Levels	Most critical positions within and peripheral to organization (e.g., staff, volunteers, board, senior management) are staffed (no vacancies), and/or experience limited turnover or attendance problems Basic level of capacity in place
Board – Composition and Commitment	Some diversity in fields of practice; membership represents a few different constituencies (from among nonprofit, academia, corporate, government, etc.); moderate commitment to organization's success, vision and mission; regular, purposeful meetings are well-planned and attendance is good overall Basic level of capacity in place
Planning Systems	Regular planning complemented by ad hoc planning when needed; some data collected and used systematically to support planning effort and improve it Moderate level of capacity in place
Decision Making Framework	Appropriate decision makers known; decision making process fairly well established and process is generally followed, but frequently breaks down and becomes informal Basic level of capacity in place

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Financial Operations Management	Robust systems and controls in place governing all financial operations and their integration with budgeting, decision making, and organizational objectives/strategic goals; cash flow actively managed; regular processes in place for budget review, management and problem resolution High level of capacity in place
Human Resources Management – Management Recruiting, Development, and Retention	Standard career paths in place but need more consideration of managerial development; no or very limited training, coaching, and feedback; lack of regular performance appraisals; lack of systems/processes to identify new managerial talent Clear need for increased capacity
Human Resources Management – General Staff Recruiting, Development, and Retention	Limited use of active development tools/programs; frequent formal and informal coaching and feedback; performance regularly evaluated and discussed; genuine concern for high-quality job occupancy; regular concerted initiatives to identify new talent Moderate level of capacity in place
Physical Infrastructure – Buildings and Office Space	Physical infrastructure can be made to work well enough to suit organization's most important and immediate needs; a number of improvements could greatly help increase effectiveness and efficiency (e.g., no good office space for teamwork, no possibility of holding confidential discussions, employees share desks) Basic level of capacity in place
Technological Infrastructure – Telephone/Fax	Solid basic telephone and fax facilities accessible to entire staff (in office and at front line); cater to day-to-day communication needs with essentially no problems; includes additional features contributing to increased effectiveness and efficiency (e.g., individual, remotely accessible voice-mail) Moderate level of capacity in place
Technological Infrastructure – Computers, Applications, Network, and E-mail	State of the art fully networked computing hardware with comprehensive range of up-to-date software applications; all staff has individual computer access and e-mail; accessible by frontline program deliverers as well as entire staff; used regularly by staff; effective and essential in increasing staff efficiency High level of capacity in place
Technological infrastructure – Web Site	Basic Web site containing general information, but little information on current developments; site maintenance is a burden and performed only occasionally Basic level of capacity in place
Technological Infrastructure – Databases and Management Reporting Systems	Sophisticated, comprehensive electronic database and management reporting systems exist for tracking clients, staff, volunteers, program outcomes and financial information; widely used and essential in increasing information sharing and efficiency High level of capacity in place
Performance as Shared Value	Employee contribution to social, financial and organizational impact is typically considered as a preeminent criterion in making hiring, rewards and promotion decisions; important decisions about the organization are embedded in comprehensive performance thinking Moderate level of capacity in place
Other Shared Beliefs and Values	Common set of basic beliefs and values (e.g., social, religious) exists and is widely shared within the organization; provides members sense of identity and clear direction for behavior; beliefs embodied by leader

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	but nevertheless timeless and stable across leadership changes; beliefs clearly support overall purpose of the organization and are consistently harnessed to produce impact High level of capacity in place
Shared References and Practices	Common set of references and practices exist within the organization, which may include: traditions, rituals, unwritten rules, stories, heroes or role models, symbols, language, dress; are truly shared and adopted by all members of the organization; actively designed and used to clearly support overall purpose of the organization and to drive performance High level of capacity in place
Please describe how your service delivery and business operations would need to change to provide the IL services currently provided by (a) DARS individuals who are blind or have visual impairments and (b) to other individuals with significant disabilities?	LIFE CILs will not have to necessarily change their service delivery and business operations to administer the ILS program currently provided by DARS. However, we do anticipate having to expand our service delivery and business operations, thus incorporating additional policies and procedures, direct services and administrative staff, vendor outreach, office space for Disability Connections, as well as any relevant training associated with the expansion of our IL program (all of which are contingent on the requirements outlined by DARS/HHSC in any potential contract(s) offered to LIFE Inc.).
How would your board support the change? Has this already been discussed by the Board and has any action been taken?	From the outset, LIFE's Board of Directors (BOD) was made aware of the Sunset Commission's recommendations to have CILs administer the DARS ILS program and to assess the feasibility of having CILs absorb those services delivered by DHHS as well. Since the legislative mandate to implement those recommendations, the BOD is in full support of LIFE's CILs expanding their IL programs and has already taken action to increase the Organization's capacity to do so by recruiting and consulting with retired DARS employees to help with the transition and offer their expertise. These new Board members include an individual that administered DARS ILS in LIFE's service delivery areas for over 15 years and a former Certified Vision Rehabilitation Therapist and Vocational Rehabilitation Teacher with the DARS Division of Blind Services (DBS) for almost 24 years. Additionally, LIFE's Board President has committed to participating in the capacity assessment itself.
Would the changes be consistent with your organization's mission?	Absolutely, "LIFE Inc. is committed to empowering people with disabilities to exercise their freedom of choice in overcoming the social and attitudinal barriers to a life of equality, independence and full inclusion, without prejudice."
Would your existing staff need additional training? Please explain.	Yes. Existing staff will need to become more familiar with the full array of services that the CIL will be responsible for providing through its incorporation of the DARS ILS program, particularly those goods and services that can be purchased from outside sources. Staff could also benefit from training on the various assistive devices available to assist Consumers in meeting their independent living goals. Staff will also need training on any additional policies and procedures that will be adopted due to this expansion. Additionally, LIFE's administrative staff, which currently consists of the Executive Director, Director of Programs, Center

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	Coordinator and Comptroller, will require appropriate training on contract standards, data collection, deliverables, billing, reporting and other compliance measures.
Would you need additional staff? Please explain.	Yes. However, the anticipated staff positions will be contingent on what LIFE's final contractual obligations will be. Ideally, the following positions are proposed for Disability Connections in the provision of IL services to individuals who have significant disabilities, including individuals who are blind or have low vision: • Independent Living Specialist for General ILS (1 FTE): To determine Consumer eligibility; conduct intakes; establish Independent Living Plan (ILP) with the Consumer; identify needed services; arrange, provide or purchase needed goods and services; monitor progress of goals (including the improvement of the Consumer's functional abilities as a result of services provided); ensure appropriate training to Consumer when necessary; and maintain all required components of the Consumer Service Record (CSR). • Independent Living Specialist for Blind Services (1 FTE): To determine Consumer eligibility; conduct intakes; establish Independent Living Plan (ILP) with the Consumer; identify needed services; arrange, provide or purchase needed goods and services (including independent living skills training in the home and in community settings); monitor progress of goals (including the improvement of the Consumer's functional abilities as a result of services provided); ensure appropriate training to Consumer when necessary; and maintain all required components of the Consumer Service Record (CSR). Services will be provided in the home as needed and the IL Specialists will work closely with an Orientation and Mobility Specialist (O&M) to ensure the provision of needed services and assistive devices. • Project Coordinator (1 FTE): To assist Center Coordinator with contract oversight and compliance, conduct outreach, schedule staff trainings; establish relationships with potential vendors; facilitate and monitor contracts; assist with Consumer budget management; and collect information to expedite service delivery. • Financial Officer (.50 FTE): To manage the financial/accounting needs of the Center; arrange for the purchasing of goods and services, obtaining bids when necessary; conducting value comparisons; issuing purchase orders; issuing vendor payments; • Human Resources (HR) Manager (.25 FTEs): Currently, the Comptroller conducts all of LIFE's HR activities. With the proposed addition of staff in both CIL locations, the hiring of an HR Manager would enable LIFE to run more efficiently, maintaining compliance with all state and federal regulations and addressing employee needs promptly. This position's time and expenses will be allocated across all funding streams, with approximately 25% allocated to the DARS/HHSC contract(s).
Would you need to contract for more goods and services than you currently do? Please explain.	Yes. LIFE has purchasing policies in place but does not currently purchase home assessments, durable medical equipment, diabetes education and diagnostic, medical or therapeutic services that would be required by the ILS program.
If so, would your staff have the expertise to procure the services and manage the contracts and vendor payments? Please explain.	Yes and the addition of the proposed Financial Officer position for Disability Connections would further serve to increase LIFE's capacity to do so. LIFE currently manages 22 different funding streams, several of which require staff to procure services and manage vendor payments.

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Would your technology infrastructure need to change in order to procure additional goods and services (provider billing, payment tracking, etc.)? Please explain.	This would be contingent on what DARS/HHSC will require. However, activities such as provider billing and payment tracking are a routine part of LIFE's accounting operations. We use QuickBooks Online as our accounting software and it has thus far been sufficient enough in managing the procurement activities related to existing grants and reimbursable contracts. Also, LIFE has a history of successful Circular A-133 Audits that indicate its ability to manage numerous contracts.
Please identify the data elements and other information you currently capture in your case management system.	CIL Management Suite, the data collection program used by LIFE's CILs, tracks the following: • The Consumer's basic personal information such as name, date of birth, address, etc., • Case notes about each Consumer • Consumer goals, disabilities, and services used CIL Management Suite safeguards against duplicate entries and ensures that crucial information for federal reporting is included. In addition to the Federal 704 Report, CIL Management Suite can generate reports reflecting the number of services requested and received, goals set or met, records opened or closed, etc. It also allows LIFE's CILs to create customized fields that capture information, which may be needed by a particular funding source. CIL Management Suite also contains a time tracking tool that enables staff to log their daily time spent by program, administrative time, and with a Consumer.
Do you monitor and track consumers who have maintained or improved functional abilities as a result of the services your organization has provided? If so, what information do you maintain in your case management system regarding this success?	Not specifically, but can be easily incorporated in our data collection process.
Would you need to improve or modify the accessibility of your services? Please explain.	Disability Connection's services are accessible, but will need to improve knowledge of available assistive devices and other resources that will be available to Consumers as a result of the DARS ILS transition.
How will you serve IL consumers who cannot travel to your physical site to access services?	CIL staff can and will make home visits. A Consumer's health and mobility are always taken into consideration. If appropriate, CIL staff will assist the Consumer with obtaining para-transit services, which allows the Consumer more independence. Currently, CIL Staff make home visits as needed for intake and trainings. IL Skills training can be performed in the home, in a group setting or provided in the community. The proposed IL Specialist for Blind services will be expected to provide intake and other services in the home, as needed.
Some of the business changes may require financial investment prior to starting service delivery. Do you have existing funding that you could leverage to support these "start-up" investments? If not, please estimate the amount	No. Because most of LIFE's contracts are reimbursable, providing start-up investments toward initial service delivery would place a strain on cash flow; therefore, a three-month advance to cover operating expenses, such as salaries, office space, supplies, utilities, etc. should be sufficient. It would be difficult to provide an estimate at this point, as a projected budget will be contingent on whether DARS/HHSC would approve the proposed number of FTEs.

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and specify the need for each additional financial investment.	
Are you taking on any other new initiatives at this time? If so, please explain.	No. LIFE's CILs are not undertaking any new initiatives at this time and therefore, plan to concentrate all of their efforts on the successful transition of respective DARS services.
Please describe your organization's process(as) and frequency for collecting consumer feedback.	Consumer Satisfaction Surveys are mailed out by the third quarter of each fiscal year. A volunteer also conducts surveys by phone, providing Consumers with another option to give feedback about CIL services. It is the Centers' experience that Consumers prefer and will respond more readily to short, direct questions. Consumers also have the option of responding to the survey anonymously or take advantage of LIFE's open-door policy in which Consumers can speak to administrative staff about any comments, suggestions or complaints. It is LIFE's practice to consult with those Consumers whose experience was less than positive. This allows LIFE administrators to: 1) Assess the Consumers' current situation and offer to assist with any unmet needs; 2) Research any breakdown in service provision; 3) Identify if problems are systemic; and, 4) Implement policies that will mitigate poor service.
What training or technical assistance would you need from DARS or other entities to take on these services from DARS?	LIFE would benefit from TA in areas such as contract standards, deliverables, billing, reporting and other compliance measures. LIFE CILs would also benefit from programmatic and financial best practices established by other CILs identified in the U.S. that administer the same services or programs that will be transitioned to Texas CILs.
How will you assure purchased equipment is going to be appropriate for the consumer, and ensure they can use it safely?	This process will begin with a thorough assessment of the Consumer's needs and level of functionality. When necessary, CIL staff will conduct or arrange for a home evaluation or procure services from an outside source to determine what items are needed. The vendor then explores the available options with the Consumer and assists him or her in their selection, based on their needs and preference(s). The IL Specialist will work closely with both the Consumer and Vendor to ensure that the equipment is functional for the Consumer, as well as safe. The Consumer will be asked to demonstrate their use of the equipment in the appropriate setting and ensure proper training was provided. Prior to indicating that the Consumer's IL goals were met, The IL Specialist will conduct follow-up to ensure that the equipment is still functional, that the Consumer's abilities have improved due to the equipment provided and that the Consumer is satisfied with their selection and the services rendered.

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Please describe how your business would need to change to take on the specified services that the DARS Office for Deaf and Hard of Hearing Services (DHHS) currently provides? Please explain your understanding of these services.	The main change that LIFE would have to undertake is to provide additional staff and adequate office space at Disability Connections to administer DHHS services. LIFE currently has active contracts for the LIFE/RUN CIL with DARS/DHHS, which include the Specialized Telecommunications Assistance Program (STAP), the Resource Specialists Program and the Communication Services for State Agencies (CSSA). In order to administer the remaining services of DHHS, LIFE would have to expand its service delivery and business operations to potentially incorporate Last Resort Communication Services (LRCS), which LIFE has administered in the past. LRCS can only be used as a last resort in addressing the communication barriers not alleviated by the ADA. LIFE would have to also incorporate the Senior Citizens Program, which addresses the communication barriers of individuals age 60 and older, who may benefit from IL services, including social and recreational activities often provided at the Center. The Senior Citizens Program does not appear to be available in our region; however, if it became available, it would be a seamless fit into our existing IL program
Would your Board support the change? Has this already been discussed by the Board and has any action been taken?	Yes. LIFE staff has kept the Board of Directors informed of the potential changes and action has been taken insofar as additional individuals have been approved for the Board, who will be instrumental in assisting LIFE's CILs in their capacity to absorb DARS ILS and DHHS services.
Would the changes be consistent with your organization's mission?	Absolutely, "LIFE Inc. is committed to empowering people with disabilities to exercise their freedom of choice in overcoming the social and attitudinal barriers to a life of equality, independence and full inclusion, without prejudice."
Would your existing staff need additional training? Please explain.	Yes, but only to obtain a basic knowledge of what services will be available to assist Consumers. Knowing this information allows them to present a more comprehensive summary of CIL services when attending community events and meetings. Administrative staff may require training in the areas of contract expectation, deliverables and compliance measures; for example, reporting requirements, billing, and Texas Administrative Codes relative to the new programs transitioned from DARS.
Would you need additional staff? Please explain.	Yes, at least 4 FTEs will be needed for Disability Connections to adequately absorb services currently administered by DHHS. The Center will need an HLRS, Deafness RS, STAP Specialist and Certified Interpreter.
Would you need to contract for more goods and services than you currently do? Please explain.	No. Most of the purchasing of goods and services for those who are deaf or hard of hearing will be conducted under DARS ILS contracts.
If so, would your staff have the expertise to procure the services and manage the contracts and vendor payments? Please explain.	NA

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Would your technology infrastructure need to change in order to procure additional goods and services (provider billing, payment tracking, etc.)? Please explain.	This would be contingent on what DARS/HHSC will require. However, activities such as provider billing and payment tracking are a routine part of LIFE's accounting operations. We use QuickBooks Online as our accounting software and it has thus far been sufficient in managing the procurement activities related to existing grants and reimbursable contracts. Also, LIFE has a history of successful Circular A-133 Audits that indicate its ability to manage numerous contracts.
Would you need to improve or modify the accessibility of your services? Please explain.	Having staff be more reflective of the disability populations we serve would improve accessibility to services.
Do you currently have a STAP contract? If no, are you interested in providing these services? If yes, please explain your current capacity to provide the services.	LIFE does not have a STAP contract for Disability Connections and would be interested. However, LIFE has administered the STAP Program since 2013 for the LIFE/RUN CIL.
Do you currently have a Hearing Loss Resource Specialist contract or a Deafness Resource Specialist contract? If no, are you interested in providing these services? If yes, please explain your current capacity to provide the services.	LIFE does not have a HLRS or Deafness RS contract for Disability Connections and would be interested. However, LIFE has administered those services since 2013 for the LIFE/RUN CIL.
Do you currently provide training specific to persons who are deaf or hard of hearing? If no, are you interested in providing training to this population group? If yes, please explain your current capacity to provide training.	LIFE is assuming that this question is referring to the Education and Training Services provided by DHHS. If that is the case; no, LIFE does not have a contract to provide those services at Disability Connections and would be interested.
What percent of the consumers you serve are persons who are deaf? What percent of the consumers you serve are persons who are hard of hearing? What services are provided to these population groups?	It would be less than 1% for both populations. Because we serve a cross-disability population, Consumers who are deaf or hard of hearing are able to access all CIL services including advocacy, peer support, information and referral, independent living skills training and youth and nursing home to community transition.
How will you ensure services are accessible to persons who are deaf or hard of hearing?	This would be done through outreach, employing qualified individuals who are deaf or hard of hearing, Consumer Satisfaction Surveys, communication access and by having an inviting environment and knowledgeable staff.

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Capacity Assessment

New Counties to serve	Crockett, Kimble, McCulloch, Mason, Reagan, Sutton	
Established date	2009	
Number of staff	6 unique Disability Connections staff plus 3 shared staff with Life Run (the ED, comptroller, and program director)	
Number of people served	433	
Capacity Assessment Needs		
Area of Assessment	**Analysis**	**Capacity Needs**
Staffing Needs Knowledge and experience needs? Training needs types of staff needed number of staff needed providers/subcontractors needed	The agency opened in 2009 and has been growing slowly, so the staff have all been hired within the past 6 years or so (except for the ED and comptroller who are shared). They did experience some turnover last year due to reorganization. The long term goal is for Life Run and Disability Connections to operate as standalone centers. They would need to develop, or hire, or contract for more specialized services such as O &M services, assistive technology services (including assessments and evaluations), blind services, and ASL capacity. They anticipate partnering with DARS to conduct needed trainings and hope that if there are staff who are interested in continuing to do the work that they would be able to hire these staff at the centers, narrowing the time needed for training as it may be a smooth transition. Staff could use training on assistive devices, additional policies and procedures required to run the programs, and admin staff will need some training on contract standards, data collection, billing, and reporting requirements. They have been hosting community round tables to better understand what they would need to do under this initiative and the kinds of services they would need to provide. Their financial staff does have experience paying vendors in their rep payee services as well as their relocation services. They also manage multiple funding streams.	1. This CIL has put a lot of time and effort into thinking about what would be needed in order for them to provide the services that DARS currently provides. They have conducted community roundtables and came to the meeting prepared with detailed ideas about how their services would need to change and what they would need in order to accomplish it. 2. Staffing needs: I IL specialist for general IL, 1 IL specialist for blind/VI (Michelle sent detailed budget) 3. Training needs: training on new policies and procedures, how to purchase assistive technology and assessments, medical and therapeutic services, new reporting requirements, and any new fiscal or program requirements.

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Service Delivery	They provide a wide range of services. Both centers reside in very rural areas and travel of 100 miles is not unheard of to work with consumers. They provide all services directly, either at the center or in the community or at consumer homes. They do not purchase devices, assessments, medical, or therapeutic services now. They have a partnership with UT to provide a technology library for consumers to try devices and see if they meet their needs. Within their relocation services program (at Life Run) they do purchase goods and services for consumers such as security deposits, pest control, etc. They have developed relationships with landlords and with vendors to purchase these items. In order to provide assistive technology and other devices, they would need to purchase assessment services and also develop relationships with vendors that provide such goods.	1. Need to develop new policies and procedures, especially around how to purchase specialty goods (such as assistive technology, assessments, medical and therapeutic services). 2. Need vendor list from DARS. 3. Need to update the computer lab to include assistive technology for consumers who are blind or have low vision.
Systems Needs fiscal, contracting, purchasing systems case management systems reporting systems	They use Quick Books online as their accounting software, which allows them to bill providers and track payments. They use CIL Suite for their consumer tracking system and this system has the ability to be modified as needed to collect additional information.	1. CIL Suite can be modified for low to no cost.
Geographic issues Specific plan for reaching additional counties? Which areas are furthest away from center? How will they reach those farthest away?	They have 1 site now (excluding Life Run) and do not plan to need more. They do plan to add new counties, but they are counties they are already serving with their/Life Run relocation services. They will meet consumers in their homes and communities as needed.	1. Some additional travel will be required. Although they already serve the entire geographic area they propose to serve with their relocation services (within the 2 LIFE Inc. CIL's), they anticipate more travel if they are providing more services and more reach.
B/VI Services	Disability Connections opened Consumer Service Records (CSR) for 21 Consumers who identify as Blind or having low vision. While Disability Connections does not typically collect demographic information for all Community Information and Referrals (I&Rs) we are able to identify that community services were provided to 16 Individuals who identify as Blind or having low vision. Because of the presence of qualified staff at DBS, Disability Connections typically referred Consumers in need of blind services to DARS.	
Other Needs (building infrastructure, etc.)	None	

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Anticipated barriers and challenges	None	
Anticipated cost and time needed	*Michelle to send detailed budget *3-6 months to hire, train, develop policies and procedures, etc...	
Deaf and Hard of Hearing Services (DHHS) Capacity		
Summary of capacity needed	Disability Connections does not currently have a contract with DHHS. Additional staff and adequate office space at Disability Connections would be needed to administer DHHS services. LIFE currently has active contracts for the LIFE/RUN CIL with DARS/DHHS, which include the Specialized Telecommunications Assistance Program (STAP), the Resource Specialists Program and the Communication Services for State Agencies (CSSA). In order to administer the remaining services of DHHS, LIFE would have to expand its service delivery and business operations to potentially incorporate Last Resort Communication Services (LRCS), which LIFE has administered in the past. LRCS can only be used as a last resort in addressing the communication barriers not alleviated by the ADA. LIFE would have to also incorporate the Senior Citizens Program, which addresses the communication barriers of individuals age 60 and older, who may benefit from IL services, including social and recreational activities often provided at the Center. The Senior Citizens Program does not appear to be available in our region; however, if it became available, it would be a seamless fit into our existing IL program	1. At least 4 FTEs would be needed for Disability Connections to adequately absorb services currently administered by DHHS. The Center will need an HLRS, Deafness RS, STAP Specialist and Certified Interpreter.
Anticipated cost and time needed	*Michelle to send detailed budget *3-6 months to hire, train, develop policies and procedures, etc...	

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Disability in Action, Inc.

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General Information

Question	CIL Response
Name of CIL	Disability in Action, Inc.
Address of CIL	3305 N. 3rd St. Suite 320 Abilene, Texas 79603
What counties do you currently serve? Please note if you only serve part of a county.	Taylor, Jones, Stephens, Callahan, Jones, Eastland, Shackelford
Please list the services provided by this CIL.	Peer Support, IL Skills, Advocacy, I and R, Transition
Do you contract for any goods/services? If so, please list the goods and services here.	No
How many individuals did you serve in your most recent completed fiscal year? Please provide an unduplicated count of unique individuals served by your agency.	359

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Services

Type of Service	Total # of people served (unduplicated by service)	Description of Service	Target Population (consumers who are blind, consumers with general disabilities, consumers who are deaf or hard of hearing)	Location Where Service is Provided
Advocacy/Legal Services	180	Examples: helping set appointments, requesting goods or services, meeting or interacting with a physician, speaking with a utility company.	All consumers	Center
Assistive Technology	43	Adaptive aids, adaptive software, hardware. Anything to increase independence.	All consumers	Center
Communication Services	24	Interpreters, interpretive equipment for those who speak another language or have deafness.	Deaf or Speak other than English	Center
Housing, Home Modifications and Shelter Services	76		All consumers	Center
IL Skills Training and Life Skills Training	88	Computer Class, ASL class, Braille class, cooking class, money management.	All consumers	Center
Information and Referral Services	537		All consumers	Center
Mobility Training	2	Teaching skills to someone who is blind, teaching someone how to ride the bus.	All consumers	Center
Peer Counseling	36	Both formal and informal support of those who are struggling with barriers, depression etc.. Regarding their disability.	All consumers	Center
Physical Restoration Services	16	Services including medical services, health maintenance, eyeglasses.	All consumers	Center
Preventative Services	13	Services intended to prevent additional disabilities or to prevent an increase in the severity.	All consumers	Center

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Prostheses, Orthotics and other appliances	6	Providing or helping obtain an adaptive aid or device for one or more parts of the human body.	All consumers	Center
Recreational Services	48	Providing or identifying opportunities for consumers to have meaningful leisure activities i.e. Movie night, craft class.	All consumers	Center
Rehabilitation Services	1	Providing or helping obtain adaptive mods such as wheelchairs and lifts, also can mean to address barriers to education, rehabilitation, employment, transportation, IL or recreation for consumers with significant disabilities.	All consumers	Center
Transportation services	178	Our Center administers the Transportation Works program which provides varying resources in transportation to people with disabilities.	All Consumers	Center
Transition Services	44	Assistance and support for youth. Assistance, support to people with disabilities in nursing homes to go back to the community.	All Consumers	Center
Vocational Services	117	Assistance and support for youth. Assistance, support to people with disabilities in nursing homes to go back to the community.	All Consumers	Center
Payee Services	2	Coordination with Liferun in Lubbock to provide payee services as required by SSA.	All Consumers	Center
Counseling and Related Services	2	Services that include information sharing; psychologies services of a non-psychiatric , nontherapeutic nature, parent to parent services.	All Consumers	Center
Family Services	2	Services provided to the family members of a person with a significant disability when necessary for improving the person's ability to live independently.	All Consumers	Center
Total # of people served	**1235**			

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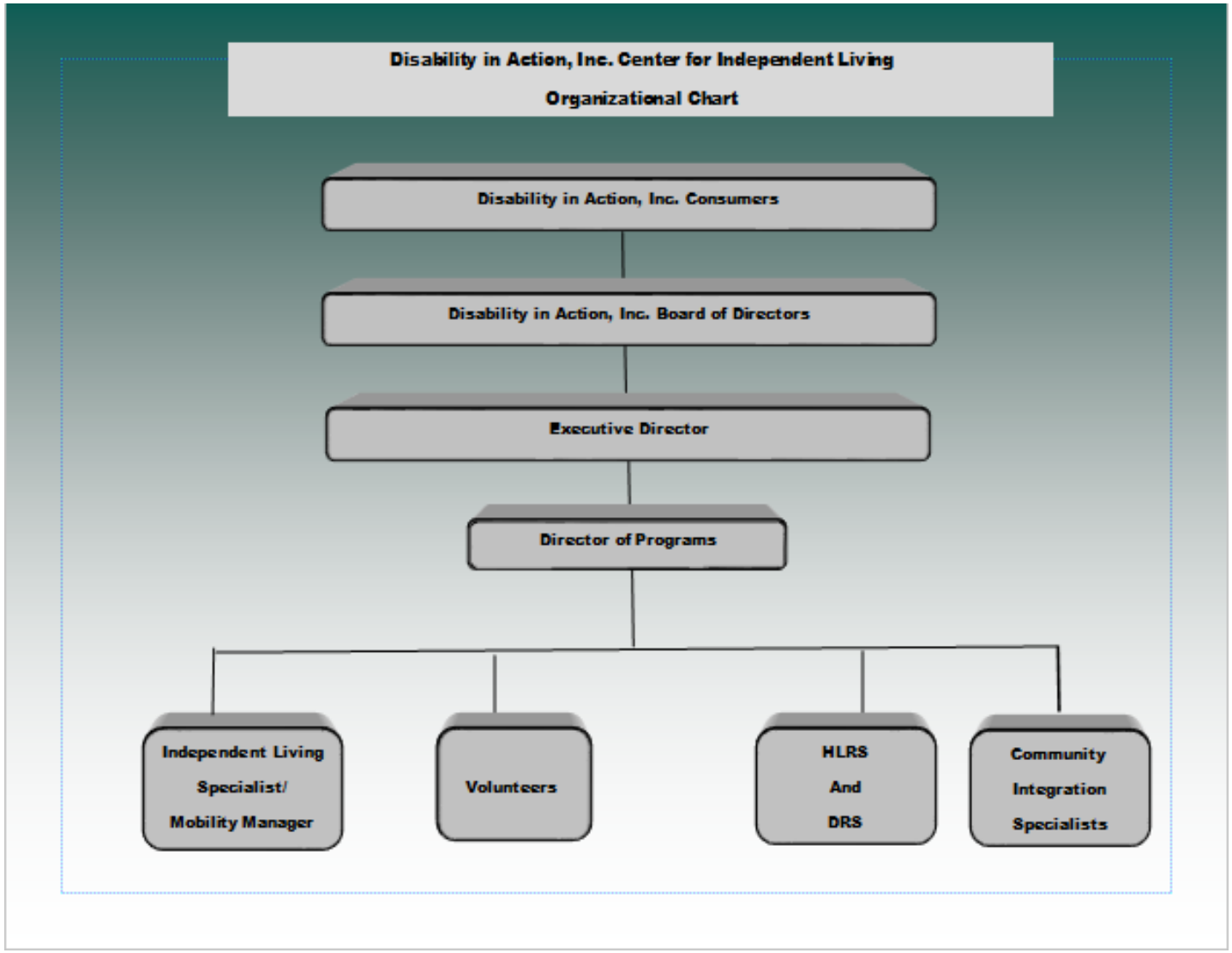
Organizational Chart



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Staffing

Position Title	FTE Level	Credentials required (if any)	Date of Hire	Agency employee or Contractor
Executive Director	1.00	BA	5/1/2008	agency employee
Director of Programs	1.00	Associates Degree	10/16/2013	agency employee
Community Integration Specialist	1.00	2 Masters	2/1/2010	agency employee
Independent Living Specialist	1.00	BA	11/1/2015	agency employee
Mobility Manager	1.00	NA	11/1/2014	agency employee
Community Integration Specialist	0.50	NA	4/16/2013	agency employee
Deafness Resource Specialist	1.00	College	6/1/2015	agency employee
Hearing Loss Resource Specialist	1.00	College	6/1/2015	agency employee
Total Number of FTE's	**7.50**			
Number of FTE's that exited employment during the year	**1**			
Turnover	**13%**			

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Survey Results

Respondent ID	4457569338
Start Date	1/20/2016
End Date	1/20/2016
Contact Information	Disability in Action / 3305 N. 3rd St. / suite 320 / Abilene / 79603
Mission	Clear expression of organization's mission which describes an enduring reality that reflects its values and purpose; broadly held within organization and frequently referred to. High Level of capacity in place
Our mission is consistent with the needs and priorities of the people and communities we serve?	Strongly agree
Goals/Performance Targets	Realistic targets exist in some key areas, and are mostly aligned with aspirations and strategy; may lack aggressiveness, or be short-term, lack milestones, or mostly focused on "inputs" (things to do right), or often renegotiated; staff may or may not know and adopt targets. Basic level of capacity in place
Funding Model	Organization has access to multiple types of funding (e.g., government, foundations, corporations, private individuals) with only a few funders in each type, or has many funders within only one or two types of funders. Basic level of capacity in place
Performance Measurement	Performance partially measured and progress partially tracked; organization regularly collects solid data on program activities and outputs (e.g., number of people served) but lacks data-driven social impact measurement. Basic level of capacity in place
Performance Analysis and Program Adjustments	Some efforts made to benchmark activities and outcomes against outside world; internal performance data used occasionally to improve organization. Basic level of capacity in place
Strategic Planning	Limited ability and tendency to develop strategic plan, either internally or via external assistance; if strategic plan exists, it is underutilized in decision making. Clear need for increased capacity
Financial Planning/Budgeting	Solid financial plans, regularly updated; budget integrated into operations; reflects organizational needs; solid efforts made to isolate divisional (program or geographical) budgets within central budget; performance-to budget monitored regularly. Moderate level of capacity in place
Operational Planning	Organization runs operations on day-to-day basis; lack of short- or longer-term planning activities; no experience in operational planning. Clear need for increased capacity
Human Resources Planning	Lack of HR planning activities and expertise (either internal or accessible external); lack of experience in HR planning. Clear need for increased capacity

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Partnerships and Alliances Development and Nurturing	Effectively built and leveraged some key relationships with few types of relevant parties (for-profit, public, and nonprofit sector entities); some relations may be precarious or not fully "win-win". Moderate level of capacity in place
Local Community Presence and Involvement	Organization reasonably well known within community, and perceived as open and responsive to community needs; members of larger community (including a few prominent ones) constructively involved in organization. Moderate level of capacity in place
Influencing of Policymaking	Organization is fully aware of its possibilities in influencing policy-making and is one of several organizations active in policy-discussions on state or national level. Moderate level of capacity in place
Management of Legal and Liability Matters	Organization does not anticipate legal issues, but finds help and addresses issues individually when they arise; property insurance includes liability component. Clear need for increased capacity
Organizational Processes Use and Development	Solid, well designed set of processes in place in core areas to ensure smooth, effective functioning of organization; processes known and accepted by many, often used and contribute to increased impact; occasional monitoring and assessment of processes, with some improvements made. Moderate level of capacity in place
Staffing Levels	Positions within and peripheral to organization (e.g., staff, volunteers, board, senior management) are all fully staffed (no vacancies); no turnover or attendance problems. High level of capacity in place
Board – Composition and Commitment	Some diversity in fields of practice; membership represents a few different constituencies (from among nonprofit, academia, corporate, government, etc.); moderate commitment to organization's success, vision and mission; regular, purposeful meetings are well-planned and attendance is good overall. Basic level of capacity in place
Planning Systems	Planning done regularly and uses some systematically collected data. Basic level of capacity in place
Decision Making Framework	Appropriate decision makers known; decision making process fairly well established and process is generally followed, but frequently breaks down and becomes informal. Basic level of capacity in place
Financial Operations Management	Formal internal controls governing all financial operations; fully tracked, supported and reported, annually audited fund flows well managed; attention is paid to cash flow management; regular processes in place for budget review, management, and problem resolution. Moderate level of capacity in place
Human Resources Management – Management Recruiting, Development, and Retention	Some tailoring of development plans for brightest stars; personal annual reviews incorporate development plan for each manager; some willingness to ensure high-quality job occupancy; some formal recruiting networks are in place. Basic level of capacity in place
Human Resources Management – General Staff Recruiting, Development, and Retention	Limited use of active development tools/programs; frequent formal and informal coaching and feedback; performance regularly evaluated and discussed; genuine concern for high-quality job occupancy; regular concerted initiatives to identify new talent. Moderate level of capacity in place

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Physical Infrastructure – Buildings and Office Space	Fully adequate physical infrastructure for the current needs of the organization; infrastructure does not impede effectiveness and efficiency (e.g., favorable locations for clients and employees, sufficient individual and team office space, possibility for confidential discussions). Moderate level of capacity in place
Technological Infrastructure – Telephone/Fax	Sophisticated and reliable telephone and fax facilities accessible by all staff (in office and at frontline), includes around-the-clock, individual voice mail; supplemented by additional facilities (e.g., pagers, cell phones) for selected staff; effective and essential in increasing staff effectiveness and efficiency. High level of capacity in place
Technological Infrastructure – Computers, Applications, Network, and E-mail	Solid hardware and software infrastructure accessible by central and local staff; no or limited sharing of equipment is necessary; limited accessibility for frontline program deliverers; high usage level of IT infrastructure by staff; contributes to increased efficiency. Moderate level of capacity in place
Technological infrastructure – Web Site	Comprehensive Web site containing basic information on organization as well as up-to-date latest developments; most information is organization-specific; easy to maintain and regularly maintained. Moderate level of capacity in place
Technological Infrastructure – Databases and Management Reporting Systems	Electronic database and management reporting systems exist in most areas for tracking clients, staff, volunteers, program outcomes and financial information; commonly used and help increase information sharing and efficiency. Moderate level of capacity in place
Performance as Shared Value	Performance contribution is occasionally used and may be one of many criteria for hiring, rewarding and promoting employees; performance data is used to make decisions. Basic level of capacity in place
Other Shared Beliefs and Values	Common set of basic beliefs and values (e.g., social, religious) exists and is widely shared within the organization; provides members sense of identity and clear direction for behavior; beliefs embodied by leader but nevertheless timeless and stable across leadership changes; beliefs clearly support overall purpose of the organization and are consistently harnessed to produce impact. High level of capacity in place
Shared References and Practices	Common set of references and practices exists, and are adopted by many people within the organization; references and practices are aligned with organizational purpose and occasionally harnessed to drive towards impact. Moderate level of capacity in place
Please describe how your service delivery and business operations would need to change to provide the IL services currently provided by (a) DARS individuals who are blind or have visual impairments and (b) to other individuals with significant disabilities?	Our staff already includes persons who are blind and also a long term employee. They use JAWS, advocate for others who are blind and also provides O and M services to other consumers who are blind. Disability in Action has been serving people with low vision and blindness since our inception in 2008. Our volunteer base includes two persons who are blind . There would be no changes to our mission or plan. Disability in Action serves all people with any disability. We regularly serve people who have multiple disabilities as reflected in our annual report. We are well versed in serving people who have not only physical disabilities, but other hidden physical

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	and mental disabilities. Our staff is made up of people who have a disability themselves or a family member with a disability. No changes are needed to our mission or to business plan.
How would your board support the change? Has this already been discussed by the Board and has any action been taken?	Disability in Action's board of directors is already familiar with the potential changes that are coming in regard to IL services. The executive director and the board members continue to actively plan for the expansion of the Center in regard to IL services.
Would the changes be consistent with your organization's mission?	Our Mission statement embodies the idea that people with disabilities have the right to live their best lives; their most independent lives. Overcoming the barriers that face them means having the tools they need to meet their goals. IL services will and can change many lives. The IL program can provide on of the most important components to independent living and perfectly aligns with the goals of Centers for Independent Living.
Would your existing staff need additional training? Please explain…	Existing staff would need training on a technical level. They would need training, support and education on the fundamental qualifications and guidelines for the program. Additional staff would be hired who are the key staff strictly for the program and would have a complete understanding of all aspects of the program and the ability to utilize it to get the consumers what they need. Because our staff is primarily people with disabilities themselves they are familiar with many of the assistive devices that would be available.
Would you need additional staff? Please explain…	Our Center would need, at the least, 2 additional full time staff who would serve this program exclusively. It would also be necessary to provide one or two satellite office in the northern counties of the SDA.
Would you need to contract for more goods and services than you currently do? Please explain.	Yes
If so, would your staff have the expertise to procure the services and manage the contracts and vendor payments? Please explain.	The FTE's that work exclusively on the IL services would be well trained in serving their consumer through the program.
Would your technology infrastructure need to change in order to procure additional goods and services (provider	Yes our technology infrastructure would need to change to procure additional good and services. We currently have an outside bookkeeping firm. It would likely be necessary and beneficial for us to have a full time in-house staff person.

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billing, payment tracking, etc.)? Please explain.	
Please identify the data elements and other information you currently capture in your case management system.	Programs, disability types, disabilities, goals, services, equipment, age, income level, employment status, education level, income source, address, county, marital status, contact method, housing status, referral information, goal accomplishment.
Do you monitor and track consumers who have maintained or improved functional abilities as a result of the services your organization has provided? If so, what information do you maintain in your case management system regarding this success?	Case management is ongoing. Contact with consumers continues after goods and services are received. Follow up contact and follow up care are case management standards for our Center. We make sure accomplished goals are recorded and tracked. Our data system allows us to collect and monitor achieved and unachieved goals.
Would you need to improve or modify the accessibility of your services? Please explain.	We are currently developing best practices in regard to our intake in the field. Our Center would need o improve our ability to produce more work (open more cases, serve more people) in the field. The ability to reach consumers more readily will increase accessibility. Our website is currently accessible to those who have blindness or low vision. Our Center brochures are available in braille format. Adaptive equipment and interpreters are available for those who existing staff are educated in ASL. there are also bi-lingual staff as well. We teach braille skills and ASL classes for consumers.
How will you serve IL consumers who cannot travel to your physical site to access services?	Go to the field an assist them in their home or businesses. Our Center already provides this service, but would increase it's efficacy.
Some of the business changes may require financial investment prior to starting service delivery. Do you have existing funding that you could leverage to support these "start-up" investments? If not, please estimate the amount and specify the need for each additional financial investment.	Additional funds would be need for the start up investments. Additional staff: 75,000 Additional cost of in-house financial manager: 40,000 Overhead: 150,000 additional offices in the SDA: 50,000

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Are you taking on any other new initiatives at this time? If so, please explain.	No
Please describe your organization's process (as) and frequency for collecting consumer feedback.	Consumer surveys are distributed once annually. Town Hall meetings are frequently held to address current community issues or consumer concerns
What training or technical assistance would you need from DARS or other entities to take on these services from DARS?	I don't know that we would need their assistance. We may need a lot. I don't know. We know how to serve people with disabilities so we don't need that kind of training. We can easily learn about vendors and how to get reimbursement. I am not sure
How will you assure purchased equipment is going to be appropriate for the consumer, and ensure they can use it safely?	Our whole service system is consumer oriented and consumer controlled. We follow all consumers after services and are well versed in very closely following people we have served. We are totally invested in making sure they have the things they need to be successful in their lives.
Please describe how your business would need to change to take on the specified services that the DARS Office for Deaf and Hard of Hearing Services (DHHS) currently provides? Please explain your understanding of these services.	Our Center has procured the DRS an HLRS contracts. . Those specialist are not novice specialists, but people who are deaf and hard of hearing and have worked on these contracts for a combined work experience of 10 years. Both the Director of Programs and the ED have attended trainings regarding the implementation of the programs and understand the contract standards and program standards.
Would your Board support the change? Has this already been discussed by the Board and has any action been taken?	Yes. The board is aware and is supportive of this expansion of services. Our board president is the parent of a child with deafness/mental illness. He is also a qualified interpreter.
Would the changes be consistent with your organization's mission?	Yes
Would your existing staff need additional training? Please explain.	No
Would you need additional staff? Please explain.	Yes, if the service area is the same as the one we have proposed-we would need one to two additional staff
Would you need to contract for more goods and services than you currently do? Please explain.	yes

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If so, would your staff have the expertise to procure the services and manage the contracts and vendor payments? Please explain.	yes
Would your technology infrastructure need to change in order to procure additional goods and services (provider billing, payment tracking, etc.)? Please explain.	One full time financial manager is sufficient.
Would you need to improve or modify the accessibility of your services? Please explain.	For this program we are meeting or exceeding accessibility standards--with available interpreters, computer technology and live video technology
Do you currently have a STAP contract? If no, are you interested in providing these services? If yes, please explain your current capacity to provide the services.	I just acquired this contract.
Do you currently have a Hearing Loss Resource Specialist contract or a Deafness Resource Specialist contract? If no, are you interested in providing these services? If yes, please explain your current capacity to provide the services.	yes we have this contract
Do you currently provide training specific to persons who are deaf or hard of hearing? If no, are you interested in providing training to this population group? If yes, please explain your current capacity to provide training.	We are currently offering ASL classes for the family and friends of people who are deaf. Yes, we would like to expand our services to this group.
What percent of the consumers you serve are persons who are deaf? What percent of the consumers you serve are persons	2% deaf 3% hoh Adaptive technology lab through UT Austin the TTAP program which provides multiple assistive devices and computer technology for these populations

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who are hard of hearing? What services are provided to these population groups?	
How will you ensure services are accessible to persons who are deaf or hard of hearing?	We will maintain our currently high level of accessibility and seek to increase that with the assistance of the HLRS and DRS

Capacity Assessment

New Counties to Serve	Archer, Baylor, Brown, Clay, Coleman, Comanche, Erath, Fisher, Haskell, Jack, Knox, Mitchell, Nolan, Palo Pinto, Scurry, Somervell, Stonewall, Throckmorton, Wichita, Wilbarger, Young
Established	2008
Number of staff	7.5

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Number of people served	359	
Capacity Assessment Needs		
Area of Assessment	**Analysis**	
Staffing Needs Knowledge and experience needs? Training needs types of staff needed number of staff needed providers/subcontractors needed	The CIL has one site location. This center was established in 2008 in partnership with Life Inc., it became a free standing center in September 2014. The executive director of the center has been a part of the center staff since its opening and has moved from case manager to now the director of the agency. There is an ED, Director of Programs, and direct service staff. They contract out for their financial services such as completing 990's, check writing, and statement reconciliation. The staff currently carry a caseload of 50-60 but the consumer needs are at various levels and caseload fluctuates with closures and intakes each month. They do have specialized staff including a mobility specialist, HLRS, and DRS. While they do contract for some services they do not purchase any goods or services for consumers. They would request support from DARS in the form of training so staff are aware of how to complete a purchase order, how to find vendors, and vendor expectations. They do not generally have issues with turnover, but they are also a very new agency.	1. The center would need 2-3 FTE positions plus 1 full time book keeper. The center currently contracts out for book keeping so it could reallocate some of those funds to hire someone in house to take on this function. New staff responsibilities would include managing PO's and providing direct services. Might look for someone with O&M expertise or could contract for that. 2. Training needs: training on new policies and procedures, how to obtain and purchase assistive technology and assessments, medical and therapeutic services, new reporting requirements, and any new fiscal or program requirements.

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Service Delivery	They provide all services directly. They regularly provide services at the center and will pay for transportation to the center but if consumer is unable to come then will meet them in the home or community, this is about 2% of the time. They have a TTAP Lab through UT through which they offer equipment, teach staff how to provide a demo so the consumers can try out and then will connect consumer with a vendor if they see something they like. Three times a year do grass roots event for consumers to try out equipment and get connected with vendors. They don't do any purchasing of the equipment. The center has maintained and developed community partnerships in the form of working with Texas University TTAP program, contracts with STAP program, working with many faith based organizations, partnering with the local COG's and ARDC's and other community clinics. This center believes it is the close ties to the community which is crucial to its success.	1. Would probably need to travel to consumer's homes more than they do now. 2. 1-2 satellite locations in the northern counties would be beneficial 3. Need to develop new policies and procedures, especially around how to purchase specialty goods (such as assistive technology, assessments, medical and therapeutic services). 4. Need vendor list from DARS. 5. Need to develop vendor relationships.
Systems Needs fiscal, contracting, purchasing systems case management systems reporting systems	They have an internal bookkeeping system which can be modified as needed. Currently written into the policy and procedures are expectations regarding the handling of grant funds and keeping each separate. CIL Suite is used as the consumer tracking system and has the ability to be modified to meet the needs of the new contract.	1. System needs to be built out to pay vendors, track payments, etc. Or they could shift to something like QuickBooks which has the functionality.
Geographic issues Specific plan for reaching additional counties? Which areas are furthest away from center? How will they reach those farthest away?	This CIL currently serves 6 counties with the furthest travel being an hour away one way.	1. Possibly 1-2 additional locations may be needed for expansion.
B/VI services	This center works with the blind and low vision population currently as well as having a staff who is blind. They would look to build services in this area but feel they are doing this now and are able to take on additional roles to meet the needs of the consumers. The number of BVI consumers that Disability in Action served during the last year is 27. BVI consumers served in their homes by Disability in Action is 1. The distance from Disability in Action to the 27 BVI consumer's homes is an average of 11.078 miles. With the shortest distance being .9 miles, and the furthest being 151.7 miles. The 1 BVI consumer that received in home services from Disability in Action was a face to face intake under the HBC (Home By Choice) Program, designed for consumers to transition from nursing homes to independence.	

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Other Needs (building infrastructure, etc.)	none	
Anticipated barriers and challenges	No barriers were identified. They know who they can contract with as they are already serving people with multiple disabilities and already have people with disabilities on staff. The deaf and blind community knows who they are. They need more information about what exactly they would be taking on.	
Anticipated cost and time needed	Need to hire 3-4 FTE's, establish 1-2 new satellite locations (may co-locate), train staff, and build out their financial system. 6-8 months needed to be fully staff and trained.	
Deaf and Hard of Hearing Services (DHHS) Capacity	This CIL already serves this population and do not see that anything would change with service delivery nor the need to hire additional staff. Communication services – have a partnership with TX school for the deaf, have a person with deafness on staff and work with DRS staff, have software on the iPad, UbiDuo precursor to the iPhone (like real time chat), equipment for those who speak another language, 800 # to call for those who speak another language to get an interpreter.	
Summary of capacity needed	none	
Anticipated cost and time needed	none	

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East Texas Center for Independent Living

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General Information

Question	CIL Response
Name of CIL	East Texas Center for Independent Living
Address of CIL	4713 Troup Hwy. Tyler, Texas 75707
What counties do you currently serve? Please note if you only serve part of a county.	ACL Core Counties: Smith, Gregg, Cherokee, Panola, Rains, Henderson, Rusk, Van Zandt, Wood, Camp, Upshur, Marion, Harrison Additional Counties: Anderson, Lamar, Delta, Red River, Bowie, Cass, Hopkins, Titus, Franklin, Morris
Please list the services provided by this CIL.	Independent Living Skills Training, Advocacy, Information & Referral, Peer Mentoring, Transitional Services through program services including classes and summer workshops, support groups, Relocation assistance, Hearing Loss Resource Specialist, STAP Specialist, Representative Payee, Sign Language Interpreting Services, educational offerings, community advocacy, partnering events with other human service providers, etc.
Do you contract for any goods/services? If so, please list the goods and services here.	Our Sign Language Program involves contracting with medical providers, businesses, educational institutions, legal professionals, governmental entities and agencies throughout at least 23 East Texas Counties. Contracts with DARS Deaf and Hard of Hearing Services. Relocation subcontractor with ARCIL for DADS Home by Choice program.
How many individuals did you serve in your most recent completed fiscal year? Please provide an unduplicated count of unique individuals served by your agency.	2716

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Services

Type of Service	Total # of people served (unduplicated by service)	Description of Service	Target Population (consumers who are blind, consumers with general disabilities, consumers who are deaf or hard of hearing)	Location Where Service is Provided
Resource Advocacy and/or Representative Payee Svcs.	180	Assisting consumers with financial management and access to resources	Consumers with various disabilities, primarily mental health	ETCIL via phone or Community Locations
Independent Living Skills Training	138	Provision of consumer directed IL Skills training	Consumers with various disabilities, primarily cognitive	ETCIL or Community Locations
Peer Support	32	Support groups	Consumers with various disabilities	ETCIL and Community Locations
Home By Choice Relocation Services	92	Assisting consumers to relocate to community	Consumers with various disabilities	In Nursing Facilities, Homes and in Community
Information and Referral by Various Personnel	906	Response and referral for individual inquiries about disability resources and topics	Consumers with various disabilities, caregivers, and general public	ETCIL by phone, or within Community
Information and Referral Svcs. By Disability Specialist	360	Response and referral for individual inquiries about disability resources and topics	Consumers with various disabilities, caregivers and general public	ETCIL by phone, or within Community
Information and Referral Svcs. By Various Personnel	78	Providing information by phone or direct inquiries, while assisting with service coordination and community integration	Collaborative human service agencies involved with serving consumers and non-consumers with disabilities	ETCIL by phone, or within Community

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Hearing Loss Resource Specialist Svcs.	288	Assisting persons with Hearing Loss primarily in connecting to DARS resources	Primarily consumers with hearing loss facing vocational barriers	ETCIL, Off-Site Work or Community Locations
STAP Specialist Svcs.	250	Assisting persons with identifying personal use assistive devices for Hearing Loss and/or other disabilities which limit or preventing equal access to phone systems	Persons in need of assistive devices for Hearing Loss and/or other disabilities which limit or prevent equal access to phone systems	In homes, Community Locations, or ETCIL
Sign Language Interpreter Services	147	Coordination of scheduling of certified interpreters for the Deaf community to facilitate equal communication access	Persons who are Deaf	Scheduling performed from ETCIL for community needs, including medical, legal and educational purposes
Community Outreach / Educational Svcs.	425	Attendees of ETCIL sponsored special events in collaboration with community partners to educate about disability topics and for advocacy purposes	Persons with various disabilities, caregivers, providers, employers, and general public	ETCIL and Community Locations
Total # of people served	**2716**			

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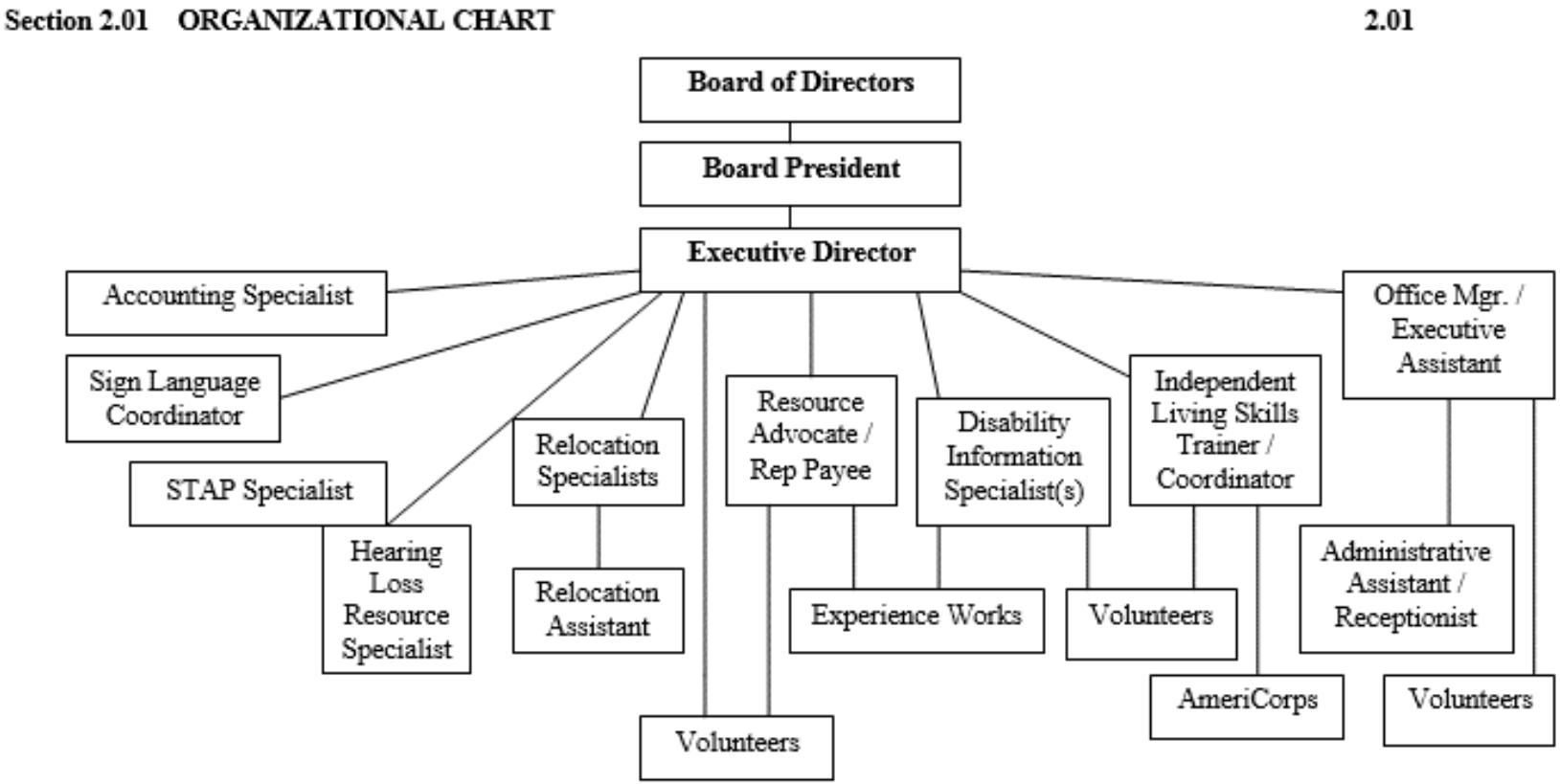
Organizational Chart



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Staffing

Position Title	FTE Level	Credentials required (if any)	Date of Hire	Agency employee or Contractor
Executive Director	1.00	Bachelor's Degree	1/26/2009	ETCIL
Independent Living Resource Advocate	1.00	Bachelor's Degree	9/1/2004	ETCIL
Independent Living Skills Trainer/Coord.	1.00	Bachelor's Degree	9/1/2010	ETCIL
Office Manager (Exec. Asst. /Bookkeeping)	1.00		2/25/2013	ETCIL
Relocation Specialist I	1.00		1/2/2014	ETCIL
Relocation Specialist II	1.00		10/20/2009	ETCIL
Relocation Assistant*	1.00		n/a	Contractor, potential ETCIL hire
Sign Language Coordinator	0.50		7/24/2014	ETCIL
Hearing Loss Resource Specialist	1.00		8/3/2015	ETCIL
STAP Specialist	0.50		2/6/2015	ETCIL
Disability Specialist	0.50		12/9/2013	ETCIL
IL Skills Trainer (18 hrs. / wk.)*	0.50		n/a	Contractor, potential ETCIL hire
Accounting Specialist (18 hr./wk)*	0.50		n/a	Contractor, potential ETCIL hire
Total Number of FTE's	10.50			
Number of FTE's that exited employment during the year	2	*We don't considered them "hired" until actually ETCIL employees.		
Turnover	19%			

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Survey Results

Respondent ID	4406994252
Start Date	12/18/2015
End Date	1/15/2016
Contact Information	East Texas Center for Independent Living / 4713 Troup Hwy. / Tyler , Texas / 75703
Mission	Clear expression of organization's mission which describes an enduring reality that reflects its values and purpose; broadly held within organization and frequently referred to High Level of capacity in place
Our mission is consistent with the needs and priorities of the people and communities we serve?	Strongly agree
Goals/Performance Targets	Quantified, aggressive targets in most areas; linked to aspirations and strategy; mainly focused on "outputs/outcomes" (results of doing things right) with some "inputs"; typically multiyear targets, though may lack milestones; targets are known and adopted by most staff who usually use them to broadly guide work Moderate level of capacity in place
Funding Model	Solid basis of funders in most types of funding source (e.g., government, foundations, corporations, private individuals); some activities to hedge against market instabilities (e.g., building of endowment); organization has developed some sustainable revenue generating activity Moderate level of capacity in place

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Performance Measurement	Performance partially measured and progress partially tracked; organization regularly collects solid data on program activities and outputs (e.g., number of people served) but lacks data-driven social impact measurement Basic level of capacity in place
Performance Analysis and Program Adjustments	Some efforts made to benchmark activities and outcomes against outside world; internal performance data used occasionally to improve organization Basic level of capacity in place
Strategic Planning	Ability to develop and refine concrete, realistic and detailed strategic plan; critical mass of internal expertise in strategic planning, or efficient use of external, sustainable, highly qualified resources; strategic planning exercise carried out regularly; strategic plan used extensively to guide management decisions High level of capacity in place
Financial Planning/Budgeting	Very solid financial plans, continuously updated; budget integrated into full operations; as strategic tool, it develops from process that incorporates and reflects organizational needs and objectives; well understood divisional (program or geographical) budgets within overall central budget; performance-to-budget closely and regularly monitored High level of capacity in place
Operational Planning	Ability and tendency to develop and refine concrete, realistic operational plan; some internal expertise in operational planning or access to relevant external assistance; operational planning carried out on a near regular basis; operational plan linked to strategic planning activities and used to guide operations Moderate level of capacity in place

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Human Resources Planning	Ability and tendency to develop and refine concrete, realistic HR plan; some internal expertise in HR planning or access to relevant external assistance; HR planning carried out on near-regular basis; HR plan linked to strategic planning activities and used to guide HR activities Moderate level of capacity in place
Partnerships and Alliances Development and Nurturing	Effectively built and leveraged some key relationships with few types of relevant parties (for-profit, public, and nonprofit sector entities); some relations may be precarious or not fully “win-win "Moderate level of capacity in place
Local Community Presence and Involvement	Organization reasonably well known within community, and perceived as open and responsive to community needs; members of larger community (including a few prominent ones) constructively involved in organization Moderate level of capacity in place
Influencing of Policymaking	Organization is aware of its possibilities in influencing policy-making; some readiness and skill to participate in policy discussion, but rarely invited to substantive policy discussions Basic level of capacity in place
Management of Legal and Liability Matters	Legal support resources identified, readily available, and employed on “as needed” basis; major liability exposures managed and insured (including property liability and workers compensation)Basic level of capacity in place
Organizational Processes Use and Development	Solid, well designed set of processes in place in core areas to ensure smooth, effective functioning of organization; processes known and accepted by many, often used and contribute to increased impact; occasional monitoring and assessment of processes, with some improvements made Moderate level of capacity in place

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Staffing Levels	Positions within and peripheral to organization (e.g., staff, volunteers, board, senior management) are almost all staffed (no vacancies); few turnover or attendance problems Moderate level of capacity in place
Board – Composition and Commitment	Good diversity in fields of practice and expertise; membership represents most constituencies (nonprofit, academia, corporate, government, etc.); good commitment to organization's success, vision and mission, and behavior to suit; regular, purposeful meetings are well-planned and attendance is consistently good, occasional subcommittee meetings Moderate level of capacity in place
Planning Systems	Regular planning complemented by ad hoc planning when needed; some data collected and used systematically to support planning effort and improve it Moderate level of capacity in place
Decision Making Framework	Clear, formal lines/ systems for decision making that involve as broad participation as practical and appropriate along with dissemination/ interpretation of decision High level of capacity in place
Financial Operations Management	Formal internal controls governing all financial operations; fully tracked, supported and reported, annually audited fund flows well managed; attention is paid to cash flow management; regular processes in place for budget review, management, and problem resolution Moderate level of capacity in place
Human Resources Management – Management Recruiting, Development, and Retention	Some tailoring of development plans for brightest stars; personal annual reviews incorporate development plan for each manager; some willingness to ensure high-quality job occupancy; some formal recruiting networks are in place Basic level of capacity in place

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Human Resources Management – General Staff Recruiting, Development, and Retention	Limited use of active development tools/programs; frequent formal and informal coaching and feedback; performance regularly evaluated and discussed; genuine concern for high-quality job occupancy; regular concerted initiatives to identify new talent Moderate level of capacity in place
Physical Infrastructure – Buildings and Office Space	Fully adequate physical infrastructure for the current needs of the organization; infrastructure does not impede effectiveness and efficiency (e.g., favorable locations for clients and employees, sufficient individual and team office space, possibility for confidential discussions)Moderate level of capacity in place
Technological Infrastructure – Telephone/Fax	Sophisticated and reliable telephone and fax facilities accessible by all staff (in office and at frontline), includes around-the-clock, individual voice mail; supplemented by additional facilities (e.g., pagers, cell phones) for selected staff; effective and essential in increasing staff effectiveness and efficiency High level of capacity in place
Technological Infrastructure – Computers, Applications, Network, and E-mail	Solid hardware and software infrastructure accessible by central and local staff; no or limited sharing of equipment is necessary; limited accessibility for frontline program deliverers; high usage level of IT infrastructure by staff; contributes to increased efficiency Moderate level of capacity in place
Technological infrastructure – Web Site	Comprehensive Web site containing basic information on organization as well as up-to-date latest developments; most information is organization-specific; easy to maintain and regularly maintained Moderate level of capacity in place
Technological Infrastructure – Databases and Management Reporting Systems	Electronic database and management reporting systems exist in most areas for tracking clients, staff, volunteers, program outcomes and financial information; commonly used and help increase information sharing and efficiency Moderate level of capacity in place
Performance as Shared Value	Employee contribution to social, financial and organizational impact is typically considered as a preeminent criterion in making hiring, rewards and promotion decisions; important decisions about the organization are embedded in comprehensive performance thinking Moderate level of capacity in place
Other Shared Beliefs and Values	Common set of basic beliefs held by many people within the organization; helps provide members a sense of identity; beliefs are aligned with organizational purpose and occasionally harnessed to produce impact Moderate level of capacity in place
Shared References and Practices	Common set of references and practices exists, and are adopted by many people within the organization; references and practices are aligned with organizational purpose and occasionally harnessed to drive towards impact Moderate level of capacity in place

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Please describe how your service delivery and business operations would need to change to provide the IL services currently provided by (a) DARS individuals who are blind or have visual impairments and (b) to other individuals with significant disabilities?	a) & b) Operationally, although much of the IL services staff time for the consumers will be in homes, depending on funding availability, for the large rural coverage area ETCIL has proposed, two strategically located small satellite offices would be beneficial for remote field personnel to have a physical location to perform related documentation, make phone calls, maintain a secure site for records and for any meetings with consumers or vendors if requested outside of a home setting. This could be a co-location arrangement with an agency or other community partner to minimize costs. As new programs will require new data collection and reporting methods, IT supplemental infrastructure development will need to occur.
How would your board support the change? Has this already been discussed by the Board and has any action been taken?	The ETCIL Board of Directors has discussed and supports providing ILS program services.
Would the changes be consistent with your organization's mission?	Yes
Would your existing staff need additional training? Please explain.	To ensure IL service delivery on targeted dates, training would have to be initially provided for existing direct service personnel although current staff are likely only to serve in a supplementary/transitional role. Prior to planned implementation dates, training will also be necessary for administrative/contract oversight personnel pertaining to all terms and procedural requirements.
Would you need additional staff? Please explain.	For IL service delivery, additional staff will need to be hired who are already trained/experienced in this capacity, or those who have eligible qualifications and transferrable experience who can be trained. Additional accounting and administrative/managerial personnel time will also be necessary for contract management, reporting and coordination of related fiscal responsibilities. Therefore, In addition to allocated managerial oversight, an additional 1/2 FTE for Accounting is anticipated, and one FTE Administrative Program Tech, along with whatever number of IL personnel will be required to address the caseloads, inclusive of allocated fringe benefits, as provided for within a reasonable budget. As it is difficult to make direct comparisons to existing operations, with the limited information available, it appears that the present infrastructure of DARS allows for both dispersed and centralized related IL functions, making it challenging to discern at this point actual personnel cost allocations which would be applicable. Therefore, this is largely hypothetical based on currently limited known considerations. Although ETCIL's foundational infrastructure has long been in place, obviously the addition of an extensive program serving populations of people with various disabilities in a broad service area, requires qualified personnel, necessary training, procedural adaptations, resources and tools, and of course sufficient operational funds to ensure viability, sustainability, and ultimately and of most significance, positive outcomes for consumers.

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Would you need to contract for more goods and services than you currently do? Please explain.	ETCIL proposes to provide the full scope of Independent Living Services, all inclusive, as currently provided by DARS, although certain procedural approaches will likely differ toward a goal of improved outcomes for consumers in a more cost effective, efficient manner once implementation is fully realized. This is of course, presuming, adequate funds are available to achieve these mutually desired results.
If so, would your staff have the expertise to procure the services and manage the contracts and vendor payments? Please explain.	Although management and other personnel have the expertise and experience in procuring services, managing contracts and arranging vendor payments, training /guidance on this specific program on required procedures would of course be necessary to include mutually developed agreed upon processes which seek to record relevant data while minimizing documentation, provide for reasonable reporting, and supportive guidance / monitoring. Regarding vendor payments, it is assumed that funding will be advanced for available via draw down, as will be the case for other operational expenses. Cost reimbursement is a very limited option due to other obligations leveraging existing funds.
Would your technology infrastructure need to change in order to procure additional goods and services (provider billing, payment tracking, etc.)? Please explain.	Once required procedures are disclosed, in order to intelligibly analyze this specific of an inquiry, we can respond more specifically. However, given what we know at this point, we do not anticipate significant technology infrastructure changes will be necessary. However, supplemental resources, tools (laptops for remote personnel) and system improvements (server capacity expansion possible, enhanced anti-virus updates, etc.) may be needed.
Please identify the data elements and other information you currently capture in your case management system.	Most likely same as what DARS does. Demographics, disability specific data, educational level, vocational background if applicable, Independent Living Plans, contact logs with details of all service and activities pertinent to the 704 ACL annual report which includes tabulating numbers of consumers served and various customized reports.
Do you monitor and track consumers who have maintained or improved functional abilities as a result of the services your organization has provided? If so, what information do you maintain in your case management system regarding this success?	For consumers who receive extended services, every communication related to the case is documented in the database contact log. As to tracking of functional ability, that is documented within each individual's Independent Living Plan which addresses the progress toward the particular goal set by the consumer. Upon the goal being achieved, it is documented accordingly. As we have not provided products and services equivalent to that of the DARS IL program, this too is a question not easily comparable.
Would you need to improve or modify the accessibility of your services? Please explain.	No. If amendment or adaptation is necessary, we would address accordingly.
How will you serve IL consumers who cannot travel to your physical site to access services?	Go to consumer's homes and /or other accessible locations including an ETCIL office or other convenient site, as mutually agreed upon. When practical and appropriate, telephone or computer technologies will be utilized.

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Some of the business changes may require financial investment prior to starting service delivery. Do you have existing funding that you could leverage to support these "start-up" investments? If not, please estimate the amount and specify the need for each additional financial investment.	We would require a cash-advance or draw down option, as limited available funds are already leveraged for other cost reimbursement contracts. Without having clarification and detailed financial data provided by DARS, it is not possible to respond to the second part of this question.
Are you taking on any other new initiatives at this time? If so, please explain.	Due to awareness of the extent of this program, ETCIL has chosen to delay pursuing additional new initiatives of any significance until the status of this matter is known and if and when incorporated into our services, is fully stabilized.
Please describe your organization's process(as) and frequency for collecting consumer feedback.	Consumers are encouraged to express feedback at any point in service delivery, as a philosophical underpinning of CIL's. Specifically, a Consumer Satisfaction Survey is presented to every consumer as a written or verbal method of reporting.
What training or technical assistance would you need from DARS or other entities to take on these services from DARS?	Please see your question 35, and our response.
How will you assure purchased equipment is going to be appropriate for the consumer, and ensure they can use it safely?	As the need for purchased equipment is determined through diagnostic / professional evaluations, ETCIL proposes this method be continued. Advance demonstration of equipment or loaned usage options would be arranged whenever practical and possible.
Please describe how your business would need to change to take on the specified services that the DARS Office for Deaf and Hard of Hearing Services (DHHS) currently provides? Please explain your understanding of these services.	As ETCIL is a long-standing contractor with the DARS Office for Deaf and Hard of Hearing Services (DHHS), for the Hearing Loss Resource Specialist and in recent years, the STAP Specialist program, as well as serving the Deaf community for well over a decade through our self-supported sign language interpreting division covering 23 counties in East Texas, this is a feasible, and likely readily achievable option. We have been honored to serve as a contractor of DHHS, and are happy to continue to do so. However, we feel confident this is an area in which we could even better serve persons who are Deaf and Hard of Hearing, given the aforementioned competencies, resources, positive connections and capacity, and a long history of a proven successful track record. In addition, ETCIL has a strong collaborative partnership with the Deafness Resource Specialist contractor and many DARS counselors, working relationships with other agencies, established educational contacts, numerous non-profit and business community partners, an on-going positive relationship with individuals within the Deaf community and interpreters, and recognized experience in the field within the East Texas area, and background with diversified Federal and State funding stream coordination, a more cost effective and efficient way to provide these services could be realized.

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Would your Board support the change? Has this already been discussed by the Board and has any action been taken?	Yes. Passing mention has been given to our board, only because it has been deemed to be of less emphasis by DARS, the Legislature, and this process. The President of the Board has been well informed at this point.
Would the changes be consistent with your organization's mission?	Yes
Would your existing staff need additional training? Please explain.	Specific to funding sources, administration and governmental processes specific to these programs
Would you need additional staff? Please explain.	Without sufficient information to compare, we can only assume so; however, key personnel already are in place who could fill much of the responsibilities assuming continued funding is provided. Frankly, there are too many unknown factors to definitively respond to this question.
Would you need to contract for more goods and services than you currently do? Please explain.	As the STAP program on the administrative end and other services and procedures might be unknown to us at this point, we would assume this would be the case.
If so, would your staff have the expertise to procure the services and manage the contracts and vendor payments? Please explain.	Similar to a prior question and response, yes.
Would your technology infrastructure need to change in order to procure additional goods and services (provider billing, payment tracking, etc.)? Please explain.	Similar to a prior question and response, yes.
Would you need to improve or modify the accessibility of your services? Please explain.	Similar to a prior question and response. However, when and if this were to come about, personnel sought would be certified or at least qualified to communicate in American sign language among other qualifications.
Do you currently have a STAP contract? If no, are you interested in providing these services? If yes, please explain your current capacity to provide the services.	Yes.
Do you currently have a Hearing Loss Resource Specialist contract or a Deafness Resource Specialist contract? If no, are you interested in providing these services? If yes, please	Yes.

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explain your current capacity to provide the services.	
Do you currently provide training specific to persons who are deaf or hard of hearing? If no, are you interested in providing training to this population group? If yes, please explain your current capacity to provide training.	Yes, we would welcome the opportunity to provide this training, although we would strive to respect other area organizations and avoid duplicating any services whenever possible.
What percent of the consumers you serve are persons who are deaf? What percent of the consumers you serve are persons who are hard of hearing? What services are provided to these population groups?	Depending on how you define "serving", our sign language program has assisted approximately 150 deaf persons this past year. Both the HLRS & STAP have assisted about a dozen persons altogether who are Deaf. However, Deaf who receive other services from the CIL such as Resource Advocacy, Independent Living Skills Training or use of our Public Videophone, are few. Over 500 persons who are Hard of Hearing were assisted by the HLRS & STAP Specialists this past year. In terms of percentage, again that is depending on what defines a "consumer" for tracking purposes. By one view, we could say for extensive services, about 46% have hearing loss. However, we do not count these cases in the same manner due to contract obligation which limit tracking beyond that required for the specific program.
How will you ensure services are accessible to persons who are deaf or hard of hearing?	Remain committed to our consumer-driven philosophy and high standards, as with all consumers served by ETCIL.

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Capacity Assessment

Number of people served	Numbers received by CIL appear duplicated. Did not respond to follow up request.	
New Counties to Serve	Fannin, Hunt, Kaufman	
Capacity Assessment Needs		
Area of Assessment	**Analysis**	**Capacity Needs**
Staffing Needs Knowledge and experience needs? Training needs types of staff needed number of staff needed providers/subcontractors needed	They currently have 1 site. They have an ED, office manager/bookkeeper, and part-time accounting specialist (currently a contracted position) and then program staff. They typically contract for admin positions before making a permanent job offer. They have a STAP specialist, HLRS, and sign language coordinator on staff. They did experience some turnover this year - ARRA funding ran out, and others wanted full time position when only a part-time position was available. Past couple of years has been a little challenging with turnover, but they have rebounded well. Usually fill positions in a couple weeks. They provide rep payee services so they do have experience tracking consumer accounts, making disbursements, etc...	1. They identified that DBS has 2 staff in the area. They would probably need a similar number of staff to take on the DBS services. 2. Additional IL specialists to handle higher volume of IL consumers 3. Would need training on new programs, requirements, reporting, etc. 4. Need an additional .5FTE for accounting staff (making this 1 FTE), and 1 Administrative Program Tech 5. They would need training on in-home services/training for the blind and also training on equipment for the blind.
Service Delivery	They provide a variety of services, mainly at the center. Have independent sign language interpreters but otherwise staff provide all other services. For their sign language program they have contracts with 50-60 medical facilities, attorneys, school systems, colleges. They provide services in community, homes, IL skills training classes, classroom setting, have brought IL classes to community settings in more rural locations. Do a lot of business over the phone. STAP specialists and relocation specialists most likely to go to people's homes. It is rare for other services to be provided in home. They don't purchase assistive technology or therapeutic services now, would need to training, and to establish relationships with vendors, and develop policies and procedures. They don't provide a lot of specialized services for the b/vi population at this time. They rely on DBS to provide blind services, as DBS does a good job and there has been no need to duplicate. Also have	*travel would increase if they needed to provide more services in-home. *would need to contract for more services and goods than they do now and develop new vendor relationships.

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	relationships with Lighthouse for the Blind - their local office is very good. They would continue to utilize that relationship but would need some additional resources to take on the DBS services.	
Systems Needs fiscal, contracting, purchasing systems case management systems reporting systems	Financial – QuickBooks for finances, do a representative payee program pay vendors now. Can make payments and track payments. Consumer Tracking – have a data base that is comparable to CIL Suite, although it is ETCIL data base. On an access data base system, and populates the different data sets, populates the 704 report. Can customize it to meet needs of reporting requirements for low to no cost.	1. Consumer tracking database modifications at low or no cost
Geographic issues Specific plan for reaching additional counties? Which areas are furthest away from center? How will they reach those farthest away?	*Core service counties -13 currently *HLRS, STAP -23 counties *Home by choice -19/20 counties (one is shared with Crockett CIL) Proposed additional – 26 counties total Will need satellite offices. At least one satellite office in the northern counties. Farthest travel is 2.5 hours one way. Having conversations about contracting with and co-locating with community providers.	1. They would want to establish 2 additional office sites, in the northern counties, where there is no CIL now to better cover the large rural geographic area proposed. This would be a place for staff to do work and also meet with consumers. Could be co-located with other community agencies.
B/VI Services	They reported no B/VI services. Should the IL Blind Services responsibilities be transferred to them, along with the funds sufficient for qualified personnel and to provide services, they would either contract the services or hire staff directly to perform the required job requirements. They report having good connections with blind services and supports in East Texas, including DARS DBS.	
Other Needs (building infrastructure, etc.)	none reported	
Anticipated barriers and challenges	Would be challenging for them to "front" large purchases and wait for DARS to reimburse (such as large equipment purchases).	
Anticipated cost and time needed	Hard to say how long, without knowing the exact program requirements. Best estimate is 6 months to hire and train people, develop policies and procedures, etc.	1. Estimate 6 months to hire and train, but don't know for sure until programs and contract is better understood.
Deaf and Hard of Hearing Services (DHHS) Capacity		

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Summary of capacity needed	They have STAP specialist, sign language coordinator, and HLRS on staff. Their sign language program assisted approximately 150 deaf persons this past year. Both the HLRS & STAP have assisted about a dozen person's altogether who are Deaf. However, Deaf who receive other services from the CIL such as Resource Advocacy, Independent Living Skills Training or use of our Public Videophone, are few. Over 500 persons who are Hard of Hearing were assisted by the HLRS & STAP Specialists this past year.	
Anticipated cost and time needed	They provide DHHS services now through contracts with DHHS. Depending on program requirements and expectations, they may need more staff, specifically staff with ASL proficiency. Probably would not need a lot of lead time.	*may need more staff if they take this on but unsure at this time

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Heart of Central Texas Independent Living Center, Inc.

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General Information

Question	CIL Response
Name of CIL	Heart of Central Texas Independent Living Center, Inc., dba: HOCTIL
Address of CIL	222 East Central Ave., Belton, Texas 76513
What counties do you currently serve? Please note if you only serve part of a county.	Bell, Coryell, McLennan, and Hill Counties
Please list the services provided by this CIL.	Information & Resources; Peer Support; Self-Management IL Skills Training; Advocacy; Employment Service; Assistive Technology demonstrations; Cool Tool resources; Consumer Directed Service, Fiscal Manager; Housing Navigator service; Relocation Services.
Do you contract for any goods/services? If so, please list the goods and services here.	We have a contract currently with our Central & Heart ADRC for Housing Navigator, (contract with our Heart ADRC also included the Resource Navigator); Contract with DADS & MCO for Fiscal Manager with Consumer Directed Services; Contract with Social Security via MAXIMUS as a Employment Network, EN for the Ticket to Work Program. We also had a contract called CHIMES which was for the Marketplace Navigator in our Heart of Texas area to assist in signing up individuals with the Marketplace (Health Insurance).
How many individuals did you serve in your most recent completed fiscal year? Please provide an unduplicated count of unique individuals served by your agency.	1,279 individuals and of those 170 received intense services as consumers. We had additional consumer with our Marketplace Navigator with 1,057 individuals served. This total is a minimum of 2,336 served in last fiscal year and additional received service through our community outreach and group delivery.
New Counties propose to serve:	Bosque, Collin, Dallas, Cooke, Denton, Ellis, Falls, Grayson, Hamilton, Hood, Johnson, Limestone, Mills, Montague, Navarro, Parker, Rockwall, Tarrant, Wise

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Services

Type of Service	Total # of people served (unduplicated by service)	Description of Service	Target Population (consumers who are blind, consumers with general disabilities, consumers who are deaf or hard of hearing)	Location Where Service is Provided
Advocacy Service	6	This is anything from advocating for individual regarding their benefits, accessibility, to employment rights.	Cross disability to include blind and deaf.	Consumer home, Center and community.
Assistive Technology & Communication Services	11	This service provided on an individual basis with assistive technology training to include communication devices.	Autism, blind, hearing, and other cross disabilities.	Consumer school, Center, and community
Family Services	8	Individual family receiving assistance understanding their child's benefits once they turn 18 years of age.	Families with children that have diagnosis of Autism or IDD.	Consumer home, Center and community.
Housing Services	9	Advocating and assisting individuals find accessible & affordable housing. This position was contracted with our ADRC's to increase affordable & accessible housing in our service area of Council of Governments.	Blind, physical and other disabilities.	Consumer home and Center
Skills Training	62	Skills Training from technology, computer class, self-management, employment, and social skills.	Cross disability to include blind and deaf.	Consumer home and Center
I&R	1279	Multiple requests	Cross disability to include blind and deaf.	Center

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Peer Support	33	Two primary support groups to include VIP & Youth with Asperger's. Other support group was with individuals with chronic illness.	Primary groups with vision/blind and Autism spectrum. We also have a Support Group for Parents with children of Special Needs.	Center and Community
Youth Transition Services	30	Assisting & advocating with youth transitioning from school to adult services. We titled our service "Transition, It's a Family Affair". We also work in conjunction with the schools and their ARDs.	Most students have diagnosis with IDD or Autism spectrum.	Center and consumers school
Vocational/Employment	39	We provide individuals with understanding their benefits when they return to work, employment training, job alerts, and support through peer and follow up. We are a Employment Network Services as well, which is a Ticket to Work Provider.	Majority of our consumers are Veterans with Disabilities, and civilians with various cross disabilities to include blind & deaf.	
Relocation Service	11	We provide Options Counseling for individuals in the Nursing Home that receive Medicare and currently Relocation service for those on Medicaid.	Cross disability to include blind and deaf.	
Consumer Directed Services	25	We provide the fiscal management service for individuals who choose to self-direct their Medicaid Waiver service.	Cross disability to include blind and deaf.	

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Respite Service	28	Provided Respite service to relieve the primary Care Giver in order for consumer to be able to remain in the community.	Most of the consumers were either Autism, IDD, physical disability or chronic illness all requiring continued supervision and assistance.	Consumers home
Market Place, Health Insurance	1057	Provided assistance to individuals in signing up with HealthCare/Obama Care.	Additional service not a CIL direct service, therefore this number of 1057 consumer that we worked with is not included in the number for CIL services.	Center and Community
Total # of people served	**2598**			

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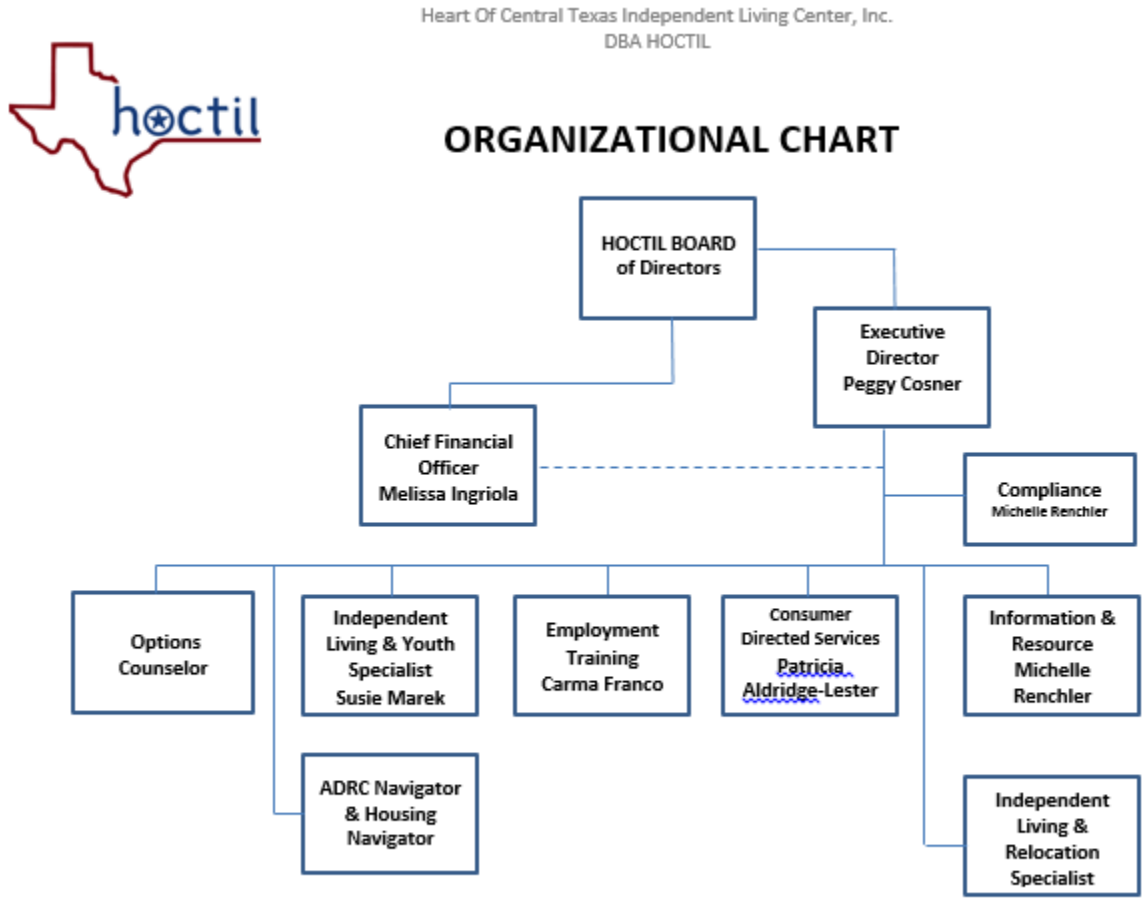
Organizational Chart



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Staffing

Position Title	FTE Level	Credentials required (if any)	Date of Hire	Agency employee or Contractor
Peggy Cosner, Executive Director	1.00	Bachelor Degree, Social Work	9/24/2002	HOCTIL Employee
Melissa Ingriola, Chief Financial Officer (CFO)	1.00	Masters Degree Accountant	10/6/2009	HOCTIL Employee
Michelle Renchler, I&R Specialist & Compliance	1.00	Associate Degree in Microcomputer Technology	7/15/2002	HOCTIL Employee
Patricia Aldridge-Lester, CDSA Program Director	1.00	Bachelor Degree Human Resource	11/13/2007	HOCTIL Employee
Carma Franco, Employment & Training Program Director	1.00	Bachelor Degree in Business Management/HR	3/15/2010	HOCTIL Employee
Susie Marek, Independent Living & Youth Service Specialist	0.50	Bachelor Degree in General Studies	12/3/2013	HOCTIL Employee
Natasha Cornelius, Options Counselor & Housing Navigator	1.00	Bachelor of Social Work	8/15/2011	HOCTIL Employee
Lindsey Parker, Program Director of Marketplace Navigator - CHIMES Program	1.00	Bachelor of Mass Communications	10/16/2013	HOCTIL Employee
Paula Solano, HOTADRC Resource Navigator	1.00	Bachelor in Business	11/3/2015	HOCTIL Employee
Eric Hobbs, HOTADRC Housing Navigator	1.00	Associate Degree	11/5/2015	HOCTIL Employee
Marrissa Oropello, Receptionist & clerk	0.30	High School Diploma	7/11/2011	HOCTIL Employee
Tricia Sheaffer, Housing Navigator & IL Specialist	0.50	Bachelor of Social Work	8/14/2014	HOCTIL Employee
Total Number of FTE's	**10.30**			
Number of FTE's that exited employment during the year	**4**	**Due to cuts in budget or changes in contract.**		
Turnover	**39%**			

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Survey Results

Respondent ID	4419180335
Start Date	12/28/2015
End Date	12/28/2015
Contact Information	Heart of Central Texas Independent Living Center / 222 E. Central Ave. / Belton / 76513
Mission	Clear expression of organization's mission which describes an enduring reality that reflects its values and purpose; broadly held within organization and frequently referred to High Level of capacity in place
Our mission is consistent with the needs and priorities of the people and communities we serve?	Strongly agree
Goals/Performance Targets	Quantified, aggressive targets in most areas; linked to aspirations and strategy; mainly focused on "outputs/outcomes" (results of doing things right) with some "inputs"; typically multiyear targets, though may lack milestones; targets are known and adopted by most staff who usually use them to broadly guide work Moderate level of capacity in place
Funding Model	Solid basis of funders in most types of funding source (e.g., government, foundations, corporations, private individuals); some activities to hedge against market instabilities (e.g., building of endowment); organization has developed some sustainable revenue generating activity Moderate level of capacity in place
Performance Measurement	Performance measured and progress tracked in multiple ways, several times a year, considering social, financial, and organizational impact of program and activities; multiplicity of performance indicators; social impact measured, but control group or longitudinal (i.e., long term) nature of evaluation is missing Moderate level of capacity in place
Performance Analysis and Program Adjustments	Some efforts made to benchmark activities and outcomes against outside world; internal performance data used occasionally to improve organization Moderate level of capacity in place
Strategic Planning	Ability to develop and refine concrete, realistic and detailed strategic plan; critical mass of internal expertise in strategic planning, or efficient use of external, sustainable, highly qualified resources; strategic planning exercise carried out regularly; strategic plan used extensively to guide management decisions High level of capacity in place
Financial Planning/Budgeting	Very solid financial plans, continuously updated; budget integrated into full operations; as strategic tool, it develops from process that incorporates and reflects organizational needs and objectives; well

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	understood divisional (program or geographical) budgets within overall central budget; performance-to-budget closely and regularly monitored High level of capacity in place
Operational Planning	Organization develops and refines concrete, realistic, and detailed operational plan; has critical mass of internal expertise in operational planning, or efficiently uses external, sustainable, highly qualified resources; operational planning exercise carried out regularly; operational plan tightly linked to strategic planning activities and systematically used to direct operations High level of capacity in place
Human Resources Planning	Ability and tendency to develop and refine concrete, realistic HR plan; some internal expertise in HR planning or access to relevant external assistance; HR planning carried out on near-regular basis; HR plan linked to strategic planning activities and used to guide HR activities Moderate level of capacity in place
Partnerships and Alliances Development and Nurturing	Built, leveraged, and maintained strong, high-impact, relationships with variety of relevant parties (local, state, and federal government entities as well as for-profit, other nonprofit, and community agencies); relationships deeply anchored in stable, long term, mutually beneficial collaboration High level of capacity in place
Local Community Presence and Involvement	Organization widely known within larger community, and perceived as actively engaged with and extremely responsive to it; many members of the larger community (including many prominent members) actively and constructively involved in organization (e.g., board, fund-raising)High level of capacity in place
Influencing of Policymaking	Organization proactively and reactively influences policymaking, in a highly effective manner, on state and national levels; always ready for and often called on to participate in substantive policy discussion and at times initiates discussions High level of capacity in place
Management of Legal and Liability Matters	Legal support resources identified, readily available, and employed on “as needed” basis; major liability exposures managed and insured (including property liability and workers compensation)Basic level of capacity in place
Organizational Processes Use and Development	Solid, well designed set of processes in place in core areas to ensure smooth, effective functioning of organization; processes known and accepted by many, often used and contribute to increased impact; occasional monitoring and assessment of processes, with some improvements made Moderate level of capacity in place
Staffing Levels	Positions within and peripheral to organization (e.g., staff, volunteers, board, senior management) are almost all staffed (no vacancies); few turnover or attendance problems Moderate level of capacity in place

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Board – Composition and Commitment	Membership with broad variety of fields of practice and expertise, and drawn from the full spectrum of constituencies (nonprofit, academia, corporate, government, etc.); includes functional and program content-related expertise, as well as high-profile names; high willingness and proven track record of investing in learning about the organization and addressing its issues; outstanding commitment to the organization's success, mission and vision; meet in person regularly, good attendance, frequent meetings of focused subcommittees High level of capacity in place
Planning Systems	Regular planning complemented by ad hoc planning when needed; clear, formal systems for data collection in all relevant areas; data used systematically to support planning effort and improve it High level of capacity in place
Decision Making Framework	Clear, formal lines/ systems for decision making that involve as broad participation as practical and appropriate along with dissemination/ interpretation of decision High level of capacity in place
Financial Operations Management	Robust systems and controls in place governing all financial operations and their integration with budgeting, decision making, and organizational objectives/strategic goals; cash flow actively managed; regular processes in place for budget review, management and problem resolution High level of capacity in place
Human Resources Management – Management Recruiting, Development, and Retention	Recruitment, development, and retention of key managers is priority and high on CEO/executive director's agenda; some tailoring in development plans for brightest stars; relevant training, job rotation, coaching/feedback, and consistent performance appraisal are institutionalized; genuine concern for high-quality job occupancy; well connected to potential sources of new talent Moderate level of capacity in place
Human Resources Management – General Staff Recruiting, Development, and Retention	Limited use of active development tools/programs; frequent formal and informal coaching and feedback; performance regularly evaluated and discussed; genuine concern for high-quality job occupancy; regular concerted initiatives to identify new talent Moderate level of capacity in place
Physical Infrastructure – Buildings and Office Space	Physical infrastructure well-tailored to organization's current and anticipated future needs; well-designed and thought out to enhance organization's efficiency and effectiveness (e.g., especially favorable locations for clients and employees, plentiful team office space encourages teamwork, layout increases critical interactions among staff)High level of capacity in place
Technological Infrastructure – Telephone/Fax	Sophisticated and reliable telephone and fax facilities accessible by all staff (in office and at frontline), includes around-the-clock, individual voice mail; supplemented by additional facilities (e.g., pagers, cell phones) for selected staff; effective and essential in increasing staff effectiveness and efficiency High level of capacity in place

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Technological Infrastructure – Computers, Applications, Network, and E-mail	State of the art fully networked computing hardware with comprehensive range of up-to-date software applications; all staff has individual computer access and e-mail; accessible by frontline program deliverers as well as entire staff; used regularly by staff; effective and essential in increasing staff efficiency High level of capacity in place
Technological infrastructure – Web Site	Comprehensive Web site containing basic information on organization as well as up-to-date latest developments; most information is organization-specific; easy to maintain and regularly maintained Moderate level of capacity in place
Technological Infrastructure – Databases and Management Reporting Systems	Sophisticated, comprehensive electronic database and management reporting systems exist for tracking clients, staff, volunteers, program outcomes and financial information; widely used and essential in increasing information sharing and efficiency High level of capacity in place
Performance as Shared Value	Employee contribution to social, financial and organizational impact is typically considered as a preeminent criterion in making hiring, rewards and promotion decisions; important decisions about the organization are embedded in comprehensive performance thinking Moderate level of capacity in place
Other Shared Beliefs and Values	Common set of basic beliefs and values (e.g., social, religious) exists and is widely shared within the organization; provides members sense of identity and clear direction for behavior; beliefs embodied by leader but nevertheless timeless and stable across leadership changes; beliefs clearly support overall purpose of the organization and are consistently harnessed to produce impact High level of capacity in place
Shared References and Practices	Common set of references and practices exist within the organization, which may include: traditions, rituals, unwritten rules, stories, heroes or role models, symbols, language, dress; are truly shared and adopted by all members of the organization; actively designed and used to clearly support overall purpose of the organization and to drive performance High level of capacity in place
Please describe how your service delivery and business operations would need to change to provide the IL services currently provided by (a) DARS individuals who are blind or have visual impairments and (b) to other individuals with significant disabilities?	Our service delivery and business operations would not need to change. However, we would need to hire staff with specific skill sets corresponding to the needs of individuals who are blind or have visual impairments. In order to meet the needs of individuals with significant disabilities, we would need to further train our current staff as well as add additional staff to meet the needs of this diverse populations of individuals. In recruiting and hiring to meet the needs of individuals with visual impairments as well as significant disabilities, training would be provided by HOCTIL.
How would your board support the change? Has this already been discussed by the Board and has any action been taken?	The board is very supportive to the expansion of services in the area of IL services and is addressed on an ongoing basis with board members.

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Would the changes be consistent with your organization's mission?	Yes, these changes would be consistent with HOCTIL's mission to meet the needs of individuals with disabilities.
Would your existing staff need additional training? Please explain.	Existing staff as well as new staff would need training to further meet the needs of a diverse population of individuals with disabilities.
Would you need additional staff? Please explain.	In order to expand IL services to be more specific, additional staff would be required.
Would you need to contract for more goods and services than you currently do? Please explain.	Yes, we will need to expand on contracts to further expand the IL services available.
If so, would your staff have the expertise to procure the services and manage the contracts and vendor payments? Please explain.	Yes, the staff of HOCTIL already has the expertise to procure the services and manage the contracts and vendor payments for governmental, non-profit and for-profit organizations.
Would your technology infrastructure need to change in order to procure additional goods and services (provider billing, payment tracking, etc.)? Please explain.	No, HOCTIL purchased Sage 50 which has the ability to handle up to 500 different vendors and was purchased for the purpose of allowing for growth in this area.
Please identify the data elements and other information you currently capture in your case management system.	HOCTIL's data case management system is capable of being very specific to analyze the data necessary for various needs. We are able to run audits to obtain specific information related to individual to system management. The data currently collected includes; demographics of consumers, service deliveries and community activities as well as client participation in those activities.
Do you monitor and track consumers who have maintained or improved functional abilities as a result of the services your organization has provided? If so, what information do you maintain in your case management system regarding this success?	Hoctil currently monitors and tracks consumers in reference to maintaining and improved functional abilities resulting from the services provided by HOCTIL. HOCTIL does annual surveys and ongoing follow-up as needed by consumers.
Would you need to improve or modify the accessibility of your services? Please explain.	HOCTIL provides highly accessible services for consumers.
How will you serve IL consumers who cannot travel to your physical site to access services?	Home visits are currently provided for consumers who need this service and will continue to be provided as needed.

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Some of the business changes may require financial investment prior to starting service delivery. Do you have existing funding that you could leverage to support these "start-up" investments? If not, please estimate the amount and specify the need for each additional financial investment.	HOCTIL currently has existing funding and a line-of-credit with the local bank for the purposes of leverage for start-up investments.
Are you taking on any other new initiatives at this time? If so, please explain.	Yes, currently HOCTIL is taking on a new initiative to provide employment services for veterans with disabilities. In addition, we have plans to expand our IDD training services for youth and beyond.
Please describe your organization's process(as) and frequency for collecting consumer feedback.	Hoctil has an open door policy that any consumer may contact the Executive Director personally. They may also make contact via phone and Facebook and webpage are set up to receive feedback as well.
What training or technical assistance would you need from DARS or other entities to take on these services from DARS?	Services are not needed from DARS as HOCTIL is very confident in their ability to provide appropriate and timely services for individuals with disabilities.
How will you assure purchased equipment is going to be appropriate for the consumer, and ensure they can use it safely?	HOCTIL includes a demonstration site as part of their services in which individuals may come in and try out specific equipment prior to purchasing and can speak with highly trained staff to assure consumer needs are met.
Please describe how your business would need to change to take on the specified services that the DARS Office for Deaf and Hard of Hearing Services (DHHS) currently provides? Please explain your understanding of these services.	HOCTIL will hire and train staff to provide services for individuals who are deaf or hard of hearing. These services are diverse and specific to the individual requiring assistance and will be provide in the same manner.
Would your Board support the change? Has this already been discussed by the Board and has any action been taken?	Yes, the board will support the change as it has been discussed previously and HOCTIL will continue to keep the board up-to-date on the needs of providing these services.
Would the changes be consistent with your organization's mission?	These changes would be consistent with the organizations mission of providing appropriate and timely services to assure each individual has the right to live their life their way.
Would your existing staff need additional training? Please explain.	Existing staff would need additional training to assure the needs of individuals who are deaf or hard of hearing will be appropriately served according to their individual needs.

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Would you need additional staff? Please explain.	Additional staff would be required to meet the unique needs of individuals who are deaf or hard of hearing. Additional staff would be highly skilled in providing services including the use of sign language for individuals needing these service to meet their needs.
Would you need to contract for more goods and services than you currently do? Please explain.	We would need to contract for more goods and services but HOCTIL has the ability to provide these services.
If so, would your staff have the expertise to procure the services and manage the contracts and vendor payments? Please explain.	HOCTIL staff has the expertise to procure the services and manage the contracts and vendor payments in the same manner in which we serve individuals with other disabilities including those who are deaf or hard of hearing.
Would your technology infrastructure need to change in order to procure additional goods and services (provider billing, payment tracking, etc.)? Please explain.	No, our technology infrastructure would not need to change. Our system Sage 50 has the ability to handle up to 500 vendors.
Would you need to improve or modify the accessibility of your services? Please explain.	We would increase the accessibility to meet the needs of the individuals who are deaf or hard of hearing.
Do you currently have a STAP contract? If no, are you interested in providing these services? If yes, please explain your current capacity to provide the services.	HOCTIL currently has a STAP contract with DARS to provide these services where they are able to purchase through HOCTIL. Individuals bring in their vouchers and when phones or other devices are purchased through HOCTIL, the voucher is then sent to DARS for payment.
Do you currently have a Hearing Loss Resource Specialist contract or a Deafness Resource Specialist contract? If no, are you interested in providing these services? If yes, please explain your current capacity to provide the services.	No, HOCTIL does not have a Hearing Loss Resource Specialist contract. However, HOCTIL is interested in providing these services which would require the hiring of qualified staff.
Do you currently provide training specific to persons who are deaf or hard of hearing? If no, are you interested in providing training to this population group? If yes, please explain your current capacity to provide training.	Hoctil currently provides training through our employment services via a specialist with some signing ability as well as specific assistive technology for effective communication.

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What percent of the consumers you serve are persons who are deaf? What percent of the consumers you serve are persons who are hard of hearing? What services are provided to these population groups?	Persons who are deaf comprise below 5% of the consumers served by Hoctil while approximately 15% of consumers are hard of hearing. All services provided through Hoctil are provided for individuals who are deaf or hard of hearing including training, information resources, advocacy and transition services.
How will you ensure services are accessible to persons who are deaf or hard of hearing?	Appropriate assistive technology will be used based on the identified preferences of the individual requesting services. If the individual requests and interpreter for services, Hoctil hires and pays for those services.

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Capacity Assessment

New Counties to serve	Bosque, Collin, Dallas, Cooke, Denton, Ellis, Falls, Grayson, Hamilton, Hood, Johnson, Limestone, Mills, Montague, Navarro, Parker, Rockwall, Tarrant, Wise	
Number of staff	10.3	
Number of people served	170 (number of consumers)	
Established		
Capacity Assessment Needs		
Area of Assessment	**Analysis**	**Capacity Needs**
Staffing Needs Knowledge and experience needs? Training needs types of staff needed number of staff needed providers/subcontractors needed	They have an ED and CFO. While they do have some specific services, such as support groups for b/vi they would need to hire or train or contract to provide very specialized b/vi or d/hh services such as braille, ASL, or specific equipment assessments and training. They do have a full staff right now. They lost some positions this year due to contract changes in the Housing Navigator program, also a pending contract issue with the program created some turnover (2 people left as they were not assured funding but they did re-fill the positions). Generally, they do not experience a lot of turnover and can hire staff quickly. This center received the national 2014 When Work Works Award, from Families and Work Institute (FWI) and the Society for Human Resource Management (SHRM). This award was due to the accommodations' HOCTIL provides to their employers as well as consumers. In order to provide the services currently provided by DARS they would need to hire more staff to accommodate more volume. They would also need to hire, train, or contract for highly specialized services such as ASL, braille, assessments, etc. They have a CFO on staff who has previous non-profit experience with contracting, purchasing, etc... The center would welcome any training DARS would offer. The center did not see a need to change the way services are delivered but would need hire additional staff to accommodate the increase in consumers. They did not have a clear estimate of the number of staff they would need.	1. 6 staff would be preferred however could get by in the beginning with 3-4, looking into co location with the REACH site. 2. Staff training in certain areas. 3. Would be open to DARS training.

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Service Delivery	They currently serve a rural area. They provide a wide variety of services. They do purchase small items for consumers periodically (for example specially adapted eating utensils). They are a demonstration site for assistive technology with the Texas Technology Access Program (TTAP). Consumers can test equipment to determine if it will meet their needs. HOCTIL will occasionally purchase items on behalf of consumers, but they are generally small, low-tech items. They also have a mobile demo site, with low-tech equipment that they can bring to homes/community sites for consumers to try. They do not do assessments for consumers to assist with determining equipment or technology needs, or vehicle modifications. They would need expertise in this area. They do travel to meet consumers in their homes and community sites now and have some travel budget. They encourage consumers to come to the center b/c it encourages independence but if the consumer says they can't then they will meet them closer to home or at home. It is common for them to drive 60 miles round trip, and sometimes as far as 120 miles RT. The specific disabilities of the people they serve: 40% physical disability, 20% mental / emotional; (usually has dual diagnosis), 17%other; (could be a chronic illness & unsure where it fits), 15% cognitive (to include IDD); 5% vision and, 3% deaf or hard of hearing.	
Systems Needs fiscal, contracting, purchasing systems case management systems reporting systems	Their financial system is Sage 50, which as the capacity to manage up to 500 vendors and providers. Currently use CIL Management Suite for tracking and reporting consumer activity. The system is customizable so if there are new elements or data that they need to capture they can expand on current capacity. Right now, the system is set up to track federally required metrics and information.	1. Would need to develop purchasing policies and procedures and use their financial system in a new way. May need training. 2. Would possibly need to modify their case tracking system to capture new information depending on reporting requirements, but the system has the capacity to be modified.
Geographic issues Specific plan for reaching additional counties? Which areas are furthest away from center? How will they reach those farthest away?	The CIL currently has 2 sites: one in Waco and one in Belton. Center staff routinely travel 60 miles round trip to meet and deliver services to consumers, and as far as 120 miles round trip. They will partner with the REACH CIL in Fort Worth area as a co-location site for the counties they want to add on. REACH is willing to partner with them. They will continue to travel to meet consumers as needed and will need additional travel dollars to do this.	1. Planning to co-locate with REACH.

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B/VI service	Served 15 BVI consumers last year. At least half of those consumers were met at their home as well as our VIP Support Group that sponsor and have quarterly activity community events. Have some specific services for b/vi individuals including support groups and “Come Walk in My Shoes". They may need assistance to deliver highly specialized services such as braille or technology assessments and training and the latest technology needs.	
Other Needs (building infrastructure, etc.)	None identified	
Anticipated barriers and challenges	Training would be needed on assistive technology as well as what vendors are available. The center is willing to bring on staff or contract out for services that will meet the needs of the client and are hopeful, DARS will share their vendor list.	1. Would be helpful for DARS to share their vendor list. 2. Will need to stay informed of most recent and up-to-date technology.
Anticipated cost and time needed	Approximately 30-60 days would be needed to hire and train staff, this is contingent on the contract not requiring the center to provide a service or something they do not current do. The timeframe would be based on the contract.	1. Will take 30-60 days to provide ILS and b/vi services.
Deaf and Hard of Hearing Services (DHHS) Capacity		
Summary of capacity needed	Do not currently have a contract with DHHS. No STAP, HLRS, or DRS on staff. Currently the center works with HH consumers and not deaf. They are willing to take on this population and are hoping to build this programming simultaneously with the programming for the Blind and visually impaired, they do not view it as separate start up time. They have some equipment on site and would need to look at hiring staff with more expertise in working with this population but unsure of how many staff this would entail.	
Anticipated cost and time needed	Possibly longer than the 30-60 days for ILS and b/vi services but don't want to roll out separately, want to roll out at the same time.	

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LIFE/RUN Center for Independent Living

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General Information

Question	CIL Response
Name of CIL	LIFE/RUN
Address of CIL	8240 Boston Ave., Lubbock, Texas 79423
What counties do you currently serve? Please note if you only serve part of a county.	For IL Services, LIFE/RUN exclusively serves Crosby, Floyd, Garza, Hale, Hockley, Lamb, Lubbock, Lynn and Terry.
Please list the services provided by this CIL.	Information and Referral, Advocacy, Peer Support, Independent Living Skills Training, Job Readiness Training, Home By Choice Nursing Home Relocation Services, Youth Transition Services, Personal Assistance Services, Payee Services, Gettin' Fit & Lovin' It! Health & Fitness Program, Dignity U Wear, Deaf & Hard of Hearing Resource Specialists Program, STAP, ASL Interpreting, Social & Recreational, Braille Services, Hub City Access, Housing, Homeless Services, Transportation.
Do you contract for any goods/services? If so, please list the goods and services here.	ASL Interpreting Services, Relocation Services and Aging and Disability Resource Center Services.
How many individuals did you serve in your most recent completed fiscal year? Please provide an unduplicated count of unique individuals served by your agency.	513
New Counties to Serve	Bailey, Borden, Cochran,Cottle, Crosby, Dawson,Dickens, Foard, Gaines,Hardeman, Kent, King,Motley, Yoaku.

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Services

Type of Service	Total # of people served (unduplicated by service)	Description of Service	Target Population (consumers who are blind, consumers with general disabilities, consumers who are deaf or hard of hearing)	Location Where Service is Provided
Advocacy Social Security assistance Filling out resource applications Providing advocacy with resource providers Teaching the Consumer advocacy skills Encouraging voter participation	379	Assistance and /or representation in obtaining access to benefits, services, and programs to which a consumer may be eligible.	Cross-Disability Population	In Center, Home and Community
Assistive Technology (AT) Providing donated AT to Consumer at no cost Providing training on Assistive Technology Assist Consumers in accessing STAP Videophone services	35	Any assistive technology service that assists an individual with a disability in the selection, acquisition or use of an assistive technology device.	Cross-Disability Population	In Center, Home and Community
Children's Services Attend ARD meetings at school Educate parents regarding community resources	1	The provision of specific IL services designed to serve individuals with significant disabilities under the age of 14.	Cross-Disability Population	In Center, Home and Community
Communications Services ASL Classes Service provision STAP Services	43	Services directed to enable consumers to better communicate, such as interpreter services, training in communication equipment use, Braille instruction, and reading services.	Cross-Disability Population	In Center, Home and Community
Family Services Refer to and assist with accessing community resources	15	Services provided to the family members of an individual with a significant disability when necessary for improving the individual's ability to	Cross-Disability Population	In Center, Home and Community

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		live and function more independently, or ability to engage or continue in employment.		
Housing, Home Modifications and Shelter Services Assistance in accessing subsidized housing Assistance in location affordable, accessible housing Training in reading leases Locating emergency rental Assisi stance Assisting in applying for utility assistance Advocating with landlords for accessibility	149	These services are related to securing housing or shelter, adaptive housing services.	Cross-Disability Population	In Center, Home and Community
IL Skills and Life Skills training Healthy cooking classes Money Management and Budgeting Training in making informed choices Personal hygiene classes Shopping classes	113	These may include instruction to develop independent living skills in areas such as personal care, coping, financial management, social skills, and household management. This may also include education and training necessary for living in the community and participating in community activities.	Cross-Disability Population	In Center, Home and Community
Information and Referral Services	5,725	Providing information regarding programs and resources and Referrals to resources, organizations and programs.	Cross-Disability Population	In Center, Home and Community
Peer Support Regularly scheduled cross-disability peer support groups Monthly Mental Health Support	130	Counseling, teaching, information sharing, and similar kinds of contact provided to consumers by other people with disabilities.	Cross-Disability Population	In Center, Home and Community

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Monthly Coping Skills Support Monthly Muscular Dystrophy Support Monthly Multiple Sclerosis Support Monthly Support Group for Blind/Low Vision Weekly AA/NA Peers Support Weekly Take Off Pounds Sensibly Support				
Personal Assistance Services Providing Personal Assistance Service (PAS) Training to understand PAS management Training to outline types of available PAS	20	Assistance with personal bodily functions; communicative, household, mobility, work, emotional, cognitive, personal, and financial affairs; community participation; parenting; leisure; and other related needs.	Cross-Disability Population	In Center, Home and Community
Preventive Services Health & Fitness Center services H&F Mental Health services (Equitherapy,Yoga, Meditation) Diabetes Awareness Training Diet & Nutrition Classes	72	Services intended to prevent additional disabilities, or to prevent an increase in the severity of an existing disability.	Cross-Disability Population	In Center and Community
Recreational Services Craft classes Holiday activities Wii games Community activities (Bowling, Batting cages)	265	Provision or identification of opportunities for the involvement of consumers in meaningful leisure time activities.	Cross-Disability Population	In Center and Community
Transportation Services Transportation assistance to Center activities Para Transit Certification assistance Bus training	113	Services involving improving a Consumer's access to space, environment and community by improving the ability to move, travel, transport oneself, or use public transportation.	Cross-Disability Population	In Center and Community

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Youth Transition Provide information on community resources Assist with applying for resources Encourage social participation Coordinate with DARS Transition services	13	Any service that develops skills specifically designed for youth with disabilities between the ages of 14-24 (excluding those counted as a 5th core recipient) to promote self-awareness and esteem, develop advocacy and self-empowerment skills and the exploration of career options, including the transition from school to post school activities. Services targeted to assist young adults who have exited the public school system where they were served under IDEA to transition to adulthood.	Cross-Disability Population	In Center, Home and Community
Vocational Services Computer classes Job Readiness classes Benefits planning Coordinating with DARS Vocational services	62	IL services related to advancing, obtaining or maintaining employment. Services of an academic or training nature, expected to improve the consumer's basic knowledge or increase the ability to perform skills deemed to increase independence.	Cross-Disability Population	In Center
Other - Personal Resource Management Provide Social Security Representative Payee Services Assist with accessing resources (subsidized housing, energy assistance, food stamps) Hygiene and Dignity U Wear Clothing Closet	169	Assisting Consumer to manage income, access resources.	Cross-Disability Population	In Center, Home and Community

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Adult Transition/Relocation Services Assist Consumer to relocate back into life in the community Locate accessible, affordable housing Coordinate resources (food stamps, energy assistance, Medicare Savings Plans) Coordinate with Managed Care Organizations (MCOs) for PAS and equipment Conduct At-Risk Assessments to identify individuals at-risk of institutional placement and implementing services to divert potential placement.	55	Services to assist with relocation from institution such as skilled nursing facility to Consumer's desired living arrangement. Service efforts for consumer to be able to remain in choice of community living environments.	Cross-Disability Population	In Center, Home and Community
Total # of people served	**7359**	Note: Total captures unduplicated Consumers receiving multiple services.		

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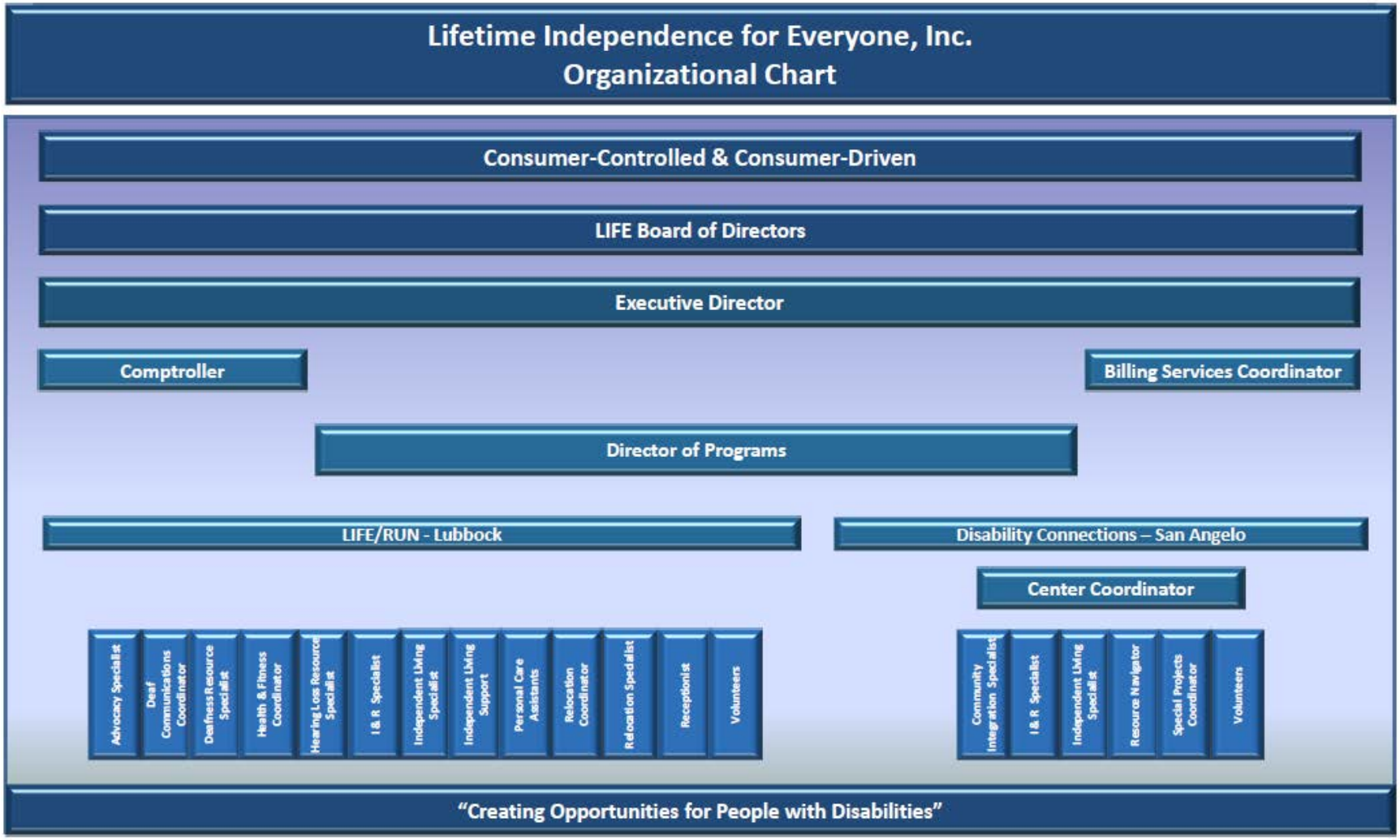
Organizational Chart



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Staffing

Position Title	FTE Level	Credentials Required (if any)	Date of Hire	Agency employee or Contractor
Billing Services Coordinator, DC	1.00	High School Diploma	5/17/2010	Employee
Executive Director, MC	1.00	Bachelor's Degree	11/20/2000	Employee
Deafness Resource Specialist, MD	1.00	Bachelor's Degree, CPR	3/17/2015	Employee
Deaf Services Coordinator, JR	1.00	Bachelor's Degree	12/2/2013	Employee
Relocation Specialist, BD	1.00	Bachelor's Degree	9/2/2014	Employee
Hard of Hearing Specialist, AG	1.00	Bachelor's Degree	9/8/2015	Employee
Independent Living Specialist, BH	1.00	Bachelor's Degree	9/2/2015	Employee
Independent Living Specialist, IH	1.00	Bachelor's Degree	1/21/2004	Employee
Receptionist, VH	1.00	High School Diploma	9/1/2015	Employee
Relocation Specialist, KJ	1.00	Bachelor's Degree	12/1/2009	Employee
Relocation Specialist, AM	1.00	Bachelor's Degree	1/5/2007	Employee
Director of Programs, NP	1.00	Bachelor's Degree	3/26/1998	Employee
Relocation Coordinator, MP	1.00	Bachelor's Degree	5/17/2004	Employee
Independent Living Specialist, VS	1.00	Bachelor's Degree	5/18/2009	Employee
Independent Living Support, AS	1.00	High School Diploma	1/6/2012	Employee
Relocation Specialist, KS	1.00	Bachelor's Degree	4/1/2008	Employee
Information & Referral/STAP Specialist, CS	1.00	Bachelor's Degree	12/16/2014	Employee
Independent Living Support, ES	0.50	High School Diploma	7/16/2015	Employee
Advocacy Specialist, CT	1.00	Bachelor's Degree	4/1/2009	Employee
Independent Living Specialist, RT	1.00	Bachelor's Degree	5/1/2007	Employee
Personal Care Assistant, DT	0.48	High School Diploma	8/2/2012	Employee
Health & Fitness Coordinator, AV	1.00	CPR, AED, BA	7/16/2013	Employee
Comptroller, TW	1.00	Bachelor's Degree	11/3/2010	Employee
Advocacy Specialist, LW	0.50	Bachelor's Degree	9/8/2015	Employee
Independent Living Specialist, SY	0.75	Bachelor's Degree	11/1/1993	Employee
Total FTE's	**23.23**			
Turnover	**0**			
Turnover Rate	**0%**			

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Survey Results

Respondent ID	4450088266
Start Date	1/17/2016
End Date	1/22/2016
Contact Information	LIFE/RUN / 8240 Boston Ave. / Texas / 79423
Mission	Clear expression of organization's mission which reflects its values and purpose; held by many within organization and often referred to Moderate level of capacity in place
Our mission is consistent with the needs and priorities of the people and communities we serve?	Strongly agree
Goals/Performance Targets	Quantified, aggressive targets in most areas; linked to aspirations and strategy; mainly focused on "outputs/outcomes" (results of doing things right) with some "inputs"; typically multiyear targets, though may lack milestones; targets are known and adopted by most staff who usually use them to broadly guide work Moderate level of capacity in place
Funding Model	Organization has access to multiple types of funding (e.g., government, foundations, corporations, private individuals) with only a few funders in each type, or has many funders within only one or two types of funders Basic level of capacity in place
Performance Measurement	Performance partially measured and progress partially tracked; organization regularly collects solid data on program activities and outputs (e.g., number of people served) but lacks data-driven social impact measurement Basic level of capacity in place
Performance Analysis and Program Adjustments	Some efforts made to benchmark activities and outcomes against outside world; internal performance data used occasionally to improve organization Basic level of capacity in place
Strategic Planning	Some ability and tendency to develop high-level strategic plan either internally or via external assistance; strategic plan roughly directs management decisions Basic level of capacity in place
Financial Planning/Budgeting	Very solid financial plans, continuously updated; budget integrated into full operations; as strategic tool, it develops from process that incorporates and reflects organizational needs and objectives; well understood divisional (program or geographical) budgets within overall central budget; performance-to-budget closely and regularly monitored High level of capacity in place
Operational Planning	Some ability and tendency to develop high-level operational plan either internally or via external assistance; operational plan loosely or not linked to strategic planning activities and used roughly to guide operations Basic level of capacity in place

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Human Resources Planning	Some ability and tendency to develop high-level HR plan either internally or via external assistance; HR plan loosely linked to strategic planning activities and roughly guides HR activities Basic level of capacity in place
Partnerships and Alliances Development and Nurturing	Effectively built and leveraged some key relationships with few types of relevant parties (for-profit, public, and nonprofit sector entities); some relations may be precarious or not fully "win-win" Moderate level of capacity in place
Local Community Presence and Involvement	Organization reasonably well known within community, and perceived as open and responsive to community needs; members of larger community (including a few prominent ones) constructively involved in organization Moderate level of capacity in place
Influencing of Policymaking	Organization is fully aware of its possibilities in influencing policy-making and is one of several organizations active in policy-discussions on state or national level Moderate level of capacity in place
Management of Legal and Liability Matters	Legal support resources identified, readily available, and employed on "as needed" basis; major liability exposures managed and insured (including property liability and workers compensation) Basic level of capacity in place
Organizational Processes Use and Development	Basic set of processes in core areas for ensuring efficient functioning of organization; processes known, used, and truly accepted by only portion of staff; limited monitoring and assessment of processes, with few improvements made in consequence Basic level of capacity in place
Staffing Levels	Positions within and peripheral to organization (e.g., staff, volunteers, board, senior management) are almost all staffed (no vacancies); few turnover or attendance problems Moderate level of capacity in place
Board – Composition and Commitment	Some diversity in fields of practice; membership represents a few different constituencies (from among nonprofit, academia, corporate, government, etc.); moderate commitment to organization's success, vision and mission; regular, purposeful meetings are well-planned and attendance is good overall Basic level of capacity in place
Planning Systems	Regular planning complemented by ad hoc planning when needed; clear, formal systems for data collection in all relevant areas; data used systematically to support planning effort and improve it High level of capacity in place
Decision Making Framework	Clear, largely formal lines/ systems for decision making but decisions are not always appropriately implemented or followed; dissemination of decisions generally good but could be improved Moderate level of capacity in place
Financial Operations Management	Robust systems and controls in place governing all financial operations and their integration with budgeting, decision making, and organizational objectives/strategic goals; cash flow actively managed; regular processes in place for budget review, management and problem resolution High level of capacity in place

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Human Resources Management – Management Recruiting, Development, and Retention	Some tailoring of development plans for brightest stars; personal annual reviews incorporate development plan for each manager; some willingness to ensure high-quality job occupancy; some formal recruiting networks are in place Basic level of capacity in place
Human Resources Management – General Staff Recruiting, Development, and Retention	Limited use of active development tools/programs; frequent formal and informal coaching and feedback; performance regularly evaluated and discussed; genuine concern for high-quality job occupancy; regular concerted initiatives to identify new talent Moderate level of capacity in place
Physical Infrastructure – Buildings and Office Space	Fully adequate physical infrastructure for the current needs of the organization; infrastructure does not impede effectiveness and efficiency (e.g., favorable locations for clients and employees, sufficient individual and team office space, possibility for confidential discussions) Moderate level of capacity in place
Technological Infrastructure – Telephone/Fax	Sophisticated and reliable telephone and fax facilities accessible by all staff (in office and at frontline), includes around-the-clock, individual voice mail; supplemented by additional facilities (e.g., pagers, cell phones) for selected staff; effective and essential in increasing staff effectiveness and efficiency High level of capacity in place
Technological Infrastructure – Computers, Applications, Network, and E-mail	State of the art fully networked computing hardware with comprehensive range of up-to-date software applications; all staff has individual computer access and e-mail; accessible by frontline program deliverers as well as entire staff; used regularly by staff; effective and essential in increasing staff efficiency High level of capacity in place
Technological infrastructure – Web Site	Comprehensive Web site containing basic information on organization as well as up-to-date latest developments; most information is organization-specific; easy to maintain and regularly maintained Moderate level of capacity in place
Technological Infrastructure – Databases and Management Reporting Systems	Sophisticated, comprehensive electronic database and management reporting systems exist for tracking clients, staff, volunteers, program outcomes and financial information; widely used and essential in increasing information sharing and efficiency High level of capacity in place
Performance as Shared Value	Employee contribution to social, financial and organizational impact is typically considered as a preeminent criterion in making hiring, rewards and promotion decisions; important decisions about the organization are embedded in comprehensive performance thinking Moderate level of capacity in place
Other Shared Beliefs and Values	Common set of basic beliefs held by many people within the organization; helps provide members a sense of identity; beliefs are aligned with organizational purpose and occasionally harnessed to produce impact Moderate level of capacity in place
Shared References and Practices	Common set of references and practices exist within the organization, which may include: traditions, rituals, unwritten rules, stories, heroes or role models, symbols, language, dress; are truly shared and adopted by all

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	members of the organization; actively designed and used to clearly support overall purpose of the organization and to drive performance High level of capacity in place
Please describe how your service delivery and business operations would need to change to provide the IL services currently provided by (a) DARS individuals who are blind or have visual impairments and (b) to other individuals with significant disabilities?	LIFE CILs will not have to necessarily change their service delivery and business operations to administer the ILS program currently provided by DARS. However, we do anticipate having to expand our service delivery and business operations, thus incorporating additional policies and procedures, direct services and administrative staff, vendor outreach, as well as any relevant training associated with the expansion of our IL program (all of which are contingent on the requirements outlined by DARS/HHSC in any potential contract(s) offered to LIFE Inc.).
How would your board support the change? Has this already been discussed by the Board and has any action been taken?	From the outset, LIFE's Board of Directors (BOD) was made aware of the Sunset Commission's recommendations to have CILs administer the DARS ILS program and to assess the feasibility of having CILs absorb those services delivered by DHHS as well. Since the legislative mandate to implement those recommendations, the BOD is in full support of LIFE's CILs expanding their IL programs and has already taken action to increase the Organization's capacity to do so by recruiting and consulting with retired DARS employees to help with the transition and offer their expertise. These new Board members include an individual that administered DARS ILS in LIFE's service delivery areas for over 15 years and a former Certified Vision Rehabilitation Therapist and Vocational Rehabilitation Teacher with the DARS Division of Blind Services (DBS) for almost 24 years. Additionally, LIFE's Board President has committed to participating in the capacity assessment itself.
Would the changes be consistent with your organization's mission?	Absolutely, "LIFE Inc. is committed to empowering people with disabilities to exercise their freedom of choice in overcoming the social and attitudinal barriers to a life of equality, independence and full inclusion, without prejudice."
Would your existing staff need additional training? Please explain.	Yes. Existing staff will need to become more familiar with the full array of services that the CIL will be responsible for providing through its incorporation of the DARS ILS program, particularly those goods and services that can be purchased from outside sources. Staff could also benefit from training on the various assistive devices available to assist Consumers in meeting their independent living goals. Staff will also need training on any additional policies and procedures that will be adopted due to this expansion. Additionally, LIFE's administrative staff, which currently consists of the Executive Director, Director of Programs, Center Coordinator and Comptroller, will require appropriate training on contract standards, data collection, deliverables, billing, reporting and other compliance measures.

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Would you need additional staff? Please explain.	Yes. However, the anticipated staff positions will be contingent on what LIFE's final contractual obligations will be. Ideally, the following positions are proposed for the LIFE/RUN CIL in the provision of IL services to individuals who have significant disabilities, including individuals who are blind or have low vision: • Independent Living Specialist for General ILS (2 FTEs): To determine Consumer eligibility; conduct intakes; establish Independent Living Plan (ILP) with the Consumer; identify needed services; arrange, provide or purchase needed goods and services; monitor progress of goals (including the improvement of the Consumer's functional abilities as a result of services provided); ensure appropriate training to Consumer when necessary; and maintain all required components of the Consumer Service Record (CSR). • Independent Living Specialist for Blind Services (1.5 FTEs): To determine Consumer eligibility; conduct intakes; establish Independent Living Plan (ILP) with the Consumer; identify needed services; arrange, provide or purchase needed goods and services (including independent living skills training in the home and in community settings); monitor progress of goals (including the improvement of the Consumer's functional abilities as a result of services provided); ensure appropriate training to Consumer when necessary; and maintain all required components of the Consumer Service Record (CSR). Services will be provided in the home as needed and the IL Specialists will work closely with the Orientation and Mobility Specialist (O&M) to ensure the provision of needed services and assistive devices. • Orientation and Mobility Specialist (O&M) (1 FTE): To provide orientation and mobility instruction to individuals who are blind or have low vision in both the home and in community settings. • ILS Purchasing Coordinator (1 FTE): To arrange for the purchasing of goods and services, which includes establishing relationships with potential vendors; obtaining bids when necessary; conducting value comparisons; issuing purchase orders; facilitating and monitoring contracts; issuing vendor payments; assisting with Consumer budget management; and collecting information to expedite service delivery. • Human Resources (HR) Manager (.25 FTEs): Currently, all of LIFE's HR activities are conducted by the Comptroller. With the proposed addition of staff in both CIL locations, the hiring of an HR Manager would enable LIFE to run more efficiently, maintaining compliance with all state and federal regulations and addressing employee needs promptly. This position's time and expenses will be allocated across all funding streams, with approximately 25% allocated to the DARS/HHSC contract(s).
Would you need to contract for more goods and services than you currently do? Please explain.	Yes. LIFE has purchasing policies in place but does not currently purchase home assessments, durable medical equipment, diabetes education and diagnostic, medical or therapeutic services that would be required by the ILS program.

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If so, would your staff have the expertise to procure the services and manage the contracts and vendor payments? Please explain.	Yes and the addition of the proposed ILS Purchasing Coordinator position would further serve to increase LIFE's capacity to do so. LIFE currently manages 22 different funding streams, several of which require staff to procure services and manage vendor payments. Our experience includes, but is not limited to: • Serving as a Social Security Representative Payee to 55-60 Consumers. A budget is created with each Consumer and LIFE is responsible for obtaining statements, invoices, leases and other supporting documentation; and scheduling and providing regular payments to each Consumer's creditors. Approximately 410 payments are made on a monthly basis to landlords, utility companies, transit providers, pharmacies, insurance agencies, etc. • Administering relocation contracts that entail the purchasing of goods and services for Consumers leaving a nursing facility. These goods and services may include arranging for pest eradication, utility connections, furniture, bedding, kitchenware, hygiene items, security deposits, etc. LIFE sub-contracts with two other CILs to provide these services and must monitor their performance, ensuring that they are in compliance with contract deliverables and reimbursed for services rendered. • Administering an Interpreting Service that entails the scheduling of Certified Sign Language Interpreters for state agencies and community businesses serving individuals who are deaf or hard of hearing. LIFE sub-contracts with 26 Interpreters, located throughout the Texas Panhandle, South Plains, Concho Valley and Permian Basin areas.
Would your technology infrastructure need to change in order to procure additional goods and services (provider billing, payment tracking, etc.)? Please explain.	This would be contingent on what DARS/HHSC will require. However, activities such as provider billing and payment tracking are a routine part of LIFE's accounting operations. We use QuickBooks Online as our accounting software and it has thus far been sufficient enough in managing the procurement activities related to existing grants and reimbursable contracts. Also, LIFE has a history of successful Circular A-133 Audits that indicate its ability to manage numerous contracts.
Please identify the data elements and other information you currently capture in your case management system.	CIL Management Suite, the data collection program used by LIFE's CILs, tracks the following: • The Consumer's basic personal information such as name, date of birth, address, etc., • Case notes about each Consumer • Consumer goals, disabilities, and services used CIL Management Suite safeguards against duplicate entries and ensures that crucial information for federal reporting is included. In addition to the Federal 704 Report, CIL Management Suite can generate reports reflecting the number of services requested and received, goals set or met, records opened or closed, etc. It also allows LIFE's CILs to create customized fields that capture information, which may be needed by a particular funding source. CIL Management Suite also contains a time tracking tool that enables staff to log their daily time spent by program, administrative time, and with a Consumer.
Do you monitor and track consumers who have maintained or improved functional abilities as a result of the services your organization has provided? If so, what	All Consumer Service Records (CSRs) contain an ILP that outlines the Consumer's identified goals and indicates their progress in achieving those goals. In addition, Consumers are contacted at least every 90 days and frequently on a monthly basis. Case notes and services are easily documented and available for viewing. Two assessments are performed at intake. One is to assess the current health and environmental situation of the

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information do you maintain in your case management system regarding this success?	Consumer. The other assessment is an At-Risk assessment to determine if the Consumer is at risk for nursing facility placement. Both of these assessments assist the staff in identifying and understanding the needs and functionality of the Consumer.
Would you need to improve or modify the accessibility of your services? Please explain.	Somewhat. LIFE/RUN is located near a bus route and all buses on the Lubbock fixed-route are accessible. The Center's 9,744 square feet facility has ample accessible parking, automatic door openers, 36-inch doorways throughout the building, eight-feet hallways, lever door handles, key fobs, light sensors, hands-free restroom fixtures, lowered counter-tops, accessible kitchen fixtures, Braille signage, accessible exercise equipment, vinyl and tile flooring in common-use areas, and low pile carpet in the offices. However, the Center will need to update the computer lab to include assistive technology for those who are blind or have low-vision.
How will you serve IL consumers who cannot travel to your physical site to access services?	CIL staff can and will make home visits. A Consumer's health and mobility are always taken into consideration. If appropriate, CIL staff will assist the Consumer with obtaining para-transit services, which allows the Consumer more independence. Currently, CIL Staff make home visits as needed for intake and trainings. IL Skills training can be performed in the home, in a group setting or provided in the community. The proposed IL Specialist for Blind services will be expected to provide intake and other services in the home, as needed.
Some of the business changes may require financial investment prior to starting service delivery. Do you have existing funding that you could leverage to support these "start-up" investments? If not, please estimate the amount and specify the need for each additional financial investment.	No. Because most of LIFE's contracts are reimbursable, providing start-up investments toward initial service delivery would place a strain on cash flow; therefore, a three-month advance to cover operating expenses, such as salaries, office space, supplies, utilities, etc. should be sufficient. It would be difficult to provide an estimate at this point, as a projected budget will be contingent on whether DARS/HHSC would approve the proposed number of FTEs. The following initial investments will need to be made: • Technology – Update Computer lab for individuals who are blind or have low vision; purchase Assistive Technology demonstration equipment for mobility training; purchase computers, cell phones and tablets for additional staff. • Infrastructure – Expand Phone system to accommodate new staff; purchase office furniture for added staff; expand insurance coverage – health, property and liability; revise Audit Engagement Letter, due to additional funding and pass-through dollars; increase building maintenance contracts; and expand payroll services, which are currently outsourced.
Are you taking on any other new initiatives at this time? If so, please explain.	No. LIFE's CILs are not undertaking any new initiatives at this time and therefore, plan to concentrate all of their efforts on the successful transition of respective DARS services.
Please describe your organization's process(as) and frequency for collecting consumer feedback.	Consumer Satisfaction Surveys are mailed out by the third quarter of each fiscal year. A volunteer also conducts surveys by phone, providing Consumers with another option to give feedback about CIL services. It is the Centers' experience that Consumers prefer and will respond more readily to short, direct questions. Consumers also have the option of responding to the survey anonymously or take advantage of LIFE's open-door policy in which Consumers can speak to administrative staff about any comments, suggestions or complaints. It is LIFE's practice to consult with those Consumers whose experience was less than positive. This allows LIFE

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	administrators to: 1) Assess the Consumers' current situation and offer to assist with any unmet needs; 2) Research any breakdown in service provision; 3) Identify if problems are systemic; and, 4) Implement policies that will mitigate poor service. LIFE/RUN has recently initiated a check-in kiosk to track visitors to the Center. Contact information is gathered at check-in and a link to a brief survey is texted to the Consumer, encouraging them to provide feedback on their most recent visit.
What training or technical assistance would you need from DARS or other entities to take on these services from DARS?	LIFE would benefit from TA in areas such as contract standards, deliverables, billing, reporting and other compliance measures. LIFE CILs would also benefit from programmatic and financial best practices established by other CILs identified in the U.S. that administer the same services or programs that will be transitioned to Texas CILs.
How will you assure purchased equipment is going to be appropriate for the consumer, and ensure they can use it safely?	This process will begin with a thorough assessment of the Consumer's needs and level of functionality. When necessary, CIL staff will conduct or arrange for a home evaluation or procure services from an outside source to determine what items are needed. The vendor then explores the available options with the Consumer and assists him or her in their selection, based on their needs and preference(s). The IL Specialist will work closely with both the Consumer and Vendor to ensure that the equipment is functional for the Consumer, as well as safe. The Consumer will be asked to demonstrate their use of the equipment in the appropriate setting and ensure proper training was provided. Prior to indicating that the Consumer's IL goals were met, The IL Specialist will conduct follow-up to ensure that the equipment is still functional, that the Consumer's abilities have improved due to the equipment provided and that the Consumer is satisfied with their selection and the services rendered.
Please describe how your business would need to change to take on the specified services that the DARS Office for Deaf and Hard of Hearing Services (DHHS) currently provides? Please explain your understanding of these services.	LIFE/RUN currently has active contracts with DARS/DHHS, which include the Specialized Telecommunications Assistance Program (STAP), the Resource Specialists Program and the Communication Services for State Agencies (CSSA). In order to administer the remaining services of DHHS, LIFE would have to expand its service delivery and business operations to potentially incorporate Last Resort Communication Services (LRCS), which LIFE/RUN has administered in the past. LRCS can only be used as a last resort in addressing the communication barriers not alleviated by the ADA. LIFE would have to also incorporate the Senior Citizens Program, which addresses the communication barriers of individuals age 60 and older, who may benefit from IL services, including social and recreational activities often provided at the Center. The Senior Citizens Program does not appear to be available in our region; however, if it became available, it would be a seamless fit into our existing IL program.
Would your Board support the change? Has this already been discussed	Yes. LIFE staff has kept the Board of Directors informed of the potential changes and action has been taken insofar as additional individuals have been approved for the Board, who will be instrumental in assisting LIFE's CILs in their capacity to absorb DARS ILS and DHHS services.

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by the Board and has any action been taken?	
Would the changes be consistent with your organization's mission?	Absolutely, "LIFE Inc. is committed to empowering people with disabilities to exercise their freedom of choice in overcoming the social and attitudinal barriers to a life of equality, independence and full inclusion, without prejudice."
Would your existing staff need additional training? Please explain.	Yes, but only to obtain a basic knowledge of what services will be available to assist Consumers. Knowing this information allows them to present a more comprehensive summary of CIL services when attending community events and meetings. Administrative staff may require training in the areas of contract expectation, deliverables and compliance measures; for example, reporting requirements, billing, and Texas Administrative Codes relative to the new programs transitioned from DARS.
Would you need additional staff? Please explain.	Yes, at least 1.5 FTEs will be needed for LIFE to adequately absorb the other services currently administered by DHHS. The recruitment of a full-time Certified Interpreter would be ideal, as it would allow for communication access to be more available to Consumers and between staff. The remaining part-time position, if an allowable activity, would be for an IL Specialist to address the needs of the Senior Citizens Program and to provide education and training when appropriate.
Would you need to contract for more goods and services than you currently do? Please explain.	Yes, at least 1.5 FTEs will be needed for LIFE to adequately absorb the other services currently administered by DHHS. The recruitment of a full-time Certified Interpreter would be ideal, as it would allow for communication access to be more available to Consumers and between staff. The remaining part-time position, if an allowable activity, would be for an IL Specialist to address the needs of the Senior Citizens Program and to provide education and training when appropriate. Also, it is LIFE's understanding that DHHS does not do purchasing for Consumers under any of its contracts, therefore most of the purchasing of goods and services for those who are deaf or hard of hearing will be conducted under DARS ILS contracts.
If so, would your staff have the expertise to procure the services and manage the contracts and vendor payments? Please explain.	NA
Would your technology infrastructure need to change in order to procure additional goods and services (provider billing, payment tracking, etc.)? Please explain.	This would be contingent on what DARS/HHSC will require. However, activities such as provider billing and payment tracking are a routine part of LIFE's accounting operations. We use QuickBooks Online as our accounting software and it has thus far been sufficient in managing the procurement activities related to existing grants and reimbursable contracts. Also, LIFE has a history of successful Circular A-133 Audits that indicate its ability to manage numerous contracts.

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Would you need to improve or modify the accessibility of your services? Please explain.	The addition of a Certified Interpreter on staff would be ideal! An additional Video Relay System will provide additional communication options for the Deaf population accessing the Center. LIFE/RUN is in the process of scheduling roundtable discussions with Consumers and service providers to obtain feedback on service accessibility and the potential transition.
Do you currently have a STAP contract? If no, are you interested in providing these services? If yes, please explain your current capacity to provide the services.	Yes, LIFE has administered the STAP Program since 2013. LIFE/RUN has a STAP Specialist on staff, who is responsible for identifying, certifying and assisting Consumers in applying for a voucher to purchase devices that will enhance their ability to access the telephone network. Though the majority of individuals who access this program are deaf or hard of hearing, the service may be provided to anyone with a disability who has difficulty accessing the telephone. The STAP Specialist also maintains a vast variety of assistive devices for demonstration purposes, giving the Consumer an opportunity to explore the options available to meet his or her communication needs.
Do you currently have a Hearing Loss Resource Specialist contract or a Deafness Resource Specialist contract? If no, are you interested in providing these services? If yes, please explain your current capacity to provide the services.	Since 2013, LIFE/RUN has had both the Deafness Resource Specialist (Deafness RS) and Hearing Loss Resource Specialist (HLRS), who work collaboratively to ensure that individuals with hearing loss, including those who are deaf, hard of hearing, late deafened and oral deaf, obtain the services and resources they need as they strive to improve their quality of life and function independently in the community. The Deafness Resource Specialist works to remove attitudinal and communication access barriers and provide advocacy, self-empowerment and trainings for and on behalf of individuals who are unserved/underserved in the target population. The Hearing Loss Resource Specialist identifies, assesses, and where appropriate, provides services and supports to the target population and their families in the scope of assistive technology training, information and referral, vocational rehabilitation services and communication strategies.
Do you currently provide training specific to persons who are deaf or hard of hearing? If no, are you interested in providing training to this population group? If yes, please explain your current capacity to provide training.	LIFE is assuming that this question is referring to the Education and Training Services provided by DHHS. If that is the case; no, LIFE does not have a contract to exclusively provide those services. However, LIFE's HLRS and Deafness RS both provide Education and Training, which falls within the general scope of their job descriptions.

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What percent of the consumers you serve are persons who are deaf? What percent of the consumers you serve are persons who are hard of hearing? What services are provided to these population groups?	LIFE/RUN provides service to individuals of all ages with a spectrum of disabilities. Services range from Information and Referral (I&R) to nursing home relocation. Many of the services provided are done as Service to Community I&Rs, for whom disability information is not always captured. For individuals who open a Consumer Service Record, there is a portion that identifies hearing loss as a secondary disability and often do not seek specific services for that disability. What we can report is that information regarding individuals who specifically identify as deaf or hard of hearing can be captured due to the program from which they receive services. The Deafness Resource Specialist Program has served a minimum of 106 individuals who identify as Deaf. The Hearing Loss Resource Specialist has served a minimum of 101 individuals who identify as hard of hearing. The STAP Specialist has served a minimum of 60 individuals who identify as hard of hearing. We are unable to give you an accurate percentage of Deaf or Hard of Hearing individuals served in relation the volume of services provided by the Center because it is an unequal comparison. For those who access the RS and STAP programs, services are restricted to the scope of the respective program. However, all Center services are open and available to the Deaf and/or Hard of Hearing Consumers and some individuals do access the variety of other services provided at the Center, such as advocacy, recreation, computer classes and IL Skills Training.
How will you ensure services are accessible to persons who are deaf or hard of hearing?	LIFE/RUN provides service to individuals of all ages with a spectrum of disabilities. Services range from Information and Referral (I&R) to nursing home relocation. Many of the services provided are done as Service to Community I&Rs, for whom disability information is not always captured. For individuals who open a Consumer Service Record, there is a portion that identifies hearing loss as a secondary disability and often do not seek specific services for that disability. What we can report is that information regarding individuals who specifically identify as deaf or hard of hearing can be captured due to the program from which they receive services. This fiscal year, the Deafness Resource Specialist Program has served a minimum of 106 individuals who identify as Deaf. The Hearing Loss Resource Specialist has served a minimum of 101 individuals who identify as hard of hearing. The STAP Specialist has served a minimum of 60 individuals who identify as hard of hearing. We are unable to give you an accurate percentage of Deaf or Hard of Hearing individuals served in relation the volume of services provided by the Center because it is an unequal comparison. For those who access the RS and STAP programs, services are restricted to the scope of the respective program. However, all Center services are open and available to the Deaf and/or Hard of Hearing Consumers and some individuals do access the variety of other services provided at the Center, such as advocacy, recreation, computer classes and IL skills training.

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Capacity Assessment

New Counties to serve	Bailey, Borden, Cochran, Cottle, Crosby, Dawson, Dickens, Foard, Gaines, Hardeman, Kent, King, Motley, Yoaku	
Established	1988	
Number of staff	20 unique Life Run staff plus 3 shared staff with Disability Connection (the ED, comptroller, and program director)	
Number of people served	513	
Capacity Assessment Needs		
Area of Assessment	Analysis	Capacity Needs
Staffing Needs Knowledge and experience needs? Training needs types of staff needed number of staff needed providers/subcontractors needed	This is a Life Inc. Cil. The long term goal is for Life Run and Disability Connections to operate as standalone centers. This CIL does not generally experience a lot of turnover, and many staff have been with the organization more than 5 years. They do have some specialty staff, such as deaf services coordinator, deafness resource specialist, hard of hearing specialist and STAP specialist, as they have a contract now with DHHS. They would need to develop, or hire, or contract for more specialized services such as O &M services, assistive technology services (including assessments and evaluations), blind services, and ASL capacity. They anticipate partnering with DARS to conduct needed trainings and hope that if there are staff who are interested in continuing to do the work that they would be able to hire these staff at the centers, narrowing the time needed for training as it may be a smooth transition. Staff could use training on assistive devices, additional policies and procedures required to run the programs, and admin staff will need some training on contract standards, data collection, billing, and reporting requirements. They have been hosting community round tables to better understand what they would need to do under this initiative and the kinds of services they would need to provide. Their financial staff	1. This CIL has put a lot of time and effort into thinking about what would be needed in order for them to provide the services that DARS currently provides. They have conducted community roundtables and came to the meeting prepared with detailed ideas about how their services would need to change and what they would need in order to accomplish it. 2. Staffing needs: 1 IL specialist for general IL, 1 IL specialist for blind/VI, 1 purchasing coordinator (Michelle sent a detailed budget). 3. Training needs: training on new policies and procedures, how to obtain and purchase assistive technology and assessments, medical and therapeutic services, new reporting requirements, and any new fiscal or program requirements.

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	does have experience paying vendors in their rep payee services as well as their relocation services. They also manage multiple funding streams.	

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Service Delivery	They provide a wide range of services. Both centers reside in very rural areas and travel of 100 miles is not unheard of to work with consumers. They provide all services directly, either at the center or in the community or at consumer homes. They do not purchase devices, assessments, medical, or therapeutic services now. Within their relocation services program they do purchase goods and services for consumers such as security deposits, pest control, etc. They have developed relationships with landlords and with vendors to purchase these items. In order to provide assistive technology and other devices, they would need to purchase assessment services and also develop relationships with vendors that provide such goods.	1. Need to develop new policies and procedures, especially around how to purchase specialty goods (such as assistive technology, assessments, medical and therapeutic services). 2. Need vendor list from DARS? 3. Need to update the computer lab to include assistive technology for consumers who are blind or have low vision.
Systems Needs fiscal, contracting, purchasing systems case management systems reporting systems	They use Quick Books online as their accounting software, which allows them to bill providers and track payments. They use CIL Suite for their consumer tracking system and this system has the ability to be modified as needed to collect additional information.	1. CIL Suite can be modified for low to no cost.
Geographic issues Specific plan for reaching additional counties? Which areas are furthest away from center? How will they reach those farthest away?	They have 1 site now (excluding disability connections) and do not plan to need more. They do plan to add new counties, but they are counties they are already serving with their relocation services. They will meet consumers in their homes and communities as needed.	1. Some additional travel will be required. Although they already serve the entire geographic area they propose to serve with their relocation services, they anticipate more travel if they are providing more services and more reach.
B/VI services	LIFE/RUN opened Consumer Service Records (CSR) for 13 Consumers who identify as Blind and 25 who claim low vision. While LIFE/RUN does not typically collect demographic information for all Community Information and Referrals (I&Rs) we are able to identify that services were provided to 23 Individuals who identify as Blind with an additional 4 individuals identifying as having low vision. Because of the presence of qualified staff at DBS, LIFE/RUN typically referred Consumers in need of blind services to DARS. Two Consumers received services in their homes.	
Other Needs (building infrastructure, etc.)	None	

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Anticipated barriers and challenges	None	
Anticipated cost and time needed	*Michelle sent detailed budget *3-6 months to hire, train, develop policies and procedures, etc.	
Deaf and Hard of Hearing Services (DHHS) Capacity		
Summary of capacity needed	LIFE/RUN currently has active contracts with DARS/DHHS, which include the Specialized Telecommunications Assistance Program (STAP), the Resource Specialists Program and the Communication Services for State Agencies (CSSA). In order to administer the remaining services of DHHS, LIFE would have to expand its service delivery and business operations to potentially incorporate Last Resort Communication Services (LRCS), which LIFE/RUN has administered in the past. They have a hard of hearing specialist, deafness resource specialist, and deaf services coordinator on staff already. If requirements are similar to what they are now, they would be ready to provide these services. They would need 1 PT position, if part of the contract, would be for an IL Specialist to address the needs of the Senior Citizens Program and to provide education and training when appropriate.	1. IL Specialist to address the needs of the Senior Citizens Program and to provide education and training (if this is program is part of the contract).
Anticipated cost and time needed	*Michelle to send detailed budget *3-6 months to hire, train, develop policies and procedures, etc.	

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Mounting Horizons Center for Independent Living

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General Information

Question	CIL Response
Name of CIL	Mounting Horizons Center for Independent Living
Address of CIL	4700 Broadway E102, Galveston, Texas 77551 and 1100 NASA Parkway #103 Houston, Texas 77058
What counties do you currently serve? Please note if you only serve part of a county.	Galveston County
Please list the services provided by this CIL.	Independent Living, Youth Transition, Peer Support, Transportation, Information and Referrals, Employment Assistance, Individual and Systems Advocacy, Mobility Management
Do you contract for any goods/services? If so, please list the goods and services here.	Yes. Mounting Horizons contracts with transportation vendors.
How many individuals did you serve in your most recent completed fiscal year? Please provide an unduplicated count of unique individuals served by your agency.	316

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Services

Type of Service	Total # of people served (unduplicated by service)	Description of Service	Target Population (consumers who are blind, consumers with general disabilities, consumers who are deaf or hard of hearing)	Location Where Service is Provided
Independent Living	61	This service develops the skills needed for adults to live independently, including household skills, cooking, managing benefits, computer skills, and budgeting.	consumers with general disabilities	MHCIL North and South
Peer Support	16	Peer support groups and activities offer a forum for consumers to share their experiences with one another, teach one another how to access resources, and share strategies for solutions to disability related issues.	consumers with general disabilities	MHCIL North and South
Information and Referrals	116	Provide information and referrals such as accessible housing, adaptive equipment, medical providers, and hurricane awareness.	consumers with general disabilities	MHCIL North and South
Transportation	395	Increase the accessibility of transportation by providing transportation rides to and from work and other community locations.	consumers with general disabilities	MHCIL North and South
Mobility Management	63	Increase the accessibility of transportation by assisting	consumers with general disabilities	MHCIL North and South

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		individuals with understanding the transportation services in the county, providing travel training, and connecting individuals to the current routes in the area.		
Employment Assistance	57	This service assists with employment placement including finding and applying for community-based, integrated employment, supportive employment, job readiness training, and job coaching.	consumers with general disabilities	MHCIL North and South
Individual and Systems Advocacy	30	This service promotes inclusion and increase self-awareness on various topics and community needs, such as transportation, housing, and employment.	consumers with general disabilities	MHCIL North and South
Youth Transition	96	This service prepares youth for living independently after high school by enhancing life skills for work and/or college.	consumers with general disabilities between the age of 16 and 22	MHCIL North and South
Total # of people served	**834**			

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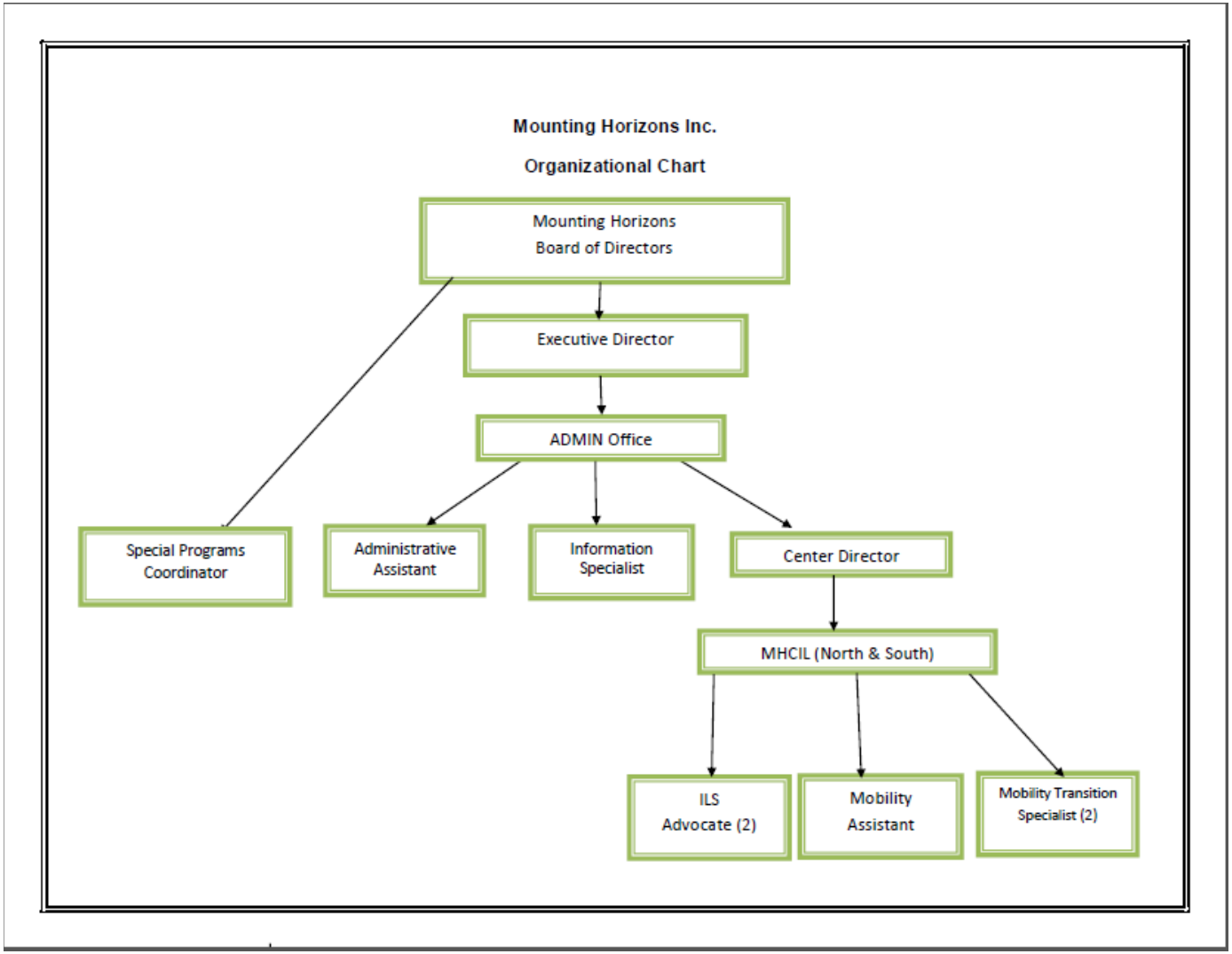
Organizational Chart



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Staffing

Position Title	FTE Level	Credentials required (if any)	Date of Hire - CIL DID NOT PROVIDE	Agency employee or Contractor
President & CEO	1.00			agency employee
Mobility Manager	1.00			agency employee
Mobility Assistant	1.00			agency employee
Mobility Transition Specialist	0.50			agency employee
Independent Living Skills Specialist	0.50			agency employee
Special Programs Director	1.00			agency employee
Information Specialist	0.50			agency employee
Independent Living Skills Specialist	0.50			agency employee
Total Number of FTE's	**6.00**			
Number of FTE's that exited employment during the year	**1**			
Turnover	**17%**			

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Survey Results

Respondent ID	4445966639
Start Date	1/14/2016
End Date	1/14/2016
Contact Information	Mounting Horizons CIL / 18062 FM 529 / Cypress / 77433
Mission	Clear expression of organization's mission which reflects its values and purpose; held by many within organization and often referred to Moderate level of capacity in place
Our mission is consistent with the needs and priorities of the people and communities we serve?	Strongly agree
Goals/Performance Targets	Limited set of quantified, genuinely demanding performance targets in all areas; targets are tightly linked to aspirations and strategy, output/outcome-focused (i.e., results of doing things right, as opposed to inputs, things to do right), have annual milestones, and are long-term nature; staff consistently adopts targets and works diligently achieve them High level of capacity in place
Funding Model	Organization has access to multiple types of funding (e.g., government, foundations, corporations, private individuals) with only a few funders in each type, or has many funders within only one or two types of funders Basic level of capacity in place
Performance Measurement	Performance measured and progress tracked in multiple ways, several times a year, considering social, financial, and organizational impact of program and activities; multiplicity of performance indicators; social impact measured, but control group or longitudinal (i.e., long term) nature of evaluation is missing Moderate level of capacity in place
Performance Analysis and Program Adjustments	Some efforts made to benchmark activities and outcomes against outside world; internal performance data used occasionally to improve organization Basic level of capacity in place
Strategic Planning	Ability and tendency to develop and refine concrete, realistic strategic plan; some internal expertise in strategic planning or access to relevant external assistance; strategic planning carried out on a near-regular basis; strategic plan used to guide management decisions Moderate level of capacity in place
Financial Planning/Budgeting	Solid financial plans, regularly updated; budget integrated into operations; reflects organizational needs; solid efforts made to isolate divisional (program or geographical) budgets within central budget; performance-to budget monitored regularly Moderate level of capacity in place

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Operational Planning	Ability and tendency to develop and refine concrete, realistic operational plan; some internal expertise in operational planning or access to relevant external assistance; operational planning carried out on a near regular basis; operational plan linked to strategic planning activities and used to guide operations Moderate level of capacity in place
Human Resources Planning	Some ability and tendency to develop high-level HR plan either internally or via external assistance; HR plan loosely linked to strategic planning activities and roughly guides HR activities Basic level of capacity in place
Partnerships and Alliances Development and Nurturing	Effectively built and leveraged some key relationships with few types of relevant parties (for-profit, public, and nonprofit sector entities); some relations may be precarious or not fully “win-win "Moderate level of capacity in place
Local Community Presence and Involvement	Organization reasonably well known within community, and perceived as open and responsive to community needs; members of larger community (including a few prominent ones) constructively involved in organization Moderate level of capacity in place
Influencing of Policymaking	Organization is fully aware of its possibilities in influencing policy-making and is one of several organizations active in policy-discussions on state or national level Moderate level of capacity in place
Management of Legal and Liability Matters	Legal support resources identified, readily available, and employed on “as needed” basis; major liability exposures managed and insured (including property liability and workers compensation)Basic level of capacity in place
Organizational Processes Use and Development	Solid, well designed set of processes in place in core areas to ensure smooth, effective functioning of organization; processes known and accepted by many, often used and contribute to increased impact; occasional monitoring and assessment of processes, with some improvements made Moderate level of capacity in place
Staffing Levels	Positions within and peripheral to organization (e.g., staff, volunteers, board, senior management) are almost all staffed (no vacancies); few turnover or attendance problems Moderate level of capacity in place
Board – Composition and Commitment	Some diversity in fields of practice; membership represents a few different constituencies (from among nonprofit, academia, corporate, government, etc.); moderate commitment to organization’s success, vision and mission; regular, purposeful meetings are well-planned and attendance is good overall Basic level of capacity in place
Planning Systems	Regular planning complemented by ad hoc planning when needed; some data collected and used systematically to support planning effort and improve it Moderate level of capacity in place

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Decision Making Framework	Clear, formal lines/ systems for decision making that involve as broad participation as practical and appropriate along with dissemination/ interpretation of decision High level of capacity in place
Financial Operations Management	Formal internal controls governing all financial operations; fully tracked, supported and reported, annually audited fund flows well managed; attention is paid to cash flow management; regular processes in place for budget review, management, and problem resolution Moderate level of capacity in place
Human Resources Management – Management Recruiting, Development, and Retention	Recruitment, development, and retention of key managers is priority and high on CEO/executive director's agenda; some tailoring in development plans for brightest stars; relevant training, job rotation, coaching/feedback, and consistent performance appraisal are institutionalized; genuine concern for high-quality job occupancy; well connected to potential sources of new talent Moderate level of capacity in place
Human Resources Management – General Staff Recruiting, Development, and Retention	Management actively interested in general staff development; well-thought out and targeted development plans for key employees/positions; frequent, relevant training, job rotation, coaching/ feedback, and consistent performance appraisal institutionalized; proven willingness to ensure high quality job occupancy; continuous, proactive initiatives to identify new talent High level of capacity in place
Physical Infrastructure – Buildings and Office Space	Fully adequate physical infrastructure for the current needs of the organization; infrastructure does not impede effectiveness and efficiency (e.g., favorable locations for clients and employees, sufficient individual and team office space, possibility for confidential discussions)Moderate level of capacity in place
Technological Infrastructure – Telephone/Fax	Sophisticated and reliable telephone and fax facilities accessible by all staff (in office and at frontline), includes around-the-clock, individual voice mail; supplemented by additional facilities (e.g., pagers, cell phones) for selected staff; effective and essential in increasing staff effectiveness and efficiency High level of capacity in place
Technological Infrastructure – Computers, Applications, Network, and E-mail	State of the art fully networked computing hardware with comprehensive range of up-to-date software applications; all staff has individual computer access and e-mail; accessible by frontline program deliverers as well as entire staff; used regularly by staff; effective and essential in increasing staff efficiency High level of capacity in place
Technological infrastructure – Web Site	Comprehensive Web site containing basic information on organization as well as up-to-date latest developments; most information is organization-specific; easy to maintain and regularly maintained Moderate level of capacity in place

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Technological Infrastructure – Databases and Management Reporting Systems	Sophisticated, comprehensive electronic database and management reporting systems exist for tracking clients, staff, volunteers, program outcomes and financial information; widely used and essential in increasing information sharing and efficiency High level of capacity in place
Performance as Shared Value	All employees are systematically hired, rewarded and promoted for their collective contribution to social, financial and organizational impact; day-to-day processes and decision making are embedded in comprehensive performance thinking; performance is constantly referred to High level of capacity in place
Other Shared Beliefs and Values	Common set of basic beliefs and values (e.g., social, religious) exists and is widely shared within the organization; provides members sense of identity and clear direction for behavior; beliefs embodied by leader but nevertheless timeless and stable across leadership changes; beliefs clearly support overall purpose of the organization and are consistently harnessed to produce impact High level of capacity in place
Shared References and Practices	Common set of references and practices exists, and are adopted by many people within the organization; references and practices are aligned with organizational purpose and occasionally harnessed to drive towards impact Moderate level of capacity in place
Please describe how your service delivery and business operations would need to change to provide the IL services currently provided by (a) DARS individuals who are blind or have visual impairments and (b) to other individuals with significant disabilities?	MHI service delivery is aligned to how DARS currently provides IL services with intake, eligibility, goal plans and assisting individuals with achieving goals. We would require additional training on assessments for individuals with visual impairments.
How would your board support the change? Has this already been discussed by the Board and has any action been taken?	The board strongly supports the change in providing additional IL services but was concerned with training and additional staff costs.
Would the changes be consistent with your organization's mission?	Yes
Would your existing staff need additional training? Please explain.	Yes, our staff will need additional training on the assessment process and the understanding of the types of assistive technology available for individuals with different disabilities.
Would you need additional staff? Please explain.	Yes, we would need additional staff for the expansion of the IL program in the counties we are requesting to serve with the intake process, evaluations and/or assessments. We would also need additional staff to handle the financial aspects of the expanding IL program to ensure the goods and services are appropriately managed.

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Would you need to contract for more goods and services than you currently do? Please explain.	Yes, because with expanding the IL Services, we would need access to various vendors and contractors to purchase goods and services. For example, building contractors, assistive technology vendors, and audiologists, etc.
If so, would your staff have the expertise to procure the services and manage the contracts and vendor payments? Please explain.	Yes, we currently procure contracts and vendor payments for transportation services for our consumers.
Would your technology infrastructure need to change in order to procure additional goods and services (provider billing, payment tracking, etc.)? Please explain.	Yes, we will customize our CRM Management System to add the goods and services needed for the consumer's goals. This will allow us to correlate the purchase of equipment and or services to the consumer's ILP and case, which will link to our financial system to process payments to providers.
Please identify the data elements and other information you currently capture in your case management system.	We currently capture the consumer's information, disability, income level, goals, photos, eligibility criteria, and contact information.
Do you monitor and track consumers who have maintained or improved functional abilities as a result of the services your organization has provided? If so, what information do you maintain in your case management system regarding this success?	Each consumer develops an Independent Living Plan based on his/her needs and the advocate consistently tracks progress toward goal completion and outcomes/results. Quarterly we monitor progress of consumer's goals and frequency of contact. We utilize data, charts, and graphs to measure efficiency of services provided.
Would you need to improve or modify the accessibility of your services? Please explain.	Yes, translating materials into alternative formats, specifically Braille.
How will you serve IL consumers who cannot travel to your physical site to access services?	To serve IL consumers that cannot travel to physical sites we will offer an online portal to initiate the intake process and/or provide onsite intakes in the immediate counties. If consumers cannot visit the physical site due to lack of transportation we will provide public transportation through purchase of services from transportation vendors or provide transportation utilizing MHI transportation vehicles.
Some of the business changes may require financial investment prior to starting service delivery. Do you have existing funding that you could leverage to support these “start-up” investments? If not, please estimate the	We have discussed with the board the financial cost of expanding our office locations to Montgomery and Chambers Counties to effectively meet the needs of these consumers. We have estimated the financial investment would include additional office space and staff. 2 Office Spaces (Total Cost): $21,000 yr. 4 Office Staff: (Total Cost): $93,176 yr.

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amount and specify the need for each additional financial investment.	
Are you taking on any other new initiatives at this time? If so, please explain.	No
Please describe your organization's process(as) and frequency for collecting consumer feedback.	Pre and Post Surveys, Success Stories, On-line Consumer Feedback
What training or technical assistance would you need from DARS or other entities to take on these services from DARS?	We would need access to vendors and contractors DARS has previously utilized to bridge relationships with those entities.
How will you assure purchased equipment is going to be appropriate for the consumer, and ensure they can use it safely?	We will take an active role in the assessment process by providing training on purchased equipment internally or through purchasing training services from vendors.
Please describe how your business would need to change to take on the specified services that the DARS Office for Deaf and Hard of Hearing Services (DHHS) currently provides? Please explain your understanding of these services.	As a CIL we provide direct training to consumers that includes self-advocacy training, promote inclusion and independence in the community. We would need to enhance our knowledge regarding communication access topics and training individuals on the various equipment options.
Would your Board support the change? Has this already been discussed by the Board and has any action been taken?	The board strongly supports the change in providing additional DHHS services but was concerned with training and additional staff costs.
Would the changes be consistent with your organization's mission?	Yes
Would your existing staff need additional training? Please explain.	Yes, our staff will need additional training on the assessment process relevant to Deaf and Hard of Hearing individuals and training on communication access topics.
Would you need additional staff? Please explain.	Yes, we would need additional staff for the expansion of DHHS services in the counties we are requesting to serve.
Would you need to contract for more goods and services than you currently do? Please explain.	No

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If so, would your staff have the expertise to procure the services and manage the contracts and vendor payments? Please explain.	Yes, we currently procure contracts and vendor payments for transportation services for our consumers.
Would your technology infrastructure need to change in order to procure additional goods and services (provider billing, payment tracking, etc.)? Please explain.	Yes, we will customize our CRM Management System to add the goods and services needed for the consumer's goals. This will allow us to correlate the purchase of equipment and or services to the consumer's ILP and case, which will link to our financial system to process payments to providers.
Would you need to improve or modify the accessibility of your services? Please explain.	We currently utilize interpreters as needed and contract with assistive technology vendors to offer interpreter services.
Do you currently have a STAP contract? If no, are you interested in providing these services? If yes, please explain your current capacity to provide the services.	No we do not have a STAP contract. Yes we are interested in providing these services.
Do you currently have a Hearing Loss Resource Specialist contract or a Deafness Resource Specialist contract? If no, are you interested in providing these services? If yes, please explain your current capacity to provide the services.	No we do not have a Hearing Loss Resource Specialist contract or Deafness Resource Specialist contract. Yes, we are interested in providing these services.
Do you currently provide training specific to persons who are deaf or hard of hearing? If no, are you interested in providing training to this population group? If yes, please explain your current capacity to provide training.	Yes we provide training specific to employment, we have a contract with DBS to provide job placement.
What percent of the consumers you serve are persons who are deaf? What percent of the consumers you serve are persons who are hard of hearing? What services are provided to these population groups?	Less than 5% and we provide employment and advocacy training and IL services.
How will you ensure services are accessible to persons who are deaf or hard of hearing?	We use assistive technology through caption phone, interpreters, real time captioning services.

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Capacity Assessment

New Counties to serve	Chambers and Montgomery	
Established	2003	
Number of Staff	6 FTE's	
Number of people served	316	
Capacity Assessment Needs		
Area of Assessment	**Analysis**	**Capacity Needs**
Staffing Needs Knowledge and experience needs? Training needs types of staff needed number of staff needed providers/subcontractors needed	They currently have 2 site locations. They have an ED, no designated finance personnel. They indicated that prior to this opportunity, were looking into adding staff; they reported a desire to add 5 FTE's; 2 in chambers county, 2 in Montgomery, 1 person for purchasing as well as converting a part time position into a full time position to address the area where there is a deficiency, this would be a staff assessment specialist position.	1. 5 FTE's - 2 in each new county and 1 to take on the purchasing requirements. 2. Training and technical assistance on the contract requirements. 3. They have estimated their costs at $114,176 for staffing and additional space rental.
Service Delivery	They provide services directly; they do not subcontract. They do purchase outside services such as transportation services. They have experience contracting for and purchasing these services. Staff reported they believe services are best provided in the center but have provided them in the community such as the schools and taking laptops to the homes of the consumers. They do understand they will also need training to understand how DARS is purchasing goods and services, and the availability to have the vendor list DARS is currently using to purchase services.	1. Staff will need more knowledge of procuring and contracting for services. Also proposing additional staff for purchasing. 2. Training on procurement activities and reporting requirements. 3. Need vendor list from DARS.
Systems Needs fiscal, contracting, purchasing systems case management systems reporting systems	They reported CRM is the financial and consumer tracking system they currently utilize. They reporting having the capacity to track payments and consumer data. They believe it is sufficient to meet the needs of the upcoming contract and they are able to make modifications should there be changes in reporting requirements. While their financial management system can accommodate additional information, they are not currently using it for procurement and purchasing of services.	1. Current financial system will need to be modified to accommodate contract requirements.

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Geographic issues Specific plan for reaching additional counties? Which areas are furthest away from center? How will they reach those farthest away?	They indicated they don't travel to consumers as they believe in center based services. They also have 3 lift vans to pick up the consumers to bring them to the center for services. Staff didn't report travel as being a large concern to meet the needs of the consumer, and indicated they can provide services in the home, however, this would not be their preference. When asked about marking the home of a blind individual, they indicated they understand it would be a services they would provide, however, without knowing the population currently being served they were unsure whether they would provide that directly or contract that out to another provider.	1. Will need to understand the population of consumers needing services in their home. 2. Using the population data will need to decide if their capacity will be met by hiring additional trained staff, or if they will contract it out.
B/VI Services	They reported they currently work in the area of employment but would hope to expand their service delivery and will need training on how to provide the services, and hire for the correct qualifications. Specifically for consumers they currently refer to DARS they would need additional staff, and may even cross train some of our IL staff to provide the services in a consumer's home. Served 16 b/vi consumers last year.	
Other Needs (building infrastructure, etc.)	The staff reported wanting to add offices in the new service areas, and will need funding to provide transportation.	1. In addition to the new offices noted above, will need additional travel budget to expand their regions and to reach more consumers.
Anticipated barriers and challenges	They reported they would benefit from the data base of vendors DARS has used, best practice regarding purchasing, and how DARS purchases current services from vendors. They also indicated a concern regarding the duplication of services, and how will each CIL know who is to providing services. They indicated if they are providing low volume high dollar services, they want to make sure the consumer doesn't go to another CIL for the same service. Tracking and monitoring is something they believe will need to be discussed as DARS has one data system and can see individual consumer purchases, where the CILs won't be able to.	
Anticipated cost and time needed	They indicated the anticipated time would be 45 days to have staff hired and be ready to work with consumers.	1. 45 days is anticipated for the transition.

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Deaf and Hard of Hearing Services (DHHS) Capacity		
Summary of capacity needed	They would need additional staff, training, and technical assistance. *They do not currently have a contract with DHHS. Do not have STAP, HLRS, and DRS staff now. They indicated they believe this something they can take on and are willing to do anything that will help serve a person with disabilities. They indicated that training would need to be provided, and they would need to understand how to make an assessment for what the individual consumer needs. The staff have the capacity now to communicate with deaf/HH population but with regard to assessing their needs they do not have the capacity. They would need training and technical assistance with regard to what is available to the consumers.	1. Additional staff, training, and technical assistance, but not sure to what extent at this point.
Anticipated cost and time needed	They have not done an analysis for this population.	

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Panhandle Independent Living Center

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General Information

Question	CIL Response
Name of CIL	Panhandle Independent Living Center
Address of CIL	417 W. 10th Avenue, Amarillo, TX 79101
What counties do you currently serve? Please note if you only serve part of a county.	Potter, Randall, Armstrong, Briscoe, Carson, Castro, Childress, Collingsworth, Dallam, Deaf Smith, Donley, Gray, Hall, Hansford, Hartley, Hemphill, Hutchinson, Lipscomb, Moore, Ochiltree, Oldham, Parmer, Roberts, Sherman, Swisher, Wheeler.
Please list the services provided by this CIL.	Transportation Training, Advocacy, Socialization/Recreation, Peer Support, Youth Transition, Housing Transition, Employment, Mobility Management, Assistive Technology, Information and Referral, Assistive Technology, Home/Money Management, Ticket to Work. Fitness and Health.
Do you contract for any goods/services? If so, please list the goods and services here.	Services: Transportation
How many individuals did you serve in your most recent completed fiscal year? Please provide an unduplicated count of unique individuals served by your agency.	323

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Services

Type of Service	Total # of people served (unduplicated by service)	Description of Service	Target Population (consumers who are blind, consumers with general disabilities, consumers who are deaf or hard of hearing)	Location Where Service is Provided
Transportation Training	156	This service provides classroom and field training on how to ride municipal transit safely and confidently.	People with any disability.	At the Center or a consumer's home or work - at any organization and/or destination required by the consumer.
Advocacy	77	Provides techniques and assistance to consumers to become their own advocate.	People with any disability.	At the Center.
Socialization/Recreation	47	Provides opportunities to socialize with peers in an environment that provides fun and camaraderie.	People with any disability.	At the Center and local venues.
Peer Support	29	Provides opportunities to share experiences and challenges with peers in an emotionally safe environment.	People with any disability.	At the Center.
Youth Transition	38	Provides both a year-round and a Summer program for teen and young adults as they transition to life as adults.	People with any disability.	At the Center and various local venues.
Housing Transition	24	Provides assistance with finding affordable, accessible housing for people in an institution and for those seeking more appropriate housing.	People with any disability.	At the Center and local homes and apartments.
Employment	40	Provides assistance to consumers in finding employment by helping develop a resume or job application, interviewing skills and other employment related skills.	People with any disability.	At the Center and places of employment.

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Mobility Management	N/A	Provide fiscal management for the Amarillo "GAP" project - a project of PILC and LeFleur Transportation to provide accessible rides in places and at times not served by Amarillo City Transit.	People with any disability.	At the Center.
Assistive Technology	23	Provide computer resources to consumers looking to improve their PC skills.	People with any disability.	At the Center.
Information and Referral	763	Provide Information and referrals to individuals looking for disability related resources.	People with any disability.	At the Center.
Cooking/Kitchen Safety	20	Provides skills to create meals in a kitchen safely and hygienically.	People with any disability.	At the Center.
Fitness and Health	15	Provides Yoga, Tai Chi and exercise classes to consumers.	People with any disability.	At the Center.
Home/Money Management	8	Provides hands-on training on how to clean and maintain a home, including basic money management skills.	People with any disability.	At the Center.
Ticket to Work	8	Provides assistance to Social Security beneficiaries that wish to go to work at a good job that may lead to a career.	People with any disability.	At the Center.
Total # of people served	**1248**			

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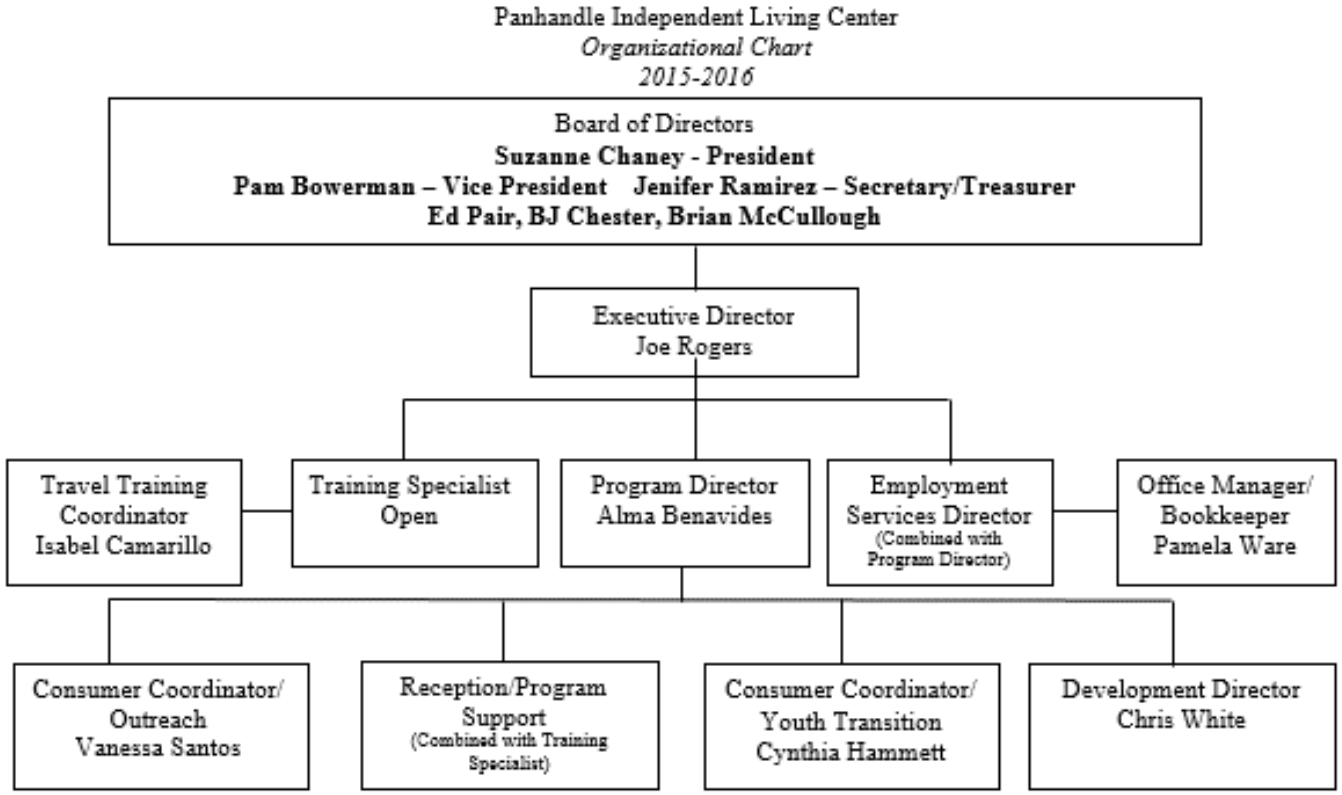
Organizational Chart



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Staffing

Position Title	FTE Level	credentials required (if any)	date of hire	agency employee or contractor
Executive Director	1.00		1/30/2008	agency employee
Bookkeeper/Office Manager	1.00		10/28/2014	agency employee
Program Director/Employment Director	1.00		10/7/2013	agency employee
Transportation Coordinator	0.75		11/28/2011	agency employee
Youth Transition Coordinator	0.75		6/26/2006	agency employee
Outreach Coordinator/Program Staff	0.75		6/23/2015	agency employee
Development Director/Program Staff	1.00		1/4/2010	agency employee
Receptionist (vacant)	0.75		N/A	agency employee
Housing Coordinator (vacant)	0.75		N/A	agency employee
Traning Specialist (vacant)	0.75		N/A	agency employee
Total Number of FTE's	**8.50**			
Number of FTE's that exited employment during the year	**1.5**			
Turnover	**18%**			

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Survey Results

Respondent ID	4401503488
Start Date	12/16/2015
End Date	1/14/2016
Contact Information	Panhandle Independent Living Center (PILC)
Mission	Clear expression of organization's mission which reflects its values and purpose; held by many within organization and often referred to Moderate level of capacity in place
Our mission is consistent with the needs and priorities of the people and communities we serve?	Strongly agree
Goals/Performance Targets	Quantified, aggressive targets in most areas; linked to aspirations and strategy; mainly focused on "outputs/outcomes" (results of doing things right) with some "inputs"; typically multiyear targets, though may lack milestones; targets are known and adopted by most staff who usually use them to broadly guide work Moderate level of capacity in place
Funding Model	Organization has access to multiple types of funding (e.g., government, foundations, corporations, private individuals) with only a few funders in each type, or has many funders within only one or two types of funders Basic level of capacity in place
Performance Measurement	Performance partially measured and progress partially tracked; organization regularly collects solid data on program activities and outputs (e.g., number of people served) but lacks data-driven social impact measurement Basic level of capacity in place
Performance Analysis and Program Adjustments	Some efforts made to benchmark activities and outcomes against outside world; internal performance data used occasionally to improve organization Moderate level of capacity in place
Strategic Planning	Ability and tendency to develop and refine concrete, realistic strategic plan; some internal expertise in strategic planning or access to relevant external assistance; strategic planning carried out on a near-regular basis; strategic plan used to guide management decisions Moderate level of capacity in place
Financial Planning/Budgeting	Solid financial plans, regularly updated; budget integrated into operations; reflects organizational needs; solid efforts made to isolate divisional (program or geographical) budgets within central budget; performance-to budget monitored regularly Moderate level of capacity in place
Operational Planning	Organization develops and refines concrete, realistic, and detailed operational plan; has critical mass of internal expertise in operational planning, or efficiently uses external, sustainable, highly qualified resources; operational

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	planning exercise carried out regularly; operational plan tightly linked to strategic planning activities and systematically used to direct operations High level of capacity in place
Human Resources Planning	Ability and tendency to develop and refine concrete, realistic HR plan; some internal expertise in HR planning or access to relevant external assistance; HR planning carried out on near-regular basis; HR plan linked to strategic planning activities and used to guide HR activities Moderate level of capacity in place
Partnerships and Alliances Development and Nurturing	Built, leveraged, and maintained strong, high-impact, relationships with variety of relevant parties (local, state, and federal government entities as well as for-profit, other nonprofit, and community agencies); relationships deeply anchored in stable, long term, mutually beneficial collaboration High level of capacity in place
Local Community Presence and Involvement	Organization reasonably well known within community, and perceived as open and responsive to community needs; members of larger community (including a few prominent ones) constructively involved in organization Moderate level of capacity in place
Influencing of Policymaking	Organization is aware of its possibilities in influencing policy-making; some readiness and skill to participate in policy discussion, but rarely invited to substantive policy discussions Basic level of capacity in place
Management of Legal and Liability Matters	Legal support resources identified, readily available, and employed on “as needed” basis; major liability exposures managed and insured (including property liability and workers compensation)Basic level of capacity in place
Organizational Processes Use and Development	Solid, well designed set of processes in place in core areas to ensure smooth, effective functioning of organization; processes known and accepted by many, often used and contribute to increased impact; occasional monitoring and assessment of processes, with some improvements made Moderate level of capacity in place
Staffing Levels	Positions within and peripheral to organization (e.g., staff, volunteers, board, senior management) are almost all staffed (no vacancies); few turnover or attendance problems Moderate level of capacity in place
Board – Composition and Commitment	Good diversity in fields of practice and expertise; membership represents most constituencies (nonprofit, academia, corporate, government, etc.); good commitment to organization’s success, vision and mission, and behavior to suit; regular, purposeful meetings are well-planned and attendance is consistently good, occasional subcommittee meetings Moderate level of capacity in place
Planning Systems	Regular planning complemented by ad hoc planning when needed; clear, formal systems for data collection in all relevant areas; data used systematically to support planning effort and improve it High level of capacity in place
Decision Making Framework	Clear, formal lines/ systems for decision making that involve as broad participation as practical and appropriate along with dissemination/ interpretation of decision High level of capacity in place
Financial Operations Management	Robust systems and controls in place governing all financial operations and their integration with budgeting, decision making, and organizational objectives/strategic goals; cash flow actively managed; regular processes in place for budget review, management and problem resolution High level of capacity in place

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Human Resources Management – Management Recruiting, Development, and Retention	Recruitment, development, and retention of key managers is priority and high on CEO/executive director's agenda; some tailoring in development plans for brightest stars; relevant training, job rotation, coaching/feedback, and consistent performance appraisal are institutionalized; genuine concern for high-quality job occupancy; well connected to potential sources of new talent Moderate level of capacity in place
Human Resources Management – General Staff Recruiting, Development, and Retention	Limited use of active development tools/programs; frequent formal and informal coaching and feedback; performance regularly evaluated and discussed; genuine concern for high-quality job occupancy; regular concerted initiatives to identify new talent Moderate level of capacity in place
Physical Infrastructure – Buildings and Office Space	Fully adequate physical infrastructure for the current needs of the organization; infrastructure does not impede effectiveness and efficiency (e.g., favorable locations for clients and employees, sufficient individual and team office space, possibility for confidential discussions)Moderate level of capacity in place
Technological Infrastructure – Telephone/Fax	Sophisticated and reliable telephone and fax facilities accessible by all staff (in office and at frontline), includes around-the-clock, individual voice mail; supplemented by additional facilities (e.g., pagers, cell phones) for selected staff; effective and essential in increasing staff effectiveness and efficiency High level of capacity in place
Technological Infrastructure – Computers, Applications, Network, and E-mail	State of the art fully networked computing hardware with comprehensive range of up-to-date software applications; all staff has individual computer access and e-mail; accessible by frontline program deliverers as well as entire staff; used regularly by staff; effective and essential in increasing staff efficiency High level of capacity in place
Technological infrastructure – Web Site	Comprehensive Web site containing basic information on organization as well as up-to-date latest developments; most information is organization-specific; easy to maintain and regularly maintained Moderate level of capacity in place
Technological Infrastructure – Databases and Management Reporting Systems	Sophisticated, comprehensive electronic database and management reporting systems exist for tracking clients, staff, volunteers, program outcomes and financial information; widely used and essential in increasing information sharing and efficiency High level of capacity in place
Performance as Shared Value	All employees are systematically hired, rewarded and promoted for their collective contribution to social, financial and organizational impact; day-to-day processes and decision making are embedded in comprehensive performance thinking; performance is constantly referred thigh level of capacity in place
Other Shared Beliefs and Values	Common set of basic beliefs and values (e.g., social, religious) exists and is widely shared within the organization; provides members sense of identity and clear direction for behavior; beliefs embodied by leader but nevertheless timeless and stable across leadership changes; beliefs clearly support overall purpose of the organization and are consistently harnessed to produce impact High level of capacity in place
Shared References and Practices	Common set of references and practices exist within the organization, which may include: traditions, rituals, unwritten rules, stories, heroes or role models, symbols, language, dress; are truly shared and adopted by all

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	members of the organization; actively designed and used to clearly support overall purpose of the organization and to drive performance High level of capacity in place
Please describe how your service delivery and business operations would need to change to provide the IL services currently provided by (a) DARS individuals who are blind or have visual impairments and (b) to other individuals with significant disabilities?	Panhandle Independent Living Center (PILC) currently provides an array of services to people with disabilities. These include the 5 core services, as well as contracting to provide transportation options in Amarillo. PILC constantly seeks opportunities to provide new services and programs to address the needs of consumers in the Panhandle. We have achieved success and statewide recognition for our Transportation and Youth Transition programs. We also strive to develop our capacity to deliver additional programs and services. PILC's service delivery and business operations has capacity provide additional services with proper funding and technical assistance.
How would your board support the change? Has this already been discussed by the Board and has any action been taken?	PILC's Board is comprised of a variety of fields and backgrounds, some of whom received services from DBS. PILC's Board of Directors supports providing ILS program services.
Would the changes be consistent with your organization's mission?	Yes.
Would your existing staff need additional training? Please explain.	PILC would expect to receive technical assistance and training to provide services not previously provided by the Center. In addition, CILs should collaborate to develop a consistent, statewide methodology to determine, eligibility and reporting standards to provide accurate, meaningful outcome data.
Would you need additional staff? Please explain.	The program will require additional staff. Staffing levels will be contingent on the program budget.
Would you need to contract for more goods and services than you currently do? Please explain.	PILC currently provides assistive technology services, mobility management, interpretive services and limited durable medical equipment. With proper funding, PILC expects to provide the full range of IL Services currently provided by DARS. Provision of certain medical services may be provided via contract.
If so, would your staff have the expertise to procure the services and manage the contracts and vendor payments? Please explain.	PILC' currently manages a transportation contract with a private provider for transportation services in Amarillo. This contract has been successful, and a second contract was recently awarded to provide service through December 31, 2016. PILC has demonstrated the ability to procure and manage contracts and vendor payments.
Would your technology infrastructure need to change in order to procure additional goods and services (provider billing, payment tracking, etc.)? Please explain.	PILC's technology infrastructure was designed for scalability. PILC has the headroom to integrate various technologies to promote the latest security protocols and allow for data reporting and management standards consistent with our grantors' requirements, including security measures to protect remote access of confidential databases.

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Please identify the data elements and other information you currently capture in your case management system.	Currently PILC collects these data elements: Ethnicity Type of Disability Education Gender Age Significant Life Area - Goals Set, Goals Achieved, In Progress - Self-Advocacy/Self-Empowerment Communication Mobility/Transportation Community-Based Living Educational Vocational Self-care Information Access/Technology Personal Resource Management Relocation from a Nursing Home or Institution Community/Social Participation Number of new consumers Number of consumers carried over Closed – completed all goals Closed – (moved, withdrawn, died) Any changes or addition to the data collection requirements can be incorporated using our current data collection/case management system.
Do you monitor and track consumers who have maintained or improved functional abilities as a result of the services your organization has provided? If so, what information do you maintain in your case management system regarding this success?	Just as DARS ILS program does not report outcomes, neither does PILC. Should such data become part of the reporting standards, PILC will incorporate this information into its reporting.
Would you need to improve or modify the accessibility of your services? Please explain.	No. PILC offices are fully accessible for persons with any disability.
How will you serve IL consumers who cannot travel to your physical site to access services?	PILC will utilize computer technology to provide remote service delivery. In cases where remote service delivery is unavailable or inadequate, PILC will provide services and activities at facilities in remote locations in the Panhandle. Provision of these services is contingent upon adequate funding.
Some of the business changes may require financial investment prior to starting service delivery. Do you have existing funding that you could leverage to support these "start-up" investments? If not, please estimate the amount and specify the need for each additional financial investment.	PILC's existing funding does support purchases on a reimbursement basis. DARS contracts for CIL services employ a cash-advance model. A reimbursement model will significantly constrain PILC's ability to provide an acceptable activities and services.
Are you taking on any other new initiatives at this time? If so, please explain.	No.
Please describe your organization's process(as) and frequency for collecting consumer feedback.	Consumer choice is paramount in the provision of activities and services. Consumers are consistently polled during the provision of services. Staff utilizes this input to refine the delivery of these program activities and services. In addition, PILC conducts an annual Consumer Satisfaction Surveys to determine PILC's effectiveness and to highlight areas that need improvement. These surveys are sent to both active and recently inactive consumers.

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What training or technical assistance would you need from DARS or other entities to take on these services from DARS?	PILC would expect to receive technical assistance and training to provide services not previously provided by the Center. In addition, CILs should collaborate to develop a consistent, statewide methodology to determine, eligibility and reporting standards to provide accurate, meaningful outcome data.
How will you assure purchased equipment is going to be appropriate for the consumer, and ensure they can use it safely?	PILC expects to utilize the same standards currently employed by DARS. PILC would be interested in becoming a technology demonstration center to help consumers make an informed choice of equipment.
Please describe how your business would need to change to take on the specified services that the DARS Office for Deaf and Hard of Hearing Services (DHHS) currently provides? Please explain your understanding of these services.	PILC's business would not need to change in order to provide these services. However, PILC would require technical assistance as it begins to provide these services.
Would your Board support the change? Has this already been discussed by the Board and has any action been taken?	A change to PILC's business has not been discussed by the Board.
Would the changes be consistent with your organization's mission?	N/A
Would your existing staff need additional training? Please explain.	Yes. Any organization that assumes the provision of these services will require, and should reasonably expect, training and assistance during and after the transition.
Would you need additional staff? Please explain.	This program will necessitate additional staff. Staffing levels will be contingent on the program budget.
Would you need to contract for more goods and services than you currently do? Please explain.	With proper funding, PILC expects to provide the full range of IL Services currently provided by DHHS.
If so, would your staff have the expertise to procure the services and manage the contracts and vendor payments? Please explain.	PILC' currently manages a transportation contract with a private provider for transportation services in Amarillo. This contract has been successful, and a second contract was recently awarded to provide service through December 31, 2016. PILC has demonstrated the ability to procure and manage contracts and vendor payments.
Would your technology infrastructure need to change in order to procure additional goods and services (provider billing, payment tracking, etc.)? Please explain.	No.

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Would you need to improve or modify the accessibility of your services? Please explain.	No. PILC's services are fully accessible.
Do you currently have a STAP contract? If no, are you interested in providing these services? If yes, please explain your current capacity to provide the services.	No. We would be interested in learning more about the program.
Do you currently have a Hearing Loss Resource Specialist contract or a Deafness Resource Specialist contract? If no, are you interested in providing these services? If yes, please explain your current capacity to provide the services.	No. Our interest would depend on learning more about the program.
Do you currently provide training specific to persons who are deaf or hard of hearing? If no, are you interested in providing training to this population group? If yes, please explain your current capacity to provide training.	No. Our interest would depend on learning more about the program.
What percent of the consumers you serve are persons who are deaf? What percent of the consumers you serve are persons who are hard of hearing? What services are provided to these population groups?	PILC currently serves under 1% of consumers with a hearing disability. We contract for ASL interpretation services as needed, and utilize accessible technology devices and make accommodations to consumers as necessary.
How will you ensure services are accessible to persons who are deaf or hard of hearing?	PILC offices are fully accessible for persons with any disability.

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Capacity Assessment

New Counties to serve	None	
Established	1988	
Number of staff	8.5	
Number of people served	323	
Capacity Assessment Needs		
Area of Assessment	**Analysis**	**Capacity Needs**
Staffing Needs Knowledge and experience needs? Training needs types of staff needed number of staff needed providers/subcontractors needed	This CIL has 1 site location. They have an ED, and an office manager/bookkeeper. They have a program director/employment director (shared position). The ED is new. They reported that they don't generally have a lot of turnover, but this year was unique in that they did lose several people. They do not have any specialized staff (O&M, D/HH, STAP, etc.). They do anticipate a higher volume of service and a need for more specialized personnel, but could not elaborate other than to indicate that they would need to copy the staffing model that DARS currently has in the Panhandle. They don't know exactly what that looks like. They stated that they do not refer to DARS very often, so unsure how their volume would change. They serve only a small number of b/vi consumers who are usually already connected to DBS. Their staff does have experience with purchasing transpiration services, including contracting for and paying for the service.	1. More staff (but not sure exactly how many). Staff numbers and specialization should mirror what DARS currently staffs in the panhandle. Also depends on the budget. 2. Training needs: training on new policies and procedures, how to obtain and purchase assistive technology and assessments, medical and therapeutic services, new reporting requirements, and any new fiscal or program requirements.

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Service Delivery	With the exception of transportation training, nearly all services are provided at the CIL. This CIL covers a very large, mostly rural, geographic area. 2.5 hours to southern border of the area. The assistive technology services they provide are generally to assist individuals with computers or mobile technology. They do purchase transportation services for consumers, but otherwise provide all services directly. The area may be underserved due to how large it is. They do outreach at health fairs and events like that to try to find more consumers and connect with people who may not be aware of them. Could be challenges finding vendors for specific services/equipment from time to time. Work closely with the city transportation department to provide gap transportation through subcontractor La Fleur, provide transportation to areas where the buses don't run and have services on the weekend. They provide outreach and training in school districts (classroom training), career fairs and scholarship luncheon, legal aid – landlord tenant issues, wills, trust and banking training.	1. Need to develop new policies and procedures, especially around how to purchase specialty goods (such as assistive technology, assessments, medical and therapeutic services, vehicle modifications). 2. Will be challenging for them to provide more services in homes given geography. Would probably need more staff to be able to take the time to do this. Would also increase their travel budget. Will need to understand how DARS covers this area so they can model their approach. 3. Need DARS vendor list.
Systems Needs fiscal, contracting, purchasing systems case management systems reporting systems	They are currently transitioning from SAGE 50 to Quick Books. Both systems allow for vendor payments and tracking. They have a different consumer tracking database than the other CIL's, called CFAL-NETCIL. The company can modify the data fields as needed, and Panhandle is able to develop whatever queries they need. It is an Access database. Low to no cost.	1. May need to work with NETCIL to modify the data collection fields in CFAL, but they can develop whatever queries are needed for reporting once the fields are in there. Low to no cost.
Geographic issues Specific plan for reaching additional counties? Which areas are furthest away from center? How will they reach those farthest away?	Very large geographic area. They do not plan to expand to any new counties. Only 1 site, and a lot of rural area. The area may be underserved. It is 2.5 hours to southern border. Most services are provided at the center. Also issues with weather during the winter months.	
B/VI Services	They do not have a large b/vi population. Last year they served 13 b/vi; none in their homes.	
Other Needs (building infrastructure, etc.)	None	
Anticipated barriers and challenges	Purchasing goods/equipment will be challenging if they have to front the money and wait for reimbursement.	

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Anticipated cost and time needed	Hard for them to give a precise estimate, without knowing exactly what will be expected of them. If they have sufficient funding, they could hire and train staff within 2-3 months.	
Deaf and Hard of Hearing Services (DHHS) Capacity		
Summary of capacity needed	They do not have any current DHHS contracts for STAP, HLRS, or DRS. They would need more staff and more specialization to provide these services. They do have interpreter services available to them.	
Anticipated cost and time needed	Not sure, would depend on the specific program requirements. Would the CIL need to provide services exactly the same as DHHS does now?	

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RISE Center for Independent Living

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General Information

Question	CIL Response
Name of CIL	**RISE Center**
Address of CIL	755 S. 11th St., Ste. 101, Beaumont, TX 77701
*What counties do you currently serve? Please note if you only serve part of a county.	Hardin, Jefferson, and Orange
Please list the services provided by this CIL.	1) Information and Referral; 2) IL Skills Training; 3) Peer Counseling; 4) Individual and Systems Advocacy; 5) Facilitate transition from nursing homes and other institutions to home and community based residences; 6) Provide assistance to those at risk of entering institutions; 7)Facilitate transition of youth to postsecondary life.
Do you contract for any goods/services? If so, please list the goods and services here.	No
How many individuals did you serve in your most recent completed fiscal year? Please provide an unduplicated count of unique individuals served by your agency.	333
*NOTE: Addition Counties Served thru a contractual relationship with Austin Resource Center for Independent Living, Austin, TX	These counties ONLY RECEIVE NURSING HOME RELOCATION SERVICES (RISE facilitates transition from nursing homes and other institutions to home and community based residences): Jasper, Newton, Tyler, Polk, San Jacinto, San Augustine and Sabine.

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Services

Type of Service	Total # of people served (unduplicated by service)	Description of Service	Target Population (consumers who are blind, consumers with general disabilities, consumers who are deaf or hard of hearing)	Location Where Service is Provided
Advocacy	311	Individual/Systems Advocacy and Legal Services	Consumers with all different types of disabilities	Center
Assistive Technology	51	Assistance with equipment or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of individuals with disabilities.	Consumers with all different types of disabilities	Center
IL Skill Training	263	Independent living skills training and life skills training which includes but is not limited to money management, cooking classes, travel training, basic use of computer and cell phone training.	Consumers with all different types of disabilities	Center
Information & Referral	295	Provide information requested by consumers and made appropriate referrals for consumers to receive services from other agencies.	Consumers with all different types of disabilities	Center
Peer Support	305	Provide Peer support services to give persons with disabilities the opportunity to meet with other persons with a similar disability or life experience. Our IL Specialists provide positive role modeling, exhibit strong coping and problem-solving skills, and share the	Consumers with all different types of disabilities	Center

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		benefit of their knowledge about community resources.		
Relocation (Housing)	148	Facilitate transition from nursing homes and other institutions to home and community based residences.	Consumers with all different types of disabilities	Nursing Facilities & Home
Preventive Services	105	Provide assistance to those at risk of entering institutions.	Consumers with all different types of disabilities	Center
Youth	13	Facilitate transition of youth to postsecondary life.	Consumers with all different types of disabilities	Center
Total # of people served	**1180**			

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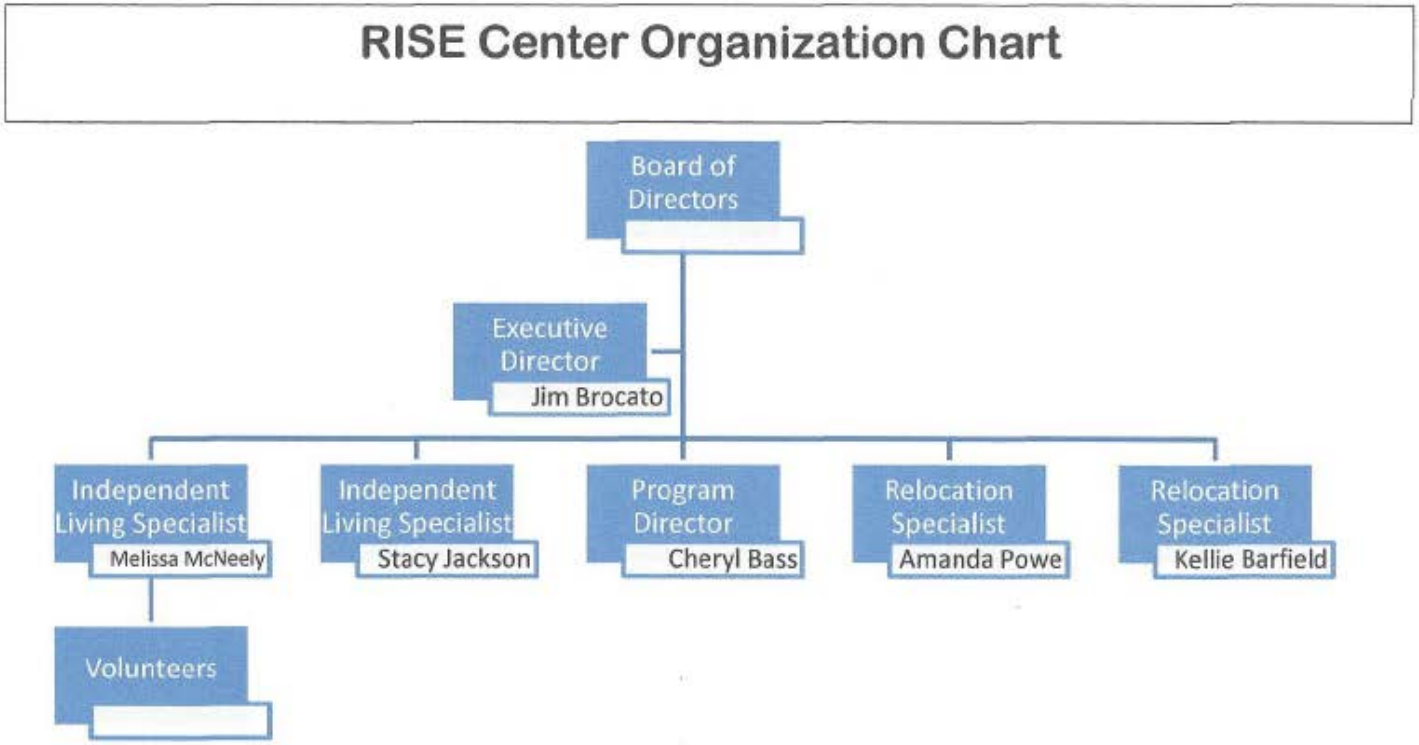
Organizational Chart



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Staffing

Position Title	FTE Level	Credentials Required (if any)	Date of Hire	Agency employee or Contractor
Executive Director	1.00	Masters Degree	2/16/2006	agency employee
Program Director	0.50		4/21/2003	agency employee
Independent Living Specialist	1.00		1/1/2015	agency employee
Independent Living Specialist	1.00		2/17/2014	agency employee
Relocation Services Specialist	1.00		2/1/2013	agency employee
Relocation Services Specialist	1.00		12/1/2015	agency employee
Total Number of FTE's	**4.50**			
Number of FTE's that exited employment during the year	**2**			
Turnover	**44%**			

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Survey Results

Respondent ID	4406544792
Start Date	12/18/2015
End Date	12/18/2015
Contact Information	RISE Center for Independent Living / 755 S. 11th St. / Beaumont / 77701
Mission	Clear expression of organization's mission which describes an enduring reality that reflects its values and purpose; broadly held within organization and frequently referred to High Level of capacity in place
Our mission is consistent with the needs and priorities of the people and communities we serve?	Strongly disagree
Goals/Performance Targets	Realistic targets exist in some key areas, and are mostly aligned with aspirations and strategy; may lack aggressiveness, or be short-term, lack milestones, or mostly focused on "inputs" (things to do right), or often renegotiated; staff may or may not know and adopt targets Basic level of capacity in place
Funding Model	Organization dependent on a few funders of same type (e.g., government or foundations or private individuals)Clear need for increased capacity
Performance Measurement	Limited measurement and tracking of performance; evaluation mostly based on anecdotal evidence; organization collects some data on program activities and outputs (e.g., number of people served) but does not measure social impact (measurement of social outcomes, e.g., drop-out rate lowered)Clear need for increased capacity
Performance Analysis and Program Adjustments	Few external performance comparisons made; internal performance data rarely used to improve program and organization Clear need for increased capacity
Strategic Planning	Some ability and tendency to develop high-level strategic plan either internally or via external assistance; strategic plan roughly directs management decisions Basic level of capacity in place
Financial Planning/Budgeting	Solid financial plans, regularly updated; budget integrated into operations; reflects organizational needs; solid efforts made to isolate divisional (program or geographical) budgets within central budget; performance-to budget monitored regularly Moderate level of capacity in place
Operational Planning	Some ability and tendency to develop high-level operational plan either internally or via external assistance; operational plan loosely or not linked to strategic planning activities and used roughly to guide operations Basic level of capacity in place
Human Resources Planning	Organization is able to develop and refine concrete, realistic, and detailed HR plan; has critical mass of internal expertise in HR planning (via trained, dedicated HR manager), or efficiently uses external, sustainable, highly

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	qualified resources; HR planning exercise carried out regularly; HR plan tightly linked to strategic planning activities and systematically used to direct HR activities High level of capacity in place
Partnerships and Alliances Development and Nurturing	Effectively built and leveraged some key relationships with few types of relevant parties (for-profit, public, and nonprofit sector entities); some relations may be precarious or not fully “win-win "Moderate level of capacity in place
Local Community Presence and Involvement	Organization reasonably well known within community, and perceived as open and responsive to community needs; members of larger community (including a few prominent ones) constructively involved in organization Moderate level of capacity in place
Influencing of Policymaking	Organization is fully aware of its possibilities in influencing policy-making and is one of several organizations active in policy-discussions on state or national level Moderate level of capacity in place
Management of Legal and Liability Matters	Organization does not anticipate legal issues, but finds help and addresses issues individually when they arise; property insurance includes liability component Clear need for increased capacity
Organizational Processes Use and Development	Basic set of processes in core areas for ensuring efficient functioning of organization; processes known, used, and truly accepted by only portion of staff; limited monitoring and assessment of processes, with few improvements made in consequence Basic level of capacity in place
Staffing Levels	Many vacant, or inadequately filled positions, within and peripheral to organization (e.g., staff, volunteers, board, senior management), high turnover and/or attendance issues Clear need for increased capacity
Board – Composition and Commitment	Membership with broad variety of fields of practice and expertise, and drawn from the full spectrum of constituencies (nonprofit, academia, corporate, government, etc.); includes functional and program content-related expertise, as well as high-profile names; high willingness and proven track record of investing in learning about the organization and addressing its issues; outstanding commitment to the organization’s success, mission and vision; meet in person regularly, good attendance, frequent meetings of focused subcommittees High level of capacity in place
Planning Systems	Ad hoc planning; not supported by systematically collected data Clear need for increased capacity
Decision Making Framework	Appropriate decision makers known; decision making process fairly well established and process is generally followed, but frequently breaks down and becomes informal Basic level of capacity in place
Financial Operations Management	Financial activities transparent, clearly and consistently recorded and documented, include appropriate checks and balances, and tracked to approve budget Basic level of capacity in place
Human Resources Management – Management Recruiting, Development, and Retention	Standard career paths in place but need more consideration of managerial development; no or very limited training, coaching, and feedback; lack of regular performance appraisals; lack of systems/processes to identify new managerial talent Clear need for increased capacity

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Human Resources Management – General Staff Recruiting, Development, and Retention	No active development tools/ programs; feedback and coaching occur sporadically; performance evaluated occasionally; limited willingness to ensure high-quality job occupancy; sporadic initiatives to identify new talent Basic level of capacity in place
Physical Infrastructure – Buildings and Office Space	Physical infrastructure can be made to work well enough to suit organization's most important and immediate needs; a number of improvements could greatly help increase effectiveness and efficiency (e.g., no good office space for teamwork, no possibility of holding confidential discussions, employees share desks)Basic level of capacity in place
Technological Infrastructure – Telephone/Fax	Adequate basic telephone and fax facilities accessible to most staff; may be moderately reliable or user-friendly, or may lack certain features that would increase effectiveness and efficiency (e.g., individual voice-mail), or may not be easily accessible to some staff (e.g. front-line deliverers)Basic level of capacity in place
Technological Infrastructure – Computers, Applications, Network, and E-mail	Well-equipped at central level; incomplete/limited infrastructure at locations aside from central offices; equipment sharing may be common; satisfactory use of IT infrastructure by staff Basic level of capacity in place
Technological infrastructure – Web Site	Basic Web site containing general information, but little information on current developments; site maintenance is a burden and performed only occasionally Basic level of capacity in place
Technological Infrastructure – Databases and Management Reporting Systems	Electronic databases and management reporting systems exist only in few areas; systems perform only basic features, are awkward to use or are used only occasionally by staff Basic level of capacity in place
Performance as Shared Value	Performance contribution is occasionally used and may be one of many criteria for hiring, rewarding and promoting employees; performance data is used to make decisions Basic level of capacity in place
Other Shared Beliefs and Values	Common set of basic beliefs held by many people within the organization; helps provide members a sense of identity; beliefs are aligned with organizational purpose and occasionally harnessed to produce impact Moderate level of capacity in place
Shared References and Practices	Common set of references and practices exists, and are adopted by many people within the organization; references and practices are aligned with organizational purpose and occasionally harnessed to drive towards impact Moderate level of capacity in place
Please describe how your service delivery and business operations would need to change to provide the IL services currently provided by (a) DARS individuals who are blind or have visual impairments and (b) to other individuals with significant disabilities?	Additional funding would need to be provided to provide services and technical support to successfully provide IL services.

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How would your board support the change? Has this already been discussed by the Board and has any action been taken?	It would depend on the funding and technical support provided to the Center by DARS or HHS. Yes this has already been discussed by the Board. No action will be taken until capacity evaluation has been completed
Would the changes be consistent with your organization's mission?	It is highly probable that the changes would be consistent with our organization's mission.
Would your existing staff need additional training? Please explain.	Yes. Extensive training would need to be provided.
Would you need additional staff? Please explain.	Yes. I have a very small staff that would not at this time be able to handle the delivery of IL services being discussed.
Would you need to contract for more goods and services than you currently do? Please explain.	Yes, at this time we do not contract for goods and services
If so, would your staff have the expertise to procure the services and manage the contracts and vendor payments? Please explain.	Not at this time. We would be looking to DARS to provided technical assistance with procurement and contract management
Would your technology infrastructure need to change in order to procure additional goods and services (provider billing, payment tracking, etc.)? Please explain.	Yes, at this time our system is not set up to do billing or track payments
Please identify the data elements and other information you currently capture in your case management system.	demographics, goals, type of services
Do you monitor and track consumers who have maintained or improved functional abilities as a result of the services your organization has provided? If so, what information do you maintain in your case management system regarding this success?	No
Would you need to improve or modify the accessibility of your services? Please explain.	Yes

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How will you serve IL consumers who cannot travel to your physical site to access services?	At this time with the exception of our Relocation program, we are not providing services in the home.
Some of the business changes may require financial investment prior to starting service delivery. Do you have existing funding that you could leverage to support these "start-up" investments? If not, please estimate the amount and specify the need for each additional financial investment.	No
Are you taking on any other new initiatives at this time? If so, please explain.	No
Please describe your organization's process(as) and frequency for collecting consumer feedback.	consumer questionnaires -quarterly
What training or technical assistance would you need from DARS or other entities to take on these services from DARS?	We will need all of the training and technical assistance DARS can provided in order to take on these services
How will you assure purchased equipment is going to be appropriate for the consumer, and ensure they can use it safely?	After DARS provides technical assistance on the use and safety of purchased equipment, our staff will use the information obtained from the technical assistance to ensure proper use and safety.
Please describe how your business would need to change to take on the specified services that the DARS Office for Deaf and Hard of Hearing Services (DHHS) currently provides? Please explain your understanding of these services.	We would need to have the funding to provide these services and technical assistance to ensure successful delivery of deaf and hard of hearing services
Would your Board support the change? Has this already been discussed by the Board and has any action been taken?	The Board would have to discuss the outcome of the capacity evaluation before making a decision to support the change. This has been discussed with the board. No action has taken place at this time.
Would the changes be consistent with your organization's mission?	Yes

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Would your existing staff need additional training? Please explain.	Yes
Would you need additional staff? Please explain.	Yes
Would you need to contract for more goods and services than you currently do? Please explain.	Yes as we do not contract for goods and services at this time.
If so, would your staff have the expertise to procure the services and manage the contracts and vendor payments? Please explain.	No
Would your technology infrastructure need to change in order to procure additional goods and services (provider billing, payment tracking, etc.)? Please explain.	Yes
Would you need to improve or modify the accessibility of your services? Please explain.	Yes
Do you currently have a STAP contract? If no, are you interested in providing these services? If yes, please explain your current capacity to provide the services.	No. We would be interested however, there would have to be a review of the funding and technical assistance attached to this service.
Do you currently have a Hearing Loss Resource Specialist contract or a Deafness Resource Specialist contract? If no, are you interested in providing these services? If yes, please explain your current capacity to provide the services.	No.
Do you currently provide training specific to persons who are deaf or hard of hearing? If no, are you interested in providing training to this population group? If yes, please explain your current capacity to provide training.	No. We would be interested however, there would have to be a review of the funding and technical assistance attached to this service.

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What percent of the consumers you serve are persons who are deaf? What percent of the consumers you serve are persons who are hard of hearing? What services are provided to these population groups?	Approximately 2%are deaf or hard of hearing Advocacy, Information and Referral
How will you ensure services are accessible to persons who are deaf or hard of hearing?	With technical assistance from DARS, we should be able to ensure services are accessible to persons with who are deaf or hard of hearing.

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Capacity Assessment

New Counties to serve	Hardin, Jefferson, and Orange	
Number of staff	5.5	
Number of people served	333	
Established	1996	
Capacity Assessment Needs		
Area of Assessment	**Analysis**	**Capacity Needs**
Staffing Needs Knowledge and experience needs? Training needs types of staff needed number of staff needed providers/subcontractors needed	They currently do not retain hard client files due to limited space and have no established staff to consumer ratio, as it depends on the program and funding. The current staff have strong relationships with community partners across the area to meet the needs of the consumers. They are cross trained in many areas as they have limited staff yet provide the necessary services for the population. They indicated they will need more staff, however, in regards to how many or the cost they were not able to give estimates as they have not received information about the grant. Don't have specialized staff at this time such as O&M and HLRS, DRS. They aren't exactly sure how much their volume of consumers would increase, but they know that DARS has a waiting list so they think it could increase significantly.	1. Additional staff to handle additional volume of consumers. More staff specialization (or contracted). 2. Additional space for the staff they hire, potentially get space in another part of the catchment area. 3. Can't estimate exact numbers of staff or additional space until they better understand the population and understand the grant amount available for hiring staff. 4. Training needs: training on new policies and procedures, how to obtain and purchase assistive technology and assessments, medical and therapeutic services, new reporting requirements, and any new fiscal or program requirements.
Service Delivery	They provide all services directly, they do not subcontract any services. Services are mainly provided at the center. With the exception of the relocation services, which may take place in nursing facility or senior centers, no services in the home. They currently have a contract with ARCIL to provide relocation services. They also purchase some assistive technology devices for clients, but they "loan" them to clients versus purchasing them for them to keep. They have experience with making sure they get the "best value", they typically get three quotes/bids from the providers and then	1. Need to develop new policies and procedures, especially around how to purchase specialty goods (such as assistive technology, assessments, medical and therapeutic services, vehicle modifications) and track purchases. 2. Need vendor list from DARS.

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	review the proposals and bids. They indicated that they don't always pick the lowest price, but match the best price with the needs of the consumers.	
Systems Needs fiscal, contracting, purchasing systems case management systems reporting systems	They manage purchasing through their QuickBooks for non-profit accounting and purchasing system. They believe this system can support the larger scale of purchasing that will be required under the new programs. The center has been using CIL Suite for 6 years, which is not a complicated system which they can use specific features on depending on what their needs are. They use this to also populate their 704 report.	1. Systems can be modified at low to no cost
Geographic issues Specific plan for reaching additional counties? Which areas are furthest away from center? How will they reach those farthest away?	They are proposing to share Galveston, and take on Liberty and Jasper counties. They indicated they will need to expand their office space to accommodate the new population. Currently, they have at least a two hour drive from the office to the potential of serving a consumer in their home. While they currently pay mileage for staff, the center is staffed with individuals with disabilities, therefore, they indicated taking into account they may need funds for specific transportation to have their staff serve consumers in their homes.	1. Additional staff and space will be necessary to cover new areas 2. Can't estimate exactly where or how much until they better understand the population and funds available.
B/VI services	They served approximately 6 b/vi consumers last year. All of them were served at the center. None requested services in their homes.	
Other Needs (building infrastructure, etc.)	Restrooms will need some modification	
Anticipated barriers and challenges	They do not believe they can work within a reimbursement system of contracting as they don't have the upfront capital to do so. They would want it to be more of a grant where they can get the services for the clients using their pool of staff. They indicated they don't know that consumers are clear about the change, and they indicated few of their referrals come from DARS, they have strong relationships with communities. There is concern the funding won't be adequate to serve everyone that requires services. They are concerned they don't have a reputation of having waiting lists, and they don't want to start that practice, so understanding expectations around this will be helpful.	
Anticipated cost and time needed	They indicated they have not done any projecting on cost as they are not sure the total population for their area. They do see a transition time being	1. Cost and transition time depend on the program specifications and the funding.

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	necessary, but that will be based on how many staff they need to hire, where they need to secure space, and the availability of resources.	
Deaf and Hard of Hearing Services (DHHS) Capacity		
Summary of capacity needed	They do not currently have a contract with DHHS, so no STAP specialist, HLRS, or DRS on staff. They do not have a STAP vendor, while they serve deaf and hard of hearing individuals, it is currently on a small scale. They did indicate they believe if the funding, training, and technical assistance was available they would be able to take this on.	1. Will need additional staff, training, and technical assistance for this population. Can't estimate how much until more is understood about the program and funding.
Anticipated cost and time needed	They indicated they have not done any projecting on cost as they are not sure the total population for their area. They do see a transition time being necessary, but that will be based on how many staff they need to hire, where they need to secure space, and the availability of resources.	

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San Antonio Independent Living Services (SAILS)

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General Information

Question	CIL Response
Name of CIL	San Antonio Independent Living Services
Address of CIL	1028 So. Alamo St., San Antonio, Texas 78210
What counties do you currently serve? Please note if you only serve part of a county.	Atascosa, Bandera, Bexar, Calhoun, Comal, De Witt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, LaSalle, LaVaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson and Zavala
Please list the services provided by this CIL.	Advocacy, information and referrals, peer support, independent living skills, Transition services, Benefits counseling(SSA/WIPA through subcontract with Austin Resource Center for Independent Living); Independent Living Skills/Case Management with City contract: Gateway to Abilities program serving homeless and disabled.
Do you contract for any goods/services? If so, please list the goods and services here.	Only printing and IT services.
How many individuals did you serve in your most recent completed fiscal year? Please provide an unduplicated count of unique individuals served by your agency.	470 Consumers (with IL plan or Benefits Summary); 7,530 Info and referrals

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Services

Type of Service	Total # of people served (unduplicated by service)	Description of Service	Target Population (consumers who are blind, consumers with general disabilities, consumers who are deaf or hard of hearing)	Location Where Service is Provided
Independent Living Plan	*34*	*IL Skills/Advocacy*	*Consumers who are Deaf*	*SAILS, 1028 So. Alamo, San Antonio,Tx*
Independent Living Plan	21	IL Skills/Advocacy	Consumers who are Visually Impaired	SAILS
Independent Living Plan	103	IL Skills/Advocacy	Consumers who are Mental/Emotional	SAILS
Independent Living Plan	64	IL Skills/Advocacy	Consumers with Physical Disabilities	SAILS
Independent Living Plan	28	IL Skills/Advocacy	Consumers with Multiple/Other Disabilities	SAILS
Independent Living Plan	14	IL Skills/Advocacy	Consumers with Cognitive Disabilities	SAILS
IL Case Management City Contract (HHSC)	126	Case Management/Vouchers	Consumers with Mental/Emotional	SAILS
Benefits Counseling (Subcontract ARCIL/SSA)	85	Benefits Summary Analysis	Consumers with general disabilities	SAILS
Benefits Counseling (Subcontract ARCIL/SSA)	165	Information/Referrals	Consumers with general disabilities	SAILS
Total # of people served	**640**			

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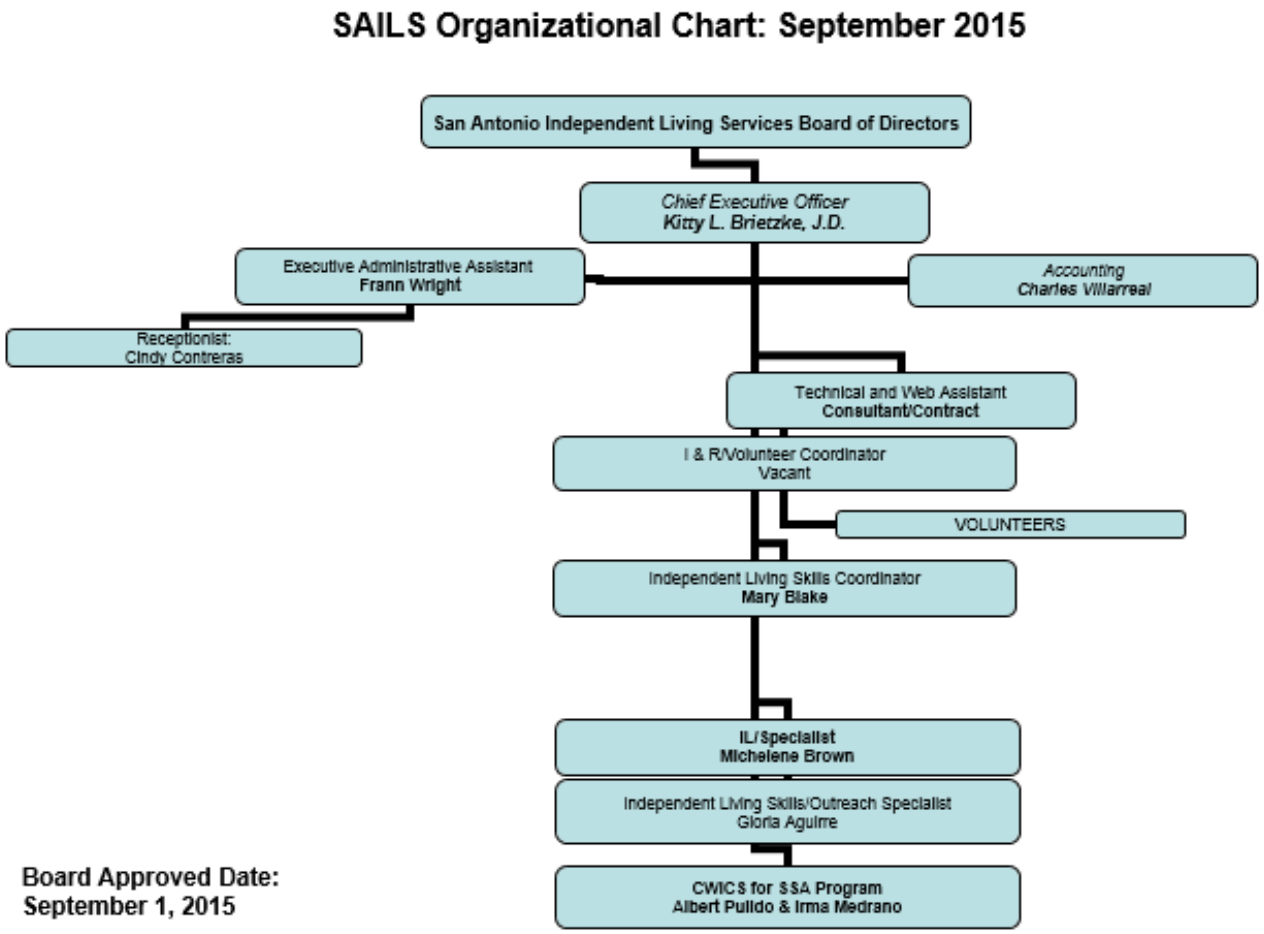
Organizational Chart



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Staffing

Position Title	FTE Level	Credentials required (if any)	Date of Hire	Agency employee or Contractor
CEO/Development Officer	1.00	Bachelors	9/1/2005	agency employee
Accountant	1.00	BBA	5/2/2011	agency employee
Executive Administrative Assistant	1.00		9/1/2015	agency employee
IL Skills Outreach Specialist	0.50		3/17/2014	agency employee
IL Skills Specialist	1.00		8/5/2013	agency employee
IR/Volunteer Coordinator	0.50	BA	Vacant	
CWIC	1.00		5/24/2010	agency employee
CWIC	1.00		7/16/2001	agency employee
IL Coordinator	1.00		9/26/1996	agency employee
Receptionist (and IR)	1.00		3/12/2012	agency employee
Total Number of FTE's	**9.00**			
Number of FTE's that exited employment during the year	**0.5**			
Turnover	**6%**			

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Survey Results

Start Date	1/11/2016
End Date	1/11/2016
Contact Information	San Antonio Independent Living Services / 1028 South Alamo Street / San Antonio / 78210
Mission	Clear expression of organization's mission which describes an enduring reality that reflects its values and purpose; broadly held within organization and frequently referred to High Level of capacity in place
Our mission is consistent with the needs and priorities of the people and communities we serve?	Strongly agree
Goals/Performance Targets	Limited set of quantified, genuinely demanding performance targets in all areas; targets are tightly linked to aspirations and strategy, output/outcome-focused (i.e., results of doing things right, as opposed to inputs, things to do right), have annual milestones, and are long-term nature; staff consistently adopts targets and works diligently achieve them High level of capacity in place
Funding Model	Solid basis of funders in most types of funding source (e.g., government, foundations, corporations, private individuals); some activities to hedge against market instabilities (e.g., building of endowment); organization has developed some sustainable revenue generating activity Moderate level of capacity in place
Performance Measurement	Performance measured and progress tracked in multiple ways, several times a year, considering social, financial, and organizational impact of program and activities; multiplicity of performance indicators; social impact measured, but control group or longitudinal (i.e., long term) nature of evaluation is missing Moderate level of capacity in place
Performance Analysis and Program Adjustments	Some efforts made to benchmark activities and outcomes against outside world; internal performance data used occasionally to improve organization Moderate level of capacity in place
Strategic Planning	Ability and tendency to develop and refine concrete, realistic strategic plan; some internal expertise in strategic planning or access to relevant external assistance; strategic planning carried out on a near-regular basis; strategic plan used to guide management decisions Moderate level of capacity in place
Financial Planning/Budgeting	Very solid financial plans, continuously updated; budget integrated into full operations; as strategic tool, it develops from process that incorporates and reflects organizational needs and objectives; well understood divisional (program or geographical) budgets within overall central budget; performance-to-budget closely and regularly monitored High level of capacity in place

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Operational Planning	Organization develops and refines concrete, realistic, and detailed operational plan; has critical mass of internal expertise in operational planning, or efficiently uses external, sustainable, highly qualified resources; operational planning exercise carried out regularly; operational plan tightly linked to strategic planning activities and systematically used to direct operations High level of capacity in place
Human Resources Planning	Organization is able to develop and refine concrete, realistic, and detailed HR plan; has critical mass of internal expertise in HR planning (via trained, dedicated HR manager), or efficiently uses external, sustainable, highly qualified resources; HR planning exercise carried out regularly; HR plan tightly linked to strategic planning activities and systematically used to direct HR activities High level of capacity in place
Partnerships and Alliances Development and Nurturing	Built, leveraged, and maintained strong, high-impact, relationships with variety of relevant parties (local, state, and federal government entities as well as for-profit, other nonprofit, and community agencies); relationships deeply anchored in stable, long term, mutually beneficial collaboration High level of capacity in place
Local Community Presence and Involvement	Organization widely known within larger community, and perceived as actively engaged with and extremely responsive to it; many members of the larger community (including many prominent members) actively and constructively involved in organization (e.g., board, fund-raising)High level of capacity in place
Influencing of Policymaking	Organization is fully aware of its possibilities in influencing policy-making and is one of several organizations active in policy-discussions on state or national level Moderate level of capacity in place
Management of Legal and Liability Matters	Well-developed, effective, and efficient internal legal infrastructure for day-to-day legal work; additional access to general and specialized external expertise to cover peaks and extraordinary cases; continuous legal risk management and regular adjustment of insurance High level of capacity in place
Organizational Processes Use and Development	Robust, lean, and well-designed set of processes (e.g., decision making, planning, reviews) in place in all areas to ensure effective and efficient functioning of organization; processes are widely known, used and accepted, and are key to ensuring full impact of organization; continual monitoring and assessment of processes, and systematic improvement made High level of capacity in place

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Staffing Levels	Positions within and peripheral to organization (e.g., staff, volunteers, board, senior management) are almost all staffed (no vacancies); few turnover or attendance problems Moderate level of capacity in place
Board – Composition and Commitment	Membership with broad variety of fields of practice and expertise, and drawn from the full spectrum of constituencies (nonprofit, academia, corporate, government, etc.); includes functional and program content-related expertise, as well as high-profile names; high willingness and proven track record of investing in learning about the organization and addressing its issues; outstanding commitment to the organization's success, mission and vision; meet in person regularly, good attendance, frequent meetings of focused subcommittees High level of capacity in place
Planning Systems	Regular planning complemented by ad hoc planning when needed; clear, formal systems for data collection in all relevant areas; data used systematically to support planning effort and improve it High level of capacity in place
Decision Making Framework	Clear, formal lines/ systems for decision making that involve as broad participation as practical and appropriate along with dissemination/ interpretation of decision High level of capacity in place
Financial Operations Management	Robust systems and controls in place governing all financial operations and their integration with budgeting, decision making, and organizational objectives/strategic goals; cash flow actively managed; regular processes in place for budget review, management and problem resolution High level of capacity in place
Human Resources Management – Management Recruiting, Development, and Retention	Recruitment, development, and retention of key managers is priority and high on CEO/executive director's agenda; some tailoring in development plans for brightest stars; relevant training, job rotation, coaching/feedback, and consistent performance appraisal are institutionalized; genuine concern for high-quality job occupancy; well connected to potential sources of new talent Moderate level of capacity in place
Human Resources Management – General Staff Recruiting, Development, and Retention	Limited use of active development tools/programs; frequent formal and informal coaching and feedback; performance regularly evaluated and discussed; genuine concern for high-quality job occupancy; regular concerted initiatives to identify new talent Moderate level of capacity in place
Physical Infrastructure – Buildings and Office Space	Physical infrastructure well-tailored to organization's current and anticipated future needs; well-designed and thought out to enhance organization's efficiency and effectiveness (e.g., especially favorable locations for clients and employees, plentiful team office space encourages teamwork, layout increases critical interactions among staff)High level of capacity in place

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Technological Infrastructure – Telephone/Fax	Sophisticated and reliable telephone and fax facilities accessible by all staff (in office and at frontline), includes around-the-clock, individual voice mail; supplemented by additional facilities (e.g., pagers, cell phones) for selected staff; effective and essential in increasing staff effectiveness and efficiency High level of capacity in place
Technological Infrastructure – Computers, Applications, Network, and E-mail	State of the art fully networked computing hardware with comprehensive range of up-to-date software applications; all staff has individual computer access and e-mail; accessible by frontline program deliverers as well as entire staff; used regularly by staff; effective and essential in increasing staff efficiency High level of capacity in place
Technological infrastructure – Web Site	Sophisticated, comprehensive and interactive Web site, regularly maintained and kept up to date on latest area and organization developments; praised for its user-friendliness and depth of information; includes links to related organizations and useful resources on topic addressed by organization High level of capacity in place
Technological Infrastructure – Databases and Management Reporting Systems	Sophisticated, comprehensive electronic database and management reporting systems exist for tracking clients, staff, volunteers, program outcomes and financial information; widely used and essential in increasing information sharing and efficiency High level of capacity in place
Performance as Shared Value	Employee contribution to social, financial and organizational impact is typically considered as a preeminent criterion in making hiring, rewards and promotion decisions; important decisions about the organization are embedded in comprehensive performance thinking Moderate level of capacity in place
Other Shared Beliefs and Values	Common set of basic beliefs and values (e.g., social, religious) exists and is widely shared within the organization; provides members sense of identity and clear direction for behavior; beliefs embodied by leader but nevertheless timeless and stable across leadership changes; beliefs clearly support overall purpose of the organization and are consistently harnessed to produce impact High level of capacity in place
Shared References and Practices	Common set of references and practices exist within the organization, which may include: traditions, rituals, unwritten rules, stories, heroes or role models, symbols, language, dress; are truly shared and adopted by all members of the organization; actively designed and used to clearly support overall purpose of the organization and to drive performance High level of capacity in place
Please describe how your service delivery and business operations would need to change to provide the IL services currently provided by (a) DARS individuals who are blind or	San Antonio Independent Living Services would remain consistent with providing all IL services required under the contract. The most significant proposed changes would be(if additional funding supports) establishing two additional IL sites to better outreach and serve consumers who

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have visual impairments and (b) to other individuals with significant disabilities?	are blind or have visual impairments and other individuals with significant disabilities. An Antonio Independent Living Services would also hire staff who have experience or can receive training to provide services to persons who are visually impaired or blind or subcontract with another organization qualified to provide the services. Business operations would encompass management and oversight of the two new IL sites that are planned if funded.
How would your board support the change? Has this already been discussed by the Board and has any action been taken?	San Antonio Independent Living Services Board are 100% in agreement.
Would the changes be consistent with your organization's mission?	Yes.
Would your existing staff need additional training? Please explain.	It is assumed that some additional training will be needed due to the expansion of IL services.
Would you need additional staff? Please explain.	Yes. San Antonio Independent Living Services has submitted a proposed Operating Budget to PCG that includes adding 3 additional FTEs at our main location in San Antonio, 4 FTEs at our proposed Uvalde sited and 4 FTEs at our proposed Victoria site.
Would you need to contract for more goods and services than you currently do? Please explain.	Yes. In order to provide the full spectrum of IL Services such as for any equipment, assistive technology, hearing aids, ASL interpreters, mobility training, adaptive equipment and more. These services and this equipment has been a significant expenditure of DARS and DBS. San Antonio Independent Living Services would definitely need to contract with applicable vendors.
If so, would your staff have the expertise to procure the services and manage the contracts and vendor payments? Please explain.	Yes. Staff have the knowledge to procure services and manage contracts for almost 35 years. Additionally, procurement policies are in place.
Would your technology infrastructure need to change in order to procure additional goods and services (provider billing, payment tracking, etc.)? Please explain.	No change to technology infrastructure, except with the proposed two new sites that would be added. New vendors would be added for the provision of additional goods and/or services.
Please identify the data elements and other information you currently capture in your case management system.	San Antonio Independent Living Services collects these demographics that have been required by DARS for case management: 1. consumer ethnicity, 2.Type of Disability, 3.Education level, 4. Age, 5.Gender, 6. Veteran Status, 7.Independent Living Goals(achieved and in-progress), 8. Outcomes, 9. Counties, 10. number of new consumers each month, 11. number of closed cases each month, 12. number of consumers who transition and 13. Information and referrals.
Do you monitor and track consumers who have maintained or improved functional abilities as a result of the services your organization has provided? If so, what information do you	Consumers are contacted by IL Specialists who maintain case notes on their improved functional abilities related to the consumer independent living plan. Additionally, Success stories are written

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maintain in your case management system regarding this success?	and published in our quarterly newsletter with the consumers' permission. Note: This is only for case management purposes.
Would you need to improve or modify the accessibility of your services? Please explain.	No.San Antonio Independent Living Services has accessible offices, parking spaces and provides ASL interpreters upon request. Additionally, braille and other accessible format materials are provided upon request. Several staff are also able to speak Spanish.
How will you serve IL consumers who cannot travel to your physical site to access services?	Staff will provide home visits or use technology when feasible(Using Skype or other remote access).
Some of the business changes may require financial investment prior to starting service delivery. Do you have existing funding that you could leverage to support these “start-up” investments? If not, please estimate the amount and specify the need for each additional financial investment.	No, San Antonio Independent Living Services does not have existing funding that can be leveraged to support the "start-up" investments. Historically, DARS contracts for CIL services on cash-advance basis.
Are you taking on any other new initiatives at this time? If so, please explain.	No.
Please describe your organization’s process(as) and frequency for collecting consumer feedback.	Consumers have an opportunity to provide feedback by completing our Consumer Satisfaction Survey that is provided both on-site and through mailings. Frequency varies but usually within 3 months of services received. An Antonio Independent Living Services collects data from the consumers to ensure that services are provided in a friendly, caring and respectful manner; received timely; meeting needs of consumers; sufficient information in order to make informed choices; encouragement to make decisions independently and a comment section is included. This data collecting is meant to provide feedback to IL staff on how well services are provided to the consumers and examine ways to improve if needed.
What training or technical assistance would you need from DARS or other entities to take on these services from DARS?	Training that is specific to any new rules or forms that may be required and implemented in FY16/17. Additionally, staff would require training or certification to provide in-home services to persons who are legally blind, in some cases. San Antonio Independent Living Services may contract some of these services out with another entity.
How will you assure purchased equipment is going to be appropriate for the consumer, and ensure they can use it safely?	Consumers will be assessed and evaluated to ensure there is a need that is related to their goal. Of course, all consumers must be deemed eligible for equipment under the contract and funds must be budgeted accordingly.
Please describe how your business would need to change to take on the specified services that the DARS Office for Deaf and Hard of Hearing Services (DHHS) currently	In the past San Antonio Independent Living Services has been a provider for STAP. The STAP Specialist is certified to work with the consumer who is deaf or hard of hearing and complete an application for equipment. The STAP Specialist is trained and certified. After it is determined what

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provides? Please explain your understanding of these services.	type of device the deaf or hard of hearing consumer needs and the certification is completed then a voucher is issued to the consumer for the item. The consumer takes the voucher to the vendor who in turn provides the device/equipment.
Would your Board support the change? Has this already been discussed by the Board and has any action been taken?	Yes, however this has not been discussed with the Board. The Board is familiar with STAP as per our past contracts.
Would the changes be consistent with your organization's mission?	Yes.
Would your existing staff need additional training? Please explain.	Yes as this is a specialized position.
Would you need additional staff? Please explain.	Yes. We would need at least 2 additional staff as there could potentially be 80-90 applications each month, data entering, installations and home visits.
Would you need to contract for more goods and services than you currently do? Please explain.	Yes, to be able to provide the devices and equipment we would contract with vendors from the current DARS listing. We currently have no budget for this.
If so, would your staff have the expertise to procure the services and manage the contracts and vendor payments? Please explain.	Yes, for nearly 35 years staff have managed contracts and vendor payments accounting for multiple funding streams.
Would your technology infrastructure need to change in order to procure additional goods and services (provider billing, payment tracking, etc.)? Please explain.	Only adding on the pertinent forms and accounts payable.
Would you need to improve or modify the accessibility of your services? Please explain.	No, as mentioned before. However, if San Antonio subcontracted with another entity for STAP Specialist then we would ensure proper qualifications.
Do you currently have a STAP contract? If no, are you interested in providing these services? If yes, please explain your current capacity to provide the services.	No. Yes we are interested as we have had the STAP contract in the past.
Do you currently have a Hearing Loss Resource Specialist contract or a Deafness Resource Specialist contract? If no, are you interested in providing these services? If yes, please explain your current capacity to provide the services.	No, but interested if additional funds.San Antonio Independent Living Services has past experience and would have a quick learning curve and/or subcontract with another entity.
Do you currently provide training specific to persons who are deaf or hard of hearing? If no, are you interested in providing training to this population group? If yes, please explain your current capacity to provide training.	No, however we provide ASL interpreters as needed and have an accessible computer lab where consumers who are deaf or hard of hearing can use. We also teach advocacy skills to our consumers with any type of disability.

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What percent of the consumers you serve are persons who are deaf? What percent of the consumers you serve are persons who are hard of hearing? What services are provided to these population groups?	Less than 4% are Deaf. The statistics are similar for the consumers who are hard of hearing but it is assumed that those numbers are much larger but that they have elected another primary disability such as physical or mental. *Note: It is consumer choice to identify their primary disability.
How will you ensure services are accessible to persons who are deaf or hard of hearing?	San Antonio Independent Living Services will continue to provide ASL interpreters upon request. We also use the TTY. Staff always ask the person who is hard of hearing or Deaf what their preferred method of communication is to accommodate them. In most cases it has been through and ASL Interpreter.

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Capacity Assessment

New Counties to serve	DeWitt, La Salle, Lavaca	
Number of staff	9	
Number of people served	470	
Established	1981	
Capacity Assessment Needs		
Area of Assessment	**Analysis**	**Capacity Needs**
Staffing Needs Knowledge and experience needs? Training needs types of staff needed number of staff needed providers/subcontractors needed	They have an ED, accountant, and direct care staff. They have .5 vacant position - the IR/volunteer Coordinator. Most of their staff has been with the organization more than 5 years. Does not appear to be issues with turnover. They do not have specialized staff such as HLRS, or O&M and their staff does not have a lot of experience with specialized services for blind/vi, particularly services that take place in the home. They would need to develop capacity through hiring/contracting. They completed an abbreviated strategic plan, which has been reviewed and approved by their board, detailing what they would need to do in order to take on the services that DARS currently provides. Their staff does some outside purchasing/contracting now for printing and IT services, but they do not purchase assistive technology devices.	1. They propose 3-4 new staff at their existing site location to cover additional volume of consumers and b/vi population. Would need some specialization either through contracting or hiring. 2. They would also need 3 personnel (1 reception and 2 IL staff) at each new site (2 new sites proposed) to provide services in those areas of the region. 3. Training needs: training on new policies and procedures, how to obtain and purchase assistive technology and assessments, medical and therapeutic services, new reporting requirements, and any new fiscal or program requirements. However, their ED has expertise in assistive technology. 4. Would need to contract for assistive technology/therapeutic services, maybe other specialized services.

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Service Delivery	They provide all services directly - they do not subcontract. They have contract with the city to provide services to disabled homeless population. And they are also a subcontractor of ARCIL to provide benefits counseling. These services also provide them referrals to IL services. Services are generally provided at SAILS but they do go to homes and community locations as needed. Travel up to 100+ miles one way. They do not provide specialized services for b/vi individuals but they partner with San Antonio services for the blind. They do not purchase assistive technology/therapeutic services for consumers. Have a brand new computer lab with all in one computers, adaptive keyboards. If someone wants to skype they have all the means necessary. Have a person who comes in to do braille mentoring. Go out into the field on a quarterly basis to do outreach in schools, nursing homes to try to reach consumers with disabilities. Outreach includes: health fairs, traditional fairs, schools, and special needs programs. Have website for consumers to set up an appointment to explain about services.	1. Proposing 1 new site in Uvalde and 1 new site in Victoria to better cover the region and to make travel more feasible into homes and communities. 2. Need to develop new policies and procedures, especially around how to purchase specialty goods (such as assistive technology, assessments, medical and therapeutic services, vehicle modifications). 3. Need vendor list from DARS. 4. Need to develop vendor relationships.
Systems Needs fiscal, contracting, purchasing systems case management systems reporting systems	They have QuickBooks, non-profit addition which allows them to pay vendors, cut checks, track payments. They use CIL suite for consumer tracking, which can be modified as needed to collect any new reporting requirements at low to no cost.	1. CIL Suite can be modified for low to no cost.
Geographic issues Specific plan for reaching additional counties? Which areas are furthest away from center? How will they reach those farthest away?	No new counties proposed. Already a vast service area covered by 1 site. They do community outreach now to try to find people in need of their services. Proposing to open 2 new sites to make it more feasible to go to people's homes and be in the community more.	1. Some additional travel will be required. Although they are not proposing to serve any new counties, there will likely be more need for travel due to higher consumer volume and expanded services. Proposing 2 new sites to mitigate this and better reach consumers.
B/VI Services	The CIL served 21 b/vi consumers last year. Consumers self -select their primary disability and that is documented and entered into CIL Suite. It may be that some consumers self-selected their physical disability over their visual.	
Other Needs (building infrastructure, etc.)	None identified	

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Anticipated barriers and challenges	It would be problematic for the CIL to have to purchase expensive items (especially multiple expensive items) and wait to be reimbursed by DARS.	
Anticipated cost and time needed	They have done a lot of thinking about this transition and developed a strategic plan to detail what they would need/cost to take on these additional services. All together they estimate $800K to open new sites, and hire new staff to cover volume/specialty services. This plan has been reviewed and approved by their board, pending funding. They estimate 3 months needed to hire staff, open new offices, train.	1. Estimated $800K. 2. At least 3 months to ramp up.
Deaf and Hard of Hearing Services (DHHS) Capacity		
Summary of capacity needed	Would need to hire more staff with the specific skills to serve this population, staff need to be certified and properly trained. They do not currently have any contracts with DHHS. Might also be willing to contract instead, but prefer to hire. There is a lot of need for these services. Only 4% of their current population is served is deaf, with a similar portion that is hearing impaired, although it is hard to know for sure b/c some consumers may have selected a different primary disability. SA College has a limited resource center for the deaf and HH. SAILS used to have STAP position but do not currently have any DHHS contracts. These positions are not incorporated in the strategic plan.	
Anticipated cost and time needed	They estimate a need for about 2 new staff just for the STAP program to handle approximately 80-90 new applications per month. Would need additional for the HLRS and DRS and other work, but not sure how many at this point. Depends on the program.	1. 2 new STAP staff plus additional staff depending on program.

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The Valley Association for Independent Living

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General Information

Question	CIL Response
Name of CIL	The Valley Association for the Independent Living
Address of CIL	1419 Corpus Christi, Laredo, TX 78040
What counties do you currently serve? Please note if you only serve part of a county.	Webb, Zapata, Jim Hogg & Duval
Please list the services provided by this CIL.	Independent Living Services, CLASS case management
Do you contract for any goods/services? If so, please list the goods and services here.	No
How many individuals did you serve in your most recent completed fiscal year? Please provide an unduplicated count of unique individuals served by your agency.	48
Question	**CIL Response**
Name of CIL	The Valley Association for the Independent Living
Address of CIL	3016 N. McColl Road, Suite B, McAllen TX 78501
What counties do you currently serve? Please note if you only serve part of a county.	Hidalgo, Cameron, Starr, Willacy
Please list the services provided by this CIL.	Independent Living Services, CLASS case management
Do you contract for any goods/services? If so, please list the goods and services here.	No
How many individuals did you serve in your most recent completed fiscal year? Please provide an unduplicated count of unique individuals served by your agency.	200

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Services - Laredo

Type of Service	Total # of people served (unduplicated by service)	Description of Service (discussed during webinar)	Target Population (consumers who are blind, consumers with general disabilities, consumers who are deaf or hard of hearing)	Location Where Service is Provided
Advocacy	51	this service	Consumers with general disabilities, including deaf and hard of hearing and blind	center, home
Assistive Devices or equipment services	1	this service	Consumers with general disabilities, including deaf and hard of hearing and blind	center, home
Communication Services	4	this service	Consumers with general disabilities, including deaf and hard of hearing and blind	center, home
IL Skills Training and Life Skills Training	11	this service	Consumers with general disabilities, including deaf and hard of hearing and blind	center, home
I&R	200	this service	Consumers with general disabilities, including deaf and hard of hearing and blind	center, home
Personal Assistance Services	4	this service	Consumers with general disabilities, including deaf and hard of hearing and blind	center, home
Recreational Services	1	this service	Consumers with general disabilities, including deaf and hard of hearing and blind	center, home
Transportation Services	3	this service	Consumers with general disabilities, including deaf and hard of hearing and blind	center, home
Total # of people served	**285**			

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Services – McAllen

Type of Service	Total # of people served (unduplicated by service)	Description of Service (Discussed during webinar)	Target Population (consumers who are blind, consumers with general disabilities, consumers who are deaf or hard of hearing)	Location Where Service is Provided
Advocacy	200	this service	Consumers with general disabilities, including deaf and hard of hearing	center, home
Assistive Technology	81	this service	Consumers with general disabilities, including deaf and hard of hearing	center, home
Children's Services	2	this service	consumers with general disabilities	center, home
Communication Services	200	this service	Consumers with general disabilities, including deaf and hard of hearing	center, home
Housing, Home modification, shelter services	13	this service	Consumers with general disabilities, including deaf and hard of hearing	center, home
IL Skills Training and Life Skills Training	88	this service	Consumers with general disabilities, including deaf and hard of hearing and blind	center, home
I&R	200	this service	Consumers with general disabilities, including deaf and hard of hearing and blind	center, home
Mobility Training	2	this service	consumers with general disabilities	center, home
Peer Counseling Services	4	this service	Consumers with general disabilities, including deaf and hard of hearing and blind	center, home

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Physical Restoration Services	2	this service	Consumers with general disabilities, including deaf and hard of hearing and blind	center, home
Prosthesis, Orthotics, and other appliances	2	this service	Consumers with general disabilities	center, home
Recreational Services	44	this service	Consumers with general disabilities, including deaf and hard of hearing and blind	center, home
Transportation Services	13	this service	Consumers with general disabilities, including deaf and hard of hearing and blind	center, home
Youth/Transition Services	6	this service	Consumers with general disabilities	center, home
Vocational Services	55	this service	Consumers with general disabilities, including deaf and hard of hearing	center, home
Total # of people served	**912**			

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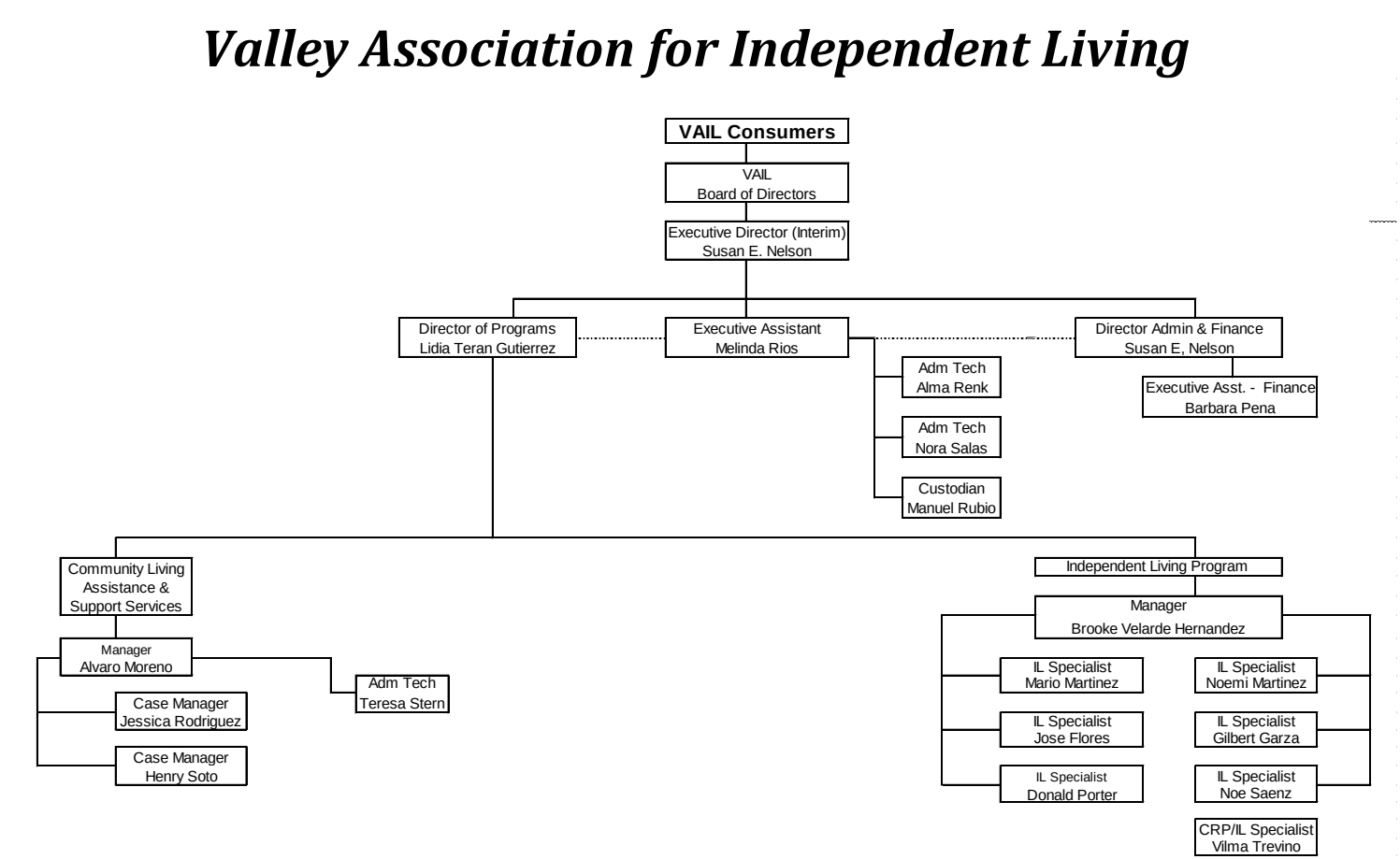
Organizational Chart



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Staffing – Laredo

Position Title	FTE Level	Credentials required (if any)	Date of Hire	Agency employee or Contractor
Adminstrative Technician (ns)	1.00		1/2/2009	agency employee
Independent Living Specialist/ Interpreter (dp)	1.00		10/20/2014	agency employee
Independent Living Specialist (jf)	1.00		10/20/2014	agency employee
Independent Living Specialist (ns)	1.00		7/2/2013	agency employee
Total Number of FTE's	**4.00**			
Number of FTE's that exited employment during the year	**0**			
Turnover	**0%**			

Staffing – McAllen

Position Title	FTE Level	Credentials Required (if any)	Date of Hire	Agency Employee or Contractor
Executive Director (pz)	1.00		8/20/2001	agency employee
Interim Executive Director (sn)	1.00		10/3/2000	agency employee
Director/Programs (me)	1.00		2/4/2002	agency employee
Program Director (ltg)	1.00		1/22/2013	agency employee
Executive Assistant/Admin/Interpretor for Manager of IL Services (mr)	1.00		4/2/2005	agency employee
Executive Assistant/ Finance (bp)	1.00		12/1/2004	agency employee
Manager of IL Services for RGV and ST(bvh)	1.00		1/22/1999	agency employee
Independent Living Specialist (Deaf Services) (nm)	1.00		10/5/2009	agency employee
Independent Living Specialist (Deaf Services) (gg)	1.00		3/7/2014	agency employee
Independent Living Specialist (mm)	0.50		3/1/2005	agency employee
Independent Living Specialist (mec)	1.00		10/27/2003	agency employee

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Independent Living Specialist (sm)	1.00		2/2/2005	agency employee
Independent Living Specialist/Job Placement Specialist (mc)	1.00		3/4/2015	agency employee
CLASS Director (am)	1.00		3/8/1993	agency employee
CLASS Case Manager (jr)	1.00		5/23/2011	agency employee
CLASS Case Manager (hs)	1.00		9/18/2015	agency employee
CLASS Assistant (ts)	1.00		7/22/2002	agency employee
WIPA Manager (jm)	1.00		7/27/2004	agency employee
Community Work Incentives Coordinator (ei)	1.00		10/20/2014	agency employee
Program Administrator/Marketplace Navigator (hp)	1.00		4/1/2013	agency employee
Marketplace Navigator (hs)	1.00		1/13/2014	agency employee
Marketplace Navigator (rb)	1.00		10/16/2013	agency employee
Marketplace Navigator (jg)	1.00		3/22/2010	agency employee
Marketplace Navigator (lp)	1.00		10/16/2014	agency employee
Marketplace Navigator (vt)	1.00		10/1/2014	agency employee
Receptionist (ar)	1.00		11/3/2014	agency employee
Maintenance Engineer (mr)	0.50		12/27/2000	agency employee
Total Number of FTE's	**26.00**			
Number of FTE's that exited employment during the year	**12**	Lost 7 staff due to grants not being continued, 1 retirement, 4 left for various reasons		
Turnover	**46%**			

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Survey Results

Respondent ID	4401736302
Start Date	12/16/2015
End Date	1/14/2016
Contact Information	The Valley Association for Independent Living Inc. (VAIL) / 3016 N McColl Road / McAllen / 78501
Mission	Clear expression of organization's mission which describes an enduring reality that reflects its values and purpose; broadly held within organization and frequently referred thigh Level of capacity in place
Our mission is consistent with the needs and priorities of the people and communities we serve?	Strongly agree
Goals/Performance Targets	Quantified, aggressive targets in most areas; linked to aspirations and strategy; mainly focused on "outputs/outcomes" (results of doing things right) with some "inputs"; typically multiyear targets, though may lack milestones; targets are known and adopted by most staff who usually use them to broadly guide work Moderate level of capacity in place
Funding Model	Organization has access to multiple types of funding (e.g., government, foundations, corporations, private individuals) with only a few funders in each type, or has many funders within only one or two types of funders Basic level of capacity in place
Performance Measurement	Performance partially measured and progress partially tracked; organization regularly collects solid data on program activities and outputs (e.g., number of people served) but lacks data-driven social impact measurement Basic level of capacity in place
Performance Analysis and Program Adjustments	Some efforts made to benchmark activities and outcomes against outside world; internal performance data used occasionally to improve organization Moderate level of capacity in place
Strategic Planning	Some ability and tendency to develop high-level strategic plan either internally or via external assistance; strategic plan roughly directs management decisions Basic level of capacity in place
Financial Planning/Budgeting	Very solid financial plans, continuously updated; budget integrated into full operations; as strategic tool, it develops from process that incorporates and reflects organizational needs and objectives; well understood divisional (program or geographical) budgets within overall central budget; performance-to-budget closely and regularly monitored High level of capacity in place
Operational Planning	Ability and tendency to develop and refine concrete, realistic operational plan; some internal expertise in operational planning or access to relevant external assistance; operational planning carried out on a near

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	regular basis; operational plan linked to strategic planning activities and used to guide operations Moderate level of capacity in place
Human Resources Planning	Ability and tendency to develop and refine concrete, realistic HR plan; some internal expertise in HR planning or access to relevant external assistance; HR planning carried out on near-regular basis; HR plan linked to strategic planning activities and used to guide HR activities Moderate level of capacity in place
Partnerships and Alliances Development and Nurturing	Built, leveraged, and maintained strong, high-impact, relationships with variety of relevant parties (local, state, and federal government entities as well as for-profit, other nonprofit, and community agencies); relationships deeply anchored in stable, long term, mutually beneficial collaboration High level of capacity in place
Local Community Presence and Involvement	Organization reasonably well known within community, and perceived as open and responsive to community needs; members of larger community (including a few prominent ones) constructively involved in organization Moderate level of capacity in place
Influencing of Policymaking	Organization is aware of its possibilities in influencing policy-making; some readiness and skill to participate in policy discussion, but rarely invited to substantive policy discussions Basic level of capacity in place
Management of Legal and Liability Matters	Legal support resources identified, readily available, and employed on “as needed” basis; major liability exposures managed and insured (including property liability and workers compensation)Basic level of capacity in place
Organizational Processes Use and Development	Solid, well designed set of processes in place in core areas to ensure smooth, effective functioning of organization; processes known and accepted by many, often used and contribute to increased impact; occasional monitoring and assessment of processes, with some improvements made Moderate level of capacity in place
Staffing Levels	Positions within and peripheral to organization (e.g., staff, volunteers, board, senior management) are almost all staffed (no vacancies); few turnover or attendance problems Moderate level of capacity in place
Board – Composition and Commitment	Good diversity in fields of practice and expertise; membership represents most constituencies (nonprofit, academia, corporate, government, etc.); good commitment to organization’s success, vision and mission, and behavior to suit; regular, purposeful meetings are well-planned and attendance is consistently good, occasional subcommittee meetings Moderate level of capacity in place
Planning Systems	Regular planning complemented by ad hoc planning when needed; some data collected and used systematically to support planning effort and improve it Moderate level of capacity in place
Decision Making Framework	Clear, formal lines/ systems for decision making that involve as broad participation as practical and appropriate along with dissemination/ interpretation of decision High level of capacity in place

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Financial Operations Management	Formal internal controls governing all financial operations; fully tracked, supported and reported, annually audited fund flows well managed; attention is paid to cash flow management; regular processes in place for budget review, management, and problem resolution Moderate level of capacity in place
Human Resources Management – Management Recruiting, Development, and Retention	Recruitment, development, and retention of key managers is priority and high on CEO/executive director's agenda; some tailoring in development plans for brightest stars; relevant training, job rotation, coaching/feedback, and consistent performance appraisal are institutionalized; genuine concern for high-quality job occupancy; well connected to potential sources of new talent Moderate level of capacity in place
Human Resources Management – General Staff Recruiting, Development, and Retention	Limited use of active development tools/programs; frequent formal and informal coaching and feedback; performance regularly evaluated and discussed; genuine concern for high-quality job occupancy; regular concerted initiatives to identify new talent Moderate level of capacity in place
Physical Infrastructure – Buildings and Office Space	Physical infrastructure well-tailored to organization's current and anticipated future needs; well-designed and thought out to enhance organization's efficiency and effectiveness (e.g., especially favorable locations for clients and employees, plentiful team office space encourages teamwork, layout increases critical interactions among staff)High level of capacity in place
Technological Infrastructure – Telephone/Fax	Sophisticated and reliable telephone and fax facilities accessible by all staff (in office and at frontline), includes around-the-clock, individual voice mail; supplemented by additional facilities (e.g., pagers, cell phones) for selected staff; effective and essential in increasing staff effectiveness and efficiency High level of capacity in place
Technological Infrastructure – Computers, Applications, Network, and E-mail	State of the art fully networked computing hardware with comprehensive range of up-to-date software applications; all staff has individual computer access and e-mail; accessible by frontline program deliverers as well as entire staff; used regularly by staff; effective and essential in increasing staff efficiency High level of capacity in place
Technological infrastructure – Web Site	Comprehensive Web site containing basic information on organization as well as up-to-date latest developments; most information is organization-specific; easy to maintain and regularly maintained Moderate level of capacity in place
Technological Infrastructure – Databases and Management Reporting Systems	Sophisticated, comprehensive electronic database and management reporting systems exist for tracking clients, staff, volunteers, program outcomes and financial information; widely used and essential in increasing information sharing and efficiency High level of capacity in place
Performance as Shared Value	Employee contribution to social, financial and organizational impact is typically considered as a preeminent criterion in making hiring, rewards and promotion decisions; important decisions about the organization are embedded in comprehensive performance thinking Moderate level of capacity in place

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Other Shared Beliefs and Values	Common set of basic beliefs and values (e.g., social, religious) exists and is widely shared within the organization; provides members sense of identity and clear direction for behavior; beliefs embodied by leader but nevertheless timeless and stable across leadership changes; beliefs clearly support overall purpose of the organization and are consistently harnessed to produce impact High level of capacity in place
Shared References and Practices	Common set of references and practices exists, and are adopted by many people within the organization; references and practices are aligned with organizational purpose and occasionally harnessed to drive towards impact Moderate level of capacity in place
Please describe how your service delivery and business operations would need to change to provide the IL services currently provided by (a) DARS individuals who are blind or have visual impairments and (b) to other individuals with significant disabilities?	32. VAIL's business operations support a commitment to providing the best service delivery to the populations VAIL serves. VAIL currently operates specific program, funding and reporting methods that contribute to this commitment. VAIL foresees that there would be minimal business operation changes. The following would be the changes established in order to provide the IL services currently provided by DARS: • Adding a new program • New funding resources • New data compilation process • New or changes to program implementation policies • New or changes to reporting methods • New and/or changes to staff
How would your board support the change? Has this already been discussed by the Board and has any action been taken?	33. Vail's board has expressed their support in this change.
Would the changes be consistent with your organization's mission?	34. Yes
Would your existing staff need additional training? Please explain.	35. In order to ensure that the IL services are properly being delivered, VAIL's existing staff would require additional training. VAIL assumes that new methods for collecting data, reporting methods, program eligibility requirements and proper allocation of funds would be integrated in the IL services programs. Therefore, additional training for existing VAIL staff would be essential.
Would you need additional staff? Please explain.	36. In addition to training existing VAIL staff, new staff would be required to fulfill all tasks required to provide good quality service delivery. The amount of staff that VAIL currently has already has large caseloads due to the vast needs in our community for IL services. The program will implement many new and extended services that will benefit many more members of the community. This in turn, will increase the amount of services requested which will require VAIL to have additional staff available to provide these services. As mentioned before, in order to effectively provide these services and meet performance measures, it is imperative to make sure there is enough staff available to provide all program services.
Would you need to contract for more goods and services than you currently do? Please explain.	37. VAIL does not foresee the need to contract for more goods and services than what is already done. However, if it is necessary to contract out in order to provide the full scope of independent living services as

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	provided by DARS, then VAIL will do so. VAIL intends to provide the same goods and services to VAIL's consumers.
If so, would your staff have the expertise to procure the services and manage the contracts and vendor payments? Please explain.	38. If the need to contract for more goods and services is required, then VAIL's administration staff would have the expertise to procure the services and manage the contracts and vendor payments. VAIL staff has the experience for the provision of a variety of populations with disabilities and/or health disparities, managing grant/program contracts, and managing finances.
Would your technology infrastructure need to change in order to procure additional goods and services (provider billing, payment tracking, etc.)? Please explain.	39. VAIL's technology infrastructure would not need to change in order to procure additional goods and services. VAIL currently uses QuickBooks for provider billing, vendor payments, etc. VAIL's current billing and payment records show that the current technology infrastructure has been systematically effective and would most likely continue to be effective if VAIL needed to procure additional services.
Please identify the data elements and other information you currently capture in your case management system.	40. VAIL currently collects the following data in our case management system: • Demographic information 1. Ethnicity 2. Type of disability 3. Education 4. Gender 5. Age • Report totals 1. Services (A) Goals set (B) Goals achieved (C) Self-advocacy/self-empowerment (D) Communication/ interpreter services (E) Mobility/transportation (F) Community-based living (G) Educational (H) Vocational (I) Self-care (J) Assistive technology (K) Personal resource management (L) Community participation (M) Advocacy/legal (N) Counseling and related services (O) Family (P) Housing, home modifications and shelter (Q) Independent living skills training and life skill training (R) Information and referral (S) Mobility training (T) Peer counseling (U) Personal assistance 2. Consumers (A) # of new consumers (B) # of consumers carried over (C) # of closed cases (consumers who completed goals) (D) # of closed cases (consumers who moved, withdrew, passed)
Do you monitor and track consumers who have maintained or improved functional abilities as a result of the services your organization has provided? If so, what information do you maintain in your case management system regarding this success?	41. VAIL monitors and tracks consumers who have maintained or improved functional abilities as a result of the services that vail provides by conducting follow up contacts/meetings with each consumer on a monthly basis. VAIL staff will evaluate the consumer's progress to assess if goals have been achieved, if there is a need to change/reduce/add goals, and to check if there may be any new requests and/or needs. Other factors that may be tracked as a result of this case management system include but are not limited to the following: • Assistive technology requested/purchased • Documentation of contact to any referral sources • Changes, if any, to the consumer's ILP plan • Type of services that were needed in order to achieve/reach goals (trainings, education, etc.)
Would you need to improve or modify the accessibility of your services? Please explain.	42. No. VAIL's offices and parking are fully accessible for people with all types of disabilities. All of our staff have disability sensitivity training and/or have a background in rehabilitative services. VAIL also has access to be able to produce any material provided at VAIL in an accessible format and will provide reasonable accommodations to consumers as needed.

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How will you serve IL consumers who cannot travel to your physical site to access services?	43. VAIL will serve IL consumers who cannot travel to our offices by conducting home visits and/or meeting in other accessible public places. VAIL staff currently travels to the consumer's home or meets with them somewhere closer or more convenient for the consumer if they have transportation barriers. VAIL serves many communities that have transportation issues/barriers, so our staff are fully expected to have to travel to the consumer's home if needed. VAIL also uses communications technology to provide IL services to consumers.
Some of the business changes may require financial investment prior to starting service delivery. Do you have existing funding that you could leverage to support these "start-up" investments? If not, please estimate the amount and specify the need for each additional financial investment.	44. VAIL currently does not have existing funding that could support a "start-up" investment. An exact estimate cannot be assumed at this time. The amount of the investment would depend, but not limited to the following: • The types of additional services this change would bring, • How many additional services and cost of service per consumer • The amount of consumers being served • The amount of additional staff needed • The amount of additional office space needed • The amount to cover travel and time by each staff member
Are you taking on any other new initiatives at this time? If so, please explain.	45. No
Please describe your organization's process(as) and frequency for collecting consumer feedback.	46. VAIL's consumers are provided with the opportunity to express satisfaction with services by completing a consumer satisfaction survey. These surveys are conducted frequently; on a monthly and yearly basis. These satisfaction surveys are used to collect information for all of the ongoing services that each consumer is or has received. The information that is collected in these consumer satisfaction surveys helps VAIL staff determine service delivery consistency and are open for consumers to provide suggestions in service areas that may need improvement.
What training or technical assistance would you need from DARS or other entities to take on these services from DARS?	47. In order to provide quality service delivery, proper training and technical assistance will be needed. VAIL assumes that new methods for collecting data, reporting methods, program eligibility requirements and proper allocation of funds would be integrated in the IL services programs. Therefore, training and/or technical assistance will be imperative for the proper provision of services.
How will you assure purchased equipment is going to be appropriate for the consumer, and ensure they can use it safely?	48. VAIL will assure that purchased equipment is going to be appropriate for the consumer by the determination of professional evaluations. If needed, VAIL will also ensure that the consumers can use it safely by providing the consumer with training on how to use the item.
Please describe how your business would need to change to take on the specified services that the DARS Office for Deaf and Hard of Hearing Services (DHHS) currently	49. VAIL's business would not need to change in order to take on the specified services that the DARS office for DHHS currently provides. VAIL currently serves a large deaf and hard of hearing population and our staff have training and experience in the IL services provided to this disability population. VAIL's staff is trained for the STAP program, which provides accessible communications equipment through vouchers. VAIL's staff is also

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provides? Please explain your understanding of these services.	experienced in many advocacy efforts including the process for helping individuals who are deaf and hard of hearing to complete a certification of deafness for tuition waiver; as well as many other DHH services.
Would your Board support the change? Has this already been discussed by the Board and has any action been taken?	50. This has not yet been discussed by the board. Nonetheless, our board currently supports VAIL working with the deaf and hard of hearing community, so more than likely they will support these additional endeavors.
Would the changes be consistent with your organization's mission?	51. Yes
Would your existing staff need additional training? Please explain.	52. VAIL has had extensive experience with the provision of IL services to the DHH population but additional training would still be essential. VAIL assumes that in order to implement the full scope of this program effectively, existing staff will need to receive additional training.
Would you need additional staff? Please explain.	53. VAIL would need additional staff if additional services are added to the program. Also, our staffing levels will increase depending on the program budget and service provision requirements, as needed.
Would you need to contract for more goods and services than you currently do? Please explain.	54. VAIL does not foresee the need to contract for more goods and services than what is already done. However, if it is necessary to contract out in order to provide the full scope of independent living services as provided by the office of deaf and hard of hearing, then VAIL will do so. VAIL intends to provide the same goods and services to VAIL's consumers.
If so, would your staff have the expertise to procure the services and manage the contracts and vendor payments? Please explain.	55. If the need to contract for more goods and services is required, then VAIL's administration staff would have the expertise to procure the services and manage the contracts and vendor payments. VAIL staff has the experience for the provision of a variety of populations with disabilities and/or health disparities, managing grant/program contracts, and managing finances.
Would your technology infrastructure need to change in order to procure additional goods and services (provider billing, payment tracking, etc.)? Please explain.	56. VAIL's technology infrastructure would not need to change in order to procure additional goods and services. VAIL currently uses QuickBooks for provider billing, vendor payments, etc. VAIL's current billing and payment records show that the current technology infrastructure has been systematically effective and would most likely continue to be effective if VAIL needed to procure additional services.
Would you need to improve or modify the accessibility of your services? Please explain.	57. No. VAIL's offices are fully accessible for people with all types of disabilities. All of our staff have disability sensitivity training and/or have a background in rehabilitative services. Some of the VAIL staff are fluent in American Sign Language and Mexican sign language. VAIL also has access to be able to produce any material provided at VAIL in an accessible format and will provide reasonable accommodations to consumers as needed.
Do you currently have a STAP contract? If no, are you interested in providing these	58. VAIL currently has a STAP contract. VAIL provides the services depending on the consumer's disability/is and their needs. VAIL has had the opportunity to have the contract for over 10 years now. Not only does this indicate that we have the capacity to provide the services, but it also shows the consistency and effectiveness

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services? If yes, please explain your current capacity to provide the services.	because of the program outcomes and success at VAIL. Our ongoing track records have shown VAIL's ability to provide the services under the STAP contract as effectively as possible.
Do you currently have a Hearing Loss Resource Specialist contract or a Deafness Resource Specialist contract? If no, are you interested in providing these services? If yes, please explain your current capacity to provide the services.	59. VAIL does not currently have a hearing loss resource specialist contract nor a deafness resource specialist contract. VAIL would be interested in providing these services in order to add to the availability of services to the DHH population. Due to VAIL's current effective capacity in providing services to the DHH population, we believe that VAIL will definitely have the ability to provide these additional services in an operational way as well.
Do you currently provide training specific to persons who are deaf or hard of hearing? If no, are you interested in providing training to this population group? If yes, please explain your current capacity to provide training.	60. VAIL currently provides training specific to persons who are deaf or hard of hearing. Our records show that the training provided to persons who are deaf or hard of hearing by VAIL have been successful for the consumers. As mentioned before, not only does this indicate that we have the capacity to provide these services, but it also shows that VAIL provides consistent services and trainings that lead to effective outcomes.
What percent of the consumers you serve are persons who are deaf? What percent of the consumers you serve are persons who are hard of hearing? What services are provided to these population groups?	61. VAIL reports that about 60 percent of the independent living consumers we serve are deaf and 30 percent of consumers are hard of hearing. The independent living services that are provided depend on the consumer's needs and requests. VAIL's staff has experience in providing training that includes, but is not limited to: • Independent living skills (A) Managing money (B) Scheduling time (C) Using public transportation (D) Taking medications safely (E) Using specialized telephones/communication devices (F) Advocating for oneself (G) Computer skills (H) Soft skills (I) Life skills
How will you ensure services are accessible to persons who are deaf or hard of hearing?	62. VAIL will ensure that services are accessible to persons who are deaf or hard of hearing by making sure that proper communications technology/services are being provided and used. Some of the communication technology/services include: video phones and interpreters. VAIL also has access to be able to produce any material provided at VAIL in an accessible format if needed. VAIL will provide reasonable accommodations to consumers who are deaf or hard of hearing as needed.

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Capacity Assessment

New Counties to serve	Cameron, Hidalgo, Starr, Willacy	
Established	McAllen has been in operation since 1987 and Laredo started in 2008.	
Number of staff	30	
Number of people served	248	
Capacity Assessment Needs		
Area of Assessment	**Analysis**	**Capacity Needs**
Staffing Needs Knowledge and experience needs? Training needs types of staff needed number of staff needed providers/subcontractors needed	This CIL has 2 sites; 1 in McAllen and 1 in Laredo with a shared Exec. Director, CFO and Director of Programs. Currently, the CFO is serving as both the CFO and the interim Exec Director as the previous ED retired and they have been unable to find a replacement and they lost some grants so that their finances are tight. She will likely remain the interim ED through August, when the DARS contract is complete and they will have a better sense of funding. After that, the plan is to have a new ED and Susan can go back to her finance role. Currently they have staff who are skilled in the ability to sign in both Mexican and English though none of these staff are certified. They report utilizing community supports to set up interpreters for consumers if requested for doctor's appointments or something of this nature. They would look to hire more staff to meet the specialized needs of the consumers which they may be serving. Currently, specialists carry about 30-40 cases; wouldn't want them to go higher than about 45. The center staff reported needing to hire approximately 3 to 4 staff to meet the need of additional consumers if they took on the IL work currently provided by DARS and possibly a support staff but this was not identified as an immediate need. They know that DARS has a waiting list but they don't know how long. They reported losing 7 staff last year due to losing grants, retirement, and just plain turnover. Based on the dates of hire for their staff, this does not appear to be a normal rate of turnover (good longevity overall based on dates of hire). Takes about 30 days to fill an IL position normally. They have IL specialists that focus on Deaf/HH. They do purchase some goods and outside services now, and so they do have finance staff with the expertise.	1. Will need 3 to 4 additional staff with avg salary range of $30k plus fringe (20%) and administrative costs (5%). 2. May also need to contract for more specialized services (although they do have specialized D/HH staff. 3. Training needed for staff on new programs, policies, and procedures, funding resources, reporting, also for specialized services and equipment.

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Service Delivery	They provide their services directly; they do not subcontract any of them. They do purchase equipment such as I-pads and phones through the STAP program. They do go to people's homes and communities as needed to provide services. They do not purchase other assistive technology directly for consumers. They do have a demo lab where consumers can try devices/equipment to see if it meets their needs. But they also connect these consumers with DARS to actually purchase the goods. They stay involved even after referring to DARS.	
Systems Needs fiscal, contracting, purchasing systems case management systems reporting systems	QuickBooks is the financial data system used and CIL Suite is utilized for consumer tracking. QuickBooks allows for vendor payment and tracking. CIL Suite has the functionality to capture specific data information as needed. The centers are confident they have the ability to adapt the current system to meet the needs of the data which may be requested. They reported CIL Suite offers technical assistance at a minimal cost as well as ongoing free training which they believe they could access at little to no cost as needed.	1. Would need to know what information would be obligated to track and report as part of the contract, but their systems are adaptable at low or no cost. 2. Will need DARS vendor lists. 3. Need to develop more relationships with vendors
Geographic issues Specific plan for reaching additional counties? Which areas are furthest away from center? How will they reach those farthest away?	Staff currently travel approximately 60 miles to provide services in the southern region of the state, reaching 7-8 counties between the two centers. One county will be shared. The travel is not anticipated to change when taking over consumers from DARS as they will continue to work where they have been providing service delivery currently. There is no current plan to expand into other counties. While the center reported it will not be expanding services to other counties it is looking to enlarge the current services provided. Travel costs are currently about $150/per specialist per month and they would estimate about the same for any new staff.	
B/VI Services	This population makes a very small percentage of the consumers at this CIL. They served 30 blind/vi consumers last year. 15 consumers were served in their homes anywhere from 11 miles to 58 miles from the office. Services that were provided in the home include I & R, STAP, Assistive technology. This CIL does have specialized D/HH staff. 60% of their consumers are deaf with an additional 30% hearing impaired. If they were to increase the consumers who are blind and visually impaired they would need to hire staff with this level of expertise but would need to see what the number of consumers would. The center staff would	

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	need to be hired and trained as well as looking to staff who have experience with this type of consumer.	
Other Needs (building infrastructure, etc.)	The center staff are hopeful they will receive some of the resources currently utilized by DARS, such as the vendor list so the center can begin to cultivate those relationships as well as branch out to other vendors and what is available in their community.	
Anticipated barriers and challenges	Current challenges are the center does not have the cash reserve to purchase equipment and would prefer not to utilize a reimbursement system as this can sometimes take extended periods of time to receive the reimbursements.	
Anticipated cost and time needed	Center staff reported they would be ready with staff hired and trained within a 2 month time frame. They believe this would provide them adequate time. This time frame was contingent on the contract information and if it contains special requirements.	1. Seems a little quick for hiring, training, etc. Need to develop blind services program in particular.
Deaf and Hard of Hearing Services (DHHS) Capacity		
Summary of capacity needed	The center staff felt this was an area they are well versed in and feel they are ready to take on additional consumers who are deaf and hard of hearing. They did not believe this to be an area of concern and would need no additional time to add programming and if anything might need to hire staff to address the additional consumers to the center. They reported having 2 staff who are sign language proficient but not certified and can sign in both English and Mexican sign language. This CIL does have specialized D/HH staff. 60% of their consumers are deaf with an additional 30% hearing impaired. May need some training on the services, depending on whether the CIL's will have to provide the same services that DHHS provides now or if the CIL can expand on what they do now. Have interpreter and staff resources.	
Anticipated cost and time needed	They report minimal costs to implement.	

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Volar Center for Independent Living

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General Information

Question	CIL Response
Name of CIL	Volar Center for Independent Living
Address of CIL	1220 Golden Key Circle, El Paso, Texas 79925-5825
What counties do you currently serve? Please note if you only serve part of a county.	HHSC Region 10: Brewster, Culberson, El Paso, Hudspeth, Jeff Davis and Presidio
Please list the services provided by this CIL.	Independent Living Skills training, peer to peer counseling; individual and systems advocacy; information and referral; transition/relocation services from nursing home/institutions; prevent PwD at risk of entering an institution; transition services to youth with disabilities; ADA technical assistance; disability awareness/culture, Deafness Resource Specialist, Hearing Loss Resource Specialist, Specialized Telecommunicating Assistance Program.
Do you contract for any goods/services? If so, please list the goods and services here.	American Sign Language, Spanish Simultaneous Translation, Independent Auditors, Bookkeeper, Utilities: Electricity, Gas, Water, Internet, Mobil Phones, Yard Cleaning Services, Storage Warehouse, Facility for 250-350 participants for annual Disabilities Conference and Service Providers Expo.
How many individuals did you serve in your most recent completed fiscal year? Please provide an unduplicated count of unique individuals served by your agency.	2407

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Services

Type of Service	Total # of people served (unduplicated by service)	Description of Service	Target Population (consumers who are blind, consumers with general disabilities, consumers who are deaf or hard of hearing)	Location Where Service is Provided
Advocacy/Legal	98	Assistance and/or representation in obtaining access to benefits, services, and programs to which a consumer may be entitled.	Consumers with all types of disabilities	Center, home, or nursing facility
Assistive Devices/Equipment	690	Provision of, and training in the use of specialized devices and equipment such as TTY's, computers, information technology hardware or software, or the provision of assistance to obtain these devise and equipment from other sources.	Consumers that have difficulties using a regular telephone, deaf and hard of hearing. Consumers with all types of disabilities.	Center, home, or nursing facility
Children's Services	3	The provision of specifics designed to serve individuals with significant disabilities under the age of 5.	Consumers with all types of disabilities	Center, home, or nursing facility
Communication Services	213	Services directed to enable consumers to better communicate, such as interpreter services, training in communication equipment use, Braille instruction, and reading services.	Consumers with all types of disabilities	Center, home, or nursing facility
Counseling and Related Services	20	These include information sharing, psychological services of a non-psychiatric, non-therapeutic nature, parent-to-parent services, and related services.	Consumers with all types of disabilities	Center, home, or nursing facility

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Family Services	12	Services to Consumer's family when necessary for improving the consumer's ability to live and function more independently, or ability to engage or continue in employment, i.e. respite care.	Consumers with all types of disabilities	Center, home, or nursing facility
Housing, Home Modifications and Shelter Services	45	These are related to securing housing or shelter, adaptive housing services (including appropriate accommodations to and modifications of any space used to serve, or occupied by consumers with significant disabilities.	Consumers with all types of disabilities	Center, home, or nursing facility
IL Skills Training and Life Skills Training Services	51	Instructions to develop independent living skills in areas such as personal care, coping, financial management, social skills, and household management. This may also include education and training necessary for living in the community and participating in community activities.	Consumers with all types of disabilities	Center, home, or nursing facility
Information and Referral Services	884	The provision of community based, local and national resource information that is specific to the needs of PwD.	Consumers with all types of disabilities and general public	Center, home, or nursing facility
Mental Restoration Services	4	Psychiatric restoration services including maintenance on psychotropic medication, psychological services, and treatment management for substance abuse.	Consumers with IDD	Center, home, or nursing facility
Mobility Training Services	0	Services involving assisting consumers to get around their homes and	Consumers with all types of disabilities	Center, home

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		communities using assistive devices, adaptive equipment.		
Peer Counseling Services	9	Counseling, teaching, information sharing, and similar kinds of contact provided to consumers by other people with disabilities.	Consumers with all types of disabilities	Center, home, or nursing facility
Personal Assistance Services	4	Included but not limited to assistance with personal bodily functions; communicative, household, mobility, work, emotional, cognitive, personal, and financial affair; community participation; parenting; leisure; and other related needs.	Consumers with all types of disabilities	Center, home, or nursing facility
Physical Restoration Services	5	Restoration services including medical services, health maintenance, eyeglasses, and visual services.	Consumers with all types of disabilities	Center, home.
Preventative Services	131	Services intended to prevent additional disabilities, or to prevent an increase in the severity of an existing disability.	Consumers with all types of disabilities	Center, home, or nursing facility
Prostheses, Orthotics and other Appliances	1	Provision of, assistance in obtaining through other sources, an adaptive device or appliance to substitute for one or more parts of the human body.	Consumers with all types of disabilities	Center, home, or nursing facility
Recreational Services	33	Provision or identification of opportunities for the involvement of consumers in meaningful leisure time activities. These may include: participation in community affairs and other recreation activities that may be competitive, active, or quiet.	Consumers with all types of disabilities	Center or home
Rehabilitation Technology Services	1	Provision of, or assistance to obtain through other sources, adaptive	Consumers with all types of disabilities	Center or home

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		modifications, such as wheelchairs and lifts, which address the barriers confronted by PwD with respect to education, rehabilitation, employment, transportation, IL and/or recreation.		
Therapeutic Treatment Services	0	Services provided by registered occupational, physical, recreation, haring, language, or speech therapists.	Consumers with all types of disabilities	Center or home
Transportation Services	132	Provision of, or arrangements for, transportation.	Consumers with all types of disabilities	Center or home
Youth/Transition Services	20	Specific IL services designed and provided to individuals with significant disabilities, ages 5-19, and may include training to develop skills specifically designed for youth to promote self-awareness and esteem, develop advocacy and self-empowerment skills, and the exploration of career options.	Consumers with all types of disabilities	Center, or home
Vocational Services	45	Any service designed to achieve or maintain employment.	Consumers with all types of disabilities	Center, or home
Other Services	6	Any IL services not listed above.	Consumers with all types of disabilities and other organizations that need technical assistance	Center, home, or nursing facility.
Total # of people served	**2407**			

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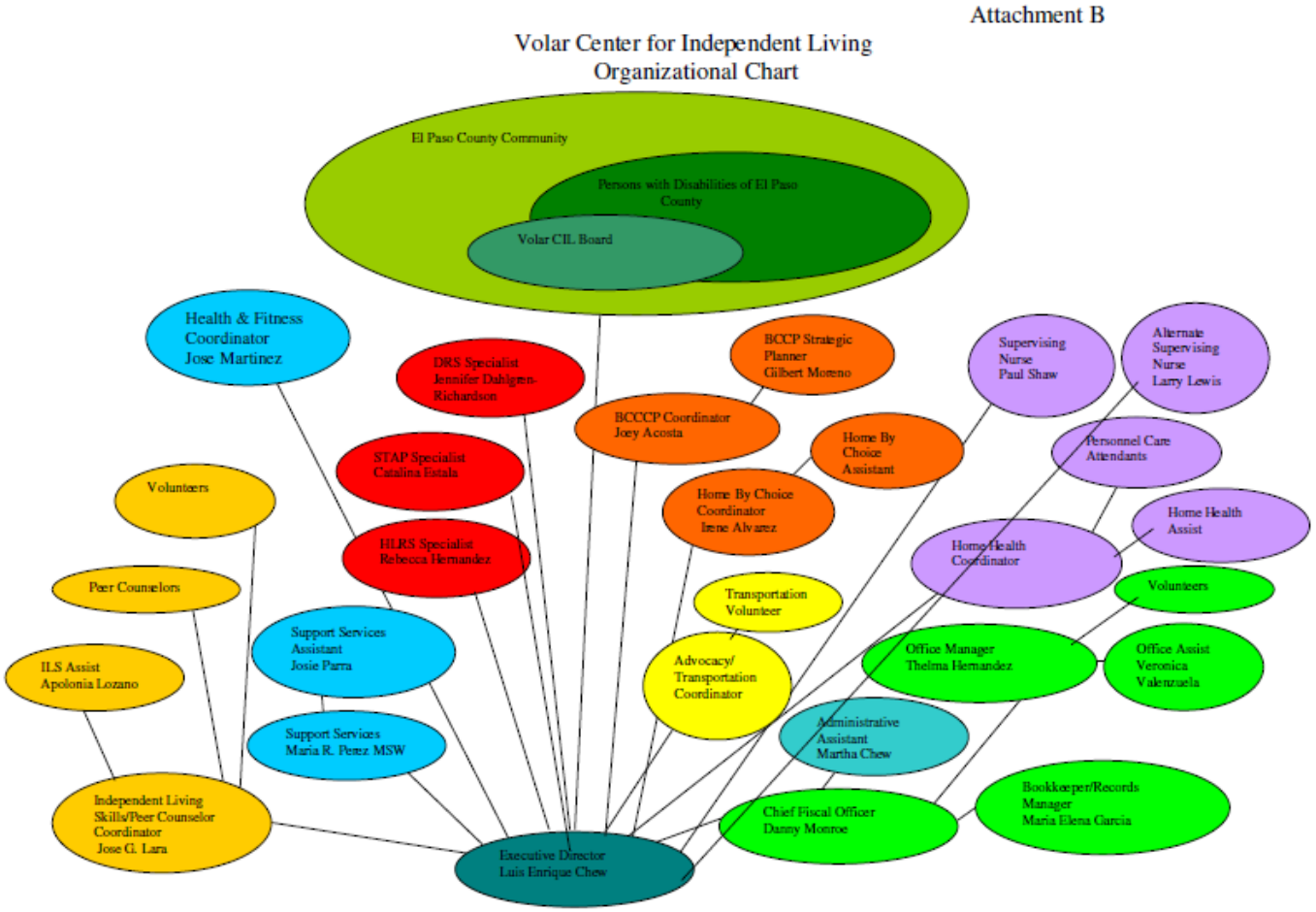
Organizational Chart



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Staffing

Position Title	FTE Level	Credentials required (if any)	Date of Hire	Agency employee or Contractor
Executive Director	1.00		1990	agency employee
Chief Financial Officer	1.00		1995	agency employee
Records Management/Bookkeeper	1.00		1994	agency employee
Executive Assistant	1.00		1993	agency employee
Office Manager	1.00		2002	agency employee
Receptionist	0.50		2003	agency employee
Home by Choice Relocation Specialist	1.00		2004	agency employee
Home by Choice Relocation Assistant	1.00		2007	agency employee
ILS/Peer Counseling /Transportation Coordinator	1.00		2004	agency employee
ILS/Peer Counseling / Transportation Assistant Coordinator	1.00		2008	agency employee
Support Services Coordinator	1.00		2000	agency employee
Support Services Coordinator Assistant	1.00		2004	agency employee
DRS Specialist	1.00		2015	agency employee
DRS Specialist Assistant	0.50			
HRLS Specialist	1.00		2013	agency employee
HRLS Specialist Assistant	0.50		2015	agency employee
STAP Specialist	1.00		2015	agency employee
Health and Fitness Coordinator	1.00		2013	agency employee
Building Community Capacity Coordinator	1.00		2013	agency employee
Housekeeping Services	0.50		2010	agency employee
Personal Computers Basic Training	0.00		2014	agency volunteer
Total Number of FTE's	**17.00**			
Number of FTE's that exited employment during the year	**1**			
Turnover	**6%**			

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Survey Results

Start Date	1/15/2016
End Date	1/16/2016
Contact Information	Volar Center for Independent Living / 1220 Golden Key Circle / El Paso / 79925
Mission	Clear expression of organization's mission which describes an enduring reality that reflects its values and purpose; broadly held within organization and frequently referred to High Level of capacity in place
Our mission is consistent with the needs and priorities of the people and communities we serve?	Strongly agree
Goals/Performance Targets	Quantified, aggressive targets in most areas; linked to aspirations and strategy; mainly focused on "outputs/outcomes" (results of doing things right) with some "inputs"; typically multiyear targets, though may lack milestones; targets are known and adopted by most staff who usually use them to broadly guide work Moderate level of capacity in place
Funding Model	Organization has access to multiple types of funding (e.g., government, foundations, corporations, private individuals) with only a few funders in each type, or has many funders within only one or two types of funders Basic level of capacity in place
Performance Measurement	4. Well-developed comprehensive, integrated system (e.g., balanced scorecard) used for measuring organization's performance and progress on continual basis, including social, financial, and organizational impact of program and activities; small number of clear, measurable, and meaningful key performance indicators; social impact measured based on longitudinal studies with control groups High level of capacity in place
Performance Analysis and Program Adjustments	Some efforts made to benchmark activities and outcomes against outside world; internal performance data used occasionally to improve organization Moderate level of capacity in place
Strategic Planning	Ability and tendency to develop and refine concrete, realistic strategic plan; some internal expertise in strategic planning or access to relevant external assistance; strategic planning carried out on a near-regular basis; strategic plan used to guide management decisions Moderate level of capacity in place
Financial Planning/Budgeting	Solid financial plans, regularly updated; budget integrated into operations; reflects organizational needs; solid efforts made to isolate divisional (program or geographical) budgets within central budget; performance-to budget monitored regularly Moderate level of capacity in place

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Operational Planning	Organization develops and refines concrete, realistic, and detailed operational plan; has critical mass of internal expertise in operational planning, or efficiently uses external, sustainable, highly qualified resources; operational planning exercise carried out regularly; operational plan tightly linked to strategic planning activities and systematically used to direct operations High level of capacity in place
Human Resources Planning	Ability and tendency to develop and refine concrete, realistic HR plan; some internal expertise in HR planning or access to relevant external assistance; HR planning carried out on near-regular basis; HR plan linked to strategic planning activities and used to guide HR activities Moderate level of capacity in place
Partnerships and Alliances Development and Nurturing	Built, leveraged, and maintained strong, high-impact, relationships with variety of relevant parties (local, state, and federal government entities as well as for-profit, other nonprofit, and community agencies); relationships deeply anchored in stable, long term, mutually beneficial collaboration High level of capacity in place
Local Community Presence and Involvement	Organization reasonably well known within community, and perceived as open and responsive to community needs; members of larger community (including a few prominent ones) constructively involved in organization Moderate level of capacity in place
Influencing of Policymaking	Organization proactively and reactively influences policymaking, in a highly effective manner, on state and national levels; always ready for and often called on to participate in substantive policy discussion and at times initiates discussions High level of capacity in place
Management of Legal and Liability Matters	Legal support regularly available and consulted in planning; routine legal risk management and occasional review of insurance Moderate level of capacity in place
Organizational Processes Use and Development	Solid, well designed set of processes in place in core areas to ensure smooth, effective functioning of organization; processes known and accepted by many, often used and contribute to increased impact; occasional monitoring and assessment of processes, with some improvements made Moderate level of capacity in place
Staffing Levels	Positions within and peripheral to organization (e.g., staff, volunteers, board, senior management) are almost all staffed (no vacancies); few turnover or attendance problems Moderate level of capacity in place
Board – Composition and Commitment	Good diversity in fields of practice and expertise; membership represents most constituencies (nonprofit, academia, corporate, government, etc.); good commitment to organization's success, vision and mission, and behavior to suit; regular, purposeful meetings are well-planned and

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	attendance is consistently good, occasional subcommittee meetings Moderate level of capacity in place
Planning Systems	Regular planning complemented by ad hoc planning when needed; some data collected and used systematically to support planning effort and improve it Moderate level of capacity in place
Financial Operations Management	Robust systems and controls in place governing all financial operations and their integration with budgeting, decision making, and organizational objectives/strategic goals; cash flow actively managed; regular processes in place for budget review, management and problem resolution High level of capacity in place
Human Resources Management – Management Recruiting, Development, and Retention	Recruitment, development, and retention of key managers is priority and high on CEO/executive director's agenda; some tailoring in development plans for brightest stars; relevant training, job rotation, coaching/feedback, and consistent performance appraisal are institutionalized; genuine concern for high-quality job occupancy; well connected to potential sources of new talent Moderate level of capacity in place
Human Resources Management – General Staff Recruiting, Development, and Retention	Limited use of active development tools/programs; frequent formal and informal coaching and feedback; performance regularly evaluated and discussed; genuine concern for high-quality job occupancy; regular concerted initiatives to identify new talent Moderate level of capacity in place
Physical Infrastructure – Buildings and Office Space	Physical infrastructure well-tailored to organization's current and anticipated future needs; well-designed and thought out to enhance organization's efficiency and effectiveness (e.g., especially favorable locations for clients and employees, plentiful team office space encourages teamwork, layout increases critical interactions among staff)High level of capacity in place
Technological Infrastructure – Telephone/Fax	Sophisticated and reliable telephone and fax facilities accessible by all staff (in office and at frontline), includes around-the-clock, individual voice mail; supplemented by additional facilities (e.g., pagers, cell phones) for selected staff; effective and essential in increasing staff effectiveness and efficiency High level of capacity in place
Technological Infrastructure – Computers, Applications, Network, and E-mail	State of the art fully networked computing hardware with comprehensive range of up-to-date software applications; all staff has individual computer access and e-mail; accessible by frontline program deliverers as well as entire staff; used regularly by staff; effective and essential in increasing staff efficiency High level of capacity in place
Technological infrastructure – Web Site	Sophisticated, comprehensive and interactive Web site, regularly maintained and kept up to date on latest area and organization developments; praised for its user-friendliness and depth of information; includes links to related organizations and useful resources on topic addressed by organization High level of capacity in place

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Technological Infrastructure – Databases and Management Reporting Systems	Electronic database and management reporting systems exist in most areas for tracking clients, staff, volunteers, program outcomes and financial information; commonly used and help increase information sharing and efficiency Moderate level of capacity in place
Performance as Shared Value	Employee contribution to social, financial and organizational impact is typically considered as a preeminent criterion in making hiring, rewards and promotion decisions; important decisions about the organization are embedded in comprehensive performance thinking Moderate level of capacity in place
Other Shared Beliefs and Values	Common set of basic beliefs and values (e.g., social, religious) exists and is widely shared within the organization; provides members sense of identity and clear direction for behavior; beliefs embodied by leader but nevertheless timeless and stable across leadership changes; beliefs clearly support overall purpose of the organization and are consistently harnessed to produce impact High level of capacity in place
Shared References and Practices	Common set of references and practices exist within the organization, which may include: traditions, rituals, unwritten rules, stories, heroes or role models, symbols, language, dress; are truly shared and adopted by all members of the organization; actively designed and used to clearly support overall purpose of the organization and to drive performance High level of capacity in place
Please describe how your service delivery and business operations would need to change to provide the IL services currently provided by (a) DARS individuals who are blind or have visual impairments and (b) to other individuals with significant disabilities?	Currently Volar CIL is providing IL services to individuals with significant disabilities of all ages. We have served some consumers with visual impairments with basic services related to housing, higher education and benefits such as food stamps. Yet, to provide the vast array of services needed by the blind/low vision community, Volar CIL would need the financial assistance required to staff such a program. Currently the El Paso Blind Services program is composed of a staff of at least 22 individuals, all specialist in their area related to services and program maintenance.
How would your board support the change? Has this already been discussed by the Board and has any action been taken?	The Volar CIL Board of Directors is aware of the current transition and is position that the agencies management is ready for the transition.
Would the changes be consistent with your organization's mission?	Yes
Would your existing staff need additional training? Please explain.	Our current staff is over utilized, we would need to hire new, specialized staff.
Would you need additional staff? Please explain.	Volar CIL is currently understaffed.

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Would you need to contract for more goods and services than you currently do? Please explain.	Purchasing is an area that we will need to hire new personnel.
If so, would your staff have the expertise to procure the services and manage the contracts and vendor payments? Please explain.	Yes, We've been in business since 1981 and have grown in the areas of technology, training, presentations and conferences.
Would your technology infrastructure need to change in order to procure additional goods and services (provider billing, payment tracking, etc.)? Please explain.	No, the computer software and hardware necessary for this transition is already in place.
Please identify the data elements and other information you currently capture in your case management system.	Currently we capture: demographics, type of disability, registered to vote status, personal goals towards independence, services provided, length of engagement.
Do you monitor and track consumers who have maintained or improved functional abilities as a result of the services your organization has provided? If so, what information do you maintain in your case management system regarding this success?	Goals sought are concluded as Completed, Withdrawn, or Canceled.
Would you need to improve or modify the accessibility of your services? Please explain.	No. We are currently in a building rebuilt in 2008 that meets all ADA requirement to the extreme. We may need to expand the facility to accommodate more personnel.
How will you serve IL consumers who cannot travel to your physical site to access services?	We may conduct home-visits.
Some of the business changes may require financial investment prior to starting service delivery. Do you have existing funding that you could leverage to support these “start-up” investments? If not, please estimate the amount and specify the need for each additional financial investment.	Yes we currently have start of capital.

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Are you taking on any other new initiatives at this time? If so, please explain.	We're currently in the process of adding in-home care programs example Primary Home Care.
Please describe your organization's process(as) and frequency for collecting consumer feedback.	Upon completion of each service, each consumer is called and a Satisfaction Survey is conducted.
What training or technical assistance would you need from DARS or other entities to take on these services from DARS?	New staff would need to be trained.
How will you assure purchased equipment is going to be appropriate for the consumer, and ensure they can use it safely?	Each consumer will be individually assessed and trained. And if needed, support systems will trained as well.
Please describe how your business would need to change to take on the specified services that the DARS Office for Deaf and Hard of Hearing Services (DHHS) currently provides? Please explain your understanding of these services.	Currently Volar CIL has the contract to provide DHHS services for the STAP, HLRS and DRS programs.
Would your Board support the change? Has this already been discussed by the Board and has any action been taken?	The Board currently supports this program.
Would the changes be consistent with your organization's mission?	Yes.
Would your existing staff need additional training? Please explain.	Designated DHHS Program Staff is well prepared and participates in staff development as needed.
Would you need additional staff? Please explain.	We need additional staff and additional funding for our current staff. They are under paid due to budget restraints.
Would you need to contract for more goods and services than you currently do? Please explain.	Yes, currently we only work with venders for supplies and technology for Deaf and Hard of hearing consumers. We will need to provide purchasing services for consumers with all disabilities.
If so, would your staff have the expertise to procure the services and manage the	with additional staff we would be able to manage accounts receivable and payables.

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contracts and vendor payments? Please explain.	
Would your technology infrastructure need to change in order to procure additional goods and services (provider billing, payment tracking, etc.)? Please explain.	No, the system we have in place will address this need.
Would you need to improve or modify the accessibility of your services? Please explain.	We would need to increase our Sign language interpreting Services. Interpreting Services are expensive but in
Do you currently have a STAP contract? If no, are you interested in providing these services? If yes, please explain your current capacity to provide the services.	Yes, we currently have a contract, we exceed the goals of the program every month.
Do you currently have a Hearing Loss Resource Specialist contract or a Deafness Resource Specialist contract? If no, are you interested in providing these services? If yes, please explain your current capacity to provide the services.	Yes, we exceed the goals of this program monthly
Do you currently provide training specific to persons who are deaf or hard of hearing? If no, are you interested in providing training to this population group? If yes, please explain your current capacity to provide training.	Yes, we are currently meeting the goals of the contract. Our objective is to exceed those goals by the end of the year.
What percent of the consumers you serve are persons who are deaf? What percent of the consumers you serve are persons who are hard of hearing? What services are provided to these population groups?	Deaf 5%, Hard of Hearing 60% Advocacy, Communication, Transportation, Technology, Education, Vocational Rehabilitation
How will you ensure services are accessible to persons who are deaf or hard of hearing?	Yes, we are currently providing advocacy to both hard of hearing and deaf consumers, we've hired advocated who are part of both communities. Our services are currently in use by the local ISDs, the community college and the two local Universities.

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Capacity Assessment

New Counties to serve	None proposed	
Established	1981, incorporated in 1986	
Number of staff	17	
Number of people served	Numbers submitted by CIL appear duplicated. Did not respond to requests for follow up data.	
Capacity Assessment Needs		
Area of Assessment	**Analysis**	**Capacity Needs**
Staffing Needs Knowledge and experience needs? Training needs types of staff needed number of staff needed providers/subcontractors needed	They employ an executive director, CFO, and bookkeeper as well as other admin and program staff. They have some specialized staff including a STAP specialist, HLRS, DRS. A good portion of their personnel has been with the organization more than 5 years. Some positions on the org chart are "future" (everything in purple). Supervising nurse and alternate nurse – working with them but not actually a part of the program currently. They fill positions quickly and have relationships with local community colleges so that they sometimes have interns. Staff did not report having a staff to consumer ratio; they do whatever they need to do to handle whatever comes through the door. Caseload for HRLS monthly is 75-100 consumers, ILS support services may be 30 a month. Consumers may stay with the program for 3-6 months or longer. STAP program is required 30 application in a month, and center staff reported they brought in over 100 applications as a result of community outreach. Have a great need in the STAP program. They indicate that they are already understaffed and could not take on additional work without additional resources. Finance staff does have some experience contracting for and purchasing some outside services such as sign language, Spanish interpreters, auditors, yard cleaning, etc.	1. Unable to provide a number of staff needed until they better understand the contract expectations. They do not have a good sense of how the volume of their caseload will change, but they do believe it will increase. 2. Will need more specialization in blind/vi services and also expect to need more staff b/c they will need to provide a greater array of services to b/vi individuals. They indicated that the El Paso blind services program has 22 workers providing blind/vi services and they believe they would need that many to be able to do the work. Need to hire specialists' mobility training specialists. 3. Will need more expertise in purchasing. 4. Training needs: training on new policies and procedures, how to obtain and purchase assistive technology and assessments, medical and therapeutic services, new reporting requirements, and any new fiscal or program requirements.

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Service Delivery	They provide all services directly. They provide services in the community, nursing facility, in home and at the center. This is based on the needs of the consumer; they coordinate a home visit or nursing home if the consumer is unable to come to the center. After hours if the consumer works. They are a subcontractor for Life Run, but they do not subcontract anything. They do not purchase technology and medical goods or therapeutic services the way that DARS does. They have a warehouse of donated equipment and goods, through relationships with vendors, hospitals, etc... They can connect consumers with equipment in the warehouse. For individuals who need assistive technology or equipment, they would generally also involve DARS in the process so that the consumer can get what they need. Consumer waiting to get equipment from DARS may get equipment from warehouse while waiting. Also have a contract with DARS d/HH program STAP to provide. Objective is to get the consumers to come to the center, but center staff travel a little. El Paso is the largest area of the region. They also travel to Husfoot county, Alpine, and Fort Davis where there are people. The regions includes several rural counties as well. Typical length and distance travelled is 8-12 miles. Round trip to the west side is 70-75 miles. Not proposing to expand their current geographic area.	1. Need to develop new policies and procedures, especially around how to purchase specialty goods (such as assistive technology, assessments, medical and therapeutic services). 2. Need vendor list from DARS 3. Need to develop more vendor relationships in order to purchase equipment.
Systems Needs fiscal, contracting, purchasing systems case management systems reporting systems	Did not provide the name of the financial system they utilize to track payments however reported they believe their current system has the ability to meet the ongoing needs. They utilize CIL Suite for their consumer tracking and this can be adapted and modified to track most of the information that may be required by contract.	1. CIL Suite can be modified for low to no cost.
Geographic issues Specific plan for reaching additional counties? Which areas are furthest away from center? How will they reach those farthest away?	Currently this center is not looking to expand its geographical area. They will continue to serve the 5 counties in region 10. They reported the furthest they travel is to the west side of the region and this can be 60-75 mile round trip.	1. Some additional travel will be required. They are not proposing to add more counties but providing additional services to additional consumers will likely necessitate more travel.

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B/VI Services	The staff reported they used to have a contract with TX commission of the blind and used to provide independent living services for several years and familiar with services. Good friends with regional manager of the division for the blind and feel they can serve blind and visually impaired population. Served 6 consumers who were b/vi last year.	
Other Needs (building infrastructure, etc.)	None identified	
Anticipated barriers and challenges	Need is great In El Paso and resources are limited. Not prepared to answer questions about hiring and training new staff as this would be based on the needs of the consumer and the program specifications. They stated they would not have funds in reserve to purchase equipment or other goods. Need a different system than being reimbursed by state after the fact.	
Anticipated cost and time needed	Can't estimate timeframe or cost until more is known about program expectations.	
Deaf and Hard of Hearing Services (DHHS) Capacity		
Summary of capacity needed	Currently provide services to this population through contracts with DHHS but may need to hire additional staff to serve additional consumers. 5% of the consumers they serve are deaf, with 60% hard of hearing. Have existing expertise and staff but need to hire additional staff to meet the needs of additional consumers. Not able to estimate how many additional staff or any more specifics. They reported this would have to be negotiated and would depend on the specifics in the contract. Would need more sign language interpreters and Hispanic sign language as well.	1. Would need more staff, more sign language interpreters, and Hispanic sign language interpreters.
Anticipated cost and time needed	Can't estimate timeframe or cost until more is known about program expectations.	

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APPENDIX 5

PUBLIC CONSULTING GROUP

Midland, Texas Meetings

Blind and Visually Impaired

A Department of Assistive and Rehabilitative Services staff who is also legally blind reported the need for Center for Independent Living (CIL) staff to be ready to go on September 1, 2016. The consumers cannot wait for centers to hire and train staff after the transition. Center staff should work with consumers in their homes to address a variety of needs such as how to cook a meal and manage their medication. These are important services to the blind consumers.
Consumers want to ensure the Centers for Independent Living (CILs) have the ability to purchase items as needed. These include items that may be pricey or something as inexpensive as a magnifier to assist the blind consumer. Consumer needs vary and a blind consumer wants it to be known this is an area of concern as this transition takes place.
A consumer reported the Centers for Independent Living should be equipped to work with not only the blind consumers but those with multiple disabilities. The staff at the Centers for Independent Living (CILs) should be able to work with all consumers who walk in the door.
Ensuring there are partnerships between the Centers for Independent Living (CILs) and Vocational Rehabilitation (VR) will be important, as consumers will go where they feel they have the best chance of being successful. A consumer stated it will be necessary for community agencies to work together to ensure all the needs of the consumer are met.
Centers will need to enhance existing services especially as it relates to technology and equipment. A consumer reported trying to access a Center for Independent Living (CIL) for computer needs and found the options to be very limited; this will need to be expanded as part of the transition to avoid similar situations in the future.
A blind consumer reported the center staff need to ensure they are looking at all aspects of the transition. This includes having braille signs, making sure the facility is set up so the blind consumer does not run into corners of tables, having adequate lighting, wider doors, and sound or smell indicators that a blind consumer may be approaching the kitchen area. All of these things need to be taken into consideration.
There will need to be qualified staff available on day one to work with consumers. A blind consumer emphasized that services provided to someone who is blind are completely different from services for other disabilities. Centers will need to acknowledge these differences and ensure they have the qualified staff, various types of communication, multiple delivery methods, and advocacy for the consumer as well as reaching out to consumers in the rural areas to make sure no one is left behind or falls through the cracks.
Funding needs to be available to ensure the needs of the consumer are met. Consumers cannot wait for funding; the rates need to be established and well planned as part of this transition to Centers for Independent Living.
A blind consumer reported it would be beneficial for center staff to work with the consumers to ensure services are consumer driven not just what staff identify as the need. Utilizing consumers as a resource will create a shared relationship and result in better service deliver for blind consumers.

The recommendation is to conduct training before the transition to ensure a smooth transition rather than waiting until September 1st to start the training process as this could cause a possible disruption or lapse in service delivery.
A blind consumer made the recommendation to suspend this transition for one more year until there has been adequate time to do mindful planning. Slowing down the transition allows the centers time to get additional feedback from those most impacted by the change.
The Center for Independent Living environment itself must be conducive for people who are blind to access services.
Consumers reported they have been working hard for services for the blind for almost eight years and it seems the efforts have not been successful. The idea of transferring the services to the Centers for Independent Living is not going to ensure positive changes take place for the blind consumers.

Deaf and Hard of Hearing

The Centers for Independent Living need to have the ability to communicate with deaf consumers who have other disabilities, which may include autism or down syndrome. Centers need to provide service delivery in a manner that matches the specific needs of the consumer seeking the service.
“It's important that the CILs know what the needs of the deaf consumer are,” reported a deaf consumer. Decision makers need to ensure, if services were to be transferred to the Centers for Independent Living that communication is a top priority as this is the biggest challenge for the deaf community.
A deaf consumer reported, deaf consumers are already a population that is either unserved or underserved. Government funding diminished and funding sources fell to private businesses to pay for interpreting or Communication Access Realtime Translation (CART) services. Moving services to Centers for Independent Living would create another barrier for the deaf community and service providers.
Service delivery for deaf consumers should be constantly evolving and improving. The services that currently exist need to be built upon. The state needs to provide more money to enhance what is already in place while adding to the list of current services.
It all comes down to money, paying for professional services, and what is available now is not enough; as fabulous as it is, it's not enough for the deaf community. It is not sufficient for the needs of the consumers. Having additional funding sources to build on what is existing is a need from the perspective of the deaf consumer.
“We are really scared,” was a statement made by a deaf consumer who also is the child of deaf parents. The deaf consumer believes they are always the one to give and learn about other disabilities but the desire to learn about the deaf culture is often not reciprocated.
Every day the deaf consumer learns something and it is really important for Center staff to do the same. A deaf consumer reported it is important to have qualified staff hired and trained with the service delivery model ready to go on day one of the transition. Consumers cannot wait for staff to catch up on what consumers need.

A deaf consumer reported it is important to understand it is not possible to recreate the years of investment in the deaf community in eight months or even a year. It takes years to learn about the deaf culture and if Centers for Independent Living are really interested in providing services, they need to start the learning process immediately and continue this learning on an ongoing basis.
Texas Health and Human Services Commission provides interpreter testing. The board of interpreter evaluation and the national system is currently on hold. A decision will need to be made about the certification process for interpreters throughout the state of Texas. The current method has worked for a long time so it should not be changed or outsourced to the Centers for Independent Living.
Deaf consumers want to work with Center for Independent Living staff who have existing knowledge and understanding regarding the needs of the deaf community. This should be a priority, if the transfer of services should take place.
A deaf consumer expressed frustration regarding the notification of the public meetings and not having enough advance notice to plan and get people to attend to speak about this very important topic. If the transition takes place, the concern is that the consumers will not receive the services they are entitled to or receive notification about service options through the Centers for Independent Living.
A deaf consumer stated it will be necessary to leave services with the Texas Health and Human Services Commission and not transfer to Centers for Independent Living as the Centers will not have the necessary services for the deaf consumers.
For all disability groups, but especially for individuals who are blind, deaf and hard of hearing, it is critical for all those who provide the services to be certified immediately.
Deaf consumers want to ensure there is equal representation on the Center for Independent Living boards, not just having a person with a disability, but board members should be representative of the consumers served at each center.
In order to provide quality services to deaf consumers, staff need to have experience working with the deaf population. There is a strong desire to ensure there is funding in the budget to pay for qualified staff with the certifications and licensing with whom deaf consumers expect to work.
The individuals making decisions for deaf consumers are extremely uninformed regarding the differences amongst disabilities. Centers for Independent Living need to understand deaf consumers are physically capable individuals. They need to be provided with all the opportunities given a hearing person. The main challenge for deaf consumer is to fight discrimination on a daily basis. The deaf consumer stated it might be best to try the transition in a pilot area utilizing advocacy teams throughout the process.
A recommendation was made by a deaf consumer to use a portion of the funds allocated for the transition to train staff immediately before the transition begins. This would allow for a strong foundation for staff who will work with consumers without causing a lapse in services. This also ensures there is a qualified workforce for deaf consumers.
It will be crucial to have a communication plan in place as the transition happens. There needs to be a way to distribute communication to all parts of the state to ensure consumers know what services are available to them.

The services have to be standardized throughout the state of Texas; they cannot vary between regions.
A recommendation made by a deaf consumer was to contract with the deaf action centers. Utilizing existing resources including experienced staff will help with a smooth transition for those in need of services and supports.
Deaf and hard of hearing consumers recommend an evaluation of the services offered to ensure there is no duplication of deaf and hard of hearing services from agency to agency.
There needs to be a mechanism in place to ensure oversight of the agencies who are going to provide services. A deaf consumer stated there has to be a checks and balances system in place.
"I can't understand why the money is being allocated to a 501(C) 3 nonprofit that knows nothing about deaf and hard of hearing services," was a statement made by a deaf consumer. It is a recommendation to give the money that would be used to provide deaf services at a Center for Independent Living, to existing agencies familiar to the deaf consumer. These agencies have the necessary expertise and experience working with deaf consumers.
A deaf consumer stated, "the state of Texas has really good facilities available to the deaf consumer and if services are divided up there may be damage to the quality of services provided to consumers."
There is no way services will be ready for deaf consumers on September 1, 2016. This statement was made throughout the public meeting by several consumers. It is the recommendation that deaf services stay with the Deaf and Hard of Hearing Services division.
A deaf consumer stated they did not believe the Centers for Independent Living have a background in sign language or working with deaf people and services should remain with Deaf and Hard of Hearing Services. Centers have other priorities, and they do not deal with deaf culture and sign language. It is important to understand the deaf community is very different from other people with disabilities. Other people with disabilities are members of the larger hearing culture, but deaf culture is different. Deaf individuals have their own schools, own culture, own community, own language, and the list goes on. If services are outsourced to the Centers for Independent Living, they do not have the necessary knowledge. It is like going backwards, reinventing the wheel, like in the 1880s.
A deaf consumer believes it is important to keep the term "Deaf and Hard of Hearing Services," if the services are transferred to the Centers for Independent Living. There is not an issue with services for the deaf consumer being outsourced to the Centers, as long as the acronym stays as the deaf community understands the acronym and it is tied to their identify.
A deaf consumer reported it is their recommendation to leave the services with Deaf and Hard of Hearing Services, as this is what the community is used to. Outsourcing is an uncomfortable situation. There is a level of comfort with Deaf and Hard of Hearing Services, and with change comes awkwardness.
To avoid having to go back to the days of reading lips and struggling with communication, a deaf student reported the desire to leave services with Deaf and Hard of Hearing Services.

There is no need to outsource services, if the services delivered are going to be exactly the same. A deaf consumer reported the services need to be expanded and have additional funding, if outsourcing is really going to have a positive impact.
Several attendees stated the deaf people feel that hearing people are making changes and decisions for a culture they know very little about. The impact of these decisions are that the deaf community will suffer as they will be ignored or have their service needs pushed aside. If this transition takes place, the fear is the deaf community will take steps backward instead of moving forward.
"Whatever the deaf community wants, I support one thousand percent," was a statement made by a hearing consumer. It may be beneficial to look at the options to enhance services in rural areas.
A deaf consumer reported services need to stay the same as it is not clear what Texas Workforce Commission is able to do for deaf consumers. Deaf and Hard of Hearing Services is able to meet the needs of the deaf community so there is no need to change this now.
A consumer reported it should not matter who provides the services to the deaf consumer as long as they are able to meet the needs of everybody.
The deaf consumers reported they would like to be involved in the planning process. It will be necessary to ensure the distribution of information regarding the services to be provided by the Centers
A deaf student emphasized the importance of having an interpreter available whenever necessary. This is not an area Centers for Independent Living should avoid, if the transition should happen as communication is already a challenge and not having interpreter services only enhances this challenge.
A long time social worker expressed concern about Centers for Independent Living and their lack of staff having background knowledge of the deaf culture. There was significant concerns that a hearing agency is going to provide services to deaf consumers. It will be critical to have communication access for all deaf consumers who need to utilize services.
There was a suggestion from a consumer to have an advisory board. This advisory board can assist the Centers in setting up the necessary services for deaf and hard of hearing individuals. The advisory board could ensure Centers for Independent Living hire individuals who mirror the consumers served. They have to hire deaf individuals, and the advisory board would be overseeing that hiring process. Just keep an open mind and open heart for a new experience. Maybe this will be a new experience.
There is a need to encourage the deaf and the hard of hearing consumers to be involved in the transition and be on the board to give feedback to the Centers for Independent Living. The advisory board can provide oversight to the Centers to ensure the transition goes smoothly and address issues that may take place regarding the service delivery model. Having deaf and hard of hearing consumers on the board will help with the transition.
A deaf consumer reported they do not support outsourcing and services should stay where they are. The deaf consumers have what is needed; the deaf culture does not need to utilize the Centers for Independent Living in the way that has been suggested.

Center staff need to be able to work with consumers who struggle with different types of addiction and abuse of drugs and other similar type problems. It will be important for Centers for Independent Living to be a resource for consumers with addiction issues whether it be as direct services or referral to community partnerships.
A representative from San Angelo Disability Connection for Independent Living reported it is the goal of Centers to be supportive of the deaf and hard of hearing community. The Center for Independent Living community is excited to learn about the deaf culture and how to get more involved in the unique community and how to best serve its consumers. The only thing that Centers for Independent Living truly want is to be all-inclusive and this includes the deaf and hard of hearing community as well as other individuals that face barriers in their lives.
A deaf consumer who is also a recent college graduate stated, regardless of who delivers the services there need to be increased access to services for the deaf consumer. Provisions need to be made for more services, more communication access; more, more, more. The deaf consumer needs access to state agencies, to the doctors, to lawyers, to anyone.
”Let's go for it with CILs,” was a statement made by a deaf consumer. This consumer reported, if there is an agency that can work within different regions of Texas, who can assist with communication access, make sure there are additional services, and who will hire staff who are deaf to work with deaf consumers it sounds like a win-win for the deaf community.
An advocate for the deaf and hard of hearing, in San Angelo, reported challenges to locate interpreters in the rural areas. Interpreters in the rural areas is a challenge the Centers for Independent Living will need to evaluate, if they consider working with the deaf community.
Centers for Independent Living are private agencies, meaning the government does not control their doings. They are not required to provide benefits that the government provides to their employees. One way the government could save money is, not outsourcing to Centers for Independent Living.
A deaf consumer reported concerns and frustration that Centers for Independent Living will not know how to work within the unique culture of the deaf population. This consumer was also concerned the Centers will not have knowledgeable or experienced staff to work with the deaf consumers.

General Comments

A suggestion was made that Center staff should attend local meetings to understand what is working and to understand the challenges the blind and deaf consumers are facing.
It is important to create partnerships and strong community connections with local doctors and other medical providers to ensure the community is aware of the needs of deaf and blind consumers. Centers for Independent Living can be a great resource to help with this distribution of information.
Centers for Independent Living will need to mandate hiring staff who mirror the consumers serviced at the centers.
It is very important for the Centers for Independent Living to have staff with extensive experience working with the various disabled populations. Centers should be a place for the consumer to have full service access from staff who are knowledgeable.
A Center for Independent Living staff representative requested consumers come visit a Center and educate the staff on what the needs are for the population to ensure the services and facility are able to really meet the needs of those who walk in the door. This process is a shared learning experience as the Centers want to deliver services that will benefit the consumers. Centers for Independent Living admit there are a lot of unknowns and they want to learn from the consumers so services are truly beneficial to the consumers.
Centers for Independent Living believe that only individuals with the same kind of barriers can understand and relate to others in their situation. Centers have a practice of being peer-to-peer models, meaning Centers employ individuals with various disabilities, and are consumer driven.
An attendee expressed concern about communication advocacy, making sure Centers for Independent Living understand this is not the same as having a deaf interpreter, but communication advocacy is the responsibility to the doctor, the dentist, or whomever is serving the deaf consumer. Center staff will need to be aware of the difference between being an advocate versus hiring an interpreter and then be that advocate for the deaf consumer as this will be crucial to the transition process.
A Center for Independent Living staff representative extended an open invitation to the deaf and hard of hearing consumers who have not had an opportunity to access a Center, to go and experience what the Centers have to offer as well as provide input on what would help a Center be more accessible to the disabled consumer. It is the goal of the Centers for Independent Living to provide beneficial services to all those who want to utilize the Center as a resource. In order to build and grow the Centers welcome consumer feedback and want to be helpful to all of those with disabilities.
A director for a Center for Independent Living expressed pride at the consumers who came out to advocate for themselves.
A consumer reported it is important to not let anyone speak for persons with disabilities except the consumers themselves. Each consumer knows what they need and will use the existing supports to seek out what they do not have. This is not the role of the Centers for Independent Living.

As part of any transition, it is important to have good communication. It will be crucial to ensure the existing websites have links to new websites or there is a communication plan so the consumers know where to go to access information.
A consumer reported the meeting was beneficial and provided information about the Centers for Independent Living that was not known before. This consumer reported appreciation at the opportunity to learn what is available.

Fort Worth, Texas Meetings

Blind and Visually Impaired

A visually impaired attendee expressed confusion as to why services would change. The individual stated there is no need to merge the Division of Blind Services and the Department of Assistive and Rehabilitative Services. What is currently in existence is working.
An executive director of a company who also does consulting for the blind reported great concern. After seeing similar transitions take place in other states, his concern is the services in Texas will be watered down when funding is pooled together. He expressed concern that an already overlooked population such as the blind, would be left out and the Centers for Independent Living would not have the capacity to meet the needs of this vulnerable population, especially as it relates to the older blind consumer. He stated, "blindness is age related for the most part."
A consumer who has multiple disabilities including vision impairment expressed the need to have a one stop service to make sure a person's needs are met. "Whoever gets it would need to take care of the blind, deaf and head injury consumer." Stating, without planning for all disabilities, consumers may be without services.
A stakeholder reported, "center staff need to be qualified staff trained to work with persons who are blind." Blind consumers have very unique needs. The staff need training using a blindfold, so they understand issues facing persons who are blind. Staff need to be certified vision rehabilitation therapists as well as certified mobility specialists. Those certifications guarantee the staff have the necessary education and training to deliver quality services.
A Department of Assistive and Rehabilitative Services staff person reported concerns regarding services being contracted out to Centers for Independent Living indicating center staff will attempt to take on too much and the clients will suffer because staff will "wear too many hats." Centers need to have staff who have longevity of work with persons who are blind as well as qualified staff. They also indicated it is important that Centers have locations throughout the state of Texas.
Transportation was a concern and the ability of Center for Independent Living staff to go into the homes of the consumers to work with those who are unable to travel. Each consumer has unique needs and each home setting is unique and staff need to have the ability to meet these needs.
Networking throughout the community, advertising services and making sure the people who need the services know where to go is a crucial part of this transition. This is necessary to ensure blind people understand the Center for Independent Living is the place to go to get services. "The problem that we have, is there are people who are not disabled speaking for the disabled community. "
A blind consumer stated the persons with visual impairments or disabilities are a community who need one place to go to receive services. The blind are not children, they do not need pity or to be treated as if blindness is an infection. Services need to fit the budgets of the consumer and need to be accessible by those who have transportation. Center for Independent Living staff need to possess a high level of experience of working with the disabled and be knowledgeable.
A field director for the blind stated, hiring staff who are well educated and have good technical skills, a high level of people skills, in addition to being blind, would be the preferred person to hire. Hiring blind staff to work

with the blind consumer helps to build trust. The key is to hire well-trained staff who have access to funds for the consumer seeking unique assistive technology and knowledge on how to use the equipment. There is a need to hire and retain rehabilitation teachers, vision rehabilitation therapists, as well as orientation and mobility specialists. The problem is services could be delayed and or watered down when it falls under an umbrella.
The problem is when the money goes through the government (the Feds), down to the state, down to Texas Health and Human Services Commission, down to the Centers for Independent Living, the ones at the bottom of the ladder get the least amount of money and this is typically the consumer who needs it the most.
A blind consumer reported a need to have one location to receive services regardless of the disability. It is also important the service delivery take place both in the home and in the community as directed by the consumer.
The blind consumer cannot wait a year or two years to receive quality services. This needs to happen right away. Services are already behind and consumers cannot wait for Centers to be caught up.
Many participants indicated there should be no lapse in services once the outsourcing occurs. There needs to be effective ways to distribute information regarding the Centers for Independent Living by utilizing an established blind communication network as the transition moves forward.
A certified rehab therapist at a Lighthouse; a resource center for the visually impaired, and blind consumer reported it would be valuable to have staff at the Centers participate in ongoing community training. Independence begins in the home; this is where the person will spend the majority of their time, not at the Center. This is where the bulk of the training should ideally take place with the consumer.
A two-year transition would be necessary, and should be considered. This allows time to train staff and provide quality services. Making the transition to Centers for Independent Living so quickly and trying to have everything the consumer needs by September 1, 2016 is too fast and does not allow for mindful planning.
A need to have full coverage throughout the state of Texas was reported by a blind consumer. Locations and staff readily accessible in the rural areas will be very important.
A consumer reported a need for consistent services across the state. The Centers for Independent Living should develop a network or have one umbrella agency so consumers do not suffer from one area to another.
The State of Texas is a big place and the Centers for Independent Living need to make sure everybody is getting the same amount of quality services. Consumers want to know who is going to provide the services and want to receive advanced notice of changes, was a statement made throughout the meeting.
A blind consumer reported Centers for Independent Living needing to be located in familiar, safe areas of communities that are friendly to the disabled consumer. Consumers do not want to go anywhere they are not familiar with or could be potentially dangerous.
As the change in service providers takes place, it is necessary to be mindful of the consumers being served to ensure no one falls through the cracks. It will be important to inform consumers where they will need to go to receive services that were previously provided by the Department of Assistive and Rehabilitative Services.

An orientation and mobility specialist emphasized the need for quality training and acknowledgement of what kind of time it takes to be certified to provide services to blind consumers. The requirements for those certifications include being blindfolded, using a cane to understand and empathize with the challenges of the blind consumer. This training takes a long time and should be mandatory for all Center for Independent Living staff who will work with blind consumers.

Deaf and Hard of Hearing

A representative for North Texas deaf senior citizens, indicated confusion about where the deaf consumer services will land. He expressed a desire to have contracts in place with agencies who already exist and are doing the work with the deaf population such as Deaf Action Centers.
"There is no way that deaf and hard of hearing people can be placed under the CILs because we are independent and capable of doing everything and anything," was a statement made by a deaf services worker. She expressed a need to have funding for communication access and having this funding applied to the deaf centers, where staff are well trained to provide services to the deaf and hard of hearing community. While she believes the Centers for Independent Living are good for the consumers who utilize them, they are not able to meet the needs of the deaf consumer and the cost to have them prepare to work with the deaf consumer is too great.
A representative for North Texas deaf senior citizens reported services received from Deaf and Hard of Hearing Services should remain the same; however, if changes are to be made, it should be by providing additional services. There is a mindset that the deaf consumer is a second, third or fourth class citizen and the funding for this population is reduced more and more each year. There is a need to have fair representation and full inclusion in Deaf and Hard of Hearing Services and Vocational Rehabilitation services and these need to be in one location.
"I want to be able to keep my tuition waiver." The tuition waiver helps aid in college costs and this consumer does not want to lose this opportunity.
A deaf consumer reported the transition to Centers for Independent Living does not make sense as it will result in degraded services to the deaf consumer.
A parent of deaf children expressed concern about having quality, certified interpreters. The person indicated they want interpreters who are fluent and knowledgeable about the deaf lifestyle, like the Department of Assistive and Rehabilitative Services has demonstrated. The deaf community has struggled and does not want to start all over again with new service providers. This deaf consumer is against the transition of deaf services to Centers for Independent Living.
Deaf individuals indicated they want the same independent living services that the blind community has. The deaf culture is unique. They are organized, know their needs and understand each other. Being deaf is more than just having one disability because in addition to hearing loss, there is impaired speech. It is a diverse culture that Center staff will not understand unless they are deaf. Leave services where they are.
The communication from the Centers for Independent Living has to be accessible was a statement made by several deaf consumers throughout the meeting.

Education services and work opportunities for the deaf community is going to be a problem, if services are transferred to the Centers for Independent Living. As a teacher at a deaf school reported, changing services to a different entity will cause issues on every level including education, which in turn effects a deaf consumer's ability to get a job. A deaf individual may already be behind and outsourcing the services would not help them move forward. Deaf consumers need to know where to get services and that where they go is able to meet their needs; Centers for Independent Living cannot do this.
Keep Deaf and Hard of Hearing Services; the concept must remain. Regardless of the agency who delivers the services, the concept must remain the same. There is a need to expand the services and for agencies to employ people who understand deaf people.
It is important for the Centers for Independent Living to learn how to advocate for deaf consumers, if they are going to deliver the deaf services. The Centers will need to reach out to existing deaf service providers to learn from them because they have knowledge and experience.
A vendor with Department of Assistive and Rehabilitative Services who provides deaf/blind services reported the importance of the in-home services. Delivering services in group settings only gives a small fraction of what the true needs are for blind individuals. In order to deliver quality services, Centers for Independent Living will need to complete an adequate assessment to understand the needs of the community. The Centers will need to have knowledge and experience with issues surrounding the elderly such as transportation and isolation, especially in the rural areas.
The Centers for Independent Living will need to employ certified staff to handle the needs of the all consumers regardless of disability.
The Centers for Independent Living will need to partner with existing network providers who currently serve the deaf community. Utilizing existing resources will help the Centers with the transition and avoid having to rebuild what is already working for deaf consumers.
An elderly deaf consumer reported there is a need to have patient staff who are sensitive to not only the communication needs of the population but all the challenges, which face deaf consumers. Centers for Independent Living need to have staff who are able to work with the consumer on a variety of needs like housing concerns, technology to alert the deaf person to weather changes and warnings, etc...
If the transition of deaf services to the Centers for Independent Living takes place, it would be beneficial to transfer the staff who are currently providing services.
Outsourcing for services in Texas is not rare. One area of disconnect for the deaf consumer is that the Centers are a new entity and with this comes fear and resistance to change.
A deaf consumer encouraged the Centers for Independent Living facilities should be fully inclusive to meet the population's needs which may include: special lighting and closed captioning when needed, so the deaf and hard of hearing feel welcomed from the moment they enter the building.
An interpreter and a spouse to a deaf consumer reported this transition seems like a good idea. Taking services from the large state level and transitioning to a regional level is more beneficial to the deaf person. If this is to happen, the communication will be most important to let the deaf consumers know what is available and where to go to access services. There is a need for clear concise marketing, letting consumers know, if they have to be

of a certain age group, disability category or socioeconomic level to qualify for specific services or technology through the Centers for Independent Living.
The deaf community wants assurance if they go to a Center for Independent Living for services and there is a need for a referral to another agency or agencies, the consumer does not get lost in the referral process. Safety and security should be taken into account if the Centers are going to deliver Independent Living services.
Center staff should understand that deaf consumers read everything, every facial expression, every movement of the body, and staff should be aware of nonverbal cues.
Center staff should understand the deaf grapevine is a great resource to get information to the consumers. This will be an important resource to help, if the transition moves forward.
Deaf Action Centers who are currently providing services in the Dallas area are known in the deaf community and could provide services to deaf consumer instead of the Centers for Independent Living. The states should build capacity with existing agencies working with the deaf consumer instead of moving all services to agencies who do not have the familiarity with deaf culture.
The state should consider the budget to accommodate technology for the deaf population, no matter who is delivering the services. Technology is often overlooked in the disability community.
A child of deaf parents stated this proposed change is very frustrating. The person feels like the decision makers are forgetting about all the people with whom Department of Assistive and Rehabilitative Services is working and for whom they are providing services.
An interpreter indicated services should be continued using the Deaf Action Centers. This allows the Centers for Independent Living to utilize the Deaf Action Centers as a resource for services. Deaf individuals need to have communication access, and the funds for these services is important to the community members.
A consumer stated there is no way the transition to the Centers for Independent Living can be ready in the short amount of time (before September 1 2016). Budgets and money have already been spoken for and that leaves little money for new services, which deaf consumers need, if the transition were to take place during this year.
A consumer in the meeting expressed support for the proposed change to move the services to the Centers for Independent Living. The consumer indicated the changes are a good step to ensure equal access for consumers as it relates to facilities and the need to serve consumers with multiple disabilities. The consumer indicated this transition could be viewed as an expansion of the Americans with Disabilities Act. "There is a need to be open minded to that piece of it, it is important to remember there is a very human face to all of this." The United States is going to have more deaf and hard of hearing people, as this population continues to age. This has to be a consideration and as a result, state services need to be expanded.
A deaf consumer suggested utilizing existing agencies to partner with the Centers to ensure no loss in services. They also indicated this would provide deaf consumers some feeling of familiarity with the services they need to remain independent.

A consumer stated one of the most important factors in a transition to the Centers for Independent Living is the relationships between the consumers and the specialists providing services. There has to be an established relationship because without that, services will not be of any value to consumers.
An individual indicated that one positive is the Centers for Independent Living will provide services to consumers who don't qualify for Department of Assistive and Rehabilitative Services. Going to a Center can be a real asset for consumers who do not qualify for state services as this can be an alternative for the deaf consumer to get needs met by an agency who has less restrictions and limitations.
Center for Independent Living staff must be properly educated to fully understand the needs of deaf consumers prior to services being outsourced.
A vocational rehab counselor at a Center reported the goal is to provide services to the consumer that meets their needs. While the Centers have staff in place with different skills, the goal is for Centers to grow and meet the needs of the deaf community.
An east Texas resident reported having concerns regarding the transition, indicating the Centers for Independent Living will not be able to meet the unique needs of deaf people and their culture. The person indicated a fear that Center staff will not have an understanding of the needs of the deaf community and the people making those decisions do not value the high level of importance the deaf consumer places on their culture. The individual indicated some Centers have locked doors with systems in place that only a speaking person could use. Centers for Independent Living have a lot to learn before they can think about providing services to deaf consumers. .
As a deaf consumer, it is already difficult to access services. Transitioning service delivery to another entity will only create more challenges when seeking assistance and support. This would add additional challenges to those people who already face difficulty on a daily basis.
A professor stated learning about deaf culture, being immersed in the culture, for a hearing person can take up to 10 years. To help with this transition of services, Centers for Independent Living should prioritize hiring deaf staff, and those who have a heart for the community. This would allow employment opportunities for the deaf while meeting the needs of the consumers at the same time. Just having a disability is not sufficient to hire someone.
A program manager for a Center who is also deaf stated it is important to not only talk about providing deaf access and deaf representation, but to follow through on the talk. The goal of the Center is to be inclusive of all consumers with disabilities. “Because we live in a global community and we can learn from each other, from people with all different types of disabilities. I really enjoy working with people with a variety of disabilities and challenges. We've learned a lot from each other. So I think we have to open our minds and be willing to learn from others.”
The executive director of a Center for Independent Living reported the Centers are willing and want to learn more about the deaf culture to ensure they are providing services to meet the needs of the population. While there may be misconceptions about what a Center is and the services they provide, the overall goal is to put the consumer first and work with each person that walks in the door on an individual level.

A deaf consumer expressed concern regarding the timeline to have the Centers for Independent Living ready with qualified staff by September 1, 2016.
A deaf consumer reported she recently graduated from college and faced many challenges with her employer and with the clients she works to serve. There needs to be an emphasis on the deep, rich culture of the deaf community and the extensive amount of time it takes to learn and work with this community. In order for a deaf consumer to feel comfortable to access services or a resource, there has to be established, experienced staff. Transferring services would create additional frustration that can be avoided, if services remain where they are.
An individual indicated the importance of deaf consumers to have one agency assisting them coordinate the services to meet their needs so they do not have to go to multiple agencies to get their needs met.
Numerous people reported not wanting to re-educate Center for Independent Living staff to meet their needs. They believe the outsourcing to Centers will result in the system moving backward not forward.
One individual indicated this mandate was made by the Sunset Review team that does not have enough deaf consumer representation on it. Therefore, the Sunset Commission should not speak on the needs of an entire community.
A deaf resident from Austin reported deaf consumers cannot allow others to speak about or for the deaf community unless they have extensive firsthand experience. The deaf community knows what they need and now is the time to come together to let the Texas Legislature know there is a need for more services, and that the community does not want a change in who provides their services.
A deaf consumer stated it is impossible to understand the deaf culture 100% unless you live it every day. The deaf culture and community is very rich and diverse. The deaf consumers need to rise up and contact legislators and not let others speak for the deaf person regarding needs, access, and resources.
A worker in the field of deafness for almost 44 years, in the area of professional interpreting stated the suggestions from the Sunset Commission will take the deaf culture back to the 19th century. This suggestion will take all the hard work done in the deaf community by hardworking professionals to a time when the deaf person had no idea where to go or who to reach out to for help.
“Communication is the number one asset to the deaf culture and it’s not just about the culture it’s about the communication.” Several consumers and stakeholders reported communication is the number one barrier the deaf consumer faces every day, every hour and they are tired. Utilizing existing agencies provides a sense of belonging and connectedness to the deaf community that will be lost, if services are moved away from Deaf and Hard of Hearing Services to the Centers for Independent Living.
A Center staff person reported it is important to remain diligent about letting the legislators and decision makers know what the real needs are of the community and focus energy on impacting change as it relates to employment, education and communication access.

General Comments

A Center for Independent Living assistant director reported there are concerns regarding the funding behind the transition of services to the Centers. Funding for the Centers will not change but services are expected to be enhanced. It is important for Centers to decide for themselves if they can deliver quality services without having a waiting list and truly meet the needs of the consumers who seek help. The need to hire and retain qualified staff to deliver quality services to the consumer is not something every Center currently has the capacity to do.
A stakeholder stated frustration regarding the existing waiting lists through Department of Assistive and Rehabilitative Services and how the escalated time line for a transition of services to the Centers for Independent Living will only cause the waiting lists to be longer. This stakeholder is also concerned about Center staff's limited ability to work with consumers in their homes. The focus, now that the decision has been made for the blind and low vision consumer, is to talk about how service delivery will take place and staffing credential expectations. The needs will be greater with outsourcing and Centers need to be ready to work with the population on day one so there is no wait for consumers.
Consumers are concerned Centers for Independent Living will not be able to meet their needs. As part of the transition, Center entities will need to ensure quality service delivery does not diminish. This will need to be an important part of the transition.
Centers for Independent Living should consider hiring Department of Assistive and Rehabilitative Services staff who may be displaced as part of the transition. It would be valuable to keep that knowledge, experience and expertise for consumers.
Transportation is a very important issue for consumers. Centers for Independent Living will need to provide transportation that is accessible state wide especially in the rural counties. The vehicles will need to be able to accommodate wheelchairs and the various needs of the consumer.
Department of Assistive and Rehabilitative Services and the Centers for Independent Living will need to put thought into the transition plan for the transferring of sensitive health information, maintaining confidentiality, and Health Insurance Portability and Accountability Act.
As part of this transition, it will be beneficial to include other agencies besides the Centers for Independent Living, such as Aging and Disability Resource Centers and Area Agencies on Aging to help avoid a lapse in services. These are existing resources that can provide a helpful piece to the transition.
An elderly consumer reported the need to make this transition as calm as possible.
A consumer reported the need to have a strong monitoring system in place to ensure those receiving services are satisfied and are having their needs met by the Centers for Independent Living.

San Antonio, Texas Meetings

Blind and Visually Impaired

A consumer expressed concerns about the Centers for Independent Living not having services available on September 1, 2016.
A blind elderly consumer stated services at the local Lighthouse should continue as this is where consumers prefer to get services and do not want the current services to move to the Centers.
A blind advocate stated there is a need for cooperation between the consumers and the Centers for Independent Living. There is a need to work with Centers to support the transition since it is mandated. As part of the transition it will be necessary for the Centers to continue to provide independent living services, orientation and mobility training all while working to bridge any service gaps whether it is through a subcontractor or Lighthouses who are working with the blind consumers currently.
A vision rehab worker with 13 years of experience emphasized there should be no lapse in services with the transition. The Centers and Lighthouses have been providing services in Texas for a long time and will continue to provide orientation mobility training, one on one in the home, and in home counseling.
A consumer of Center for Independent Living services reported feeling thankful for all the assistance received. The sense of caring and support from staff at the Center has been very beneficial and has increased independence.
A consumer of the Lighthouses requested services remain where they are. There are established relationships with current service providers and there is no need to change that.
A board member of a Center expressed disappointment regarding the lack of services to visually impaired consumers. Visually impaired consumers are in need of services, particularly the elderly. It is important as the transition moves forward to recognize there is a need for a broader consortium of agencies and organizations, because even the 27 centers that are willing to participate are not enough to cover the entire state. There are vast swaths of land in particular that are unserved. There needs to be an expansion and coordination of efforts to involve many other organizations and agencies, whether they be consumer groups, nonprofits, or centers on aging.
“This is not just a responsibility of the state to bear this burden. This is a shared responsibility across all communities throughout Texas.” Members of the low vision coalition stated, there is a need to develop a network within the Center for Independent Living community to ensure services are consumer driven.
A Lighthouse representative stated the goal of the program is to keep people independent in their homes. The sad reality is many individuals are in jeopardy of being moved out of their homes and this is why in home services are such a strong focus of their programming.

Deaf and Hard of Hearing

A deaf consumer stated, Centers for Independent Living know nothing about the deaf culture. Centers do not understand the needs of deaf consumers and what they might require. Deaf consumers were frustrated at the idea of having to schedule an interpreter, if they were to use a Center and the notion Centers will not have staff on site who can meet the immediate needs of the consumer. The Centers will need to develop mainstream services and work together as a network with other Centers to provide services across the state of Texas. This includes having various types of sign language to address the diverse needs of the consumers who want to utilize the Center of Independent Living as a resource.
"The deaf consumer keeps getting put off over and over again but this does not happen to the hearing consumer." This statement was made by a deaf consumer who is tired of being treated unfairly. This consumer also expressed frustration about the inability to access services in the same manner as other consumers with disabilities. Transferring services to Centers for Independent Living or Texas Workforce Commission is not going to address the issues of inequality.
A member of the Texas Association for the Deaf voiced an objection to House Bill 2643. This deaf consumer is unhappy with how the deaf are being treated in this transition process. Services provided at Deaf and Hard of Hearing Services are exactly what the deaf consumer needs; they have staff who can sign, it is accessible and staff understand the needs of the deaf consumer more so than a Center for Independent Living. While it is not an attack against the Centers, there is a need to have services for the deaf community that continue to move forward. The transfer of services to the Centers would be negative steps in the wrong direction.
"There's a lack of understanding for the deaf culture," was a statement made by a former employee of the Texas Commission for the Deaf. Despite 13 years of working with the individual Centers for Independent Living, there has been little to no improvement to their services. Some examples include: buzzers at the front door that were answered by an intercom; without a webcam option, these are a few examples of how hearing people think they are accommodating to a consumer with a disability but the deaf consumer is unique and has unique needs. These are important aspects to the deaf consumer that have not even been thought about as part of the proposed changes. There is a dire need for these services to stay with people who understand the population they are serving.
The deaf consumers stated the real need is for additional services not new providers. The deaf community needs established providers who have been working with this specific population for an extended period of time and understand the community's needs. It is the belief of this deaf consumer that Centers for Independent Living are not the answer.
A deaf consumer reported the need for equal access for everyone. This consumer reported frustration with the lack of timely notification regarding the public meetings that may have been provided to the hearing community. The deaf community needs time to spread information and encourage those affected by this decision to attend the meetings and this was not provided. It is important before any changes are made to understand the pulse of the deaf community to find out what is going on with the deaf and hard of hearing.
An individual reported there is a lack of consistent information being provided to deaf consumers and this should be considered in the transition planning process. The Centers for Independent Living should consider reaching out to not only other non-profits, but to the medical community.

An instructor at San Antonio College expressed concern about outsourcing. The idea of outsourcing has made the deaf community nervous and caused confusion due to there being so many unanswered questions. There is fear that Centers for Independent Living will not be able to handle the needs of the deaf population. For Centers to alleviate this nervousness they will need to ensure they have more than just interpreters available to work with deaf consumers. If the transition occurs, the Centers will need to ensure trained staff are hired to work with the deaf consumer for all services, not just communication.
A deaf consumer who has accessed services in other states expressed a concern that if services were to move to the Centers, it would be a step backward for the deaf community. The outsourcing of services would be like asking the deaf community to start from the beginning. There is nothing in place to transfer the knowledge from current providers to Center staff that is needed to work with the deaf consumer. There needs to be a level of cooperation between the state and existing agencies, not just Centers for Independent Living, to ensure all needs are addressed.
An elderly consumer and former staff for the Social Security Administration reported Centers for Independent Living have experience working with deaf consumers as they have done this previously and with additional funding Centers could take over these services by hiring individuals who are certified in American Sign Language.
A sign language interpreter expressed concern that transferring services to Centers is a tremendous step backwards. People who are deaf have a rich culture and linguistic heritage, which is not something that can be learned in a short period of time. This learning process requires more than having a sign language interpreter on staff. While this may be the easiest solution for the Centers, it is not enough to meet the needs of consumers.
In individual recommended Centers for Independent Living should have deaf and hard of hearing professionals working at each of the centers, not just interpreters. The staff should have linguistic knowledge to meet one on one with deaf consumers. Center staff need to have an understanding of deaf culture, and have expertise with deafness. The staff who are to run the program have to be knowledgeable.
The deaf community needs staff who can communicate with the deaf consumer and who understand the culture because it is so different. There is an expectation by the deaf community that proper services are accessible and if the transition is to happen, there is a fear there will be no services specific to the needs of the deaf community.
A San Antonio native stated the closest Center for Independent Living in the area does not provide services to deaf consumers, the communication access is limited and often times is not accessible for those who have hearing loss. The Vocational Rehabilitation agency has more experience with the deaf consumer and is a better resource, because of this it is better to keep the current system and not make any changes.
An individual indicated historically Centers for Independent Living have not assisted deaf consumers. Centers do not have the kind of employees necessary to provide quality service delivery to the deaf community. Centers need to have multiple staff on hand who are required to be certified in sign language.
An individual indicated, legislators need to stop and think about American Sign Language and English being mixed together. These two communication methods do not coexist. It will be crucial for those who know the challenges faced by the deaf consumer to advocate for those who are disabled. There should be an emphasis

on training and hiring knowledgeable staff who understand there are more methods of communication than just American Sign Language.
A Houston resident expressed opposition to services moving away from Deaf and Hard of Hearing Services because of communication access. This access includes quality interpreters. As someone who has attempted to access services from a Center for Independent Living on different occasions, this consumer faced many challenges such as: lack of communication with existing staff, unfamiliar technology (Ubiduo, which stands for ubiquitous meaning everywhere an duo for two or more people or things) and a dismissive attitude toward the ability of deaf consumers. It is important to the deaf consumers that they be left under their own umbrella and not combined with other disabilities.
An individual stated one of the concerns with the Centers for Independent Living is the impact to the deaf and the hard of hearing community and if this transition were to take place, it would send the deaf community back to 1980. Changing who provides services to the deaf and hard of hearing population will set those back 20 to 30 years, when all the services are readily accessible now.
A deaf consumer reported concern, not opposition, regarding the potential transfer of services. This concern was centered on the certification of interpreters and the need to keep the process currently provided under Board for Evaluation of Interpreters the same. This process works and change would cause unnecessary disruptions.
A mother of a deaf adult and a certified interpreter reported it is important to understand that moving services outside of a particular office and contracting them with another that does not have primary expertise in deafness returns the people, the citizens of Texas, to the situation they were in before the Texas Commission for the Deaf existed. The Department of Assistive and Rehabilitative Services and Deaf and Hard of Hearing Services, have learned a lot about the people who utilize the resources, services, and the significance of those services to deaf and hard of hearing individuals.
An Austin resident and employee of Communication Services for the Deaf reported this suggestion made by legislation is a misled move. If the transition were to take place, it would be like history repeating itself. The deaf consumer would be merged in the same category as other disabled people without acknowledging the special needs that exist for the deaf culture. The deaf consumer is a minority when it comes to cultural linguistics and have very different needs from those with different types of disabilities. The proposed transition of services to Centers for Independent Living is a very shortsighted move.
An individual stated all services currently provided to deaf consumers should remain together and not be outsourced to entities outside of the Texas Health and Human Services Commission. What is offered currently from the Texas Health and Human Services Commission has been very successful. This was the plea of a deaf consumer. If services were to transfer, people will feel lost and not know where to go to access assistance.
The president of Texas Association for the Deaf reported the deaf community has worked hard to get services and resources in place and the consumers are satisfied. While they are not 100% satisfied with services all of the time, and while there are still barriers with Texas Health and Human Services Commission/Department of Assistive and Rehabilitative Services a change now would be difficult for deaf consumers and would require them to work harder to access the resources they need. The deaf consumer must to be allowed equal access.

A former teacher for special needs students and adults stated she has seen barriers in communication for the deaf and hard of hearing individual. The concern is if Center staff will be trained or have the level of expertise needed to work with consumers with multiple disabilities.
A deaf consumer reported having a great experience working with the Department of Assistive and Rehabilitative Services and Deaf and Hard of Hearing Services. These two agencies helped to ensure that even though he had been turned away from other agencies; he felt respected, heard and understood by the staff and Department of Assistive and Rehabilitative Services and Deaf and Hard of Hearing Services. The recommendation from this consumer was to treat others the way they want to be treated. It is not about what the state wants, it is about what is best for the deaf consumer, and there is no need to fix what is not broken.
A deaf individual stated it is important to keep Deaf and Hard of Hearing Services out of the Centers for Independent Living. Centers are not able to meet the needs of the deaf consumer as it relates to technology and access to vital community services like attending medical appointments and securing employment. It is not a benefit to the deaf population to take away what they know and start something new.
An individual indicated their recommendation was to ensure information provided to the deaf consumer be accurate. The use of vlogs is a method of communication used by the deaf consumer and at times during the public meetings some deaf consumers felt uneasy to speak in their native language of American Sign Language because of a concern it would not be interpreted correctly. Vlogs allow the deaf consumer an opportunity to speak for themselves without misinterpretation. This is one example of communication barriers faced by the deaf community.
An individual indicated there is a need for more Mexican sign language interpreters in San Antonio. Certified Deaf Interpreters is an important certification requirement to the deaf consumer. There is no need to change the services to go under a Center for Independent Living as it will impact the ability of the deaf consumer to have access to communication and qualified staff with whom to work. The recommendation of this deaf consumer is to leave services where they are, under Deaf and Hard of Hearing Services, but build on what already exists and involve the deaf person in the decision making process since they are the ones directly affected.
A manager for an independent living program reported it is very rare for a Center to have a program solely devoted to deaf consumers but some do. Some may have one or two services but currently not all Centers have the ability to take on all the unique needs of the deaf and hard of hearing population. The Centers want to build and enhance services to better meet the needs deaf consumers and this will take time. Centers currently work closely with Deaf and Hard of Hearing Services and Vocational Rehabilitation with the goal of having consumers be successful and independent based on their needs. Centers want to help and are open to learning what the needs are for the deaf population.
A former member of the Minnesota Association for the Deaf reported being worried about the possible outsourcing limiting services to the deaf consumer. This person stated what the legislation fails to understand with the proposed changes, is there are human beings being pushed aside and these decisions impact people's lives.
A representative for the Greater Houston Deaf Club reported the suggested changes are based on money and not the needs of the deaf community. Texas has the ability to be a model to other states on how best to serve the deaf consumer and outsourcing is not in the best interest of the deaf consumer. When the deaf consumer

uses the word community it is more than a word to them, it means having a strong connection with culture that cannot be understood by hearing people and it is these people who do not have a full understanding of the unique deaf culture.
A child of deaf adults appreciated the opportunity to voice concerns, stating the need is to build on communication access for the deaf consumer and to do this does not require services to go to another entity. Deaf and Hard of Hearing Services is able to meet the needs of the community.
A deaf consumer reported they are thankful for the support and services received by Department of Assistive and Rehabilitative Services and the Vocational Rehabilitation program. The focus should not be on changing who provides the services but instead on increasing the service options and enhancing the quality.
A deaf consumer reported concerns about the strong need for training and hiring licensed staff, oversight of the nonprofit entities to ensure services meet the needs of the deaf consumer and additional funding for technology. These are the needs of the deaf community and Centers for Independent Living do not seem to have the ability to meet these at this time.
A hearing interpreter stated Centers for Independent Living know nothing about the deaf community or culture and should not be considered to provide services. The recommendation is to leave services where they are and the legislature should ask the deaf community before making any changes that impact a culture with whom they do not work. Making these changes would put the deaf culture back to the dark ages.
A fourth generation Texan stated this movement by the State Legislature is really backwards thinking.
Retired deaf and hard of hearing services staff reported a long commitment to working with deaf consumers and over time has seen quality services provided by Deaf and Hard of Hearing Services and this is where service delivery should remain.
A college teacher for an interpreter program stated it is important to keep services with Deaf and Hard of Hearing Services. Keeping services where providers understand the difference between big D and little D deaf consumers shows respect and understanding to the culture. Giving services to the Centers will fail the deaf consumer.
A consumer who recently received hearing aids with help from the Department of Assistive and Rehabilitative Services wanted to say thank you. The Department of Assistive and Rehabilitative Services was able to meet this individual's needs. Centers may not be able to do this and as a consumer they do not want to wait for other agencies to be caught up to existing resources.

General Comments

There is a concern by consumers that whomever will work with the disabled should ensure there are adequate locations throughout the entire state of Texas so those in the rural areas have the same access and opportunities as those in larger cities. Whether talking about visual impairment, blindness, deaf, hard of hearing, or other types of disabilities, services have to be available statewide.

A former administrator reported it is difficult to envision how a Center for Independent Living can deliver the services and education and equipment more cost effectively that the current providers.
The mission of Centers for Independent Living is to advocate for the rights and empowerment of people with disabilities and to provide needed services to increase their self-determination, self-sufficiency and independence.
A consumer with multiple disabilities stated the local Center for Independent Living has many resources such as providing job readiness, peer support, sensitivity training, bus passes, and assistance in filling out forms for social security, Social Security Disability Insurance, and Supplemental Security Income. The Center is a great resource for disabled consumers.

Emails, VLOGs, and Written Statements Received by PCG[1]

I am writing this email to express my concern for the proposed change to "outsource independent living counseling to local Independent Living Centers". Currently, ILCs serve clients with a wide range of different function and capabilities. Because of this, they may or may not have the cultural and linguistic understanding to provide effective services to deaf/hard of hearing consumers. The ILC counselor may or may not sign, be familiar with Deaf culture, or be up to date on the latest assistive technology. To most of the deaf/hard of hearing that we work with, this drastically changes how they access and the adequacy of services. Therefore, I would like to go on record as opposed to the idea of outsource independent living counseling to local Independent Living Centers.

I am Deaf and I'm thinking about moving to Texas. I just discovered that Texas in politics might have to rid of DARS and living independent resources for Deaf.

1.) I just learned about CODTW required to have all Deaf Texans must have at least 3.0GPA to attend university. That is big challenge for me. My average GPA is 2.5GPA. How do I comply their requirements from CODTW? If I still do get below 3.0 GPA from university, does that mean I won't be able to continue my further education or barely afford to pay my college education and books with my limited income (SSI income) from DARS. Will we, deaf students get free tuitions if we have at least 2.0 GPA? Will you empower us, deaf people to continue our education if we have less than 3.0 GPA? I don't want deaf people feel stupid and give up because they couldn't get above 3.0 GPA. Will you give Deaf people give a chance to learn their education to improve their GPA from 2.0 to at least 3.0GPA over the time? If they have 2.0 GPA or drop one of these classes. I wanted them feel it is OK and they need to try again until they can reach until 3.0 GPA is above. I don't want them feel if they cannot reach above 3.0 GPA, They are struggling to get above 3.0 GPA at first time. I want to see them persist and it won't be easy for them until they finally can reach above 3.0 GPA and take more classes till they can get their college degree. Will you able to give deaf people chance to take their further education regardless GPA with free tuitions and education books with their limited income (SSI). I love school but I do struggling with GPA. I have always wanted in graduate school so badly and wanted to have better incomes. I always wanted to improve better service to deaf community. Can I get into graduate school? I don't know. Many university are concerned about my low GPA. How can I pull my GPA up before graduate program? I cannot afford to retake classes to pull my GPA up before I can go to graduate school. DARS and CODTW wanted to see 3.0 GPA or above to able to assist my further education. Will DARS and CODTW help me to struggle with my low GPA to pull up and get further education? Will they give me empower?

2.) If you rid of DARS and living independent for deaf people, how can deaf people get their resources? I have been looking around apartments are extremely expensive. How can I get my apartment based on my SSI income? Who will be able to help me for resources? How can I can find basic needs for my home in Texas? Like doorbell (flash light, clock alarm, and fire alarm, etc.? How can I afford these devices based on my low income? How can I find support for deaf service if you get rid of these department and get professionals don't know about Deaf culture and language? Interpreters with professionals aren't enough for me. I need a professional who have at least knowledge about deaf culture and ASL to able provide our service.

If you do rid of Deaf service and resources and rid of deaf professionals, we, deaf people will feel more frustrated, struggling and oppressed. We will have lack of support in further education and employment migrants with hearing people in public schools, hospitals, legal settings. Will hearing people accept deaf applicants for employment without DARS support, without mentor? I think you don't realize how we, deaf people feel discriminated by hearing people constantly. Hearing people don't want us, deaf people into their

[1] All emails, VLOG translations, and written statements were not copy edited by PCG and remain in their original form.

hearing world. For an example, employer, school official or hospital official don't like to provide an interpreter and CART for deaf people to obtain accessible because they are constantly complaining about too expensive in interpreter and CART service. Is our disability fault for not able to read hearing people's lips and not fluent in English? We still feel segregation from hearing world. I hope you will allow us to have resources we need for your support that will mean a lot to us. We still need Deaf advocacy. I and other deaf people can't fight because we feel alone and overwhelming without support. We need that support too. I will appreciate if you can provide a deaf counselor to support deaf community for their struggling in finding an apartment, finding a good job based on education, whatever our obstacles in life. We all need that.

Opportunity for Comment on Outsourcing DARS Office for Deaf and Hard of
Hearing Services (DHHS) to Centers for Independent Living Communication Service for the Deaf, Inc.1 (CSD) hereby submits these comments in response to the Texas Department of Assistive and Rehabilitative Services Stakeholder Notice issued on February 5, 2016, which requested comments on the evaluation of whether services provided through the DARS Office for Deaf and Hard
of Hearing Services (DHHS) could be better provided by Centers for Independent
Living (CILs).

It is widely acknowledged that deaf and hard of hearing (D/HH) are a chronically underserved population.2 3 4 The challenges faced by the deaf and hard of hearing communities have long known to be unique, requiring specialized understanding of their linguistic and cultural needs and how they can be effectively addressed in the context of a wide range of situations.

Thus, the evaluation of whether services for D/HH are being effectively provided requires an assessment of the provider's background and abilities to serve the D/HH. At a minimum, the provider's competency with the following must be considered: understanding of the communication barriers faced by the D/HH; ability to effectively communicate with the D/HH individual; knowledge of resources and information for the D/HH; and ability to correctly identify and apply the approach to address the D/HH individual's particular communication needs on a case-by-case basis. Other factors include the provider's reputation, influence, and its use of resources. Tying these factors together, along with the fact that, as a cultural and linguistic minority5, services for the D/HH suffer when lumped in with services for 1 With a main office located in Austin, Texas, CSD is a 501(c) (3) nonprofit whose mission is to facilitate communication access and to create opportunities for deaf and hard of hearing people. More information on CSD and our work can be found at www.csd.org. Follow us on Twitter at @ThisisCSD and on Facebook (Communication Service for the Deaf).

2 Candice M. Tate, Ph.D. and Scott Adams, Psy.D. Information Gaps on the Deaf and Hard of Hearing Population: A Background Paper. Western Interstate Commission for Higher Education. 2006.

3 NAD Position Statement on Mental Health Services for People who are Deaf and Hard of Hearing.
"People who are deaf or hard of hearing are an underserved cultural and linguistic population within the nation's mental health system." 2003. Accessed at https://nad.org/issues/health-care/mentalhealth-services/position-statement
4 Frederick K. Schroeder, Ph.D., Commissioner. "These studies give considerable attention to persons who are Deaf or Hard of Hearing and who are unserved and underserved by VR agencies." Information Memorandum RSA-IM-00-21. March 28, 2000. Accessed at http://www2.ed.gov/policy/speced/guid/rsa/im/2000/im-00-21.pdf

5 Lane, Harlan L., Richard Pillard, and Ulf Hedberg. The People of the Eye: Deaf Ethnicity and Ancestry. New York: Oxford University Press, 2011. Print. the general population, underscores the importance that a provider of services for D/HH must be committed to exclusively serving the D/HH communities. When considering the CILs as a potential provider of services for D/HH in light of these factors, it is difficult to understand how CILs could better provide services to D/HH than DHHS. CSD does not believe that CILs could even provide D/HH services without itself turning to a proven, state-wide centralized resource that is dedicated to D/HH, which is the role that DHHS currently plays. For the following reasons, it is CSD's position CILs would not better provide D/HH services and that the outsourcing of D/HH services to CILs from DHHS would actually result in the degradation of the quality of such services. CILs in Texas can serve an important function as a local liaison and a basic resource for all people with disabilities. They can be effective as a starting point, but due to their cross-disability focus, are simply not qualified to provide specialized assistance required to serve D/HH, which they refer out to DHHS. In addition, while CILs offer a limited range of program and services, they are most well-known for helping individuals with disabilities achieve independent living – and therein lies the flaw in considering CILs as appropriate providers of services to D/HH, much less whether they could better do so. The issues faced by D/HH is not about achieving independent living; rather, it is about achieving equal access to communication so that how much they can or cannot hear is no bar to reaching their fullest potential. Once the barriers to communication are removed, D/HH people accomplish feats that are amazing even by "non-disabled" standards, which goes far beyond the rather simplistic goal of being able to live independently.

As a pragmatic matter, for CILs to be considered as a potential provider of services for D/HH, they must demonstrate that their own practices are accessible to D/HH. If any have refused to provide sign language interpreters or CART for a D/HH individual, or has been itself a barrier to communication, then it is an automatic red flag, if not outright disqualification, for further consideration as to whether the CIL could better provide services to D/HH.

We believe that DHHS, with its institutional knowledge and its staff, who are recognized as experts in providing services that address the challenges faced by the D/HH, is best positioned to continue to support the community. Indeed, DHHS is well regarded nationwide, and has been on several fronts a pioneer in advancing services for the D/HH. A brief description of DHHS illustrates the qualities of an effective provider of D/HH services. It further draws a stark comparison to the CILs
And their inadequacy in meeting even the most basic requirements of being such a provider.
DHHS provides highly specialized services designed to meet the unique communication access needs of the D/HH, including but not limited to oversight of state American Sign Language interpreter qualifications, advocacy for effective communication, education on assistive technology and its appropriate use, and training on how to communicate with D/HH individuals. In addition, DHHS serves as a statewide repository for resources and information useful to D/HH individuals
and their families. Unlike CILs, DHHS has proven and substantial experience in identifying appropriate and effective services for the D/HH, as evidenced by their work over the past thirty plus years, including the creation of the Texas Interpreter Certification Series, the Texas Trilingual Initiative, the Deaf Interpreter Certification Project, Camp Sign, BEI Interpreter Certification tests, the Specialized Telecommunications Access Program, and the Resource Specialist Program. These are just to name but a few of DHHS' accomplishments that could not have been conceived by a CIL unfamiliar with the approaches necessary to address the needs of the D/HH community. DHHS has been the bastion that the D/HH communities have come to rely upon for assistance and to receive relevant support from staff who respect and will communicate with them in their preferred language modality and are familiar with diversity of the D/HH communities, as well as the specific cultural and linguistic challenges these individuals ace. D/HH individuals, who already experience

discrimination and ignorance on a daily basis, never need to explain to DHHS why they are having issues, only the what and where. Therefore, removing services from DHHS and outsourcing them to CILs would further underserve the D/HH, result in service disruptions, and set back the progress that DHHS has achieved in meeting the needs of the D/HH community since its initial inception in 1971. It is for these reasons that CSD believes that CILs would not better provide services to D/HH.
Thank you for your consideration of these comments.

As a parent and Teacher of Students with Visual Impairments, Department of Blind Services has been extremely beneficial for my son. The transition counselor has influenced greatly on his college education. The transition counsellors are great at guiding my students to a career/work path or continuing their education. To have DBS moved under Center of Independent Living would be a disservice this population.

I am currently a third year biomedical science major at Rochester Institute of Technology. I have had the pleasure of attending this school and participating in various leadership programs.

The beginning of freshman year was a little tough, but as I came to understand the campus better, I started unlocking many of the important traits that make me who I am today. I was fortunate enough to win a scholarship, maintain a 3.44 GPA, obtain recognition on the dean's list, participate in orientation as a group leader, and be a senator for the vast majority of cross-registered students who attend this school.

The DARS program has been extremely important in developing my skill set and preparing me for the future. Many of the previous students who have been fortunate to be under this program all have led very successful lives. But unfortunately, there may be a few students who don't make it by as well as expected, and this is one of the challenges of being a VR program. A wasted dime is a wasted dime, but sometimes a dime invested finds a diamond in the rough.

I hear that DARS will potentially be outsourcing to another support company. I find this disturbing in many aspects as I have not yet finished my college degree. I also find it disturbing that many of the students who deserve to go to college may not have an opportunity to experience it as well as I have. I encourage, that if the company is outsourced, that the students already under the DARS program are immune from changing circumstances. Many of these students are frightened and a vast change such as this will impact their studies. Imagine a diamond being under too much stress, it will crack and turn to shards, with potential to damage future careers.

Think of our future. DARS holds the very fate of thousands of students in their hands. Take care of us and the future will be rewarded.

I am writing to express deep concern about the current discussions and school of thought that advocates consolidation of Deaf and Hard of Hearing services into disability services at CILs. You ask for comment and give the public until Feb 29th to do so, and yet, the decision has been made, without the input of the Deaf Community as the consulting company that was hired did not provide communication access. This illuminates yet more examples of audism and disregard of civil rights of Deaf people in the state of Texas.

Humans are social creatures. Our most basic need, right and desire is to communicate with each other. Deaf people fight the battle for communication access daily. I know that battle intimately, as I have a Deaf family member, and am a certified/licensed interpreter. We fight this battle daily.

The Texas Commission for the Deaf and Hard of Hearing, now Deaf and Hard of Hearing Services did not fight decades, yes DECADES, for basic human and civil rights for representation through DHHS to only have it be chipped away into an unrecognizable entity that cannot adequately service and support our community.

Outsourcing and warehousing does not work. This "one stop shopping" mentality does not work. That's why the Commission was established in the first place. Take action to avoid setting ourselves back 50 years. All people with disabilities are NOT the same. The outsourcing and warehousing paradigm has failed us time and again. We have reached a tipping point, so take heed. We have seen it time and time again that the level of service provided through outsourcing and warehousing is substandard and the paradigm creates obstacles and barriers that mean Deaf people will still face obstacles and barriers upon the beginning of their contact with a CIL. This is exemplified by the fact that the consulting firm didn't even bother to provide communication access to the Deaf Community.

While Centers for Independent Living may be operated by people with disabilities, the Deafhood/Deaf Community is a hybrid community. People from that community are BOTH a protected class as a disabled population AND they are a vibrant linguistic culture, a linguistic minority, if you will, such as someone who speaks Spanish as their primary language. Research, employment statistics, and anecdotal experiences show that there will not be an adequate number of Deaf/hard of hearing individuals employed within these entities to consult with Deaf and hard of hearing people throughout the state of Texas. If past and present experience is any indication, CILs will not be accessible to our community.

Full access means total inclusion and the conduit for that is language and communication access. Deaf and hard of hearing civil rights and communication access issues are at the forefront, always. Total inclusion happens when a Deaf/hard of hearing person can walk into a building and find people who can immediately communicate with them. People that share their culture and their language, their visual world. Deaf people have to battle daily, just to be able to talk to someone to get help, information, resources, to ask directions to the bus? Really!? Think about how easy it is for you to do that. For a Deaf individual, it is a rare occurrence and we must take measures to protect these access points. It preserves Deafhood, one's identity, values, beliefs, and more importantly, LANGUAGE ACCESS.

Here in TX almost everything is bilingual Spanish, and our state can't even do the same for its own citizens? Deaf people. Deaf people comprise at least 10% of the population. Do you need numbers and statistics to be human?

It is not inclusion if a Deaf or hard of hearing individual encounters barriers while attempting to receive services from an entity that is not as informed of their needs for unhindered access. No question about it, our community is an incredibly diverse one, but research shows that CILs do not have adequate training to accommodate the wide range of services required to be served and empowered. This is not social justice, it is an exertion of power dynamics and hearing privilege.

Communication access is a basic human need and a right. Deaf people have fought for years to obtain services provided by people who are fluent in ASL and have experience in working with a vibrant linguistic minority who at times are considered disabled.

So far, the plan is to disband the current system. What frameworks will be implemented to ensure that Deaf and hard of hearing get complete access and representation when receiving services from CILs? We are concerned that the system will create additional obstacles to service by not being sufficiently staffed with Deaf

employees that intrinsically understand the needs, culture and basic civil rights of Deaf people. Talk to Deaf people. Do not objectify them by asking hearing people to make decisions for them.

Solutions? I see several potential win-wins.
1) Fund the current Deaf/HH programs as an extension of the CIL. They are experienced staff ready to go.
2) Hire Deaf employees at the CIL and have them in place BEFORE the disbanding.
3) Hire Deaf consultants and obtain current state of affairs before making changes.
4) Absorb the current entities into the CIL system.

Thank you for your time and I hope you take action to protect the rights of Deaf people in our state.

If you plan to rid of DARS, does that mean my textbooks from Texas college aren't free? How can I afford books and how can I afford college education? My SSI income is very small and I won't be able to attend college because of my financial issue. Student loan are expensive for deaf students cannot afford with limited income. Are you going to rid of CODTW for deaf students can't get free tuition (classes)? I know most colleges required deaf students to have at least 3.0GPA is very challenge for deaf students. Deaf students are not genius but not stupid. They really want to work hard to success in their college education. How can they accomplish to get above 3.0 GPA? They have a hard time for being competitive at college.
I believe failure is not trying or give up on their difficult goals. I believe success is deaf people need to keep trying and know their paths will be constantly obstacles until their goal is completed. Maybe their path will take a little longer than hearing people to become successful.

What you don't realize how we, deaf people are struggling with interpreter. Interpreters aren't required to understand chemistry, advanced math, biology, law terminology without reading education textbooks. We, deaf student's sometime struggle to understand interpreter when she or he translated the wrong concept doesn't match to textbook or instructor's presentation. Sometimes interpreter couldn't even spell a word, force deaf student was trying to figure out what word on textbook from the presentation. I think it was important for all deaf, hoh and deaf-blind students need to have both CART and interpreter for their education to have their accessible.

If a deaf, hoh or deaf/ blind student are struggling to meet CODTW for them to stay above 3.0 GPA and maybe one or two classes weren't good. Deaf, hoh or deaf/ blind student want to retake these classes and new classes if their GPA is above 2.0 but less than 3.0, will you give students chance again until they can reach 3.0 or above GPA? If their GPA is less than 3.0 GPA, that doesn't mean it make deaf, hoh or deaf/blind student are bad student. If they wants to retake classes because they don't want to give up on their difficult goal. If you don't want to give another chance to deaf students who have less than 3.0 GPA and want to retake classes, then deaf students will feel discourage, stupid and unsuccessful.

If you got rid of DARS, how can Deaf people can find good job or support their own family? Deaf people can't find good job without DARS's assistance. Deaf people will always face their obstacles with interviewer or employer, employer will withdraw the job offer to deaf applicant because they have concern about money. How can employer accommodate deaf employee like this? Employer cannot afford to pay an interpreter for deaf employee(s).

If you got rid of deaf resource office, deaf residents will not have deaf advocate if they have any issue with DARS, employer, interpreter issue from school, hospital and legal officials. Deaf residents will feel powerless, hopeless, discourage. They can't fight their rights without deaf resource officials.

Deaf resource officials can educate deaf residents about their rights, resources like DARS, CODTW, phone, CART and interpreter. Deaf resource officials make deaf old resident/ new resident don't overwhelm and supportive. If you got rid of Deaf resource officials, then deaf new/ old residents will feel completely lost, confused and overwhelming without support and resource.

If new deaf resident aren't familiar with city of Texas, new deaf resident feel struggling to find a nice, simple apartment with fitness center close to bus and train route and shopping center are extremely expensive. How do new deaf residents to find a nice place, safe place to meet their limited income?

If long time deaf resident can't afford to an apartment or house no longer, how can he or she find cheaper apartment or house with limited income? I know most apartments are between 900 to 2,000. We cannot afford that.

I know a service dog is free deposit. But what if deaf resident have a pet like dog or cat, how can they afford pet deposit with limited income?

I know we, Deaf residents are having problem with waiting list for a year, we can't wait that long. We only need a nice home to keep us warm and comfortable. If we got waiting list for at least one year, so we don't have our home for a year. It isn't right. Can waiting list reduced from one year to one or two months for us to have at least a home?

Thank you for listening to me and other deaf people who have our concerns. I wanted to thank you for supporting Deaf community as long as you all could until now. We do appreciate your service and I know you are trying do your best to accommodate to Deaf community. Without your services, we will all get lost, hopeless, oppressed, discourage and confused.

My Deaf husband and I attended the meeting with the consulting group last night, and I was wondering what the consensus was thinking about this disbanding, since there were only a handful of Deaf people in that time slot.

The few Deaf people and I, who were present at the meeting, were agreeing that services as they stand now, have been bureaucratic, fraught with red tape, and have had a low success rate, particularly in the area of job advocacy, coaching, and referral. It was despicable to see all three college graduate Deaf people, although under represented at the Wednesday evening meeting, agree on this experience in Texas.

We believed that regionalizing a CIL to piggy-back on what we know as, for example, The Deaf Action Center, in Dallas, may be acceptable, providing they have resources to network with Deaf people, who are familiar with them at present, and to outreach with Deaf people who are transitioning into the community from other places. A list of resources would have to be clearly communicated and marketed, by Deaf people leading Deaf people with trust. The needs of Deaf people are not limited to someone coming to their home to install a flashing light system for doorbells and emergency devices, like a blind person who receives an in home mobility specialist. Deaf Action Center provides a facility with walls where information is shared in groups using the same language, ASL, American Sign Language.

Deaf people at our meeting were curious to know exactly what a local CIL would look like, what would determine eligibility, would it be criteria such as age, personal finances, or is simply being deaf or Hard of Hearing enough to meet the criteria?

A centralized system is too big in a state of our size, with weakened satellite offices, as they stand now. Deaf people are frustrated by the unreachable "Great and Powerful Oz" image of a state agency located somewhere near the capitol. Regionalization can meet the needs of Deaf people providing we collectively define those needs in today's technological world, create ways to financially sustain the list of services provided, and find the money to employ Deaf people to lead Deaf people.

It depends on what the goals and mission statement of the CIL is to do. The fix it model is fine if you are just talking about installing a blinking light in one's residence, but if you are talking about services such as...

Job advocacy

Training

Therapy

Medical/psychological
Social Events to mitigate depression
Housing or modifying one's own home
Accommodations
In home companion
Caretakers
Then the cultural model is necessary, Deaf professional involvement is key. At the very least, ASL signers are part of the paradigm.

I am a 64-year-old male who is confined to a wheelchair due to cerebral palsy. I currently live in my own home with the help of caregivers for which I am very thankful. My current situation would not be possible without the help of Texas Rehabilitation Commission specifically DARS. Over the years, DARS has purchased the necessary equipment which allows me to remain in my home. In addition, DARS has maintained that equipment as needed.

With the passing of both my parents in 2005, I became much more reliant on the equipment in my home because there are no family members to help me. Each piece of equipment which I have in my home is absolutely necessary for my survival in this location. Thanks to the help of DARS, I have the ability to be lifted from my adjustable bed via the lift into my wheelchair. The lift also places me on the commode and in the bathtub when needed.

Though disabled, I have been able to maintain a relatively normal lifestyle within the community. Among other things, I am asked to make presentations and teach Bible classes on a regular basis. Such involvement and commitment requires mobility. Thankfully I have a van, but it is only useful to me because of the lift which DARS helps maintain.

From the description above, I believe you can easily see how important the DARS program has it still is to me. Its importance to my life, is the reason for me to voice my concern over the upcoming changes which are about to take place.

My concerns are both simple and profound. In the past I have seen that privatization of these type of agencies has resulted in the lack of accountability to the consumer. As in my case, I am totally dependent on someone else to maintain and service the equipment which was graciously provided by the Texas Rehabilitation Commission. Without agency oversight, I fear that the private company will not respond to my request in a timely manner. As you can see, each piece of equipment is necessary and I have minimal time to wait for repairs. I am concerned that the upcoming changes will lack the oversight necessary to keep my world functioning as it does now.

In addition, I am concerned that the new administrators will not have the personal knowledge of my situation and therefore reduce their effectiveness to meet my needs. I have been a client of Texas Rehabilitation Commission for over 40 years with half of that time being spent in the DARS program. The relationship has been excellent and I am not anxious to start with new counselors and/or administrators who will have to learn everything from the beginning.

Perhaps my concerns have been or soon will be laid to rest. But for the moment, I'm somewhat apprehensive about the new changes and would appreciate your consideration regarding these matters.

We are writing an open letter regarding the inquiry into services of the Office of Deaf and Hard of Hearing (ODHHS). First of all, we want to thank you for allowing the community to provide input on the restructuring of ODHHS. The effort to include the input of the consumers is recognized, in spite of the time frame and the cities chosen for those meetings. As an organization of 400+ members, we do not agree that our deaf and hard of hearing Texans can be better served by Centers of Independent Living (CILs). We value ODHHS as a standalone unit with the Department of Health and Human Services (DHHS). Before the Commission of the Deaf and Hard of Hearing, deaf and hard of hearing people were mostly isolated- ill equipped to maintain normal lives of self-sufficiency and contribute to the Texas economy. When the Commission was founded along with the Department of Health and Human Services that reality has slowly changed. We still face the outstanding fifty percent of deaf and hard of hearing population in Texas who still receive and benefit from ODHHS. A closer look at this population will show this 50% have additional disabilities or delays-whether it be language, mental/emotional, or physical. But this is not the only population that the ODHHS services. The ODHHS serves 100% of all our deaf and hard of hearing Texans through its milieu of services: interpreting, telephone access, Senior Citizens, referral, information, independent living skills and transition to name a few. Through these programs, ODHHS ensures that Texas, as a state, complies with the American Disabilities Act (ADA), with Individuals with Disabilities Educational Act (IDEA) and employment laws. They are capable of doing so because of their specialized skill in bilingualism (American Sign Language and English), language meditation, cultural behaviors and tendencies, as well as program management.
The state's concern of "overlapping services" is unwarranted with ODHHS as there are no other services in the state of Texas providing the same services, specifically because American Sign Language is an integral part of the program. It stands apart from all other agencies and it has since 1971 when it was formerly the Commission. The "one stop shop" concept that Texas is looking to is already well executed with the ODHHS. It is a model for the concept. Additionally, if it is Texas' goal to include deaf and hard of hearing people with the public as to avoid exclusion, the opposite will occur. Lack of direct access, lack of people with expertise, lack of oversight and training by deaf and hard of hearing experts will be problematic in delivery of services. Interpreters are more expensive and even harder to find, are certified interpreters. Training is not sufficient to prepare any CILs for serving deaf and hard of
hearing people. This goal of inclusion will result in exclusion, in which deaf and hard of hearing people will not be better served. We recommend that ODHHS remain with DHHS without any changes to its organizational structure, budget and personnel . If the State of Texas and DARS wants to explore other possibilities, feel free to contact us and the deaf/hard of hearing community for a dialogue. It is our goal, as much as yours, to be sure that our Texans are served efficiently and beneficially.

38 letters were received with the following statement:
I am a Deaf person and a mom to two Deaf girls writing in OPPOSITION to outsourcing the services currently provided by DARS Office for Deaf and Hard of Hearing Services (DHHS) to Centers for Independent Living (CILs). I believe that receiving services through DHHS has great value. I value all of the things DHHS offers, especially the direct communication and understanding of the Deaf community's needs. These such resources would be lost should the services be transferred to CILs.

It is important that services provided by DARS DHHS continue to be provided by the Texas Health and Human Services Commission (HHS). DHHS is very familiar with the challenges faced by the Deaf and hard of hearing (D/HH) community. The DHHS supports deaf Texans with the ability to live fully and equally within our society. Staff at DHHS provide services to D/HH Texans directly, in our native language, ASL, are aware of the diversity of the D/HH community, and the specific cultural and linguistic challenges that we face in getting support services.

DHHS is also nationally known as one of the first leading state organizations to advance services for the D/HH, having created a state certification process for interpreters and Deaf interpreters, both for general interpreting and specifically for schools. DHHS also provided language access for trilingual communities in Texas, implemented a program where support services are provided directly in ASL to Deaf who need advocacy, independent living, peer support and more, as well as specialized telecommunications access equipment for D/HH individuals.

I strongly believe that the CIL agencies are not capable of providing the one-of-a-kind services led by the DHHS, which support and help many D/HH individuals throughout our state. I, and others in the Deaf community, urge the decision-making authority that DHHS should remain as an organization, so that they can continue supporting D/HH Texans as they have in past decades.

Unfortunately, I will not be able to be present at the audit, since I will be with a consumer in Lewisville, all day, who is both sight and hearing impaired. She advised, that since I could not be present personally, I could possibly use you as my proxy to present my position, if you wouldn't mind.

In addition, to providing to - from consumer's appointments, I can further assist consumers to:

1) Fill out Dr.'s paperwork

2) In cases where consumer is additionally, mentally challenged, sit in on appointments and act as the patient advocate and ask questions on behalf of the consumer and act as a liaison to make certain important points are relayed to counselor.

3) Provide transportation in areas where public transportation is not available.

4) In airport transportation, make certain consumer arrives at correct departure point when there are "last minute terminal or gate changes" and arrange for the A/P Skycap assistance within terminal and get departure ticketing.

5) Provide "after hours" transportation when consumer's schedule does not permit
" normal business hour appointments"

J.C. , I wanted to thank you in advance for helping me in this matter, and for you to have something in your hands you can go over, that you can add or delete, as you feel necessary.

Irene was uncertain as to how this meeting would affect me, but that I would probably be considered in the category of "outsourcing of independent living".

A decision by the state legislature last year has many in the North Texas deaf and hard of hearing community concerned about the future of state services they receive.
House Bill 2463 required the Texas Department of Assistive and Rehabilitative Services (DARS) to outsource the Independent Living Services program into private, nonprofit Centers for Independent Living (CIL).
Senate Bill 200 effectively closed DARS and rolled it into the Texas Health and Human Services Commission (HHSC).

But part of the legislation passed during the session also requires DARS to examine whether the Office of Deaf and Hard of Hearing Services (DHHS) should also be outsourced to CILs, and, if that's decided, what the CILs would need to do to make such a change possible.
It's that part of the bill that has the deaf and hard of hearing community concerned.
"It's essentially going to push us back to when we had to push for our access," said Heather Hughes, executive director of Dallas-based Deaf Action Center.
Hughes said the community is concerned that if DHHS programs and services are moved to CILs that those organizations are not prepared or trained for the deaf and hard hearing community and culture.
Hughes told NBC 5 by phone that there are nuances to working with the deaf community and that this would be a setback.
"We don't want to have more barriers if we're being lumped into another agency," Hughes said. "We've worked for 19 years (with DHHS), we've worked very hard."
Many employees of DHHS are deaf or hard of hearing themselves. Betty Goodridge, with the Texas Association for the Deaf, said they understand the problems deaf people deal with and their access to resources could be impacted.
"Access would mean that a deaf person would be able to communicate with everyone who shares similar experiences and language as themselves, as the person seeking support and resources," Goodridge said.
Goodridge, along with nearly 100 other people, attended an informational meeting on Thursday night aimed at getting feedback about whether to move DHHS programs to CILs, as per the legislation.
There were so many people who showed up at the Botanic Garden in Fort Worth that organizers had to seek out a larger room to hold everyone.
"We are trying to gather the community to represent our own community because we do care what happens to us," Goodridge said through an interpreter.
She said her organization opposes the change and said DHHS continues to serve the population well, even those new to Texas.
"Those who move to Texas already know where to start: DHHS, because that seems to fit what their needs are," she said.
There are four more informational meetings about the changes to DARS and the examination of whether DHHS programs should be moved under CILs. They are in Midland and San Antonio next week.
Both Hughes and Goodridge questioned why the meetings were being held in the places they were or will be. Both said Midland has a very small deaf and hard hearing population, while Austin and Houston have much larger populations.
While this potential change may impact a relative few, compared to the state's overall population, Joanna Bayne told NBC 5 that those that can hear should pay attention and care, because anyone could lose their hearing due to accidents, disease or the passing of time.
"I'm talking to you guys, you hearing people out there, to think about your future and y'all becoming deaf," Bayne said.
No decision on the issue is imminent, and Thursday's meeting was just so a third party hired to hold these meetings and DARS can collect feedback from those who may be impacted.
"They should not be making decisions without our input," Goodridge said.
Hughes said the Sunset Commission, which initiated the legislation, never spoke to groups about this proposition and hopes the legislature will hear those it may impact.
According to a DARS representative who spoke at Thursday night's meeting, there are just 26 CILs currently operating in the state. CILs are not places where people live. Rather, they offer skills courses, group support and referrals to resources.

The DARS representative said only 18 of the 26 CILs are participating in the analysis of moving DHHS to their services. And the Independent Living programs outsourced in the legislation is only worked on by CILs that have agreed to participate and run the program for the state.
Charlotte Stewart is the executive director of REACH Resource Centers for Independent Living, which has offices in Fort Worth, Dallas, Denton and Plano. REACH's four offices are the only CILs in North Texas.
Stewart said other CILs in Belton and El Paso may provide the Independent Living services to North Texas residents. The Independent Living program uses federal and state funds to help those with disability live on their own.
She said her organization chose not to participate because they're a small organization and the state did not explain how much they were reimbursed or how much of the giant program they would have to operate

I was one of the attendees at yesterday's public meeting in Fort Worth, Texas, and have to admit that I was disappointed that the meeting was poorly facilitated. There was no time limit given for each speaker to speak his/her views, in which that has caused some unnecessary emotions stirred up and lots of misunderstanding with some folks in the audience, especially some members of the deaf community.

Now, I want to share my concerns and possible solutions that may help with the decision making regarding to Deaf and Hard of Hearing Services (DHHS). First of all, I do not support the idea of DHHS being outsourced to Centers of Independent Living. The reason is many. One of my main reasons is that it is a fact that most CILs do not have adequate training or understanding to accommodate services that are needed to meet the members of the deaf community's needs. I have had my share going to an Independent living center several times and my experiences were unpleasant. I feel CILs are good for those who are mentally challenged, blind, physically challenged, or have lost hearing due to aging, and other needs that services can be met. It takes an experienced village like DHHS (a long history flowing back to the days of Texas Commission for the Deaf and Hard of Hearing) that has provided a wide range of services for the deaf and hard of hearing community where the culture is cherished openly with an unique visual spatial language, American Sign Language.

Finally, my suggestions to DARS are: 1. Fund the current DHHS programs as an extension of HHSC, DHHS has experienced staff (I have had the honor working along with some of the staff at DHHS and have been very impressed with the overall services provided for the Deaf and Hard of Hearing citizens. Another imperative and critical program under DHHS is the BEI (Board for Evaluation of Interpreters) a demanding program that is a huge business for Texas and this has been done solely by DHHS staff.

2. Hire Deaf consultants (more than one) who are culturally Deaf, and have expertise working along with the legislature body and provide win-win solutions for all.

Again, I vote no to outsourcing DHHS to CILs.

I hope and pray that action will protect the services and rights for every deaf and hard of hearing citizens in Texas.

I attended the Public Meeting held at Botanic Gardens Center in Fort Worth last Thursday. Thank you so much for allowing us to share our feedback about how CILs may (or may not) be better suited to serve Deaf & Hard of Hearing Services (DHHS) in Texas. I appreciated the CART service which ensured total communication access to what was being said during the meeting.

Before I go on, I'd like to say that as a Dallas/Fort Worth native and a life-long member of the Deaf community in DFW area, I cannot tell you how disappointed I was in the way they behaved at the meeting although I understood they wanted to express their concerns about DHHS being moved to CILs. I can understand their perspective but I want to express mine as well. I felt shunned at that meeting because of the fact that I now work for a CIL. I wanted to share positive feedback about CIL and also my experiences of working at both DARS and for BVCIL. I noticed not one person shared a personal experience about what they experienced at a CIL. I feel it is all based on hear-say or second hand information that is being spread in the Deaf community and that they are acting out of fear that DHHS would not be the way it has always been.

I feel that this is the only way I can express my full feedback and offer suggestions.

First of all, I'd like to share a bit of background information about myself. I was born profoundly deaf. I have always benefited from Deaf & Hard of Hearing Services back to the late 1990s (during TCDHH, TRC, and DARS). I worked as a Vocational Rehabilitation Counselor for the Deaf/HH and other people with disabilities as well in Houston from 2007 until 2012. I worked closely with Deafness and Hard of Hearing Resource Specialists as well as the Office of DHHS. They were such a huge asset to us, VR Counselors, especially for our Deaf/HH consumers. The Resource Specialists for the D/HH were able to assist with a scope of issues related to advocating for the Deaf consumers in requesting accommodations such as interpreters or videophones in medical offices, hospitals, courts, businesses, and law enforcement agencies. They were also able to assist in legal issues as advocates. It was easy for us, VR counselors, to refer them to those specialists because we could not step outside of our roles as VRC's to assist with other areas in their lives. Our role was very limited in that capacity. It was a great team collaboration effort between DRS/VR Counselors, Resource Specialists, and the DHHS.

That changed a few years later when the Sunset Review Committee was formed. I eventually left DARS in 2012 for personal reasons. From what I understand from talking with DARS, VRC's, and other Resource Specialists (for D/HH) was that they could no longer provide assistance in other areas (medical offices/hospitals, courts, and law enforcement agencies) because they had to focus on providing assistance that was VR or business-related. Their program was modified to focus on DRS/VR program only. I think this actually hurt the Deaf community more. I've seen some deaf consumers fall "through the cracks" because they were still needing assistance with other areas of life.

I just finished reading the Sunset Advisory Commission final report last night to understand the rationale behind the Texas Legislature's decision to reorganize state agencies due to duplication of services that was causing an astronomical waste of money. Everything in that report makes sense. I am not going to refute anything that the report states. I can understand how VR program may be better served at TWC.

Okay, moving on to the CIL part. I am now employed for Brazos Valley Center for Independent Living. I was recently hired at the beginning of this month as a Program Manager. One of my roles as the program manager is that I will be helping build a better resource program for the Deaf/HH community here in Brazos County as well as other surrounding counties: Burleson, Washington, Robertston, and Madison. Resources here for the D/HH is already scarce. There is no counselor at the DARS office that can communicate with the Deaf in ASL although there is one counselor that has a designated D/HH caseload. I have had issues with that office and the DARS unit in Waco myself as a Deaf person. I have had to advocate for myself to get what I need as a VR Consumer. The Deafness Resource Specialist and Hard of Hearing Specialist that serves these counties are at least 2 hours away in Austin. I'm told by sources (including DARS staff) that they do not come to Bryan/College Station very much. So that leaves us the role to meet the Deaf/HH needs here in this area which is here at BVCIL. I truly enjoy working here at this CIL. The executive director was a certified interpreter years ago and is

a strong supporter of the Deaf community. I love the fact that I can communicate so easily with her because I never had that in a supervisor. BVCIL has already provided interpreters for me at staff meetings. We hold two ASL classes a week which I am always modifying the curriculum to fit the students. I have an iPad that BVCIL provided as a videophone. We are now in the process of setting up a public videophone for the Deaf community so that they can come in and use it to make important phone calls because internet coverage is pretty sketchy or scarce in the rural counties around here. I have been able to access captioned webinars through my training. There are three staff at BVCIL who can sign or fingerspell. Everything is going great for me as a Deaf employee. I feel that this position is a natural fit for me.

I am aware that maybe not all CILs are like BVCIL which I was truly lucky to find. But neither are all DARS offices in general. I have seen many DARS offices (especially field offices in Alvin, Galveston, and smaller towns) during my 5 ½ year tenure with them not be able to provide ANY accommodations to the Deaf community. Most of their employees knew how to sign unless there was a Rehabilitation Counselor for the Deaf/HH onsite who could sign (but not every RCD/HH had those skills). Deaf people have always struggled to communicate with people up at the front desk in some field offices. Resource Specialists for D/HH were usually housed at a main office in Houston, Austin, Fort Worth, Dallas, and San Antonio. Deaf consumers had to make an appointment to meet with them because their schedules were usually packed full. It was not a perfect approach but it still worked somehow over time.

The point I am trying to make is that I feel that CILS have been so poorly misrepresented. I feel that misinformation is being spread around the Deaf community about CILs. I have worked for BOTH DARS and CIL and I can see how roles can be carried out in order to serve the needs of the Deaf/HH community. From what I understand, the mission of the Resource Specialists for the Deaf/HH are to help provide resources and information in order to help empower consumers to become self-advocates and to become independent. This actually aligns with the mission of CILs. I do not see why CILs would not be able to serve the needs of the Deaf/HH community. But I do agree that some areas can be improved such as providing more training to CIL staff (just like they had always provided to the DARS staff) on Deafness/HOH topics.

Now, finally, to provide the suggestions and feedback to PCG on how CILs may be able to serve the D/HH are as follows:

1. Provide more training to CIL staff on Deafness/HOH topics

2. CILS to hire Deaf/HH employees especially those who are already proficient in ASL and have an understanding of Deaf culture. If accommodations are needed for Deaf/HH employees (such as interpreters, CART, etc.) during training, meetings, or important events, then to provide funding to help CILS with accommodating those employees with a hearing loss. This may lead to a better relationship with the Deaf/HH community when they see that they are able to communicate with someone on CIL staff. I understand that CILs are usually funded through the state, Rehabilitation Services Administration, grants, etc. DARS was always easily able to provide these accommodations with the funds. I hope that they will be able to help CILs with these funds too.

3. Set up an advisory committee with Deaf/HH Leaders (such as current and former staff at DHHS, Texas Association of the Deaf, Deaf Action Center, SHHH, Hearing Loss Association, and all other deaf-based or HH organizations) with the CIL state leaders so that they can touch base on all deafness or hearing loss related issues that the CILs can address and have a plan for all CILs in the state. That probably should build a better

relationship with the Deaf/HH community and to gain their trust in ensuring that DHHS continues to run efficiently.

Again, thank you so much for facilitating the meeting in Fort Worth and providing accommodations for us all.

Feel free to contact me for more feedback. I hope that everything works out well for DHHS and for the Deaf Community

I am a an active member of the deaf community writing in OPPOSITION to outsourcing the services currently provided by DARS Office for Deaf and Hard of Hearing Services (DHHS) to Centers for Independent Living (CILs). I believe that receiving services through DHHS has great value. I value all of the things DHHS offers, especially the direct communication and understanding of the Deaf community's needs
It is important that services provided by DARS DHHS continue to be provided by the Texas Health and Human Services Commission (HHS). DHHS is very familiar with the challenges faced by the Deaf and hard of hearing (D/HH) community. The DHHS supports deaf Texans with the ability to live fully and equally within our society. Staff at DHHS provide services to D/HH Texans directly, in our native language, ASL, are aware of the diversity of the D/HH community, and the specific cultural and linguistic challenges that we face in getting support services.
DHHS is also nationally known as one of the first leading state organizations to advance services for the D/HH, having created a state certification process for interpreters and Deaf interpreters, both for general interpreting and specifically for schools. DHHS also provided language access for trilingual communities in Texas, implemented a program where support services are provided directly in ASL to Deaf who need advocacy, independent living, peer support and more, as well as specialized telecommunications access equipment for D/HH individuals.
I strongly believe that the CIL agencies are not capable of providing the one-of-a-kind services led by the DHHS, which support and help many D/HH individuals throughout our state. This has been exhibited many times through the last 10 years locally in Tyler, as the local CIL continuously oppresses the deaf community, operates a non-deaf-friendly business and degrades those who work in the community just to name a few of the issues. This is like going back to the "dark ages" of services for people who are deaf. Many people do not understand that American Sign Language is a foreign language and Deaf culture is real. CIL's historically have proven they do not understand these important points and are resistant to any efforts to change despite numerous education attempts. We have no reason to believe things will be any different now. This was further demonstrated at the meeting in Fort Worth as it was not facilitated properly – the one person from the Tyler CIL spoke for 20 minutes about how they have a good relationship with the Deaf community which is not true and then the long line of deaf individuals did not all get to speak through their interpreter. What she also said was further oppressive to the Deaf which incited anger. I, and others in the Deaf community, urge the decision-making authority that DHHS should remain as an organization, so that they can continue supporting D/HH Texans as they have in past decades. Thank you in advance for listening to the Deaf community.

I am parent of a deaf-blind young man, a board member of DBMAT and a member of the
Alliance of and for Visually Impaired Texans (AVIT). I am also over 65 years old. I have many concerns about the changes to take place in DARS IL Program.
When people grow older they lose their vision and their hearing. A good many of these people cannot drive and have no means of transportation to get to a city from a rural area. They need
to have access to qualified people as service providers to come into their home to do needs assessments. They will need orientation and mobility training, a vision rehabilitation therapist etc. The person who works with

them needs to be knowledgeable in blindness and deafblindness. They need to understand the consumers needs.
When a person loses their sight they will need training and assistance in setting up their home - putting markings on appliances, such as thermostats, microwaves, ovens, washer/dryers. They
will need help with medication needs, food items in pantry, cooking safety, paying bills, access to communication, low vision aids, and the list goes on and on.
I do not feel that the consumers can all be served in the IL Centers. Most of these centers cannot meet the blind or deaf-blind's consumers needs. They don't have qualified personnel trained in blindness or deaf-blindness. How will some of these consumers get from some of these rural areas? Some of the elderly are unable to travel far from home, unable drive and lost their mobility and independence. It is in this critical time in their life that they need someone to come into their home to taylor their home so that they have their independence and a feeling of self-worth. These consumers will need a lot of training and support.
Thank you for hearing and considering our concerns when setting up the new IL Program

I am deeply concerned about DHHS transfer to TXCIL. I am strongly opposed to that move. I also am deeply disappointed in lack of information that includes DARS being transferred to TWFC and then absolved. It is very wrong move. It is very bad move for both agencies to move into other agencies.

Do not change or move it to TWC and/or CIL! Please, send me your decision updates.
The deaf community need to know via ASL video messages ASAP. Please, inform them via Deaf Network, iDeaf NEWS, The Moth, Deaf Spotlight, CSD, DAC, Tyler Deaf at and Hard Of Hearing Center and many more. Do NOT put us in the dark ages or in the dark anymore!

I want to write to voice my opposition to the proposed DARS IL outsourcing. Outsourcing state services is ethically and fiscally irresponsible.

Please do not make the change from DARS over to CIL. This is a bad move that will affect a very large number of people in a negative way. I believe DARS is fine as it is, and it helps people. I know this for two reasons:
• I am a student in the ACC ASL Interpreting program, and I've seen how it helps the Deaf community. CIL will take away from the Deaf community.
• I am also a client with DARS, though not deaf or hard-of-hearing.
I hope this egregious error will be fixed in time to eliminate or at least minimize the damage this new system could cause.

The legislation through the Sunset Commission's recommendation recently passed to abolish Department of Assistive and Rehabilitative Services (DARS) and outsource Blind Services to Centers of Independent Living (CIL), Vocational Rehabilitation Program (Employment) to Texas Workforce Commission and Deaf/Hard-of-Hearing Services (DHHS) to Health and Human Services Commission (good for just one year). All 3 will begin on September 1st.

DHHS may roll into CIL in 2017 leading to the outcry from the deaf community at the public hearing jointly conducted by DARS and Public Consulting Group (PCG) at Botanic Gardens in Fort Worth on February 18th.

CIL is a non-profit agency. Deaf people want to stay with DHHS. DHHS for 13 years has been doing a great job for the deaf community. Of course, it needs more money and more services to be allowed by the legislature for growth.

If under CIL, communication access, fair representation, full inclusion, autonomy and job opportunities for the deaf/hh will be wholly vacuumed out. Also, equality status. Face more hidden barriers, stepping back to the 19th Century. All the problems and hardship will repeat the cycle.

In addition, CIL with only 26 offices currently operating in Texas will be not adequately serving the deaf/hh population. The worst case of all is those people living in the rural areas.
The Sunset Commission never spoke to us, the deaf community, about the proposal and they should not be making decisions without our input. We hope the legislature will hear the impact of our recent public hearing.

I am writing to express my concern about the proposed outsourcing of services currently funded and directed by the Office of Deaf and Hard of Hearing Services. As a person working with deaf people for almost 40 years, I am familiar with the services provided, and I am also familiar with several CILs around the state.

Historically, CILs have provided little or no services directed to deaf people. There are several reasons for this. The primary one is that they seldom have staff or an environment that recognizes that deaf people identify as a linguistic and cultural minority. If you are not fluent in ASL, you cannot connect with this community in an effective way to provide services. Simply hiring an interpreter does not bridge that gap. Simply taking a year or two of ASL and being a non-fluent signer is not sufficient either.

While CILs do wonderful work in other arenas, they have exhibited no expertise in working with deaf people. (I realize there have been a couple exceptions to this, primarily in partnering with groups that provide interpreter services, but this has been minimal.) I am personally aware of a CIL that repeatedly did not provide interpreters for deaf participants who were taking classes at their program. That's just one example of insensitivity and lack of access within that system.

Currently, services are provided by staff funded through DHHS that are fluent in ASL, most often by deaf people themselves. I have observed doing outreach to deaf-centered community agencies, partnering with local resources, and being accessible directly by use of videophones. They understand the unique and diverse needs of the deaf and hard of hearing community, tailoring their communication and education efforts in a manner that is appropriate and respectful. It is hard to imagine that there would be the equivalent success if these services were diluted by being merged with multiple disability related services, and quite possibly provided by people unfamiliar with the language and needs of this community.

In this state, the entire sphere of services to deaf people, and to deaf-blind people is very limited. If anything, we should be looking at ways to expand services and funds to better meet their needs, not seeking ways to limit or weaken the quality of services or the direct access to culturally competent providers.

I'm a Deaf artist, coach and blogger mother of three children, my oldest son is Deaf with some vision issues, my daughter is an only hearing child of Deaf adults (CODA), and my youngest son is totally DeafBlind. My husband is also Deaf and a native Texan. I am an active member of the Texas Association of the Deaf (TAD) and also a member of DeafBlind Multihandicapped Association of Texas (DBMAT). We all live in Circle C Ranch in southwest Austin. I am not in favor of placing Deaf and Hard of Hearing services (ODHHS) within Centers of Independent Living. It is my strong recommendation that ODHHS is allowed to continue as a stand-alone, one-stop shop unit.

Although the ship has sailed regarding the splitting up of DARS services coming up on September 1, 2016, I want to state that DARS should have been left alone as it is currently structured today.

A little history: A year ago, in April 2015, I signed my testimony to a House committee that they should keep all blindness services together. Unfortunately, Senate Bill 208 went ahead approving that all DARS' general Vocational Rehabilitation programs (that also serve the blind and deaf population), will transfer to the Texas Workforce Commission (TWC); and under HB 2463/SB 200, the remainder of DARS' programs, including the Blind Children's Vocational Discovery and Development program as well as the Office for Deaf and Hard of Hearing Services will go to Health and Human Services. Now here's where I come in as a mother. At that time I was thinking of my totally DeafBlind son, Orion, currently in the Blind Children's Program with support from DARS' DeafBlind Specialists who are embedded with the current Division of the Blind. My concern was about consistency, resourcefulness and continuity when my son reaches transition age at 10 years old where he will then have to transfer to a completely different team within the TWC. The DB specialist roles will migrate along with Vocational Rehabilitation program into TWC in September. Right now I know of no plans of having DeafBlind specialists supporting consumers in the Blind Children's Program.

Many people representing numerous Blind organizations across Texas testified same thing to this committee. Still the divvying up of the blind services is going to happen. It feels like they did not hear us. I can only imagine that our legislators knew that they didn't know enough about the needs of blind individuals from birth to late adulthood, therefore, they relied heavily on recommendations.

This is why we MUST use our rights to express our voice and hands in opposition of sending the Office of Deaf and Hard of Hearing Services over to Texas CILs. Whether we are Deaf, DeafBlind, Hard of Hearing, hearing, whatever hearing/Deaf status we have with our ears, heart or language… we must express clearly in numbers so great that the notion is struck down strongly and completely. We cannot allow the suggestion of DHHS in CILs, this idealistic and naive idea, is endorsed in any report or evaluation.

I want to talk about the people involved with the DARS programs.

I love that Orion's caseworker in the Blind Children's Program is a blind adult, using her accessible technology, white cane and service dog which may look amazing to others but ordinary to those of us who are used to these accommodations. I see her out in the community and let her know I'm around, too, even though I'm Deaf.

This is where ODHHS comes in. They have role models, too. If they are hearing, they still have Deaf and Hard of Hearing empathy from their experiences and training.

A deaf person in a wheelchair or other visual, physical, medical or intellectual abilities still has and need the communication options, cultural empathy and respect just the same as an able-bodied Deaf person.

It is worth every cent of our taxpayers' money to support and empower our community through people who understand our community, with its diverse races, religion, and level of deafness, age, communication needs and accommodations.

DARS as we know it today has consumers are from anywhere on the sensory-disabilities spectrum, from the "medical perspective", under one umbrella, Deaf, Deaf with low vision, DeafBlind, blind, and any of those senses with additional disabilities are in one division. This enabled the smaller units within DARS to collaborate with one another as I've seen with our DeafBlind specialists working with DeafBlind individuals of all ages, from my now 5 year-old to middle aged congenitally DeafBlind adults and their families.
Did you know that DeafBlind and blind children's IEPs (Individual Education Program) documents have a section that we call the Expanded Core Curriculum (ECC)? The ECC's purpose is to deliberately teach skills, knowledge

and experiences that our DeafBlind and blind children do not have the access to learn incidentally like their typical hearing/sighted peers. ECC has 9 areas that are tailored to fit the child: Assistive Technology, Career Education, Compensatory Skills, Independent Living Skills, Orientation and Mobility, Recreation and Leisure, Self-Determination, Sensory Efficiency, and Social Interaction Skills.

Even though our Deaf children don't have an official ECC, and likely have more access to incidental learning through visual means, they still need deliberate planning to fill in the gaps between them and their hearing peers. This need is not solved merely by providing an ASL interpreter, braille materials or people who have minimal training in a particular sense. These children and adults will benefit far more from people who have specialized training in their fields, whether it is Deaf, Blind or DeafBlind.

This also points out my concern for older blind citizens, including DeafBlind, being mainstreamed into CILs.

CILs serve Texans with what I observe as physical disabilities, not sensory disabilities.

The common language of these CILs are likely spoken English and Spanish, not sign language.

Schools currently are able to access services provided by ODHHS. ODHHS also provides training and interpreter certification programs that have far-reaching impact by the way of qualified interpreters for different settings and ages of consumers, from toddlers to our elderly Deaf people, from schools to the doctor's office.

ODHHS need to continue as a stand-alone unit.

However if you have to try this idea on for a minute, if ODHHS services must be mainstreamed, it's as if a square peg must be forced through a circle opening. The only way that CILs could possibly competently, efficiently and respectably serve Deaf and Hard of Hearing consumers is that if ASL were the official language of the centers. And for the consumers who do not know sign language, certified interpreters could translate ASL to spoken English.

If anyone has an issue with translating classes from ASL to spoken English for hearing consumers, then I hope they now recognize a parallel view from our Deaf and Hard of Hearing consumers.

For a successful example, there is a signing retirement community called La Vista, in San Marcos, Texas. It was independently built for Deaf and Hard of Hearing retirees who are at least 55 years old. My mother-in-law lives there. There are also older hearing people who live in LaVista, too. The activities are designed for the retirees who use sign language but it is still open to all.

I took a look at ODHHS's list of Deafness Resource Specialist Program contractors for Fiscal Year 2016, there was actually one that was based at a Center for Independent Living. Even though the Volar Center for Independent Living, serving the El Paso, Texas area, there was barely any mention of deaf and hard of hearing services. I looked at their website and was only able to find two instances of Deaf/HH presence. One was that there is a STAP program and the other was found via a sidebar link labeled "Ask Me" where a video popped up with a speaking lady and signing man sharing four FAQs about the Volar Center. I would not have known there was a Deafness Resource Specialist if I looked only via their website. I found this center's Deafness Resource Specialist information via ODHHS' website.

I have no personal experience with Centers of Independent Living so looking at other parts of the Volar center's website, I could see that CILs are small and wonderful, still their specialties are not related to Deaf accessibility, accommodations, opportunity, training and advocacy needs.

I appreciate that CILs want to help out but don't think they fully understand the depth and breadth what they're thinking about taking on.

Please keep all the services of ODHHS together, as a stand-alone unit to continue to be functional, efficient and responsive. Together, we make it possible!

I strongly support keeping the DHHS as an independent program under the Health and Human Service Commission and not placed under the CILs.

I am an adult child of deaf parents and a certified ASL interpreter in the state of Texas. I have worked within the DARS DHHS services throughout the last 13 years and I am concerned that moving services under the CILs will limit the quality of services the community of the deaf currently receive through DARS DHHS. I had the experience of working within the East Texas Center for Independent Living as the interpreter coordinator for two years 2004-2006 under director Sarah Wilson. I found that the CILs tend to lump all disabilities into one mold...the mold that fits the hearing community.

The DHHS has a long history of understanding the culture of the Deaf, the norms, the long standing issues of equal access. It is not a single matter of language access, it is a matter of autonomy of the deaf, the right to govern themselves. The Deaf World is a distinct community that deserves respect for its way of life.

Please allow DHHS to be and independent program under HHSC.

I am a Deaf consumer of the services from the Deaf and Hard of Hearing Services (DHHS). I am dismayed at the decision to distribute DHHS services to CILs and various other agencies. I do not think many realize that we Deaf people are a rich, ethnic minority group and need desperately the autonomy of DHHS left intact. I feel as if the decision exemplifies audism (an attitude based on a pathological view of Deaf people which results in a negative stigma toward anyone who does not hear) is being practiced and thus infringing on our rights for equality. To a Deaf person, equality means 100% access to communication and our special culture.

Now one may think, "Oh, we'll train the new staff at Centers for Independent Living (CILs) how to work with Deaf people." Let me tell you that as a Deaf individual, I have used various services, not just DHHS. I find the services I receive from DHHS the easiest to deal with. I happen to be blessed with bilingualism, both written English and American Sign Language (ASL) and my requests for services haven't been a huge barrier because of this. However, there are very, very few Deaf people who are truly bilingual. Imagine how one would feel if they are barely fluent in a foreign language and have to communicate only in that foreign language. That is exactly how it is for us Deaf people. It involves not just language which isn't easy to learn (I know this from personal experience as an ASL instructor) but also our rich, diverse culture, one aspect being direct dealings. Sign language interpreters would not cut it because one aspect of our culture is dealing directly with people. The interpreter obviously cannot relate to us due to the fact that they are not dealing directly with the Deaf consumer. The more one has studied and worked with Deaf people, the better they'll pick up how to best work with Deaf consumers. This is why DHHS serves our needs the best; their staff consists of mostly Deaf employees.

Are we being told that our opinions are considered worthless? Apparently we Deaf people were not asked (including all diverse groups within our culture) our opinions before the decision was implemented. This inane legislation does not reflect the larger Deaf community. Should DHHS services be disbanded and moved to various agencies, you'll set us back to the 1970's. I remember that period well; I was happy to see the Texas Commission for the Deaf and Hard of Hearing established back then. Legislature has since moved TCDHH to DHHS. That was alright because DHHS kept its autonomy which will be destroyed with this bill.

If reconsideration of the bill to split DHHS up is not an option, then I suggest ways be found to best serve the Deaf and hard of hearing community. As a constituent, I'd like to see DHHS in its entirety as an independent agency under the auspices of Texas Health and Human Services Commission) (THHSC) or as an arm of CILs. My biggest concern is the ability to provide direct services, not through another agency. Think of those in small towns or rural areas. Would they easily obtain access under CILs the way it is set up? Deaf people like me deal directly with people. I honestly doubt that any CIL will be able to provide this. Remember I know from personal experience that a simple training will not suffice. Wherever the DHHS services are housed, why not keep the employees who are currently with DHHS and all its services intact? Please be sure you implement ways to save money and yet be in compliance by providing successful, not merely adequate services for Deaf people. Our age-old fight has always been that hearing people with no knowledge of our language and culture make decisions for us rather than with us.

Please vote to either reverse this decision on the behalf of the thousands of Deaf/Hard of Hearing consumers in Texas or, at the very least appoint Deaf workers at each CIL.

DHHS (Deaf and Hard of Hearing Services) may be moved to something called CILS (Centers for Independent Living). The BEI is run by DHHS. The CILs are not equipped for the BEI. BEI holds my certification and is one of the most respected tests in our field. We cannot allow this to be jeopardized.

I was only able to attend the Thursday morning event in San Antonio. I did so on my own time and expense. I shared only some of what I had prepared since it was emphasized feedback from consumers was desired.

The thought deaf and hard of hearing services belongs within the independent living services infrastructure is totally a misguided thought. Persons at independent living centers providing advocacy for a person with a disability have never worked with a person who was told to bring in their own ramp to enter a building. At most, in a similar situation, they provide some advocacy for persons with cognitive disorders when a consumer encounters some sort of discrimination when trying to obtain an accommodation for testing.

I worked for the legacy Texas Commission for the Deaf and Hard of Hearing (TCDHH) prior to the merging of state agencies causing the creation of DARS and movement of TCDHH services under the DARS nameplate. The reason for my hire was to implement what is now known as the Resource Specialist Program which includes both advocacy for persons who are deaf/hard of hearing for communication access and discrimination and assistive technology specific for persons who are deaf/hard of hearing awareness training. Advocacy issues are handled by Deafness Resource Specialists and assistive technology awareness training is handled by Hearing Loss Resource Specialists. During my tenure with TCDHH and DARS/DHHS, Centers for Independent Living were one of the worst offenders of oppression to persons who are deaf and hard of hearing, as well as, discrimination by not providing appropriate effective communication access in the state of Texas. They have been known to: have buzzers to gain access to their offices that when buzzed an intercom is used to find out who you are and who you are there to see. When the deaf/hard of hearing consumer did not respond (because they did not hear), their buzz was not accommodated with a human opening the door and welcoming them in; o have public

video phones to which one had to call the office to make an appointment to use (the reason one uses a public video phone is because you do not have a phone); to require a person who just needed an application verified to receive a free amplified phone through the state program to sit through a grueling two-hour interview about their disability, including how their disability has impacted their sex life. The interview itself had no questions relating on being deaf or hard of hearing (although persons with congenital physical/cognitive disabilities are at higher risk of also having an audio logical diagnosis than the general population); not provide appropriate communication access services to persons who are deaf/hard of hearing who are trying to access a service they are providing under a contract with the Office for Deaf and Hard of Hearing Services, which could be charged to the contract; not provide appropriate communication access services to their own employees who are deaf/hard of hearing who are on staff to provide services to persons who are deaf/hard of hearing and other persons with disabilities; and use of non-certified interpreters to provide "effective" communication access for the community they serve. Use of non-certified interpreters is not an industry standard, especially when no one at the agency is capable of assessing the skillset and boundaries a non-certified interpreter might be capable of working.

In addition, many times responses to requests for proposals to serve persons who are deaf or hard of hearing were not seen as adequate because the basic needs of the population to be served was not understood and not incorporated in the responses.
Several contracts with the Office for Deaf and Hard of Hearing Services to Centers for Independent Living Centers have been problematic and sometimes the option to extend beyond the initial contract period was not taken because the center was not willing to meet the deliverables set forth in the contract.

I personally have seen persons who are deaf/hard of hearing be disparaged at the annual state independent living conference because services were contracted just for them upon their request and they did the best they could when the person was trying to advocate for better services. These issues were usually when CART services were set-up on opposite sides of the room from the presenter and their power-point and the person needing communication access could either look at the CART or power-point but not both at the same time due to the poor set-up.
After years of things not improving with centers for independent living, why would the state entertain the idea of merging services for this population within these centers? The only thing I can think of is that the state does not care.

I ask the state to please show you care and maintain services as they are now so there will be a continued effort to monitor and improve the services not only to persons who are deaf/hard of hearing but also to the many individuals in this state whose primary disability is a mobility or cognitive issue and whose secondary/tertiary disability is that of being deaf/hard of hearing. An example of CILs not understanding even the basic of needs with persons who are deaf/hard of hearing is when the director of the local CIL stood her staff in front of the interpreter, blocking the view of audience members who were there to voice their concerns and see what was being planned for them in the future. The blockage was unintentional but is a prime example of CILs not understanding and being incapable of taking on the multi-level, complicated tasks the DHHS Resource Specialist Projects work with on a daily basis.

I am writing to you as both an interpreter who depends on DHHS as part of my professional development with BEI (Board for the Evaluation of Interpreters), and as a member of the deaf community of whom DHHS provides support. Please keep DHHS under HHSC. The deaf community is unlike any of the groups with disabilities. First and foremost because they see themselves as a minority culture, not as a disability group. Thus, it makes no sense for them to be lumped under the Centers for Independent Living as the approach is completely different.

This stance of lumping all people with disabilities is a throw-back to times past. Please, be the state that looks forward, and learns from its past. Keep the Deaf and Hard of Hearing Services with and under the Health and Human Services Commission.

I am an American Sign Language- English sign language interpreter certified under the BEI currently managed under DHHS. Licensing and certification maintenance would be jeopardized should it be moved under CIL, who are not equipped for this purpose.

Texas has a huge deaf population and they need quality interpreters to provide equal access to the world in which we live. Yes, a percentage of the deaf may benefit from the Center for Independent Living, but the BEI interpreter program needs a focused, separate, knowledgeable staff not nestled into CIL. Many states in the US look to the BEI and use their certification testing. It has a good reputation that I hope you will consider upholding when making these decisions this spring.

I am writing to express my concern about placing what is currently known as Deaf and Hard of Hearing Services under the umbrella of CIL. While this is supposed to be a cost-saving measure, I fear that it will reduce effectiveness of services to the Deaf and Hard of Hearing population in Austin, as well as incur further costs.

As a former Community Rehabilitation Provided and sub-contractor for DRS, I specialized in serving those who are Deaf and Hard of Hearing. This population has a very unique set of cultural differences and needs. When I left my previous employer, many of the Deaf and Hard of Hearing referrals were pulled from services because it is commonly known that individuals with a primary language of American Sign Language will have substantial barriers to services if services cannot be provided in American Sign Language. I fear that by moving DHHS under CILs, many potential consumers will become frustrated, leave services, and slip through the societal cracks rather than being lifted out of marginalization.

Being familiar with CILs, I know that these serve a high number of individuals with IDD diagnoses. Having served individuals who are Deaf with Master's degrees and Ph.Ds. it is, to me, quite inappropriate to have these individuals served by a CIL. In addition, the task of hiring staff who are fluent in ASL, hiring interpreters for those staff who are not, and providing training on Deafness and ASL will be a serious and expensive undertaking for CILs whose funds are likely already stretched thin.
I hope that a cost-effective strategy can be found that will minimize the negative impact on the Deaf Community by continuing to provide specialized services for this large and unique Disability population.

I have been working as a Sign Language Interpreter in the state of Texas for 10 years. We have specific regulations that are in place via BEI (Board of Evaluation of Interpreters) which is under DHHS (Deaf and Hard of Hearing Services) that allow us to get certifications for interpreters, jobs for Deaf and Hard of Hearing people and various other resources that will be jeopardized if you decide to move DHHS under the Center for Independent Living. CILS doesn't know the Code of Professional conduct that interpreters must adhere to for every assignment we accept nor do they understand the painstaking process that we must keep in place to continue to provide quality services to the entire Deaf Community. The services that we provide are significant part of the Deaf and Hard of Hearing community and changing who this department falls under will negatively impact the future of this community.

Please keep DHHS under the HHSC so that the health and wellbeing of the entire Deaf and Hard of Hearing community can continue to flourish.

I am writing to you to share my strong feelings that services provided by the Deaf and Hard of Hearing Services (DHHS) should NOT be moved under the auspices of Centers for Independent Living (CILs). My reasons for this opinion are based on over 30 years' experience working in the deaf community as a teacher, interpreter, and community volunteer.

While it may seem like a logical suggestion to those who do not work in the deaf community to group the DHHS in with CILs, those of us who work in the deaf community can see problems with this arrangement. The number one reason I feel this way is that I can only foresee service provision to the deaf community getting worse in this arrangement. Those of us who have lived in Texas for decades have seen services provided to deaf citizens improve over the years as those services became more deaf friendly and easier to access in a deaf-friendly way. Deaf people have come to feel that when their native language is American Sign Language (ASL), they can communicate with persons fluent in that language to get their needs met in a timely manner. CILs are designed to meet the needs of hearing people with disabilities. For many deaf individuals, the language barrier (i.e. need to communicate in ASL) is the only reason for needing services provided by DHHS. With CIL services being outsourced, it is doubtful that personnel there would have the skills, knowledge, cultural knowledge, and language fluency needed to meet the needs of the deaf community well. As we all know, contracted services often will not be up to par with salaried, specialist employees who are well-trained and long-term in their roles. I am afraid that this decision is being considered by people who will have no idea about the impact it has on the people served by it. Will each CIL be equipped with staff who are both fluent in ASL and knowledgeable about the needs of the deaf community? Will deaf staff be employed there? Will the desires of the deaf community be taken into account in this decision? I have seen many deaf people concerned about going in this different direction. "Mainstreaming" all disability needs together does not produce good results for the deaf community.

Services provided to deaf citizens of this state are best left with the organization that specializes in the needs of those citizens in terms of language, services, training, and specialty knowledge. Please recognize that this is a quality of life issue and communication issue for the deaf community, and a decision to break up the DHHS services as is being suggested will take us back to earlier times and fights for rights. Please do not do this.

We want DHHS to stay under HHSC (health and human services commission) to ensure that all services for the Deaf Community are not disrupted.

Moving the department to a group that is not familiar with the needs of our community is not acceptable.

My request is to leave the Board of Evaluators of Interpreters (BEI) under the supervision of the Deaf Health and Human Services Commission (DHHS).

I am a certified American Sign Language interpreter and have worked in this field since the 1980s. I am very concerned about the proposal to move the board that certifies interpreters in the state of Texas out of the jurisdiction of the agency that specifically deals with the Deaf clients in the state.

The Health and Human Services Commission has a division that deals with Deaf Health and Human Services. People in this division know the Deaf community and understand the needs of this special population. They have extensive knowledge in what constitutes good interpreting services which goes far beyond the ability to sign. The staff and the independent evaluators' primary concern is to monitor the quality of interpreter's skills and ethics. I do not believe the level of knowledge and professionalism in this unique area of service can be served by people who have no prior experience with Deaf clients, ASL as a language, and ASL interpreters.

While people who are trained to evaluate the level and care of services for independent living of special needs clients are well equipped to do that job, they cannot begin to understand the added dimension deafness brings to the table. Nor are they equipped to evaluate ASL interpreters. Thousands of interpreters throughout the state of Texas depend on DHHS and the BEI to provide fair evaluation of skills and training to improve those skills. Deaf clients from elementary school children to senior citizens depend on well qualified, ethical interpreters to provide them with access to everything from childbirth to funerals, and elementary classes to post graduate classes. A few things ASL interpreters interpret on a regular basis are: educational meetings, legal encounters, doctors' services, cultural events, political events, church services, weddings, dealing with realtors and mortgage companies, meeting with CPAs and IRS employees, and making phone calls to conduct business as well as personal phone calls to friends. Interpreters are a varied lot as are the Deaf clients we serve. The certification of such a wide range of people and skills needs to remain under the supervision of people who are knowledgeable in this field.

While considering who should be responsible for overseeing the BEI please reflect on the ramifications of moving this ASL interpreter certification entity out of the control of professionals who know the Deaf clients in the state of Texas.

I am an American Sign Language Interpreter whose certification and licensing comes through DARS. I'm writing in opposition of outsourcing the services currently provided by DARS Office for the Deaf and Hard of Hearing Services (DHHS) to the Centers for Independent Living (CILs). The CILs are not equipped to offer certification/licensing of Interpreters, and without this service, many Deaf and Hard of Hearing individuals would not have qualified interpreters to meet the ADA requirements. Merging blindness and deafness together as if they are similar disabilities, would be a gross error as they each have unique needs that are independent of one another.
I ask that you please do not outsource the services of DARS-DHHS to CILs. DARS has done great work in the advancement of Deaf and Hard of Hearing individuals and the Interpreters who support them. I do not believe CILs are equipped to handle the many needs of the Deaf and Hard of Hearing, who not only need equipment provision, but also need Sign Language Interpreters. Those Interpreters need to be qualified through a certification/licensing mechanism. Independent Living Centers have not traditionally been involved with the needs of this magnitude. They lack the knowledge to determine whether or not an Interpreter is qualified for Deaf consumers.

Thank you for taking the time to hear the concerns that a decision to outsource DARS-DHHS to
CILs would cause.

I believe Deaf and Hard of Hearing Services should stay under Health and Human Services Commission. Interruption of the Deaf Community's services are not desired.

I have two Deaf parents and am a certified sign language interpreter through the Board of Evaluators of Interpreters (BEI) which is housed in the Deaf and Hard of Hearing Services (DHHS) office under DARS.

I am opposed to the outsourcing of DHHS services to Centers for Independent Living for many reasons. While I can appreciate the state's desire to eliminate duplicated services, the fact is that eliminating DHHS and parceling out those services will actually result in MORE duplicated services, as well as increased costs because of needing sign language interpreters due to the lack of direct communication. Because of the unique linguistic needs of

the Deaf community, providing services through a centralized office with staff who can communicate directly with consumers is the most effective and efficient way to meet the needs of those consumers.

In addition, the current DHHS office is recognized nationally among the Deaf community and is well known for its wonderful service. Beyond providing direct communication and services to Deaf people through their native language of American Sign Language, DHHS and BEI have been a national leader in certifying sign language interpreters who are hearing and Deaf. This additional responsibility of regulating certifications of a profession is not something that CILs are equipped to take over and run.
Attempting to break up DHHS and parcel out services to CILs is a huge step backward for the Deaf community in the state of Texas. I believe the legislature only looked at bottom lines and neglected to consider the unique situation of DHHS within the larger DARS reorganization. I believe if this had been brought to their attention through advocates for the Deaf community, the legislature would have made a different choice for Deaf services. Texas has long been supportive of the Deaf community and the services this community needs and while the larger DARS reorganization is already planned, I believe DHHS should continue to stand as one office even if it needs to move organizationally to another division.

I strongly believe that the CILs are not equipped to handle the unique needs of Deaf consumers and that DHHS continues ready to meet the diverse needs of the Deaf and Hard of Hearing community.

I as a deaf person would like to express my concern about DHHS. We (our family) often use their services, and we want DHHS to stay under HHSC (health and human services commission) to ensure services for the Deaf Community are not interrupted.

As a professional certified interpreter for the deaf and hard of hearing, I would like for the Deaf & Hard of Hearing Services (DHHS) to remain under the Texas Health & Human Services division. The rational for this position is that DHHS is largely run by individuals who are deaf or hard of hearing and has a history of understanding deaf culture, language accessibility and many other needs within the deaf community.

I am an Interpreting II student right now working towards my BEI certification. I am sending this email to contact the public consulting group. Please use this email as evidence of my support to have DHHS stay under HHSC to ensure services for the Deaf community are not interrupted.

I am greatly disappointed that no one consulted with the Deaf community first about this before blatantly making the decision to move DHHH to CIL, and that DARS who have helped hundreds and hundreds of Deaf individual clients over the years will sadly be missed and mourned by many Deaf individuals. We, Deaf people, have suffered enough with not having our communication needs met. It is just more than writing notes back and forth for communication accommodation, it is just more than just signing - we are culture and language group. Do you think sending a group of Spanish speaking only would fit well with English people only who knows NOTHING about Spanish culture? That is a recipe for a huge disaster.

I'm emailing you to inform you that as a sign language interpreter and advocate for the Deaf Community, I want DHHS to stay under HHSC (health and human services commission) to ensure services for the Deaf Community are not interrupted. I also don't want my BEI certification jeopardized. I appreciate your consideration of my input.

I want you to know that I am support for disability to keep different program fort HHSC. I will not let that happen for lack of communicate, education, etc in future to close . Please continue keep all different program for HHSC. It mean lots to me.

I as a Sign Language Interpreter for the Deaf Community want the DHHS to remain under HHSC to ensure that services for the Deaf and Hard of Hearing communities to stay uninterrupted. I am opposed to this department being transferred to people who are inexperienced with the Deaf Community in
Texas and with their unique culture and language. The Deaf community is essentially a linguistic community, who use American Sign Language as their first language, as opposed to people with other disabilities who use English as their primary language.

As Sign Language Interpreters for the Deaf we get our certifications through BEI (Board for Evaluation of Interpreters) which is part of and is managed by DHHS. (http://www.dars.state.tx.us/dhhs/bei.shtml). I believe that such a move would jeopardize our services to the Deaf Community.

As a native ASL user and aspiring Interpreter it is critical that I express my concern about the future of the protection of Deaf Culture, and their needs. Cochlear Implant is the Genocide of Deaf People, is unsafe, and eliminating Deaf Education/Language Rights is WRONG. The BEI must be evaluated by Deaf and Hearing People from The Deaf World because if you do not understand our Culture you do -not- understand our language and our needs. Please be very careful in your considerations for the rights of people with diverse abilities. You are not better than anyone because you hear, nor should you be making decisions for a Culture that you know next to nothing about. Whether you believe in God, Good, Allah, Jesus, Vishnu, or nothing....I hope you have a shred of compassion and value something other than a quick payday because our people have suffered for long enough. Thank you for your time and consideration.

Thank you for the opportunity to provide information and analysis on how the pending outsourcing and transfer of Independent Living (IL) services in Texas to Centers for Independent Living (CIL) and potential other qualified contractors may impact persons with disabilities who currently receive these services or may need to access these services in the future.

Disability Rights Texas (DRTx), is a 501 (c)(3) nonprofit legal organization whose mission is to protect and advance the legal, human and civil rights of persons with disabilities in Texas. DRTx is Texas' protection and advocacy (P&A) agency, which was established by Congress in 1977 with the mandate to protect and advocate the legal and human rights of people with disabilities, many of whom are poor. In addition, DRTx is home to the Client Assistance Program (CAP), which is federally mandated to assist persons with disabilities to access vocational rehabilitation services and supports, including Independent Living (IL) services from the State's VR agency and Centers for Independent Living (CIL).

DRTx staff have attended several of the public forums sponsored by the Policy Consulting Group. We are available to discuss the issues and concerns outlined below.

1) Transition Plan
We understand that the Health Human Services Commission will be the designated state entity for IL services beginning September 1, 2016. From information provided about the transition timeline, during the recent public hearings sponsored by Policy Consulting Group, DARS will be required to transfer IL cases to CILs (or other approved contractors) on September 1, 2016. It does not appear that a fully effective, detailed transition plan is being developed. At minimum a transition plan must address: 1) notice to clients of service transfer to

another entity, effective dates and who to contact with any questions or concerns; 2) having adequate and proper staffing in place prior to September 1 by allowing contractors to hire in advance of the September 1 transfer date, so that services are not delayed or suspended; 3) training of contractors completed prior to September 1 so that the new contractors can begin the delivery of services on September 1; 4) provisions for allowing DARS to continue providing services past September 1 in the event transition activities are not complete; and 5) clear process to resolve any client complaint or concern.

2) Qualifications of contractors and administrative requirements
Feedback from the community expressed concern that there will not be uniformity or qualified staff to provide these services. Currently, qualifications or criteria of a qualified contractor have not been determined or shared with the disability community. Uniform requirements and details of the administrative requirements to receive and operate funds for IL services must be established and publicized before the solicitation of contractors begins.

3) Consumer Access to Services
Consumers need to be able to access services at CILs and be assured that the IL program and its contractors are fully accessible to all consumers with disabilities, including persons who are blind, Deaf, Deaf-blind and those with physical disabilities. Program and facility accessibility may include providing information in accessible formats including braille, large print, and electronic formats that can be accessed by screen readers; effective communication through provision of certified interpreters, fully accessible websites, using software for application for services that is accessible to persons with sensory disabilities, use of plain language in program information materials, and accessibility of the physical location.

4) Receiving IL Services at home or in the Community
Consumers receiving services from the IL program and centers may not have access to transportation to go to a Center, and it is likely that many consumers will need to receive assessments and/or services in their home as part of the independent living training or service. Consumers have voiced concern that CILs
indicated that they do not have the capacity to or will not travel to the consumer's home. Because of the nature of IL services, it is important that CILs and their staff are able to travel to a consumer's home to provide IL services when appropriate.

5) Maintain Level of IL Services
There is concern that the funding available for direct services to clients will be reduced and fewer clients may be served in this new structure, as a result of outsourcing, the transfer of the state designated entity for IL services to the HHSC, and increasing administrative costs and/or staffing levels because of the large number of potential contractors. In order to serve the same number or more consumers in the IL program, the amount of funding for direct purchase of services must not be reduced and administrative costs and staffing must be efficient.

6) Loss of Specialty Knowledge
Because the IL service program serves a high number of people with significant disabilities and support needs, there is concern that future contractors may not possess the same level of specialty knowledge that currently exists. Persons who are deaf, Deaf-blind, have spinal cord injury, live with traumatic brain injury and/or have blindness require counselors or case managers who have a great deal of experience and training about their specific disabilities and support needs. There are not many specialists in Texas who have knowledge of these significant disabilities to meet the needs. Coordinating services with groups such as Lighthouse for the Blind, providers of deaf/blind services, and others may improve service delivery for persons with those disabilities.

7) Standardized or use of common electronic systems Standardized computer platforms, services and software for application, assessment, reporting and evaluation are needed for all CILs who contract to deliver IL services in order to assure quality services. 8) Client Complaints and Appeals DARS currently has an appeal process allowing a client to appeal decisions made by the IL counselor and refers clients to the Client Assistance Program, (CAP) as required by Federal Law. A uniform complaint and appeals process must be put in place for all CILs, or other contracting entities that provide IL services in order to protect clients' rights. This process must include information about and referral to the CAP program. The complaint and appeals process must be clearly communicated to each client. An independent method to collect client satisfaction information is recommended.
a prospective future interpreter studying at Austin Community College. I'm not alone in saying that we want DHHS to stay under HHSC (health and human services commission) to ensure services for the Deaf Community are not interrupted. We don't want our BEI certifications jeopardized and d(D)eaf individuals deserve the right to have the most appropriate services to ensure proper communication.
I am an activist for DHHS to stay under HHSC. The Deaf community NEEDS services, and they deserve quality and access to the easiest form of communication. They deserve their own department for the deaf, because they cannot get access by using an interpreter and/or note pad (or another form of communication). The Deaf community needs to get the services and things they need FROM other Deaf people. Not those, who don't understand their culture and experiences.They need direct communication; Deaf individual to Deaf individual. I plead with you, DO NOT move DHHS under CILs. Interpreter certification also needs to saved. If this change happens the services and quality interpreters provide, will ultimately be hindered. Deaf individuals deserve access to basic human rights, such as communication. Please have humanity and do not move DHHS under CILs. DO the right thing.
I am writing because it has recently been brought to my attention that DHHS (Deaf and Hard of Hearing Services) may be moved to something called CILS (Centers for Independent Living). I do NOT support this transition and want to advocate against this change. Please do not permit this action. It will negatively effect the dead community and interpreters.
Please don't out-source Deaf and Hard of Hearing Services.
Currently a discussion is underway related to moving DHHS deaf related services. I support DHHS to remain under HHSC. I wish no disruption of all services. DHHS understands the needs of both the deaf and interpreters. Services need to remain with the professionals who understand the needs of the consumers.
This is to express our concern for DHHS and we wish to help them(DHHS) receive funding directly and NOT to be outsourced to CILs. Your cooperation in this matter would be greatly appreciated.
Hi - I just learned of this today. I want to share my feedback about organization being moved to CILS. Any services in Austin provided to any persons with a disability, especially deaf and blind should not be closed down

or transferred. What do they know about deaf people and coordinating programs or needs for the deaf and blind. I ask that the responsibility should be given to DHSS. They were under DARS. Now both will close if CILS take the responsibility. DHSS has all the line of works and connections. This would also put interpreters out of business if CILS run it. It would hurt our deaf community as well. We have gone through oppression in our experience. This cannot happen. Please reconsider this and how you would help the deaf community in Austin. It's human race issue not deaf or blind politics. Thank you for your time reading this.
Please keep the DHHS department under the HHSC department!!
I am a certified interpreter under DARS. I am certified through the BEI, which has been under DARS since I began interpreting. I believe it is in the best interest of everyone involved for it to stay that way.
100 people attended the event in San Antonio to hear out and discuss the option of outsourcing DHHS. 95% of individuals at the meeting are opposed to having programs and services outsourced to CIL. This information will be brought up to the Texas Legislature at the State Capitol on March 31st at 9:30am. Please keep an eye out and we hope to see you there!
Disappointed about the lack of time to communicate this drastic change to stakeholders, and concerned about the location of the meetings. Texas Association of the Deaf (TAD) has 400 members who do not support the idea of CIL "better serving" the needs of deaf and hard of hearing individuals. 50% of deaf and hard of hearing individuals in Texas still need services, including those who have extra disabilities or language delays. The programs and services under ODHHS can 100% serve the needs of ALL deaf and hard of hearing individuals in the state. I understand the state's concern of saving costs with overlapping services BUT the services of deaf and hard of hearing are unique and should be treated as such. There are no advanced specialized trainings for deaf culture, and that causes a concern with CIL's hearing employees who might need to work directly with deaf and hard of hearing individuals. With the lack of direct access, deaf and hard of hearing individuals will find themselves isolated from mainstream society. This inclusion will create exclusion, and I don't see how that can better serve the members of our community. We want ODHHS and its program and services to remain the way it is because of the efficient and beneficial programs.
ODHHS and its services has helped me greatly along with many other deaf and hard of hearing individual and I want to say that I do not support outsourcing the programs and its services to CIL. Outsourcing it will only make the program we've worked hard to build become weak. It is up to us to educate hearing people and TX legislature about the programs and services we need. The time is now
This vlog explains about disabilities in the Olympics and how they were oppressed. The other disabilities (blindness, paraplegic) in the Olympics received funding but not deaf individuals so the experience is parallel to reorganization and restructuring that is happening to DHHS and CIL. Hopes that history will help prevent disasters like this.
First of all, I want to thank you all so much for starting a discussion about this important issue. This issue deserves a lot of attention from us, the Deaf/Hard of Hearing community. Since we get a lot of messages from comments and inbox through social media from different people from various places that requested for more information or other things.

We decided to contact our people again, including contacting DHHS. The information is directly from XXXXXXXXX the one who is in charge of the office. I discussed some issues and she explained with much more clarity that shed light on this issue.

Here are the updates.

We want to make it understood that Vocational Rehabilitation (VR) from DARS and DHHS are separated. They aren't together, but separate.

Ok, we will focus on VR for a moment now. On September 1, 2016, the DARS VR part will be transferred under Texas Workforce Investment Council (TWIC). That program will still be operated and provide services for the Deaf and Hard of Hearing for employment and educational resources.

Now, we will move onto the DHHS part. The legislation haven't decided what to do with DHHS. What happened to cause the legislators to consider different paths for DHHS?

DHHS asked for more money to provide services and more resources for the Deaf community. The legislators concluded that they don't have more money to give so they decided it could be a good idea to put DHHS under CILS (Center of Independent Living).

People are concerned about this because DHHS is very important with its eleven programs including BEI certification and others. All of that would be moved under the CILS' charge. CILS focus on the broad services for people with disabilities.

This decision will not be made until next year in 2017. So, DARS are encouraging people to show up at meetings and voice their opinions/concerns about their support or dissent for this decision for DHHS to be transferred under CILS.

That's why we need to show up and our voices do matter! We do encourage you to go.

Thank you so much for listening and please contact me if you have need any more information.

Good bye and have a nice day.

PUBLIC POLICY ALERT: Texas is considering whether Deaf and hard of hearing Texans would be better served by outsourcing services currently under DHHS to Centers for Independent Living (CILs). Please watch our video about this important issue that affects those in Texas. We need your help! We'd love to have you at one of the public meetings in Ft. Worth, Midland or San Antonio.

Three other organizations have also released videos on this important issue: Texas Latino Council of the Deaf & Hard of Hearing, Deaf Action Center Texas and Texas Association of the Deaf. Be sure to follow them on Facebook, in addition to CSD, to stay on top!

Can't go to any of the public meetings? Visit CSD.org for a letter template (please BE SURE to edit all red text with your own personal information!) and send your letter or ASL Vlog by 5:00 on Feb. 29 to: TXCILContact@pcgus.com, or via postal mail to:

I disagree DHHS moved CIL. because of CIL did not sure to know deaf culture and language. deaf people always know to meet where is DARS or DHHS, they will help deaf people need job, school and interpreter ect. Please save keep DHHS. Thank!

I am against CIL because from my past experiences with services for deaf and hard of hearing. I'm for dhhs main reason for this support that it will save you a lot of money hiring levels of sign language interpreters. Dhhs know who to contact interpreters for certain services. From what I learned what state legislature want to save money by combine all disabilities under one umbrella will be a big disaster! Because it will cost more to get an or more expert of people to understand deaf/hard of hearing cultures and the needs of deaf/Hh in order to serve the necessity of services. I urge you the legislature (present AND future) to stop trying to reinvent the wheel. We are happy the way we are! Please and please I implore you the legislature to think what's best which is very obviously work well with DHHS! That's worth of my two cents!

He explains about his childhood, how he became deaf and his struggles with communication. His parents always tried to make sure he received the best services and was impressed with the resources provided by the state (Texas Commission for the Deaf and Hard of Hearing) in dealing with his disability and they learned the language and was able to communicate with him. Basically, American sign language is the key to his success. That being said, the idea of having these beneficial resources outsourced to CIL is terrifying to me. The CIL administration does not have experience with deaf and hard of hearing culture and language access, and if ODHHS programs and services are outsourced, will the employees and admins of CIL be willing to take specialized training to understand the needs of deaf and hard of hearing individuals? The language barrier is our greatest disability.

Talks about her experiences with being a deaf student in Louisiana and coming to Texas to receive Vocational Rehabilitation (VR) services for college. Received bachelors and master's degree from Gallaudet University through this program made available by DARS and VR, came back to Texas and through the VR employment program, she secured a teaching position. Concerned about the specialized skill set required for deaf/HOH advocacy and higher education opportunities. Will Centers for Independent Living have specialists who have had the appropriate training?

I do not support having the Office of Deaf and Hard of Hearing programs being outsourced to the Center for Independent Living, I want ODHHS to remain intact. Thank you

the president for Austin Black Deaf Advocates (AustinBDA) It's new organization in Texas. AustinBDA is starting to have more connections with Deaf organizations in Austin such as, the Texas Association for the Deaf, Austin Association for the Deaf and others in process. We host special events such as, "Black Deaf History: That You Wouldn't Understand" … and that resonates with our cultural experiences that CIL wouldn't understand. In four days on Saturday February 27th, I will set up a special spot and film. Filming is to encourage black and brown people to have their message heard. Make a vlog! Sign for less than 3 minutes each. All of vlogs will go to Texas legislators.

The point-- I am learning about Deaf and Hard of Hearing Services (DHHS) has been under alert for almost two weeks now. Two years ago, Texas legislators had a motion that's been passed and we do not know when/what deadlines are and if the change will be short-term. Actually, they are planning to move DHHS to Texas Centers for Independent Living (CIL). CIL is disabled focused organization. Does that mean we (Deaf and Hard of hearing) will must go to CIL and hope they advocate for us? Our advocating is significant to our community. Will CIL have deaf-workers that will understand our communication needs? Will they pay interpreters appropriately?

My question is, will they (CIL) understand my culturally BLACK, my DEAF, my SIGN, my FEEL, my FACIAL EXPRESSION? Minorities in our community know that Office of DHHS is the only place that will always understand the needs of our culture and language, on top of being a minority as well."

I am greatly appreciative of the direct and accessible communication from the Office of Deaf and Hard of Hearing Services (ODHHS), since American Sign Language is my first language and that is important to me. I was able to receive services from ODHHS which helped me gain employment as an ASL teacher at Sam Houston State University. I believe that ODHHS deeply understands the needs and cultural tendencies for the deaf and hard of hearing population that receive services from the state.

If ODHHS programs and services are outsourced, I believe the community will be in an uproar over lack of access. The state of Texas is known to be the pioneers in the field of deaf advocacy; being the first state to provide relay services, first deaf president of Texas Association of the Deaf, amongst other things. States in the nation look to Texas as a model for deaf advocacy, let's continue that and keep the programs for the deaf and hard of hearing within ODHHS.

I am an American Sign Language Interpreter for the deaf and hard of hearing community. I grew up with deaf parents and have been an active member of the deaf community all my life. I am against and disagree with having the ODHHS programs and services outsourced to the centers for independent living. The deaf and hard of hearing community is an ethnic and linguistic minority that has rich culture and language, not just broken ears. Deaf and hard of hearing individuals have been able to mainstream themselves into society by promoting ethnic and linguistic autonomy. I am concerned that outsourcing programs will drive deaf and hard of hearing individuals to depend on the system instead and this move will set us so far back with receiving programs and services. The community has worked hard to get to where they are now, you know-- If it's not broken, don't fix it. Encourage the deaf and hard of hearing community to depend on each other and grow.

I am a school administrator at Texas School for the Deaf and I've seen how important ODHHS serves our deaf and HOH community. The office is involved with various things that greatly impact the day to day needs of a deaf/HOH person, ranging from Tuition Waivers to providing support for program services that benefit our students. If this is outsourced, the programs will be more difficult to access, creating confusion within an already diverse community. It would be nice to have all the ODHHS services and its programs under one division; making it easier to find, and access which will support the deaf and HOH students better that way.

I am upset because outsourcing the programs will harm the deaf and hard of hearing community. I would like to retain the Office of Deaf and Hard of Hearing Services (ODHHS) and its' programs because the last sudden transition from TRC- Texas Rehabilitation Commission to DARS was shocking and confusing for the community. The ODHHS has knowledge and respect for the culture, language, and all other needs to improve the quality of life for a Deaf/or Hard of Hearing person. With the services being retained at ODHHS, I strongly believe the quality of services will improve for the community.

I am deeply against having ODHHS being outsourced to CIL because it will cost more money. The Houston Center for Independent Living has hearing staff that do not know sign language. How will deaf and hard of hearing people be able to effectively communicate with CIL? They will need to pay for interpreters, and the ODHHS has deaf staff who we can communicate with directly. From my experience with Houston CIL's they assist and serve people who have physical disabilities, such as wheelchair modifications and so on. Deaf people don't think they have a disability in their mind; they just can't hear. The only real issue here is the language

barrier. I promise you, if this happens there will be more difficulties and problems for everyone to experience and this will directly impact and harm the deaf and hard of hearing community. I suggest the Texas Legislature establish an ADHOC committee, so they can consult with deaf/HoH members from various organizations such as: Texas Association of the Deaf, Texas Black Deaf Community, The Latino Deaf community and so on.
If ODHHS programs and services are outsourced, receiving services from CIL will be like walking into advocacy services from back in the day. We will deal with people who do not understand our language, culture and needs. The ODHHS has been progressive with advocacy services for the deaf and hard of hearing. Please join me and submit your messages to www.savedhhs.com
The best option for deaf and hard of hearing community in Texas is to retain all program and services with the Office of Deaf and Hard of Hearing. The Centers for Independent Living do not have the history, knowledge or experience to deal with deaf and hard of hearing issues. The programs under ODHHS such as Senior Citizens living, Tuition Waiver, STAP, and so on should remain intact.
I am concerned with having the Office of Deaf and Hard of Hearing Services (ODHHS) being outsourced to Independent Living Centers (CIL). This action will directly impact the deaf and hard of hearing community who use the program and its services which include BEI- the Board of Evaluation for Interpreters. Using BEI as an example, I am afraid that outsourcing this program to CIL will create confusion with the current Interpreting licensing/certification process. The ODHHS understands the depth of culture and community's needs for effective language communication. Will CIL be able to provide qualified interpreters with standards expected by the deaf and hard of hearing community? I am also disappointed about the sudden dissipation of DARS along with having Vocational Rehabilitation (VR) services moved to the Texas Workforce Commission (TWC). There used to be two separate entities under Texas Rehabilitative Commission (TRC) with one entity devoted to deaf and hard of hearing services that also assisted with higher education and job employment. When I was a client of TRC's education program in 1985, I managed to open a case with higher education opportunities. Though I was not financially equipped for college, I was able to receive financial support from TRC and obtained a degree in marketing from this opportunity. I can't help but wonder if deaf and hard of hearing people like me in the future will be able to receive similar chances for higher education (including the Certificate of Deafness for Tuition Waiver) and employment. On a side note, I also want to mention that I have attempted to use TWC's website and its services. E-mail communications have not been effective for me because of the language barrier, and this makes me concerned about the future of deaf and hard of hearing opportunities under this program. Again, I want to emphasize the importance to save ODHHS' program and services that immensely benefit the deaf and hard of hearing community. Thanks for watching, I hope this message counts.

PDF Letters Received via email

I am a certified sign language interpreter through the Board of Evaluators for Interpreters (BEI) which is housed in the Deaf and Hard of Hearing Services (DHHS) office under DARS. I am strongly opposed to outsourcing the services currently provided by DARS Office for Deaf and Hard of Hearing Services (DHHS) to Centers for Independent Living (CILs). I believe that services provided through DHHS have great value. I value all of the things DHHS offers, especially the direct communication and understanding of the Deaf community's needs.

It is important that services provided by DARS DHHS continue to be provided by the Texas Health and Human Services Commission (HHS). DHHS is very familiar with the challenges faced by the Deaf and hard of hearing (D/HH) community. The DHHS supports deaf Texans with the ability to live fully and equally within our society. DHHS Staff provide services to D/HH Texans directly, in their native language, ASL, are aware of the diversity of the D/HH community, and the specific cultural and linguistic challenges that our Deaf Community faces in getting support services.

In addition, the current DHHS office is recognized nationally among the Deaf community and is well known for its wonderful service. Beyond providing direct communication and services to Deaf people through their native language of American Sign Language, DHHS and BEI have been a national leader in certifying sign language interpreters who are hearing and Deaf. This additional responsibility of regulating certifications of a profession is not something that CILs are equipped to take over and run.

I strongly believe that the CILs are not equipped to handle the unique needs of Deaf consumers and that DHHS continues ready to meet the diverse needs of the Deaf and Hard of Hearing community.

As you already know, centralized services for the deaf have been so important to the State of Texas that the Texas Commission for the Deaf was set up in 1971. Since then Travis County Services for the Deaf has seen the organization grow and morph into the organization it is today, the Offices for Deaf and Hard of Hearing Services (ODHHS).

Research shows that 1 in every 10 people are deaf. Texas has a population of over 27 million people according to the state census. While statistics are not maintained that can tell us how many people have contacted the ODHHS, one can imagine that many of those deaf and hard-of-hearing (HOH) people in Texas have contacted the office for a variety of reasons.

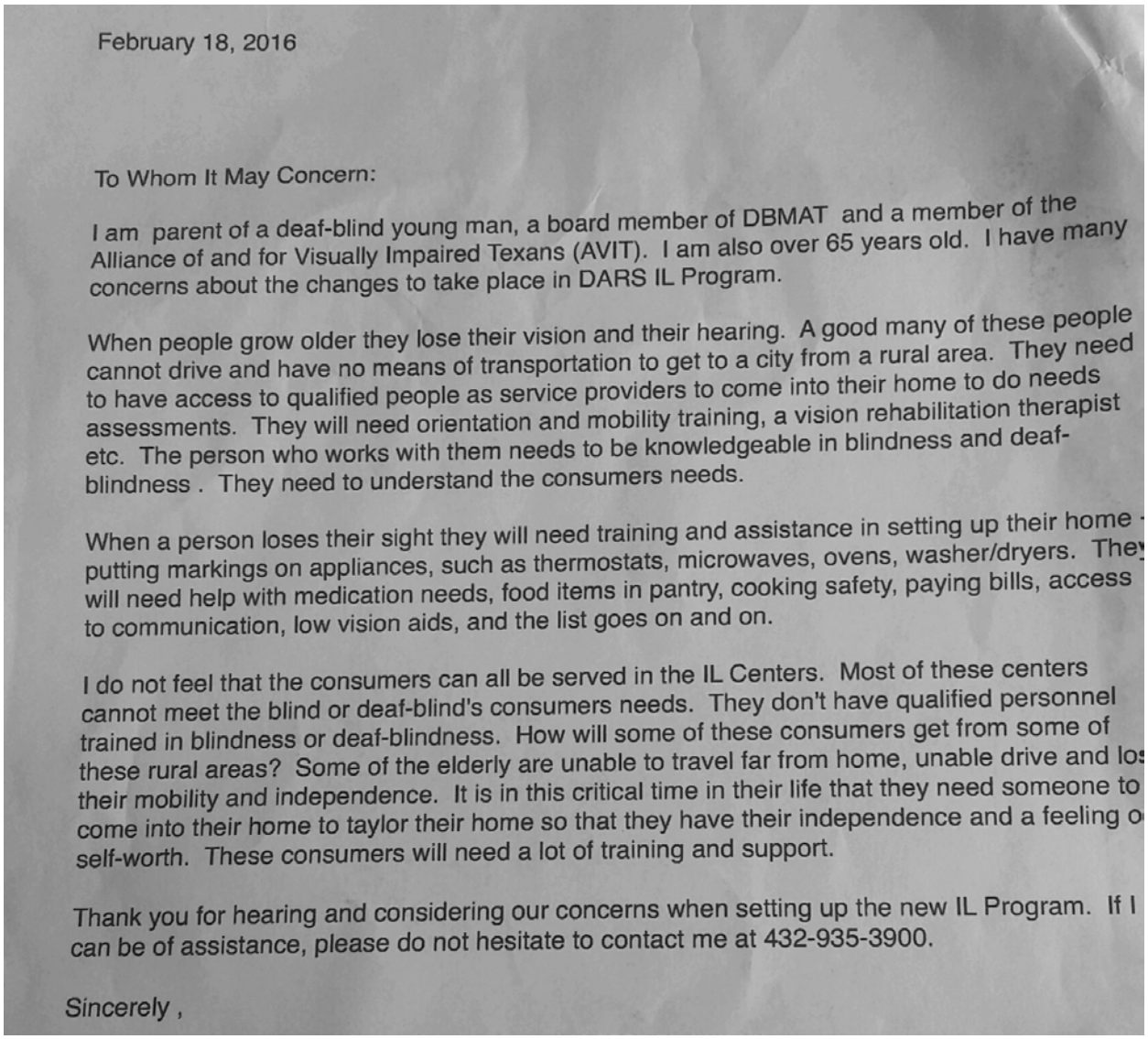
I remember a situation around 2005, when a man who was referred to us by ODHHS. He was a machinist, a father of a teen daughter, and a recent widower. One day shortly before he contacted us at 50 years old he woke up and he could not hear. Shortly after this happened, his employer terminated him because he "couldn't hear the machines." He was on the verge of being evicted. His daughter was grieving the loss of her mother and he could not communicate with her. After a discussion with him using the computer to type back and forth, he informed me that he had been working with ODHHS who had helped him get his job back by educating his employer and advocating for him. They had educated him about hearing loss and referred him to an audiologist to help him schedule to have cochlear implant surgery. They processed a STAP application to help get him equipment for communication. And they referred them to us for assistance with housing and counseling services. When this man googled "deaf services in Texas," he found a place that could help him with a variety of needs.

Last year ODHHS provided communication access services to over 44,000 people. They trained and educated over 2,300 people on deafness and interpreter related issues. They processed tests for over 550 interpreters, and issued over 1,700

certificates. In fact, they also review applications for CEUs to ensure that presentations are directly related to subjects that improve interpreter's skills and knowledge base. They process over 24,000 STAP applications on average per year, 80% of which are for people that are deaf or hard of hearing.

By displacing all of these services, and many more, that are operated by the ODHHS, you are making access to these services more difficult. Deaf and hard of hearing people will not know where to look when they need information, advocacy, or referral services. Training CILs about deaf language and culture will not be sufficient. Teaching CILs about the Americans with Disabilities Act will not help prepare them for the advocacy needed to help deaf and hard of hearing people. CILs will not be familiar with the rich history of the deaf community in the State of Texas and will not understand the importance of accurate referrals to reduce the oppression and isolation of deaf people throughout the state. And finally, though there are some CILs today that may be willing to assume these extra duties, what happens to deaf services as time moves on and CILs realize that they are not capable of meeting the needs of this community?

The Office for Deaf and Hard of Hearing Services is an office rich in history, with staff that are deaf and hard of hearing. They are deeply rooted in the deaf and hard of hearing community throughout the state. We urge you to keep the Office for Deaf and Hard of Hearing Services as a unified office, without any changes to its organizational structure.



February 18, 2016

To Whom It May Concern:

I am parent of a deaf-blind young man, a board member of DBMAT and a member of the Alliance of and for Visually Impaired Texans (AVIT). I am also over 65 years old. I have many concerns about the changes to take place in DARS IL Program.

When people grow older they lose their vision and their hearing. A good many of these people cannot drive and have no means of transportation to get to a city from a rural area. They need to have access to qualified people as service providers to come into their home to do needs assessments. They will need orientation and mobility training, a vision rehabilitation therapist etc. The person who works with them needs to be knowledgeable in blindness and deaf-blindness . They need to understand the consumers needs.

When a person loses their sight they will need training and assistance in setting up their home - putting markings on appliances, such as thermostats, microwaves, ovens, washer/dryers. They will need help with medication needs, food items in pantry, cooking safety, paying bills, access to communication, low vision aids, and the list goes on and on.

I do not feel that the consumers can all be served in the IL Centers. Most of these centers cannot meet the blind or deaf-blind's consumers needs. They don't have qualified personnel trained in blindness or deaf-blindness. How will some of these consumers get from some of these rural areas? Some of the elderly are unable to travel far from home, unable drive and los their mobility and independence. It is in this critical time in their life that they need someone to come into their home to taylor their home so that they have their independence and a feeling o self-worth. These consumers will need a lot of training and support.

Thank you for hearing and considering our concerns when setting up the new IL Program. If I can be of assistance, please do not hesitate to contact me at 432-935-3900.

Sincerely ,

February 24, 2016

Texas Department of Assistive and Rehabilitative Services
Public Consulting Group
ATTN: Sara Goscha
150 W. Market Street, Ste. 510
Indianapolis, IN 46204

Re: DHHS Outsourcing to CILs- OPPOSED

To Whom It May Concern:

I am writing this in opposition to the Department of Assistive and Rehabilitative Service's Office of Deaf and Hard of Hearing Services (DARS DHHS) being outsourced to the Centers for Independent Living (CILs). I am an ASL/English interpreter working in private practice. I hold BEI[1] Master and BEI Court certifications, as well as the National Interpreter Certification(NIC) issued by the Registry of Interpreters for the Deaf, Inc. (RID), and I am currently finishing my graduate studies in the field of interpreting studies, focusing on interpreter education. But more importantly, I am honored to be a member of the Deaf[2] community in Austin.

The first thing that I would like to address is the apparent lack of awareness in the way in which this meeting has been hosted, which displays the egregious lack of understanding of the needs of the Deaf community in Texas. These public comment meetings have been hosted in three cities—Fort Worth, Midland, and San Antonio. Fort Worth is a reasonable choice because Deaf people in Dallas and Fort Worth had access to that meeting. While the Deaf people in

[1] Board for Evaluation of Interpreters, often referred to as the Texas certification test
[2] The use of the capitalized "D" indicates the cultural and linguistic minority that uses American Sign Language as their primary form of communication. When a lower case "d" is used, it indicates the audiological distinction of having a hearing loss.

Midland and San Antonio are important as well, you neglected to arrange the meetings in a way to gather the most public comment possible. The current Deaf population in Austin is estimated to be 60,000. The only school for the Deaf in the state is located in Austin. The best services for the Deaf are in Austin—programs such as Travis County Services for the Deaf and Hard of Hearing, and the ASL/ESOL Program at Austin Community College. Your decision to host these meetings in other locations where the Deaf communities are not as large, educated, or empowered reeks of cowardice. Your decision to host these meetings in Fort Worth, Midland, and San Antonio loudly proclaims your lack of interest in the Deaf community's perspective. But we are here.

Because we are here, I would like to take this opportunity to explain exactly why Deaf people's needs cannot be summarily met by the CILs. Deaf people are a cultural and linguistic minority group (Stokoe, 1978; Reagan, 1985; Lane, Hoffmeister, & Bahan, 1996; Parasnis, 1996; Ladd, 2003; Padden & Humphries, 2005). Yes, there is a physical disability. Their ears do not work the same way an able-bodied person's do. However, from this, a language and culture unique from the American hearing culture and language developed. To simply categorize Deaf people as disabled does not recognize the unique nature of their life experience. For all other disability categories, there is one thing they have in common: English. If a person uses a wheelchair for mobility, they speak English. If a person is intellectually disabled, they use English. If an individual is Blind or Visually Impaired, they speak English. The CILs are capable of handling individuals who speak English. In no way are the CILs adequately prepared to serve Deaf individuals who do not share a common language or culture with the staff.

The importance of direct communication with service providers cannot be overstated. Steinberg, Sullivan, and Loew (1998) published research related to the willingness of Deaf

individuals to seek mental health care from non-signing professionals. In their study, they determined that sign language fluency was "essential for mental health professionals [and] that professionals accepted a minimal level of communication with deaf clients that would never be tolerated with hearing patients" (p. 983). While this research study focuses on individuals with a mental illness accessing services, the participants' comments can be generalized to the larger Deaf population and applied to the general services the CILs would be responsible for providing such as advocacy and outreach. According to this research

> deaf consumers are well aware of the contributions of interpreters and the advantages of direct communication with [providers]. Providers who have little experience with interpreting need to recognize its limitations and learn how to work best with interpreters. Clinicians should never assume that the presence of an interpreter ensures adequate communication (p. 984).

Neither should the CILs assume that the presence of an interpreter ensures adequate communication. The best way to provide services to the Deaf community is by employing other Deaf people who share a culture and language with the consumer. An interpreter is not enough when considering the scope of work the CILs will be entrusted to provide, instead there needs to be Deaf voices advocating for the rights of Deaf people (Parasnis, 1996). I do not believe that the CILs are prepared, or would even be willing, to hire the appropriate staff to serve this population.

My next point of opposition is directly related to my chosen profession. One aspect of the work of DHHS is administering the BEI exam. The BEI exam is the most valid and reliable means of certifying interpreters in the country. The BEI exam was developed in conjunction with

interpreting assessment experts from the University of Arizona and has gained recognition throughout the country as an exceptional means of verifying the individual possess the minimum skill levels to be able to interpret in specific settings depending on their certification level (BEI Basic, BEI Advanced, and BEI Master) (Bryant, n.d.). In January 2016, the national certification testing system began their self-imposed moratorium on credentialing to do a thorough review of their system. Shortly thereafter, the President of the National Association of the Deaf (NAD), Mr. Chris Wagner, issued a statement condemning the moratorium and encouraging RID to recognize the Texas BEI as a valid certification at the national level (NADvlogs, producer, 2016). Several other states (e.g. Illinois and Michigan) have also recognized the validity of the BEI exam by purchasing or leasing the test from Texas.

Developing and administering an interpreting certification exam is a very complicated process. There is a 12-step testing cycle that all psychometrically valid tests go through to ensure reliability and validity. This requires subject matter experts be involved in each stage of development. It requires input from consumers, linguists, and interpreting experts. It requires creating new versions of the exams. It requires piloting of the original exam and then piloting any additional versions. Outsourcing DHHS to the CILs also outsources the administration of the BEI exam. The CILs are not prepared to take on the awesome, and potentially overwhelming, task of administering a program that may soon have an influx of people from out of state coming to take an exam. Currently, there are 15,211 members of RID. Of that 15, 211, 10,050 are already certified (Registry of Interpreters for the Deaf, Inc., 2016). That leaves a little over 5,000 individuals who are not certified who may want to test in the next year or so. Without a national test, and with encouragement from NAD, many people will want to take the BEI exam until a national certification exam becomes available again. Bear in mind that these

numbers only reflect individuals who want to become certified, not those who are already certified and want to test to obtain a higher level of certification, or those individuals who would like to add an additional specialization such as court interpreting to their certifications. Last year alone, RID administered 1,834 exams and credentialed 250 individuals (Registry of Interpreters for the Deaf, Inc., 2016). Are the CILs really ready to take on that responsibility when the nation starts coming to Texas for their interpreter certification?

The BEI also has a grievance process. As professional signed language interpreters, we adhere to the guidelines set forth in the RID Code of Professional Conduct (Registry of Interpreters for the Deaf, Inc., 2005). Should an interpreter violate the principles of practice, there is a formal process for filing a grievance. The CILs are ill-equipped to handle this unsavory, yet necessary, aspect of the BEI program. The CIL personnel do not understand the nuances of the interpreting profession well enough to pass judgement on the actions of an interpreter. They do not understand the ramifications for ethical breaches. They do not understand the values of the community and of the profession well enough to make an informed decision on what constitutes a violation of an ethical tenet. Instead, they would be forced to adhere to a deontological approach to ethical decision making which would cause greater harm.

Lastly, I feel it is important for you to know that I understand the reasoning behind outsourcing DARS DHHS. I understand that many of their programs are not focused on the employability of Deaf Texans. I understand that their programs are not VR programs. However, the CILs are not the appropriate place to outsource Deaf services. CILs do not understand the diversity within the Deaf community, the oppression and marginalization that come from being a cultural and linguistic minority group, nor do they understand the unique accessibility, advocacy, and outreach needed for this population. Instead of outsourcing these services to the CILs, I

would encourage you to consider re-establishing the Texas Commission for the Deaf and Hard of Hearing, allowing the experts in the field of Deafness lead the way for Texas and the rest of the country.

Thank you for allowing me to speak.