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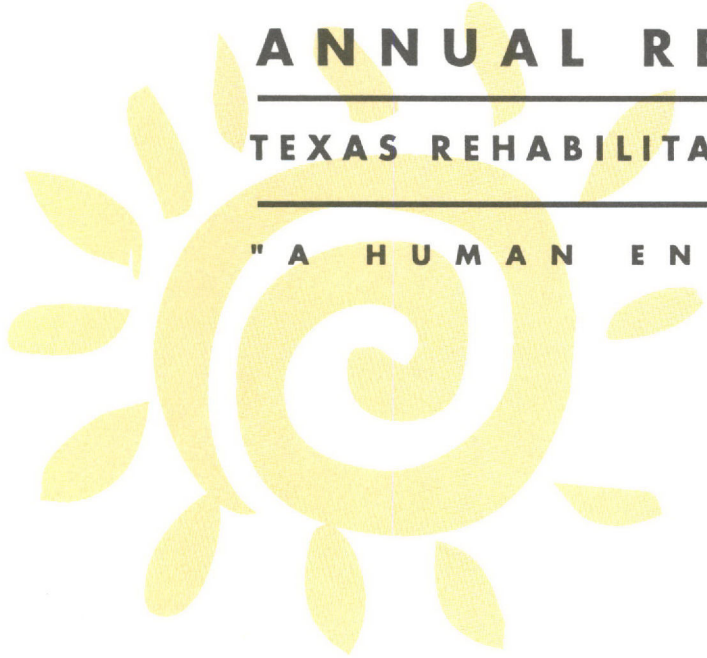
REFERENCE



ANNUAL REPORT 1992

TEXAS REHABILITATION COMMISSION

" A HUMAN ENERGY AGENCY "



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DEDICATION



This Annual Report is dedicated to the late Cathy Thomas, a life-long advocate for disability rights — especially in regards to accessibility.

“Access is a civil right,” — this was something Thomas said and believed in.

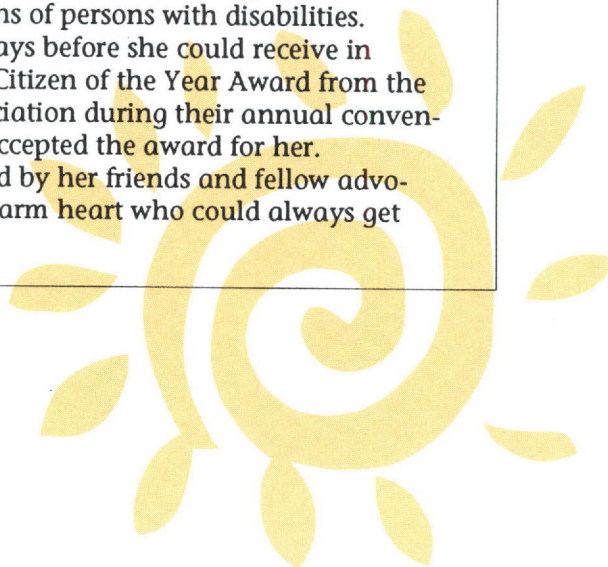
Born in 1929 with spina bifida, Thomas spent much of her life in and out of hospitals. Due to schools and other facilities being inaccessible, she received her education at home through private tutors. She learned early on that accessibility was the key to the future for persons with

disabilities and she fought relentlessly for that right.

Thomas exuded a positive, vivacious attitude. She was the type of person to grab a bullhorn at a rally and throw chants to the crowd. But more significant, she was a pioneer in changing public perceptions of persons with disabilities.

Thomas died several days before she could receive in person the 1992 Disabled Citizen of the Year Award from the Texas Rehabilitation Association during their annual convention in July. Her brother accepted the award for her.

She will be remembered by her friends and fellow advocates as a fireball with a warm heart who could always get things done.



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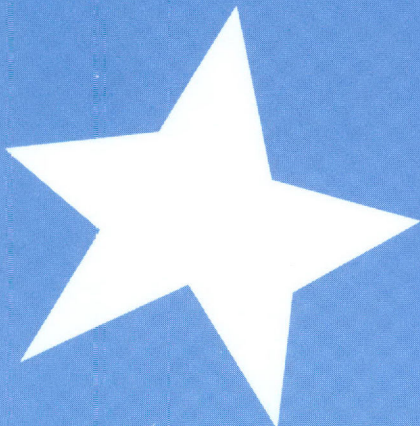
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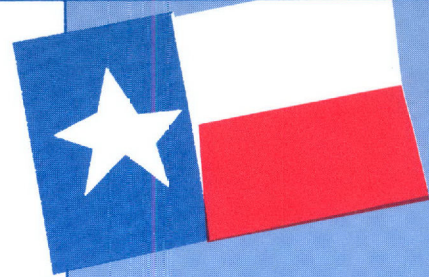
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LETTER FROM THE COMMISSIONER



It has been an exciting year. In my 30 plus years with the Commission, I thought I had seen it all. Not so. There has been more change this year than ever before and it's only just beginning.

In 1992, the Americans with Disabilities Act came into effect — offering persons with disabilities equal rights to employment, public services and transportation. ADA gave TRC a powerful tool in helping persons with disabilities achieve what they deserve — to be independent and respected members of our society.

This year, a Health and Human Services Commission was formed. We responded with a spirit of teamwork and cooperation.

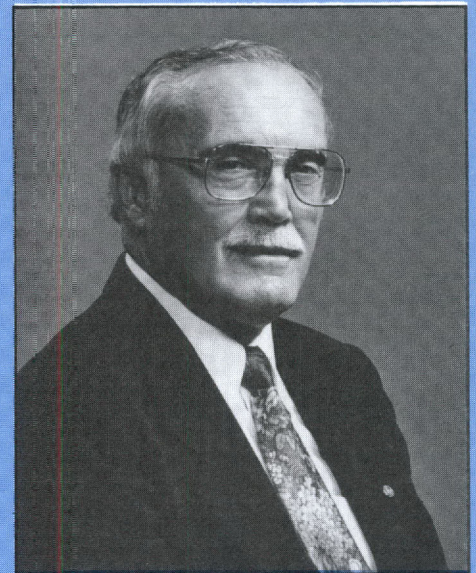
TRC has worked diligently to create a six-year strategic plan that outlines our goals and strategies for achieving these goals. I take great pride in the fact that consumers played a vital role in the development of this document.

Never in the history of TRC has Disability Determination Services had a better year. Claims processed reached an all-time high, bringing millions more dollars to the Texas economy.

TRC has always looked for better and more efficient ways of serving our consumers. This is now more important than ever before. In these tight economic times, we face a tough legislative session. And the recent reauthorization of the Rehabilitation Act may bring significant changes to this organization.

I wish I had a crystal ball and could tell you exactly what changes lie ahead for TRC. But, of course, I can't.


What I can tell you is that, as partners in the Commission, we have time and again made change work for us. And I am confident that we will continue to do so in the future.



A handwritten signature in cursive script that reads "Vernon m Arrell".

Vernon "Max" Arrell
Commissioner
Texas Rehabilitation Commission

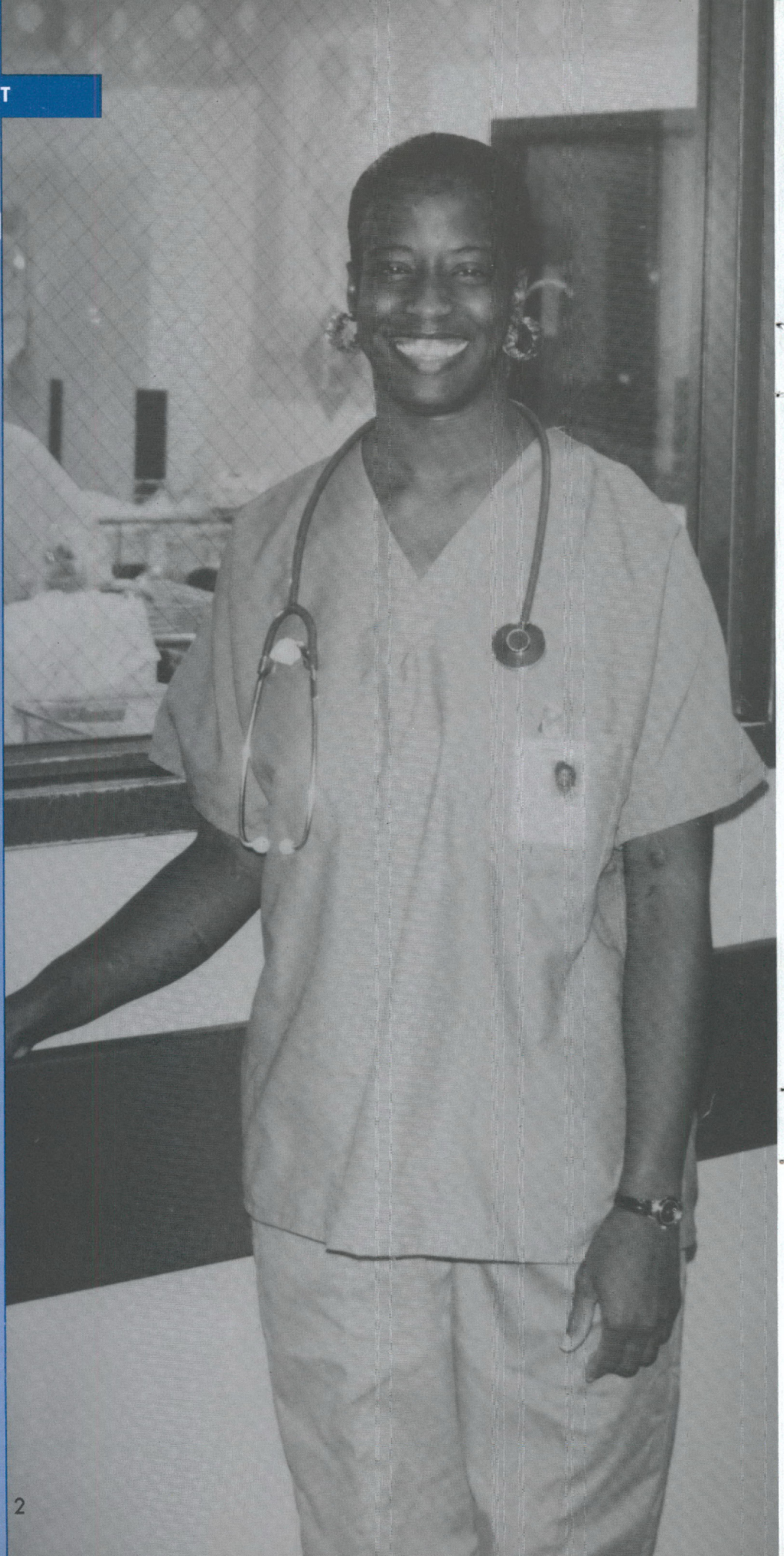
WORKING THE NIGHT SHIFT



"I love working with the babies," says TRC client Rhonda Sneed of her job as nurses aide for Parkland Hospital. Sneed keeps a schedule that most people could not do. After receiving dialysis, which is typically very draining, she then punches a time clock for the 11 p.m. to 7 a.m. shift. She is a young mother and has a new husband.

"People like her, she's got spunk and a smile that lights up a room," says Lucy Endermark, counselor in the Dallas Northeast Field Office. "As a client, she was very dependable and persistent. She worked hard in her studies and, afterwards, it took her six months to get the job at Parkland. But it was really what she wanted to do and she hung in there."

Rhonda hopes to find a matching donor for a kidney transplant. If it comes through, her goal is to enter a program to become a LVN. Good luck, Rhonda — you deserve it!





The purpose of the Texas Rehabilitation Commission is fundamental — to help Texans with disabilities lead more productive and independent lives.

TRC has been serving this purpose since 1929, when there were only two employees — J.J. Brown, the director, and his secretary. The budget then was only \$13,780 with about 400 persons applying for services in the first year.

This last year, the budget for the Texas Rehabilitation Commission was over \$214 million with a workforce of over 2,300 employees. Although TRC's basic purpose remains the same, the scope of our services surpasses anything J.J. Brown could have envisioned.

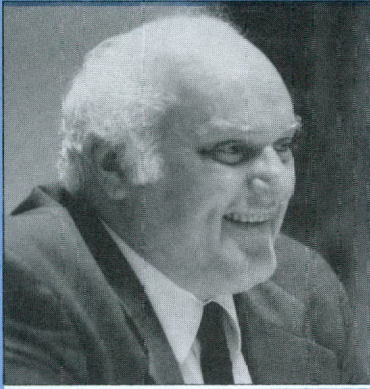
With 142 offices around the state, our vocational rehabilitation program continues to be one of the most successful state/federal programs in the history of the country — consistently ranking high for successfully rehabilitated persons.

Disability Determination Services has achieved an all-time record for the state in the amount of disability claims processed. While numbers continue to grow at a staggering amount, the employees behind DDS show that it is a system that cares.

Specialized services have also experienced growth as the diverse needs of persons with disabilities have grown. Even though jobs might not always be the end result, increased independence and quality of life for persons with disabilities make these programs worthwhile.

TRC is only able to serve a small percentage of those needing services to be independent and employed. And the chances for a substantially increased budget does not look hopeful. That is why TRC constantly strives to improve the effectiveness and efficiency of its service delivery to clients.

Every year brings new opportunities. And even though TRC has been here since 1929, we consider each year a new beginning. That is why we say — the future starts here.



Under the umbrella

In mid-1991, the state Legislature passed HB 7, creating the Health and Human Services Commission. In hopes of closely coordinating services and making more efficient use of tax dollars, they fused 11 health and human service agencies under one umbrella.

In May 1992, Gov. Richards appointed Dick Ladd, then assistant director for human services in Oregon, as commissioner of this conglomerate of agencies that rivals General Motors in scope and budget.

To date, Ladd has disavowed any intention of merging agencies. Instead, he is exploring ways to eliminate program duplication and make it easier for any client to find and access the services they need.

One of the changes at TRC as a result of the HHSC formation is the realignment of our regional boundaries to more closely track those of the other HHSC agencies.

What a year it was!

ADA becomes a way of life

In 1992, a large portion of the Americans with Disabilities Act became law. All areas of the Commission worked to do their part for ADA compliance whether it was rewriting job descriptions; compiling ADA information and resources into a useful tool kit; responding to clients', employers' and vendors' questions and/or making sure all services were accessible.

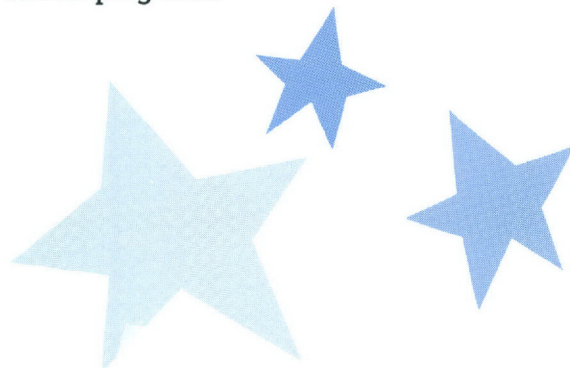
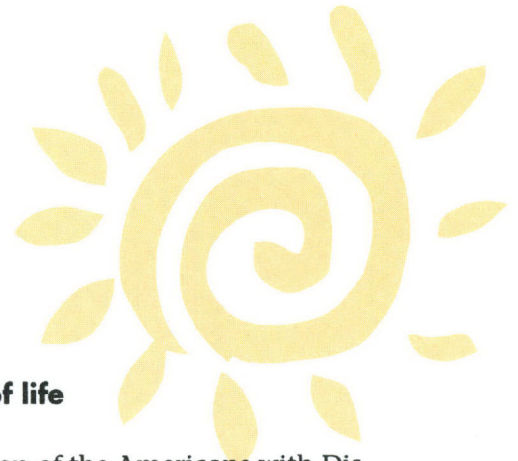
TRC led the way to positive acceptance of ADA by forming a special ADA unit. The unit's main purpose was education and technical assistance. Although this year saw the end of that unit's assignment, TRC hired one of its members as ADA coordinator, whose job is to facilitate internal compliance.

We have a plan

In response to the legislative intent in HB 7, TRC developed a Strategic Plan for the next six years that will provide the basis for legislative appropriation requests.

Involving consumers in planning at TRC has been practiced for a decade — long before consumer involvement became popular. But, the Strategic Plan involved them with unprecedented intensity. With marathon work sessions, candid dialogue and shared vision, the TRC plan reflected the wishes and hopes of those it will serve to the highest degree.

The Strategic Plan went through several revisions. The final product sets forth three goals for the Commission. The goals emphasize "an integrated system of service delivery which promotes consumer involvement;" "accuracy and timeliness" of disability determination decisions and "strengthening the continuum of direct service programs."



Breaking Barriers

At the beginning of FY 1992, DDS was a system overloaded with a serious backlog of cases to be processed. Many felt the system would buckle under the burden of record claims caused by a difficult economy with little chance of increased funds or staffing from the federal government.

But who could have predicted what would have happened next?

Under new leadership and a program called Breaking Barriers, a spirit of motivation and cooperation swept over DDS. Employees went the *extra mile* — essentially zeroed in on problems and came up with solutions to increase productivity and communication. Well-deserved recognition of hard work went a long way to reinforce and accelerate the tremendous efforts of the staff.

In FY 1992, approximately 80 barriers were broken. Its impact can be seen in the record number of claims processed and the backlogs eliminated. But also important, its impact can also be seen in the energized atmosphere and empowered attitude of the employees who worked to turn it around.

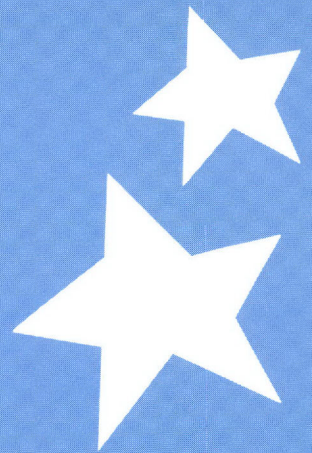
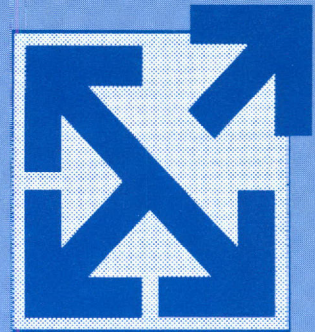
Regional Commissioner of the Social Security Administration, Noel Wall, summed up the year this way, "Miraculous! Anything else would not do justice in describing the performance of the Texas DDS in FY 1992."

The Rehabilitation Act is authorized ... again!

The year ended with an exciting note — the passage of an amended and reauthorized federal Rehabilitation Act. As Congress approached adjournment, the reauthorization of the Rehabilitation Act was in conference committee, with little expectation of action. Then, with less than two days remaining in the session, the bill came out of conference committee and was passed in both houses.

Amendments were made that could have far-reaching consequences for the field of rehabilitation, including the criteria for eligibility of VR applicants, the addition of new VR services and a governor appointed consumer advisory council.

The Act, reauthorizing the levels of federal appropriation for the next five years, is the longest running federal/state cooperative program and has been amended less than six times in its 60-year history.

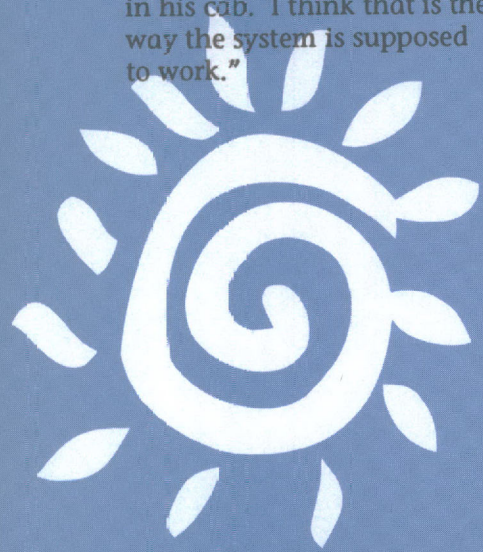
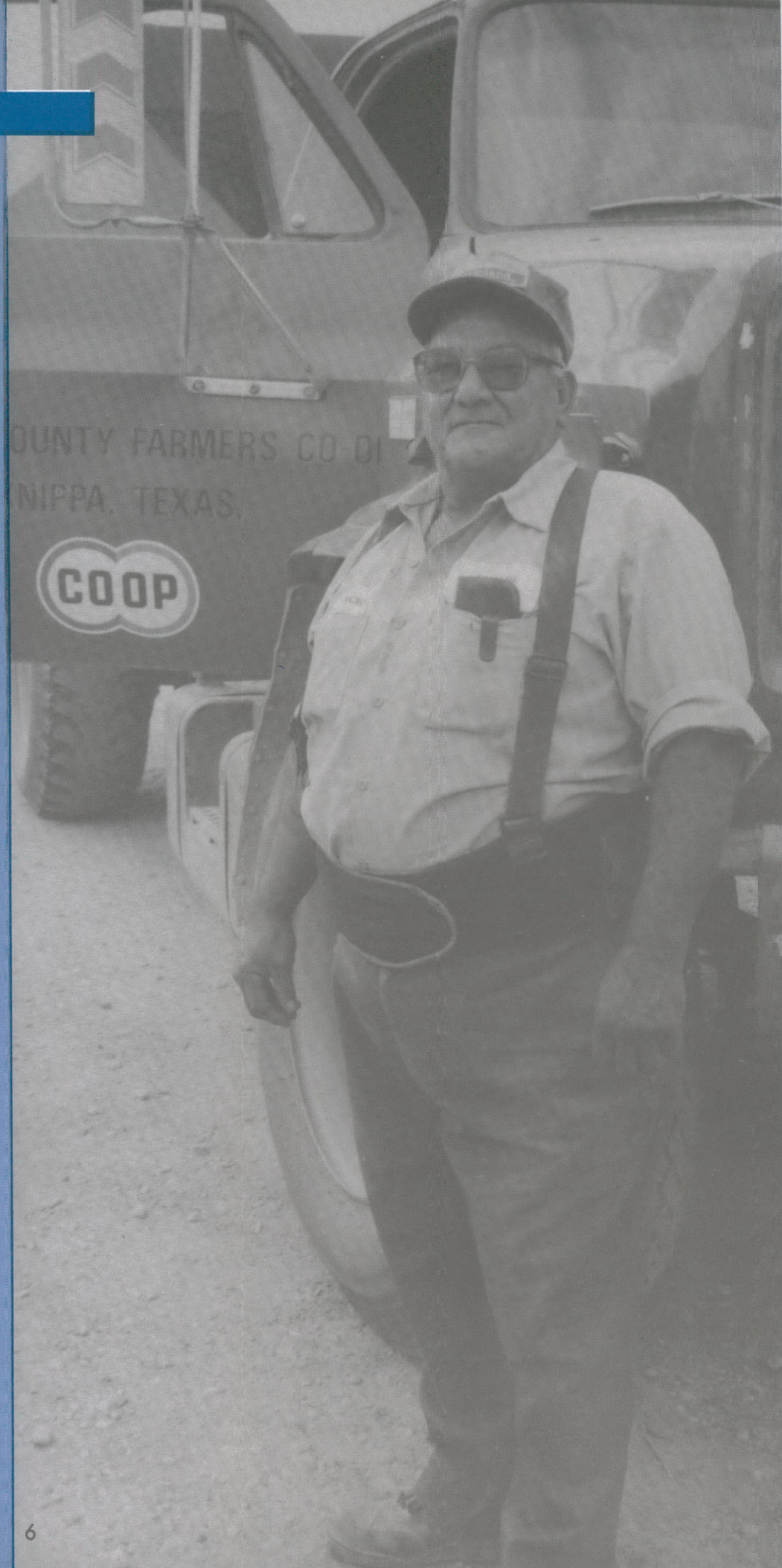


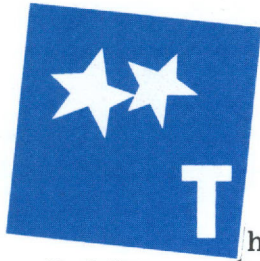
ON THE ROAD AGAIN

Nativo “Shorty” Palacios is only 5’5”, but he has a work ethic that is a mile long. He drives a fertilizer truck for the Uvalde County Farmers Cooperative in Knippa, Texas — a job he has been doing for quite a few years.

Even though he has had severe arthritis, he has done his job well and the managers have relied on his dependability. Finally, knee replacement and amputation above the knee were necessary for Shorty, who had just turned 60 years of age.

Alan Klaus, manager of the Cooperative, sums it up this way. “Shorty worked and limped for years — until he just couldn’t handle it anymore. TRC really helped out, because without sick leave benefits or medical insurance, his options were limited. Between his counselor (Gilbert Bermea) helping with the surgery and therapy and our taking groceries out to the house, Shorty is back in his cab. I think that is the way the system is supposed to work.”





The characteristics of persons with disabilities are diverse. Conditions range from extremely severe such as quadriplegia and traumatic brain injury to those less severe such as mild hearing loss, stroke or amputation. There are also disabilities that are not visible upon first glance such as drug abuse or mental illness.

Each condition represents different challenges and obstacles. And each client brings strengths, weaknesses, likes and dislikes that are distinct, regardless of their disability.

To respond to the diverse and sometimes complex needs of the disabled community, we offer a wide range of services. The continuum of services available shows us that persons with disabilities can and want to be productive, independent members of their communities.


The continuum can be described in terms of employability. At one end, services are designed for persons who can work in the competitive job market — Vocational Rehabilitation (VR). On the other end are services for persons with disabilities so severe that they have no work potential and need benefits to sustain them — Disability Determination Services (DDS).

All other services fall in between the two extremes. A person's disability may prevent competitive employment but allow for work in a supported work environment. Or a disability may greatly limit a person's work potential, nevertheless, services are geared toward independence and productivity in daily living.

Although the size and scope of services vary, all are important. TRC's number one mission is achieving the highest quality of life possible for our clients.



GIVEN A CHANCE

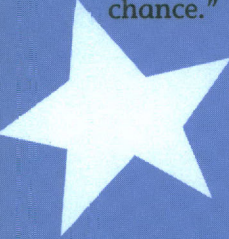


"I had almost accepted the fact that my life was a failure. In 10 years, I had not had steady work. I lived on the streets or in halfway houses. My family rejected me. I had become bitter."

This is a common scenario for someone with chronic mental illness. Many times, they slide through the cracks of society to end up in an institution or on the streets.

Gary Smith recently completed an innovative new program in TRC. In conjunction with MHMR and Houston Community College, a person with a severe mental illness is trained as a case manager aide and is then employed by MHMR. The beauty of the program is that, as a consumer of the mental health system, the client is trained to provide services for other consumers of that system.

"Everybody's got problems, so do I. But I'm working on them," says Smith. "I felt it was my last chance. TRC gave me that chance."



*TRC Counselor
Henrietta Collier with
client Gary Smith*





The Vocational Rehabilitation (VR) Program assists persons with disabilities in getting and keeping jobs. A VR counselor and client work together to come up with an individualized program to meet a client's specific employment needs.

VR counselors must be versatile to be able to function in the diverse situations they encounter on a regular basis. In a typical day, they might interview parents of a child with mental retardation, purchase an assistive device for a person who has lost their use of limbs or arrange for a computer program to give voice function to someone who has lost that ability.

Counselors take advantage of a variety of tools to accomplish their goals — whether it be equipment purchasing, counseling or training. For example, counselors can arrange for job coaches to work with clients on the job to help them “learn the ropes.” Because of this, persons with severe disabilities are now candidates in areas of competitive employment where they would not have been a few years ago.

New technology is used to help give persons with disabilities new opportunities. The computer age has brought about job functions well suited for persons with disabilities. In addition, high- and low-tech innovations have enabled employers to accommodate persons with disabilities in the workforce, many times at very little expense.

The Vocational Rehabilitation Division Program actively searches for special, hard-to-reach populations who need our services. Without a diligent effort, groups such as Native Americans and migrant workers probably would not receive the help they need.

Return-to-Work projects — which assist injured workers in returning to employment within their same company, are being piloted in three Texas cities with great success. Based on early intervention, it's a win-win situation. The employer keeps an experienced employee and the employee keeps his/her job and benefits. The Commission provides a valuable service to a Texan with a disability at a substantially lower cost because the employer's insurance pays for most services.

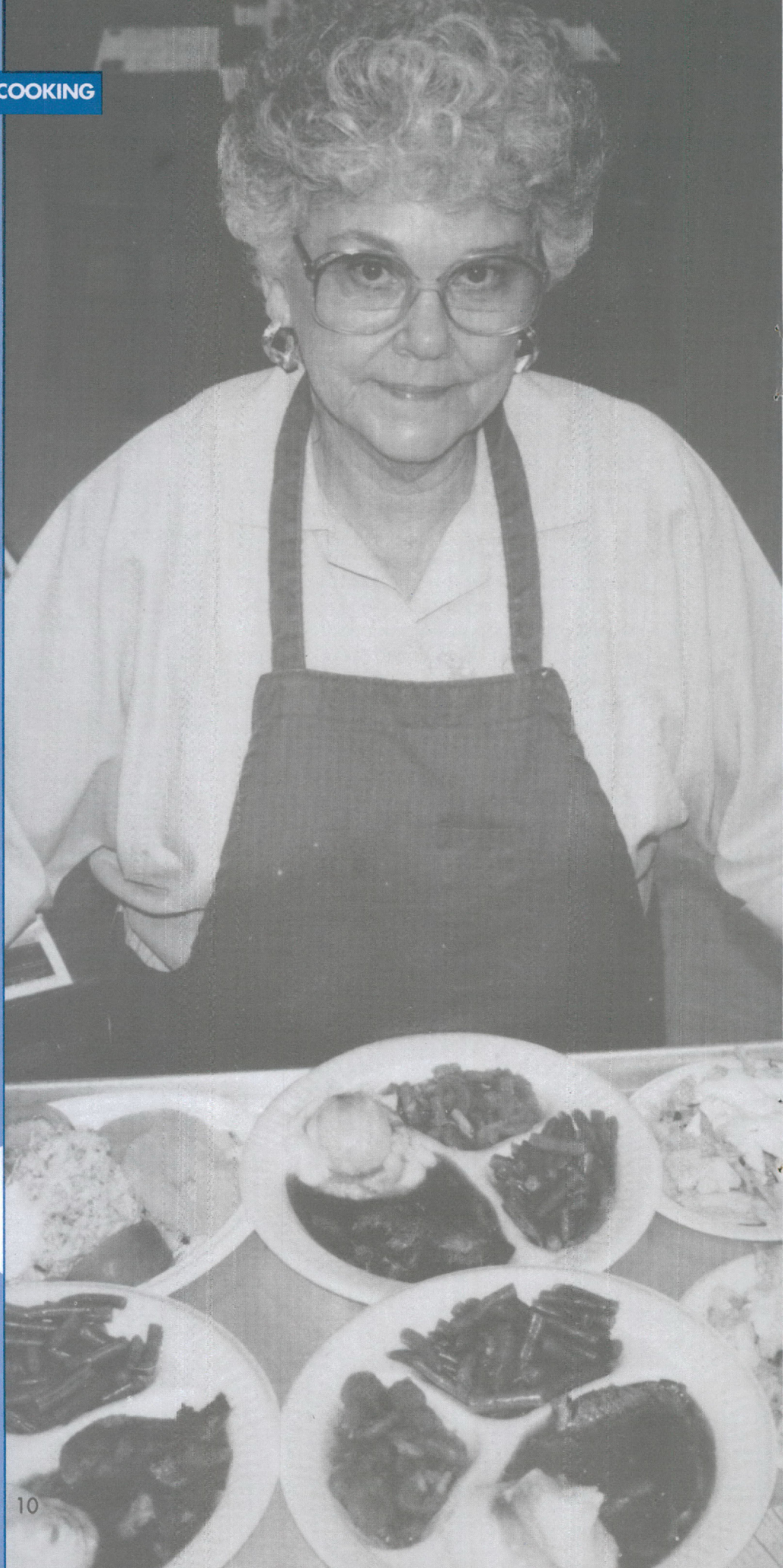
WELCOME TO DOWN HOME COOKING

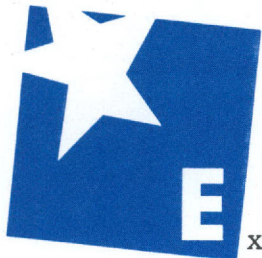
Every Monday through Friday there is a blue plate special at the Blue Bonnet Room Cafe in Gainesville. To accompany it is fresh, homemade rolls and on the four walls of the cafe are beautifully painted murals that give the restaurant a relaxed feel. The cafe has become a meeting place for a small community where almost everyone knows each other.

But what makes the cafe special is that almost all its employees have mental retardation. The restaurant started as a creative idea from Janis Cravens of Cooke County MHMR to find integrated employment for persons with this disability. TRC has worked closely with the restaurant staff to provide work adjustment training and personal/adjustment training for the employees.

The cafe evolved from the workshop it started out as. In addition to the restaurant and sheltered workshop in back, there is also a souvenir shop. "Everyone has so much fun with it," says Sharon Steele, TRC counselor in Gainesville. "And the community support has been tremendous."

*TRC client
Vonnie Traffenstedt*





EXTENDED REHABILITATION

Extended Rehabilitation Services (ERS) concentrates on persons with severe disabilities who need special and intensive services to function in the community and the workplace. In contrast to short, time limited services in VR, ERS provides ongoing support, without which a client would not be able to keep a job.

ERS is tailored to client's individual needs by offering clients two basic choices. The primary option is Community Integrated Employment (CIE) and the other selection is Alternative Sheltered Employment (ASE).

The key difference is that CIE is integrated in the community or in a workplace where more than 50 percent of the employees do not have disabilities whereas, in ASE, a large majority of the employees will have severe disabilities.

ASE provides more structure and support while CIE offers flexibility in the work environment.



TRANSITION PLANNING

Transition Planning helps students, age 16 or older, enrolled in special education, bridge the gap from public schools to independence and jobs. It supports an essential step for students with disabilities to prepare for adult life whether it is choosing a college, learning a trade or finding a place to live.

This program received a significant cut in funding by the Texas Legislature in early 1992. Due to this, Transition Planning is currently operating on a limited scale.

HEY, COACH

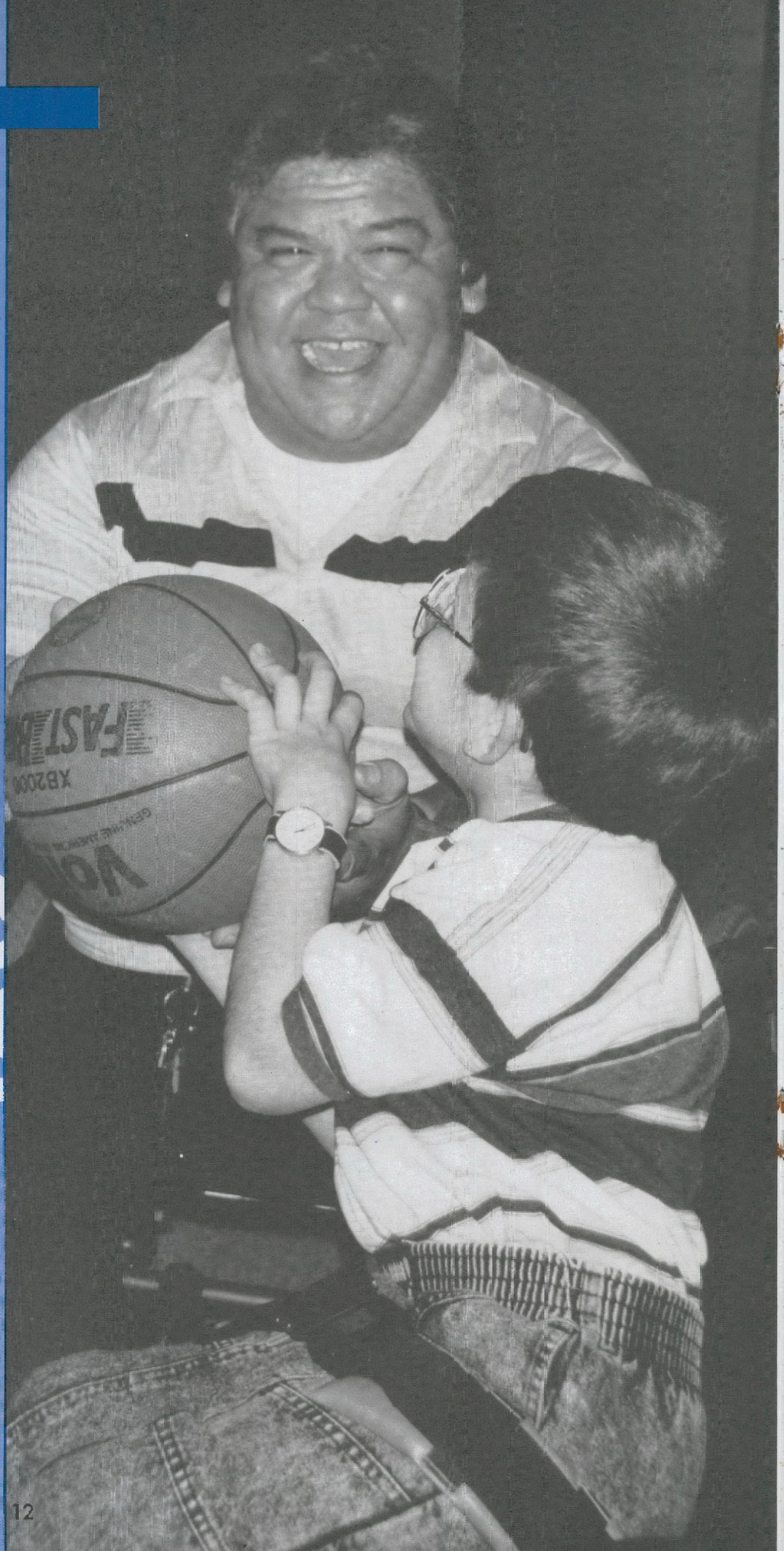
TRC client, Trini Medina, started out in the Independent Living Program. By using case service funds, TRC assisted Medina in putting into his van hand-controls and a chair lift which allow him to travel to the grocery store, to work or to other places that would be difficult, if not impossible, to get to otherwise.

Now that Medina has his van, he's been on the move ever since. How's this for independent living ...

Trini is a regular at St. David's Hospital's fitness center as a motivator to clients who have gone through traumatic injuries. He's also involved with a program there called "Super Sports" where Medina works as coach/mentor, getting children in wheelchairs involved with sports at an early age. He works with Texas Paralyzed Veterans. He worked at the Austin Resource Center for Independent Living as an instructor for other persons with disabilities. He advocates for other clients.

"I can't keep up with everything Trini is involved in," says John McAnn, his counselor. "He is one of the most super people in the world. Not only has he learned to live independently, but he helps others to do so too."

In all of his activities, it is "Super Sports" that holds a soft spot in his heart. "When you see these kids, you just fall in love with them," says Medina. "And the best thing for them is someone who encourages them to do things on their own. Sometimes I'm tough, but it's what they need."





The main goal of the Independent Living Program (ILP) is self-sufficiency and quality of life for persons with severe disabilities, even though their potential to work is very limited. ILP has two components.

First, TRC supports and funds 10 independent living centers across the state that provide peer counseling, information, referral, advocacy support and other measures that encourage persons with disabilities to lead more independent and self-directed lives.

Secondly, TRC provides case service funds for such things as training, personal attendant care, equipment and communication devices that support but do not duplicate services provided by the independent living centers.

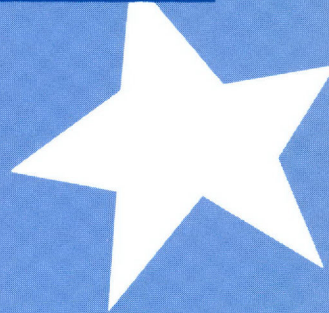
A personal attendant helps a person with a severe disability in daily living activities, such as bathing and getting dressed. Attendant services are vital but expensive and often cost more than people who need them can make on their job.

Personal Attendant Services eliminate one of the biggest obstacles for persons with disabilities in keeping their jobs. It allows the client to share the expenses of personal attendant care with TRC at an amount determined by their income.

This gives important incentive for work by allowing persons with disabilities to make money above the costs of basic care.

INDEPENDENT LIVING

PERSONAL ATTENDANT SERVICES



PULLING THINGS TOGETHER

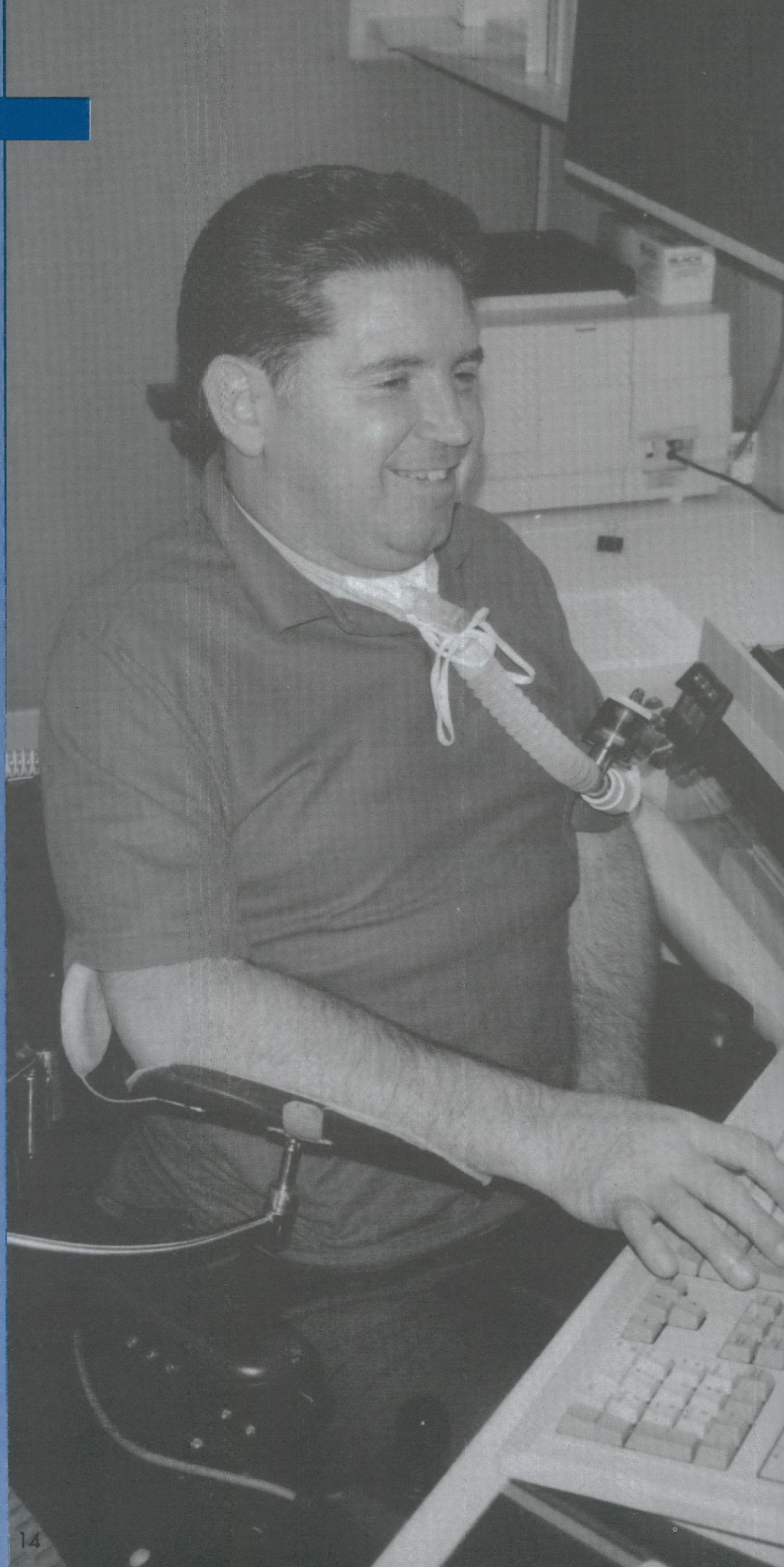
"The people at the acute care hospital told me when I left I would never eat or talk. Within a week at the comprehensive rehabilitation hospital, I was eating. Within two weeks I was talking," says Larry Coindreau, systems analyst for TRC.

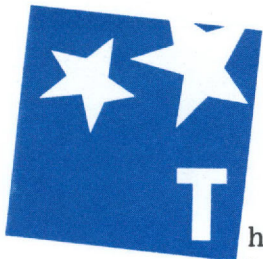
Five years ago, a freak fall from only six feet off the ground broke his neck and left him heavily sedated for three weeks. When he finally came to, he was alone in a hospital room — unable to move, speak or breathe on his own.

Through the long road of recovery and hard work, Coindreau increased his independence. Even though on a respirator, he increased his living skills to a point where he could go through a TRC sponsored IBM/computer course to learn to be a systems analyst. After that, he came to work for TRC.

As a reasonable accommodation, TRC provides Coindreau with personal attendant services. Coindreau stays active on and off the job. He commutes to work each day from San Antonio to Austin. Other than work, he stays involved in fund-raising.

"Even with my limited mobility, I've seen people a whole lot worse than I am," says Coindreau. "I feel lucky just to be alive."





DEAF-BLIND MULTIHANDICAPPED

The Deaf-Blind Multihandicapped program serves people who are deaf-blind and often disabled in other ways. Clients of the program learn to cope with the necessities of daily living, often for the first time. By learning basic living skills, they improve their ability to function independently.

The Deaf-Blind Multihandicapped Program involves three components: 1) parental counseling and guidance to foster greater understanding of the needs of deaf-blind persons; 2) a summer outdoor camp program that provides training and new experiences in a unique setting; and 3) residential services offered through contracts with community residential sites to increase daily living skills.

Formerly referred to as Comprehensive Medical Rehabilitation Services, it serves persons with traumatic brain injuries and/or spinal cord injuries. Studies show that quick intervention after acute care to learn basic living skills and maintenance greatly increases a person's chance for independent living.

Mandated by the state Legislature, a special court assessment for those charged with DWI, speeding and helmet violations goes into a special fund to pay for services in a comprehensive rehabilitation hospital. These specialized hospitals offer intensive services such as occupational, physical, speech, and recreational therapy that help a patient deal with their disability.

COMPREHENSIVE REHABILITATION

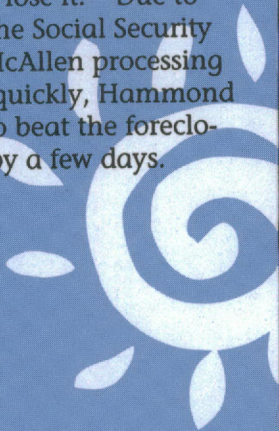
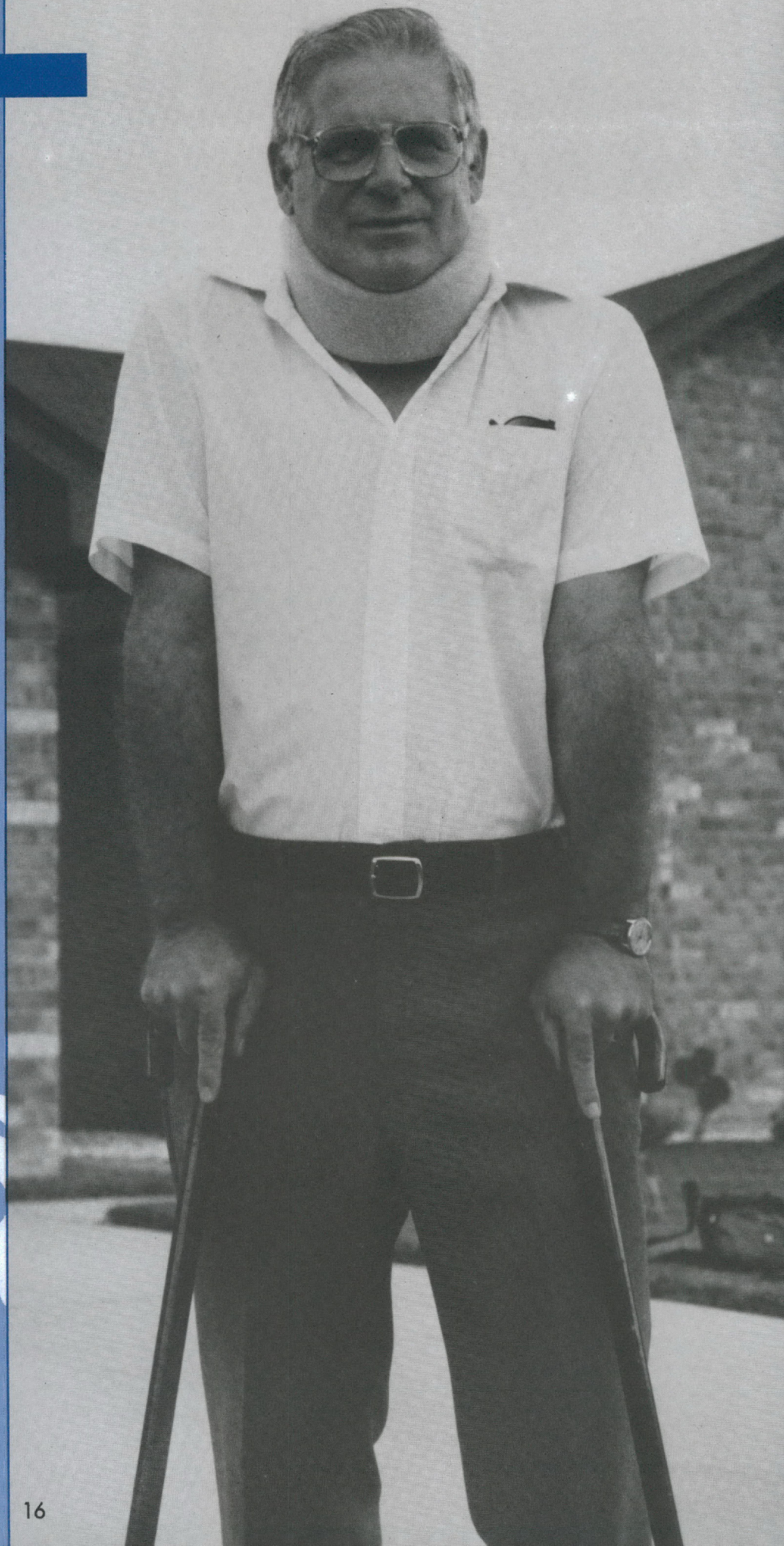
HOME, SWEET HOME

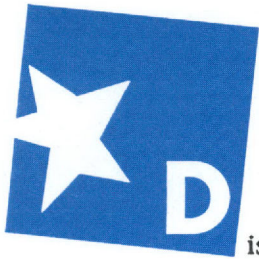
When a seemingly simple hernia operation went wrong, John Hammond, Jr. found himself unable to work. Soon, he found himself in jeopardy of losing his home to foreclosure.

Hammond turned to the U.S. Government for help. Initially, DDS turned him down for social security disability benefits because his claim did not have all the medical records needed. When he appealed, Hammond says he got lucky that he got Mike F. Jones as an examiner.

"The system broke down, but the people behind the system really cared," says Hammond. "He called me and took the time to listen to me. To Mr. Jones I was not just a folder crossing his desk. I was a human being seeking help."

"You know, I worked all my life to be able to afford a house like this," says Hammond. "I just couldn't believe I was suddenly in a position to lose it." Due to DDS and the Social Security Office in McAllen processing the claim quickly, Hammond was able to beat the foreclosure date by a few days.





Disability Determination Services (DDS) determines eligibility for persons with severe disabilities who apply for Social Security benefits and is entirely funded by federal dollars. More than a third of all TRC employees work in the DDS division.

Although the Social Security system has a stereotype of being a cold, impersonal system, DDS employees show it is a system that cares.

For example, in response to the growing number of AIDS and HIV related claims and the difficulty in determining these claims, DDS developed a special unit whose sole purpose is to adjudicate AIDS and HIV related claims. This unit has been able to reduce, by half, the average time required to process a claim.

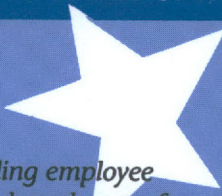
Texas is the only state in the country that offers face-to-face hearings with applicants that have been turned down for benefits. Many times an applicant's last chance to receive benefits, DDS has been able to allow for 30 to 40 percent more HIV related cases by getting additional information at the interviews.

Texas is also one of three states engaged in a special project targeting the VA homeless population. This is a joint project with the Veterans Administration, Social Security and DDS in Dallas. Hearings Officers conduct interviews at a VA facility and take extra effort in obtaining medical records, sometimes even arranging for medical examinations on the same day.

DDS is now pursuing automation to increase productivity. The Automated Disability Examiner Workstation (ADEW) — a networked, intelligent workstation designed to ease the burden of the routine clerical tasks, is currently being piloted in two units.



THE 1992 EMPLOYEES OF THE YEAR



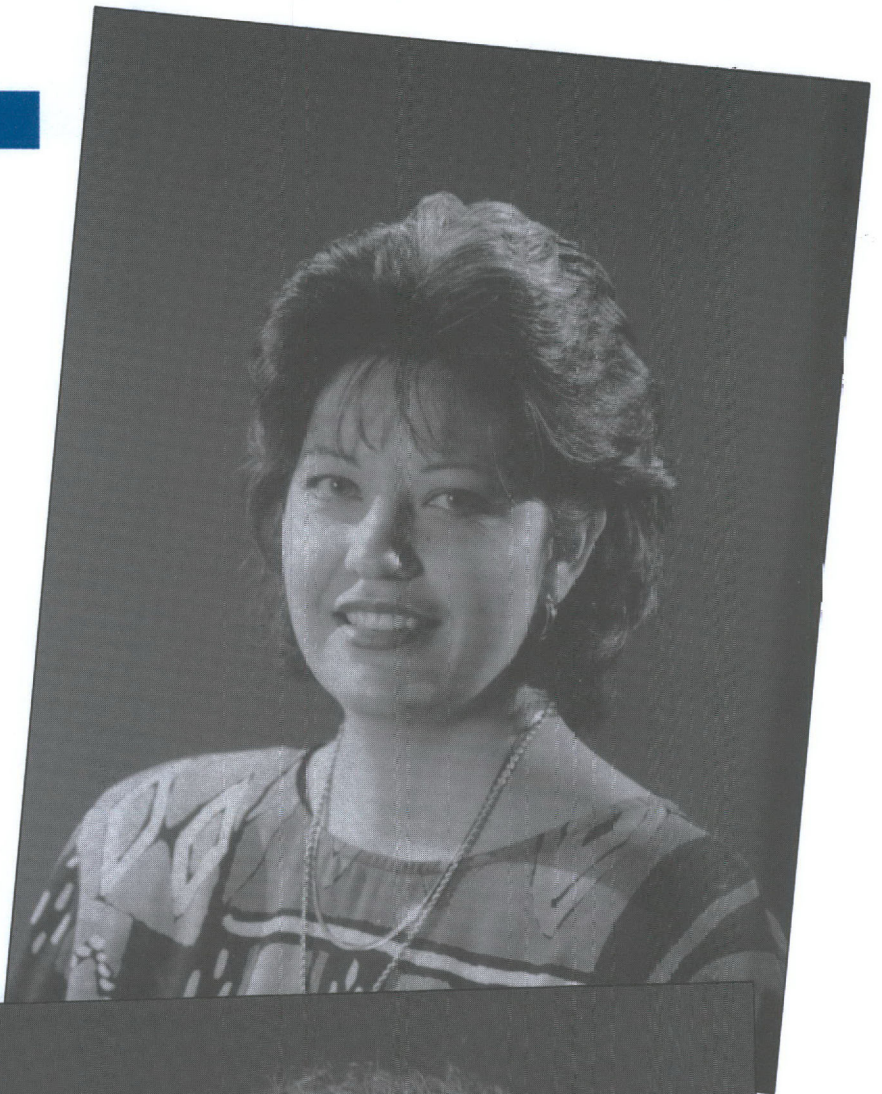
Outstanding employee selections are based on performance above regular job activities; positive relations with co-workers, clients and the public; dependability, initiative, and flexibility; projecting a positive agency image; and other activities that make the employee outstanding. The awards are divided into two salary categories: Group 1 (salary categories 2-11) and Group 2 (salary categories 12-20).

ANNA LARA,
Clerical Supervisor,
Unit 2, DDS

Anna Lara has been employed by TRC since 1982, holding several positions. She sets an example and is always willing to lend a helping hand where needed. Her efficiency, flexibility and dependability tops the list. Her quiet, cool manner enables her to work very professionally and the unit employees' work flows extremely smoothly, as a result of how she handled her supervisory role. It is Anna Lara's attitude and actions that demonstrate her dedication and loyalty to TRC.

MARILYN PADGETT
Area Manager,
San Antonio Field Office,

This is not the first time that Marilyn Padgett has been recognized. Through her involvement, she has twice received the TRA Giant Step Award, the TRA Presidential Meritorious Service Award and the TRA Special Recognition Award for Leadership and Outstanding Service. Marilyn Padgett is extremely fair and honest and has the respect of all who know her. Her staff indicates she is the best boss, teacher, friend, inspiration and role model.



The Administration provides the leadership, management and oversight of all TRC operations. Activities include but are not limited to: personnel, accounting, budget, staff development and public information.

TRC also provides administrative support for the Texas Advisory Board of Occupational Therapy (TABOT) and the Texas Planning Council on Developmental Disabilities (TPCDD).

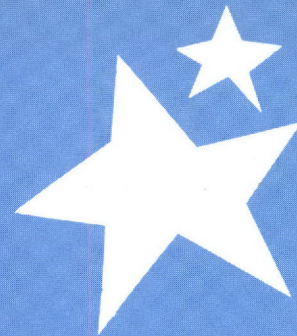
Although administrative personnel are typically not visible to clients, their dedication is no less. Behind the scenes support, such as the overseeing of office leases, warehouse operations and purchasing, are taken for granted but have a big impact on the quality of service we can give our clients. Administration continues to strive for improvements in TRC service delivery, increased automation and efficient use of tax dollars.

Consumers have traditionally maintained a strong voice in TRC operations. Through our Consumer Advisory Committee, they provide feedback on programs and other issues relevant to the Commission. TRC works to keep consumers informed by providing a special, monthly newsletter and offers a toll-free number that consumers can use to respond to TRC programs/policies.

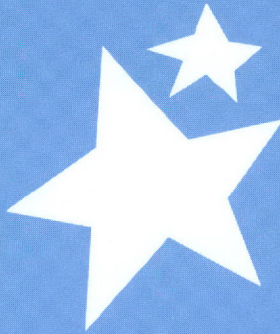
Interactive planning, also known as participative management, has now been practiced three years in the Commission. Interactive planning gives employees an opportunity to control their future by involving them in the process of making policy that affects them. Examples of decisions made by interactive planning boards are the use of flex-time, dress codes, ADA implementation and quality control.

Also coming out of an interactive planning meeting in 1990 was the idea for a research and development function in TRC. This year, the beginning of that idea became a reality. In a joint grant with the Texas Department of Health, TRC began conducting research in identifying ways to prevent secondary disabilities related to traumatic head and spinal cord injuries. This research will have direct implications for our clients.

The Texas Rehabilitation Commission is here to meet the ever increasing and changing needs of Texans with disabilities. Meeting these needs offers a constant challenge to each and every TRC program, department, unit and field office in this state.



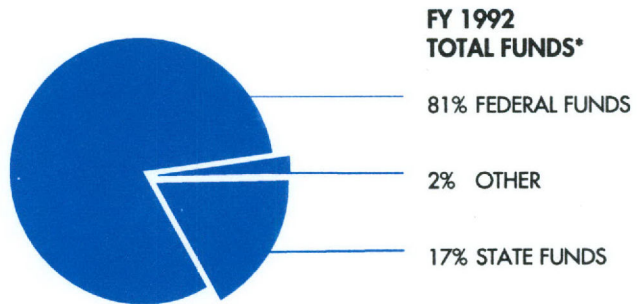
Bottom line accountability is very important to ensure that as many people with disabilities are served as efficiently as possible. This performance section is our report card from FY 1992.



THE BIG PICTURE

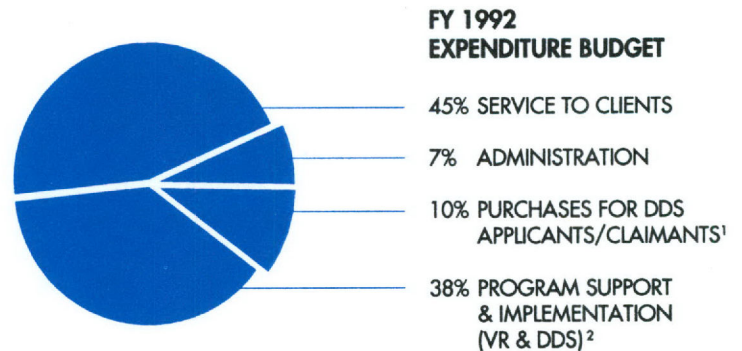
Where did the money come from?

In FY 1992, TRC was able to match all federal Vocational Rehabilitation monies allocated for the state of Texas and was also able to match additional federal dollars that others states were not able to use. Disability Determination Services is 100 percent federally funded.



TOTAL: \$214.7 Million
*State basis, excluding benefits

How did we divide it up?



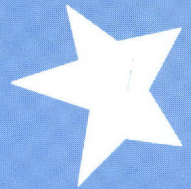
TOTAL: \$214.7 Million

¹ Purchased services were for clients in the following programs: Vocational Rehabilitation, Extended Rehabilitation Services, Independent Living Services, Comprehensive Rehabilitation, Public Offenders Program, Transition Planning, Grants including Migrant and Tech=Ability and Deaf-Blind Multihandicapped.

² Program Support and Implementation include salaries, operating expenses, capital outlay and grants.

KEY PERFORMANCE TARGET REPORT	1992 Projected	1992 Actual	Percent of Performance Attained
VOCATIONAL REHABILITATION			
Eligible clients served	60,391	68,189 ¹	112.9%
Eligible clients rehabilitated	16,297	16,615 ¹	102.0%
EXTENDED REHABILITATION			
Community Integrated Employment — jobs created	267	473	177.2%
Alternative Sheltered Employment — jobs created	975	877	89.9% ²
PERSONAL ATTENDANT			
Persons served	78	80	102.6%
TRANSITION			
Students served	90	165	183.3% ³
INDEPENDENT LIVING			
Clients served through Comp. Services	1,651	1,622	98.2%
Clients served through Independent Living Centers	3,700	3,324	89.8% ⁴
DEAF-BLIND MULTIHANDICAPPED			
Residential Slots Provided	24	23	95.8%
COMPREHENSIVE REHABILITATION			
Clients served	148	137	92.6%
DISABILITY DETERMINATION			
Claims processed	208,327	266,765	128.1%
 ¹ Based on the state fiscal year ending in August.			
² The decrease in sheltered jobs is the result of a process that increased a counselor's ability to move a client from Alternative Sheltered Employment (ASE) to Community Integrated Employment (CIE).			
³ The significant increase in students receiving services is the result of adding 3.5 counselor positions in the third quarter.			
⁴ Most IL centers are funded on a federal fiscal year basis, this data is based on performance for three quarters.			

To make state government more efficient, the 72nd Legislature established a goal/outcome approach to measure program achievements and accomplishments. Actual performance of each program was compared to projected performance. Summarized below are the results as reported in the Fourth Quarter Key Performance Target Report for 1992.

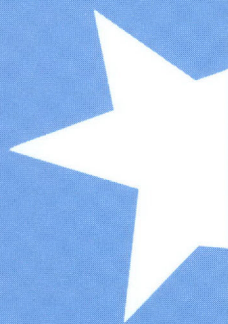


THE BOTTOM LINE...WHO BENEFITS?

Who wins — our clients, claimants AND also every taxpayer in the state of Texas.

- For every \$1 spent in Texas on Vocational Rehabilitation, \$14.18 was generated in personal income.
- Over \$171 million a month is paid in disability benefits — which translates into approximately \$8.8 billion each year in federal dollars to Texas.
- Annual income at the time of referral was \$37 million for our 16,486 rehabilitated clients. Income at the time of closure was \$204 million — a difference of \$167 million in taxable income.

(Based on federal fiscal year ending in September)

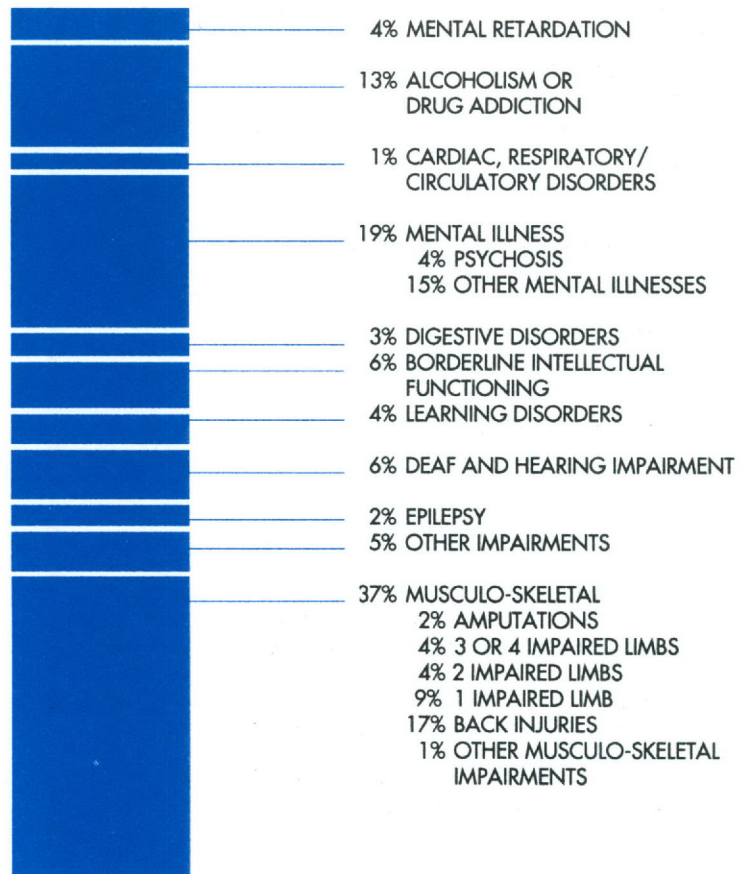


Who did we serve?

TRC serves persons with a wide variety of disabilities, the overwhelming majority of which are severely disabled. The largest categories of disabilities served are musculo-skeletal and mental illness.

VOCATIONAL REHABILITATION PROGRAM

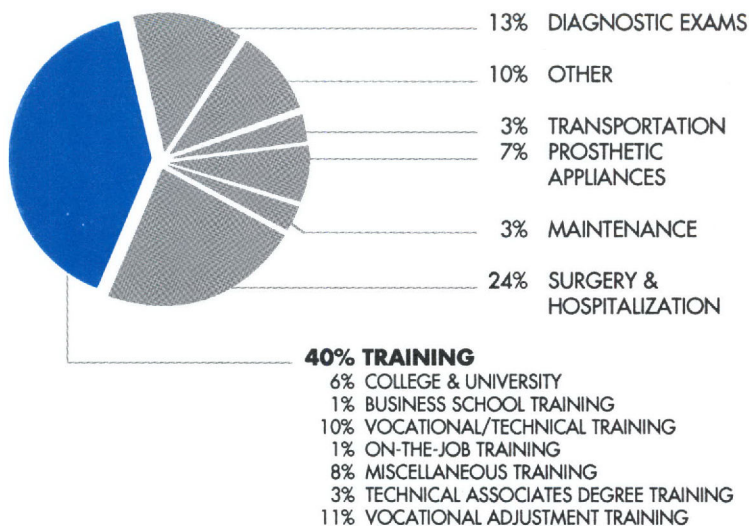
PRIMARY DISABILITIES OF ELIGIBLE CLIENTS SERVED FY 1992



What did we do for them?

Forty cents of every dollar of case service money went for training of clients for employment. The options for training covered every aspect of skill development, from college education to on-the-job training. One-quarter of all TRC clients received surgery or hospitalization.

FY 1992 SERVICES BOUGHT FOR CLIENTS with the Vocational Rehabilitation Dollar

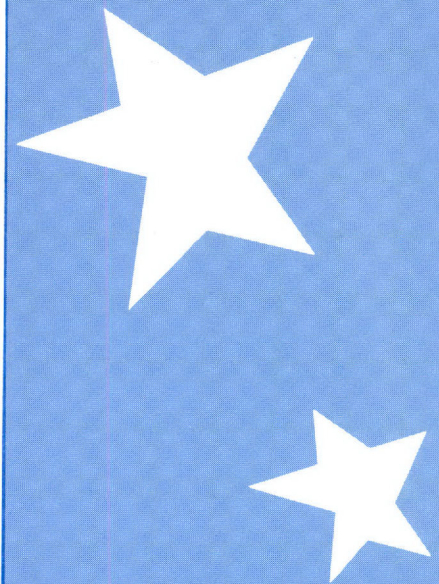


What did our customers think?

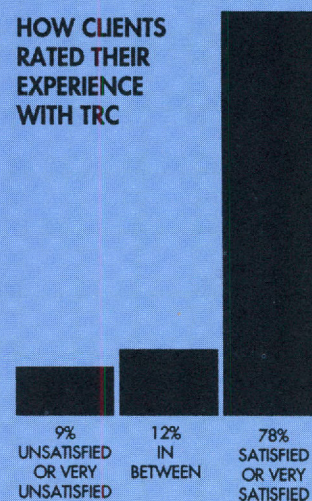
Client satisfaction is an important dimension in determining the quality of rehabilitation services. So we asked our clients what they thought of us and the services they received. The initial results were favorable. Performed by an independent source for TRC, 2,400 clients responded to a telephone survey.

Here's what they had to say:

- 85% felt TRC appointments were promptly scheduled.
- 93% felt they were treated with courtesy and respect.
- 85% felt counselors took time to listen to their needs.



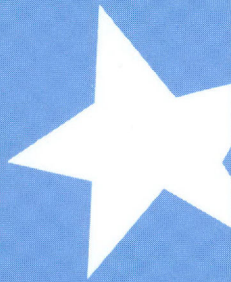
HOW CLIENTS RATED THEIR EXPERIENCE WITH TRC



THE END RESULT

FY 1992 Vocational Rehabilitation Highlights

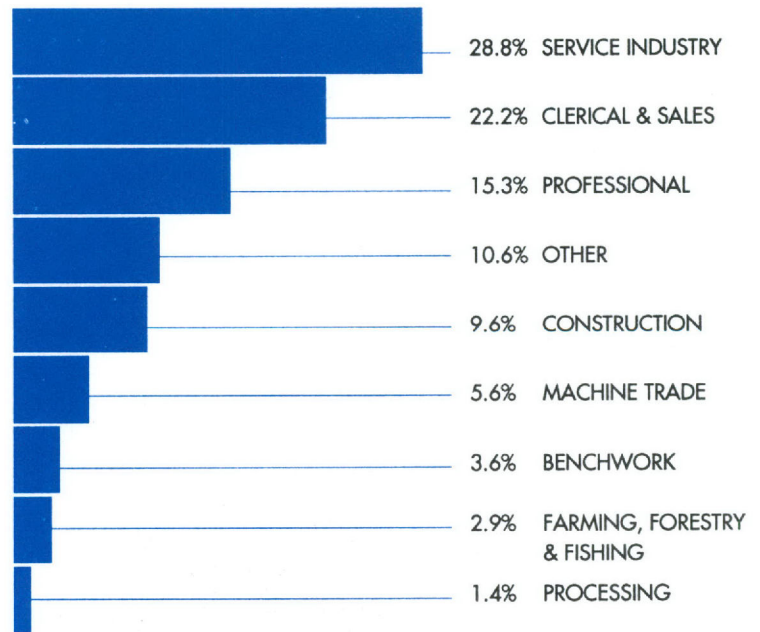
- There are 457 counselors in 142 offices across the state.
- Approximately 94,934 persons with disabilities were served during FY 1992. TRC served 7.2 percent of the estimated population of persons with disabilities in need of services in Texas.
- Of the 67,687 eligible clients served in FY 1992, 16,486 were successfully rehabilitated and 41,119 continued to receive services at the end of the year.
- Approximately 72 percent of the clients rehabilitated in FY 1992 had severe disabilities.
- Over 22 percent of all referrals in FY 1992 were workers injured on the job. In FY 1992, TRC returned over 3,300 injured workers to employment.



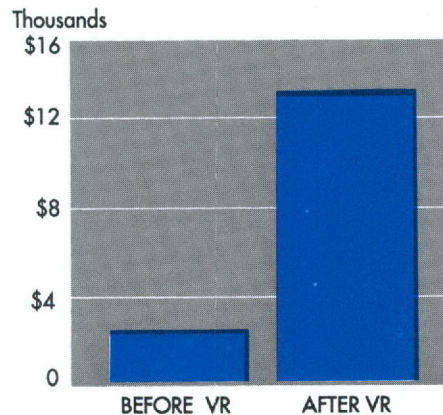
Vocational Rehabilitation is an investment which pays. Client earnings increased significantly after receiving services, improving by five times their ability to support themselves.

TRC clients were placed in numerous jobs, with the majority of them falling into the occupational categories of Service, Clerical and Sales and Professional.

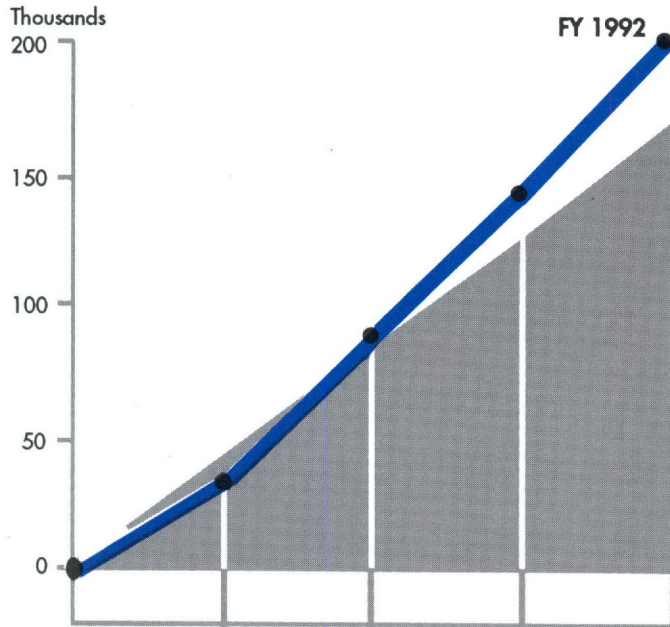
FY 1992 REHABILITATION PLACEMENTS



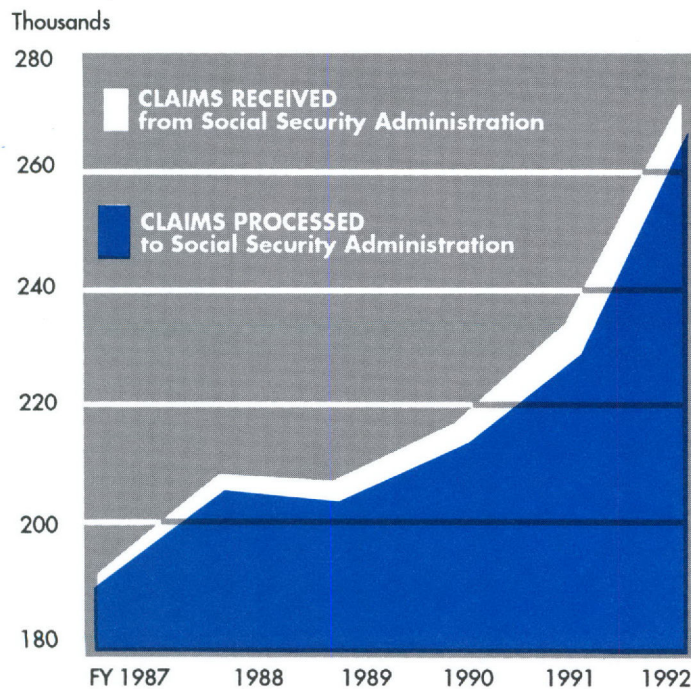
AVERAGE ANNUAL EARNINGS



**FY 1991- 1992 CASES CLEARED
Rate Comparison**



* One case may have several different claims, thus the number of cases cleared each year will be lower than the number of claims processed.

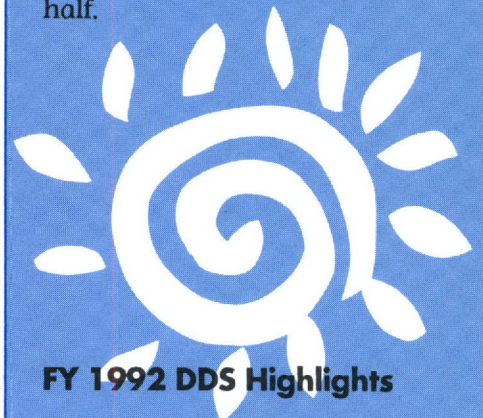


Are the numbers really up?

The answer is yes. Traditionally, the number of disability applications made goes up as the economy worsens. This clearly reflects what has been happening at DDS for the last several years.

How did DDS respond?

FY 1992 was the most productive year to date for DDS. In 1992, approximately 40,000 more cases were cleared than in 1991, a remarkable increase. This is further shown by the fact DDS cut the backlog waiting time in half.



FY 1992 DDS Highlights

- Reached over a 95 percent accuracy rate, as audited by the Social Security Administration.
- Processed 266,765 disability claims for Texans in FY 1992.
- Initial determination for eligibility benefits takes an average of 89.6 days to process.



Vernon (Max) Arrell
Commissioner

James L. Jackson
Executive Deputy Commissioner

Leon Holland
Deputy Commissioner for Administrative Services

Joellen Flores Simmons
Deputy Commissioner for Rehabilitation Services

Kenneth Vogel
Deputy Commissioner for Disability Determination Services

TRC Board 1992

Jerry Kane-Chairman
Corpus Christi 1988 - 1993

Ray Wilkerson-Vice-Chairman
Austin 1989 - 1995

A. Kent Waldrep, Jr.-Secretary
Plano 1989 - 1995

Jim Gray -Longview
1988 - 1993

Diane Novy, Ph. D. -Houston
1992 - 1998

Dora Gonzalez, M.D.-San Antonio
1992 - 1998



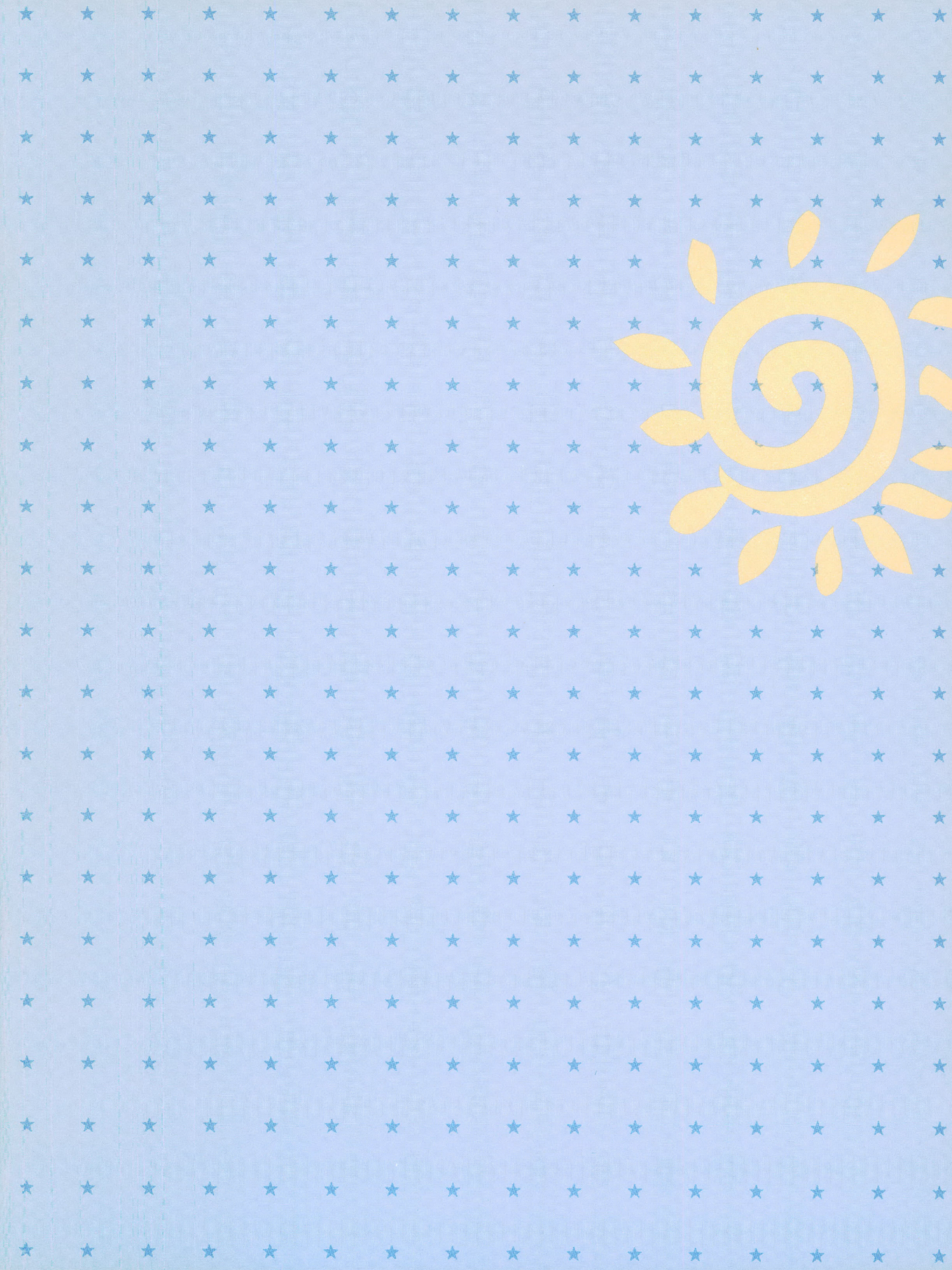
Credits

Writing and Photography
Shayla Fleshman, Information Specialist
Randy Jennings, Director of Public Information

Layout and Design
Susan Antoniewicz, Graphic Artist
Randy Phinney, Director of Graphic Arts

Printing
TRC Print Shop, Roy Alfaro, Director

Kaye Beneke, Assistant Commissioner for Consumer Affairs





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Austin, Texas 78751-2399

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