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## **Texas Health and Human Services in 2016-17: A Look at the Budget Request for the Department of Assistive and Rehabilitative Services**

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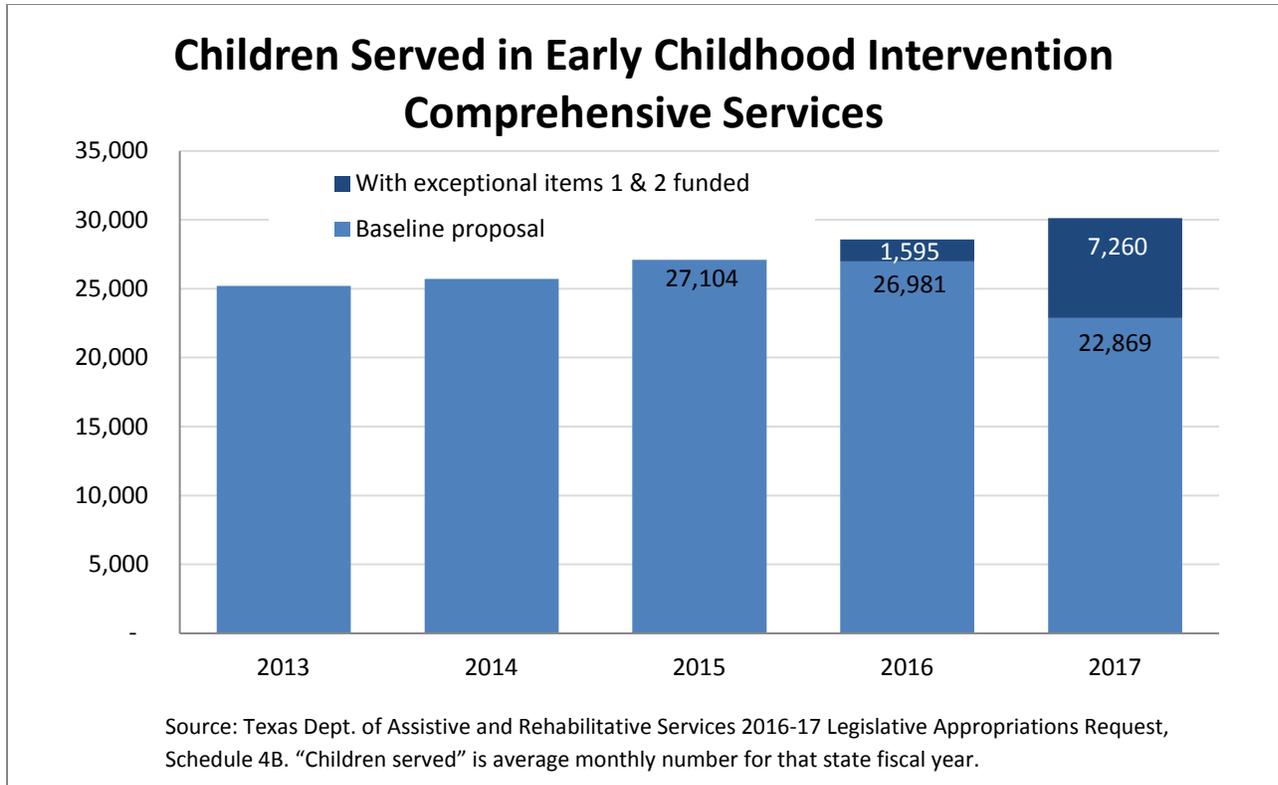
The Texas Department of Assistive and Rehabilitative Services (DARS) – the smallest of the state health and human services (HHS) agencies both in funding and staff – was the first HHS agency to submit its [Legislative Appropriations Request](#) (LAR) for 2016 and 2017 to the Budget, Planning and Policy Division of the Governor’s Office and the Legislative Budget Board. DARS’ mission is to provide services that help Texans with disabilities and families with children who have developmental delays. The agency works with businesses, counselors, schools, communities, and families to improve the quality of life for Texans with disabilities.

In response to state leaders’ budget [instructions](#), DARS is requesting \$226 million in General Revenue (GR) baseline funding for 2016-17, the same amount of General Revenue in its 2014-15 budget. Total state and federal funding for DARS would also remain unchanged under the baseline, at \$1.2 billion. DARS is requesting funding to address cost increases and growth in caseloads or Texans eligible for services under “Exceptional Items,” and would see its budget increase by 23 percent in General Revenue, or 5.6 percent All Funds, if approved by the 2015 Legislature.

General Vocational Rehabilitation programs – which help Texans transition from school to work, maintain their current job, or preserve their independent living situation – are the single largest part (or budget “strategy”) of the DARS request for General Revenue, coming in at 39 percent of the total. Almost all the GR for this strategy uses federal matching dollars. In 2014, Vocational Rehab services will reach almost 74,800 Texans with disabilities other than blindness or visual impairment. The baseline funding of \$88.3 million in General Revenue would not be enough to cover increases in the average cost of serving a client. As a result, some Texans with disabilities would no longer receive services from this program.

The second-largest strategy requiring General Revenue, 28 percent of the total, is Early Childhood Intervention (ECI) services. These federal/state services are provided through 51 local agencies to children from birth to 36 months who have developmental delays. In 2014, a monthly average of 950 children received “Follow Along” services, down from 1,350 in 2013, while 25,714 received comprehensive ECI services in 2014, up from 25,208 the prior year. The agency’s baseline General Revenue request of \$63.3 million would not be enough to cover an increase in children eligible for services. To deal with a shortfall in federal Individuals with

Disabilities Education Act funding, DARS has an exceptional item (\$17 million General Revenue) to *maintain* the ECI caseload through 2017 at its 2015 level. DARS would need another \$17.5 million for an expected *increase* in ECI-eligible children (to 30,100 by 2017).



Vocational Rehabilitation services that help about 10,300 Texas adults who are blind or visually impaired get or keep a job are the third-largest strategy in the DARS budget. This program is very similar to the general Vocational Rehab program in terms of services and also uses federal dollars. The baseline General Revenue request for \$16.5 million is insufficient, as the number of eligible individuals continues to rise.

Comprehensive Rehabilitation Services (CRS) help Texans with a traumatic brain injury or spinal cord injury live independently in their home and community. The baseline request of \$16.8 million is not enough to cover both the increased average monthly cost for a CRS consumer and the growth in demand for the program – 7,300 Texans statewide could be eligible, according to DARS. An exceptional item for another \$2.7 million would decrease the number of people on the waiting list.

Finally, DARS provides funding for autism treatment services for Texans aged 3 through 15 who have been diagnosed with an autism spectrum disorder. (*Comprehensive* treatment services are for children through 5 years of age; *focused* treatment is for children through age 15.) Unlike most other DARS services, General Revenue is the only source of support. For 2016-17, the \$9 million baseline would not be enough to maintain services because the number of children

receiving focused services is rising dramatically. DARS is requesting an additional \$7.8 million to expand comprehensive and focused services and make other program improvements.

Other DARS strategies total \$34.2 million in General Revenue baseline support, funding many other important programs that help improve the quality of life for Texans with disabilities. These programs include the Blindness Education, Screening, and Treatment (BEST) program; services for Texans who are deaf or hard of hearing; and Independent Living Services. DARS proposes exceptional items not already mentioned for the Children's Blindness Services program, the Specialized Telecommunications Assistance Program, and the Independent Living Services general program.

DARS complied with state leaders' instructions to identify 5 percent increments of General Revenue cuts for 2016-17 by listing \$13 million in proposed reductions, such as

- A \$5.5 million biennial cut to Comprehensive Rehabilitation Services, which would serve 207 (or 20 percent) fewer consumers;
- \$4.2 million in cuts in GR funds for general Vocational Rehabilitation services (4,951 fewer served) and VR-Blind (846 fewer served), which also lead to lost federal funding;
- \$3 million in Early Childhood Intervention GR cuts that would mean 670 children (2.5 percent) are no longer served, as well as reductions in federal ECI and Medicaid dollars; and
- A \$250,000 cut to autism programs that would require a 2 percent reduction in children served

If the Legislature enacted the full 10 percent cut in General Revenue of \$26 million, then the proposed cuts listed above would be doubled. DARS would also eliminate 17 state agency jobs.

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For more information or to request an interview, please contact Oliver Bernstein at [bernstein@cphp.org](mailto:bernstein@cphp.org) or 512.823.2875.

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