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HIGHLIGHTS

Texas Department of Human Services

Highlights

Reports from the 1990 U.S. Census confirmed that the Texas population has fundamentally changed over the past decade.

The economic recession forced more people than ever before to seek help from the Texas Department of Human Services (DHS) during fiscal year 1992. Participation in the Food Stamp, Medicaid, and Aid to Families with Dependent Children (AFDC) programs reached record highs. Likewise, the stresses of poverty and unemployment pushed the number of reports of abuse, neglect, and family violence beyond previous years.

But fiscal year 1992 brought to the forefront concerns of more lasting consequence than the current economy. Release of reports from the 1990 U.S. Census confirmed that the Texas population—who we are, how many of us there are, and how we live—has fundamentally changed over the past decade. Demographers identified four major trends that are expected to have tremendous impacts on both the future of social services and the general welfare of the state:

- The state's population is growing at a much slower rate than it did during the 1970s and early 1980s, when it increased up to four times faster than the country as a whole. Slower population growth means slower growth of revenues for funding public services.
- Minority populations, particularly Hispanics, are on the rise. If current demographic trends continue, half of all Texans will be non-white by the year 2025. As "minorities" become the majority, the state's economic future will hinge on increasing their access to the social and economic mainstream.
- The overall population is aging. By the year 2025, one in five Texans will be 65 or older. As Baby Boomers begin entering the elderly years, more emphasis will be given to meeting their health-care and other needs.
- The family structure is changing. For the past 20 years, growth of single-parent families has outpaced two-parent families by 2 to 1. With more Texans than ever before living alone or in single-parent households, demands are growing for child care and other support services needed by non-traditional families.

These fundamental changes in the state's population have prompted DHS to pursue new directions in how it serves the people of Texas. The state could barely afford to meet basic needs in 1992. The Census Bureau trends make clear that the state can't possibly meet them 20 or 30 years from now unless it changes how things are done.

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During fiscal year 1992, one of the agency's major focuses was on prevention, that is, helping Texans stay healthy, safe, and productive from the start, so they won't need more costly intervention later. Nowhere was the value of prevention more obvious than in health care, with controversies brewing over state and national reforms and nearly all Texans feeling the bite of spiraling health-care costs.

Major expansions in the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program helped shift the focus of Medicaid toward preven-

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tion. EPSDT provides comprehensive medical, vision, hearing, and dental care for low-income Texans up to age 21. One million children and young adults were served by EPSDT in fiscal year 1992, nearly four times the number served a decade ago.

More preventive health services were made available, too, when DHS adopted the medical screening schedule recommended by the American Academy of Pediatrics. To make sure the growing number of young Texans eligible for preventive services has access to them, the agency also made key changes in the EPSDT program to recruit more providers, including raising the reimbursement rate for medical screenings.

Other changes in the Medicaid program continued to increase the number of Texans able to get medical care, including low-income working families. For infants up to age 1 and pregnant women, the income limit for Medicaid eligibility was increased from 133 percent of the federal poverty level to 185 percent.

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As disturbing cases of child abuse made headlines almost daily and a new term, "granny dumping," was coined to describe the growing number of elderly people being abandoned by their families, DHS focused on finding ways to prevent abuse and neglect.

The Structured Model for Assessment of Risk in Texas (SMART) project, which allows staff to assess the likelihood of child abuse or neglect, was field tested in three Texas cities and should be in use statewide by January 1993. Work also continued on plans to fully automate the Child Protective Services (CPS) system, which will make it easier to track children and families and help staff do their jobs better.

Through the federally funded Model Project for the Prevention of Abandoned Children in Texas (Project MPPACT), DHS staff worked with medical professionals, treatment centers, and other social service agencies to help drug-addicted mothers in the Dallas-Fort Worth area kick their habits and keep their families intact.

In Galveston County, DHS worked with community leaders to mount an intense campaign to increase public awareness of adult abuse and neglect and encourage people to report suspected cases early.

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DHS child-care services are preventive not only because they allow clients and other low-income parents to work who otherwise might fall back on the welfare rolls, but also because quality child care is an investment in our future. Child Care Management Services, an innovative system for managing subsidized child care launched by DHS in 1991, has been recognized as a model for other states. In January 1992, more than 150 people from 13 states attended a conference in Austin to learn about the system.

In fiscal year 1992, Texas was one of the first states to start drawing down its share of the federal Child Care and Development Block Grant funds. The block grant, along with other increases in child-care funding, boosted total DHS funds earmarked for child care to \$174.5 million, which allowed DHS to serve an average of 49,714 children a day, more than triple the number served just two years ago. Block grant funding also allowed DHS to fund several special projects aimed at improving both the quality and availability of child care.

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With Texas second among all states in births to girls 19 and younger, DHS continued efforts to prevent unwanted teen pregnancies. The Teen Parent Initiative conducted two major demonstration projects and several smaller ones during fiscal year 1992.

In El Paso, Project Redirection helped pregnant and parenting teen-agers take advantage of educational, health-care, and employment services in their communities. Project staff also worked with schools and teen fathers to help prevent unwanted pregnancies. A Houston project offered case management, prenatal and child health care, and parenting education at two alternative schools and a community-based multi-service center.

DHS staff also helped the Adolescent Pregnancy and Parenthood Advisory Council prepare for a summit scheduled to convene in October 1992. At the summit, the council will develop a statewide plan on preventing teen pregnancy for presentation to the 73rd Legislature.

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Hand-in-hand with the focus on prevention during fiscal year 1992 were the agency's efforts to help clients become self-sufficient. Just as preventive services keep Texans healthy and productive from the start, services promoting self-sufficiency help people break the tragic cycle of welfare dependency and make it on their own.

The Job Opportunities and Basic Skills Training (JOBS) program offers a range of education, training, and employment services to help AFDC clients become self-supporting. While participating in JOBS and for up to a year after they are employed and off welfare, clients also receive child care, Medicaid, and other support services.

DHS expanded JOBS to 82 counties, which contained 89 percent of the adult AFDC population. Thanks to hard-working staff and collaboration with other agencies, DHS met or exceeded mandatory JOBS participation rates two years in a row, allowing Texas to qualify for enhanced federal funding.

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Most of the provisions of the Americans with Disabilities Act, an historic civil rights law that gives people with disabilities greater access to their com-

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munities, took effect in 1992. For DHS, this was also a year to take action on its commitment to expand community-based services that will allow people with disabilities to live in their own homes instead of institutions. The number of younger people with disabilities is increasing as advances in medical science allow more people to survive disabling accidents and birth defects. And the importance of developing community-based services will continue to grow as the population ages and more and more people require long-term care.

DHS staff continued to develop Medicaid waiver programs as alternatives to nursing home care. One of these is the Bienvivir Senior Health Services program in El Paso, part of a national demonstration project in 11 cities nationwide. The program provides comprehensive health care to frail elderly people in their communities who otherwise may be forced to move into nursing homes.

The agency opened the Family Care and Primary Home Care programs to more people with high needs by increasing from 30 to 50 the maximum number of hours of care a client can receive a week. A new rule also requires attendant care agencies to make sure clients with high needs receive care on every scheduled shift.

The Office on Services to Persons with Disabilities produced a comprehensive resource directory of DHS services available to children with disabilities and their families, conducted a consumer satisfaction survey of clients in the Primary Home Care program, and also developed disability awareness training that will be mandatory for all DHS staff.

To make sure DHS offices and programs are accessible to people with disabilities, civil rights and regional business officers inspected more than 600 buildings occupied by the agency. When necessary, corrective actions were ordered.

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The long-term trends that are moving DHS in new directions—slower population growth, increase in minorities, aging of the population, and changes in the family—affect the future of the entire state, not just the field of human services. So the importance of collaboration—not just cooperation—among public and private entities at all levels took on new urgency.

During fiscal year 1992, DHS joined in numerous collaborative efforts aimed at serving Texans better and more efficiently. Pilot projects in three communities began testing key features of an improved service-delivery system that will be more responsive to clients' needs. Together, DHS, several other state agencies, and more than a dozen community groups are involved in the pilots.

The Electronic Benefit Transfer project, a collaborative effort involving DHS, the Texas Comptroller of Public Accounts, the State Treasury, and the Department of Information Resources, will allow clients to buy food or get cash assistance using plastic debit cards similar to bank or credit cards. The system

will be piloted in Harris County in August 1993. It promises to save the state money, reduce fraud, and also get benefits to clients faster and more safely.

DHS cooperated with the Child Support Enforcement Division of the Office of the Attorney General to get non-custodial parents to pay child support and provide health insurance for children who otherwise would rely on Medicaid. DHS staff informed AFDC clients of the importance of seeking child support and also began automatically referring Medicaid-only clients as well as AFDC clients to the Office of the Attorney General.

DHS worked with the Texas Education Agency on a joint initiative to make it easier for families to enroll in the federally funded School Lunch program, which provides free or reduced-price lunches for eligible school children.

In a bold effort to improve coordination among agencies and serve Texans more efficiently, the Legislature mandated a sweeping reorganization of health and human services with the passage of House Bill 7 at the end of last fiscal year. On June 15, 1992, Commissioner Richard C. Ladd was appointed to oversee 12 health and human service agencies, with a total of more than 57,000 employees and a combined budget of \$18.2 billion.

DHS helped move forward implementation of House Bill 7 during fiscal year 1992 by preparing to transfer protective services, child-care licensing, energy assistance, and emergency assistance services to other agencies on Sept. 1. DHS staff served on numerous interagency work groups involved with the reorganization, including one that designated 11 uniform regional service areas for all health and human service agencies.

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As fiscal year 1992 came to a close, DHS stood at a critical threshold. While the pending reorganization promised better service for the people of Texas, it became clear that the state must begin preparing for how those people will change over the next three decades.

To meet the needs of an older, more diverse population in the coming years, DHS has charted a course toward prevention, self-sufficiency, and community-based services. These new directions aim at getting to the root of social problems, not trying to slash away at them once they've grown out of control. To make a difference, it's going to take the collaboration of all Texans, not just those involved in health and human services. And that makes sense, because the futures of all Texans—of all ages, races, and economic backgrounds—are intertwined.