



Health and Human Services System Strategic Plan 2011–15

Volume II Appendices



Health and Human Services Commission

Department of Aging and Disability Services

Department of Assistive and Rehabilitative Services

Department of Family and Protective Services

Department of State Health Services

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Texas Health and Human Services System Strategic Plan for 2011-15

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Appendix A

Description of Planning Process

This 2011-15 Health and Human Services (HHS) Strategic Plan is the fourth plan developed since the enactment of House Bill 2292, 78th Texas Legislature, Regular Session, 2003 and the consolidation of HHS agencies, and it addresses requirements for the Coordinated Strategic Plan (CSP) required by Texas Government Code, Section 531.022 and the biennial Strategic Plan of Operation required by Texas Government Code, Chapter 2056.

HHSC Executive Commissioner Thomas Suehs, who was appointed by the Governor in August 2009, assumed an active role in the development of the HHS Strategic Plan. He asked staff to revise and update the vision, philosophy, and strategic priorities for the HHS system and asked agencies to develop individual mission statements based on the system elements. Mr. Suehs also directed that the Strategic Plan be developed so that it could be linked to a new operational planning process and executive management briefing process.

In January 2010, the Executive Commissioner convened an executive planning session with HHS agency commissioners and HHSC deputies. The attendees reviewed and revised the system vision, philosophy, and strategic priorities, and they discussed individual agency challenges and opportunities. Common themes were identified, and are discussed in Chapter 2, Section 2.5, Health and Human Services System Challenges.

Similar to the previous planning cycle, the HHSC planning staff was assigned to coordinate with the four other HHS agencies and HHSC. Leadership in each of the other agencies appointed a liaison to act as a single point of contact for planning activities and responsibilities within each of the agencies. Liaisons were also responsible for obtaining necessary departmental information and coordinating the planning efforts within the individual agencies.

Statute requires that for the CSP, the HHS system must conduct a series of public hearings in diverse locations throughout the state to give citizens an opportunity to comment on the state's provision of health and human services. To satisfy this requirement, three hearing events were hosted by the Executive Commissioner and other HHS executives and Council members:

- An urban hearing was held in Arlington (May 10);

- A rural hearing was held in Navasota (May 13); and
- A statewide videoconference was conducted (May 20), allowing stakeholders to gather at HHSC regional offices across the state, in Lubbock, Abilene, Grand Prairie, Tyler, Beaumont, Houston, Austin, San Antonio, El Paso, and Edinburg.

The Strategic Plan draft was posted on the HHS website to enable public review and comment. Comments were also received via electronic mail and paper mail.

Agency councils were briefed on the planning process, and council members provided feedback at meetings held from January through April 2010. Council members also participated in the public hearings process.

In June 2010, the plan was revised with public input considered, and it was finalized for the July 2, 2010 submission date.

Appendix B

Current Health and Human Services System Agency Organizational Charts

Texas Health and Human Services Commission

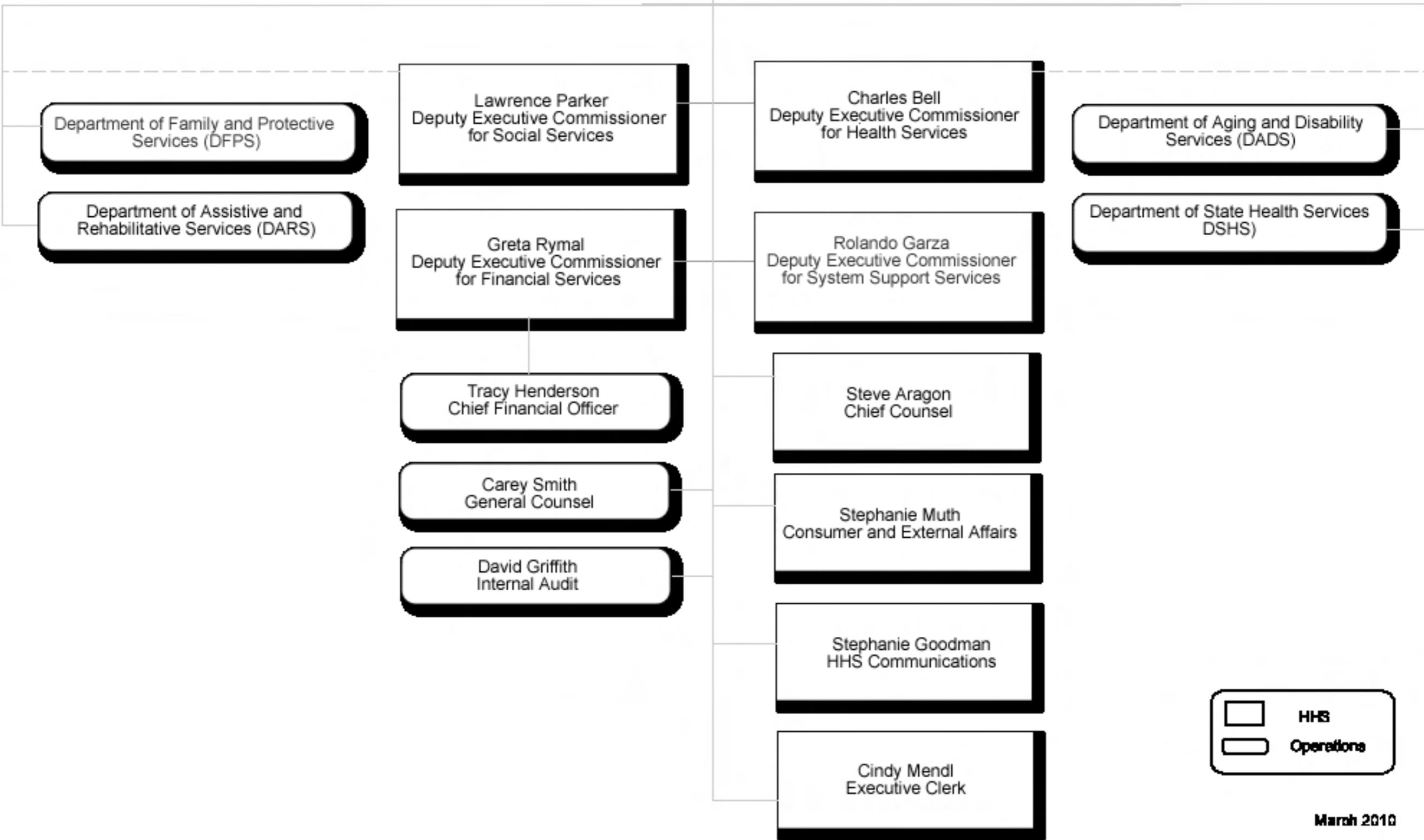
Health and Human Services
Commission (HHSC) Council

Thomas Suehs
Executive Commissioner

Bobby Halfmann
Chief of Staff

Jessica Olson
Special Counsel for Policy

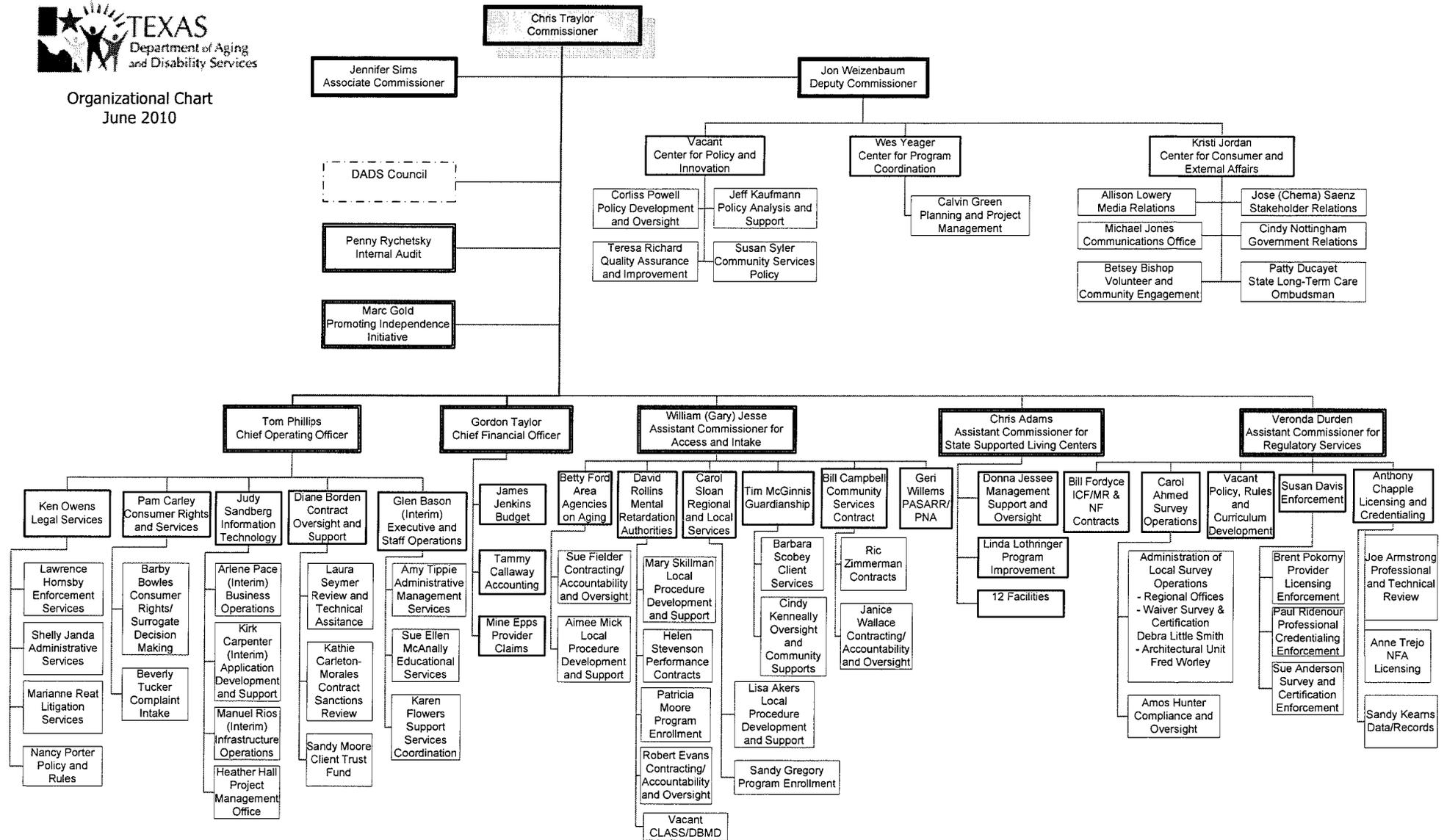
Bart Bevers
Inspector General

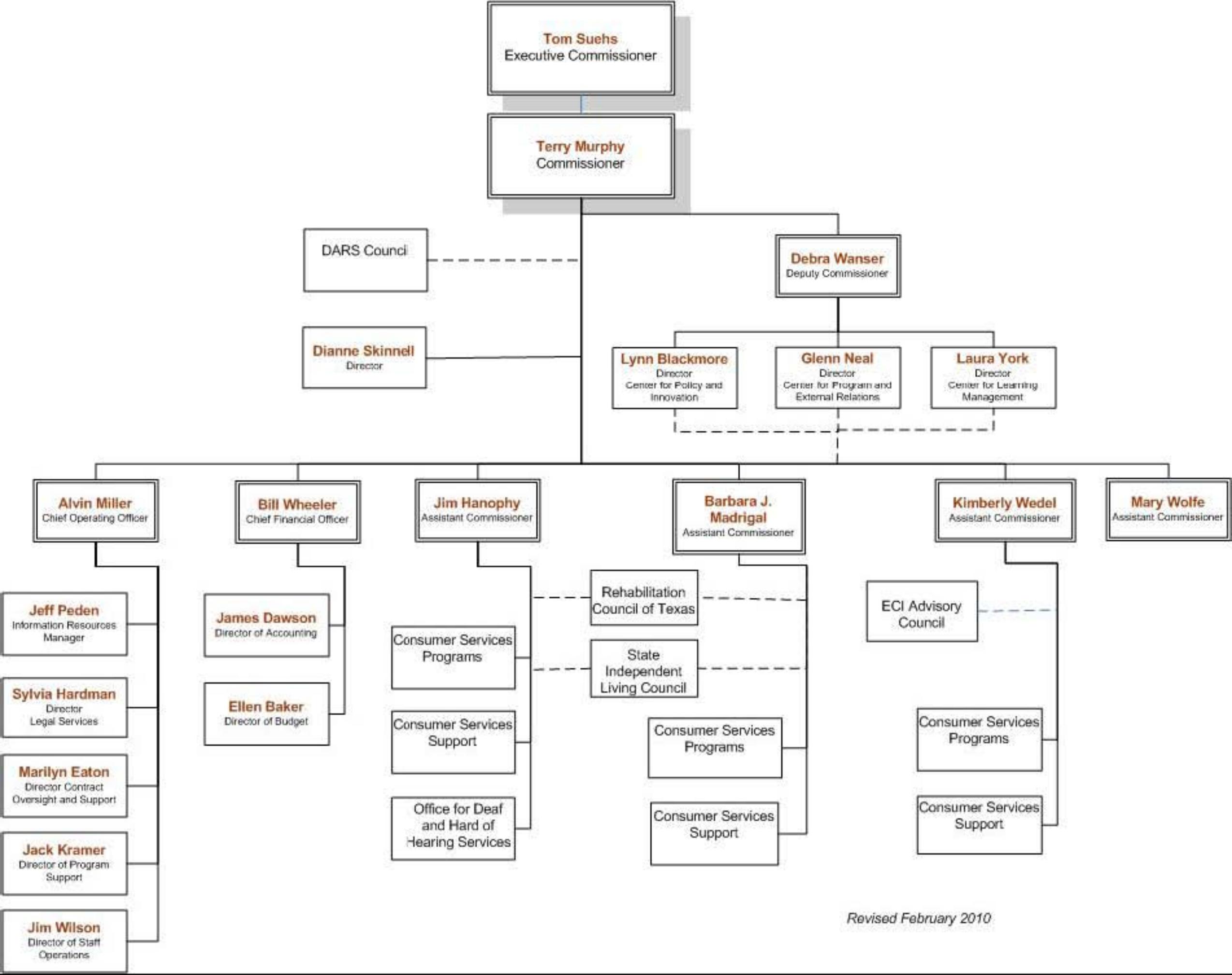


HHS
 Operations

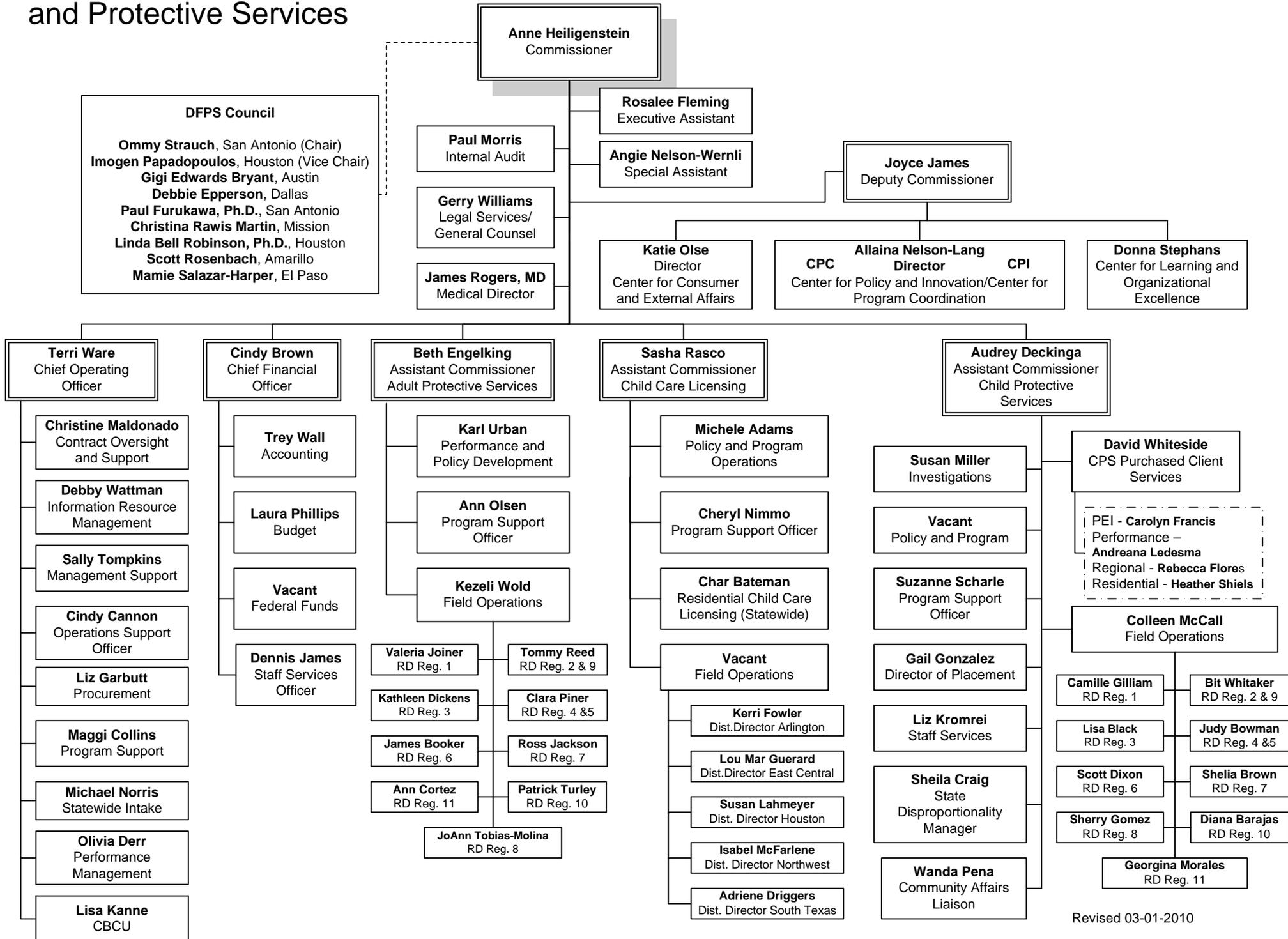


Organizational Chart
June 2010



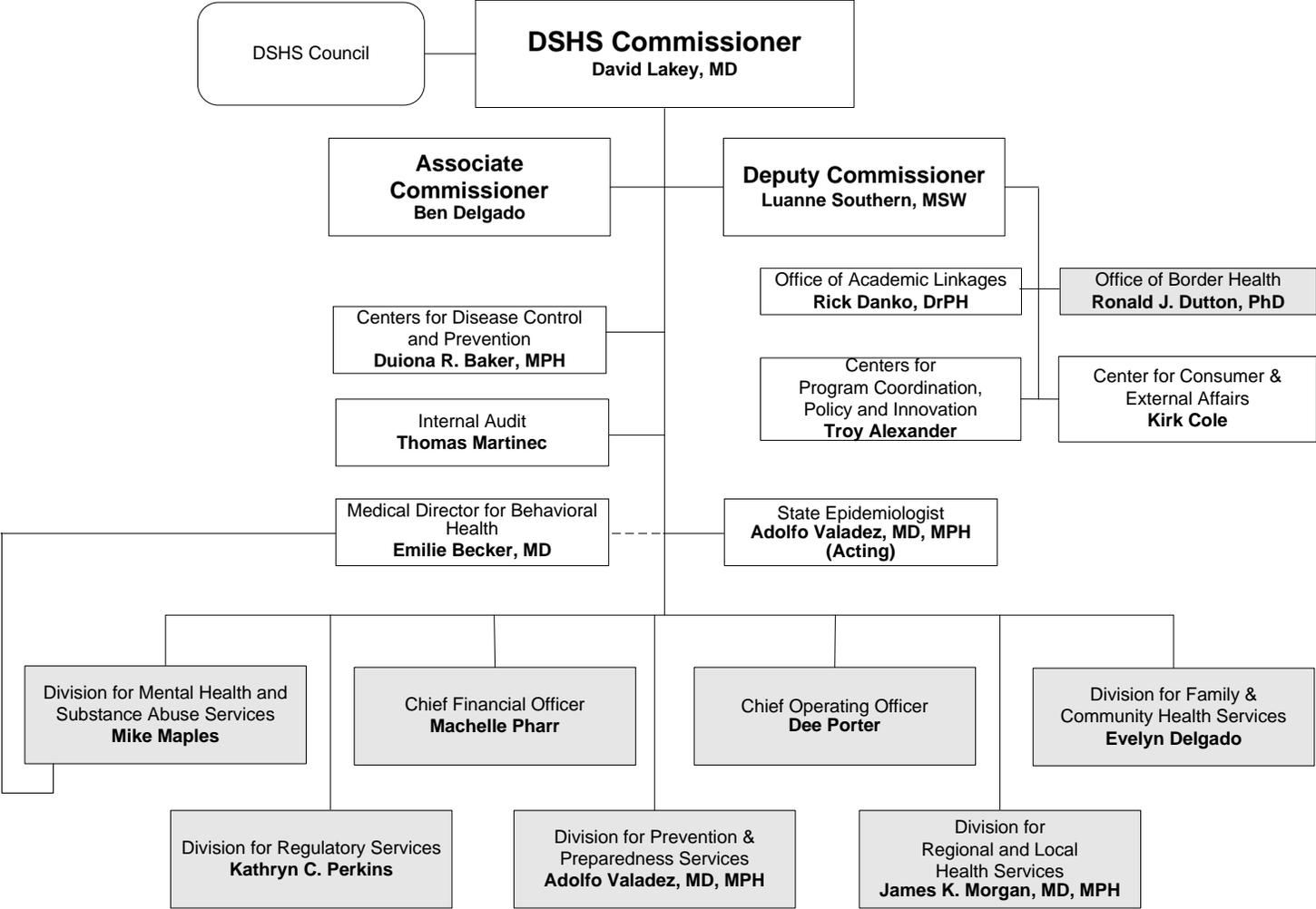


Department of Family and Protective Services



Department of State Health Services Organizational Chart

January 2010



Appendix C

Five-Year Projections for Outcomes

At the time of printing, this plan does not contain five-year projections for outcomes. A subsequent printing and distribution of the five-year projections for outcomes, along with performance measure definitions, will be completed following finalization of the performance measures for all HHS system agencies.

Appendix D

Performance Measure Definitions

At the time of printing, this plan does not contain performance measure definitions. A subsequent printing and distribution of the performance measure definitions, along with the five-year projections for outcomes, will be completed following finalization of the performance measures for all HHS system agencies.

Appendix E

Strategic Staffing Analysis and Workforce Plan

for the Planning Period 2011–15

Executive Summary

The Health and Human Services (HHS) System Strategic Staffing Analysis and Workforce Plan is an integral part of the agency's staffing plan. Workforce planning is a business necessity due to a number of factors, including:

- ◆ constraints on funding;
- ◆ increasing demand for HHS services;
- ◆ increasing number of current employees reaching retirement age resulting in fewer, less experienced workers available as replacements; and
- ◆ increasing competition for highly skilled employees.

HHS agencies are proactively addressing this challenge by preparing for the future and reducing risks. Designed for flexibility, the HHS System Strategic Staffing Analysis and Workforce Plan allows HHS executive management to make staffing adjustments according to the changing needs of HHS agencies.

State leaders in Texas recognize the importance of workforce planning. As part of their strategic plans, state agencies are required under the Texas Government Code, Section 2056.0021, to develop a workforce plan in accordance with the guidelines developed by the State Auditor's Office (SAO). To meet these requirements, this Appendix to the HHS System Strategic Plan for the Fiscal Years 2011-15 analyzes the following key elements for the entire HHS System and each individual HHS agency:

- ◆ **Current Workforce Demographics** – Describes how many employees work for the agency, where they work, what they are paid, how many of them are return-to-work retirees, how many have left the agency, how many are expected to retire, and whether or not minority groups are underutilized when compared to the state Civilian Labor Force (CLF) for Equal Employment Opportunity (EEO) job categories. The workforce is examined by gender, race, age and length of state service.
- ◆ **Expected Workforce Challenges** – Describes anticipated staffing needs based on population trends, projected job growth and other demographic trends. A detailed examination of each identified shortage occupation jobs was conducted to identify and understand retention and recruitment problems.
- ◆ **Strategies to Meet Workforce Needs** – Describes recruitment and retention strategies that address expected workforce challenges for shortage occupation jobs.

The following is the detailed HHS System Strategic Staffing Analysis and Workforce Plan.

HEALTH AND HUMAN SERVICES SYSTEM STRATEGIC STAFFING ANALYSIS AND WORKFORCE PLAN

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*Prepared by: System Support Services
Human Resources Office*

HEALTH AND HUMAN SERVICES SYSTEM

OVERVIEW

The 78th Legislature (Regular Session, 2003) transformed the Health and Human Services (HHS) agencies listed in Article II of the General Appropriations Act by creating an integrated, effective and accessible HHS System that protects public health and brings high-quality services and support to Texans in need.

The HHS System consists of the following five agencies:

- ◆ **Health and Human Services Commission (HHSC).** Includes providing leadership to all HHS agencies, administering programs previously administered by the Texas Department of Human Services and oversight of HHS agencies. Began services in 1991.
- ◆ **Department of Family and Protective Services (DFPS).** Includes all programs previously administered by the Department of Protective and Regulatory Services. Began services on February 1, 2004.
- ◆ **Department of Assistive and Rehabilitative Services (DARS).** Includes programs previously administered by the Texas Rehabilitation Commission, Commission for the Blind, Commission for the Deaf and Hard of Hearing and Interagency Council on Early Childhood Intervention. Began services on March 1, 2004.
- ◆ **Department of Aging and Disability Services (DADS).** Includes mental retardation and state supported living center programs previously administered by the Department of Mental Health and Mental Retardation, community care and nursing home services and long-term care regulatory programs of the Department of Human Services and aging services programs of the Texas Department of Aging. Began services on September 1, 2004.
- ◆ **Department of State Health Services (DSHS).** Includes programs previously administered by the Texas Department of Health, the Texas Commission on Alcohol and Drug Abuse, the Health Care Information Council and mental-health community services and state hospital programs from the Department of Mental Health and Mental Retardation. Began services on September 1, 2004.

VISION

A customer-focused health and human services system that provides high-quality, cost-effective services resulting in improved health, safety, and greater independence for Texans.

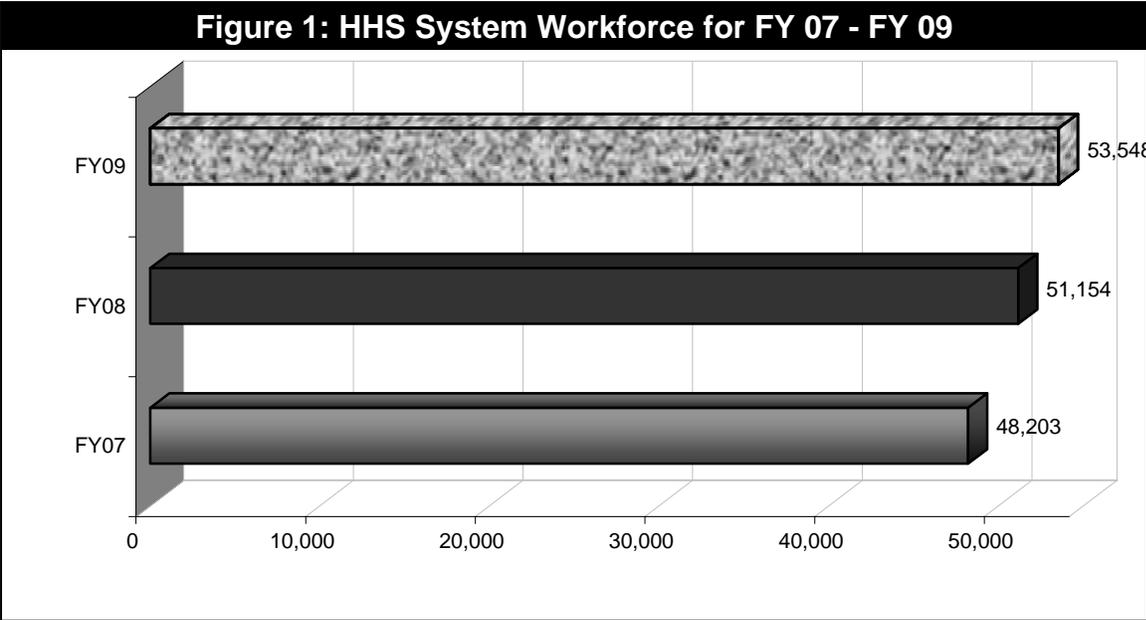
PHILOSOPHY

We will work to continually improve our customer service, quality of care, and health outcomes in accordance with the following guiding principles:

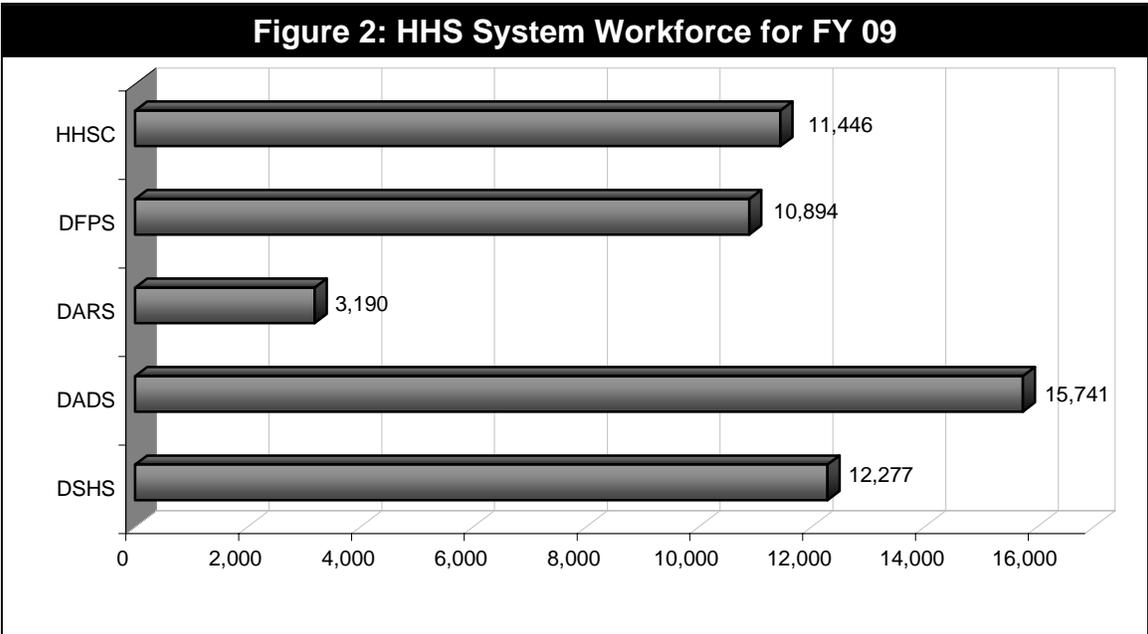
- ◆ Texans are entitled to openness and fairness, and the highest ethical standards from us, their public servants.
- ◆ Taxpayers, and their elected representatives, deserve conscientious stewardship of public resources and the highest level of accountability.
- ◆ Texans should receive services in an individualized, coordinated, and efficient manner with a focus on providing opportunities to achieve greater independence.
- ◆ Stakeholders, customers, and communities must be involved in an effort to design, deliver, and improve services and to achieve positive health outcomes and greater self-sufficiency.

WORKFORCE DEMOGRAPHICS

Between August 31, 2007 and August 31, 2009, the HHS workforce increased by about 10 percent (adding 5,345 workers, for a total of 53,548 full-time and part-time employees).¹



¹ HHSAS Database, as of 8/31/09.



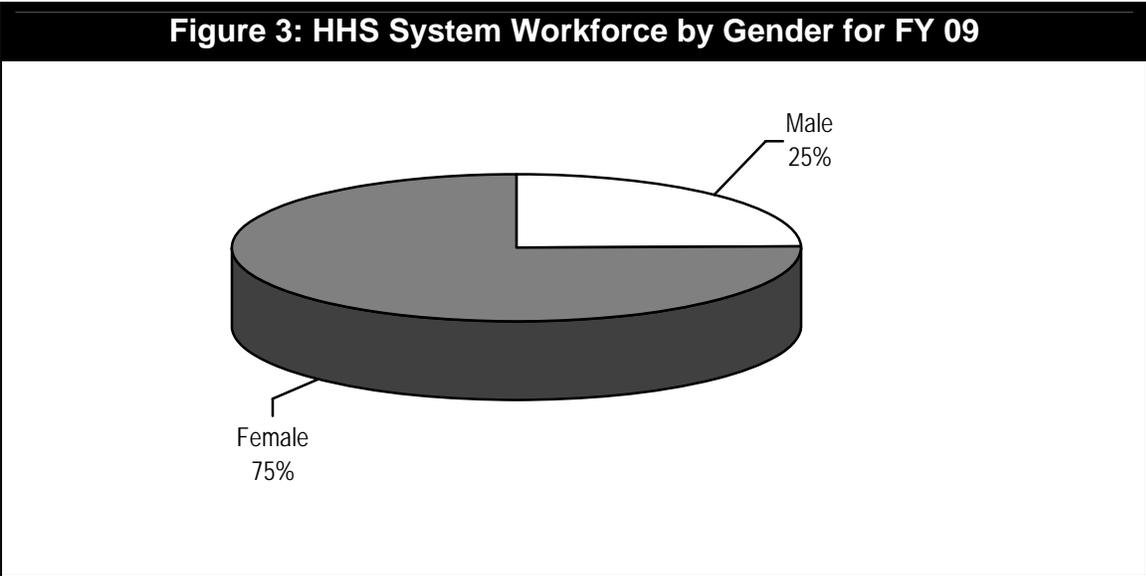
Gender

Most HHS employees are female, making up about 75 percent of the HHS workforce.²

Table 1: HHS System Workforce Gender for FY 07 – FY 09

Gender	FY 07	FY 08	FY 09
Male	25.4%	24.6%	24.8%
Female	74.6%	75.4%	75.2%

² HHSAS Database, as of 8/31/09.



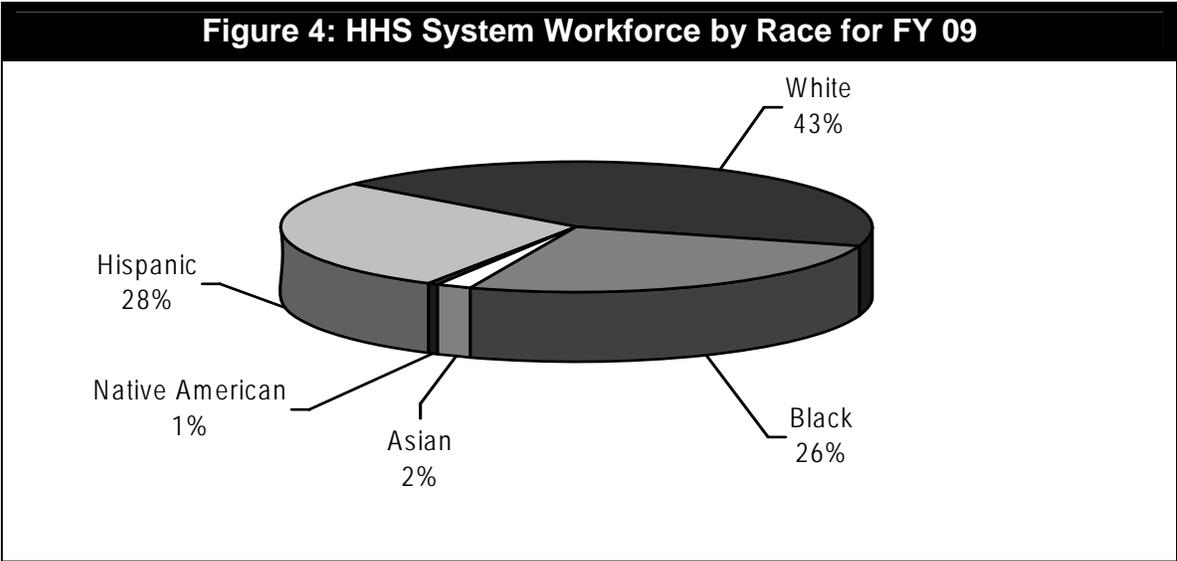
Race

The workforce is diverse, with approximately 43 percent White, 28 percent Hispanic and 26 percent Black.³

Table 2: HHS System Workforce Race for FY 07 – FY 09

Race	FY 07	FY 08	FY 09
White	45.1%	43.9%	43.2%
Black	25.7%	26.4%	26.3%
Hispanic	27.0%	27.4%	28.0%
Native American	.7%	.6%	.6%
Asian	1.6%	1.7%	1.8%

³ HHSAS Database, as of 8/31/09.



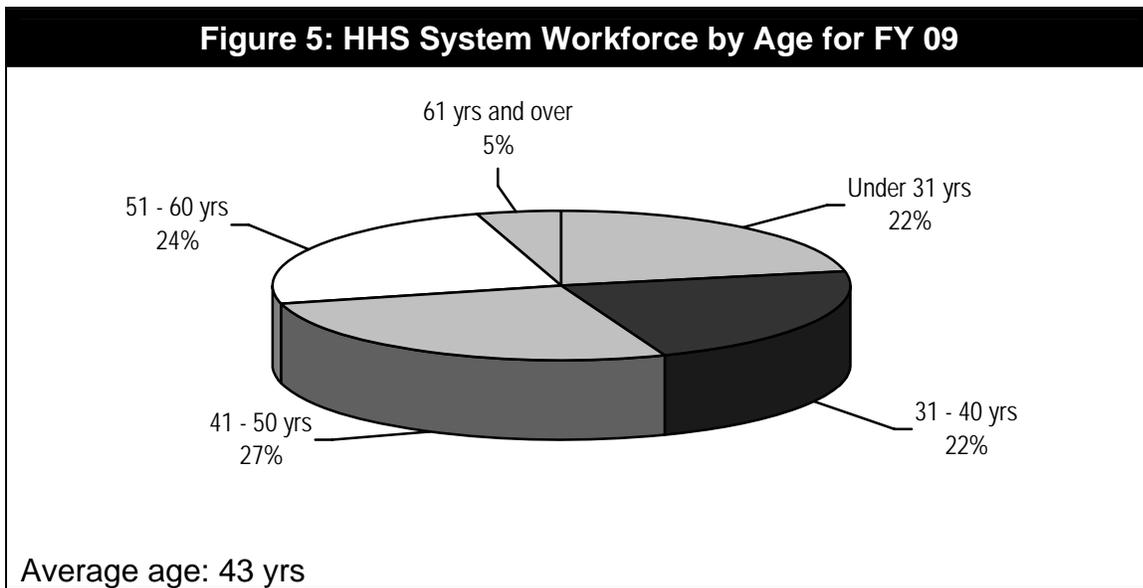
Age

The average age of an HHS worker is 43 years of age.⁴

Table 3: HHS System Workforce Age for FY 07 – FY 09

Age	FY 07	FY 08	FY 09
Under 31	18.2%	19.6%	21.8%
31-40	22.1%	21.9%	22.4%
41-50	28.5%	27.2%	26.9%
51-60	26.0%	25.5%	24.0%
Over 61	5.2%	5.8%	4.8%

⁴ HHSAS Database, as of 8/31/09.



Utilization Analysis

Texas law requires that each state agency analyze its workforce and compare the number of Blacks, Hispanics and Females employed by the agency to the available state Civilian Labor Force (CLF) for each job category.

The utilization analysis was conducted for each HHS agency using the Two Standard Deviation Rule. This rule compares the actual number of employees to the expected number of employees based on the available state CLF for Black, Hispanic and Female employees. Differences greater than two standard deviations are considered statistically significant. For purposes of this analysis, a group is considered underutilized when the actual representation in the workforce is more than two standard deviations below what the expected number would be based on the CLF.

The HHS Civil Rights Office (CRO) reviewed and conducted analyses for each individual agency's workforce to determine where underutilization was identified.

The utilization analysis of the HHS agencies for fiscal year 2009 indicated underutilization in the DADS and DSHS workforce. The following table summarizes the results of the utilization analysis for the agencies of the HHS System.

Table 4: HHS System Utilization Analysis Results ^{5 6 7}					
Job Category	Agency				
	HHSC	DFPS	DARS	DADS	DSHS
Officials/ Administrators	No	No	No	No	No
Professionals	No	No	No	No	No
Technicians	No	No	N/A	No	No
Protective Service	N/A	No	N/A	No	No
Para-Professionals	No	No	No	No	Black
Administrative Support	No	No	No	No	Black
Skilled Craft	N/A	N/A	N/A	Black Hispanic Female	Black Female
Service Maintenance	N/A	N/A	N/A	Hispanic	Hispanic

Although underutilization was identified in the Skilled Craft job category, it should also be noted that this job category comprises only 1.3 percent of the HHS System workforce.

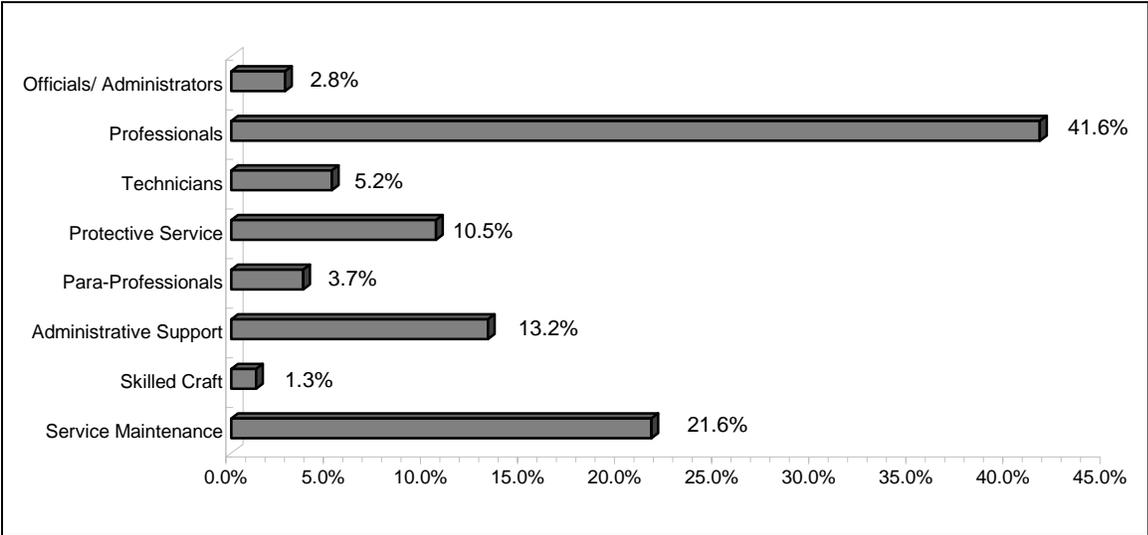
The other job category showing underutilization is Service Maintenance. This Equal Employment Opportunity (EEO) job category represents 21.6 percent of the HHS System workforce. DADS and DSHS employ most of the staff in this EEO job category. The Service Maintenance EEO job category is discussed in greater detail under the individual agency data.

⁵ HHSAS Database, as of 8/31/09.

⁶ CLF data – EEOC publications, "Job Patterns for Minorities and Women in State and Local Government, 2003" for Texas; and "Job Patterns for Minorities and Women in Private Industry, 2003" for Texas. Modified 6/08/05.

⁷ "N/A" indicates the number of employee in this category was too small (less than 30) to test any differences for statistical significance.

Figure 6: HHS System – Percent of Employees by EEO Category

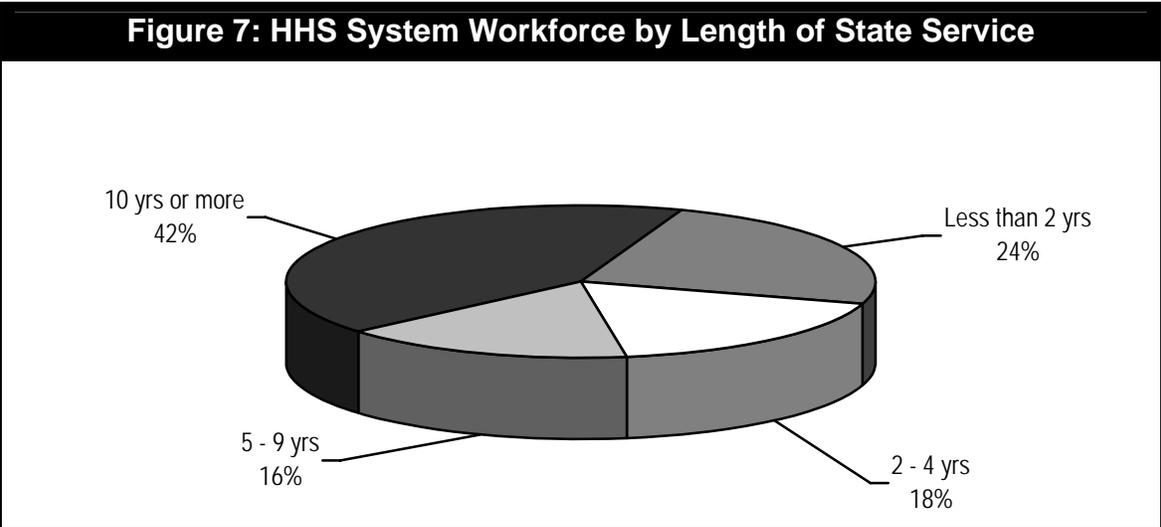


State Service

Approximately 42 percent of the workforce has 10 or more years of state service. Only about a quarter of the workforce have been with the state for less than two years.⁸

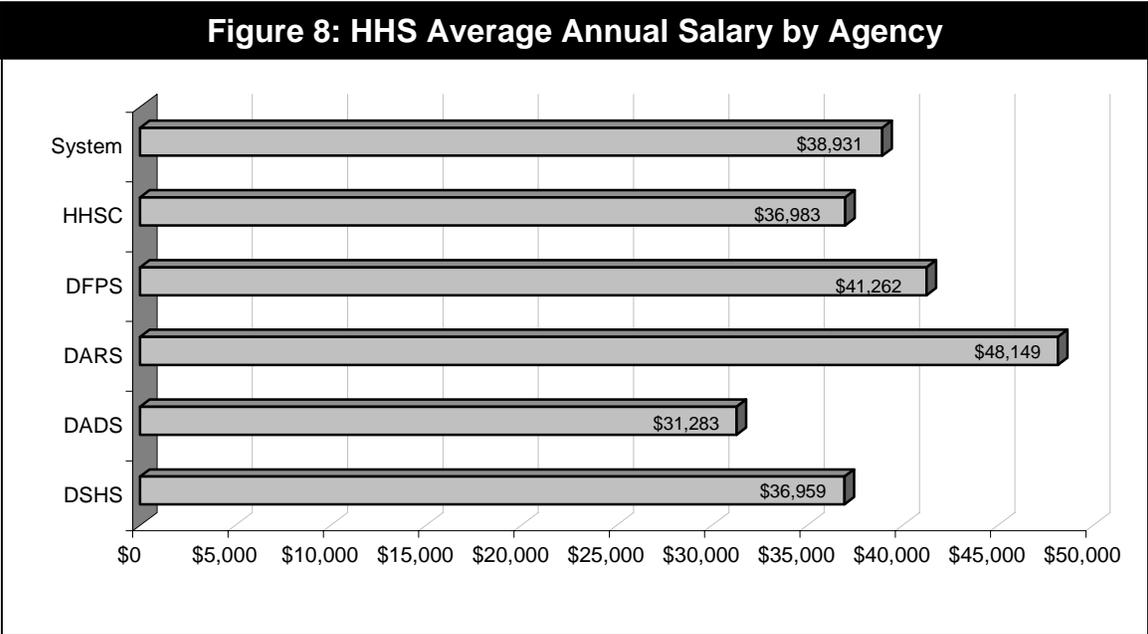
Table 5: HHS System Workforce Length of State Service for FY 07 – FY 09			
State Service	FY 07	FY 08	FY 09
less than 2 yrs	22.1%	24.8%	24.3%
2-4 yrs	13.4%	15.0%	17.7%
5-9 yrs	18.9%	17.2%	16.0%
10 yrs or more	45.5%	43.1%	42.0%

⁸ HHSAS Database, as of 8/31/09.



Average Annual Employee Salary

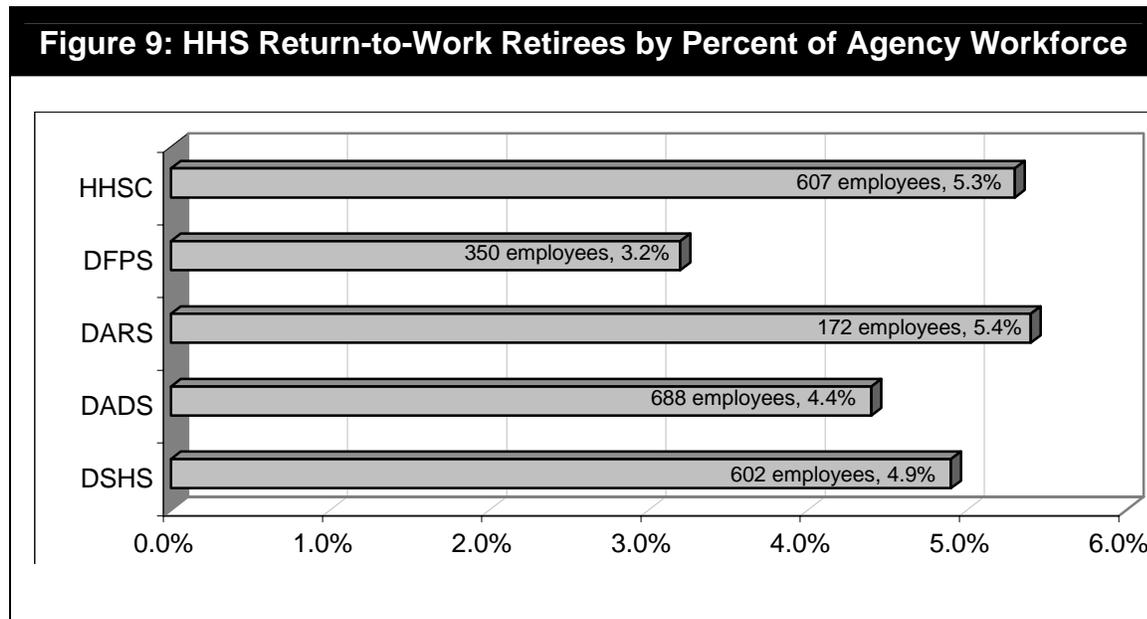
On average, the annual salary for an HHS System employee is \$38,931. DARS has the highest average annual salary at \$48,149 and DADS has the lowest at \$31,283.⁹



⁹ HHSAS Database, as of 8/31/09.

Return-to-Work Retirees

HHS agencies routinely hire retirees to support both ongoing operational needs and to assist in implementing new initiatives. When recruiting for shortage occupations, special skill required positions or for special projects, retirees provide a good source of relevant program-specific knowledge. Rehired retirees constitute about 4.5 percent of the total HHS workforce.¹⁰



Agency management understands that demographic trends over the next decade will increasingly impact recruitment from typical sources. As turnover continues to be high for core jobs across the HHS System, the loss of experienced workers will demand a concentrated focus on hiring retired workers to fill these needs. Retired workers who have institutional knowledge will be needed to pass their expertise to others.

Dealing with this “graying” workforce will require HHS agencies to attract more people to apply for work, encourage them to work longer and help make them more productive. Creative strategies will need to be devised to keep older workers on the job, such as hiring retirees as temps; letting employees phase into retirement by working part time; having experienced workers mentor younger employees; promoting telecommuting, flexible hours and job-sharing; urging retirement-ready workers to take sabbaticals instead of stepping down; and/or offering bonuses to forestall retirement.

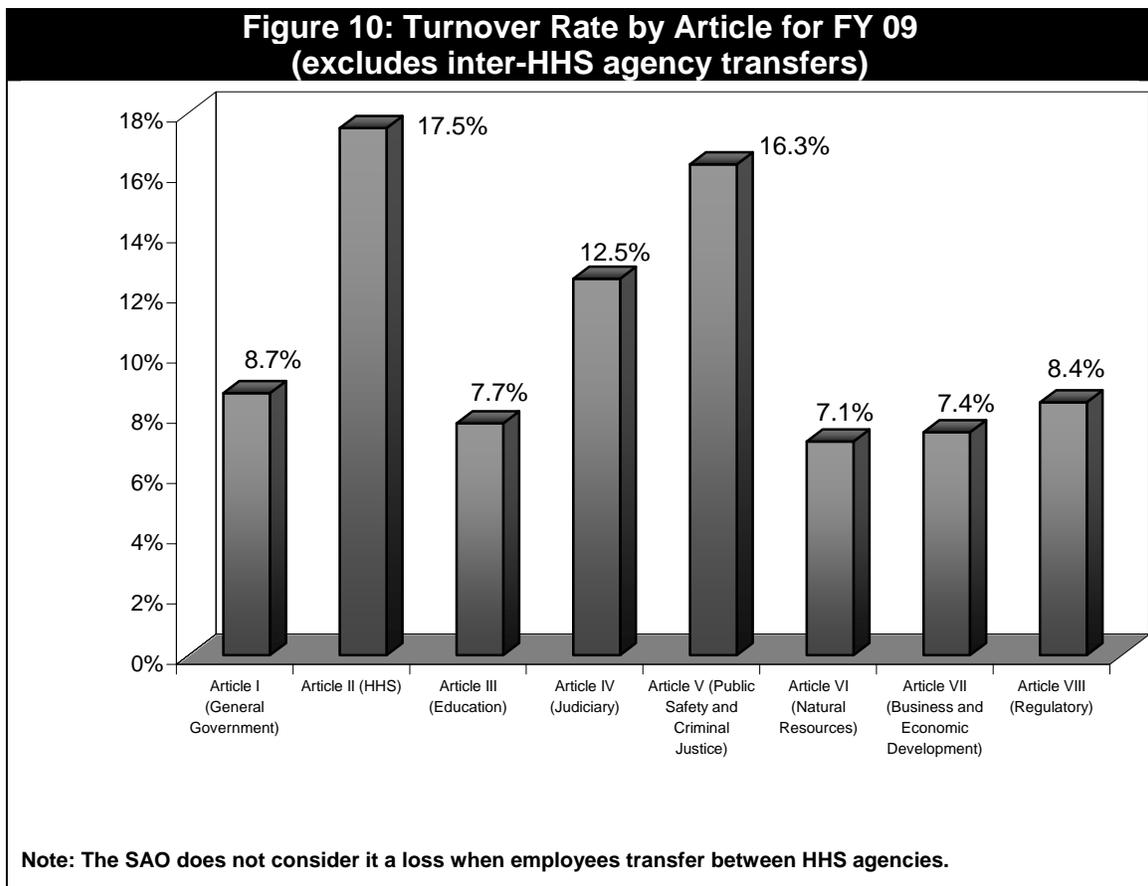
Recent legislative changes may pose additional challenges for recruiting these retired workers. Beginning September 1, 2009, the amount of time a retired

¹⁰ HHSAS Database, as of 8/31/09.

employee must wait before returning to state employment increased from 30 to 90 days. In addition, state agencies that hire return-to-work retirees must pay the Employees Retirement System of Texas (ERS) a surcharge that is equal to the amount of the State's retirement contribution for an active employee.

TURNOVER

The Article II (HHS agencies) employee turnover rate during fiscal year 2009 was 17.5 percent, as identified by the State Auditor's Office (SAO). When compared to the turnover rates of other General Appropriations Act articles, HHS agencies had the highest turnover rate.¹¹



¹¹ State Auditor's Office (SAO) Reports "Classified Employee Turnover by State Agency for Fiscal Year 2009."

**Table 6: HHS System Workforce - Turnover for FY 07 – FY 09
 (excludes inter-HHS agency transfers)**

	FY 07	FY 08	FY 09
HHS System	20.0%	21.1%	17.5%

DADS experienced the highest turnover rate (29.1 percent), with the lowest turnover rate at DARS (8.6 percent).¹²

The SAO does not consider transfers between agencies as a loss to the state and therefore does not include this turnover in their calculations. However, when transfers between HHS agencies are taken into account, the HHS turnover rate increases from 17.5 percent to 19.4 percent. This additional turnover is significant because replacement costs are incurred by the agencies to process terminations and hires, to train new staff for different jobs and to recruit staff to replace those who have moved to another agency.¹³

**Table 7: Turnover by HHS Agency
 (includes inter-HHS agency transfers)**

Agency	Average Annual Headcount	Total Separations	Turnover Rate
HHSC	11,441.50	1,616	14.1%
DFPS	11,539.25	1,942	16.8%
DARS	3,216.00	278	8.6%
DADS	16,559.50	4,812	29.1%
DSHS	12,530.75	2,051	16.4%
Grand Total	55,287.00	10,699	19.4%

Certain job families have significantly higher turnover than other occupational series, including Direct Care Workers¹⁴ at 38.5 percent, Child Protective Services Investigators at 27.9 percent, Licensed Vocational Nurses at 26.6 percent, Registered Nurses at 20.8 percent, Child Protective Services Specialist at 19.5 percent and Adult Protective Services Workers at 19.2 percent.¹⁵

¹² State Auditor’s Office (SAO) Reports “Classified Employee Turnover by State Agency for Fiscal Year 2009.”

¹³ Ibid.

¹⁴ Direct Care Workers include Mental Retardation Assistants at DADS and Psychiatric Nursing Assistants at DSHS.

¹⁵ HHSAS Database for FY 2009.

Table 8: FY 09 Turnover for Significant Job Families¹⁶

Job Title	Average Annual Headcount	Separations	Turnover Rate
Direct Care Workers ¹⁷	10,144	3,909	38.5%
Child Protective Services Investigators	2,060	575	27.9%
Licensed Vocational Nurses	1,188	316	26.6%
Registered Nurses	2,174	453	20.8%
Child Protective Services Specialists	2,824	551	19.5%
Adult Protective Services Workers	707	136	19.2%
Psychologists	65	12	18.6%
OES Workers ¹⁸	5,234	872	16.7%
Psychiatrists	139	22	15.9%
Veterinarians	20	3	15.0%
OES Clerks	1,852	275	14.8%
Pharmacists	86	12	13.9%
Accountants	516	67	13.0%
Auditors	162	20	12.4%
Clinical Social Workers	196	24	12.2%
Chemists	60	7	11.8%
Directors	381	45	11.8%
Rehabilitation Therapy Technicians	957	113	11.8%
Contract Specialists	265	31	11.7%
Vocational Rehabilitation Counselors	693	75	10.8%
Chaplains	29	3	10.5%
Child Care License Workers	210	22	10.5%
Physicians	115	12	10.4%
Attorneys	202	19	9.4%
Managers	1,114	102	9.2%
Rehabilitation Services Technicians	356	32	9.0%
OES Supervisors	462	40	8.7%
Claims Examiners	511	32	6.3%

Of the total losses during fiscal year 2009, approximately 73 percent were voluntary separations and 26 percent were involuntary separations.^{19 20} Voluntary includes

¹⁶ Turnover is calculated as follows: The total number of employees who terminated during the period DIVIDED BY the average number of employees on the last day of each quarter in the period plus the employees that terminated during the quarter TIMES 100 to produce a percentage.

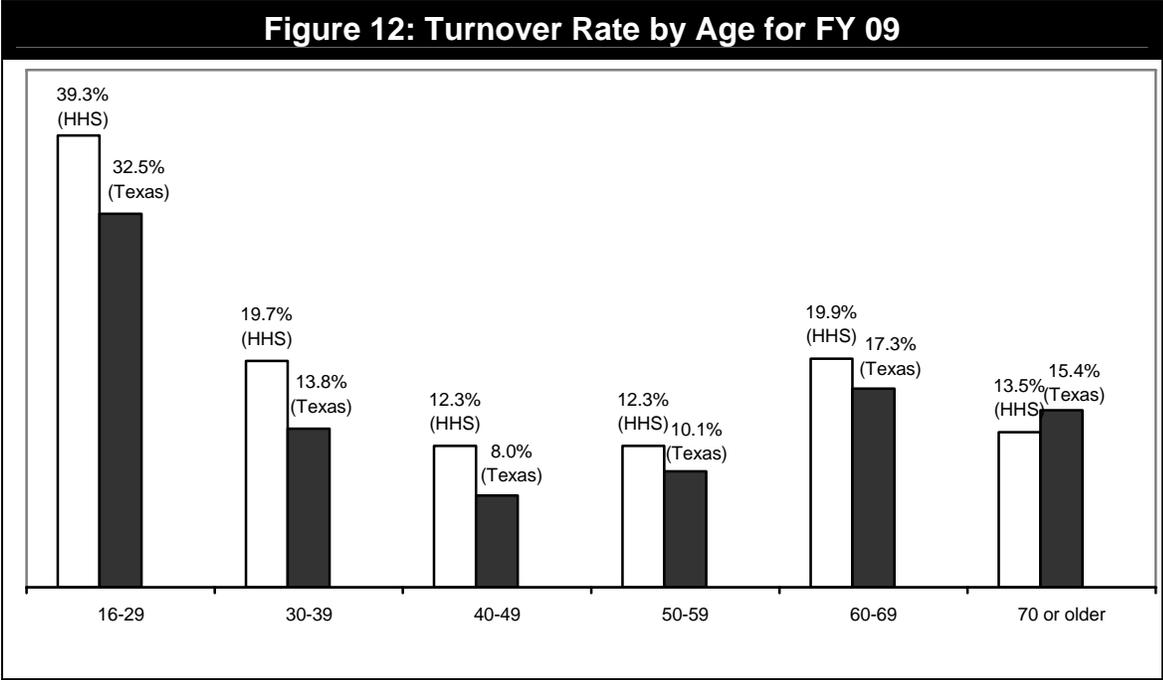
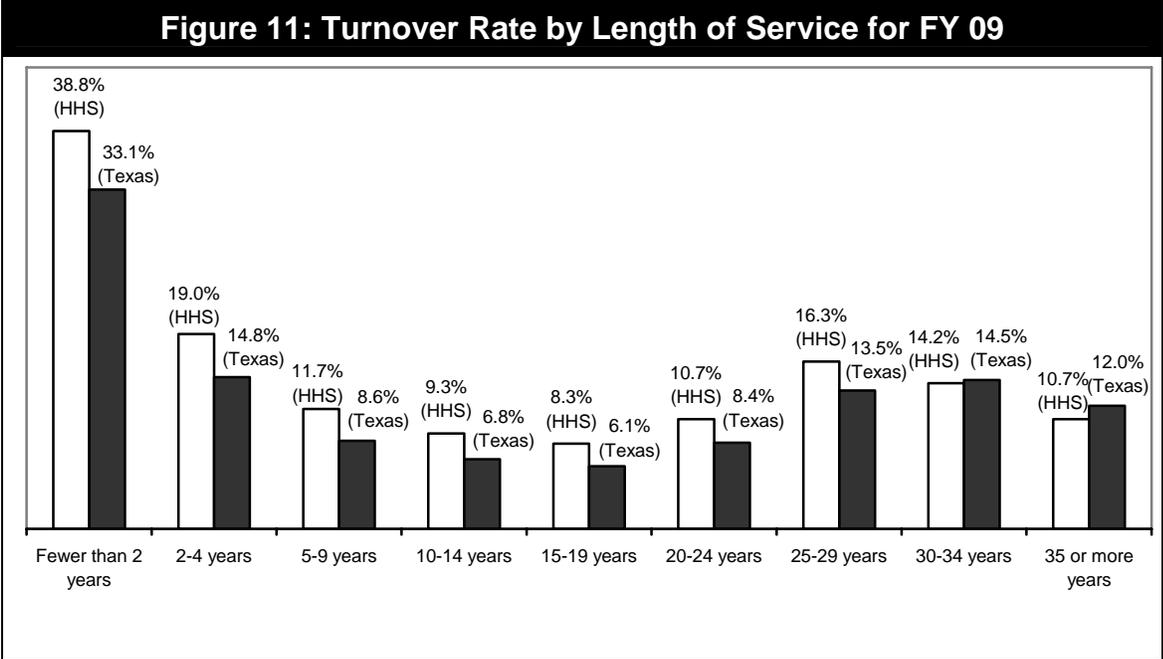
¹⁷ Direct Care Workers include DADS Mental Retardation Assistants and DSHS Psychiatric Nursing Assistants.

¹⁸ Office of Eligibility Services (OES) Workers include Texas Works Advisors, Medical Eligibility Specialists and Hospital Based Workers.

¹⁹ Death accounted for .7% of separations.

²⁰ State Auditor's Office (SAO) FY 2009 Turnover Statistics.

resignation, transfer to another agency and retirement. Involuntary includes dismissal for cause, resignation in lieu of separation and separation at will.²¹



²¹ State Auditor’s Office (SAO) Reports “Classified Employee Turnover by State Agency for Fiscal Year 2009.”

RETIREMENT PROJECTIONS

Today, about 10 percent of the HHS workforce is eligible to retire. Within the next five years, the number of eligible employees will increase to 23 percent.²²

Table 9: HHS System Projected Retirement Eligibility through Rule of 80 (FY 09 – FY 14)												
Agency	FY 09		FY 10		FY 11		FY 12		FY 13		FY 14	
HHSC	1,231	10.8%	1,503	13.1%	1,813	15.8%	2,141	18.7%	2,488	21.7%	2,849	24.9%
DFPS	938	8.6%	1,080	9.9%	1,249	11.5%	1,391	12.8%	1,604	14.7%	1,810	16.6%
DARS	500	15.7%	603	18.9%	713	22.4%	821	25.7%	944	29.6%	1,074	33.7%
DADS	1,364	8.7%	1,698	10.8%	2,078	13.2%	2,512	16.0%	2,927	18.6%	3,380	21.5%
DSHS	1,371	11.2%	1,685	13.7%	1,989	16.2%	2,401	19.6%	2,791	22.7%	3,221	26.2%
Grand Total	5,404	10.1%	6,569	12.3%	7,842	14.6%	9,266	17.3%	10,754	20.1%	12,334	23.0%

The steady increase in the number of employees eligible to retire means the HHS agencies will lose some of their most knowledgeable workers, including many employees in key positions. Effective succession planning and employee development will be critical in ensuring there are qualified individuals who can replace those leaving state service.

CRITICAL WORKFORCE SKILLS

The current climate of the information age, advances in technology, increasing population for the state, consolidation of services, right-sizing and outsourcing will continue to place increased emphasis on the demand for well trained and skilled staff.

The outsourcing and self-service automation of major HR functions, such as employee selection, have made it critical for HHS managers and employees to improve and commit to a continual learning of human resource policy, employee development, conflict resolution, time management, project management and automation skills.

It is important for HHS agencies to employ professionals who have the skills necessary for the development, implementation and evaluation of the health and human services programs. These skills include:

- ◆ Analytic/assessment skills;
- ◆ Policy development/program planning skills;
- ◆ Communication skills;
- ◆ Cultural competency skills;
- ◆ Basic public health sciences skills;
- ◆ Financial planning and management skills;

²² HHSAS Database, as of 8/31/09. Projections include current return-to-work retirees.

- ◆ Contract management skills; and
- ◆ Leadership and systems thinking skills.

Most management positions require agency program knowledge and the majority of these jobs are filled through the promotion of current employees. As HHS agencies continue to lose tenured staff, effective training will be needed to ensure that current employees develop the skills necessary to transfer into management positions.

In addition, as the Spanish speaking population in Texas increases, there will be an increased need for employees with bilingual skills, especially Spanish-English proficiency.

ENVIRONMENTAL ASSESSMENT

The Texas Economy

The Texas economy felt the effects of the worldwide recession during 2009. In December of 2007, U.S. economy peaked and entered recession. Between February 2009 and February 2010, the US economy declined by 2.5%, shedding about 3.3 million jobs.²³ The Texas economy continued to grow through most of 2008, with employment peaking in October of that year, then Texas joined the nation in losing jobs. In the 12 months ending in December 2009, Texas lost 275,900 jobs.²⁴

The Comptroller's office estimates that the Texas' gross state product (GSP) will grow by 2.6 percent during calendar 2010. How quickly the Texas economy can recover is a question that could have a profound impact on the recruitment and retention challenges facing HHS agencies.²⁵

Poverty in Texas

As the number of families living in poverty increases for the state, the demand for services provided by the HHS System will also increase.

²³ "Tracking the Texas Economy," dated March 5, 2010 (web page: www.texasahead.org/economy/tracking/), last accessed on 3/8/10.

²⁴ "Comptroller's Economic Outlook," dated February 25, 2010 (web page: <http://www.texasahead.org/economy/outlook.html>), last accessed on 3/5/10.

²⁵ Ibid.

The U.S. Department of Health and Human Services defined the poverty level for 2009 (which has been extended to at least March 1, 2010) according to household/family size as follows:

- ◆ \$22,050 or less for a family of four;
- ◆ \$18,310 or less for a family of three;
- ◆ \$14,570 or less for a family of two; and
- ◆ \$10,830 or less for individuals.²⁶

It is projected that in 2013, 4.6 million Texas residents, or 17.3 percent of the population, will live in families with annual incomes below the poverty level.²⁷ For children under the age of 18, the projected poverty rate is 22.6 percent for 2013.

Unemployment

Another factor that directly impacts the demand for HHS System services is unemployment. In Texas, the December 2009 statewide unemployment rate was 8.3 percent, nearly double the 4.3 percent rate from January 2008, though well below the national rate of 10 percent.^{28 29}

Health Care Reform

On March 23, 2010, the President signed into law national health care legislation that will require most Americans to have health insurance, add millions of people to the Medicaid rolls and subsidize private coverage for low- and middle-income people, at a cost to the government of \$938 billion over 10 years, according to the Congressional Budget Office. Overall, it is expected to extend coverage to 32 million additional Americans by 2019.

The effects of this complex legislation on Texas is still being analyzed, though current HHSC estimates indicate the effect on the state and HHS administered programs may be significant. More than 2 million more people may be added to the Medicaid rolls in Texas and cost the state at least \$27 billion over a 10 year period.

Other Significant Factors

With over 24 million residents, Texas is one of the faster growing states in the nation. In just a one year period, July 1, 2008 to July 1, 2009, the population of Texas increased by almost half a million, the largest population increase in the

²⁶ “Extension of the 2009 Poverty Guidelines Until at Least March 1, 2010” US Department of Health and Human Services, web page (<http://aspe.hhs.gov/poverty/09extension.shtml>), last accessed on 3/2/10. Note: Guidelines apply to the 48 Contiguous States and D.C.

²⁷ U.S. Census Bureau, March 2007 Current Population Survey (CPS), 2007, for Texas; Texas State Data Center Population Migration Growth Scenario 2002-2004, v. 10/06; HHSC Strategic Decision Support.

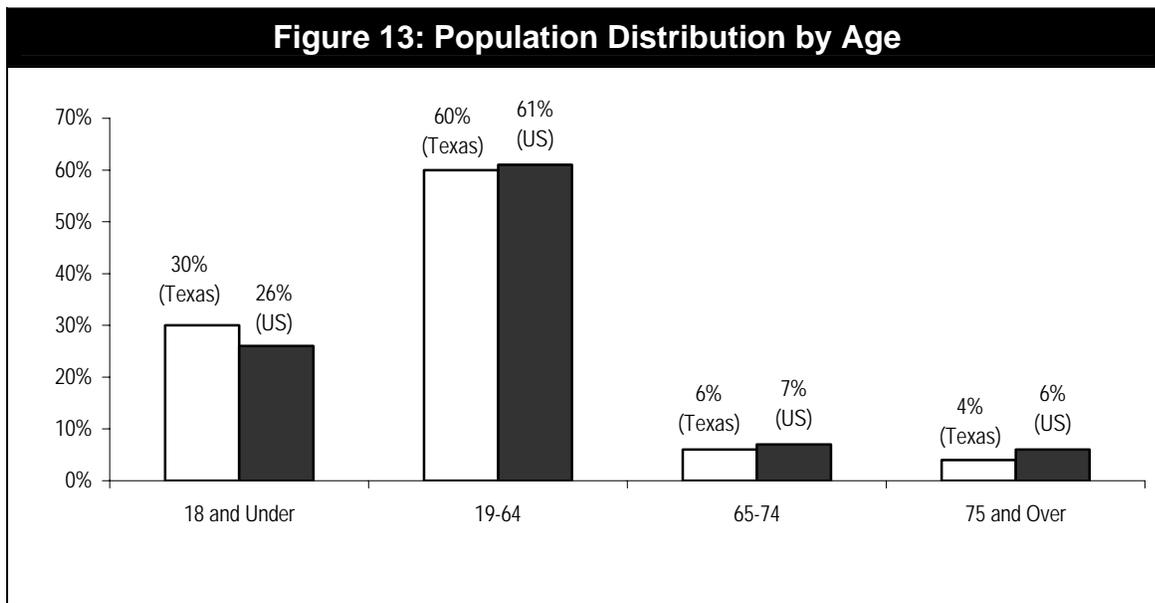
²⁸ Bureau of Labor Statistics, seasonally adjusted unemployment rate for 16 years and over.

²⁹ Office of the Comptroller, State of Texas.

country.³⁰ The Texas population is expected to continue to increase. By 2020, the Texas population is expected to reach 30 million residents.³¹

The Texas population will become increasingly diverse over the next 10 years, as the overall percentage of Whites continues to decline. By the year 2020, Hispanics, African-Americans/Blacks, Asian/Pacific Islanders and American Indians/Alaskan Natives are projected to make up 53 percent of the state population. The largest increase is Hispanic, representing 37 of the state's population by 2020.³²

The distribution of age groups in Texas closely mirrors that of the nation, with the largest percentage of Texas residents (60 percent) being between age 19 to 64, followed by those 18 and under (30 percent) and those 65 and over (10 percent).^{33 34}



Population projections through 2010 show that the number of Texas residents aged 18 and under will increase by 200,000; the number of adults ages 18 through 64 will increase by about 1,200,000; and the number of adults over 64 will increase by about 284,000.³⁵ In the longer term, the Texas State Data Center estimates that by

³⁰ U.S. Census Bureau, December 23, 2009, web page <http://www.census.gov/Press-Release/www/releases/archives/population/014509.html>, last accessed on 3/16/10.

³¹ Office of the State Demographer, Texas State Data Center.

³² Policy Alert Supplement, November 2005, The National Center for Public Policy and Higher Education, web page http://www.highereducation.org/reports/pa_decline/states/TX.pdf, last accessed on 1/12/06.

³³ The Kaiser Family Foundation, Texas: At-A-Glance, web page <http://www.statehealthfacts.org>, last accessed on 3/16/10.

³⁴ Census Bureau's March 2006 and 2007 Current Population Survey (CPS: Annual Social and Economic Supplements).

³⁵ The Kaiser Family Foundation, Texas: At-A-Glance, web page <http://www.statehealthfacts.org>, last accessed on 3/16/10.

2040, the number of persons older than age 65 will increase by 295 percent.³⁶ This projected aging of the Texas labor may have a major impact on growth of the labor force by dramatically lowering the overall labor force participation rate.

EXPECTED WORKFORCE CHALLENGES

HHS agencies will need to continue to recruit and retain health and human services professionals, such as Nurses (Registered Nurses and Licensed Vocational Nurses), Pharmacists, Vocational Rehabilitation Counselors, Epidemiologists, and Sanitarians. Additionally, certain jobs will continue to be essential to the delivery of services throughout the HHS System. Many of the jobs are low paying, highly stressful and experience higher than normal turnover, such as Office of Eligibility Services Staff, Protective Services Workers (Adult and Children), Direct Care Workers (Mental Retardation Assistants and Psychiatric Nursing Assistants) and Food Service Workers.

Registered Nurses (RNs) and Licensed Vocational Nurses (LVNs)

The nation and Texas continue to face a shortage of RNs, which is predicted to worsen over the next twenty years as baby boomers age and the need for health care grows. Though current economic conditions have served to lessen the nursing crisis, some experts argue that the current recession may result in a worsening of the nursing shortage in the near future.³⁷ With state nursing schools facing budget cuts, they may be less able to hire enough faculty members to train new nurses to meet projected needs.³⁸

The U.S. nursing shortage is projected to grow to 260,000 registered nurses by 2025.³⁹ RNs constitute the largest healthcare occupation, with 2.6 million jobs in the US. Job opportunities for RNs are expected to grow faster than the average for all occupations.⁴⁰ In addition, it is projected that there will be 581,500 new RN jobs by 2018.⁴¹ With this level of job growth, it is projected that there will not be enough qualified applicants to meet the demand.

³⁶ New Texas State Data Center Population Projections from The University of Texas at San Antonio, web page <http://txsdc.utsa.edu/tpepp/2006projections/summary/>, last accessed on 4/4/08.

³⁷ "Dallas-Fort Worth graduates find that nursing is no longer a recession-proof field," web page <http://www.star-telegram.com/topstories/story/1935020.html>, last accessed on 2/16/10.

³⁸ "Has the Recession Solved the Nursing Shortage? Experts say No," Robert Wood Johnson Foundation, April 17, 2009, web page <http://www.rwjf.org/pr/product.jsp?id=41728>, last accessed 3/17/10.

³⁹ Peter I. Buerhaus, David I. Auerbach, and Douglas O. Staiger, "The Recent Surge in Nurse Employment: Causes and Implications" *Health Affairs*, 28, no. 4 (June 2009), web page <http://www.specialtystaffinc.com/news/headline/85>, last accessed on 3/17/10.

⁴⁰ US Department of Labor, Bureau of Labor Statistics, Occupational Outlook Handbook, 2010-11 Edition, web page <http://www.bls.gov/oco/ocos083.htm>, last accessed on 2/5/10.

⁴¹ Ibid.

Texas is also experiencing a critical shortage in RNs. It is projected that between 2005 and 2020, the demand for nurses in Texas will increase by 86 percent, while the supply will grow by only 53 percent.⁴² Although numbers vary from study to study, most concur that the nursing shortage is the most severe health workforce shortage currently facing both the nation and Texas.⁴³ Texas is far below the national average of the nurse-to-population ratio (782 Nurses per 100,000 people), with the state ratio being 609 Nurses per 100,000 people. By some estimates, Texas will need an additional 138,000 Nurses in the next 10 years.⁴⁴

Factors contributing to the current shortage include the steep population growth (resulting in a growing need for health care services), an aging nursing workforce, an overall aging and service-demanding population and an increased need for specialized nursing skills. This crisis is emerging just as skilled nurses are retiring and job opportunities in health care are expanding. The projected rates of growth in the youth, elderly and minority populations in Texas will result in an increased demand for health services from HHS System agencies.

Together, DADS and DSHS employ approximately 2,100 RNs and 1,110 LVNs.⁴⁵ As the demand for nursing services increases and the supply decreases, the recruitment and retention of Nurses becomes more difficult and the need for competitive salaries will become more critical.

Currently, the average annual salary for RNs in HHS agencies during fiscal year 2009 was \$53,436 and \$34,068 for LVNs during the same time period. These salaries fall below both national and state averages for these occupations.⁴⁶ Nationally, the average annual earnings for RNs in 2008 was \$65,130 and \$40,110 for Licensed Practical Nurses and LVNs.⁴⁷ In Texas, the average annual earnings for RNs in 2008 was \$61,780 and \$39,080 for Licensed Practical Nurses and LVNs.⁴⁸ Many private hospitals are further widening the salary gap by offering signing bonuses. The non-competitive salaries offered by HHS agencies are directly contributing to the HHS System's difficulties recruiting qualified applicants. Posted vacant positions are currently taking several months to fill. The System is also losing existing staff to higher paying private health care jobs at an alarming rate (turnover of 21 percent for RNs and 27 percent for LVNs).⁴⁹

⁴² "Texas Nursing: Our Future Depends on It. A Strategic Plan for the State of Texas to Meet Nursing Workforce Needs of 2013," Texas Center for Nursing Workforce Studies, March 2009. Web page <http://www.dshs.state.tx.us/chs/cnws/TexasTeam/TexasStrategy.pdf>, last accessed March 17, 2010.

⁴³ State of Nursing Workforce in Texas – Statewide Health Workforce Symposium Policy Brief, March 2005.

⁴⁴ MedicineWorld.org, "Lack of Resources, Not Lack of Students, Cause Nurse Shortage," web page <http://medicineworld.org/cancer/lead/12-2005/lack-of-resources-not-lack-of-students-cause-nurse-shortage.html>, last accessed on 1/17/06.

⁴⁵ HHSAS Database, as of 8/31/09.

⁴⁶ Ibid.

⁴⁷ US Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2008; last accessed on 2/5/10.

⁴⁸ Ibid.

⁴⁹ HHSAS Database, FY 2009 data.

As the nursing workforce shortage continues and as a significant portion of System nurses approach retirement, it is expected that recruitment and retention of Nurses will continue to be a problem for the System.

Pharmacists

Pharmacists represent one of the largest health professional groups in the US, with approximately 270,000 active Pharmacists as of November 2008.⁵⁰ While the overall supply of Pharmacists has increased in the past decade, there has been an unprecedented demand for Pharmacists and for pharmaceutical care services. This need is expected to grow faster than the average for all occupations due to the increased pharmaceutical needs of a growing elderly population and increased use of medications. It is projected that there will be a need of about 46,000 new Pharmacists by 2018, or a 17 percent increase.⁵¹ However, the number of available Pharmacists is expected to grow only modestly.

HHS agencies employ 84 Pharmacists, with an average annual salary of \$86,100.⁵² This salary falls significantly below the market rate. The average annual salary for Pharmacists nationally is \$104,260 and \$108,630 in Texas.⁵³ This disparity is affecting the System's ability to recruit qualified applicants for open positions. Pharmacist positions often remain unfilled for several months.⁵⁴

With Pharmacist turnover at about 14 percent, HHS agencies have often used contract Pharmacists to meet program needs. These contracted Pharmacists are paid at rates that are well above the amount it would cost to hire Pharmacists at state salaries. With a significant number of Pharmacists nearing retirement age (or have already retired and returned to work), recruitment and retention will continue to be a problem for the System.

Office of Eligibility Services (OES) Staff

HHSC employs about over 7,810 individuals in Office of Eligibility Services (OES) positions, representing about 68 percent of the HHSC workforce. The majority of these individuals are employed as Texas Works Advisors, Medical Eligibility Specialists, Hospital Based Workers, OES Clerks and OES Supervisors.⁵⁵

⁵⁰ T. Alan Lacey and Benjamin Wright, "Occupational employment projections to 2018" Monthly Labor Review, November 2009, web page <http://www.bls.gov/opub/mlr/2009/11/mlr200911.pdf>, last accessed on 3/9/10.

⁵¹ Ibid.

⁵² HHSAS Database, as of 8/31/09.

⁵³ US Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2008; last accessed on 2/25/10.

⁵⁴ HHSAS Database, FY 2009 data.

⁵⁵ Ibid.

The major workforce challenge for HHSC continues to be the stabilization of the eligibility determination workforce. The 78th Legislature (Regular Session, 2003) directed HHSC to evaluate the cost-effectiveness of call centers as a methodology for determining eligibility for Medicaid, food stamps and other state assistance programs. HHSC determined in 2005 that privately managed call centers would be more cost-effective than having state-operated call centers. Based on this analysis, in June of 2005, a private-sector contractor, Accenture, was awarded a contract to assist in performing certain eligibility determination activities utilizing a recognized call center methodology. The new business model called for only 2,600 OES employees. In June of 2005, OES had about 6,400 eligibility determination staff, with a turnover rate of 22 percent. By the end of the third quarter of fiscal year 2006 (May 2006), staffing levels had decreased to about 5,500 employees, with an increasing number of temporary staff hired. In addition, the turnover rate had risen to 38 percent. In March of 2007, when specific contract terms could not be reached, HHSC terminated the contract with Accenture. In the wake of the contract termination, the 80th Legislature (Regular Session, 2007) appropriated funds for modernizing the eligibility system without a reduction in force or the closing of local offices. Though these efforts improved OES staffing levels, the current downturn in the Texas economy has resulted in increased worker caseloads, high turnover rates and the loss of tenured staff. The 81st Texas Legislature (Regular Session, 2009) maintained OES staffing levels at the fiscal year 2009 level of 9,039 positions, but included a provision (Rider 61) for the agency to request additional staff (up to 9,695 in fiscal year 2010 and 9,861 in fiscal year 2011) for anticipated workload and caseload growth. Using this provision, the agency received authorization for an additional 250 eligibility staff positions. To allow OES to perform the full scope of operations, in the first seven months of fiscal year 2010, HHSC has had a net gain of approximately 800 OES field staff.

Turnover for OES staff is high at about 16 percent, with the highest turnover experienced by Texas Works Advisors at a rate of 18 percent, followed by Medical Eligibility Specialists at a rate of 15 percent and OES Clerks at a rate of 15 percent.⁵⁶

Special retention strategies continue to be used to address this high turnover. Additionally, HHSC has developed a Comprehensive Management Improvement Plan for OES that will provide improvements in training, standardized performance expectations and opportunities for advancement.

Protective Services Workers

In 2008, there were 292,600 Protective Service Worker jobs in the U.S., with a projected job growth of 12.3 percent by 2018.^{57 58}

⁵⁶ HHSAS Database, FY 2009 data.

⁵⁷ Occupational title used is Child, Family and School Social Workers.

There are approximately 5,400 Protective Services Workers employed by DFPS as Child Protective Service Workers, Child Protective Service Investigators, Adult Protective Service Workers and State Wide Intake Workers.⁵⁹ The average annual salary for these Workers is \$34,540, a salary below both the national and state average annual salary. Nationally, Protective Services Workers earn \$43,120 annually.⁶⁰ In Texas, Protective Service Occupations earn, on the average, \$35,540 annually.⁶¹

Following four years of comprehensive agency reform, the 81st Legislature (Regular Session, 2009) continued its support of ongoing improvements of DFPS and allocated over 150 new worker positions during fiscal years 2010 and 2011. In addition, the Legislature authorized funds to allow the agency to continue to provide the salary retention supplement of \$5,000 established by the 79th Legislature (Regular Session, 2005) for Child Protective Services Investigation Caseworkers and Supervisors.

The 81st Texas Legislature (Regular Session, 2009) directed DFPS to develop a plan to improve employee morale and retention. Since turnover peaked at 23.2% in FY 2008, DFPS has steadily improved. A combination of extensive internal efforts and economic factors helped reduce the turnover rate to 16.8 percent in FY 2009.⁶² During the next decade, the significant increase in the Texas population, especially the aging population, will require additional Adult Protective Services Workers, which could further exacerbate the high turnover rate.

Vocational Rehabilitation Counselors

As of November 2008, there were 129,500 Rehabilitation Counselor jobs in the U.S., with a projected job growth of 19 percent by 2018.⁶³ Nationally, there is a shortage of qualified vocational rehabilitation counselors.

DARS employs 677 Vocational Rehabilitation Counselors, with an average annual salary of \$48,552.⁶⁴

⁵⁸ T. Alan Lacey and Benjamin Wright, "Occupational employment projections to 2018" Monthly Labor Review, November 2009, web page <http://www.bls.gov/opub/mlr/2009/11/mlr200911.pdf>, last accessed on 3/9/10.

⁵⁹ HHSAS Database, as of 8/31/09.

⁶⁰ US Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2008; last accessed on 2/5/10.

⁶¹ Ibid. Note: The Employees are listed under the Occupational title of Child, Family and School Social Workers.

⁶² HHSAS Database, FY 2009 data.

⁶³ T. Alan Lacey and Benjamin Wright, "Occupational employment projections to 2018" Monthly Labor Review, November 2009, web page <http://www.bls.gov/opub/mlr/2009/11/mlr200911.pdf>, last accessed on 3/9/10.

⁶⁴ HHSAS Database, as of 8/31/09.

The federal requirements for Vocational Rehabilitation Counselors to have a master's degree in rehabilitation counseling and/or to be eligible to take the Certified Rehabilitation Counselor certification exam have made it increasingly difficult to fill vacancies with qualified individuals. As a result, the agency has established incentive programs to assist current employees in obtaining the appropriate credentials.

Epidemiologists

DSHS employs 84 full-time Epidemiologists who are responsible for monitoring health status, investigating health hazards, evaluating the effectiveness of health services and monitoring and responding to health emergencies.

Although epidemiology is known as the core science of public health, Epidemiologists comprise less than one percent of all public health professionals.⁶⁵ As of November 2008, there were approximately 4,800 Epidemiologist jobs in the U.S., with a projected job growth rate of 15.1 percent by 2018.⁶⁶

The shortage of Epidemiologists may be partly explained by the high level of education required for this profession. DSHS Epidemiologists earn an average annual salary of \$51,541, significantly below the average wage paid nationally (\$66,500), and slightly lower than the Texas average of \$52,300.⁶⁷ Barriers to recruiting and retaining Epidemiologists in the public health field include noncompetitive salaries and a general shortage of professionals.

The agency is currently experiencing difficulty filling vacant Epidemiologist positions. The vacancy rate for these positions is high at almost 11 percent, with vacant positions often going unfilled for months.⁶⁸ One factor that may potentially add to this problem is the percent of these highly skilled employees who may retire from the agency in the near future. Almost 20% of the agency Epidemiologists will be eligible to retire in the next five years.⁶⁹

⁶⁵ Melissa Taylor Bell and Irakli Khodeli. "Public Health Worker Shortages," The Council of State Governments, November 2004.

⁶⁶ T. Alan Lacey and Benjamin Wright, "Occupational employment projections to 2018" Monthly Labor Review, November 2009, web page <http://www.bls.gov/opub/mlr/2009/11/mlr200911.pdf>, last accessed on 3/9/10.

⁶⁷ US Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2008; last accessed on 2/5/10.

⁶⁸ HHSAS Database, FY 2009 data.

⁶⁹ HHSAS Database, as of 8/31/09.

Sanitarians

The System employs 111 Sanitarians across the state.⁷⁰ Registered Sanitarians at DSHS inspect all food manufacturers, wholesale food distributors and food salvagers in Texas, as well as all retail establishments in the 188 counties not covered by local health jurisdictions. They conduct a multitude of environmental inspections, such as children's camps, asbestos abatement, hazardous chemicals/products and many others. Sanitarians are instrumental in protecting the citizens of Texas from food-borne illness and many dangerous environmental situations and consumer products, including imported foods, drugs and consumer products. The U.S. Food and Drug Administration (FDA) and the Consumer Products Safety Commission (CPSC) have little manpower and therefore depend on the state programs to protect citizens. DSHS Sanitarians also respond to a variety of emergencies, including truck wrecks, fires, tornados, floods and hurricanes and are the first line of defense against a bioterrorist attack on the food supply.

Higher starting salaries offered by local health jurisdictions, federal counterparts (U.S. Food and Drug Administration, USDA and the Consumer Product Safety Commission) and private industry, have made it extremely difficult for the DSHS to hire Sanitarians to fill vacant positions. In addition, these organizations have been hiring many of the agency's highly trained staff, leaving even more positions vacant.

Historically, the agency has faced special challenges filling vacancies in both rural and urban areas of the state. The vacancy rate for Sanitarians is currently high at about 15 percent, with vacant positions often going unfilled for many months due to a shortage of qualified applicants available for work. These vacancy problems are expected to worsen as employees approach retirement. Almost 30 percent of current sanitarian staff will be eligible to retire by the year 2014.⁷¹

Direct Care Workers (Mental Retardation Assistants and Psychiatric Nursing Assistants)

There are about 9,400 Direct Care Workers employed in DSHS state mental health hospitals and in DADS state supported living centers. These positions require no formal education to perform the work, but employees are required to develop people skills to effectively interact with consumers. The physical requirements of the position are difficult and challenging due to the nature of the work.

The pay is low, with an average hourly rate of \$10.74.⁷² The overall turnover rate for employees in this group is high, at 38.5 percent annually.⁷³ Taking into account these factors, state hospitals and state supported living centers have historically experienced difficulty in both recruiting and retaining these workers. Little change is expected.

⁷⁰ HHSAS Database, as of 8/31/09.

⁷¹ Ibid.

⁷² Ibid.

⁷³ Ibid.

Food Service Workers

There are approximately 1,000 Food Service Workers employed across Texas in state mental health hospitals and state supported living centers.⁷⁴

The physical requirements are very demanding and there are no formal education requirements. Since meals are prepared seven days a week, some of these employees are required to work on night and weekend shifts.

The average hourly rate paid to Food Service Workers is \$9.73. Turnover in Food Service Worker positions was high, at 26 percent during fiscal year 2009.⁷⁵

DEVELOPMENT STRATEGIES TO MEET WORKFORCE NEEDS

Recruitment Strategies

Gap	HHS agencies do not attract enough qualified applicants for critical and/or difficult to fill jobs.
Goal	Establish efficient and effective recruiting initiatives to attract qualified applicants.
Rationale	If HHS agencies are going to recruit effectively, the agencies must recognize that attracting and assessing applicants from outside traditional pools and resources will be a necessity.
Strategies	<ul style="list-style-type: none"> ◆ Implement an HHS internship program to attract future employees in hard-to-fill job classes. ◆ Provide summer and co-op placements for high school and college students. ◆ Provide college tuition reimbursement or scholarships for high-potential high school graduates in exchange for a certain number of years of service. ◆ Create customized recruitment strategies based on managers' staffing goals, current/future program priorities and specific job vacancies. ◆ Increase recruitment efforts for 'critical' occupations, such as: <ul style="list-style-type: none"> ○ Office of Eligibility Services Staff;

⁷⁴ HHSAS Database, as of 8/31/09.

⁷⁵ Ibid.

	<ul style="list-style-type: none"> ○ Protective Services Workers; ○ Direct Care Workers (Mental Retardation Assistants and Psychiatric Nursing Assistants); ○ Physicians and Psychiatrists; ○ Dentists; ○ Nurses; ○ Pharmacists; ○ Psychologists; ○ Vocational Rehabilitation Counselors; ○ Epidemiologists; and ○ Sanitarians. <ul style="list-style-type: none"> ◆ Provide assessment tools to identify applicants who have an aptitude for the position for which they apply. ◆ Prepare and implement targeted recruitment plans. ◆ Use aggressive recruiting efforts, such as extensive internet recruiting, attendance at technical job fairs and same day hiring at job fairs. ◆ Develop media presentations to assist in recruiting efforts. ◆ Post jobs using the full salary range or market comparable salaries to attract qualified applicants. ◆ Rehire skilled retirees. ◆ Use recruitment and retention bonuses to attract applicants for high turnover and critical positions. ◆ Offer alternative work schedules to attract applicants, such as telecommuting, job sharing and part-time work. ◆ Provide incentives for employee referrals that result in successful hiring of qualified applicants. ◆ Offer jobs placements for people exiting the military (i.e., Military Outplacement Services). <p>Concentrate efforts to recruit older workers and individuals seeking a second career.</p>
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Retention Strategies

Gap	There is a high rate of attrition for younger employees, less tenured employees and employees performing stressful jobs.
Goal	Create an environment whereby employees and applicants will view their HHS agency as an employer of choice.

Rationale	If HHS agencies are to be successful in retaining good employees, employees need to be treated well and rewarded for outstanding job performance.
Strategies	<ul style="list-style-type: none"> ◆ Obtain funding and implement a compensation program intended to attract, retain and reward employees and to make salaries more competitive. Compensation strategies might include the use of: <ul style="list-style-type: none"> ○ salary equity adjustments; ○ promotions; ○ merit raises, including one-time merit awards; ○ retention bonuses; and ○ hiring above the salary minimum at comparable market rates. ◆ Develop strategies to address turnover, including: <ul style="list-style-type: none"> ○ ensure sufficient FTEs are available for the volume of work to be accomplished; ○ provide a realistic preview of the job during the interview process; ○ provide adequate training to ensure success of the employee in completing assignments and duties; ○ ensure that supervisors set clear expectations of the new hire (and all employees); ○ assign a current employee as a peer mentor in the same job to assist the new employee in acclimating to the new position and ensure support from a lead worker; and ○ have the supervisor hold frequent meetings with the new employee to provide immediate feedback and information on how to improve within the position. ◆ Ensure separating employees participate in exiting surveys available through the SAO Exit Survey process and analyze the Survey Responses to determine appropriate actions for improving retention. ◆ Grant administrative leave for outstanding performance. ◆ Establish flexible work schedules to retain staff and meet the needs of HHS agencies, using: <ul style="list-style-type: none"> ○ telecommuting; ○ job sharing; ○ regular, instead of rotating, shift work for employees who desire a more regular and predictable schedule; ○ part-time jobs; and ○ flex hours. ◆ Audit HHS agency positions to ensure salary and FLSA parity among job classes that perform like and similar duties across

all HHS agencies.

- ◆ Create career ladders, where job duties are clearly differentiated within the levels of a job series, to counter the lack of advancement opportunities and the impact of management/supervisory restrictions.
- ◆ Obtain funding and provide professional development training in the employee's career field for all employees in the System.
- ◆ Obtain funding and provide personal development training that will benefit both the employee and the System for all employees in the System.
- ◆ Expand the HHS Wellness Program to promote organizational satisfaction, reduce employee stress and reduce turnover.
- ◆ Ensure that the EAP provider makes regular presentations to large employee groups on topics of interest, such as stress in the work place, employee burnout and prevention strategies.
- ◆ Implement an HHS employee recognition program to ensure that employees know that their work is valued and appreciated by:
 - providing non-monetary incentive awards and recognition to high-performing employees;
 - having senior management routinely visit employees in their job areas and thank them for being a part of the team; and
 - having agency heads and executive staff send notes, memos and emails, thanking and congratulating employees who perform exceptionally well on special projects and provide exceptional customer service to internal and external consumers.
- ◆ Recognize supervisors and managers who have decreased employee turnover.
- ◆ Recognize supervisors and managers who receive high praise from their employees and who get the job done with a high degree of excellence.
- ◆ Provide training for supervisors and managers – and require attendance and successful completion – on topics of agency policy and positive performance to ensure that new employees receive better on-the-job training, coaching, recognition and supervision.
- ◆ Fund and encourage managers to use educational leave, stipends and scholarships to prepare employees for future employment in “critical” or “hard-to-fill positions.”
- ◆ Develop “grow your own” employee training programs to

ensure adequate staffing and reduce the overburden for employees in shortage occupations.

- ◆ Implement strategies to hire “soon to be qualified” individuals - even if they have not completed required certifications.
- ◆ Seek additional pay for employees who handle difficult consumers or who are routinely placed in difficult situations.
- ◆ Explore opportunities for job rotation, job sharing, etc. for employees in extremely difficult and stressful jobs.
- ◆ Expand the practice allowing retirees to return to positions within the HHS System to ease recruiting and retention issues.
- ◆ Communicate to employees the value of their employee benefits as part of their total compensation package. (During fiscal year 2009 the total benefits package, according to the State Auditor’s Office, was 66 percent salary and 34 percent benefits).⁷⁶
- ◆ Remind employees that the HHS System allows FLSA exempt employees to bank compensatory time, which is often not done in the private sector.
- ◆ Remind employees that the HHS System provides some benefits that other employers and some state agencies don’t provide, such as Sick Leave Bonus Days.
- ◆ Invest funds to “upgrade” the physical facilities in which employees work.
- ◆ Recognize employees who align with and support the vision and mission of the HHS System.

⁷⁶ “A Report on State Employee Benefits as a Percentage of Total Compensation,” State Auditor’s Office (SAO) Report Number 10-704, February 2010.

HEALTH AND HUMAN SERVICES COMMISSION

MISSION

The mission of the Health and Human Services Commission (HHSC) is to maintain and improve the health and human services system in Texas, and to administer its programs in accordance with the highest standards of customer service and accountability for the effective use funds.

SCOPE

HHSC was created in 1991 to provide strategic leadership to HHS agencies. HHSC oversees the consolidated operation of the HHS system in Texas. HHSC has responsibility for strategic leadership, administrative oversight of Texas health and human services programs and provides direct administration of some programs, including:

- ◆ Texas Medicaid;
- ◆ Children's Health Insurance Program (CHIP);
- ◆ Temporary Assistance for Needy Families (TANF);
- ◆ Supplemental Nutrition Assistance Program (SNAP);
- ◆ Family Violence Services;
- ◆ Refugee Services;
- ◆ Integrated Eligibility Services;
- ◆ Disaster Assistance;
- ◆ Border Affairs; and
- ◆ Fraud and Abuse Prevention and Detection.

The agency is accountable to Texans, ensuring that the other four HHS agencies provide quality services in the most efficient and effective manner possible.

HHSC has approximately 11,440 employees who work throughout Texas, supporting the agency, the other HHS agencies and Texans in need.⁷⁷

⁷⁷ HHSAS Database, as of 8/31/09.

CORE BUSINESS FUNCTIONS

The core functions of HHSC include the following:

- ◆ Health and Human Services Administrative System Oversight. The HHSC oversight function is critical to the successful delivery of effective and efficient health and human services in Texas. Within HHSC, employees performing these functions work together to provide support and direction to the HHS agencies in implementing legislation, streamlining services and facilitating cross-agency innovation. HHSC divisions listed below are key to the Health and Human Services System oversight function:
 - Office of Inspector General;
 - Ombudsman/Consumer Affairs;
 - Consolidated Financial Services, including Strategic Planning and Evaluation, Data Management, Research, Forecasting and Rate Analysis;
 - Consolidated Information Technology Support;
 - Consolidated Human Resources, Time, Labor and Leave and Payroll;
 - Consolidated Civil Rights Services;
 - Consolidated Contracts and Procurement Services;
 - Consolidated Facilities Support Services for State Supported Living Centers and Hospitals;
 - Enterprise Fleet Management;
 - Consolidated Risk Management;
 - Consolidated Regional Administrative Services; and
 - Facilities Leasing.

- ◆ Medicaid Program Administration. HHSC employees performing this function administer the statewide Medicaid program using a comprehensive approach to integrate Medicaid client health services with other direct service delivery programs. Medicaid administration includes the following programs:
 - Aged and Disabled Financial Eligibility Determinations;
 - Pregnant Women;
 - Children and Medically Needy;
 - Medicare Savings Programs;
 - Integrated Managed Care (STAR+PLUS);
 - Medicaid Vendor Drug Program;
 - Medical Transportation;
 - Health Steps – Medical and Dental;
 - Family Planning;
 - Health Care Delivery Models for Aged, Blind and Disabled Recipients;
 - Comprehensive Health Care for Children in Foster Care;
 - Medicaid Buy-In Program;
 - Medicaid Access Card Project;
 - Women’s Health Program;
 - Medicaid for Breast and Cervical Cancer;
 - Refugee Medical Assistance; and

- Medicaid for Transitional Foster Care Youth.

- ◆ Children’s Health Insurance Program (CHIP) Administration. HHSC employees performing this function are responsible for ensuring health insurance coverage for eligible children in Texas. CHIP Services Administration includes the following programs:
 - Immigrant Health Insurance;
 - School Employee Children’s Health Insurance Program (CHIP);
 - CHIP Vendor Drug Program;
 - CHIP Perinatal; and
 - State Kids Insurance Program (SKIP).

- ◆ Social Services Program Administration. The administration of eligibility programs is the largest program function within HHSC. Employees performing this function administer the statewide social services programs using a comprehensive and integrated approach for determining eligibility policy and providing eligibility services for the state and federal programs administered by HHSC, including:
 - Temporary Assistance for Needy Families (TANF);
 - Supplemental Nutrition Assistance Programs (SNAP);
 - Children’s Health Insurance (Medicaid and CHIP);
 - Financial Eligibility for Medicaid for the Elderly and People with Disabilities (MEPD);
 - Nutrition Education and Outreach;
 - 2-1-1 Information and Referral Network;
 - Family Violence Services;
 - Refugee Affairs Assistance;
 - Healthy Marriage Services;
 - Alternatives to Abortion; and
 - Disaster Assistance and Case Management.

- ◆ The Eligibility Services Program includes operating the eligibility determination systems for the programs administered by HHSC that provide assistance to families in need through:
 - Eligibility Offices in 250 counties;
 - Customer Care and Call Centers;
 - Centralized Operations and Processing Centers;
 - Eligibility Support Services; and
 - Document Processing Services.

WORKFORCE DEMOGRAPHICS

On August 31, 2009, HHSC employed about 11,440 full and part-time employees. The majority of the employees (about 68 percent) work in the Office of Eligibility Services (OES) and are located in offices throughout the state.⁷⁸

Job Families

Approximately 94 percent of HHSC employees (10,620 employees) work in 13 job classifications.⁷⁹

Job Title	Number of Employees	Average Salary
OES Workers ⁸⁰	5,153	\$31,488
Clerical Workers	2,353	\$26,374
Program Specialists	910	\$51,518
Unit Supervisors	469	\$42,640
System Analysts	379	\$57,086
Managers	275	\$64,689
Public Health Technicians	269	\$31,033
Investigators	226	\$40,923
Directors	141	\$97,512
Auditors	131	\$54,583
Training Specialists	108	\$46,902
Accountants	105	\$40,788
Network Specialists	100	\$41,091

Salary

HHSC employees earn an average annual salary of \$36,983.⁸¹

Gender

The HHSC workforce is primarily female, representing approximately 79 percent of all agency employees.⁸²

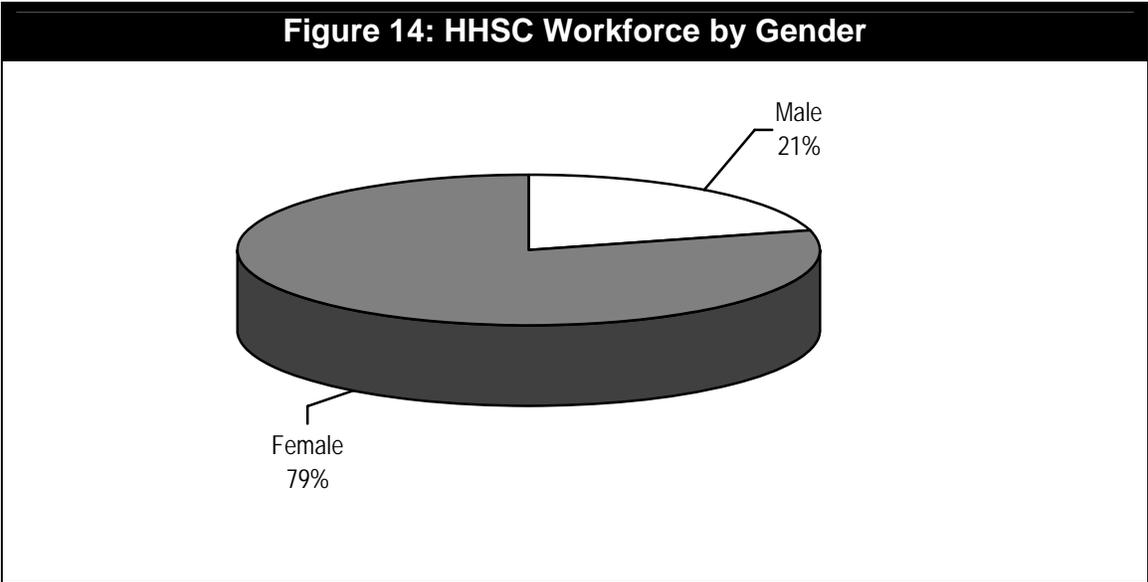
⁷⁸ HHSAS Database, as of 8/31/09.

⁷⁹ Ibid.

⁸⁰ OES Workers include Texas Works Advisors, Hospital Based Workers and Medical Eligibility Specialists.

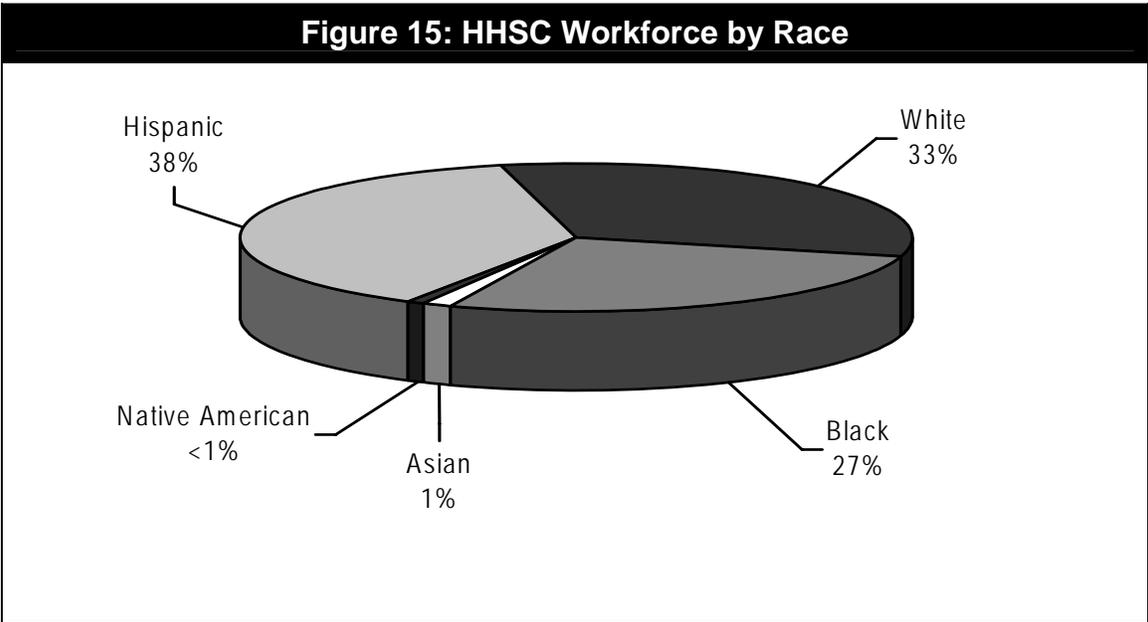
⁸¹ HHSAS Database, as of 8/31/09.

⁸² Ibid.



Race

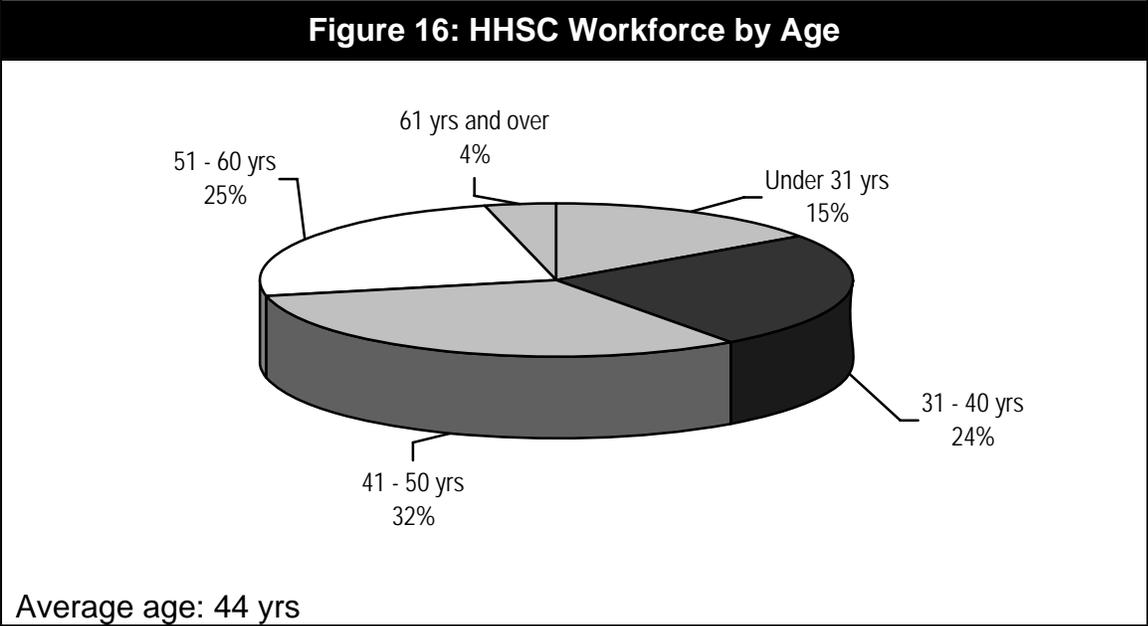
The largest racial group in the HHSC workforce is Hispanic. This group makes up approximately 38 percent of all agency employees, followed by White employees at approximately 33 percent and Black employees at approximately 27 percent.⁸³



⁸³ HHSAS Database, as of 8/31/09.

Age

The average age of an HHSC employee is 44 years. About 61 percent of the HHSC workforce are 41 years or older.⁸⁴



Utilization Analysis

Texas law requires that each state agency analyze its workforce and compare the number of Blacks, Hispanics and Females employed by the agency to the available state Civilian Labor Force (CLF) for each job category.

The utilization analysis indicates no underutilization within the HHSC workforce.^{85 86}

⁸⁴ HHSAS Database, as of 8/31/09.

⁸⁵ Ibid.

⁸⁶ CLF data – EEOC publications, "Job Patterns for Minorities and Women in State and Local Government, 2003" for Texas and "Job Patterns for Minorities and Women in Private Industry, 2003" for Texas. Modified 6/8/05.

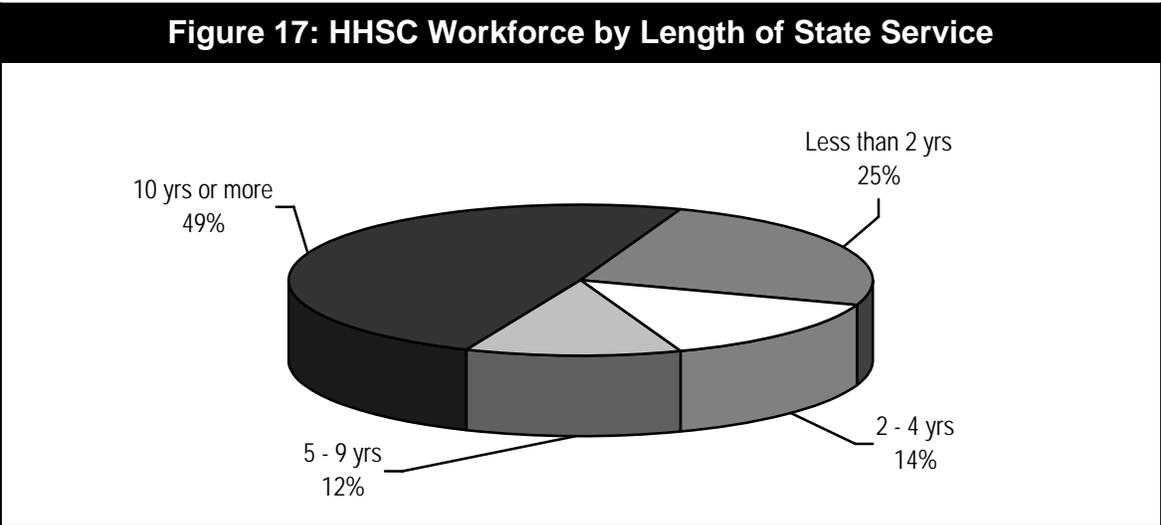
Table 11: HHSC Utilization Analysis Results

Job Category	Black			Hispanic			Female		
	HHSC %	CLF %	Underutilization (If Yes, # needed)	HHSC %	CLF %	Underutilization (If Yes, # Needed)	HHSC %	CLF %	Underutilization (If Yes, # Needed)
Officials/ Administrators	19.2%	7.2%	No	17.3%	12.3%	No	58.4%	32.6%	No
Professionals	27.8%	9.4%	No	36.5%	11.6%	No	78.2%	49.0%	No
Technicians	17.4%	13.9%	No	53.9%	19.7%	No	73.8%	42.1%	No
Protective Service	0.0%	18.0%	N/A	0.0%	23.1%	N/A	0.0%	21.6%	N/A
Para-Professionals	24.4%	14.3%	No	24.4%	25.7%	No	75.6%	56.3%	No
Administrative Support	27.9%	19.4%	No	46.2%	26.8%	No	87.7%	78.8%	No
Skilled Craft	0.0%	14.7%	N/A	0.0%	35.2%	N/A	0.0%	16.5%	N/A
Service Maintenance	40.0%	20.4%	N/A	40.0%	43.7%	N/A	0.0%	44.4%	N/A

Note: "N/A" indicates that the number of employees in this category was too small (less than thirty) to test any differences for statistical significance.

State Service

HHSC has a tenured workforce, with nearly half of the employees having 10 or more years of state service.⁸⁷

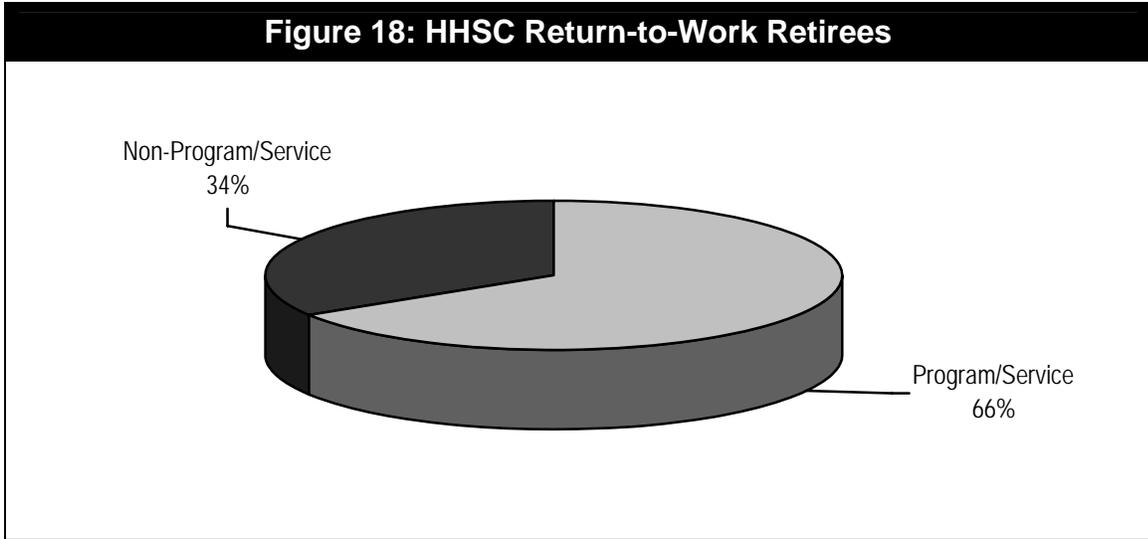


Return-to-Work Retirees

HHSC employs 607 return-to-work retirees. The majority of rehired retirees work in program/service areas.⁸⁸

⁸⁷ HHSAS Database, as of 8/31/09.

⁸⁸ Ibid.



TURNOVER

The turnover rate during fiscal year 2009 was 14.1 percent. This rate is almost the same as the statewide turnover rate of 14.4 percent for all agencies. The majority of these separations (approximately 86 percent) were voluntary separations from state employment.⁸⁹

Table 12: Reason for Separation

Reason	Percentage ⁹⁰
Voluntary Separations	
Personal reasons	51.5%
Transfer to another agency	15.8%
Retirement	18.6%
Involuntary Separations	
Termination at Will	0.6%
Resignation in Lieu	0.7%
Dismissal for Cause	11.9%

Table 13 indicates the job classes essential to the delivery of agency services and/or shortage occupations that have experienced significant employee losses during fiscal year 2009.⁹¹

⁸⁹ State Auditor's Office (SAO) FY 2009 Turnover Statistics.

⁹⁰ Death accounted for 1.1% of separations.

⁹¹ HHSAS Database, FY 2009 data.

Table 13: FY 2009 Turnover for Significant Job Classes⁹²		
Job Title	Average Annual Headcount	Turnover Rate
Public Health Technicians	255.8	29.3%
Architects	7.0	28.6%
Inventory Coordinators	38.5	26.0%
Accounting Technicians	9.8	20.5%
Financial Analysts	11.5	17.4%
OES Workers ⁹³	5,234.0	16.7%
Telecommunications	13.0	15.4%
Network Specialists	100.0	15.0%
Clerical Workers	2,341.3	14.8%
Investigators	227.5	13.6%
Ombudsman	15.3	13.1%
Human Services Specialists	23.3	12.9%
Directors	141.0	12.8%
Purchasers	98.0	12.2%

RETIREMENT PROJECTIONS

Currently, about 11 percent of the agency's workforce is eligible to retire from state employment. About 25 percent of the HHSC workforce will reach retirement eligibility by the year 2014.⁹⁴

Table 14: HHSC Projected Retirement Eligibility through Rule of 80 (FY 09 – FY 14)		
Fiscal Year	Cumulative Number of Eligible Employees	Percent of Workforce
2009	1,231	10.8%
2010	1,503	13.1%
2011	1,813	15.8%
2012	2,141	18.7%
2013	2,488	21.7%
2014	2,849	24.9%

⁹² Turnover is calculated as follows: The total number of employees who terminated during the period DIVIDED BY the average number of employees on the last day of each quarter in the period plus the employees that terminated during the quarter TIMES 100 to produce a percentage.

⁹³ Office of Eligibility Services (OES) Workers include Texas Works Advisors, Medical Eligibility Specialists, and Hospital Based Workers.

⁹⁴ HHSAS Database, as of 8/31/09.

EXPECTED WORKFORCE CHALLENGES

HHSC was created to provide leadership and innovation necessary to administer an efficient and effective HHS system for Texas. The agency oversees the consolidated HHS system, provides centralized support services for all HHS agencies and administers critical state programs, such as Medicaid, CHIP and eligibility determination. With this array of programs and services, it is essential for HHSC to recruit and maintain a skilled workforce to meet the diverse needs of the agency.

The 81st Texas Legislature (Regular Session, 2009) appropriated approximately \$35.8 billion to HHSC for the fiscal year 2010 - 2011 biennium, a 6.7 percent increase over appropriated funds for the previous biennium. In addition, the agency was allocated 2,033 new positions, a 20 percent increase over the positions allocated during the previous biennium.⁹⁵

The major workforce challenge for the agency continues to be the recruitment and retention of Eligibility Determination staff in the Office of Eligibility Services (OES).

The 78th Legislature (Regular Session, 2003) directed HHSC to evaluate the cost-effectiveness of call centers as a methodology for determining eligibility for Medicaid, food stamps and other state assistance programs. HHSC determined in 2005 that privately managed call centers would be more cost-effective than having state-operated call centers. Based on this analysis, in June of 2005, a private-sector contractor, Accenture, was awarded a contract to assist in performing certain eligibility determination activities utilizing a recognized call center methodology. The new business model called for only 2,600 OES employees. In June of 2005, OES had about 6,400 eligibility determination staff, with a turnover rate of 22 percent. By the end of the third quarter of fiscal year 2006 (May 2006), staffing levels had decreased to about 5,500 employees, with an increasing number of temporary staff hired. In addition, the turnover rate had risen to 38 percent.

In March of 2007, when specific contract terms could not be reached, HHSC terminated the contract with Accenture. In the wake of the contract termination, the 80th Legislature (Regular Session, 2007) appropriated funds for modernizing the eligibility system without a reduction in force or the closing of local offices.

Though these efforts improved OES staffing levels, the current downturn in the Texas economy has resulted in increased worker caseloads, high turnover rates and the loss of tenured staff. The 81st Texas Legislature (Regular Session, 2009) maintained OES staffing levels at the fiscal year 2009 level of 9,039 positions, but included a provision (Rider 61) for the agency to request additional staff (up to 9,695 in fiscal year 2010 and 9,861 in fiscal year 2011) for anticipated workload and

⁹⁵ "Fiscal Size-up, 2010-11 Biennium," Legislative Budget Board, web page http://www.lbb.state.tx.us/Fiscal_Size-up/Fiscal%20Size-up%202010-11.pdf, last accessed on 6/28/10.

caseload growth. Using this provision, the agency received authorization for an additional 250 eligibility staff positions.

Between September 2009 through June 2010, HHSC had a net gain of 843 field staff. To facilitate this re-staffing and provide workload relief, OES has implemented a number of strategies to assist in recruitment and retention efforts, including:

- ◆ “Hiring ahead” to reduce job vacancies;
- ◆ Providing one-time merit payments to Clerks, Workers and Supervisors;
- ◆ Upgrading employees in entry-level supervisor positions after two years of satisfactory performance;
- ◆ Developing performance-based pay incentives;
- ◆ Assigning peers and mentors to new staff to provide support and help them learn job functions;
- ◆ Assigning regional hiring coordinators to expedite the recruitment process;
- ◆ Awarding retention bonuses for eligibility staff;
- ◆ Hiring retirees and former eligibility staff; and
- ◆ Redirecting state office and regional staff to focus on assisting local offices in case readings, office processes, interviewing, and other support activities.

HHSC has developed a Comprehensive Management Improvement Plan for OES that will provide improvements in training, standardized performance expectations, and opportunities for advancement. In addition, on April 1, 2010, HHSC and a private-sector contractor began six-month screening and hiring pilots in the Grand Prairie region (Dallas-Ft. Worth area) and the Houston region. These pilots are designed to improve the quality and quantity of selected OES Clerks and Workers through objective assessment-based screening.

In addition to the need for special recruitment and retention initiatives for OES staff, the agency has an number of other jobs, particularly professional jobs that require degrees, licenses or certifications, which are difficult to fill and historically experience a higher than average annual turnover rate. These positions include Auditors and Investigators.⁹⁶

Finally, in accordance with Senate Bill 10, the 80th Legislature (Regular Session, 2007), the Medical Transportation Program (MTP) was transferred from TxDOT to HHSC in April of 2008. At the time of the transfer, there were 118 Public Health Technicians employed by MTP. In February 2008, the Health and Human Services Executive Commissioner approved an additional 172 staff for MTP. Hiring for these positions was completed in March of 2009.

⁹⁶ HHSAS Database, FY 2009 data.

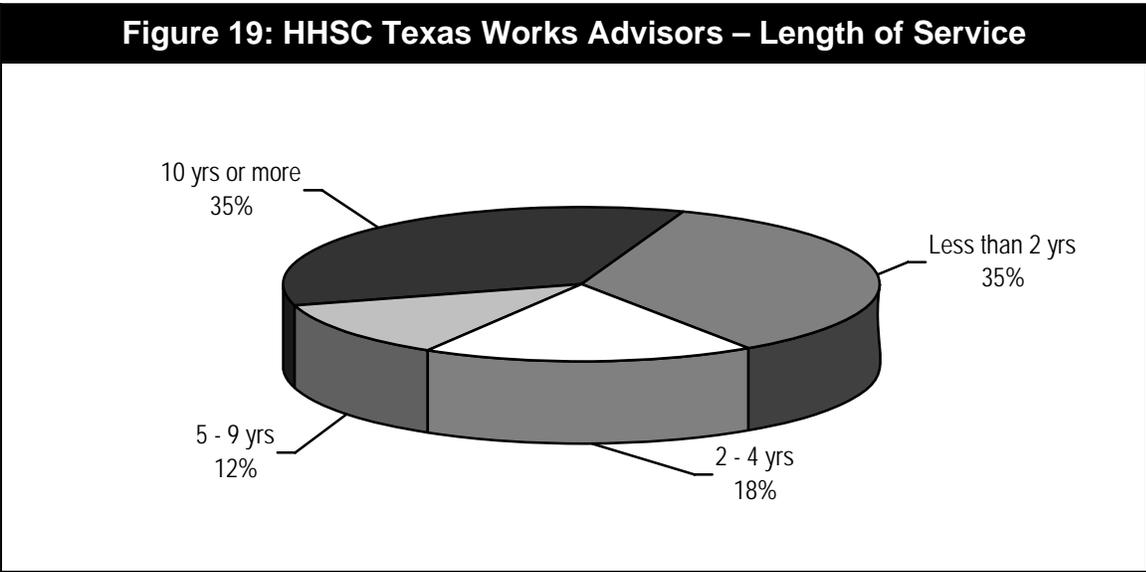
Office of Eligibility Services (OES) Staff

Across the state, there are about 7,810 OES employees with the agency, accounting for about 68 percent of the HHSC workforce. Turnover for these employees is high, at about 16 percent.

The majority of these individuals (7,480 employees or 96%) are employed as Texas Works Advisors, Medical Eligibility Specialists, Hospital Based Workers, OES Clerks and OES Supervisors.⁹⁷

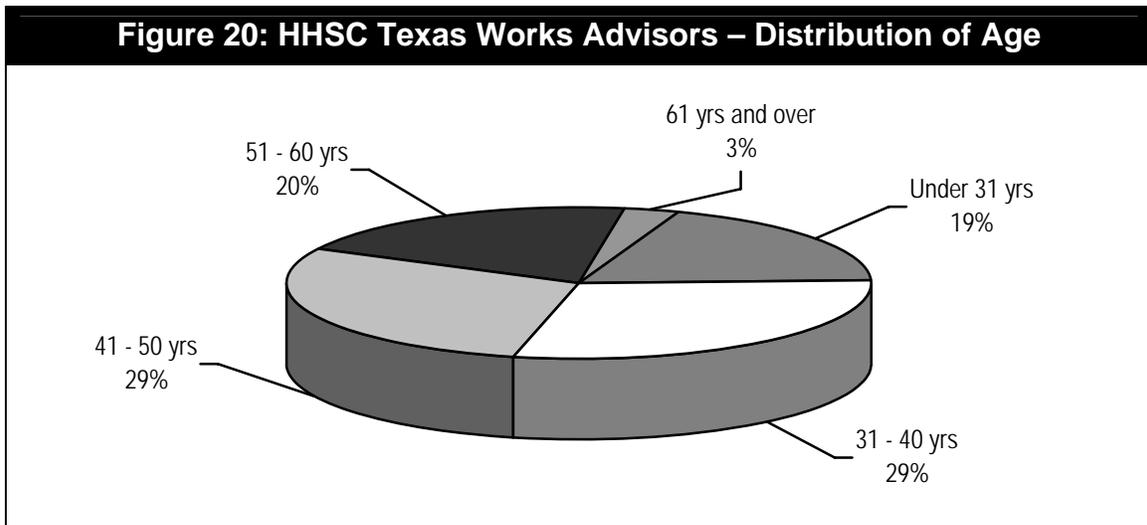
Texas Works Advisors

There are over 4,000 Texas Works Advisors with OES. The typical Texas Works Advisor is 41 years of age and has an average of eight years of service.⁹⁸



⁹⁷ HHSAS Database, FY 2009 data.

⁹⁸ Ibid.



Turnover for these employees is high at about 18 percent, a rate higher than for all other OES Workers, and representing a loss of over 730 workers in fiscal year 2009.⁹⁹

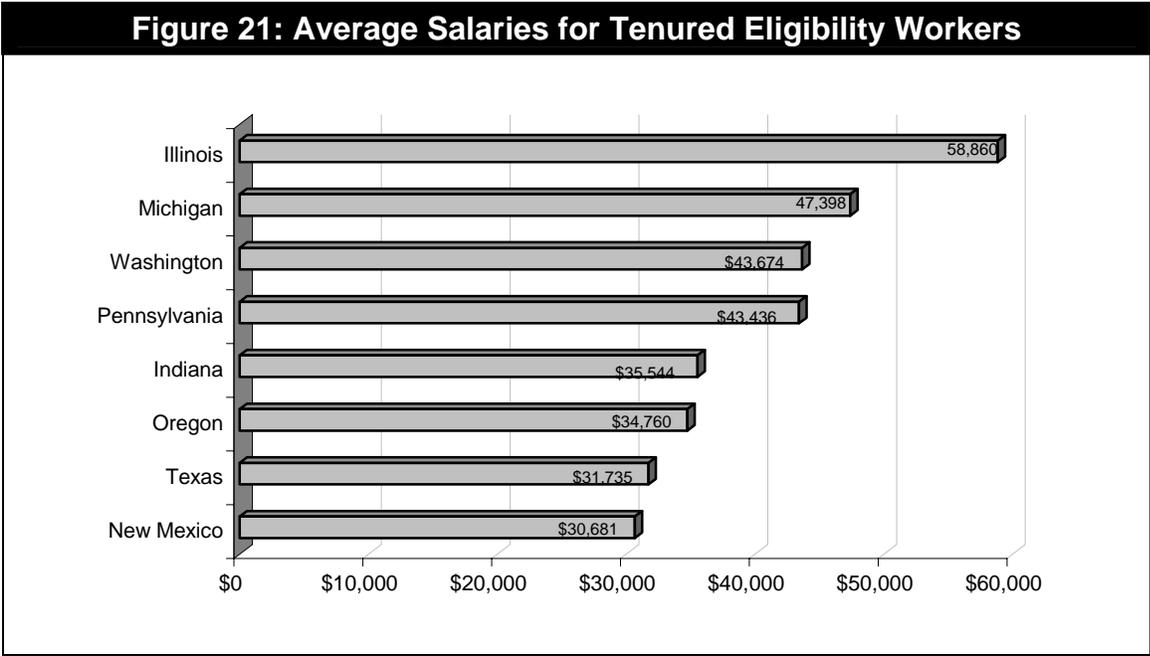
In addition, HHSC has experienced difficulty in finding qualified candidates for new worker positions. Due to this shortage of qualified applicants, vacant positions go unfilled for months.¹⁰⁰

Salary is one factor that may be contributing to the agency's difficulty in recruiting and retaining OES Workers. A Texas State Auditor's survey of the salary earned by tenured eligibility workers in 11 states indicated that Texas ranked near the bottom.¹⁰¹

⁹⁹ HHSAS Database, FY 2009 data.

¹⁰⁰ Ibid.

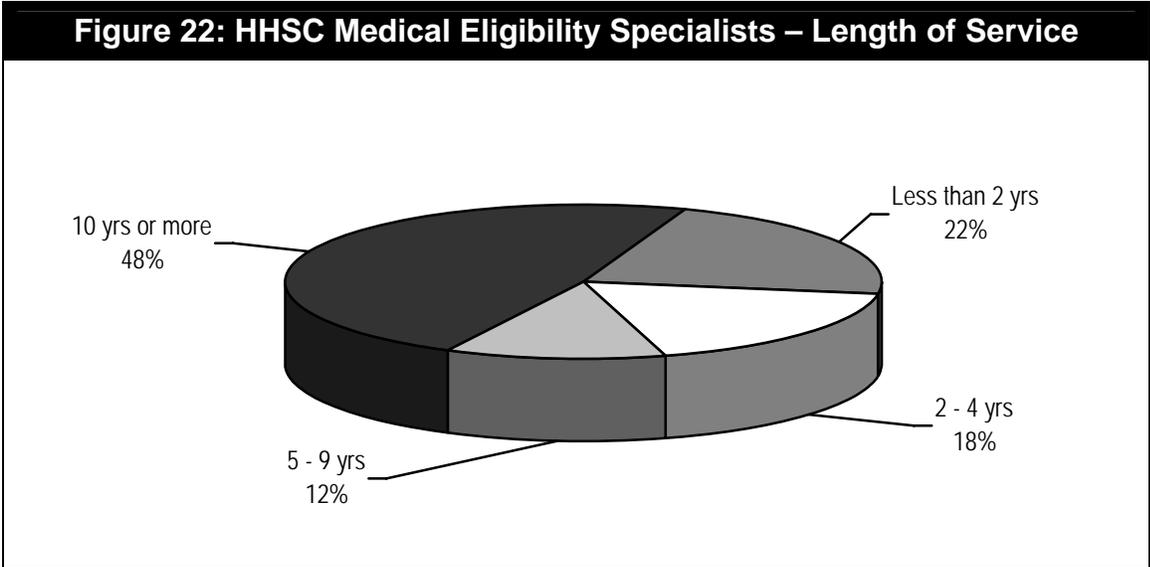
¹⁰¹ State Auditor's Office (SAO) Report No. 10-026 "An Audit Report on the Supplemental Nutrition Assistance Program at the Health and Human Services Commission," March 2010.



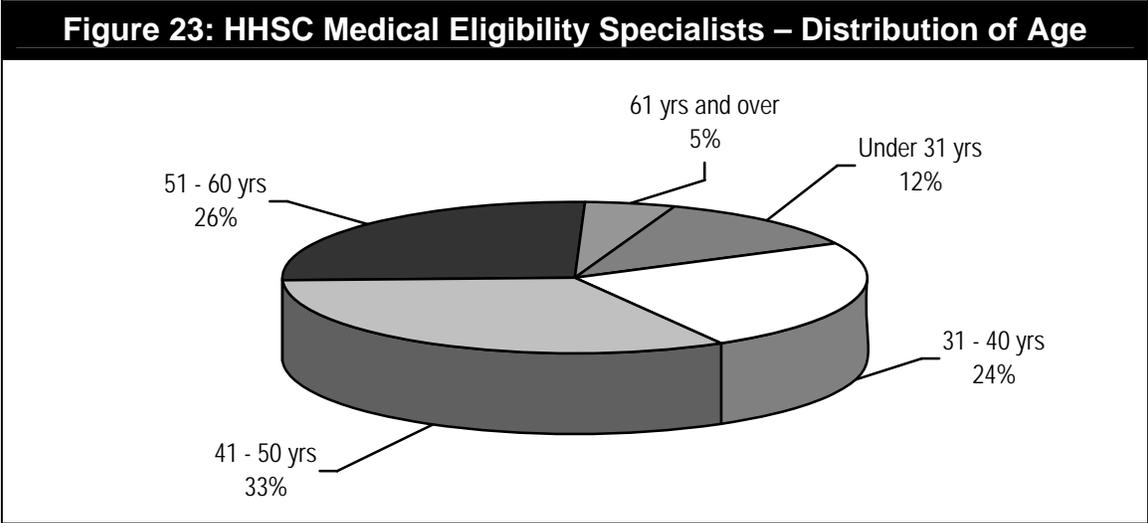
Recruitment and retention of these employees remain a continuing challenge for the agency.

Medical Eligibility Specialists

There are about 700 Medical Eligibility Specialists with OES. Medical Eligibility Specialists have, on average, about 10 years of state service, with an average age of 44.¹⁰²



¹⁰² HHSAS Database, FY 2009 data.



Turnover for these employees is slightly above the state average at about 15 percent, representing the loss of over 100 employees in fiscal year 2009.¹⁰³

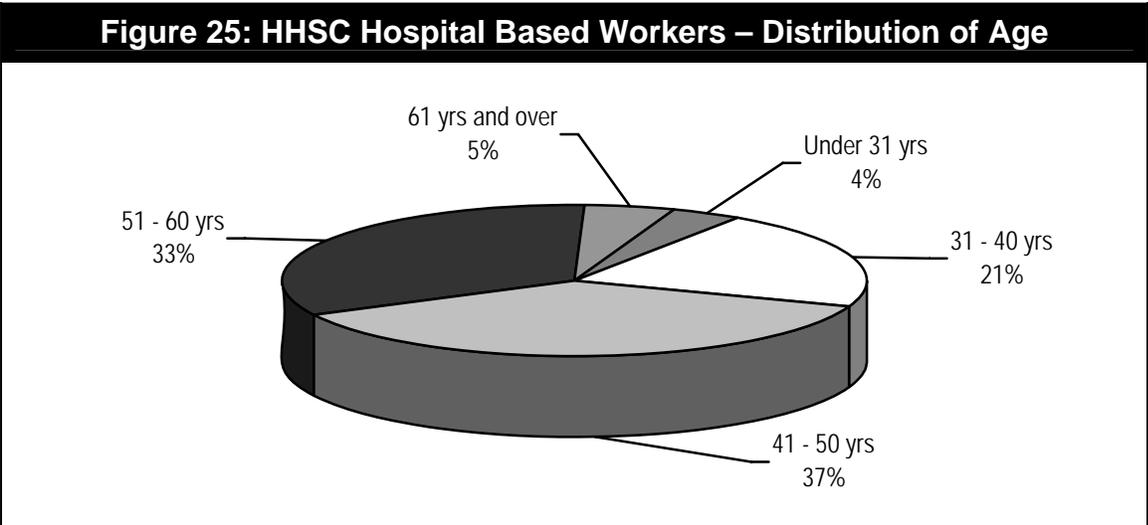
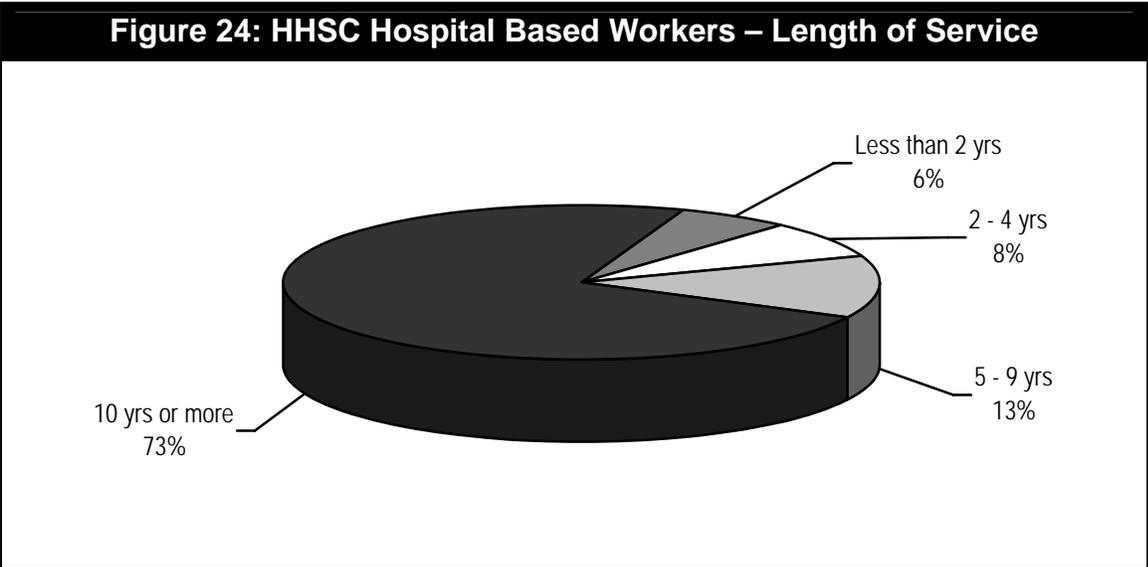
Retention of these Specialists is an ongoing challenge.

Hospital Based Workers

There are about 380 Hospital Based Workers with OES. These highly-tenured workers have an average of 15 years of state service (almost three quarters of these employees have 10 or more years of state service), with an average age of 47.¹⁰⁴

¹⁰³ HHSAS Database, FY 2009 data.

¹⁰⁴ Ibid.



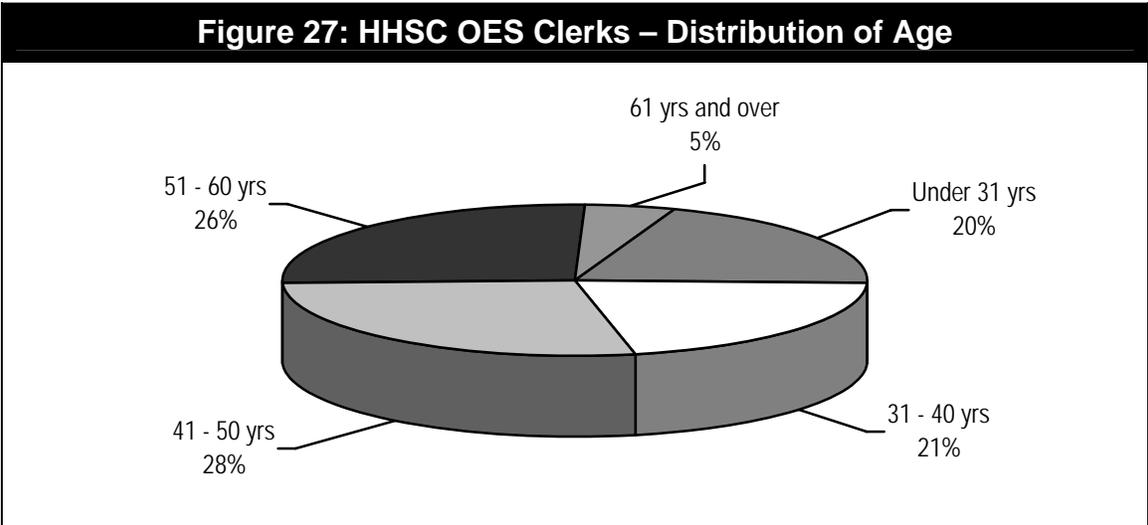
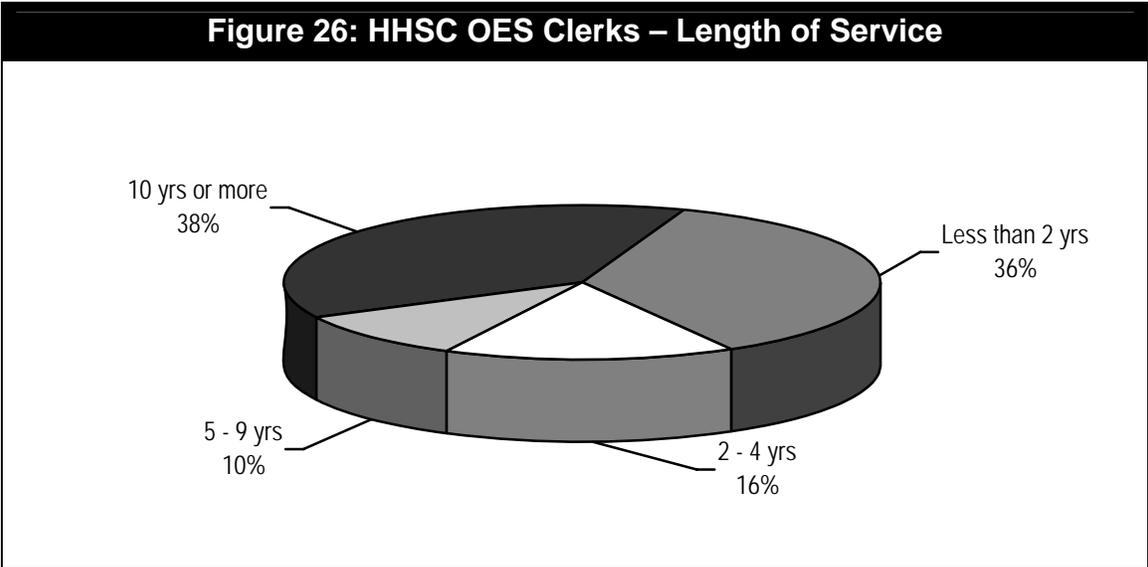
Turnover for these employees is currently well managed at seven percent.¹⁰⁵

OES Clerks

There are over 1,800 Clerks with OES. The typical OES Clerk is 42 years of age and has an average of eight years of state service.¹⁰⁶

¹⁰⁵ HHSAS Database, FY 2009 data.

¹⁰⁶ Ibid.



The turnover rate for OES Clerks during fiscal year 2009 was about 15 percent, representing the loss of 275 employees. This rate is slightly higher than the statewide turnover rate of 14.4 percent.¹⁰⁷

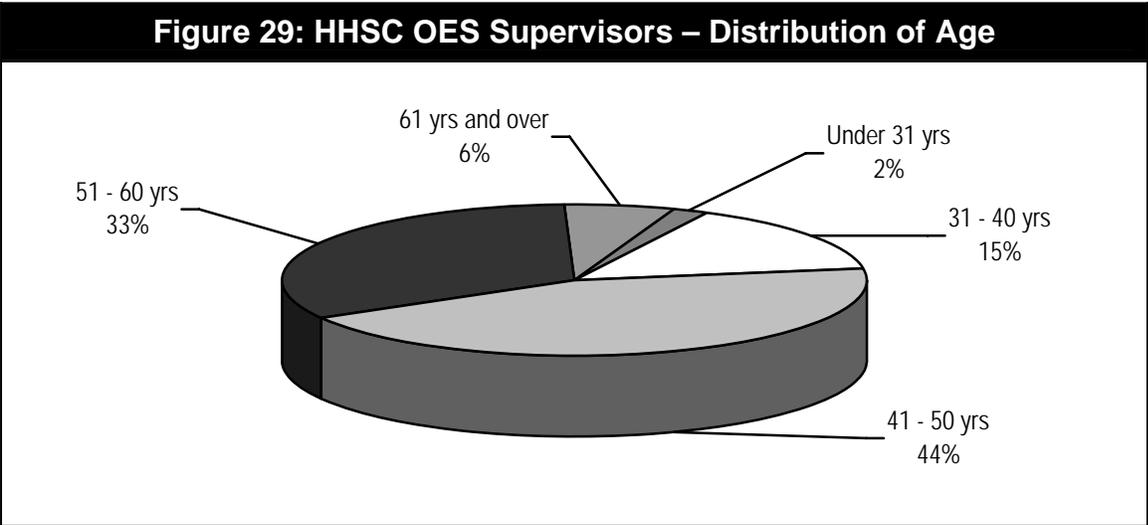
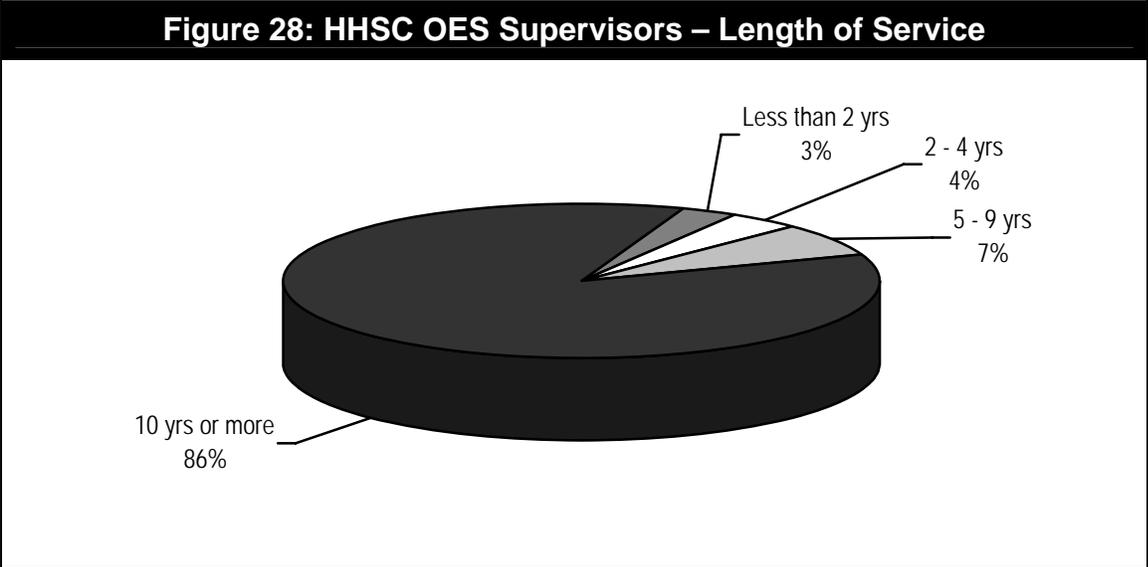
With a high vacancy rate of about 11 percent, vacant OES Clerk positions go unfilled for months.

Recruitment and retention for these jobs are ongoing challenges.

¹⁰⁷ State Auditor's Office (SAO) FY 2009 Turnover Statistics.

OES Supervisors

Within HHSC, approximately 460 Supervisors are employed in OES. These highly-tenured Supervisors have an average of 18 years of state service (86 percent of these employees have 10 or more years of state service), with an average age of 48.¹⁰⁸



Though turnover for these employees is well managed at about nine percent, 42 percent of these employees will be eligible to retire in the next five years.¹⁰⁹

¹⁰⁸ HHSAS Database, FY 2009 data.

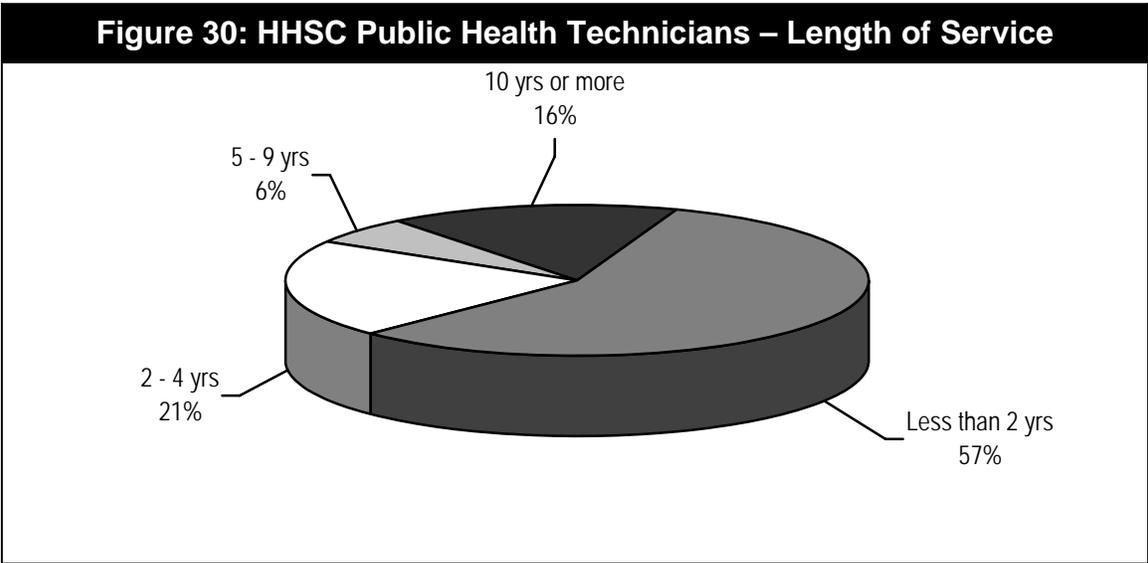
¹⁰⁹ Ibid.

The agency will need to develop creative recruitment strategies to replace these highly skilled and tenured employees.

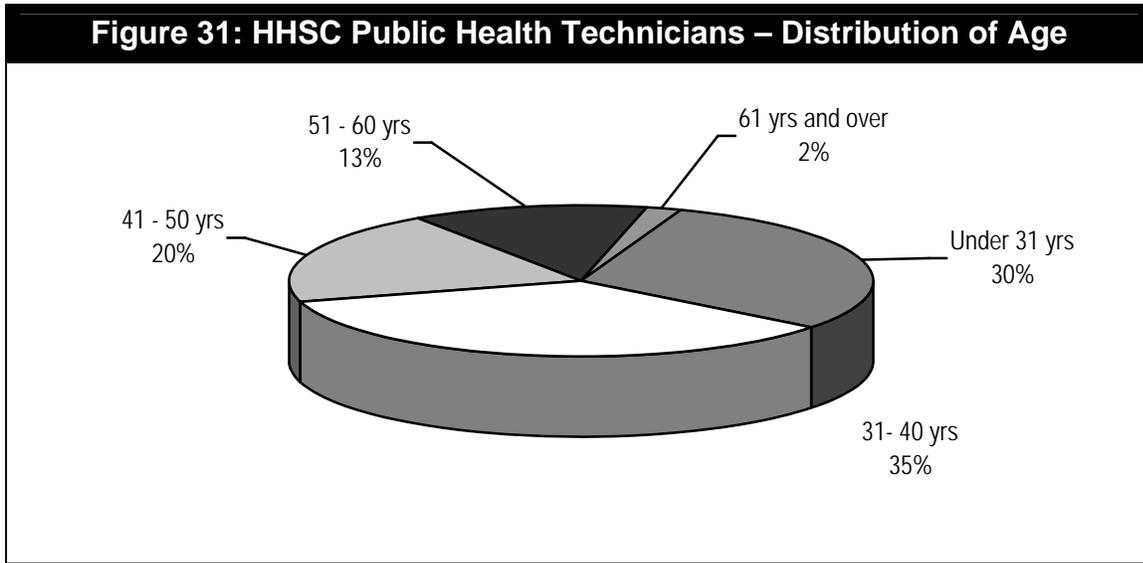
Public Health Technicians

There are about 270 Public Health Technicians with HHSC, with all but one of these employees working within the Medical Transportation Program. In a call center environment, these employees arrange non-emergency transportation for certain Medicaid recipients.

The typical Public Health Technician is about 38 years old and has an average of only four years of state service. Over half of these employees have less than two years of state service.¹¹⁰



¹¹⁰ HHSAS Database, FY 2009 data.



Turnover for Public Health Technicians is the highest at the agency, at 29 percent. Given that the turnover rate for comparable private sector call center staff regularly reach a up to 40 percent, strong and creative retention strategies are needed to contain and reduce turnover for this employment group.¹¹¹

Auditors

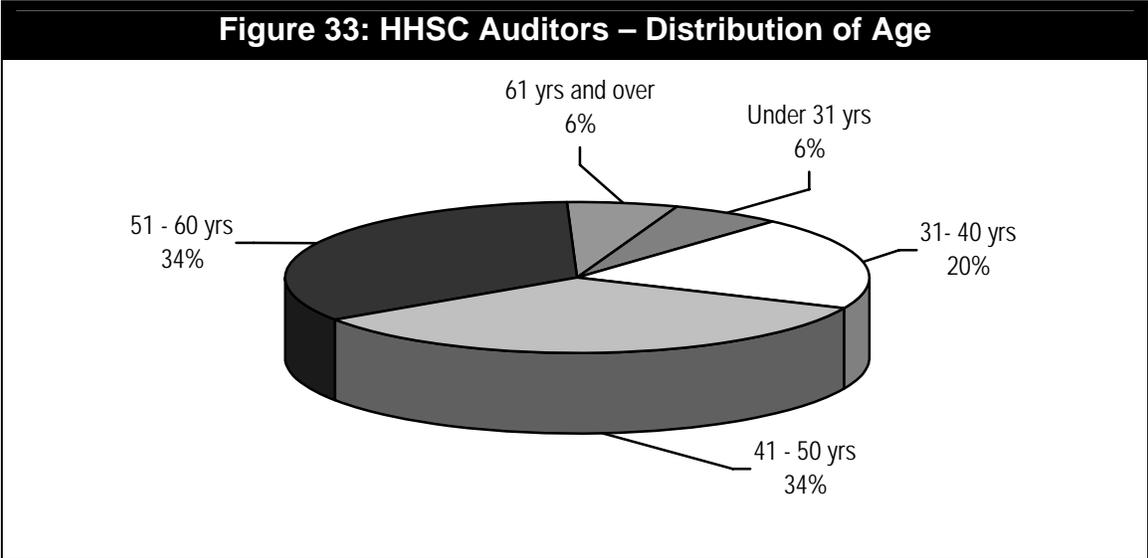
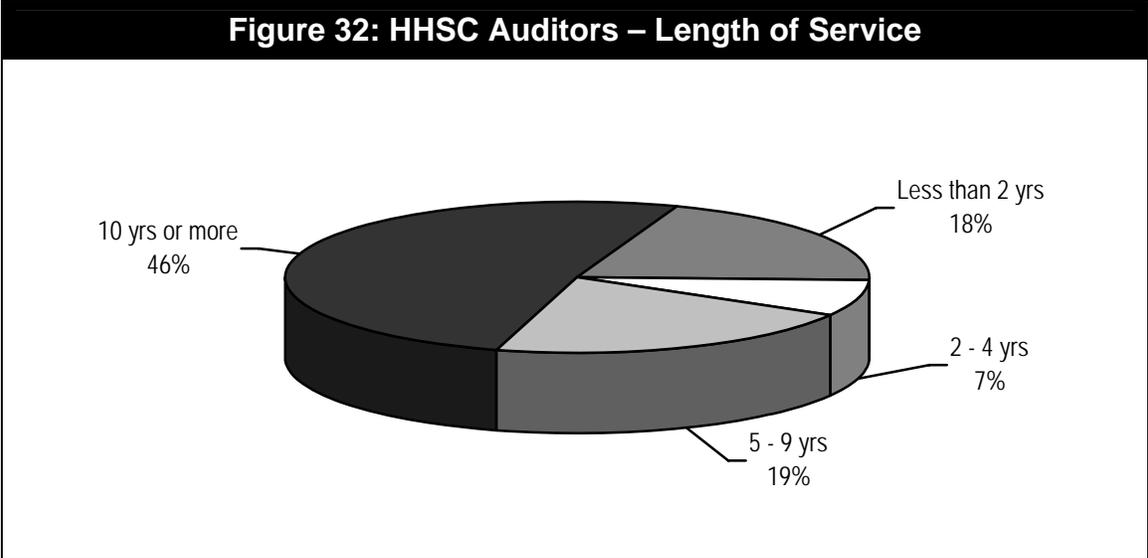
There are approximately 130 Auditor positions with HHSC, with about 15 percent working in Internal Audit, and the remaining 85 percent divided among numerous units within the Office of Inspector General (OIG), including Medicaid/CHIP, Contract Audit, Sub-Recipient Financial Review, Cost Report Review, Outpatient Hospital/Managed Care Organization (MCO) and Quality Assurance.

HHSC Internal Auditors perform operational and performance audits of programs, processes and systems in HHSC and across HHS agencies. OIG Auditors are responsible for performing contractor and medical provider audits and reviews to help ensure compliance with state and federal laws, rules and regulations and to identify potential overpayments. Employees in these classifications prepare audit reports that make recommendations for increasing operational efficiency, strengthening management controls, mitigating business risks and improving compliance.

The typical Auditor is about 47 years old and has an average of 11 years of state service.¹¹²

¹¹¹ HHSAS Database, FY 2009 data.

¹¹² HHSAS Database, as of 8/31/09.



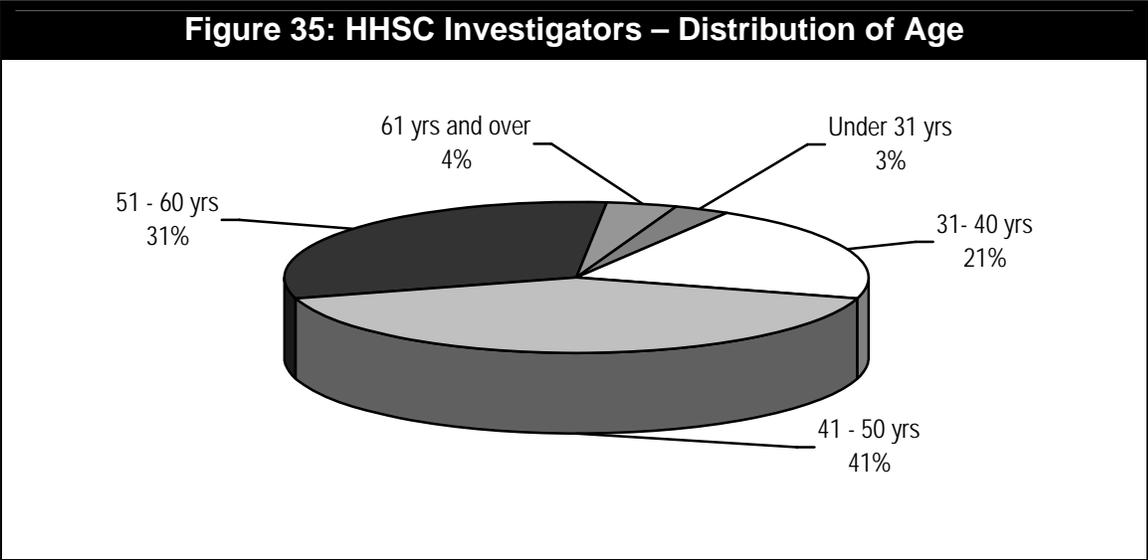
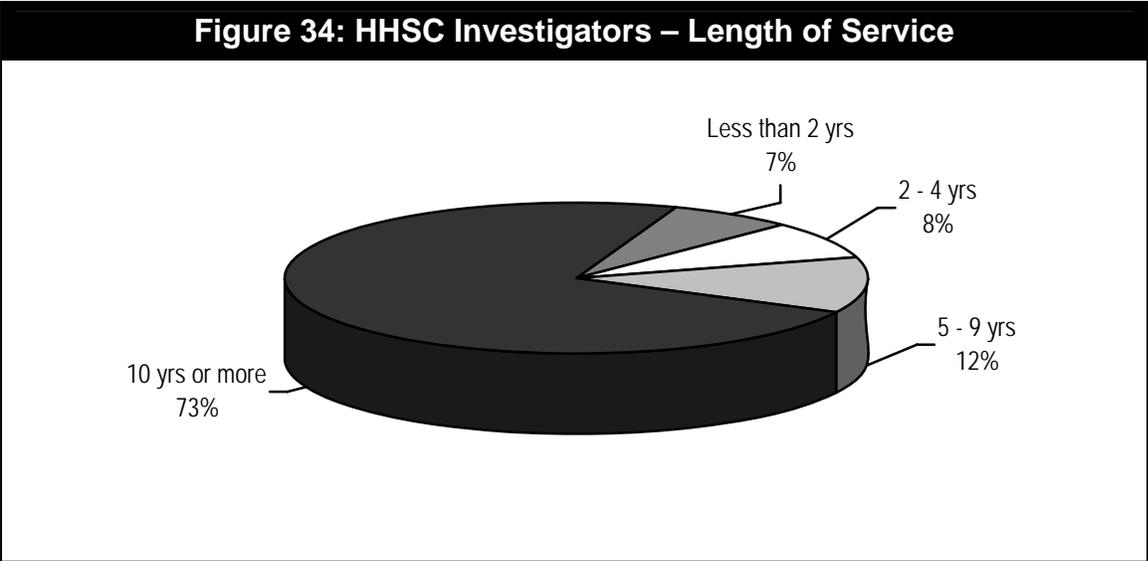
Though turnover for Auditors is currently well managed at around eight percent, HHSC may face significant recruitment challenges in the next few years to replace those highly skilled and tenured employees who are eligible for retirement. About a quarter of these employees (26 percent) will be eligible to retire by 2014.¹¹³

Investigators

There are approximately 220 Investigators with HHSC, with about 99 percent of these employees working within the Office of the Inspector General (OIG). Most

¹¹³ HHSAS Database, FY 2009 data.

OIG Investigators are in the General Investigations section of the Enforcement division. The typical Investigator is about 47 years old and has an average of 15 years of state service. Over 70 percent of these employees have 10 or more years of state service.¹¹⁴



Turnover for these highly-tenured employees is slightly below the state average at about 14 percent, representing the loss of 31 employees in fiscal year 2009.¹¹⁵

¹¹⁴ HHSAS Database, FY 2009 data.

¹¹⁵ Ibid.

Contributing to this turnover is steadily increasing workloads. Hardest hit are Investigators in General Investigations, who have reported an estimated 177 percent increase in workload.

With a vacancy rate for these positions at about 10 percent, HHSC has also experienced difficulty filling vacant positions.¹¹⁶

With approximately a third of the agency's Investigators eligible to retire by the year 2014, recruitment and retention for these jobs will continue to be ongoing challenges.

DEVELOPMENT STRATEGIES TO MEET WORKFORCE NEEDS

The HHSC workforce will continue to require a wide variety of skilled professional staff. The knowledge, skills and abilities necessary to perform mission essential tasks within the agency will require a more highly skilled and educated workforce. Critical competencies essential to meet the mission and goals of the agency are:

- ◆ Automation skills;
- ◆ Business acumen;
- ◆ Ability to interpret and implement state and federal statutes;
- ◆ Communication and negotiation skills;
- ◆ Contract management skills;
- ◆ Management and supervisory skills;
- ◆ Ability to create and interpret policy;
- ◆ Analytical and conceptual skills such as planning, evaluation and problem solving;
- ◆ Oversight and performance monitoring skills; and
- ◆ Increased administrative skills to ensure the efficiency, quality and effective management of services to the consumer populations.

Recruitment Strategies

HHSC faces a challenge in recruiting and retaining a diverse workforce. The agency must aggressively recruit qualified employees for all jobs. Strategies the agency can use to address recruitment of qualified employees include:

- ◆ Competitive salaries utilizing the full salary group range;
- ◆ Raising entry-level salaries;
- ◆ Recruitment bonus payments;
- ◆ Professional development and education assistance;
- ◆ Defined career progression programs;

¹¹⁶ HHSAS Database, as of 8/31/09.

- ◆ Intern programs; and
- ◆ Partnering with colleges and universities to recruit hard-to-fill jobs.

The agency has many recruitment opportunities available. Recruitment programs, such as attendance at job fairs and college recruitment fairs and participation in intern programs, professional organizations and Internet recruitment venues may be used.

Retention Strategies

Competency gaps identified for existing staff can be addressed through internal and external training, electronic training initiatives, education programs offered through colleges and agency mentoring programs. Other retention strategies the agency may use include:

- ◆ One-time merit awards;
- ◆ Salary equity adjustments;
- ◆ Retention bonus payments;
- ◆ Performance recognition;
- ◆ Defined career progression;
- ◆ Mentoring programs;
- ◆ Professional development and education assistance;
- ◆ Basic and advanced computer training;
- ◆ Management skills training;
- ◆ Review and evaluate the current OES eligibility worker compensation plan;
- ◆ Use of the OES Comprehensive Management Improvement Plan, which includes providing improvements in training, standardized performance expectations, and opportunities for advancement;
- ◆ Enhance the work environment for staff by upgrading of telephone equipment and facilities;
- ◆ Expand the agency-specific questions on the Survey of Employee Engagement to include questions relating to employee retention, and post the analysis of the survey results on the agencies Intranet;
- ◆ Continue the practice of the agency's Executive Commissioner and members of the executive team traveling to regional offices, visiting with leadership and frontline staff and answering questions on a face-to-face basis; and
- ◆ Continue training agency supervisors/managers/leaders to perform their job duties and support their staff by strengthening their understanding of leadership and retention.

DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

MISSION

The mission of the Department of Family and Protective Services (DFPS) is to protect children, the elderly and people with disabilities from abuse, neglect and exploitation by involving clients, families and communities.

SCOPE

DFPS was created with the passage of H.B. 2292 by the 78th Legislature, (Regular Session, 2003). Previously called the Department of Protective and Regulatory Services, DFPS is responsible for protecting children, adults who are elderly or have disabilities living at home or in state facilities; and licensing group day-care homes, day-care centers and registered family homes. The agency is also charged with managing community-based programs that prevent delinquency, abuse, neglect and exploitation of Texas children, elderly and disabled adults.

Every day, almost 11,000 DFPS employees in more than 249 offices across the state, protect the physical safety and emotional well-being of the most vulnerable citizens of Texas.¹¹⁷

CORE BUSINESS FUNCTIONS

DFPS has the following four major programs areas that deliver client services to Texans in need:

- ◆ The Child Protective Services (CPS) Division:
 - Investigates reports of abuse and neglect of children;
 - Provides services to children and families in their own homes;
 - Contracts with others to provide clients with specialized services;
 - Places children in foster care;
 - Provides services to help youth in foster care make the transition to adulthood; and
 - Places children in adoptive homes.
- ◆ The Adult Protective Services (APS) Division investigates:

¹¹⁷ HHSAS Database, as of 8/31/09.

- Reports of abuse, neglect and/or exploitation of elderly adults (defined as 65 years and older) and adults with disabilities who reside in the community. If appropriate, provides or arranges for protective services, which may include referral to other programs, referral for guardianship, emergency assistance with food, shelter and medical care, transportation, counseling or other remedies; and
- Reports of abuse, neglect and/or exploitation of clients receiving services in state operated mental health and mental retardation facilities and/or state contracted settings that serve adults with mental illness or mental retardation.
- ◆ The Child Care Licensing (CCL) Division safeguards the basic health, safety and well-being of Texas children. Employees in this program:
 - Develop and enforce minimum standards for child-caring facilities and child-placing agencies;
 - Investigate complaints and serious incidents involving day care and residential-care facilities and, if necessary, take corrective or adverse action; and
 - License group day care homes, day care centers, registered family homes, child-placing agencies and private and publicly owned residential child-care facilities.
- ◆ The Statewide Intake (SWI) Division is the agency's automated call center. It receives information from the general public who want to report suspicions of abuse/neglect of children or abuse/neglect/exploitation of adults with disabilities and persons 65 years or older. This call center remains open 24 hours a day, seven days a week.

WORKFORCE DEMOGRAPHICS

DFPS is the third largest agency in the HHS System. The agency currently employs almost 11,000 employees, with the majority of the workforce located in offices throughout the state.¹¹⁸ The DFPS workforce is diverse. To better illustrate this diversity, the following demographic categories are examined:

Job Families

The majority of DFPS employees work in Protective Services Worker job classifications, with the largest number of employees in Child Protective Services Worker positions.¹¹⁹

About 88 percent of DFPS employees (9,597 employees) work in only 12 job families.¹²⁰

¹¹⁸ HHSAS Database, as of 8/31/09.

¹¹⁹ HHSAS Database, as of 8/31/09. Note: References to "CPS Workers" in this document refer to both CPS Investigators and CPS Specialists.

Table 15: Largest Program Job Classes and Average Salaries		
Job Title	Number of Employees	Average Salary
Child Protective Services Specialists	2,627	\$34,800
Child Protective Services Investigators	1,786	\$33,660
Clerical Workers	1,214	\$25,814
Child Protective Services Supervisors	883	\$43,966
Human Services Technicians	815	\$25,449
Adult Protective Services Workers	676	\$35,748
Program Specialists	527	\$47,963
Inspectors	320	\$34,818
State Wide Intake Workers	311	\$34,780
Child Care License Workers	206	\$41,652
System Analysts	129	\$56,824
Adult Protective Services Supervisors	103	\$46,975

Salary

DFPS employees are, on the average, the second highest paid employees in the HHS System, earning an average annual salary of \$41,262.¹²¹

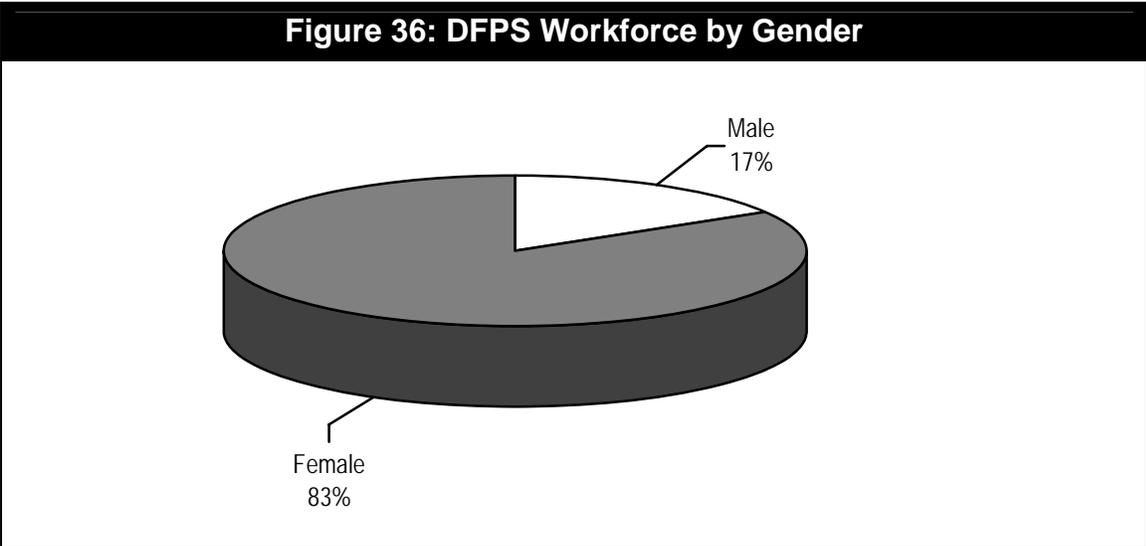
Gender

Females make up 83 percent of the agency workforce.¹²²

¹²⁰ HHSAS Database, as of 8/31/09.

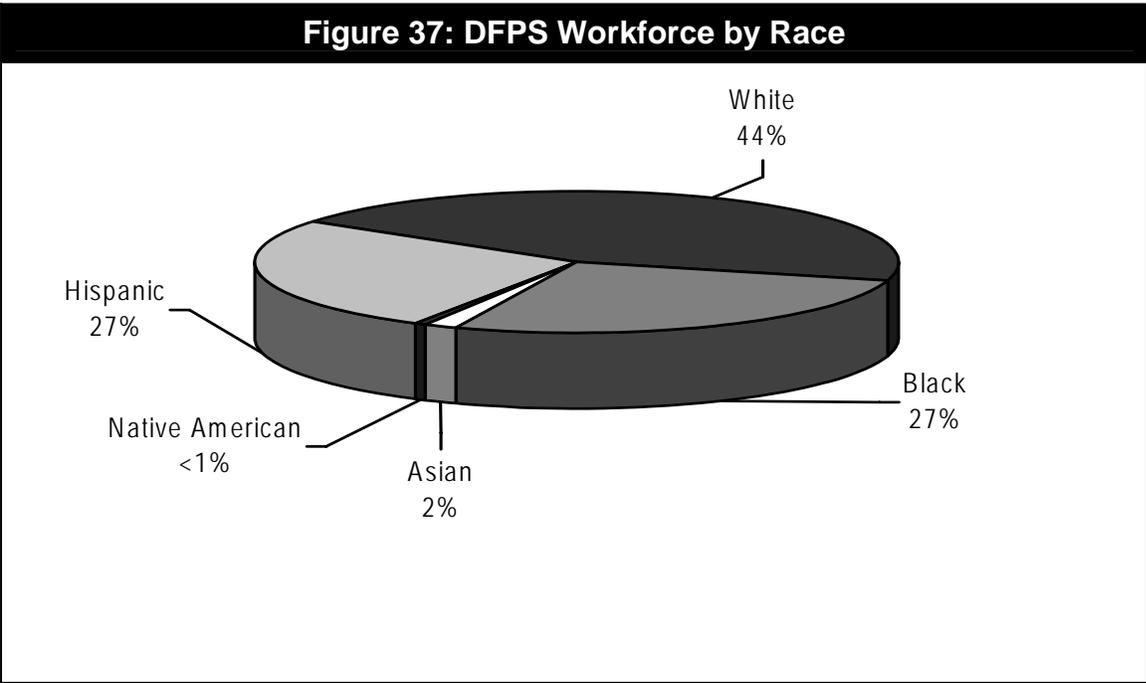
¹²¹ Ibid.

¹²² Ibid.



Race

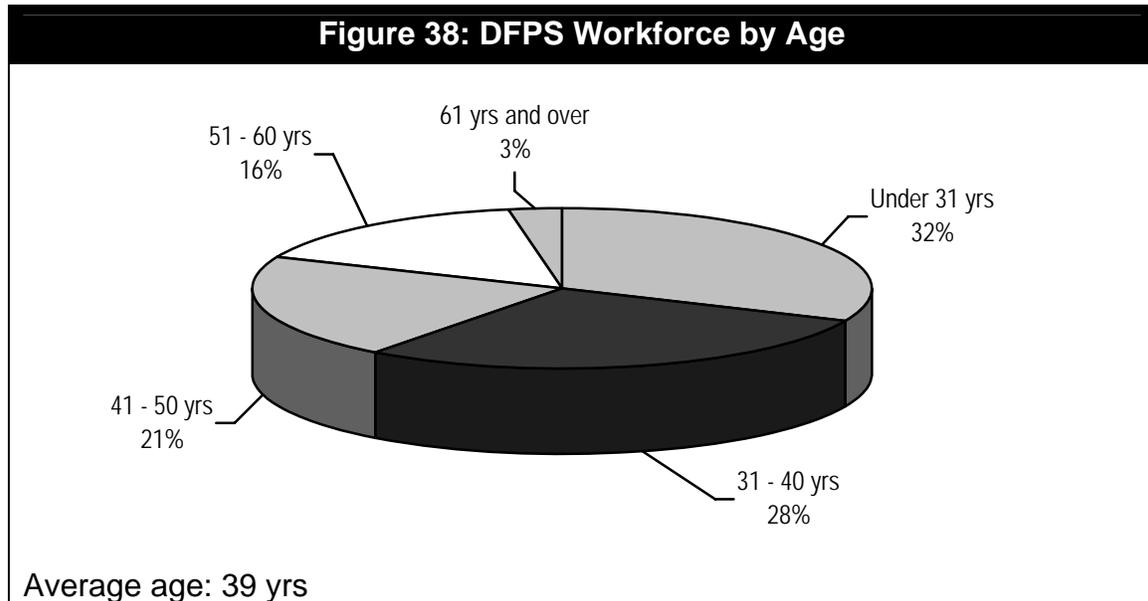
White employees represent the largest racial group at 44 percent, followed by Black employees at 27 percent and Hispanic employees at 27 percent.¹²³ The agency encourages diversity in its workforce, which is supported by its hiring practices.



¹²³ HHSAS Database, as of 8/31/09.

Age

Of all HHS agencies, DFPS has the youngest workforce. Approximately 32 percent of the DFPS workforce are 30 years or younger. The average age of a DFPS employee is 39 years.¹²⁴



Utilization Analysis

Texas law requires that each state agency analyze its workforce and compare the number of Blacks, Hispanics and Females employed by the agency to the available state Civilian Labor Force (CLF) for each job category.

The utilization analysis of the DFPS workforce does not reflect underutilization.^{125 126}

¹²⁴ HHSAS Database, as of 8/31/09.

¹²⁵ Ibid.

¹²⁶ CLF data – EEOC publications, "Job Patterns for Minorities and Women in State and Local Government, 2003" for Texas and "Job Patterns for Minorities and Women in Private Industry, 2003" for Texas. Modified 6/8/05.

Table 16: DFPS Utilization Analysis Results

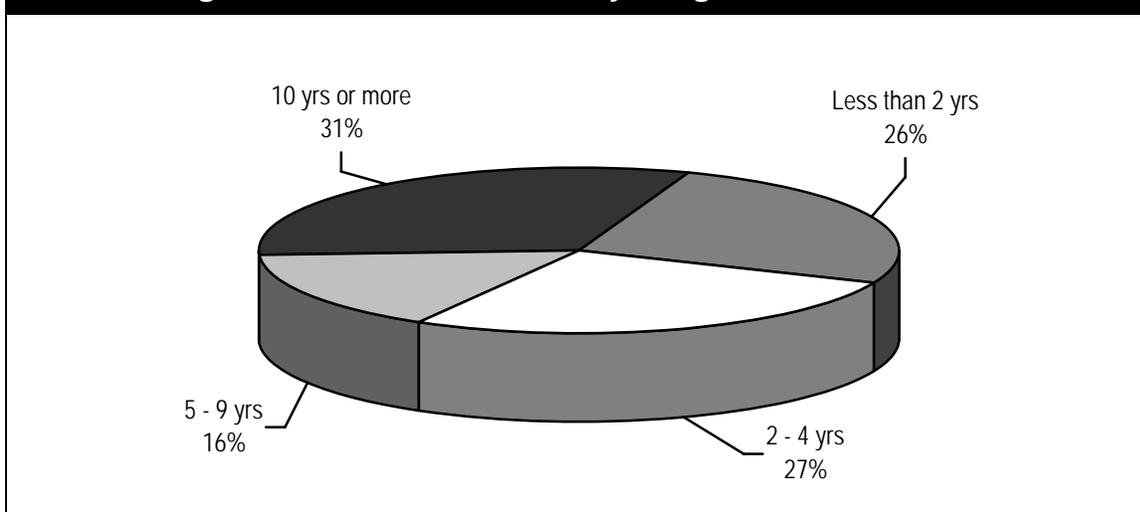
Job Category	Black			Hispanic			Female		
	DFPS %	CLF %	Underutilization (If Yes, # needed)	DFPS %	CLF %	Underutilization (If Yes, # Needed)	DFPS %	CLF %	Underutilization (If Yes, # Needed)
Officials/ Administrators	14.9%	7.2%	No	17.4%	12.3%	No	75.2%	32.6%	No
Professionals	22.3%	9.4%	No	22.4%	11.6%	No	76.5%	49.0%	No
Technicians	27.1%	13.9%	No	25.1%	19.7%	No	78.3%	42.1%	No
Protective Service	29.3%	18.0%	No	24.5%	23.1%	No	83.4%	21.6%	No
Para-Professionals	32.9%	14.3%	No	38.3%	25.7%	No	90.7%	56.3%	No
Administrative Support	25.6%	19.4%	No	37.1%	26.8%	No	96.0%	78.8%	No
Skilled Craft	0.0%	14.7%	N/A	0.0%	35.2%	N/A	100.0%	16.5%	N/A
Service Maintenance	0.0%	20.4%	N/A	0.0%	43.7%	N/A	0.0%	44.4%	N/A

Note: "N/A" indicates that the number of employees in this category was too small (less than thirty) to test any differences for statistical significance.

State Service

Not only does DFPS have the youngest workers, it also has the least tenured. About 69 percent have less than 10 years of state service.¹²⁷

Figure 39: DFPS Workforce by Length of State Service

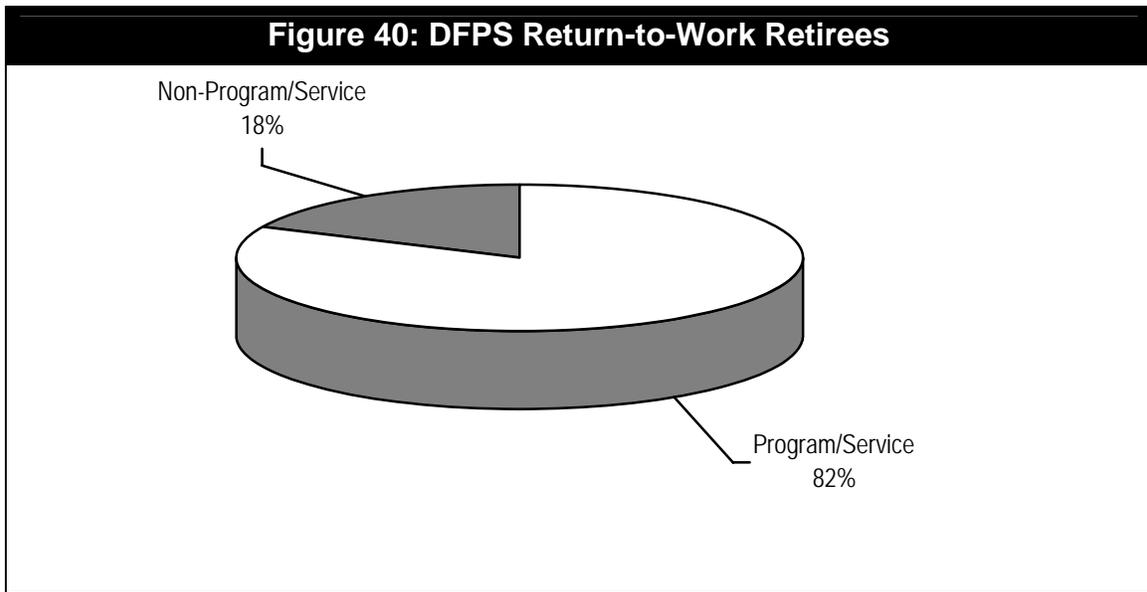


Return-to-Work Retirees

DFPS employs 350 return-to-work retirees. The majority of these retirees (82 percent) work in the program/service related areas.¹²⁸

¹²⁷ HHSAS Database, as of 8/31/09.

¹²⁸ Ibid.



TURNOVER

The turnover rate during fiscal year 2009 was 16.8 percent, the second highest of all HHS agencies. This rate is slightly higher than the statewide turnover rate of 14.4 percent. The majority of these separations (approximately 86 percent) were voluntary separations from state employment.¹²⁹

Table 17: Reason for Separation

Reason	Percentage ¹³⁰
Voluntary Separations	
Personal reasons	66.8%
Transfer to another agency	12.1%
Retirement	6.6%
Involuntary Separations	
Termination at Will	1.9%
Resignation in Lieu	6.6%
Dismissal for Cause	5.6%

¹²⁹ State Auditor's Office (SAO) FY 2009 Turnover Statistics.

¹³⁰ Death accounted for .4% of separations.

The table below indicates the job classes essential to the delivery of agency services and/or shortage occupations that have experienced significant employee losses during fiscal year 2009.¹³¹

Table 18: FY 09 Turnover for Significant Job Classes¹³²		
Job Title	Average Annual Headcount	Turnover Rate
Child Protective Services Investigators	2,060.0	27.9%
State Wide Intake Workers	321.8	25.2%
Child Protective Services Specialists	2,824.0	19.5%
Adult Protective Services Workers	707.0	19.2%
Directors	64.3	18.7%
Contract Specialists	88.3	15.9%
Accountants	72.3	15.2%
Inspectors	335.3	15.2%
Clerical Workers	1,274.3	14.1%
Human Services Technicians	835.8	12.3%
Program Specialists	544.3	11.6%

RETIREMENT PROJECTIONS

Currently, about nine percent of the DFPS workforce is eligible to retire from state employment. Over the next five years, approximately 17 percent of the DFPS workforce will reach retirement eligibility. This is the lowest projected percentage of all HHS agencies.¹³³

Table 19: DFPS Projected Retirement Eligibility through Rule of 80 (FY 09 – FY 14)		
Fiscal Year	Cumulative Number of Eligible Employees	Percent of Workforce
2009	938	8.6%
2010	1,080	9.9%
2011	1,249	11.5%
2012	1,391	12.8%
2013	1,604	14.7%
2014	1,810	16.6%

¹³¹ HHSAS Database, FY 2009 data.

¹³² Turnover is calculated as follows: The total number of employees who terminated during the period DIVIDED BY the average number of employees on the last day of each quarter in the period plus the employees that terminated during the quarter TIMES 100 to produce a percentage.

¹³³ HHSAS Database, as of 8/31/09.

EXPECTED WORKFORCE CHALLENGES

There are almost 300,000 Child, Family and School Social Workers in the US, with a projected 12.3 percent increase in job openings by the year 2018.¹³⁴

Following four years of comprehensive agency reform, the 81st Legislature (Regular Session, 2009) continued its support of ongoing improvements of DFPS. The Legislature appropriated approximately \$2.7 billion to DFPS for the fiscal year 2010-11 biennium operating budget, a 4.4 percent increase over appropriated funds from the previous biennium. In addition, the Legislature authorized funds to allow the agency to continue to provide the salary retention supplement of \$5,000 established by the 79th Legislature (Regular Session, 2005) for Child Protective Services Investigation Caseworkers and Supervisors.

The 81st Texas Legislature (Regular Session, 2009) directed DFPS to develop a plan to improve employee morale and retention. Since turnover peaked at 23.2% in FY 2008, DFPS has steadily improved. A combination of extensive internal efforts and economic factors helped reduce the turnover rate to 16.8% in FY 2009.

The 81st Texas Legislature (Regular Session, 2009) allocated DFPS over 300 new positions for fiscal years 2010 and 2011. Hired staff will include:

- ◆ 34 Statewide Intake staff (including 28 workers);
- ◆ 116 Family Based Safety Services staff (including 72 caseworkers);
- ◆ 36 Family Group Decision Making staff;
- ◆ 39 Preparation for Adult Living staff (including 19 workers);
- ◆ 16 Foster Adoptive Home Development staff (including 12 workers);
- ◆ 16 other Child Protective Services staff;
- ◆ 42 Adult Protective Services Mental Health and Mental Retardation staff (including 21 workers); and
- ◆ 20 additional support staff.

Retaining workers remains a difficult challenge for the agency. The work is face-to-face, emotional, difficult and often crisis driven. It requires staff to interact regularly with vulnerable children and adults in dire need and with those who may be maltreating them.

To retain trained, competent staff while providing the highest quality services for DFPS consumers over the next five years, the agency must:

- ◆ Competitively recruit, retain and train quality staff to adequately manage increasing caseloads and provide quality services to clients;
- ◆ Meet the training demands of new staff, explore innovative ways to improve skills and provide policy refresher training for supervisors and caseworkers; and

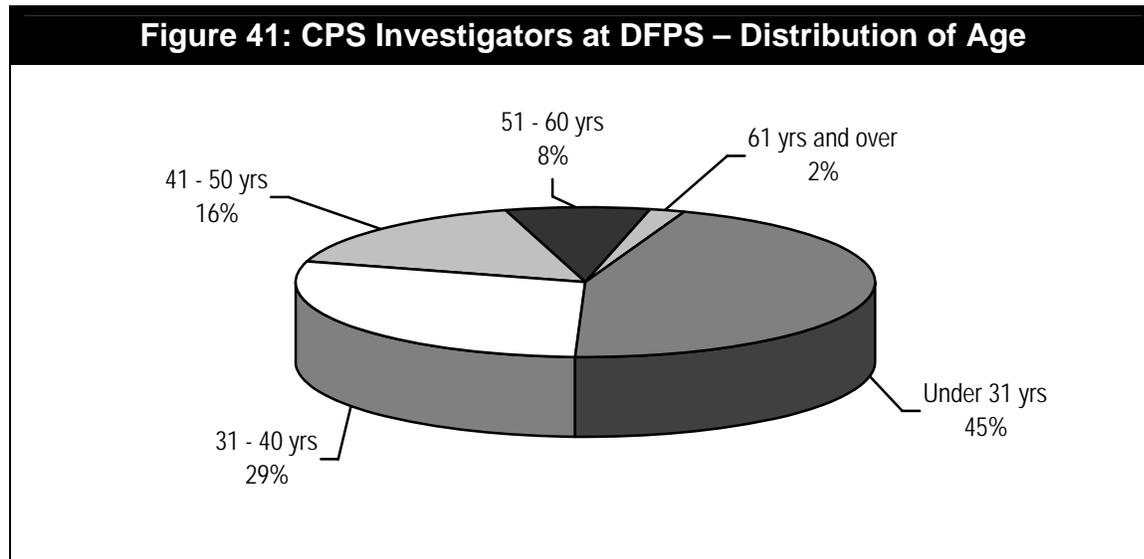
¹³⁴ T. Alan Lacey and Benjamin Wright, "Occupational employment projections to 2018" Monthly Labor Review, November 2009, web page <http://www.bls.gov/opub/mlr/2009/11/mlr200911.pdf>, last accessed on 3/9/10.

- ◆ Continue intensive hiring efforts for new staffing positions and fill Protective Services Worker positions that are experiencing high turnover.

For agency reforms to succeed, DFPS will need to aggressively recruit and retain their Protective Services Workers.

Child Protective Service (CPS) Workers

There are 4,413 filled CPS Worker positions (1,786 CPS Investigators and 2,627 CPS Specialists). Turnover with this group of employees is considered high, at approximately 23 percent, with CPS Investigators having the highest of all job families at about 28 percent. With an average age of approximately 34 years, CPS Workers are young (nearly half are under 31 years of age) and have an average of 3.5 years of state service.¹³⁵ It is difficult to recruit an employee with an aptitude for CPS casework and equally hard to retain them.



¹³⁵ HHSAS Database for FY 2009.

Figure 42: CPS Specialists at DFPS – Distribution of Age

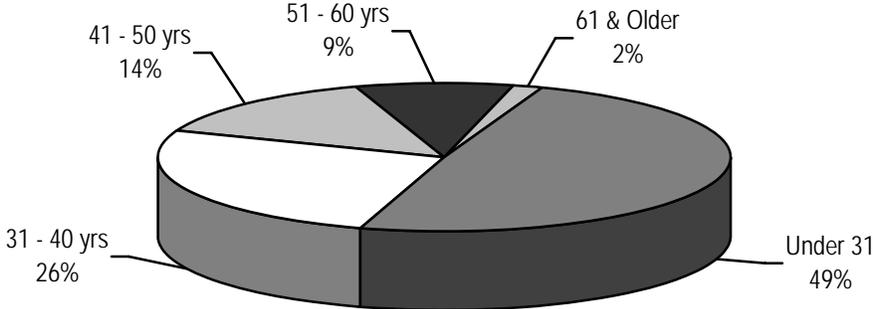
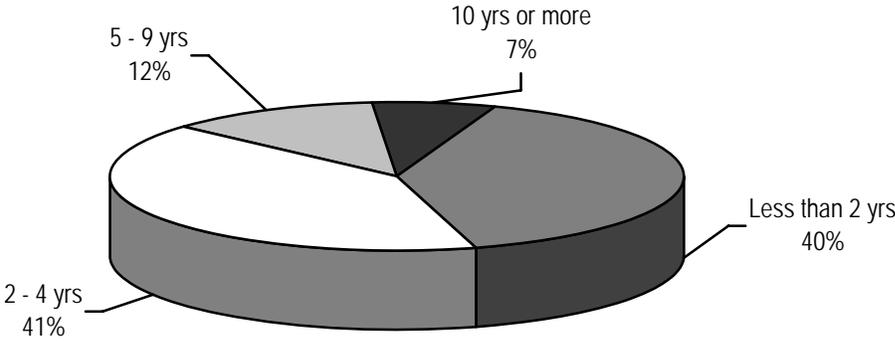
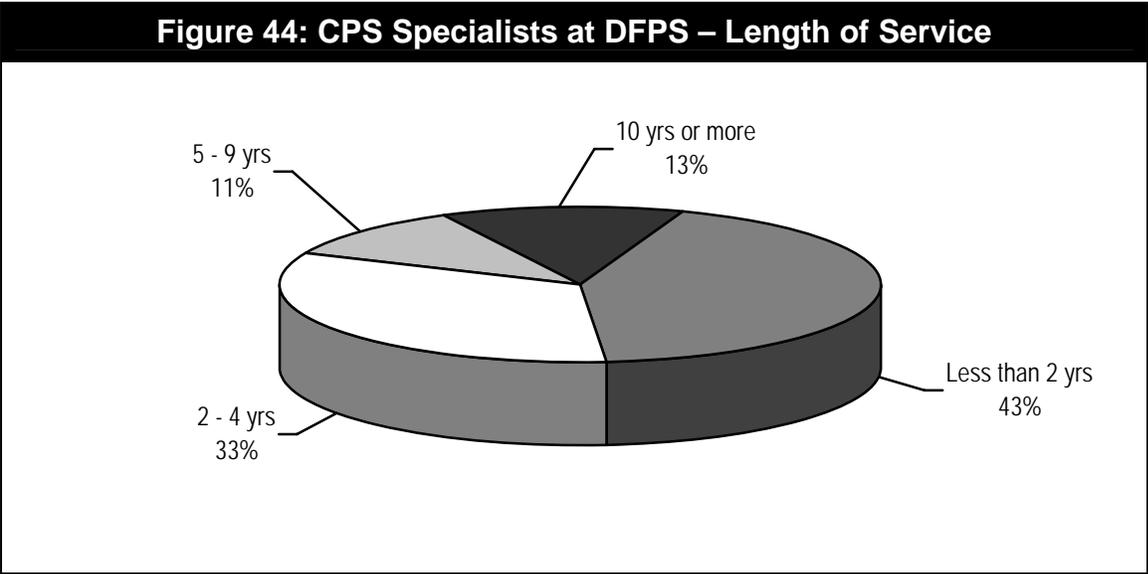


Figure 43: CPS Investigators at DFPS – Length of Service

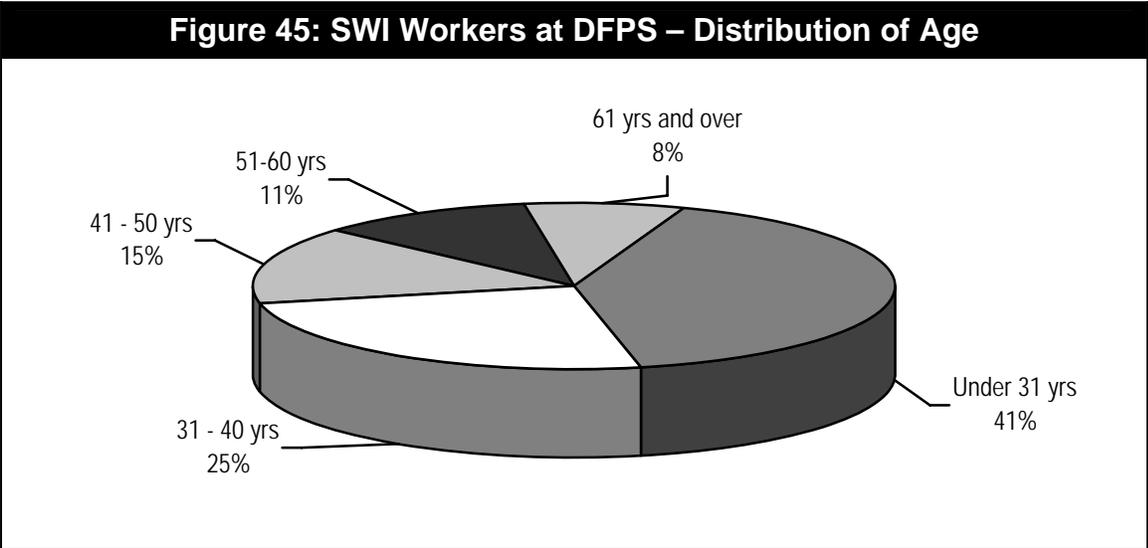




Statewide Intake Workers (SWIs)

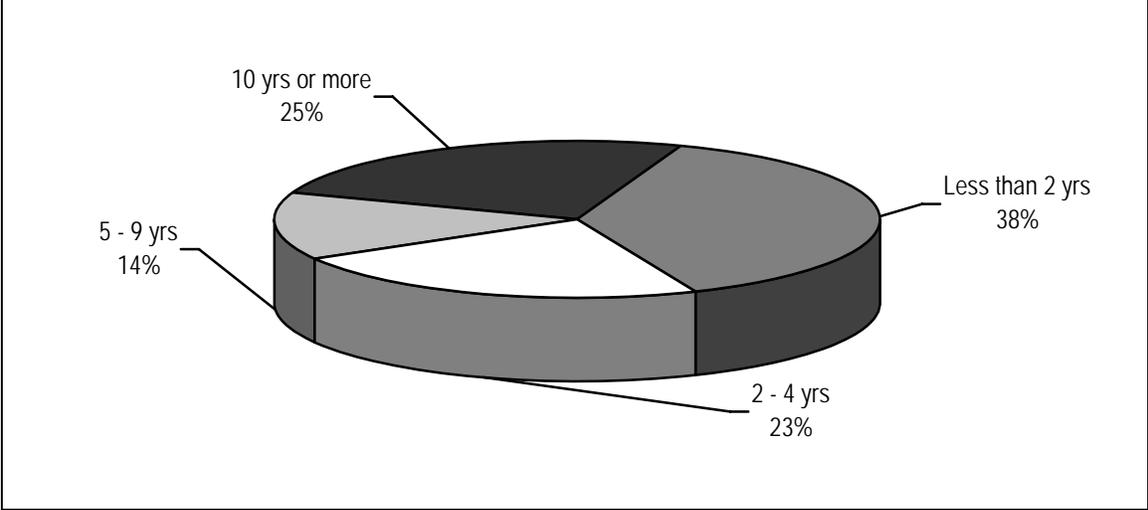
There are approximately 310 SWI Workers with DFPS. With an average age of about 38, approximately 41 percent of these Workers are under 31 years of age. SWI Workers have an average of six years of state service, with approximately 38 percent having less than two years of state service.

Turnover for SWI Workers is considered high at approximately 25 percent.¹³⁶



¹³⁶ HHSAS Database, as of 8/31/09.

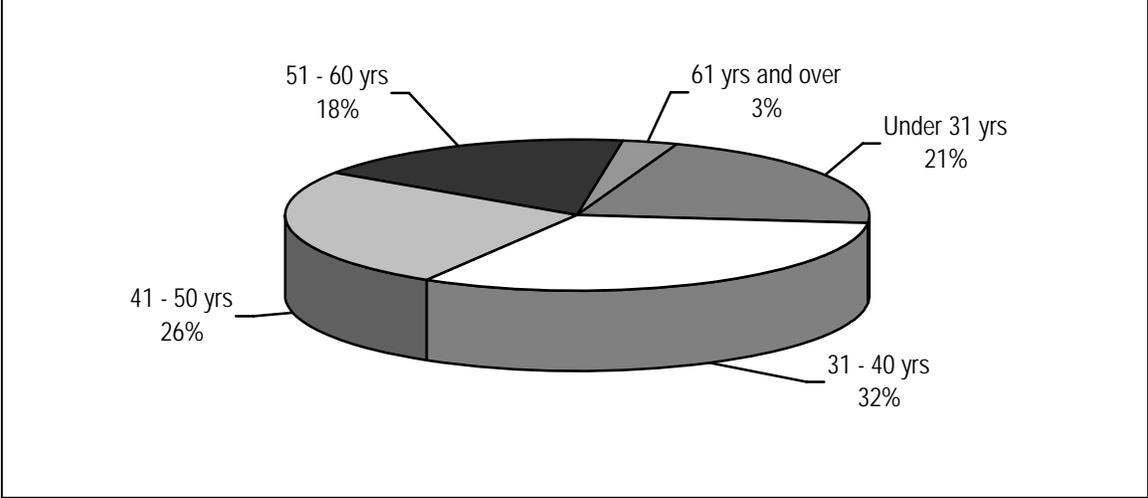
Figure 46: SWI Workers at DFPS -- Length of State Service



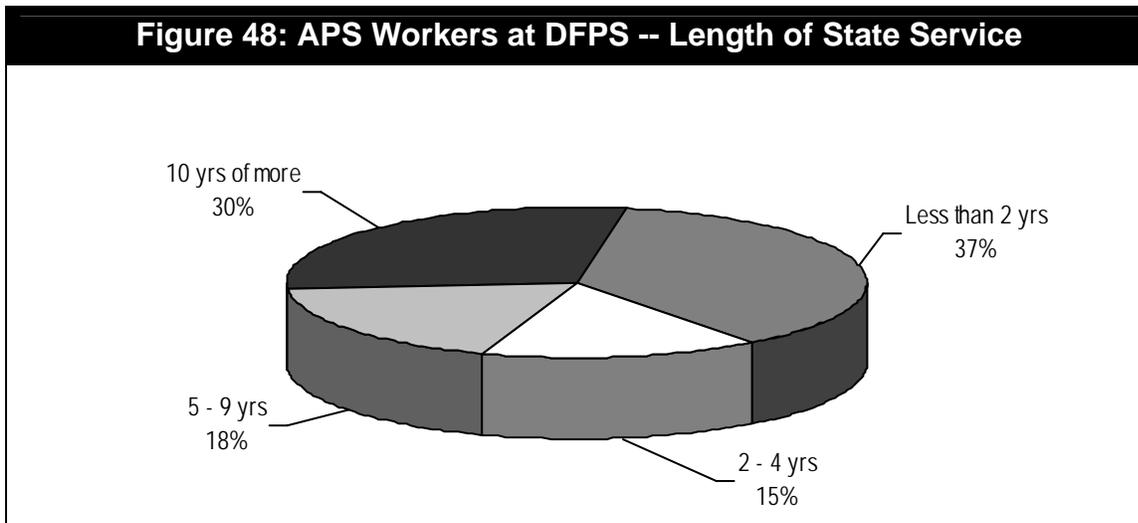
Adult Protective Services (APS) Workers

There are around 670 APS Workers with DFPS. The typical APS Worker is 41 years of age and has an average of seven years of state service. Over a quarter of these employees have less than two years of state service.^{137 138}

Figure 47: APS Workers at DFPS – Distribution of Age



¹³⁷ HHSAS Database, as of 8/31/09.
¹³⁸ Ibid.



During fiscal year 2009, APS Worker turnover reached 19.2 percent, significantly above the state average of 14.4 percent.^{139 140}

With the aging of the Texas population, the agency anticipates an increasing demand for Adult Protective Services.

DEVELOPMENT STRATEGIES TO MEET WORKFORCE NEEDS

Recruitment Strategies¹⁴¹

- ◆ Continue monitoring caseworker positions that are not filled in a timely manner and work with program management and hiring staff to address any barriers to efficient hiring.
- ◆ Continue to hire persons with law enforcement experience as CPS Special Investigators to improve investigations and to train other caseworkers on forensic techniques. These investigators will support investigation caseworkers in interviewing victims and suspected perpetrators, evidence gathering and coordination of criminal and civil case actions. This will help reduce the time needed to complete an investigation.
- ◆ Continue to recruit and hire new employees who have the necessary qualifications and skills to be successful.
- ◆ Target recruitment efforts to individuals who hold a bachelor's degree or advanced degree in at least one of the following academic areas:

¹³⁹ HHSAS Database, FY 2009 data.

¹⁴⁰ State Auditor's Office (SAO) FY 2009 Turnover Statistics.

¹⁴¹ Some of the strategies are contingent on funding approval.

- Social Work
- Counseling
- Early Childhood Education
- Psychology
- Criminal Justice
- Elementary or Secondary Education
- Sociology
- Human Services
- ◆ Continue to evaluate the DFPS hiring process of direct delivery caseworkers.
- ◆ Continue to attend job fairs, use local and national recruiting websites, use perpetual postings and provide interested applicants with a realistic job preview of what it takes to be a successful CPS caseworker.
- ◆ Continue to use the following targeted employment selection devices or develop comparable tools that will help identify the most qualified applicants:
 - A pre-screening test for job applicants to assess skills and performance capabilities.
 - A behavioral descriptive interview guide, geared at assessing how each candidate would respond to real life work situations.
- ◆ Continue efforts to recruit bilingual workers by using consistent testing for bilingual skills and implement a consistent policy for bilingual pay.
- ◆ Provide recruitment tools that depict a realistic, yet compelling, view of front-line protective services work.
- ◆ Continue to provide a \$5,000 annual stipend to investigation caseworkers and supervisors as long as funding is available.

Retention Strategies¹⁴²

- ◆ Offer alternative work schedule and telework options for appropriate positions.
- ◆ Implement the rookie year on-boarding concept, where supervisors welcome employees before their first day on the job and provide targeted support throughout the first year.
- ◆ Continue to offer certification programs for direct delivery workers and supervisors.
- ◆ Continue to recognize new employees' tenure during each of their first four years with the agency by providing tenure certificates.
- ◆ Form the supervisor support team to help supervisors to better support their employees so that those employees can provide better services to clients.
- ◆ Continue to reduce CPS and APS caseloads for individual caseworkers.
- ◆ Expand supervisory development, training and support to increase the focus on human resource management.
- ◆ Provide tools for supervisors to recognize and reward their staff. Continue the development of appropriate performance expectations for all positions, describing what "good" performance entails and recognizing good performance.

¹⁴² Some of the strategies are contingent on funding approval.

- ◆ Continue to support an organizational culture where good performance by employees is recognized and the opinions of dedicated employees are appreciated.
- ◆ Provide technology to assist in documentation and improve overall caseworker efficiency.
- ◆ Continue using regional, statewide and agency-level Program Improvement Committees (PICs) and agency-wide escalation processes to ensure that each employee can continue to have an avenue to articulate concerns and suggestions, have issues escalated to the appropriate resolution level in the agency and have a method of tracking individual issues until a conclusion is reached.
- ◆ Continue to recognize outstanding caseworkers and seek statewide suggestions for content in DFPS Delivers, the agency's bi-weekly, online Intranet newsletter.
- ◆ Expand the agency-specific questions on the Survey of Employee Engagement to include questions on employee retention and post the analysis of the survey results on the agencies Intranet.
- ◆ Continue the practice of the agency's Commissioner and members of the executive team traveling to regional offices, visiting with leadership and frontline staff and answering questions on a face-to-face basis.
- ◆ Provide a continuum of leadership training that begins at the worker level and extends to the executive tiers.
- ◆ Continue training agency supervisors/managers/leaders to perform their job duties and support their staff by strengthening their understanding of leadership and retention.
- ◆ Continue to enhance the work environment for staff by:
 - replacing outdated computer equipment, and
 - providing tablet PCs to facilitate timely and accurate data entry and improve the quality of assessments and decision making.

To meet the workforce demands over the next several years, DFPS will need to focus on aggressive recruitment and retention strategies.

DEPARTMENT OF ASSISTIVE AND REHABILITATIVE SERVICES

MISSION

The mission of the Department of Assistive and Rehabilitative Services (DARS) is to work in partnership with Texans with disabilities and families with children who have developmental delays to improve the quality of their lives and to enable their full participation in society.

SCOPE

DARS administers programs that ensure Texas is a state where people with disabilities and children with developmental delays enjoy the same opportunities as other Texans to live independent and productive lives. The Department has four program areas: Rehabilitation Services, Blind Services, Early Childhood Intervention Services and Disability Determination Services. Through these program areas, DARS provides services that help Texans with disabilities find jobs through vocational rehabilitation, ensures that Texans with disabilities live independently in their communities and helps children with disabilities and developmental delays reach their full potential.

Approximately 3,200 DARS employees, in offices throughout the state, work to improve the quality of the lives of Texans with disabilities.¹⁴³

CORE BUSINESS FUNCTIONS

DARS provides services to consumers through the following program areas:

- ◆ Division for Rehabilitation Services (DRS) provides services in the following program areas:
 - Vocational Rehabilitation. Program staff assist Texans with disabilities prepare for, find and maintain suitable employment.
 - Office for Deaf and Hard of Hearing Services. Program staff work in partnership with people who are deaf or hard of hearing to eliminate barriers and improve communication access for people who are deaf or hard of hearing.

¹⁴³ HHSAS Database, as of 8/31/09.

- Independent Living Services and Independent Living Centers. Program staff promote self-sufficiency despite significant disability by providing people with improved mobility, communication, personal adjustment and self-direction skills.
- Comprehensive Rehabilitation Services. Program staff assist persons with spinal cord and traumatic brain injuries by sponsoring intensive therapies to increase independence.
- ◆ Disability Determination Services (DDS) employees make disability determinations for Texans with severe disabilities who apply for Social Security Disability Insurance and/or Supplemental Security Income. Staff examine and review medical evidence provided by claimants or their medical providers and make the determination on whether or not a claimant is disabled under the law.
- ◆ Division for Blind Services (DBS) provides services through the following programs:
 - Vocational Rehabilitation. Program staff assist adult consumers whose visual disabilities (visual impairments or total blindness) may limit their ability to work in their current jobs or secure new jobs.
 - Business Enterprises of Texas. Program staff manage the program developed under federal law to provide food management opportunities for Texans who are blind or visually impaired.
 - Independent Living. Program staff assist adult consumers who are blind or visually impaired to learn adaptive skills to enable them to continue to live independently and confidently with vision loss.
 - Criss Cole Rehabilitation Center. Program staff provide a residential based intensive training in basic blindness skills for adult Texans who are blind or visually impaired due to a medical condition or accident which may progress to total blindness.
 - Blind Children's Vocational Discovery and Development. Program staff assist children who are blind or visually impaired to develop their individual potential.
 - Blindness Education, Screening and Treatment. Program staff assist in the prevention of blindness through education, screening and treatment.
- ◆ Early Childhood Intervention (ECI) Services employees coordinate a statewide system of early childhood intervention services for families of infants and toddlers, birth to age three, with disabilities or developmental delays. Services are provided through mental health/mental retardation community centers, school districts, education service centers and private non-profit organizations.

WORKFORCE DEMOGRAPHICS

DARS is the smallest agency in the HHS System. The agency currently employs approximately 3,200 full and part-time employees, with the majority of DARS employees (2,610 employees or 82 percent) assigned to offices throughout Texas.¹⁴⁴ The remaining 580 employees, or 18 percent, are assigned to Central

¹⁴⁴ HHSAS Database, as of 8/31/09.

Office in Austin.¹⁴⁵ To better understand the agency's unique workforce, the following demographic categories are examined:

Job Families

About 87 percent of DARS employees (2,785 employees) work in 9 job families, with the largest number of employees in Vocational Rehabilitation Counselor positions (667 employees or 21 percent).¹⁴⁶

Job Title	Number of Employees	Average Salary
Vocational Rehabilitation Counselors	667	\$48,552
Claims Examiners	511	\$47,160
Clerical Workers	465	\$38,089
Rehabilitation Services Technicians	353	\$35,424
Program Specialists	327	\$62,230
Human Services Specialists	166	\$37,453
Managers	149	\$73,235
Rehabilitation Teachers	76	\$36,595
System Analysts	71	\$64,940

Salary

DARS employees earn an average annual salary of \$48,149.¹⁴⁷

Gender

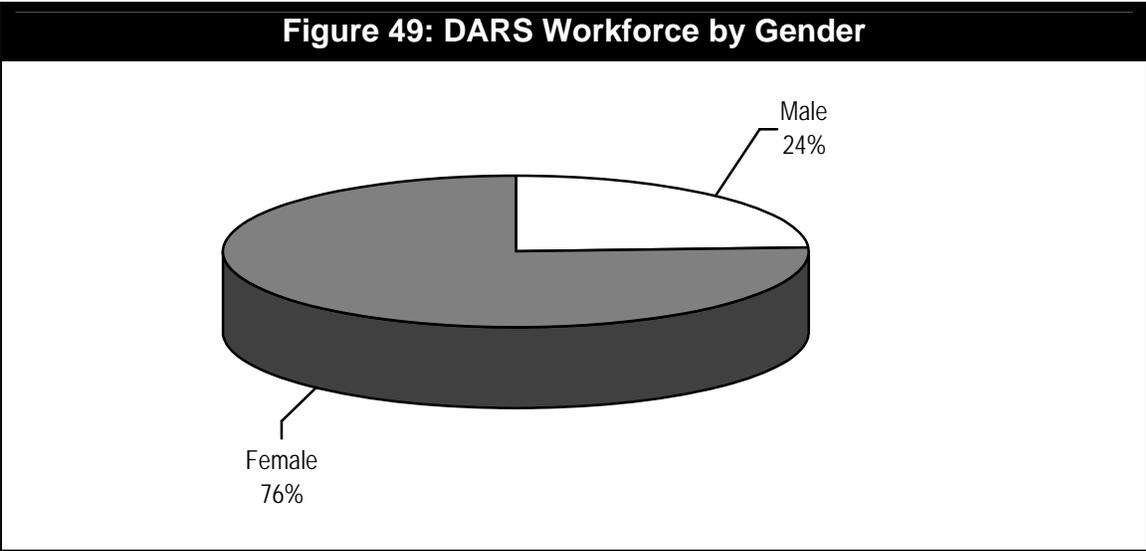
DARS employees are primarily female, representing approximately 76 percent of the agency workforce (2,409 employees).¹⁴⁸

¹⁴⁵ HHSAS Database, as of 8/31/09.

¹⁴⁶ Ibid.

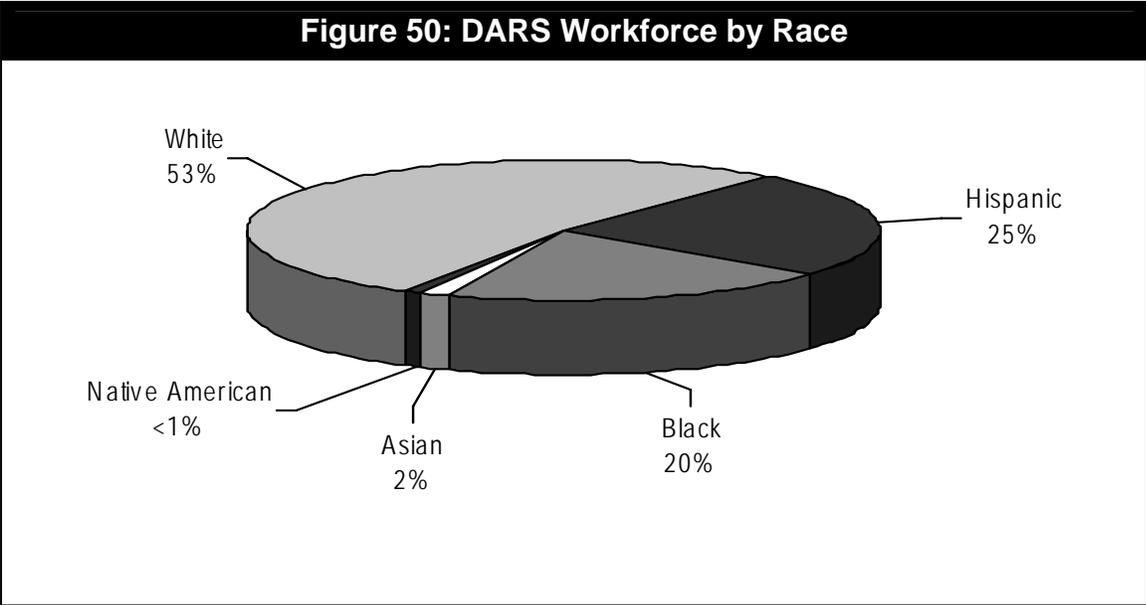
¹⁴⁷ Ibid.

¹⁴⁸ Ibid.



Race

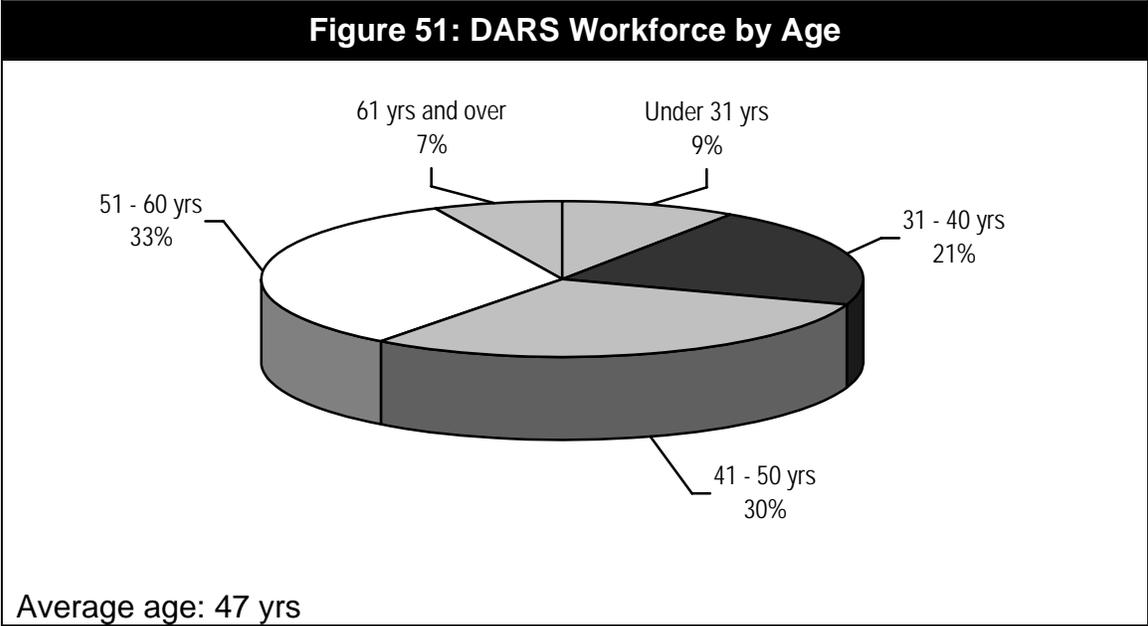
Approximately 1,680 or 53 percent of DARS employees are White, followed by Hispanic employees at 25 percent or 788 employees and Black employees at 20 percent or 638 employees.¹⁴⁹



¹⁴⁹ HHSAS Database, as of 8/31/09.

Age

Approximately 70 percent of DARS employees are age 41 or older, with the average age being 47 years.¹⁵⁰



Utilization Analysis

Texas law requires that each state agency analyze its workforce and compare the number of Blacks, Hispanics and Females employed by the agency to the available state Civilian Labor Force (CLF) for each job category.

The utilization analysis indicated no underutilization within the DARS workforce.¹⁵¹

¹⁵²

¹⁵⁰ HHSAS Database, as of 8/31/09.

¹⁵¹ Ibid.

¹⁵² CLF data – EEOC publications, "Job Patterns for Minorities and Women in State and Local Government, 2003" for Texas and "Job Patterns for Minorities and Women in Private Industry, 2003" for Texas. Modified 06/08/2005.

Table 21: DARS Utilization Analysis Results

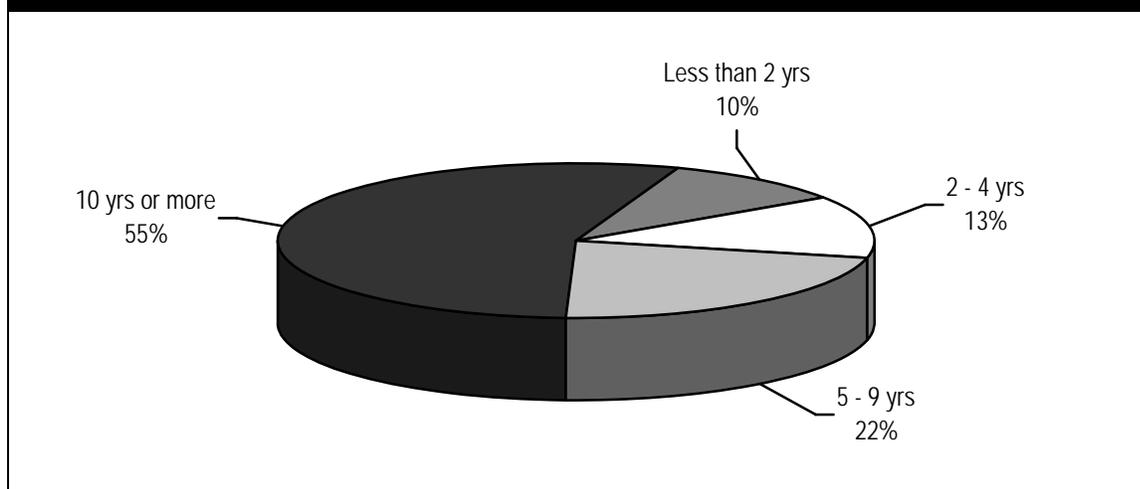
Job Category	Black			Hispanic			Female		
	DARS %	CLF %	Underutilization (If Yes, # needed)	DARS %	CLF %	Underutilization (If Yes, # Needed)	DARS %	CLF %	Underutilization (If Yes, # Needed)
Officials/Administrators	13.6%	7.2%	No	15.7%	12.3%	No	47.1%	32.6%	No
Professionals	19.3%	9.4%	No	22.9%	11.6%	No	74.6%	49.0%	No
Technicians	8.3%	13.9%	N/A	20.8%	19.7%	N/A	58.3%	42.1%	N/A
Protective Service	0.0%	18.0%	N/A	0.0%	23.1%	N/A	0.0%	21.6%	N/A
Para-Professionals	29.1%	14.3%	No	29.1%	25.7%	No	89.6%	56.3%	No
Administrative Support	23.8%	19.4%	No	38.2%	26.8%	No	91.3%	78.8%	No
Skilled Craft	0.0%	14.7%	N/A	50.0%	35.2%	N/A	25.0%	16.5%	N/A
Service Maintenance	66.7%	20.4%	N/A	0.0%	43.7%	N/A	50.0%	44.4%	N/A

Note: "N/A" indicates that the number of employees in this category is too small (less than thirty) to test any differences for statistical significance.

State Service

DARS has a stable, long tenured workforce, with about 90 percent of the workforce having more than two years of state service, and over half having at least 10 years of state service.¹⁵³

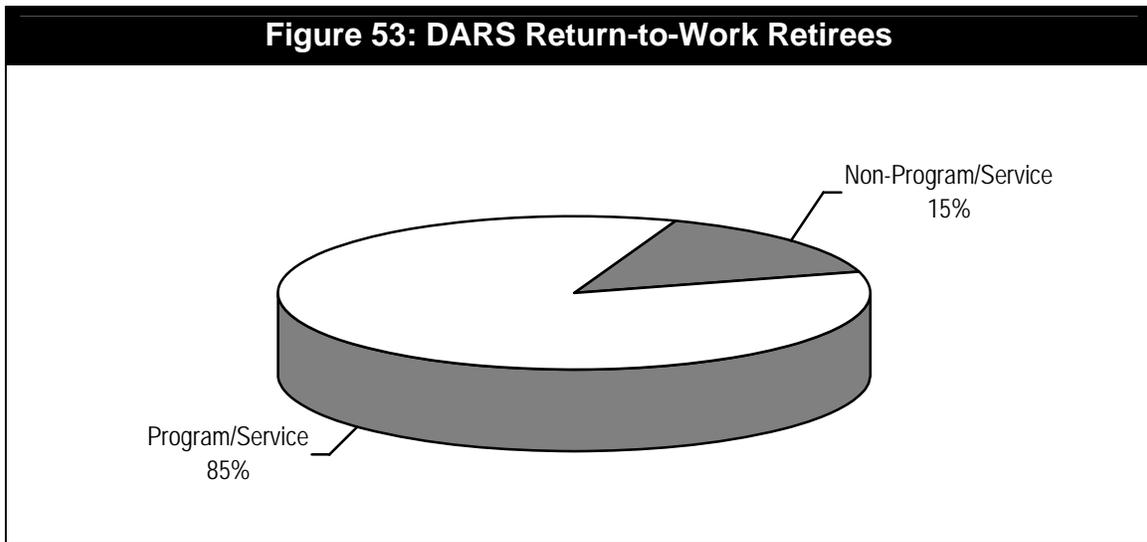
Figure 52: DARS Workforce by Length of State Service



Return-to-Work Retirees

DARS employs 172 return-to-work retirees, representing about five percent of its total workforce. The majority of these retirees (85 percent) work in program/service related areas.¹⁵⁴

¹⁵³ HHSAS Database, as of 8/31/09.



TURNOVER

The DARS turnover rate during fiscal year 2009 was 8.6 percent, the lowest of all HHS agencies. This rate is significantly lower than the statewide turnover rate of 14.4 percent. The majority of these separations (approximately 85 percent) were voluntary separations from state employment.¹⁵⁵ This low turnover rate contributes to having a highly-tenured, well trained workforce.¹⁵⁶

Table 22: Reason for Separation

Reason	Percentage ¹⁵⁷
Voluntary Separations	
Personal reasons	36.7%
Transfer to another agency	14.0%
Retirement	34.2%
Involuntary Separations	
Termination at Will	0.0%
Resignation in Lieu	1.4%
Dismissal for Cause	11.9%

¹⁵⁴ HHSAS Database, as of 8/31/09.

¹⁵⁵ State Auditor's Office (SAO) FY2009 Turnover Statistics.

¹⁵⁶ HHSAS Database, FY 2009 data.

¹⁵⁷ Death accounted for 1.8% of separations.

Table 23 indicates the job classes essential to the delivery of agency services and/or shortage occupations that have experienced significant employee losses during fiscal year 2009.¹⁵⁸

Table 23: FY 09 Turnover for Significant Job Classes¹⁵⁹		
Job Title	Average Annual Headcount	Turnover Rate
Interpreters	7.8	38.7%
Auditors	6.8	29.6%
Database Administrators	4.8	25.0%
Accountants	39.3	22.9%
Telecommunications Specialists	6.0	16.7%
HHS Program Coordinators	25.0	16.0%
Programmers	13.5	14.8%
Information Specialists	7.3	13.8%
Vocational Rehabilitation Counselors	693.0	10.8%
Medical Services Coordinators	19.0	10.5%
Managers	150.5	10.0%
Directors	42.3	9.5%
Program Specialists	230.5	9.1%
Rehabilitation Services Technicians	355.8	9.0%
Human Services Specialists	118.3	8.5%
Claims Examiners	511.0	6.3%

RETIREMENT PROJECTIONS

Currently, about 30 percent of the DARS workforce is eligible to retire from state employment. Over the next five years, approximately a third of the DARS workforce will reach retirement eligibility.¹⁶⁰ These eligibility levels are the highest of all HHS agencies.

¹⁵⁸ HHSAS Database, FY 2009 data.

¹⁵⁹ Turnover is calculated as follows: The total number of employees who terminated during the period DIVIDED BY the average number of employees on the last day of each quarter in the period plus the employees that terminated during the quarter TIMES 100 to produce a percentage.

¹⁶⁰ HHSAS Database, as of 8/31/09.

Table 24: DARS Projected Retirement Eligibility through Rule of 80 (FY 09 – FY 14)		
Fiscal Year	Cumulative Number of Eligible Employees	Percent of Workforce
2009	500	15.7%
2010	603	18.9%
2011	713	22.4%
2012	821	25.7%
2013	944	29.6%
2014	1,074	33.7%

EXPECTED WORKFORCE CHALLENGES

With over 24 million residents, Texas is one of the faster growing states in the nation. In a one year period, July 1, 2008 to July 1, 2009, the population of Texas increased by almost half a million, the largest population increase in the country.¹⁶¹ By 2020, the Texas population is expected to reach 30 million residents.¹⁶²

This population growth is expected to directly increase the number of consumers receiving DARS services. Projected trends that support this increase include the following:

- ◆ The number of children born with severe visual impairments and blindness is growing.¹⁶³ With advances in modern technology, medicine and science, more children with multiple disabilities are surviving. These children have complex physical, mental health, mobility and societal needs and require a variety of service delivery options.
- ◆ The number of blind and visually impaired children who receive special education services is increasing. Blind and visually impaired students increased by 580 from school year 2003 to 2004.¹⁶⁴
- ◆ By 2011, the number of Texans potentially eligible for agency services is estimated to increase by more than 50,000 persons. The largest increase is expected in the Vocational Rehabilitation (VR) program population, followed by the age 65 and over group served through the Independent Living (IL) program.

To meet the needs of this expanding population of consumers and to compensate for the potential loss of nearly a third of the agency's highly skilled and tenured workforce, the agency will need to aggressively recruit and retain its highly skilled

¹⁶¹ U.S. Census Bureau, December 23, 2009, web page <http://www.census.gov/Press-Release/www/releases/archives/population/014509.html>, last accessed on 3/16/10.

¹⁶² Office of the State Demographer, Texas State Data Center.

¹⁶³ Brigitte Volmer, et al., "Predictors of Long-term Outcome in Very Preterm Infants: Gestational Age Versus Neonatal Cranium Ultrasound," *Pediatrics*, November 2003.

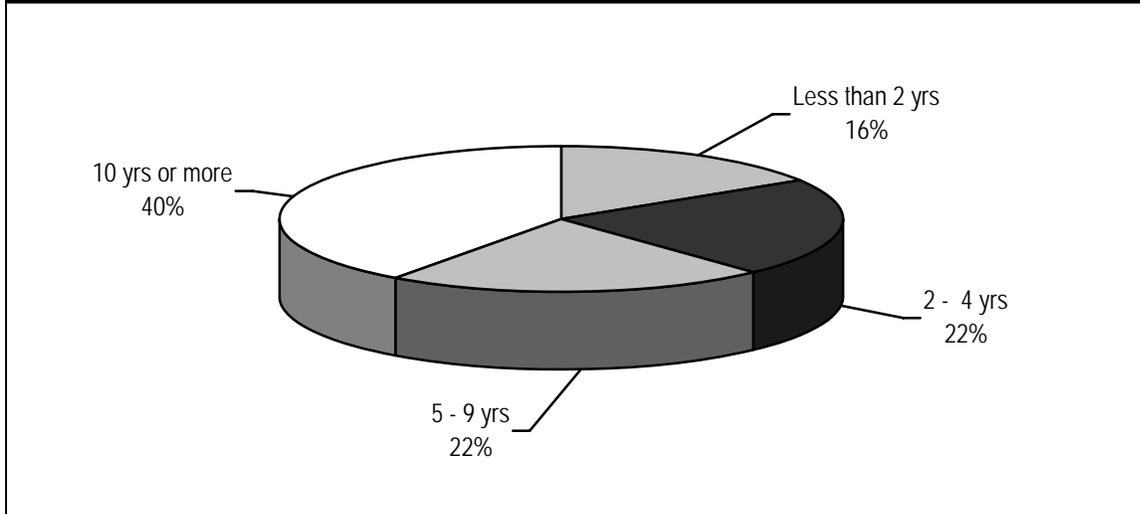
¹⁶⁴ Texas Education Agency, Registration Report.

direct-delivery Vocational Rehabilitation Counselors, Claims Examiners, Independent Living Workers and Deaf and Hard of Hearing Services (DHHS) Interpreters.

Vocational Rehabilitation Counselors

As of November 2008, there were 129,500 rehabilitation counselors in the US. By 2018, this workforce group is expected to increase by 19 percent.¹⁶⁵ Within DARS, about 670 Vocational Rehabilitation Counselors are employed in the Division for Rehabilitative Services (DRS) and the Division for Blind Services (DBS).¹⁶⁶ These counselors have an average of 10 years state employment and an average age of approximately 46 years.¹⁶⁷

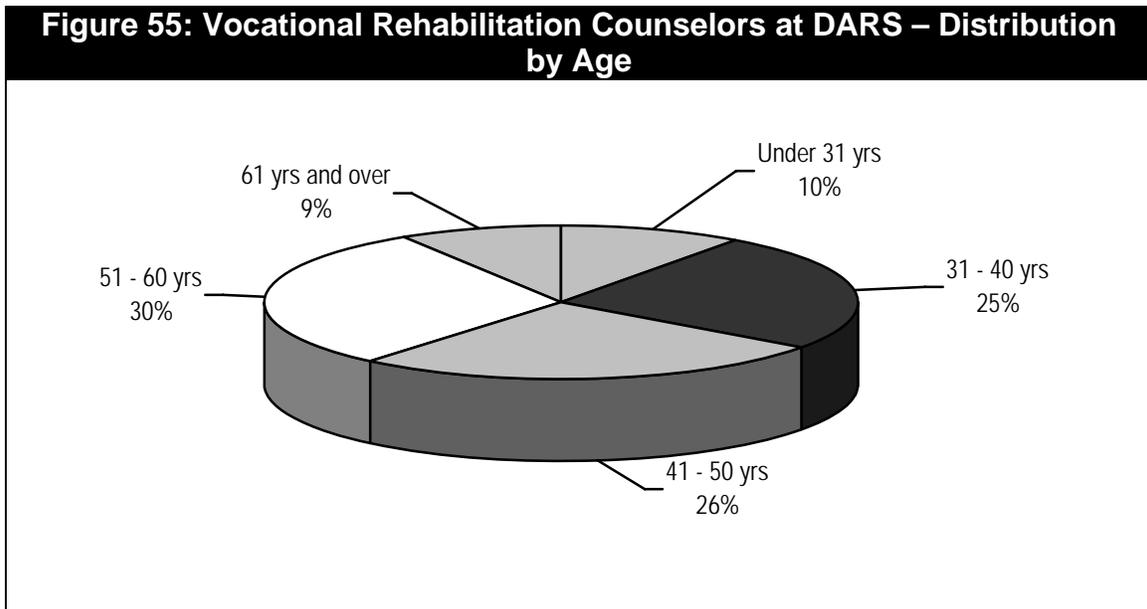
Figure 54: Vocational Rehabilitation Counselors at DARS – Length and State Service



¹⁶⁵ T. Alan Lacey and Benjamin Wright, "Occupational employment projections to 2018" Monthly Labor Review, November 2009, web page <http://www.bls.gov/opub/mlr/2009/11/mlr200911.pdf>, last accessed on 3/9/210.

¹⁶⁶ HHSAS Database, as of 8/31/09.

¹⁶⁷ Ibid.



This highly skilled and tenured group of employees is also nearing retirement age, with 23 percent of current counselors eligible to retire in the next five years.¹⁶⁸ To maintain current service levels to the expanding population of consumers, DARS must provide incentives to retain current counselors, provide succession planning opportunities to develop existing staff and aggressively recruit new counselors.

The educational and certification requirements for the Vocational Rehabilitation Counselor positions (a federally mandated Comprehensive System of Personnel Development [CSPD] program) have made recruitment difficult and challenging. Entry-level counselors must have a college degree and meet eligibility requirements for Certified Rehabilitation Counselors (CRC) within seven years and nine months of hire. Counselors must also satisfy extensive training requirements after their hire, making the retention of these highly skilled employees both critical and costly to the agency.

Due to the comprehensive and specialized training program, as well as the ongoing training that newly hired counselors must take, retention of these employees is crucial. Currently, agency counselors are separating from employment at an annual rate of 10.8 percent.¹⁶⁹ Though low, this loss rate should be closely monitored to identify any trends that may develop.

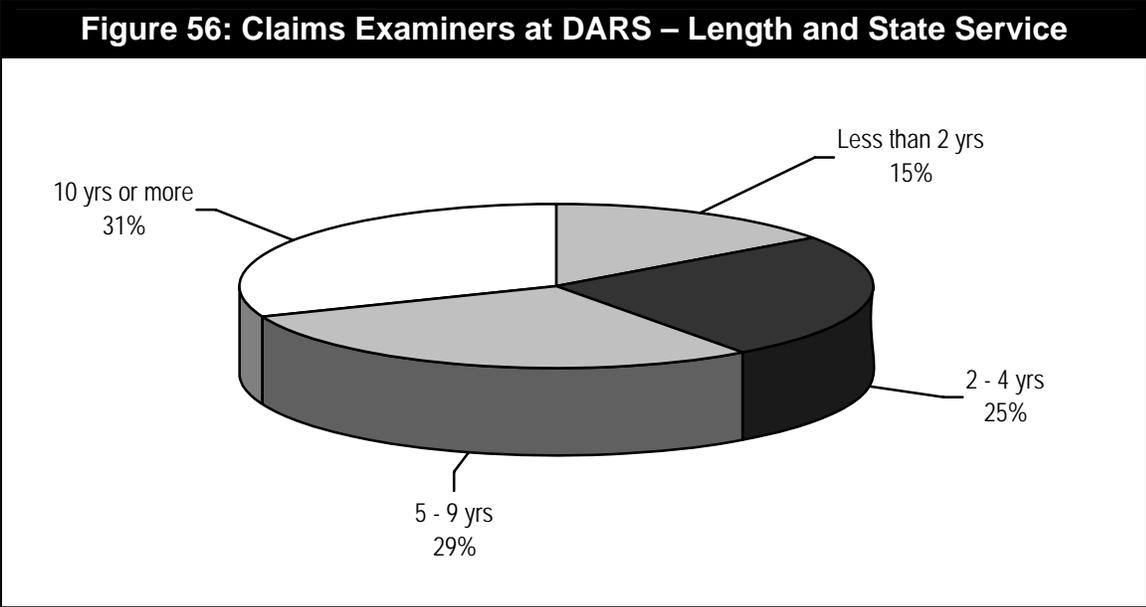
¹⁶⁸ HHSAS Database, as of 8/31/09.

¹⁶⁹ HHSAS Database, FY 2009 data.

Claims Examiners

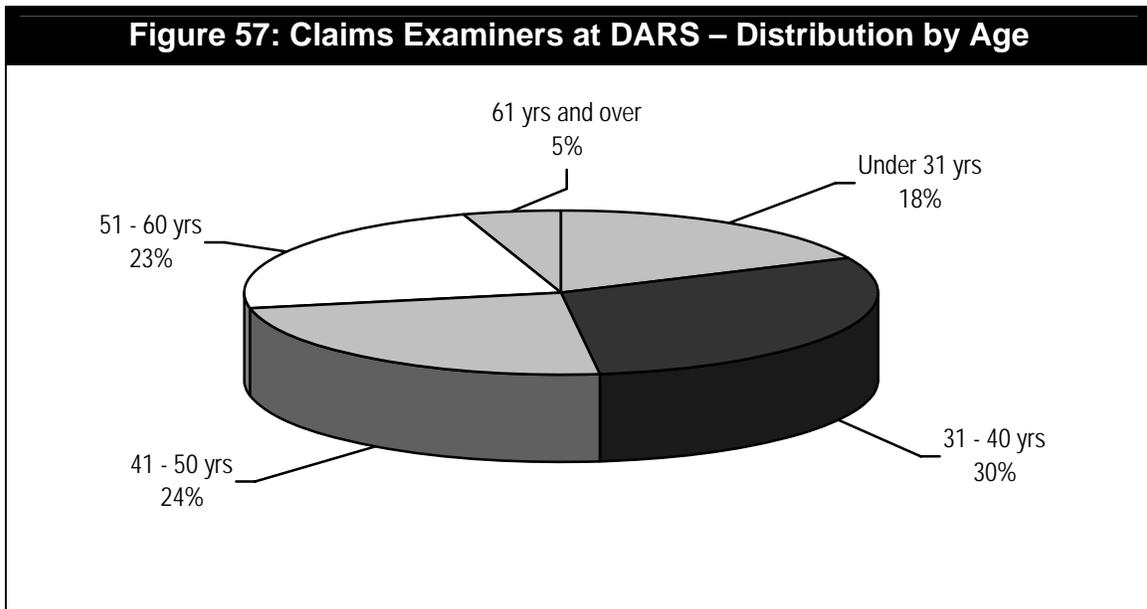
Within DARS, approximately 510 Claims Examiners are employed in the Division for Disability Determination Services (DDS).¹⁷⁰ DARS Claims Examiners have, on average, about eight years of state service, with an average age of about 43 years.¹⁷¹ However, only about 16 percent of current examiners will be eligible to retire by the year 2014.

As a group, Claims Examiners are both younger and have less state service than Vocational Rehabilitation Counselors.



¹⁷⁰ HHSAS Database, as of 8/31/09.

¹⁷¹ Ibid.



Entry-level Claims Examiners must have a Bachelors degree and complete a two year training program before they can begin to perform their job duties. It typically takes a minimum of two years for DARS examiners to be fully competent in their work.

Though Claims Examiners are separating from employment at an annual rate of only 6.3 percent, the vacancies that have occurred tend to remain open for months.¹⁷²

Due to the cost of this extensive training that newly hired examiners must take to become fully competent in their job, continuous monitoring of retention of these employees will remain a priority for agency management.

Independent Living Workers

Within DARS, 21 Case Managers, HHS Program Coordinators and Rehabilitation Teachers are employed as Independent Living Workers for the Division for Blind Services (DBS). These workers assist individuals who are blind or visually impaired to live as independently as possible within their community by adjusting to blindness through the development of travel skills, skills of daily living, communication skills, support systems and quality of living.

DARS Independent Living Workers have, on average, 11 years of state service, with an average age of 46 years.¹⁷³

¹⁷² HHSAS Database, FY 2009 data.

¹⁷³ HHSAS Database, as of 8/31/09.

Figure 58: Independent Living Workers at DARS – Length of State Service

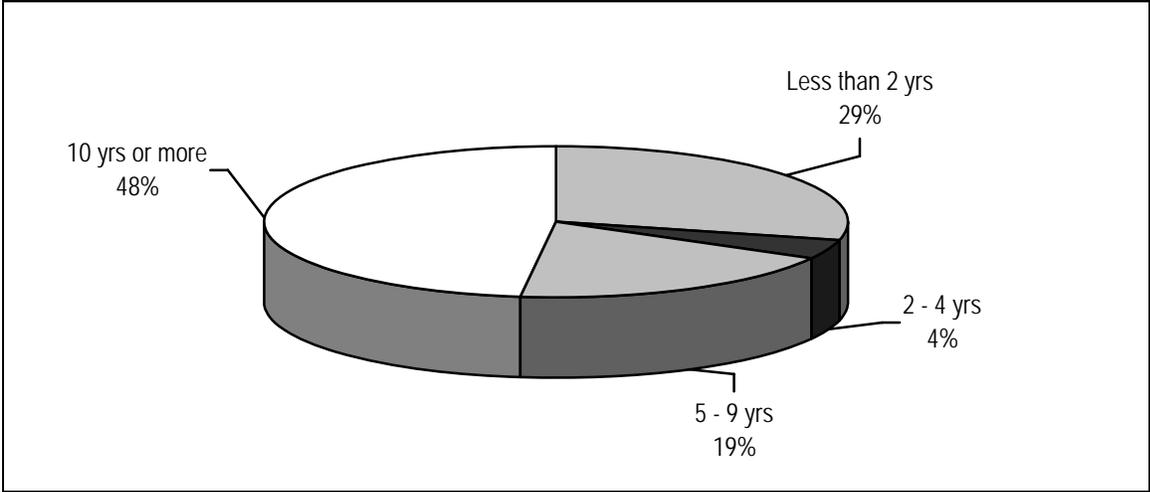
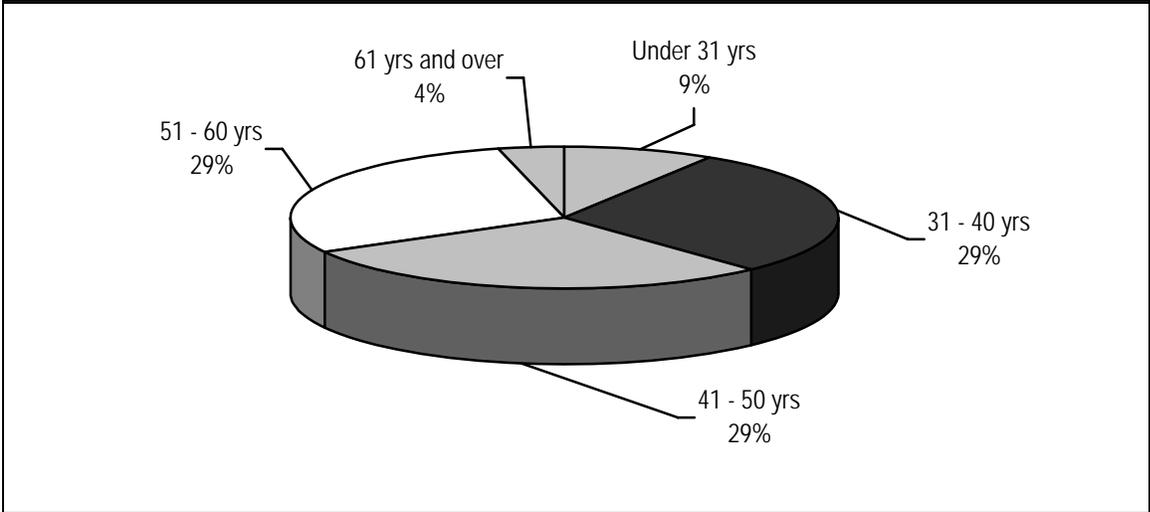


Figure 59: Independent Living Workers at DARS – Distribution by Age



The agency has historically had difficulty recruiting qualified applicants statewide, especially in remote geographic locations.

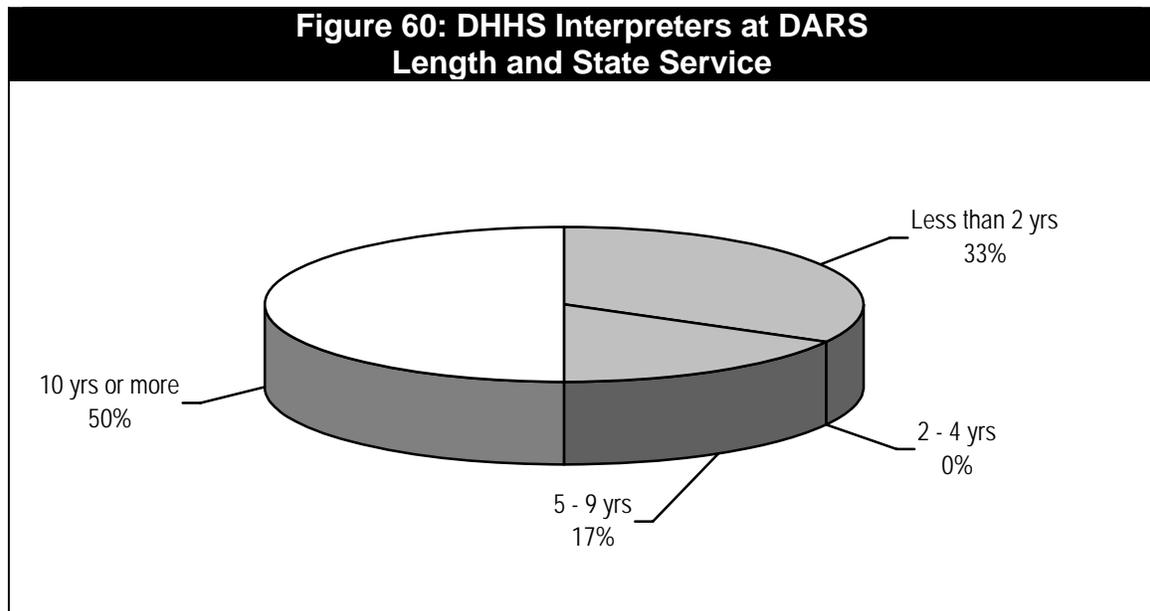
There are currently no college programs for this occupation and few individuals in the labor market possessing the knowledge and experience in working with individuals who are blind. To partially offset these limitations, new employees are required to complete an extensive two year training program to become competent in their job.

While only four Independent Living Workers (or 19 percent) will be eligible to retire in the next five years, the agency will need to develop creative recruitment strategies to replace these highly skilled and tenured employees.¹⁷⁴

Deaf and Hard of Hearing (DHHS) Interpreters

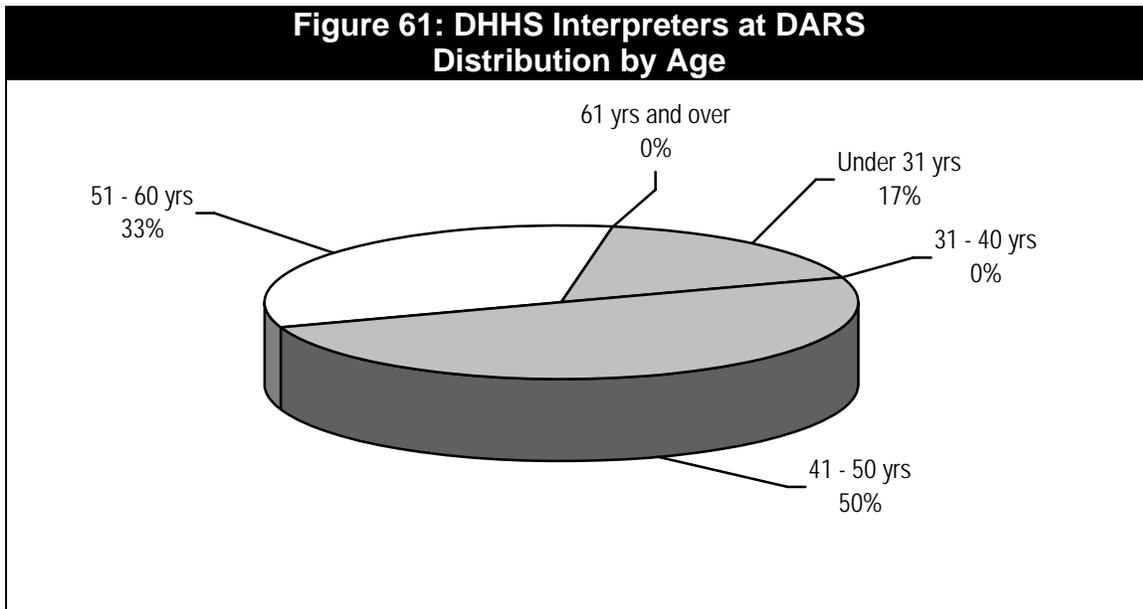
Within DARS, six of the agency's seven Interpreters work in the Deaf and Hard of Hearing Services (DHHS) program. These six highly skilled employees work with people who are deaf or hard of hearing to eliminate barriers and improve equal access.

DHHS Interpreters have, on average, nine years of state service, with an average age of 45 years.¹⁷⁵



¹⁷⁴ HHSAS Database, as of 8/31/09.

¹⁷⁵ Ibid.



Turnover for DHHS Interpreters is high at about 44 percent.¹⁷⁶

Recruitment and retention of these highly skilled applicants will continue to be a challenge for DARS.

DEVELOPMENT STRATEGIES TO MEET WORKFORCE NEEDS

Recruitment Strategies

- ◆ Continue to allow supervisors to use the full salary range when posting vacant positions, maintaining the flexibility to set the starting salary based on an applicant's education level, certification and related work experience.
- ◆ Continue to work closely with colleges and universities offering graduate degrees in rehabilitation counseling by:
 - Working in partnership with university advisory committees;
 - Maintaining/establishing intern programs and training placement positions for Vocational Rehabilitation Counselors;
 - Making site visits and classroom presentations to familiarize prospective graduates of career opportunities; and

¹⁷⁶ HHSAS Database, FY 2009 data.

- Sending DARS Vocational Rehabilitation Counselor vacancy announcements to the universities.
- ◆ Continue to use internet job posting/recruitment websites, professional publications, newspapers and trade associations to announce job vacancies.
- ◆ Work with the Social Security Administration on a national recruitment and retention strategy for Disability Determination Services (DDS) nation-wide implementation.
- ◆ Request additional Vocational Rehabilitation Counselor FTEs to meet increased program needs through the legislative appropriations request process.
- ◆ Continue to review current job descriptions to ensure the essential job functions are in alignment with division/programmatic needs and an ever changing environment.
- ◆ Make use of strategies designed to meet the challenges of a changing workforce outlined in the agency Succession Plan.

Retention Strategies

- ◆ Evaluate the results of future surveys of Employee Engagement and address identified employee and management issues that could potentially improve retention.
- ◆ Identify trends or recurring reasons employees separate from employment with DARS to determine whether strategies can be developed to improve retention.
- ◆ Consider higher salary reclassification of the following positions: Independent Living Worker, Vocational Rehabilitation Teacher and Blind Children's Specialist.
- ◆ Continue to promote the use of internal postings within DARS and encourage managers to promote from the internal applicant pool when filling vacant positions.
- ◆ Continue to award career ladder promotions when appropriate.
- ◆ Continue to encourage Vocational Rehabilitation Counselors who have a bachelor's degree to earn a Master's degree through financial incentives (e.g. when a counselor receives a Master's degree in Rehabilitation Counseling or a closely related Master's degree meeting CSPD standards, the counselor is eligible for a one-time merit of \$1,500).
- ◆ Continue to encourage professional development through Certified Rehabilitation Counselor (CRC) Certification by providing a financial incentive (e.g. when a counselor is eligible to take the CRC exam, the agency pays the cost of the application fee, examination fee and in-state travel expenses to take the exam).
- ◆ Develop, implement and make training available to Claims Examiners that focuses on the key skills of assessing symptoms, credibility of medical information, weighing medical options and analyzing a person's ability to function.

- ◆ Make training available to Vocational Rehabilitation staff to ensure that work is in compliance with federal regulations, is of high quality and is documented in a clear, concise manner.
- ◆ Increase Professional Skill Enhancement Training.
- ◆ Evaluate the potential of including Claims Examiners in Social Security Administration succession planning/career development training opportunities.
- ◆ Make full use of agency-wide recognition programs and benefits to identify and reward top performers.
- ◆ Employ flexible work schedules and/or telework to attract or retain employees in positions that lend themselves to this flexibility.
- ◆ Aggressive and creative recruitment and retention strategies will be necessary to ensure the agency maintains a fully employed, qualified workforce.

DEPARTMENT OF AGING AND DISABILITY SERVICES

MISSION

The Department of Aging and Disability Services' (DADS) mission is to provide a comprehensive array of aging and disability services, supports, and opportunities that are easily accessed in local communities.

SCOPE

The agency provides a continuum of long-term services and supports which are available to older individuals or individuals with disabilities. In addition, the regulatory component of DADS licenses and/or certifies providers of these services and monitors compliance with regulatory requirements.

CORE BUSINESS FUNCTIONS

DADS provides long-term services, supports, regulation, certification and outreach services. Functions listed below are provided either by DADS, Mental Retardation Authorities, Area Agencies on Aging (AAAs).or other contracted providers.

- ◆ **Intake, Access and Eligibility.** Promotes eligibility determination and access to appropriate services and supports and the monitoring of those services and supports.
 - Intake, Access and Eligibility to Services and Supports
 - Guardianship
- ◆ **Community Services and Supports – Entitlement.** Provides Medicaid-covered supports and services in homes and community settings which will enable older persons, persons with disabilities and others who qualify for nursing facility care but can be served at home or in the community to maintain their independence and prevent institutionalization.
 - Primary Home Care
 - Community Attendant Services
 - Day Activity & Health Services
- ◆ **Community Services and Supports – Waiver Programs.** Provides supports and services through Medicaid waivers in home and community settings which will enable older persons, persons with disabilities and others who qualify for

institutional care but can be served at home or in the community to maintain their independence and prevent institutionalization.

- Community Based Alternatives (CBA)
- Home and Community-based Services (HCS)
- Community Living Assistance & Support Services (CLASS)
- Deaf-Blind Multiple Disabilities (DBMD)
- Medically Dependent Children Program (MDCP)
- Consolidated Waiver Program (CWP)
- Texas Home Living Waiver (TxHmL)
- Integrated Care Management (ICM)
- ◆ **Community Services and Supports - State.** Provides non-Medicaid services and supports in homes and community settings which will enable older persons and persons with disabilities to maintain their independence and prevent institutionalization.
 - Non-Medicaid Services
 - Mental Retardation Community Services
 - Promoting Independence through Outreach, Awareness, and Relocation
 - In-Home and Family Support
 - Mental Retardation In-Home Services
- ◆ **Program of All-inclusive Care for the Elderly (PACE).** Promotes the development of integrated managed care systems for older persons and persons with disabilities.
- ◆ **Nursing Facility Payments.** Provides payments which will promote quality of care for individuals with medical problems that require nursing facility or hospice care.
 - Nursing Facility Payments
 - Medicare Skilled Nursing Facility
 - Hospice
 - Promoting Independence By Providing Community-based Services
- ◆ **Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR) Program.** Provides residential services and supports for persons with intellectual and developmental disabilities (IDD) living in ICFs/MR.
- ◆ **State Supported Living Centers.** A state supported living center (SSLC) is campus-based and provides direct services and supports to persons with IDD. A SSLC provides 24-hour residential services, comprehensive behavioral treatment services and health care services including physician services, nursing services and dental services.
- ◆ **Capital Repairs and Renovations.** Efficiently manages and improves the assets and infrastructure of state facilities.
- ◆ **Regulation, Certification, and Outreach.** Provides licensing, certification, and contract enrollment services, as well as financial monitoring and complaint investigation, to ensure that residential facilities, home and community support services agencies, and persons providing services in facilities or home settings comply with state and federal standards and that individuals receive high-quality services and are protected from abuse, neglect and exploitation.
 - Facility and Community-Based Regulation

- Credentialing/Certification
- Long-term Care Services and Supports Quality Outreach
- ◆ **Indirect Administration.** Assures efficient, quality, and effective administration of services provided to older individuals and individuals with disabilities.
 - Central Administration
 - Information Technology Program Support
 - Regional Administration

WORKFORCE DEMOGRAPHICS

DADS is the second largest state agency, and the largest of the five HHS agencies. The agency employs over 15,700 individuals, and represents about 30 percent of the HHS workforce.¹⁷⁷ The majority of the agency's employees (12,087 employees or 77 percent) are assigned to 12 state supported living centers, which are 24-hour residential facilities, caring for people with intellectual and developmental disabilities (IDD).¹⁷⁸ The remaining 23 percent of DADS employees work in a regional or state office.

To better understand the agency's workforce, the following demographic categories are examined:

Job Families

About 83 percent of DADS employees (13,071 employees) work in 10 job families.

¹⁷⁷ HHSAS Database, as of 8/31/09.

¹⁷⁸ Ibid.

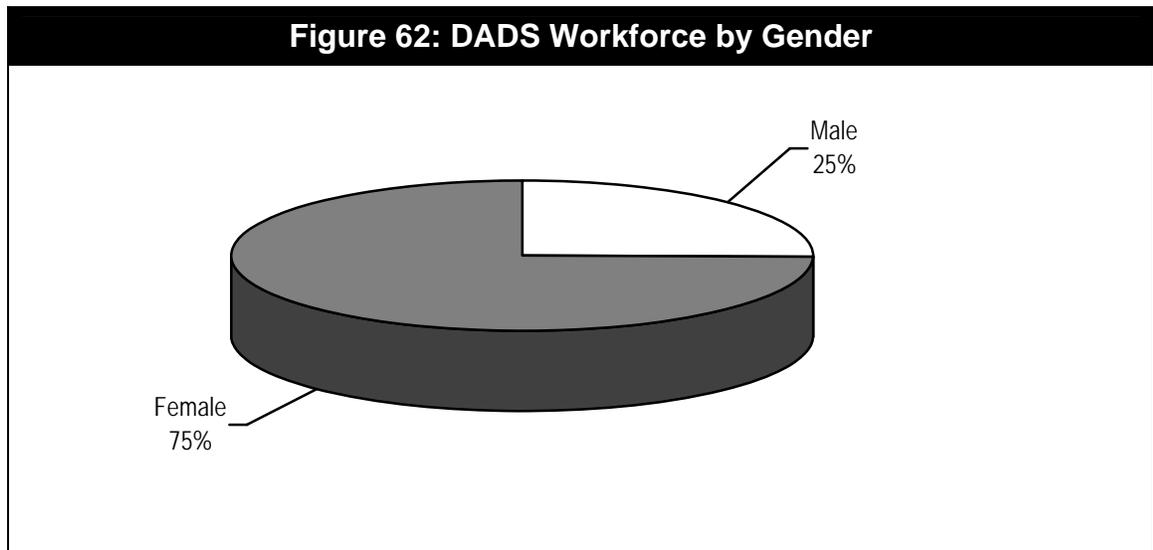
Table 25: Largest Program Job Classes and Average Salaries		
Job Title	Number of Employees	Average Salary
Mental Retardation Assistants	6,510	\$22,269
Clerical Workers	1,193	\$27,454
Human Services Specialists	1,105	\$32,588
Registered Nurses	1,075	\$54,932
Food Service Workers	645	\$20,426
Licensed Vocational Nurses	626	\$35,668
Program Specialists	626	\$48,366
Rehabilitation Therapy Technicians	583	\$23,182
Custodians	387	\$19,851
Maintenance Technicians	321	\$28,018

Salary

DADS employees, on average, are the lowest paid employees in the HHS System, earning an average annual salary of \$31,283.¹⁷⁹

Gender

The majority of DADS employees are Female, comprising approximately 75 percent of the workforce (11,780 employees).¹⁸⁰

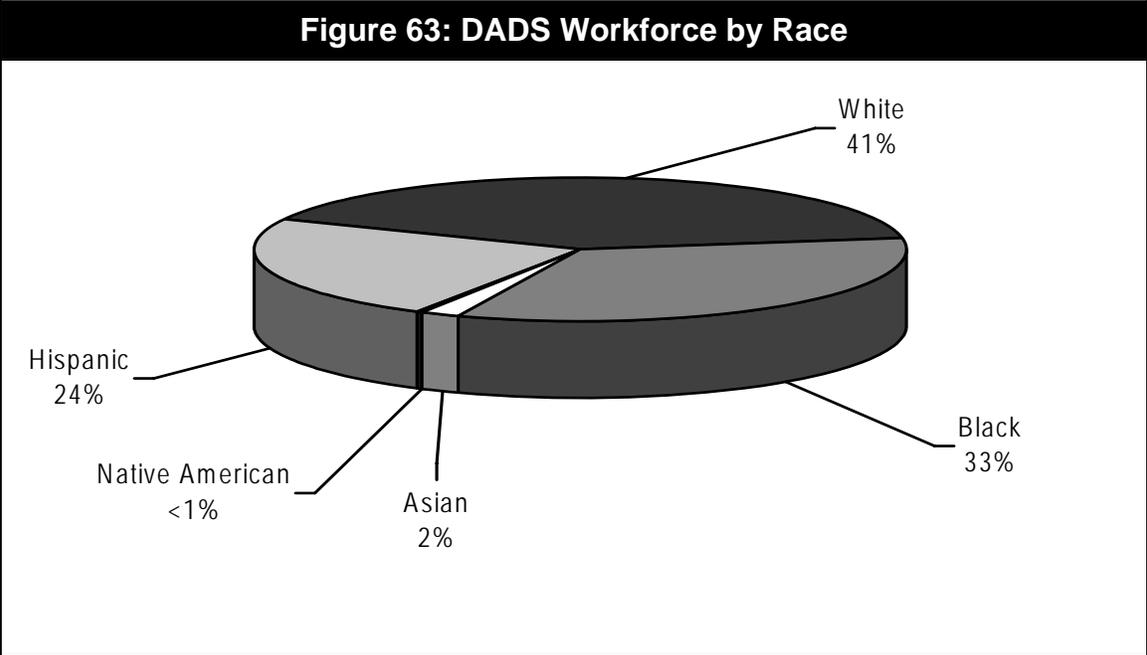


¹⁷⁹ HHSAS Database, as of 8/31/09.

¹⁸⁰ Ibid.

Race

White employees represent the largest racial group at 41 percent, followed by Black employees at 33 percent and Hispanic employees at 24 percent.¹⁸¹

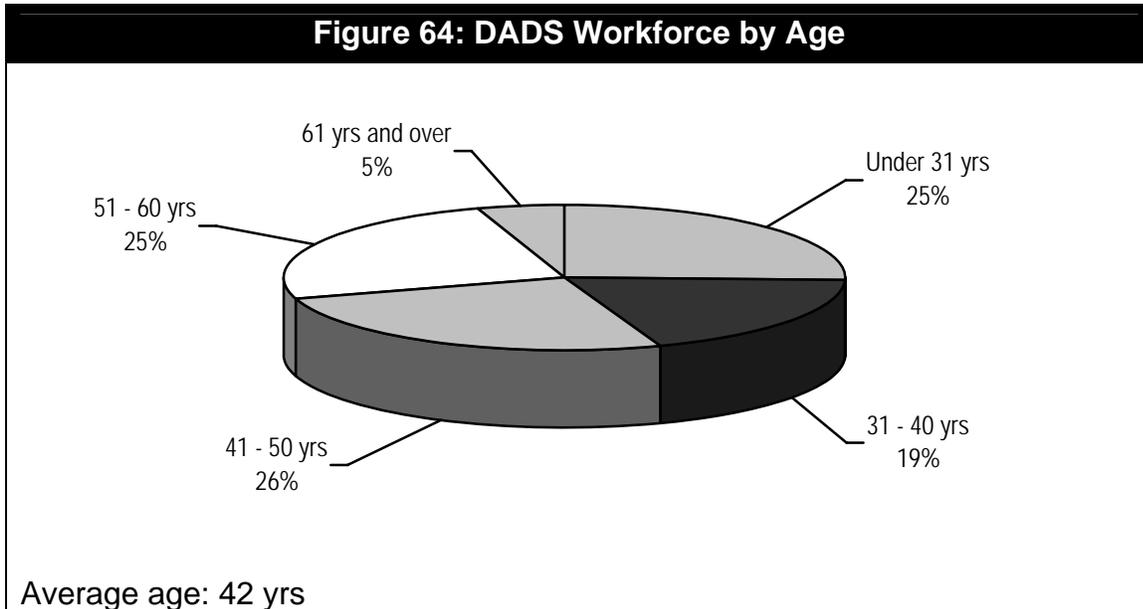


Age

The average age of a DADS employee is 42 years. Over 55 percent of the agency’s workforce are 41 years or older.¹⁸²

¹⁸¹ HHSAS Database, as of 8/31/09.

¹⁸² Ibid.



Utilization Analysis

Texas law requires that each state agency analyze its workforce and compare the number of Blacks, Hispanics and Females employed by the agency to the available statewide Civilian Labor Force (CLF) for each job category.

The utilization analysis of the DADS workforce, as indicated in Table 26, reflects underutilization in the following areas:

- ◆ Black, Hispanic and Female employees in the Skilled Craft job category; and
- ◆ Hispanic employees in the Service Maintenance job category.^{183 184}

In cases where the analysis identified underutilization, the minimum number of additional employees needed to bring that group within two standard deviations has been identified.

¹⁸³ HHSAS Database, as of 8/31/09.

¹⁸⁴ CLF data – EEOC publications, "Job Patterns for Minorities and Women in State and Local Government, 2003" for Texas and "Job Patterns for Minorities and Women in Private Industry, 2003" for Texas. Modified 6/08/05.

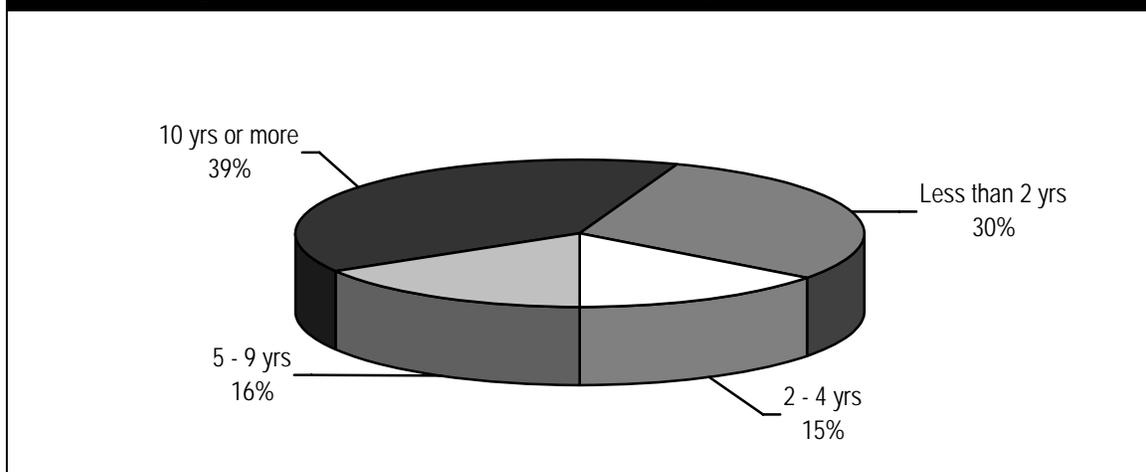
Table 26: DADS Utilization Analysis Results

Job Category	Black			Hispanic			Female		
	DADS %	CLF %	Underutilization (If Yes, # needed)	DADS %	CLF %	Underutilization (If Yes, # Needed)	DADS %	CLF %	Underutilization (If Yes, # Needed)
Officials/ Administrators	12.8%	7.2%	No	9.8%	12.3%	No	65.2%	32.6%	No
Professionals	18.4%	9.4%	No	23.7%	11.6%	No	76.5%	49.0%	No
Technicians	25.7%	13.9%	No	21.8%	19.7%	No	85.9%	42.1%	No
Protective Service	15.8%	18.0%	No	21.1%	23.1%	No	51.6%	21.6%	No
Para-Professionals	33.3%	14.3%	No	25.9%	25.7%	No	80.6%	56.3%	No
Administrative Support	19.5%	19.4%	No	27.0%	26.8%	No	89.7%	78.8%	No
Skilled Craft	5.7%	14.7%	19	23.3%	35.2%	24	4.3%	16.5%	30
Service Maintenance	47.6%	20.4%	No	24.0%	43.7%	1,451	73.7%	44.4%	No

State Service

About 40 percent of the DADS workforce have 10 or more years of state service. Approximately 60 percent of the agency’s employees have less than 10 years of state service.¹⁸⁵

Figure 65: DADS Workforce by Length of State Service

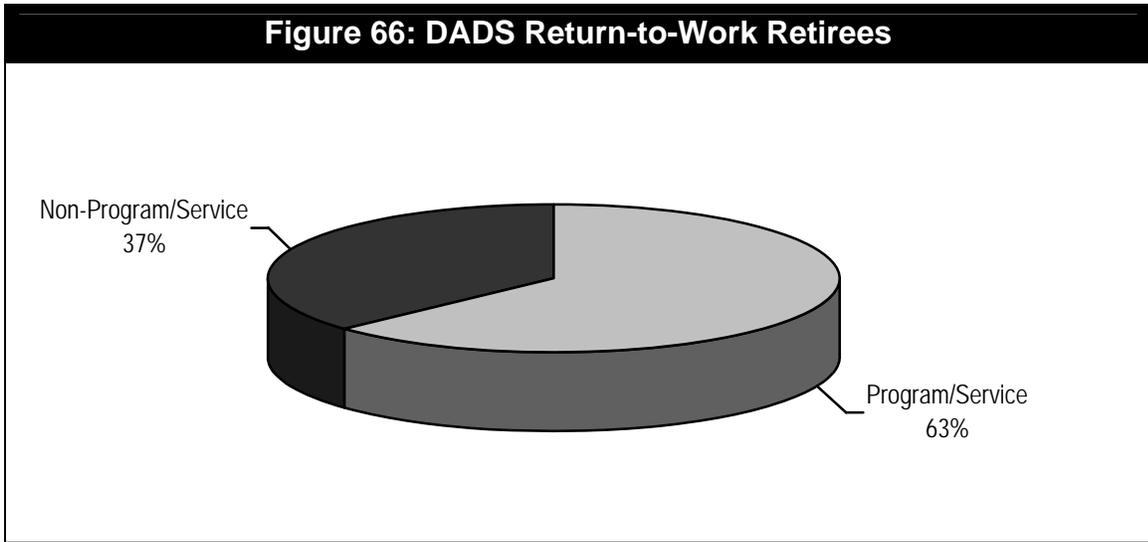


Return-to-Work Retirees

DADS employs 688 return-to-work retirees, representing about four percent of its total workforce. The majority of these retirees (63 percent) work in program/service related areas.¹⁸⁶

¹⁸⁵ HHSAS Database, as of 8/31/09.

¹⁸⁶ Ibid.



TURNOVER

The DADS turnover rate during fiscal year 2009 was about 29 percent (a workforce loss of some 4,812 employees), the highest of all HHS agencies. This rate is almost double the statewide turnover rate of 14.4 percent for all agencies. While the majority of those leaving the agency left for voluntary reasons (about 62 percent), a significant number were dismissed for cause (about 35 percent).¹⁸⁷

Table 27: Reason for Separation

Reason	Percentage ¹⁸⁸
Voluntary Separations	
Personal reasons	49.8%
Transfer to another agency	5.9%
Retirement	6.6%
Involuntary Separations	
Termination at Will	0.1%
Resignation in Lieu	1.8%
Dismissal for Cause	35.3%

¹⁸⁷ State Auditor's Office (SAO) FY2009 Turnover Statistics.

¹⁸⁸ Death accounted for .5% of separations.

Table 28 indicates the job classes essential to the delivery of agency services and/or shortage occupations that have experienced significant employee losses during fiscal year 2009.¹⁸⁹

Table 28: FY 09 Turnover for Significant Job Classes¹⁹⁰		
Job Title	Average Annual Headcount	Turnover Rate
Medical Aides	17.0	76.5%
Psychological Assistants	7.3	55.2%
Mental Retardation Assistants	7,089.0	43.8%
Psychiatrists	9.0	32.4%
Licensed Vocational Nurses (LVNs)	731.0	30.2%
Rehabilitation Teachers	14.3	28.1%
Food Service Workers	678.8	27.6%
Qualified Mental Retardation Professionals (QMRPs)	223.8	26.8%
Clinical Social Workers	18.8	26.7%
Physicians	39.0	25.6%
Registered Nurses (RNs)	1,075.0	24.5%
Volunteer Services Coordinators	20.5	24.4%
Associate Psychologists	155.5	23.8%
Engineers	4.3	23.5%
Financial Analysts	4.8	21.1%
Resident Specialists	59.5	20.2%
Unit Supervisors	30.0	20.0%
Inspectors	194.8	19.0%

RETIREMENT PROJECTIONS

About nine percent of the agency's workforce is currently eligible to retire from state employment. Almost a quarter of the DADS workforce will reach retirement eligibility by the year 2014.¹⁹¹

¹⁸⁹ HHSAS Database, FY 2009 data.

¹⁹⁰ Turnover is calculated as follows: The total number of employees who terminated during the period DIVIDED BY the average number of employees on the last day of each quarter in the period plus the employees that terminated during the quarter TIMES 100 to produce a percentage.

¹⁹¹ HHSAS Database, as of 8/31/09.

Table 29: DADS Projected Retirement Eligibility through Rule of 80 (FY 09 – FY 14)		
Fiscal Year	Cumulative Number of Eligible Employees	Percent of Workforce
2009	1,364	8.7%
2010	1,698	10.8%
2011	2,078	13.2%
2012	2,512	16.0%
2013	2,927	18.6%
2014	3,380	21.5%

EXPECTED WORKFORCE CHALLENGES

DADS anticipates increases in workforce demand for long-term services and supports, regulating licensed/certified entities providing long-term services and supports and providing residential services for persons with intellectual and developmental disabilities living in state supported living centers.

As the number of older individuals continues to rise, demand will likely increase for Area Agencies on Aging (AAAs) services, regional and local services programs (Title XX), and entitlement programs such as Primary Home Care, Community Attendant Services, Day Activity Health Services and Hospice.

Growth in home and community support service agencies will increase workloads in licensing and credentialing, survey operations and enforcement programs. In addition, DADS anticipates continued growth in the number of assisted living facilities, which will affect the agency’s licensing and credentialing, survey operations and enforcement workload. With the economic downturn, enforcement and survey operations workload may require more staff if more facilities encounter difficulties that require financial monitoring.

In addition to these challenges, DADS anticipates continued difficulties in recruiting and retaining qualified and experienced employees due to the lack of competitive wages, increased job duties, and the available supply of medical professionals.

Through an analysis of workforce factors, including but not limited to the number of employees by job class, occupancy by core job class, turnover rates, vacancy rates and workforce challenges, the following job classifications were identified as requiring the most attention: Mental Retardation Assistants, Food Service Workers, Nurses (Registered Nurses and Licensed Vocational Nurses), Psychiatrists, Physicians, Psychologists, Associate Psychologists, Pharmacists, Registered Therapists, Human Services Specialists and Guardianship Specialists.

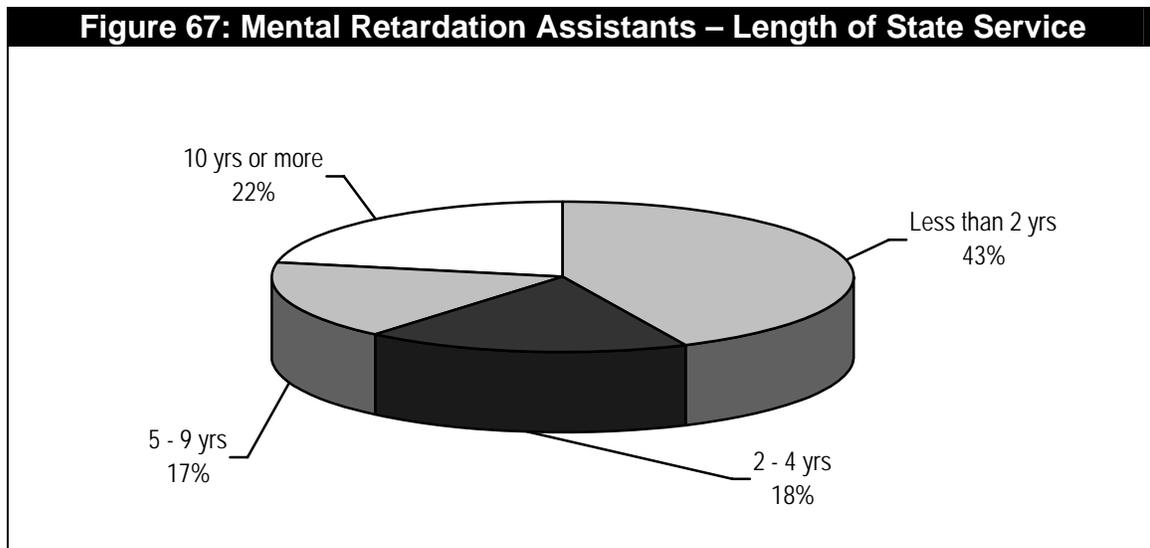
Mental Retardation Assistants

There are over 6,500 Mental Retardation Assistants in state supported living centers across Texas, representing approximately 41 percent of the agency's total workforce.¹⁹² These employees provide 24-hour direct care to over 4,000 people who reside in state supported living centers. They directly support these individuals by providing services including basic hygiene needs, dressing and bathing, general health care, and dining assistance. They support life-sustaining medical care such as external feeding and lifting individuals with physical challenges. A trained and experienced direct care staff is essential to ensure consumer safety, health and well-being.

There are no formal education requirements to apply for a job in this series; however, extensive on-the-job training is required. It takes six to nine months for a new Mental Retardation Assistant to become proficient in the basic skills necessary to carry out routine job duties.

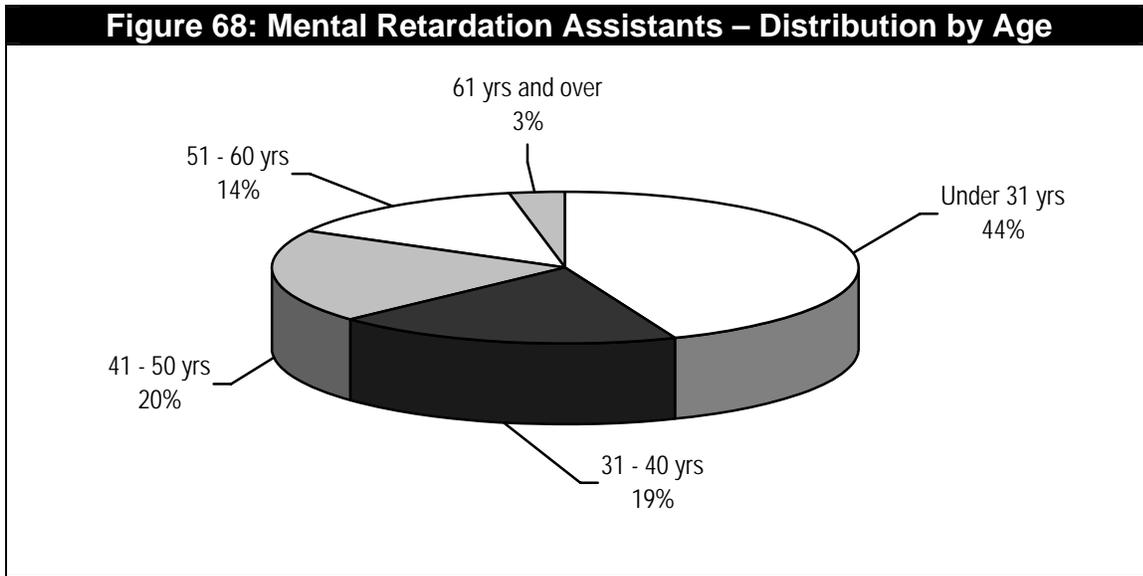
Employees who perform this work must interact with consumers on a daily basis. The work is performed in shifts throughout the day and night. The pay is low and the work is difficult and physically demanding.

A typical Mental Retardation Assistant in the agency is 36 years old and has about six years of state service.¹⁹³



¹⁹² HHSAS Database, as of 8/31/09.

¹⁹³ Ibid.



Turnover for Mental Retardation Assistants is high, at about 44 percent.¹⁹⁴ This is the third highest turnover rate of any job category in DADS, reflecting the loss of over 3,100 workers during fiscal year 2009. The average hourly salary rate is \$10.71 per hour.¹⁹⁵

To deal with these retention difficulties, several state supported living centers have used contract staff to provide required coverage. Aside from being costly, the agency has experienced other challenges and problems with contracted staff, since these staff do not work consistently with the consumers and are therefore not able to carry out program plans fully. Contract staff are often placed for a very short time and do not always work with the same consumers. This also results in disruption to the consumer's lives and can suspend progress made toward their development goals.

To address these difficulties, DADS has plans to increase entry level salaries for new Mental Retardation Assistants and for currently employed Mental Retardation Assistants during fiscal years 2012 and 2013.

Retention of these workers remains a major challenge for DADS. Maintaining required staffing levels of Mental Retardation Assistants in state supported living centers is critical in meeting Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR) certification requirements.

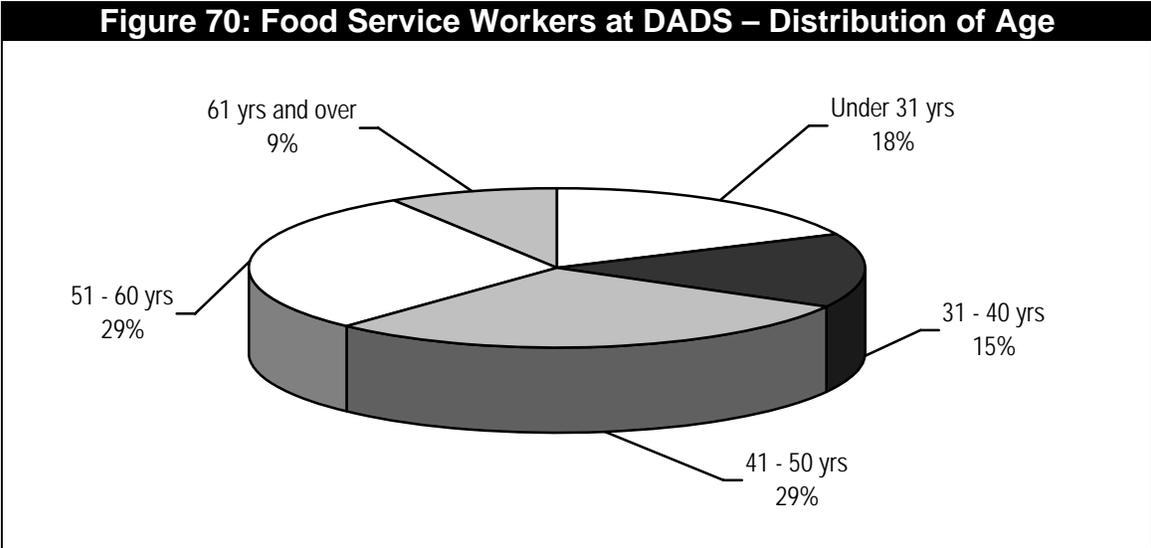
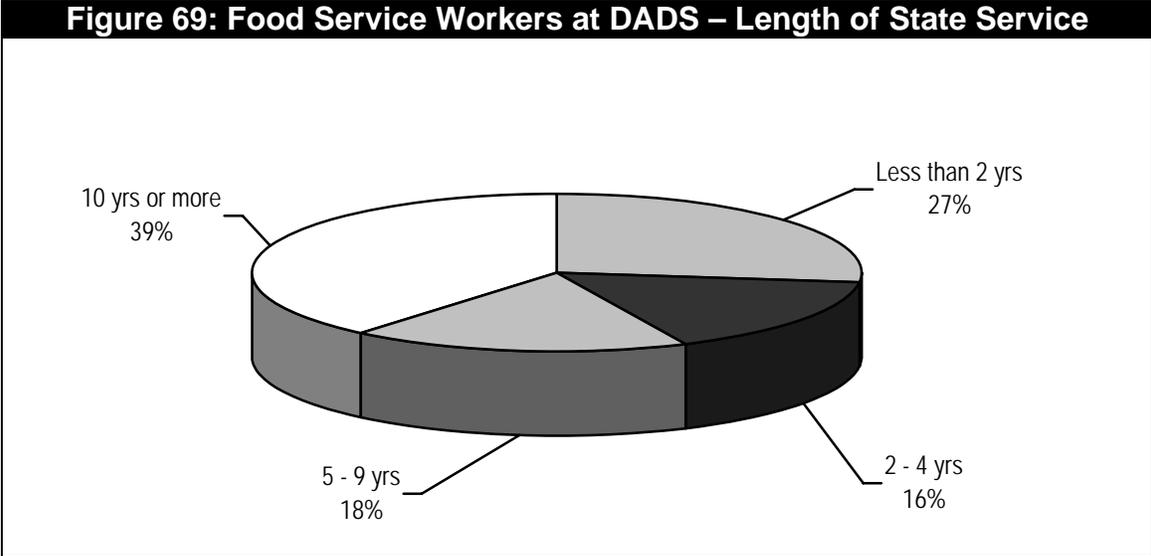
¹⁹⁴ HHSAS Database, FY 2009 data.

¹⁹⁵ HHSAS Database, as of 8/31/09.

Food Service Workers ¹⁹⁶

There are about 640 Food Service Workers employed in DADS state supported living centers throughout Texas.¹⁹⁷ The physical requirements are very demanding and there are no formal education requirements for the jobs. Food preparation is performed multiple times each day of the week, requiring a large staff at each location, using a combination of full-time and part-time employees.

The typical Food Service Worker is about 45 years of age and has an average of approximately nine years of state service.¹⁹⁸



¹⁹⁶ Food Service Workers include Food Service Workers, Managers and Cooks.

¹⁹⁷ HHSAS Database, as of 8/31/09.

¹⁹⁸ Ibid.

Turnover in Food Service Worker positions is high, at 27.6 percent. Pay is low, with an average wage of \$9.82 per hour.^{199 200}

Retention and recruitment of these workers remains a major challenge for DADS.

Registered Nurses (RNs) and Licensed Vocational Nurses (LVNs)

Nationwide, the nursing shortage is reaching crisis proportions. It is projected that there will be a need for 581,500 new RN jobs by 2018.²⁰¹ Job opportunities for RNs are expected to grow faster than the average for all occupations.²⁰² With this level of job growth, it is projected that there will not be enough qualified applicants to meet the increased demand.

The nursing shortage is the most significant healthcare workforce staffing concern facing both the nation and Texas.²⁰³ It is projected that between 2005 and 2020, the demand for nurses in Texas will increase by 86 percent, while the supply will grow by only 53 percent.²⁰⁴ The Texas nurse-to-population ratio is far below the national average of 782 Nurses per 100,000 people, with the state ratio being only 609 Nurses per 100,000 people. By some estimates, Texas will need 138,000 additional Nurses in the next 10 years to satisfy staffing demands.²⁰⁵

Nurses are generally required to work shifts. The work is difficult, requires special skills and staff often work long hours because of staffing shortages. All of these job factors contribute to higher than average turnover rates.

Although there are 96 nursing school programs across the state, most of them have more applicants than room for new students and only about two-thirds of enrolled students actually graduate.^{206 207} The shortage of trained instructors limits both the number of accepted students and the number of available classes offered.

¹⁹⁹ HHSAS Database, FY 2009 data.

²⁰⁰ HHSAS Database, as of 8/31/09.

²⁰¹ T. Alan Lacey and Benjamin Wright, "Occupational employment projections to 2018" Monthly Labor Review, November 2009, web page <http://www.bls.gov/opus/mlr/2009/11/mlr200911.pdf>, last accessed on 3/9/10.

²⁰² US Department of Labor, Bureau of Labor Statistics, Occupational Outlook Handbook, 2010-11 Edition, web page <http://www.bls.gov/oco/ocos083.htm>, last accessed on 2/5/10.

²⁰³ State of Nursing Workforce in Texas – Statewide Health Workforce Symposium Policy Brief, March 2005.

²⁰⁴ "Texas Nursing: Our Future Depends on It. A Strategic Plan for the State of Texas to Meet Nursing Workforce Needs of 2013," Texas Center for Nursing Workforce Studies, March 2009. Web page <http://www.dshs.state.tx.us/chs/cnws/TexasTeam/TexasStrategy.pdf>, last accessed 3/17/10.

²⁰⁵ MedicineWorld.org, "Lack of Resources, Not Lack of Students, Cause Nurse Shortage," web page <http://medicineworld.org/cancer/lead/12-2005/lack-of-resources-not-lack-of-students-cause-nurse-shortage.html>, last accessed on 1/17/06.

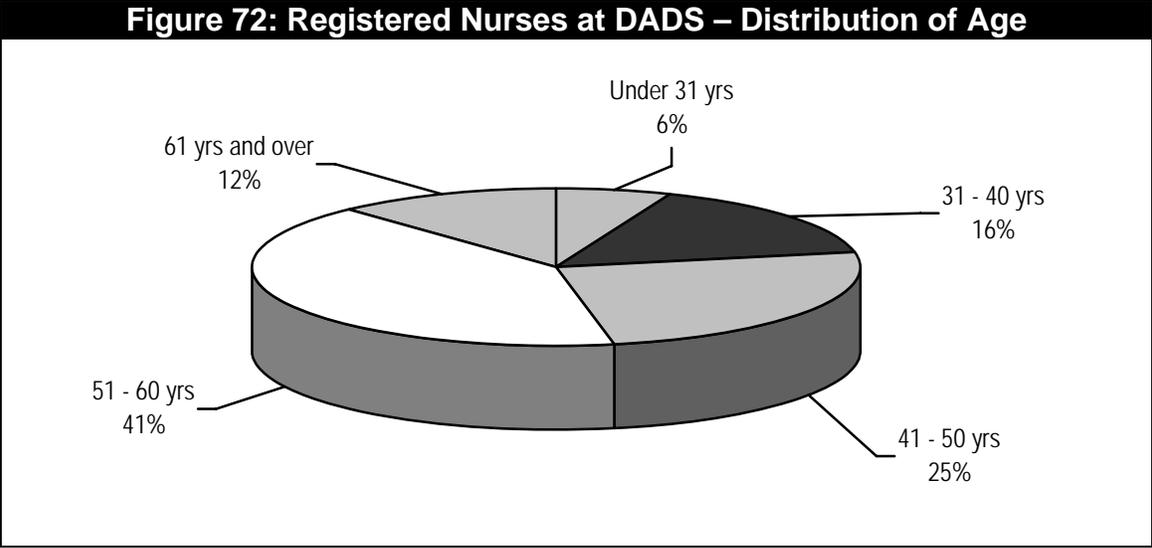
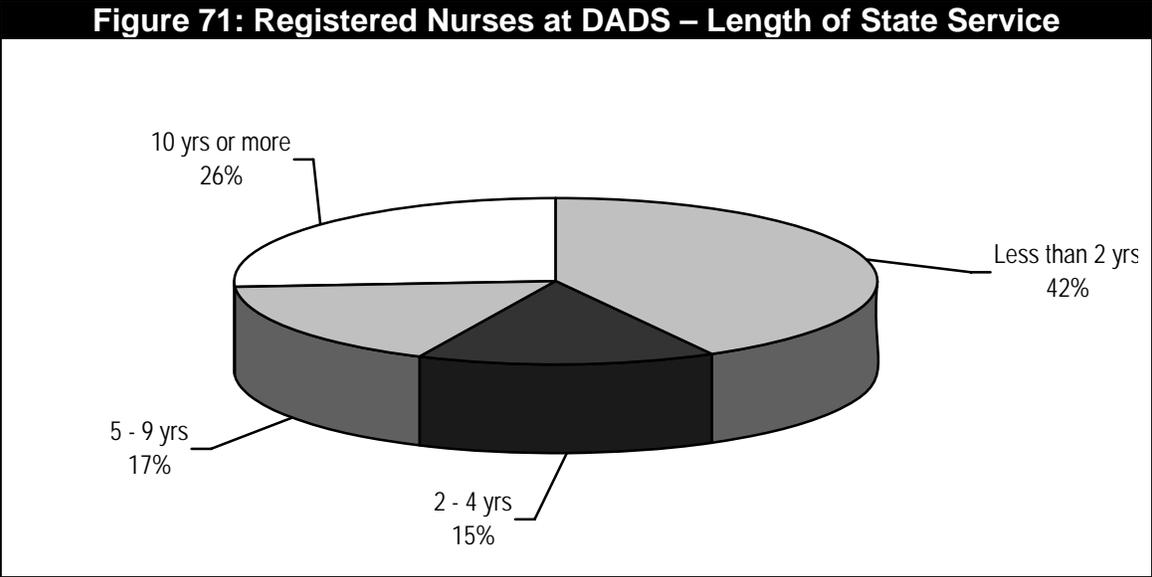
²⁰⁶ Texas Board of Nursing, web page <http://www.bne.state.tx.us/nursingeducation/approved-programs.html>, last accessed on 4/22/10.

²⁰⁷ "Professional Nursing Education in Texas: Demographics & Trends: 2006." Department of State Health Services, web page <http://www.dshs.state.tx.us/chs/cnws/2006ProfNrsEdRpt.pdf>, last accessed 3/17/10.

Registered Nurses (RNs)²⁰⁸

There are approximately 1,070 RNs employed by DADS.²⁰⁹ The majority of these employees (about 62 percent) work at state supported living centers across Texas.

The typical RN at the agency is about 49 years old and has an average of approximately six years of state service.



The turnover rate for RNs is considered high at about 25 percent.²¹⁰

²⁰⁸ RNs include six Nurse Practitioners.

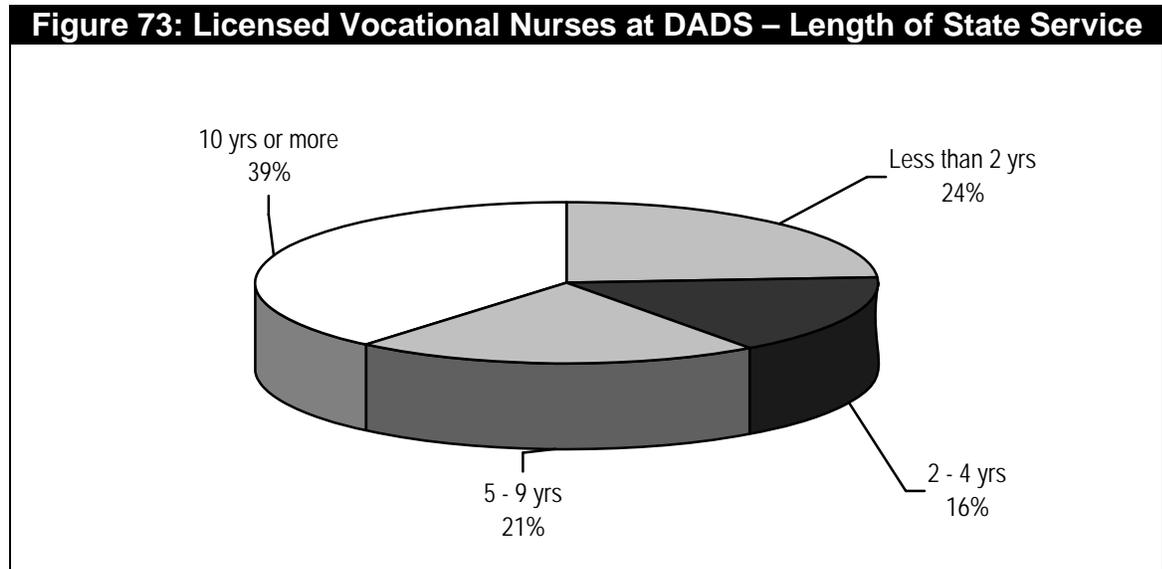
²⁰⁹ HHSAS Database, as of 8/31/09.

²¹⁰ HHSAS Database, FY 2009 data.

The agency finds it difficult to fill vacant nurse positions. The Texas Hospital Association reported that vacancy rates for RNs in Texas ranged from 14.6 percent in critical care occupations to about 10 percent in emergency rooms.²¹¹ At DADS, there are always vacant nursing positions that need to be filled. With a high vacancy rate for these positions (at approximately 23 percent), RN positions often remain open for months before being filled.²¹² In order to provide quality nursing care for consumers it is essential that the agency maintain the lowest vacancy rate possible throughout the year.

Licensed Vocational Nurses (LVNs)

There are about 620 Licensed Vocational Nurses (LVNs) employed by DADS in state supported living centers across Texas.²¹³ The typical DADS LVN is about 45 years old and has an average of approximately nine years of state service.²¹⁴



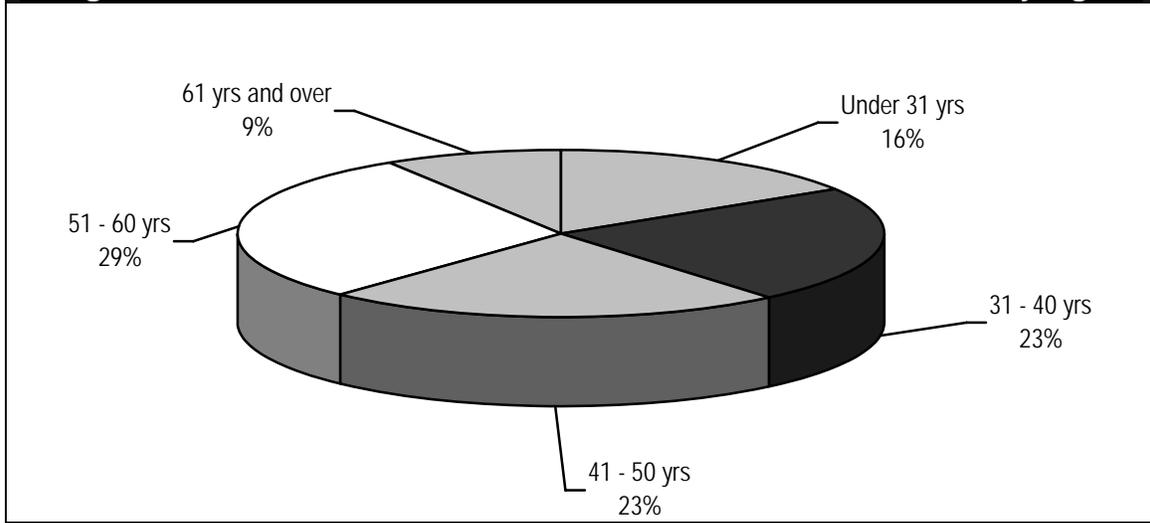
²¹¹ Texas Hospital Association. "Hospital Workforce Study." Austin, Texas. 2004, as cited in "The state of the Nursing Workforce in Texas," Statewide Health Workforce Symposium Policy Brief, March 4, 2004.

²¹² HHSAS Database, FY 2009 data.

²¹³ HHSAS Database, as of 8/31/09.

²¹⁴ Ibid.

Figure 74: Licensed Vocational Nurses at DADS – Distribution by Age



As with RNs, the nursing shortage is also impacting the agency's ability to hire and retain LVNs. Turnover for LVNs is significant at about 30 percent. DADS experienced about 220 LVN separations last fiscal year. With a high vacancy rate of about 12 percent, vacant positions often go unfilled for several months.²¹⁵

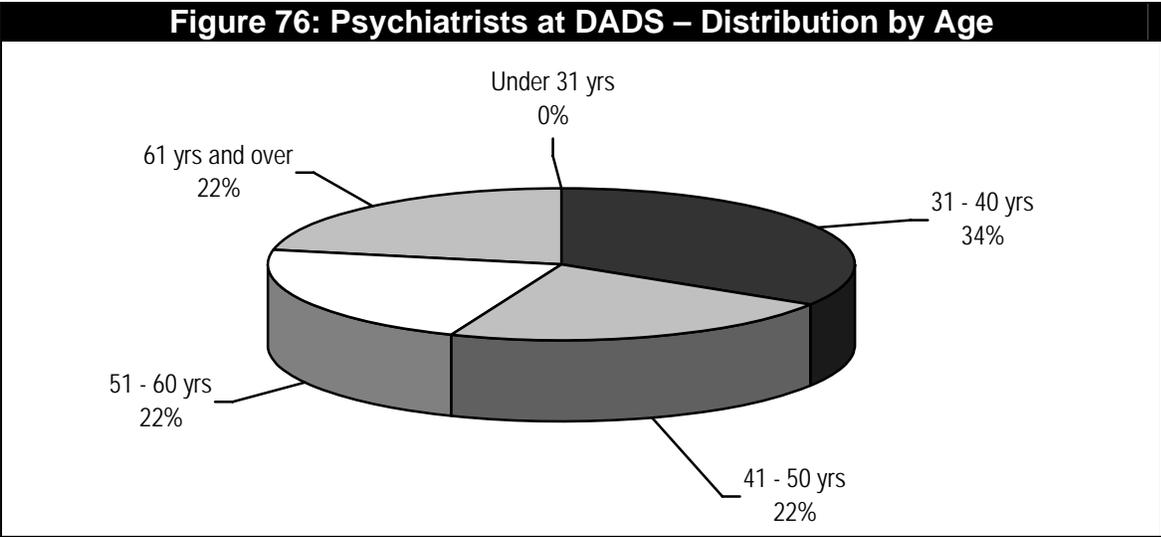
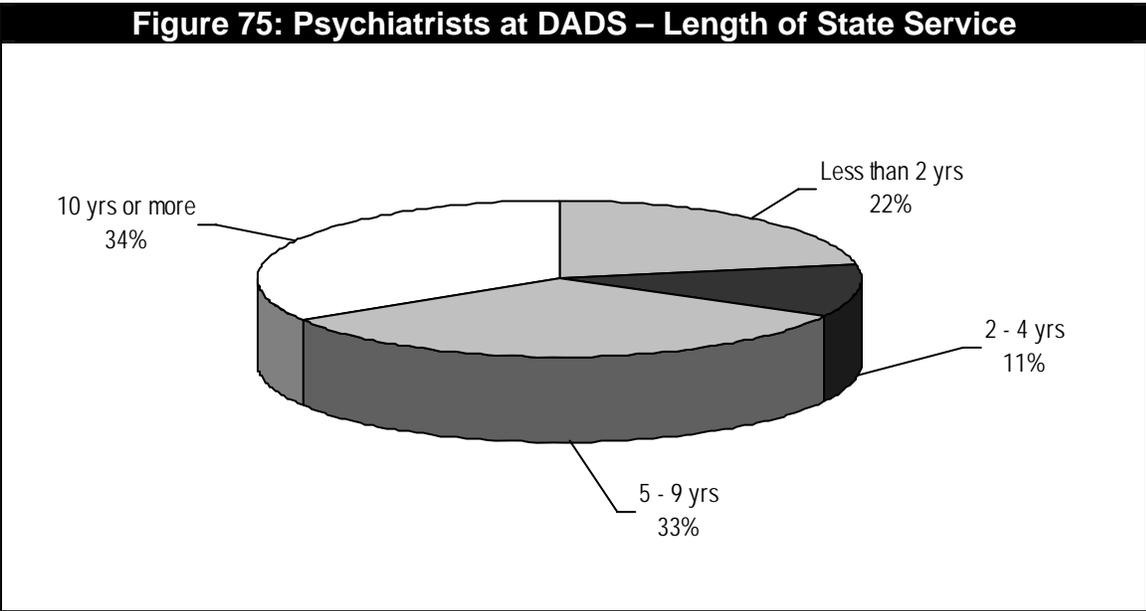
Psychiatrists

The nine Psychiatrists working at DADS are assigned to state supported living centers in senior level Psychiatrist III positions. Full staffing of these positions is critical to providing psychiatric services needed by residents.

DADS Psychiatrists have, on average, about 13 years of state service, with an average age of 51.²¹⁶

²¹⁵ HHSAS Database, FY 2009 data.

²¹⁶ HHSAS Database, as of 8/31/09.



Turnover for Psychiatrists is one of the highest in the agency, at about 32 percent.²¹⁷

DADS Psychiatrists earn an average annual salary of about \$163,950.²¹⁸ Market surveys indicate that this salary is below the entry level salary for the private sector in Texas.

This discrepancy in salary levels has created difficulties in attracting qualified applicants. With a very high vacancy rate of 72 percent, vacant positions go unfilled

²¹⁷ HHSAS Database, FY 2009 data.

²¹⁸ HHSAS Database, as of 8/31/09.

for months.²¹⁹ In fact, many agency postings and advertisements for these positions result in no responses from qualified applicants.

To deal with these recruitment and retention difficulties, the agency has often used contract Psychiatrists to provide required coverage. These contracted Psychiatrists are paid at rates that are well above the amount it would cost to hire Psychiatrists at state salaries (costing in excess of \$200 per hour, compared to the hourly rate of about \$79²²⁰ paid to agency Psychiatrists). Aside from being more costly, the agency has experienced other problems with contracted Psychiatrists, including a lengthy learning curve, difficulty in obtaining long-term commitments, excessive staff time spent procuring their services, difficulty in obtaining coverage, dependability and inconsistency of services due to their short-term commitment.

To meet the health needs of individuals residing in state supported living centers, it is critical that the agency fill all budgeted Psychiatrist positions and is able to effectively recruit and retain qualified Psychiatrists.

Physicians

There are 34 Physicians at DADS.²²¹ These highly skilled and tenured employees primarily work at state supported living centers across Texas.²²² Full staffing of these positions is critical to direct-care services.

DADS Physicians have, on average, about 12 years of state service, with an average age of 61. Local Physicians who have established long term private practices often apply as a staff Physician at state supported living centers late in their working career to secure retirement and insurance benefits, thus explaining the reason for the high average age. Only two full-time Physicians are under 41 years of age.²²³

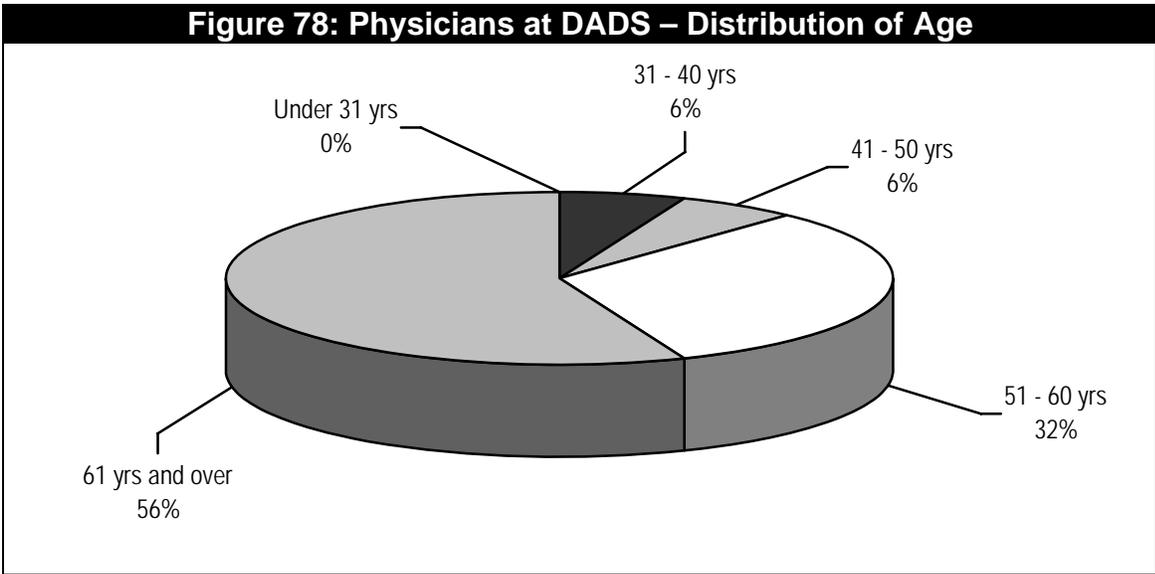
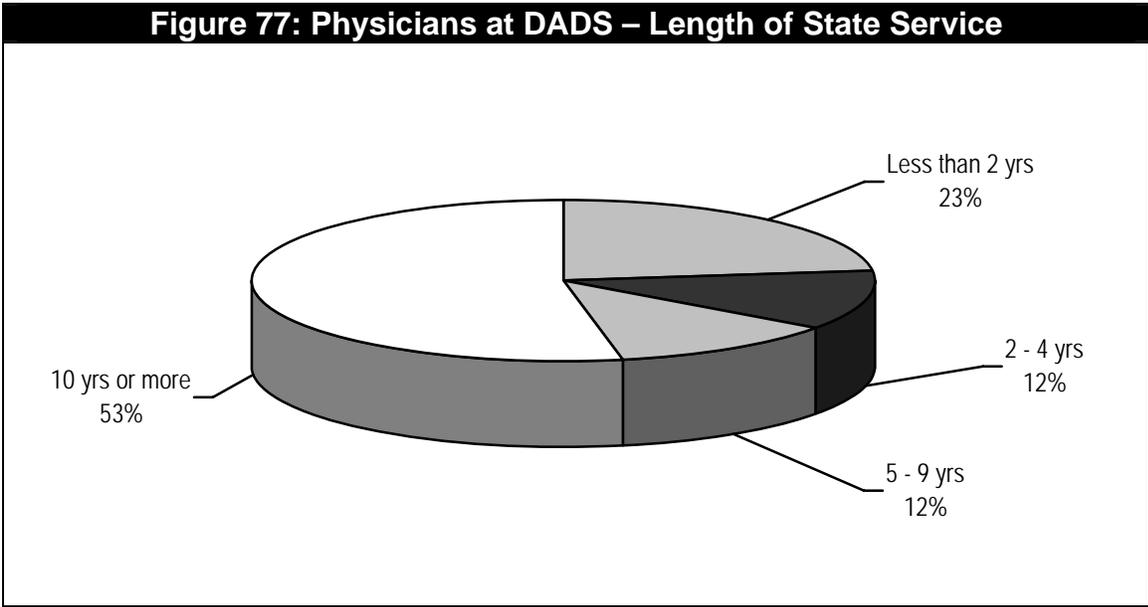
²¹⁹ HHSAS Database, FY 2009 data.

²²⁰ HHSAS Database, as of 8/31/09. Note: Physicians include Physicians I – III.

²²¹ HHSAS Database, as of 8/31/09.

²²² Ibid.

²²³ Ibid.



Turnover for Physicians is significantly above the state average at 26 percent.

Agency Physicians earn an average annual salary of \$152,169, which is below both the state and national average. The average annual earnings for Family and General Practitioners in 2009 was \$168,550 nationally, and \$181,000 in Texas.²²⁴

²²⁴ US Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2009; last accessed on 6/3/10.

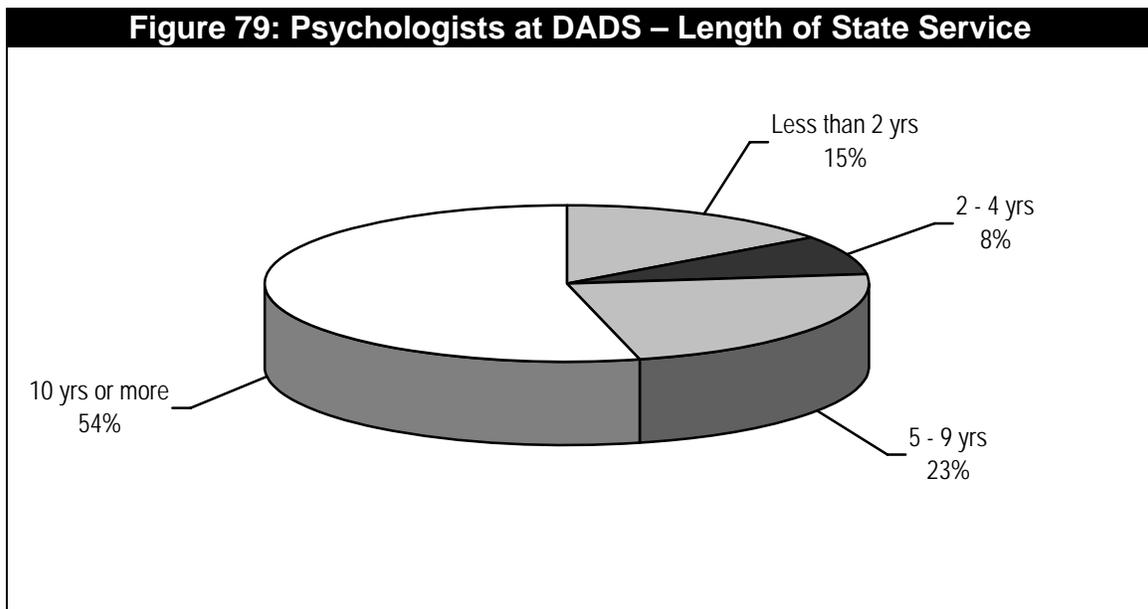
To deal with these recruitment and retention difficulties, the agency has often used contract Physicians to provide required coverage. These contracted Physicians are paid at rates that are well above the amount it would cost to hire Physicians at state salaries (costing in excess of \$200 per hour, compared to the hourly rate of about \$73²²⁵ paid to agency Physicians). Aside from being more costly, the agency has experienced other problems with contracted Physicians, including a lengthy learning curve, difficulty in obtaining long-term commitments, excessive staff time spent procuring their services, difficulty in obtaining coverage, dependability and inconsistency of services due to their short-term commitment.

To meet the health needs of individuals residing in state supported living centers, it is critical that the agency recruit and retain qualified Physicians. However, due to the short supply and large demand, state supported living centers are experiencing difficulty hiring Physicians.

Psychologists

The 13 Psychologists working at DADS are assigned to state supported living centers. Full staffing of these positions is critical to providing psychological services needed by residents.

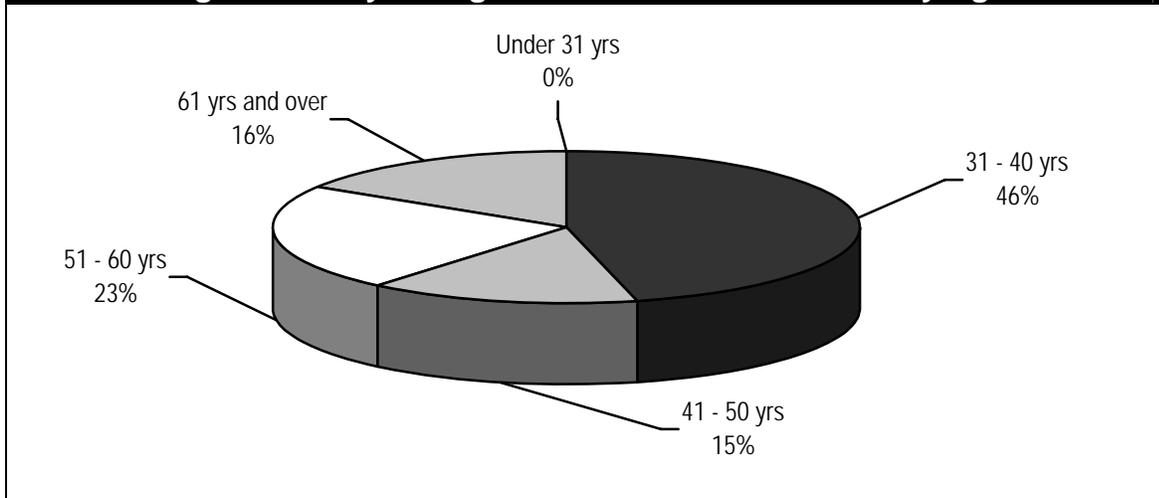
These highly skilled and tenured employees have, on average, about 12 years of state service, with an average age of 46.²²⁶



²²⁵ HHSAS Database, as of 8/31/09.

²²⁶ Ibid.

Figure 80: Psychologists at DADS – Distribution by Age



Turnover for Psychologists is high, at about 17 percent.²²⁷

In addition to this high turnover, the agency may face significant recruitment challenges in the next few years to replace those highly skilled and tenured employees who are eligible for retirement. Almost half of these employees (46 percent) will be eligible to retire in the next five years.²²⁸

The agency is also experiencing difficulty filling vacant positions. The vacancy rate for these positions is very high, at about 38 percent, with positions often remaining unfilled for months.²²⁹

To meet the health needs of individuals residing in state supported living centers, it is critical that the agency fill all budgeted Psychologist positions and is able to effectively recruit and retain qualified Psychologists.

Associate Psychologists

There are about 140 Associate Psychologists working at DADS, assigned to state supported living centers.

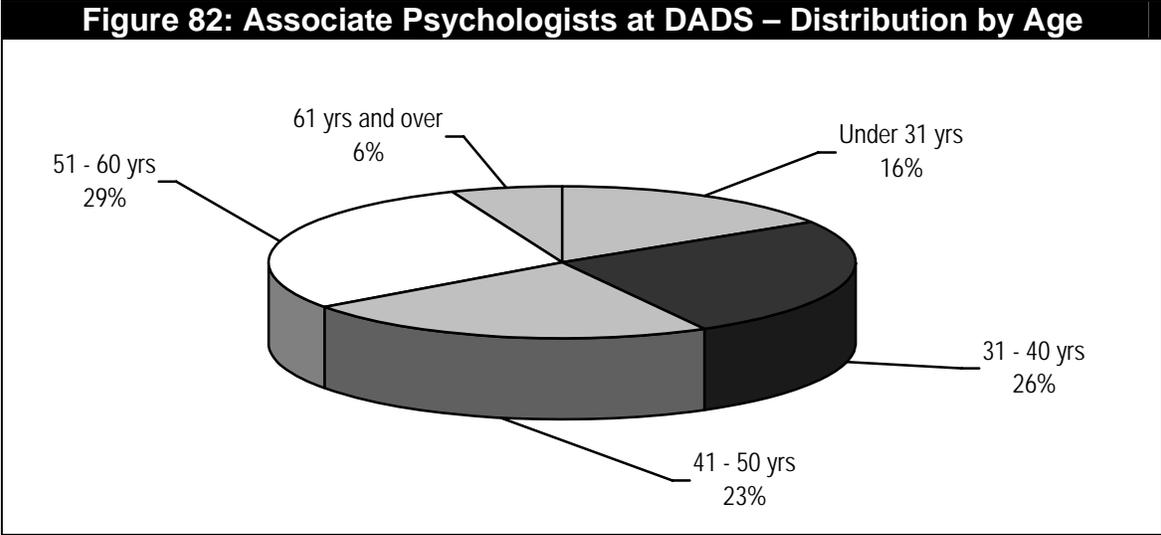
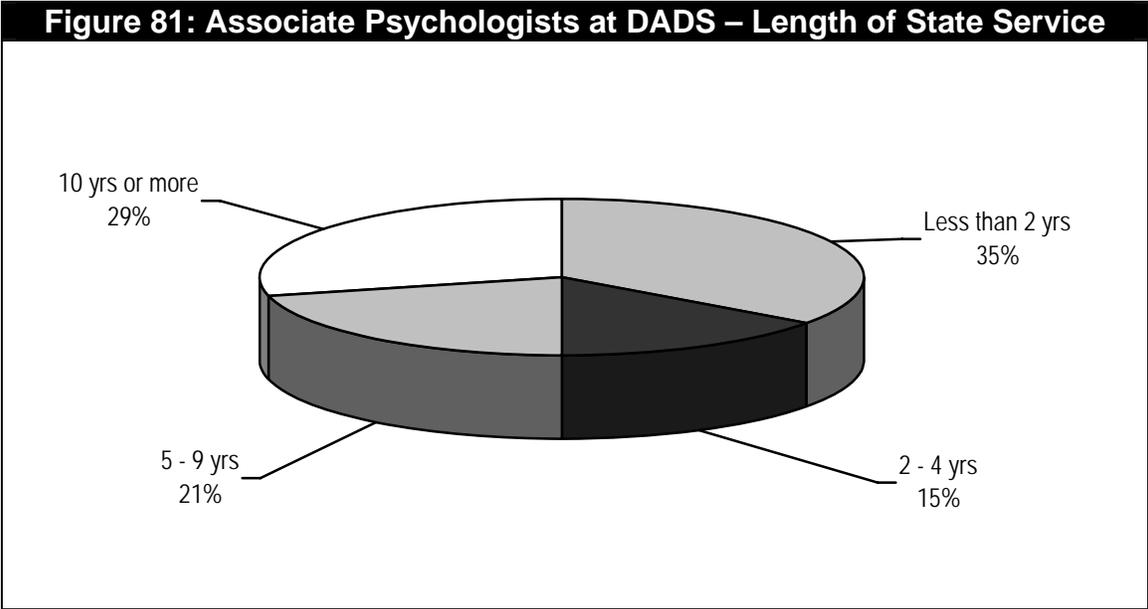
DADS Associate Psychologists have, on average, about seven years of state service, with an average age of 43.²³⁰

²²⁷ HHSAS Database, FY 2009 data.

²²⁸ Ibid.

²²⁹ HHSAS Database, as of 8/31/09.

²³⁰ Ibid.



Turnover for Associate Psychologists is high, at about 24 percent.²³¹

The vacancy rate for these positions is high, at about 13 percent, with positions often remaining unfilled for months.²³²

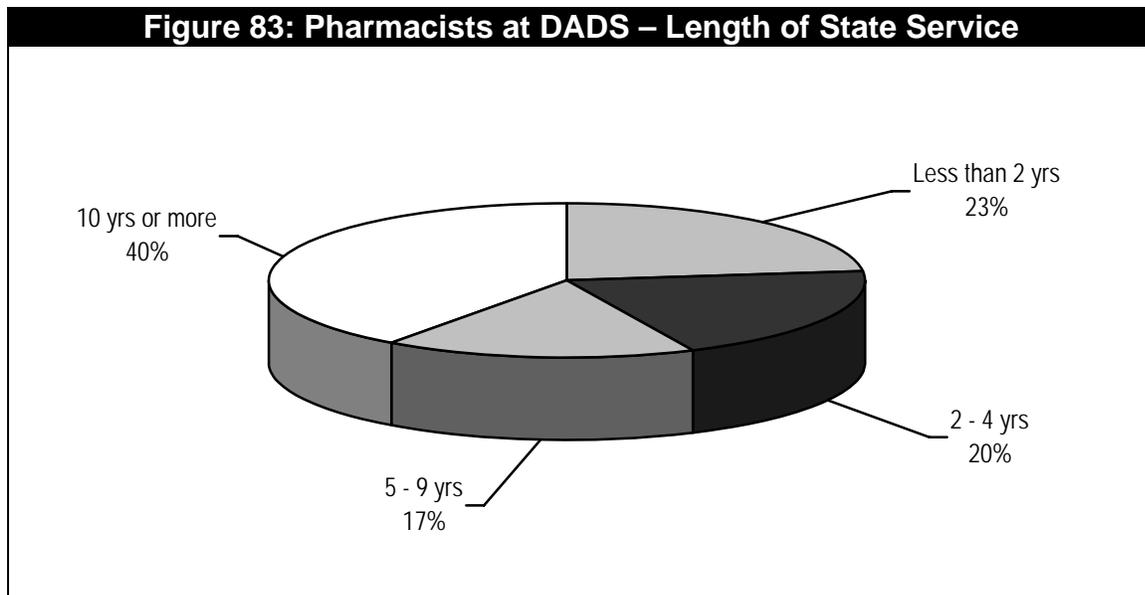
²³¹ HHSAS Database, FY 2009 data.

²³² HHSAS Database, as of 8/31/09.

Pharmacists

Pharmacists represent one of the largest health professional groups in the US, with nearly 270,000 active Pharmacists as of November 2008.²³³ While the overall supply of Pharmacists has increased in the past decade, there has been an unprecedented demand for Pharmacists and for pharmaceutical care services. This need is expected to grow faster than the average for all occupations due to the increased pharmaceutical needs of a growing elderly population and increased use of medications. It is projected that there will be a demand for approximately 46,000 new Pharmacists by 2018, or a 17 percent increase in the number of total jobs.²³⁴ However, the number of available Pharmacists is expected to grow only modestly.

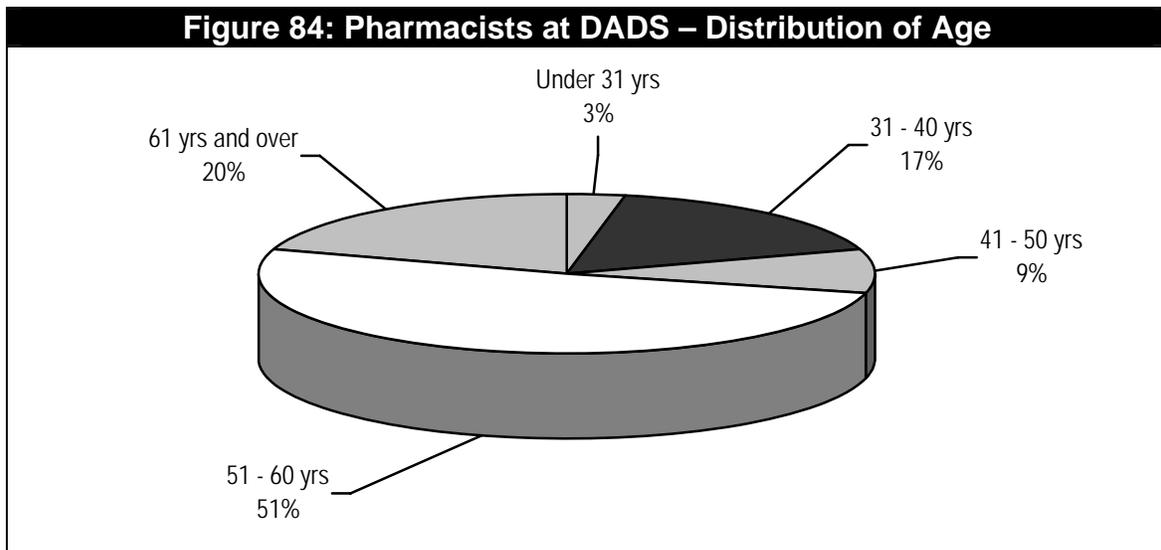
There are 35 Pharmacists working at DADS. The typical Pharmacist is about 53 years old and has an average of 10 years of state service.²³⁵



²³³ T. Alan Lacey and Benjamin Wright, "Occupational employment projections to 2018" Monthly Labor Review, November 2009, web page <http://www.bls.gov/opub/mlr/2009/11/mlr200911.pdf>, last accessed on 3/9/10.

²³⁴ Ibid.

²³⁵ HHSAS Database, as of 8/31/09.



Pharmacists at DADS earn, on average, an annual salary of \$80,571. This salary falls significantly below the state and national market rates. The average annual salary for Pharmacists nationally is \$104,260 and \$108,630 in Texas.²³⁶ This disparity has historically affected the agency's ability to recruit qualified applicants for vacant positions.

Though the turnover for Pharmacists is currently low at six percent, the vacancy rate for these positions is high, at about 10 percent, with Pharmacist positions often remaining unfilled for several months before filled.²³⁷

DADS has often used contract Pharmacists to meet program needs. These contracted Pharmacists are paid at rates that are typically above the amount it would cost to hire Pharmacists at state salaries.²³⁸ With approximately a third of the agency's Pharmacists eligible to retire by the year 2014, this practice is expected to continue.

Registered Therapists

There are about 170 Registered Therapists at DADS. These employees primarily work at state supported living centers across Texas.²³⁹ These therapists include a variety of specializations, including Speech-Language Pathologists and Audiologists,

²³⁶ US Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2008; last accessed on 2/5/10.

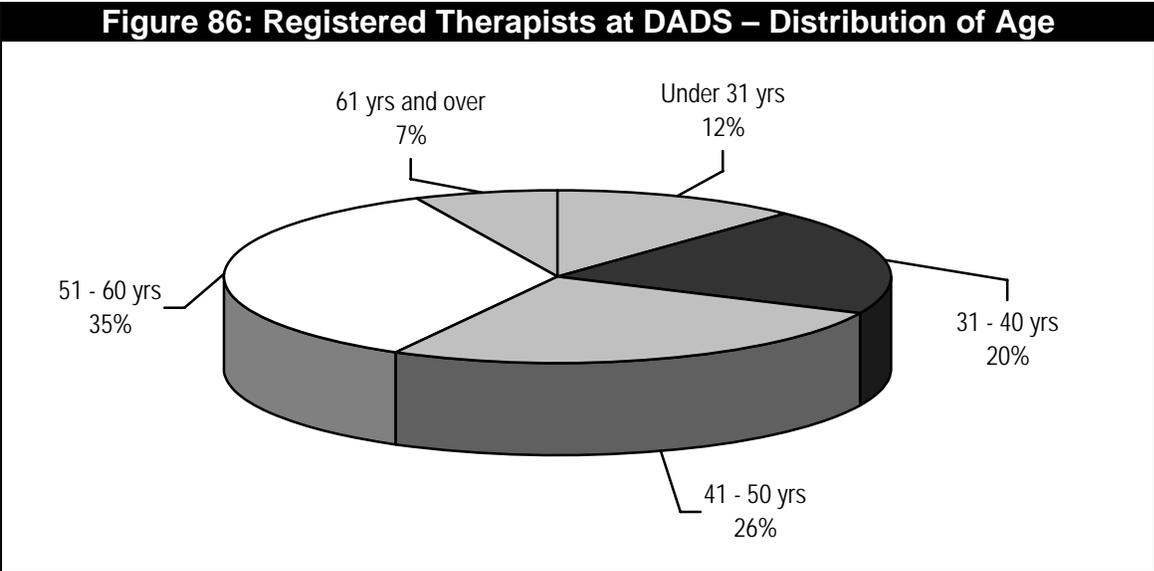
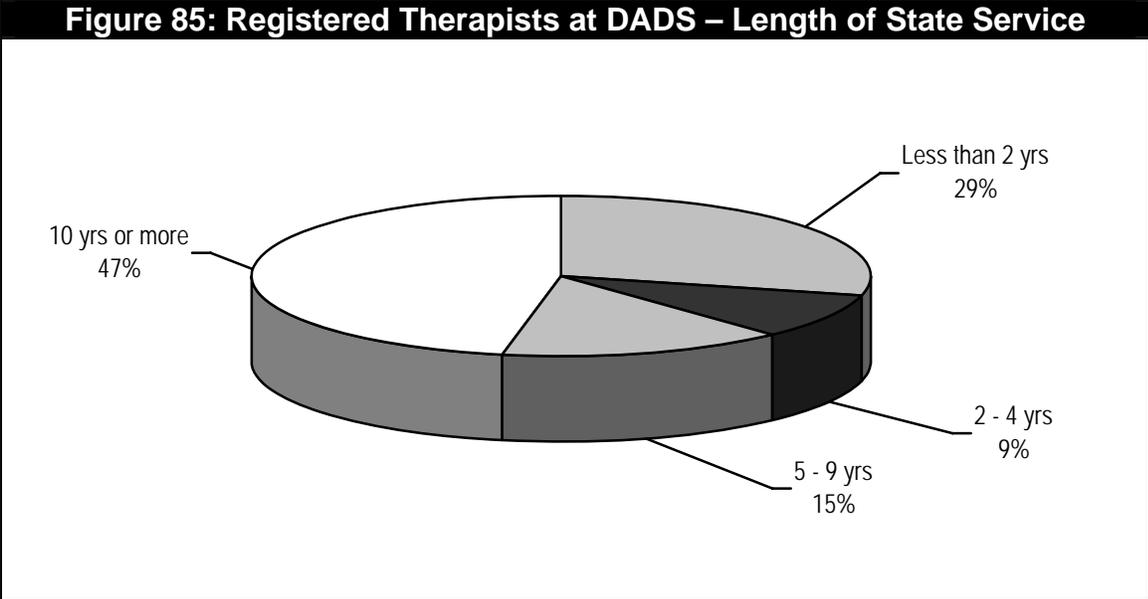
²³⁷ HHSAS Database, as of 8/31/09.

²³⁸ HHSAS Database, FY 2009 data.

²³⁹ HHSAS Database, as of 8/31/09.

Occupational Therapists and Physical Therapists. Full staffing of these positions is critical to direct-care services.

DADS Registered Therapists have, on average, about 10 years of state service, with an average age of 46.²⁴⁰



Turnover for Registered Therapists is slightly below the state average at 12 percent.²⁴¹

²⁴⁰ HHSAS Database, as of 8/31/09.

²⁴¹ HHSAS Database, FY 2009 data.

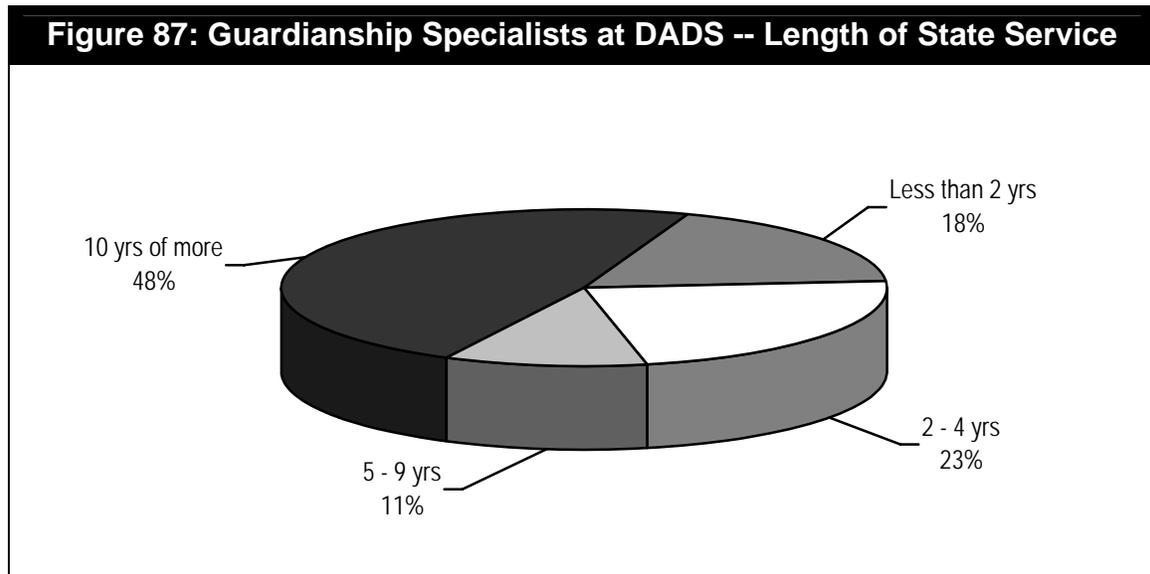
The agency may face significant challenges in the next few years to replace those employees who are eligible for retirement. Nearly a quarter of these employees (24 percent) will be eligible to retire by the year 2014.²⁴²

The agency is also experiencing difficulty filling vacant positions. The vacancy rate for these positions is very high, at about 21 percent, with positions often remaining unfilled for months.²⁴³

The agency will need to develop creative recruitment strategies to replace these highly skilled and tenured employees.

Guardianship Specialists

There are about 50 Guardianship Specialists with DADS. The typical Guardianship Specialist is about 43 years old and has an average of 10 years of state service.²⁴⁴

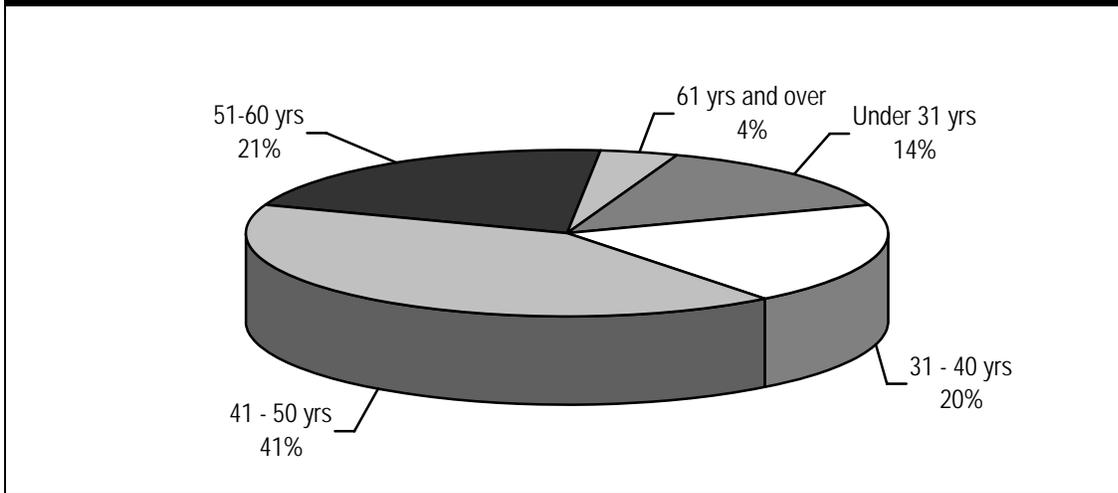


²⁴² HHSAS Database, FY 2009 data.

²⁴³ HHSAS Database, as of 8/31/09.

²⁴⁴ HHSAS Database, FY 2009 data.

Figure 88: Guardianship Specialists at DADS – Distribution of Age



Turnover for Guardianship Specialists is above the state average at approximately 17 percent.²⁴⁵

In addition to this high turnover, many of these employees will soon be eligible to retire. About 20 percent current Guardianship Specialists will be eligible to retire by the year 2014.²⁴⁶

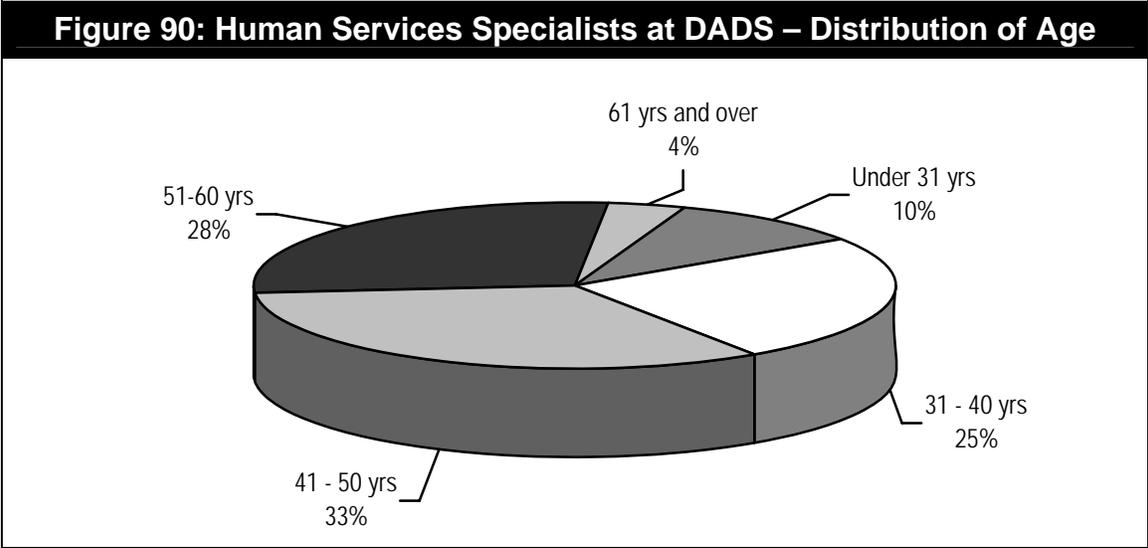
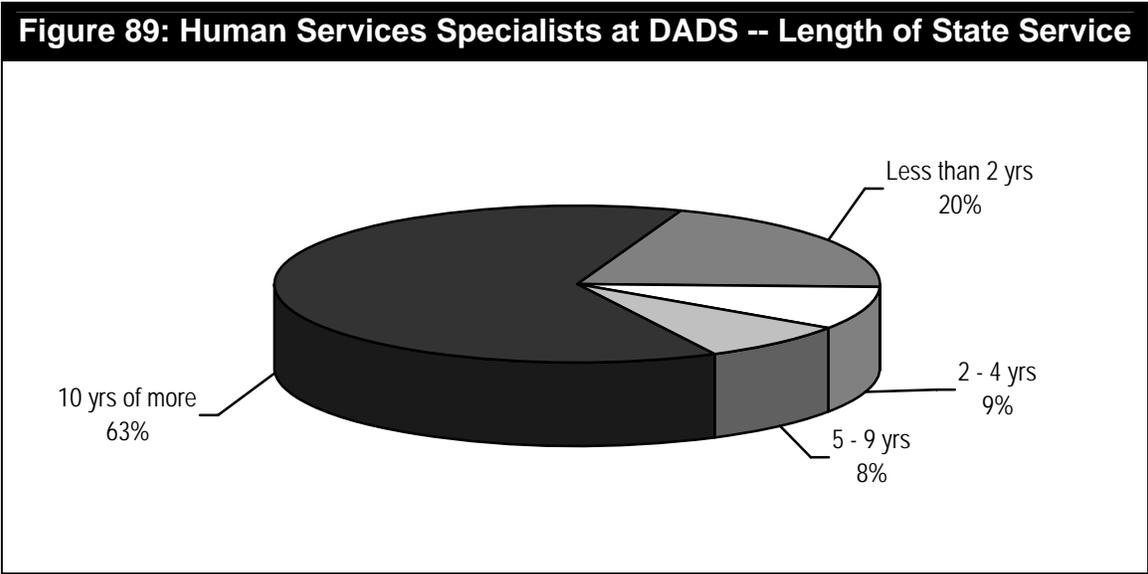
Human Services Specialists

There are approximately 1,100 Human Services Specialists at DADS, with about 88 percent of these employees in Community Care Workers positions. Human Services Specialists have, on average, about 12 years of state service, with an average age of 45.²⁴⁷

²⁴⁵ HHSAS Database, as of 8/31/09.

²⁴⁶ Ibid.

²⁴⁷ HHSAS Database, FY 2009 data.



Turnover for Human Services Specialists is slightly above the state average at approximately 15 percent.²⁴⁸ In addition to this high turnover, the agency may face significant recruitment challenges in the next few years to replace those highly skilled and tenured employees who are eligible for retirement. About a quarter of these employees (26 percent) will be eligible to retire in the next five years.²⁴⁹

²⁴⁸ HHSAS Database, as of 8/31/09.

²⁴⁹ HHSAS Database, FY 2009 data.

DEVELOPMENT STRATEGIES TO MEET WORKFORCE NEEDS

Recruitment Strategies

DADS continues to employ numerous strategies to recruit highly qualified health professionals to fill vacancies at the agency's state supported living centers, including:

- ◆ Partnering with various colleges, universities, professional associations and organizations to increase awareness of job opportunities available.
- ◆ Revising the recruitment brochure.
- ◆ Updated the website (careersatdads.com) with a video of what it is like to work at a state supported living center. The website also links to accessHR (online human resources web portal), providing an application that can be completed online or printed out and faxed.
- ◆ Placing advertisements in newspapers, trade journals, professional magazines, radio, and television.
- ◆ Increasing the usage of the internet by posting hard-to-fill positions on Texas Health Match, 3rNet, Web MD, and the College of Psychiatric & Neurological Pharmacists.
- ◆ Initiated a "Tell a Friend" campaign designed to encourage employees to spread the word about job opportunities within the agency.
- ◆ Using mailing lists (for Physicians, Psychiatrists, Dentist, Nurses, Pharmacists and Registered Therapists) to launch a direct mail campaign to increase awareness of job opportunities at DADS.

Other strategies include:

- ◆ Increasing presence at college/university and professional career fairs.
- ◆ Posting "Hiring Banners" in front of the facilities.
- ◆ Hosting on-site job fairs.
- ◆ Sending direct mail to schools of psychology, occupational and physical therapy and workforce centers across the state of Texas.
- ◆ Promoting DADS as eligible to participate in the National Health Services Corps Loan Repayment Program for Physicians, Psychiatrists, Dentists and Nurses.

DADS continually monitors how employees find out about jobs through a new employee feedback form. This information helps us to focus on those strategies that are working. Additional strategies under consideration include:

- ◆ Developing an agency-wide "nurse in training" program to include agreements with schools of nursing so that there will be a constant flow of Nurse Trainees (both RN and LVN) in each of the DADS facilities. This training would provide a source of skilled/trained staff to assist in each of the facilities and also provide

the agency with a known quantity of potential candidates when filling future job openings.

- ◆ Encouraging LVNs to become RNs.
- ◆ Partnering with nursing schools to teach classes on DADS campuses and allow current employees already in the health care field to attend classes during work-hours, to train and prepare for a career in nursing.
- ◆ Encouraging direct-care staff to pursue other health care professions, such as RNs or Certified Occupational Therapists or Licensed Physical Therapists.
- ◆ Encouraging student internships at all state supported living centers, specifically in the fields of nursing and registered therapy.
- ◆ Having professional staff speak at schools of nursing, psychology, and physical/occupational therapy on medical care and treatment provided to residents at state supported living centers.
- ◆ Having employees from critical shortage occupations attend job fairs and other hiring events so they can explain the challenges of the job, as well as the personal rewards associated with the work.
- ◆ Considering hiring J-1 Visa Waiver applicants. The J-1 Visa Waiver allows a foreign student who is subject to the two-year foreign residence requirement to remain in the U.S. upon completion of degree requirements/residency program, if they find an employer to sponsor them. The J-1 Visa Waiver applies to specialty occupations in which there is a shortage. The J-1 Waiver could be used to recruit medical doctors for a minimum of three years.

Retention Strategies

DADS has implemented several retention strategies that include:

- ◆ Raising starting salaries to assist in recruiting for:
 - Mental Retardation Assistants
 - Nurses (RNs, Nurse Practitioners and LVNs)
 - Pharmacists
 - Physicians
 - Psychiatrists
 - Registered Therapists
- ◆ Using equity adjustments for several critical classifications, specifically Nurses and Registered Therapists.
- ◆ Using the full salary range for posting hard-to-fill positions.
- ◆ Promoting from within the agency when qualified applicants are available.
- ◆ Using educational assistance programs to promote employee development and in many cases to “grow our own.”
- ◆ Promoting succession planning/career development through the agency’s “Building the Bench” program, which promotes professional development.

Additional strategies under consideration:

- ◆ Providing retention bonuses to employees in high turnover positions.

- ◆ Providing skill building training to improve employee competencies and better qualify them for advancement opportunities.
- ◆ Fully using available recognition programs and benefits to identify and reward top performers.
- ◆ Setting up a professional certification program for direct care staff through local community colleges.

DEPARTMENT OF STATE HEALTH SERVICES

MISSION

The mission of the Department of State Health Services (DSHS) is to improve health and well-being in Texas.

SCOPE

DSHS administers and regulates public health and behavioral health programs.

CORE BUSINESS FUNCTIONS

DSHS is a multifaceted agency responsible for oversight and implementation of public health and behavioral health services in Texas. With an annual budget of \$2.9 billion and a workforce of approximately 12,200, DSHS is the fourth largest of Texas' state agencies. The DSHS mission is accomplished through the procurement or provision of services and supports that have a direct impact on the citizens of Texas. DSHS administrative and service areas include:

- ◆ **Chief Operations Officer**
 - Operations Management
 - Executive/Operations Support
 - Information Technology
 - Vital Statistics
 - Center for Health Statistics
 - Legal Services
 - Contract Oversight and Support
 - Business Continuity Services
- ◆ **Chief Financial Officer**
 - Accounting
 - Budget
 - Client Services Contracting
- ◆ **Family and Community Health**
 - Community Health Services
 - Specialized Health Services
 - Nutrition Services
 - Title V and Family Health Office
- ◆ **Mental Health and Substance Abuse**
 - Program Services

- Hospital Services
- Contractor Services
- ◆ **Regional and Local Health**
 - Health Service Regions
 - Regional and Local Program Support
 - Local Health Authority for Cities/Counties without a Local Health Department
- ◆ **Prevention and Preparedness**
 - Public Health Information Network
 - Community Preparedness
 - Disease Prevention and Intervention
 - Laboratory
- ◆ **Regulatory**
 - Enforcement
 - Health Care Quality
 - Environmental and Consumer Safety

WORKFORCE DEMOGRAPHICS

DSHS is the second largest agency in the HHS System. Statewide, the agency employs approximately 12,200 full and part-time employees, representing about 23 percent of the HHS System workforce. The majority of these employees (7,901 employees or about 64 percent) work in inpatient facilities across the state.²⁵⁰ To better understand the agency's unique workforce, the following demographic categories are examined:

Job Families

About 71 percent of DSHS employees (8,704 employees) work in 10 job families.²⁵¹

²⁵⁰ HHSAS Database, as of 8/31/09.

²⁵¹ Ibid.

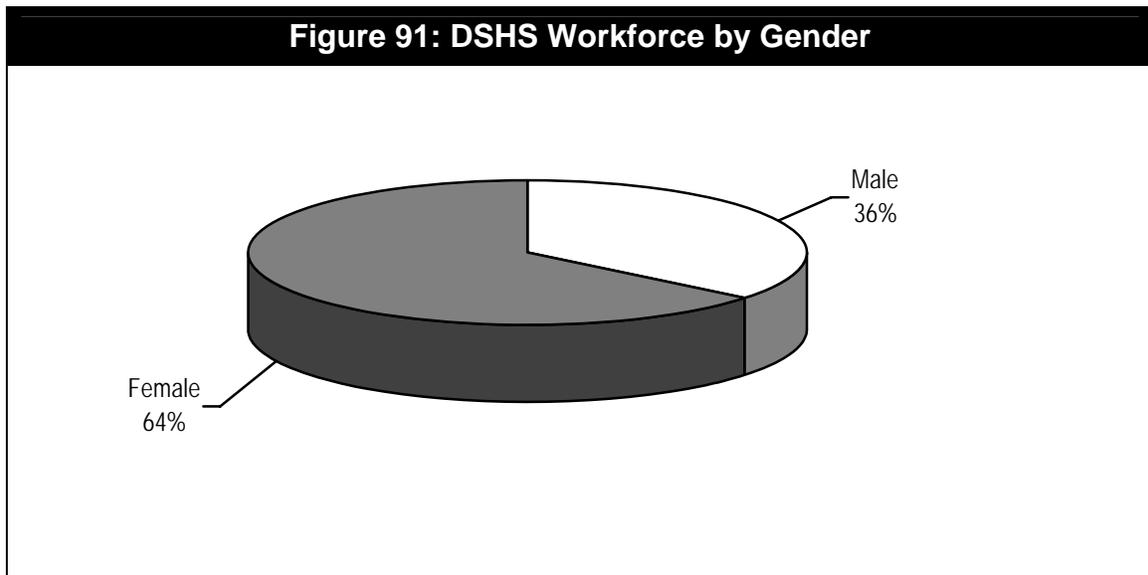
Table 30: Largest Program Job Classes and Average Salaries		
Job Title	Number of Employees	Average Salary
Psychiatric Nursing Assistants	2,899	\$22,463
Clerical Workers	1,582	\$27,332
Program Specialists	1,041	\$49,150
Registered Nurses (RNs)	1,009	\$51,734
Licensed Vocational Nurses (LVNs)	489	\$32,014
Public Health Technicians	356	\$34,155
Food Service Workers	352	\$19,897
Custodians	346	\$20,118
Rehabilitation Therapy Technicians	339	\$23,855
Managers	291	\$64,290

Salary

DSHS employees earn an average annual salary of \$36,959, which is slightly lower than the HHS System average annual salary of \$38,931.²⁵²

Gender

Females make up approximately 64 percent of the agency workforce.²⁵³

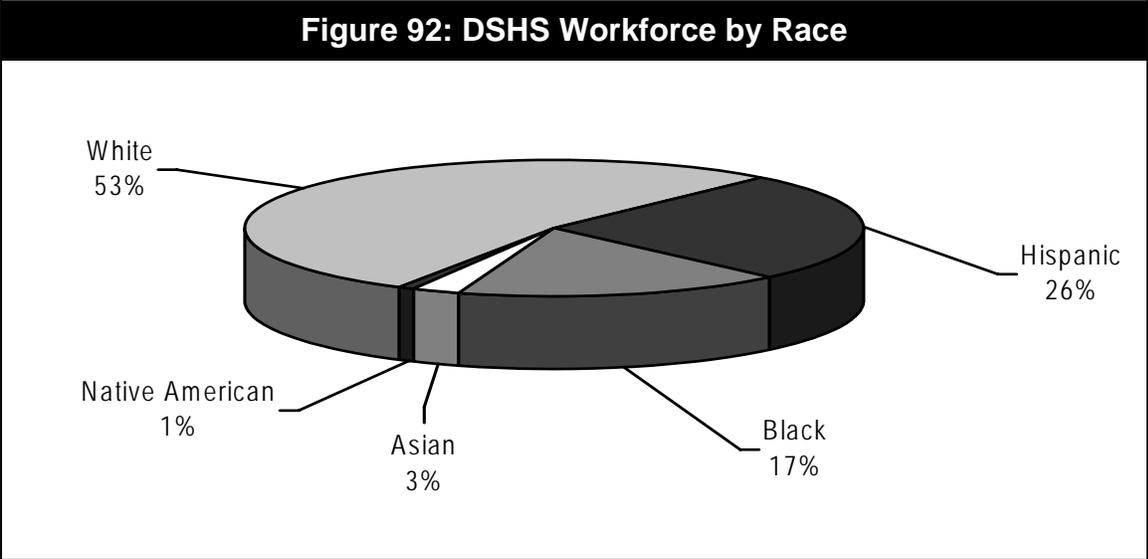


²⁵² HHSAS Database, as of 8/31/09.

²⁵³ Ibid.

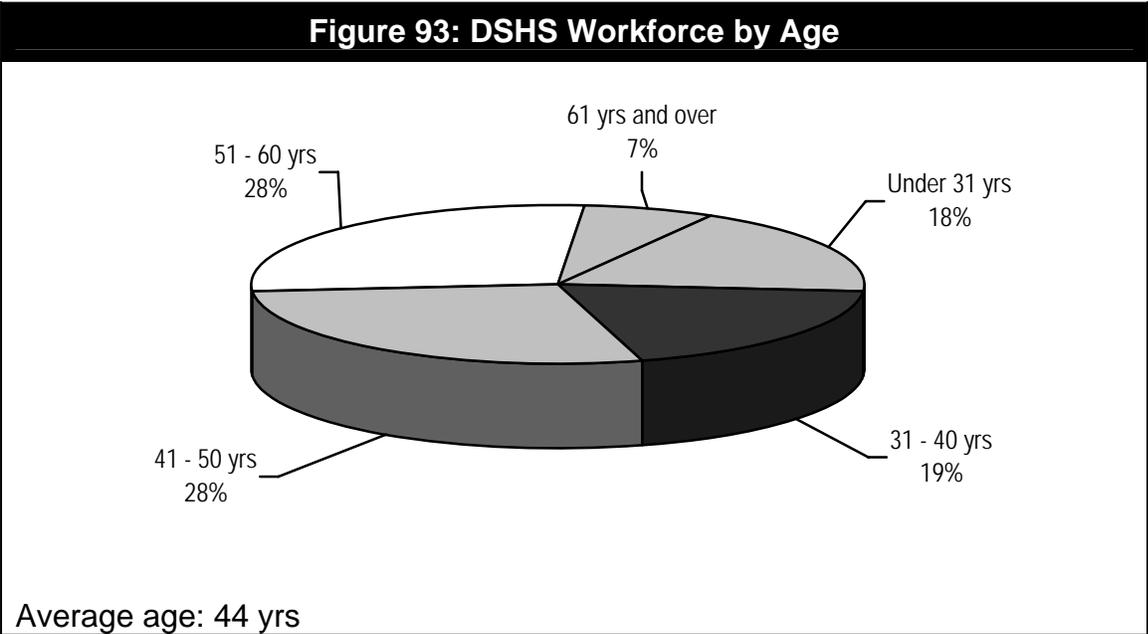
Race

White employees represent the largest racial group at 53 percent, followed by Hispanic employees at 26 percent and Black employees at 17 percent.²⁵⁴



Age

DSHS employees have an average age of 44 years. Approximately 63 percent of the DSHS workforce is 41 years or older.²⁵⁵



²⁵⁴ HHSAS Database, as of 8/31/09.

²⁵⁵ Ibid.

Utilization Analysis

Texas law requires that each state agency analyze its workforce and compare the number of Blacks, Hispanics and Females employed by the agency to the available state Civilian Labor Force (CLF) for each job category.

The utilization analysis of the DSHS workforce, as indicated in Table 31, reflects underutilization in the following areas:^{256 257}

- ◆ Black employees in Para-Professional job category;
- ◆ Black employees in the Administrative Support job category;
- ◆ Black and Female employees in the Skilled Craft job category; and
- ◆ Hispanic employees in the Service Maintenance job category.

In cases where the analysis identified underutilization, the minimum number of additional employees needed to bring that group within two standard deviations has been identified.

Table 31: DSHS Utilization Analysis Results

Job Category	Black			Hispanic			Female		
	DSHS %	CLF %	Underutilization (If Yes, # needed)	DSHS %	CLF %	Underutilization (If Yes, # Needed)	DSHS %	CLF %	Underutilization (If Yes, # Needed)
Officials/ Administrators	7.7%	7.2%	No	18.0%	12.3%	No	55.0%	32.6%	No
Professionals	10.3%	9.4%	No	19.0%	11.6%	No	65.8%	49.0%	No
Technicians	15.6%	13.9%	No	28.0%	19.7%	No	71.9%	42.1%	No
Protective Service	13.8%	18.0%	No	21.6%	23.1%	No	19.8%	21.6%	No
Para-Professionals	8.6%	14.3%	10	31.9%	25.7%	No	75.8%	56.3%	No
Administrative Support	14.3%	19.4%	53	32.1%	26.8%	No	88.7%	78.8%	No
Skilled Craft	6.3%	14.7%	15	31.1%	35.2%	No	3.3%	16.5%	31
Service Maintenance	30.5%	20.4%	No	31.4%	43.7%	402	56.2%	44.4%	No

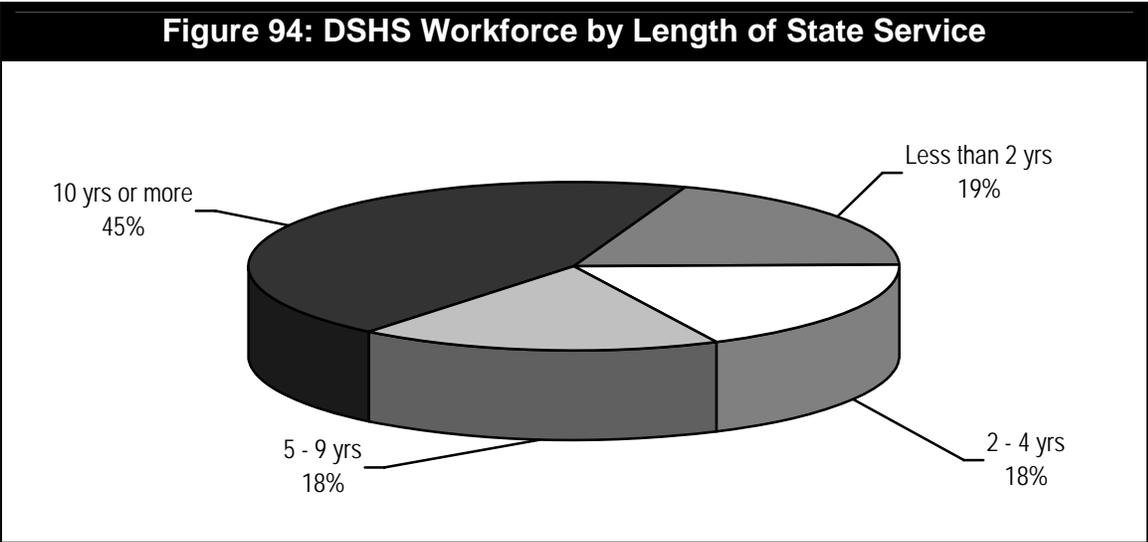
State Service

Approximately 45 percent of the DSHS workforce has 10 or more years of state service. About 19 percent of the DSHS employees have less than two years of state service.²⁵⁸

²⁵⁶ HHSAS Database, as of 8/31/09.

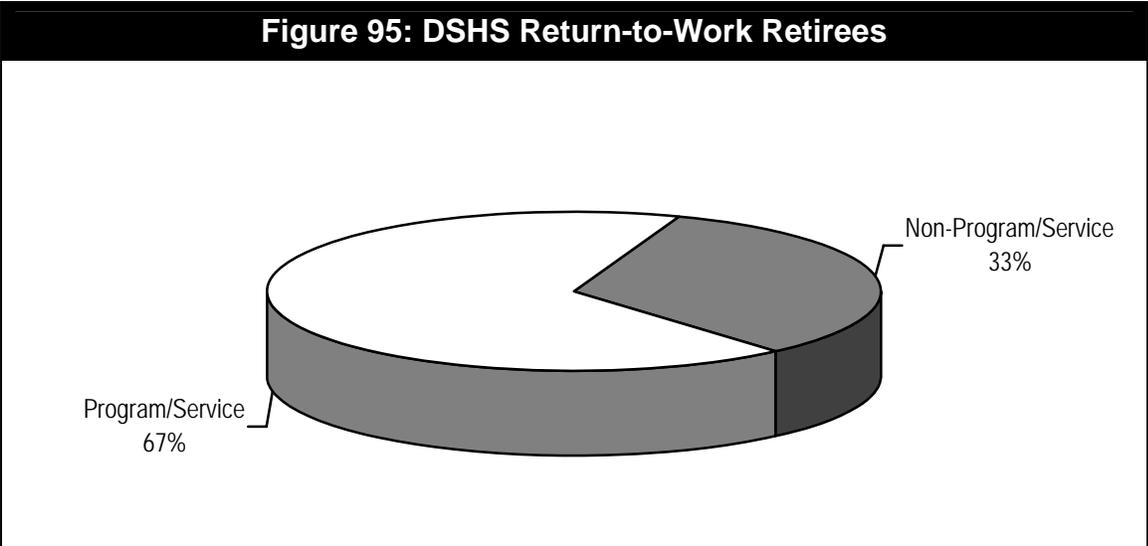
²⁵⁷ CLF data – EEOC publications, "Job Patterns for Minorities and Women in State and Local Government, 2003" for Texas and "Job Patterns for Minorities and Women in Private Industry, 2003" for Texas. Modified 6/8/05.

²⁵⁸ HHSAS Database, as of 8/31/09.



Return-to-Work Retirees

DSHS employs 602 return-to-work retirees. The majority of these retirees (67 percent) work in program/service related areas.²⁵⁹



²⁵⁹ HHSAS Database, as of 8/31/09.

TURNOVER

The DSHS turnover rate during fiscal year 2009 was about 24 percent, significantly higher than the statewide turnover rate of 14.4 percent. The majority of these employee separations (approximately 75 percent) were voluntary.²⁶⁰

Table 32: Reason for Separation	
Reason	Percentage ²⁶¹
Voluntary Separations	
Personal reasons	52.9%
Transfer to another agency	9.0%
Retirement	12.9%
Involuntary Separations	
Termination at Will	0.0%
Resignation in Lieu	1.6%
Dismissal for Cause	22.4%

The table below indicates the job classes essential to the delivery of agency services and/or shortage occupations that have experienced significant employee losses during fiscal year 2009.²⁶²

²⁶⁰ State Auditor's Office (SAO) FY2009 Turnover Statistics.

²⁶¹ Death accounted for 1.1% of separations.

²⁶² HHSAS Database, FY 2009 data.

Table 33: FY 09 Turnover for Significant Job Classes²⁶³		
Job Title	Average Annual Headcount	Turnover Rate
Psychiatric Nursing Assistants	3,052.8	26.6%
Food Service Workers	366.0	24.0%
Pharmacists	40.0	22.5%
Vehicle Drivers	47.5	21.1%
Pharmacy Technicians	45.5	19.8%
Laboratory Technicians	51.5	19.4%
Registered Therapists	53.0	19.1%
Database Administrators	21.0	19.1%
Psychologists	53.0	18.9%
Licensed Vocational Nurses (LVNs)	510.0	18.2%
Registered Nurses (RNs)	1,013.5	17.7%
Accounting Technicians	35.0	17.1%
Rehabilitation Teachers	30.8	16.3%
Psychiatrists	124.0	15.3%
Veterinarians	20.0	15.0%
Human Services Specialists	154.0	14.9%

RETIREMENT PROJECTIONS

Currently, approximately 11 percent of the DSHS workforce is eligible to retire from state employment. Over the next five years, over one-fourth of the agency workforce will reach retirement eligibility.²⁶⁴

Table 34: DSHS Projected Retirement Eligibility through Rule of 80 (FY 09 – FY 14)		
Fiscal Year	Cumulative Number of Eligible Employees	Percent of Workforce
2009	1,371	11.2%
2010	1,685	13.7%
2011	1,989	16.2%
2012	2,401	19.6%
2013	2,791	22.7%
2014	3,221	26.2%

²⁶³ Turnover is calculated as follows: The total number of employees who terminated during the period DIVIDED BY the average number of employees on the last day of each quarter in the period plus the employees that terminated during the quarter TIMES 100 to produce a percentage.

²⁶⁴ HHSAS Database, as of 8/31/09.

EXPECTED WORKFORCE CHALLENGES

DSHS anticipates that as the population of the State increases, there will be a need for additional health related services. Projected job growth will heighten competition for qualified applicants from other health service sectors, including the federal government and the private sector. The aging population and increasing life span with accompanying ongoing multiple chronic health conditions will likely increase the need for healthcare services delivery.

All of the agency's hospitals are Joint Commission (JC) accredited and almost all are certified as Medicare (CMS) providers. It is expected that regulations and care standards that agency hospitals must meet will continue to expand, requiring an increasingly specialized skill set from existing staff and a need for additional staff. As facilities are required to meet more and more of these standards, it is expected to become more difficult to maintain and increase current staffing levels.

Based on these trends and current employment conditions, DSHS anticipates continued difficulties in recruiting and retaining qualified and experienced employees due to the following issues:

- ◆ Accelerated retirement of many management and professional staff in the next five to 10 years, resulting in the loss of leadership, expertise and institutional knowledge;
- ◆ Increased workloads;
- ◆ Severe nursing staff shortages;
- ◆ Limited ability to pay for/fund incentives such as recruitment bonuses, retention bonuses and moving allowances, especially for highly sought-after professional staff;
- ◆ Limited ability to offer creative scheduling and flexible part-time positions;
- ◆ Increased need for bilingual staff;
- ◆ Limited funding for training;
- ◆ Limited funding for travel;
- ◆ Limited or lack of career ladders; and
- ◆ Non-competitive starting salaries compared to both the salaries offered in the private sector and compared to the technical skills, knowledge requirements and workload demands of the positions.

Shortage occupation jobs that will require targeted recruitment attention are Psychiatric Nursing Assistants, Nurses (RNs and LVNs), Registered Therapists, Rehabilitation Therapy Technicians, Clinical Social Workers, Human Services Specialists, Epidemiologists, Sanitarians, Dentists, Physicians, Psychiatrists, Psychologists, Associate Psychologists, Pharmacists, Veterinarians and Laboratory Staff.

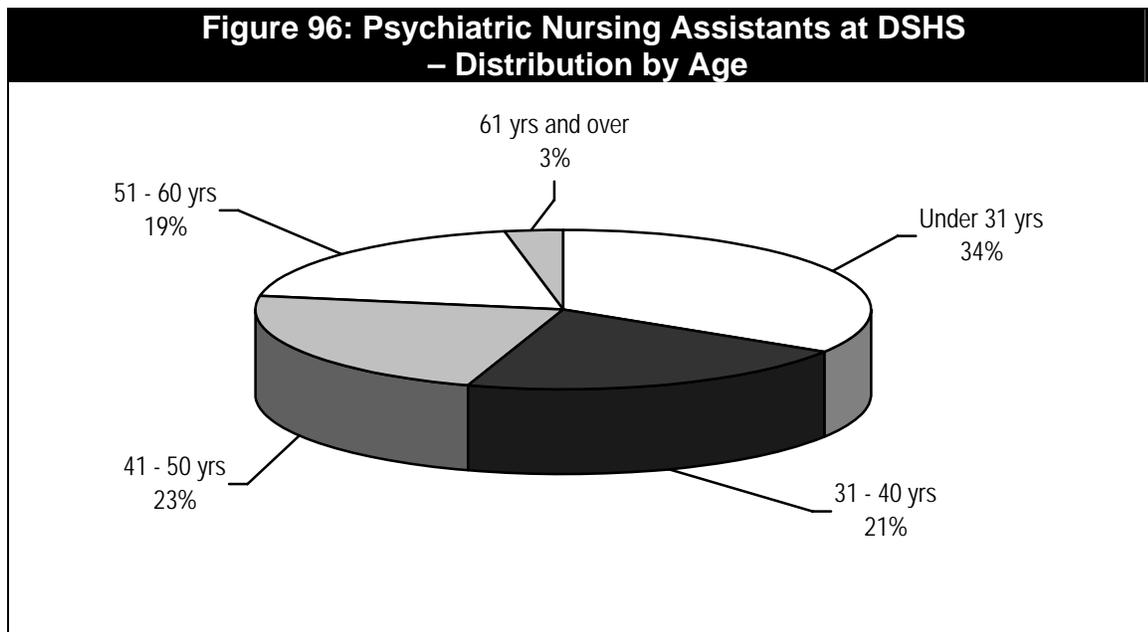
Psychiatric Nursing Assistants

There are approximately 2,900 Psychiatric Nursing Assistants employed in DSHS state mental health hospitals.²⁶⁵ These positions require high school education or equivalency to perform the work; however, there is extensive on-the-job training.

Workers are assigned many routine basic care tasks in the state hospitals that do not require a license to perform, such as taking vital signs, and assisting with bathing, hygiene and transportation. These employees are required to interact with patients on a daily basis. They are likely to be the first to intervene during crisis situations, and are the frontline staff most likely to de-escalate situations to avoid the need for behavioral restraints. They also have a higher potential for on-the-job injuries, both from lifting requirements and intervention in physical altercations during crisis situations.

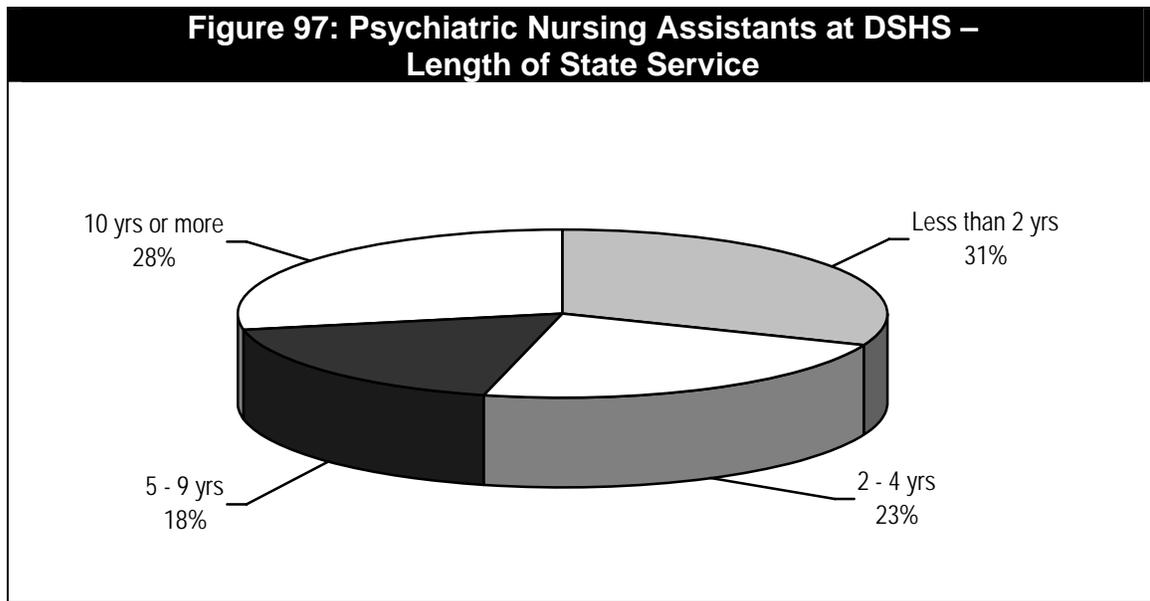
The work is performed in shifts throughout the day and night. The pay is low and the work is difficult.

The average Psychiatric Nursing Assistant is about 39 years old and has an average of seven years of state service.²⁶⁶



²⁶⁵ HHSAS Database, as of 8/31/09.

²⁶⁶ Ibid.



Pay is low, with an average hourly wage of \$10.80 per hour.²⁶⁷

Turnover for Psychiatric Nursing Assistants is high at about 27 percent, one of the highest turnover rates for any job category in DSHS.²⁶⁸ About 81 percent of these separating employees were in entry-level Psychiatric Nursing Assistant I positions (658 losses or a 35 percent turnover rate). Further complicating this situation, many of the applicants for these entry-level positions lack the experience needed to work with patients and often lack the physical ability necessary to carry out their job duties.

Recruitment and retention of these employees remains a major challenge for DSHS.

Registered Nurses and Licensed Vocational Nurses

Nationwide, the nursing shortage has reached crisis proportions. It is projected that there will be a need for 581,500 new RN jobs by 2018.²⁶⁹ Job opportunities for RNs are expected to grow faster than the average for all occupations.²⁷⁰ With this level of job growth, it is projected that there will not be enough qualified applicants to meet the increased demand.

²⁶⁷ HHSAS Database, as of 8/31/09.

²⁶⁸ HHSAS Database, FY 2009 data.

²⁶⁹ T. Alan Lacey and Benjamin Wright, "Occupational employment projections to 2018" Monthly Labor Review, November 2009, web page <http://www.bls.gov/opub/mlr/2009/11/mlr200911.pdf>, last accessed on 3/9/10.

²⁷⁰ US Department of Labor, Bureau of Labor Statistics, Occupational Outlook Handbook, 2010-11 Edition, web page <http://www.bls.gov/oco/ocos083.htm>, last accessed on 2/5/10.

The nursing shortage is the most significant healthcare workforce staffing concern facing both the nation and Texas.²⁷¹ It is projected that between 2005 and 2020, the demand for nurses in Texas will increase by 86 percent, while the supply will grow by only 53 percent.²⁷² The Texas nurse-to-population ratio is far below the national average of 782 Nurses per 100,000 people, with the state ratio being only 609 Nurses per 100,000 people. By some estimates, Texas will need 138,000 additional Nurses in the next 10 years to satisfy staffing demands.²⁷³

DSHS nurses are generally required to work shifts and weekends. The work is demanding, requires special skills and staff often work long hours with minimal staffing. The work is also physically demanding, making it increasingly more difficult for the aging nursing workforce to keep up with these work demands. All of these job factors contribute to higher than average turnover rates.

Although there are 96 nursing school programs across the state, most of them have more applicants than room for new students and only about two-thirds of enrolled students actually graduate. The shortage of trained instructors limits both the number of accepted students and the number of available classes offered.^{274 275}

Registered Nurses (RNs)

There are about 1,000 RNs employed by DSHS.²⁷⁶ The majority of these employees (about 82 percent) work at state hospitals across Texas.

About 11 percent of the agency's RNs work in Health Services Regions, providing direct care and population-based services in the many counties in Texas that have no local health department. These RNs are often the individuals who are on the frontline in the delivery of public health services to rural communities throughout the state.

The typical RN at the agency is about 50 years old and has an average of approximately 10 years of state service.²⁷⁷

²⁷¹ State of Nursing Workforce in Texas – Statewide Health Workforce Symposium Policy Brief, March 2005.

²⁷² “Texas Nursing: Our Future Depends on It. A Strategic Plan for the State of Texas to Meet Nursing Workforce Needs of 2013,” Texas Center for Nursing Workforce Studies, March 2009. Web page <http://www.dshs.state.tx.us/chs/cnws/TexasTeam/TexasStrategy.pdf>, last accessed 3/17/10.

²⁷³ MedicineWorld.org, ‘Lack of Resources, Not Lack of Students, Cause Nurse Shortage,’ web page <http://medicineworld.org/cancer/lead/12-2005/lack-of-resources-not-lack-of-students-cause-nurse-shortage.html>, last accessed on 1/17/06.

²⁷⁴ Texas Board of Nursing, web page <http://www.bne.state.tx.us/nursingeducation/approved-programs.html>, last accessed on 4/22/10.

²⁷⁵ “Professional Nursing Education in Texas: Demographics & Trends: 2006.” Department of State Health Services, web page <http://www.dshs.state.tx.us/chs/cnws/2006ProfNrsEdRpt.pdf>, last accessed 3/17/10.

²⁷⁶ RNs include 21 Nurse Practitioners.

²⁷⁷ HHSAS Database, as of 8/31/09.

Figure 98: Registered Nurses at DSHS – Distribution by Age

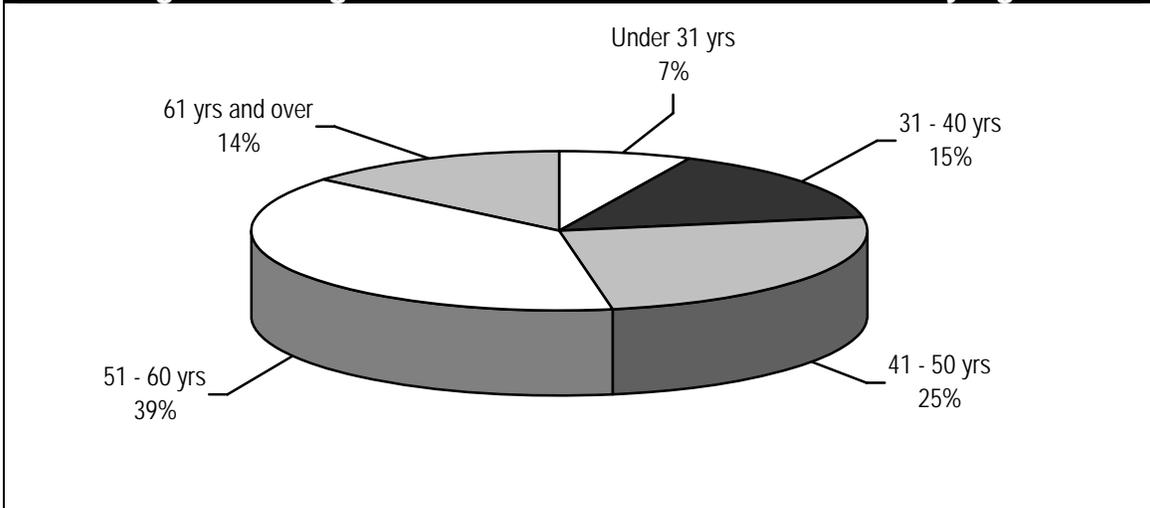
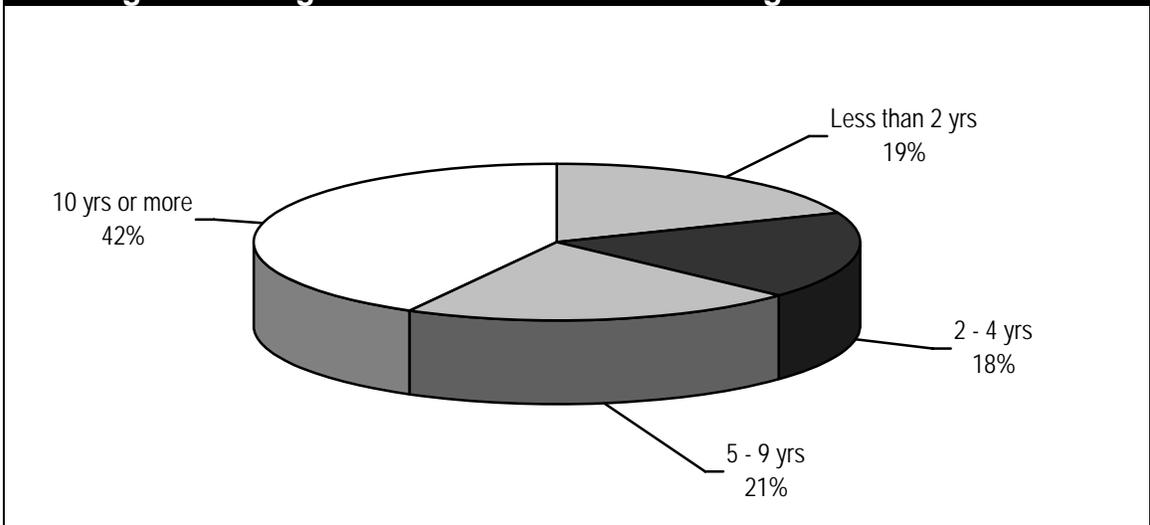


Figure 99: Registered Nurses at DSHS – Length of State Service



The turnover rate for RNs is considered high at about 18 percent.²⁷⁸

The agency continues to experience difficulty filling vacant positions. The Texas Hospital Association confirmed that vacancy rates for RNs in Texas ranged from 14.6 percent in critical care occupations to about 10 percent in emergency rooms.²⁷⁹ In order to provide quality nursing care for patients it is essential that the agency maintain the lowest vacancy rate possible throughout the year. The agency is

²⁷⁸ HHSAS Database, FY 2009 data.

²⁷⁹ Texas Hospital Association. "Hospital Workforce Study." Austin, Texas. 2004, as cited in "The state of the Nursing Workforce in Texas," "Statewide Health Workforce Symposium Policy Brief, 3/4/1004.

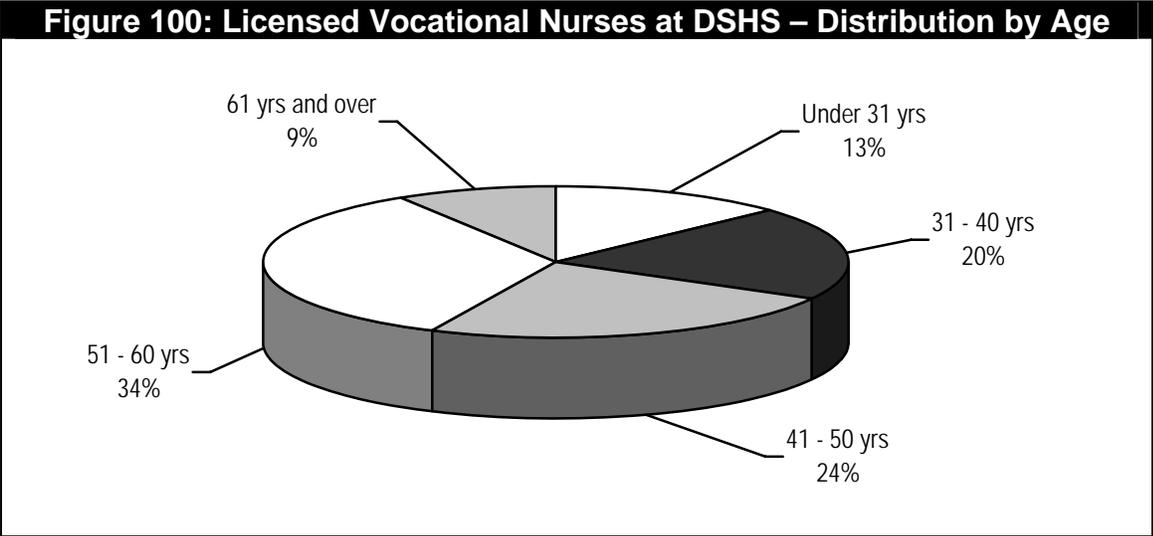
striving to maintain vacancy rates for nursing positions at a level below 10 percent at any given time. The vacancy rate for RNs at DSHS is currently slightly above the desired rate at 10.4 percent.

Licensed Vocational Nurses (LVNs)

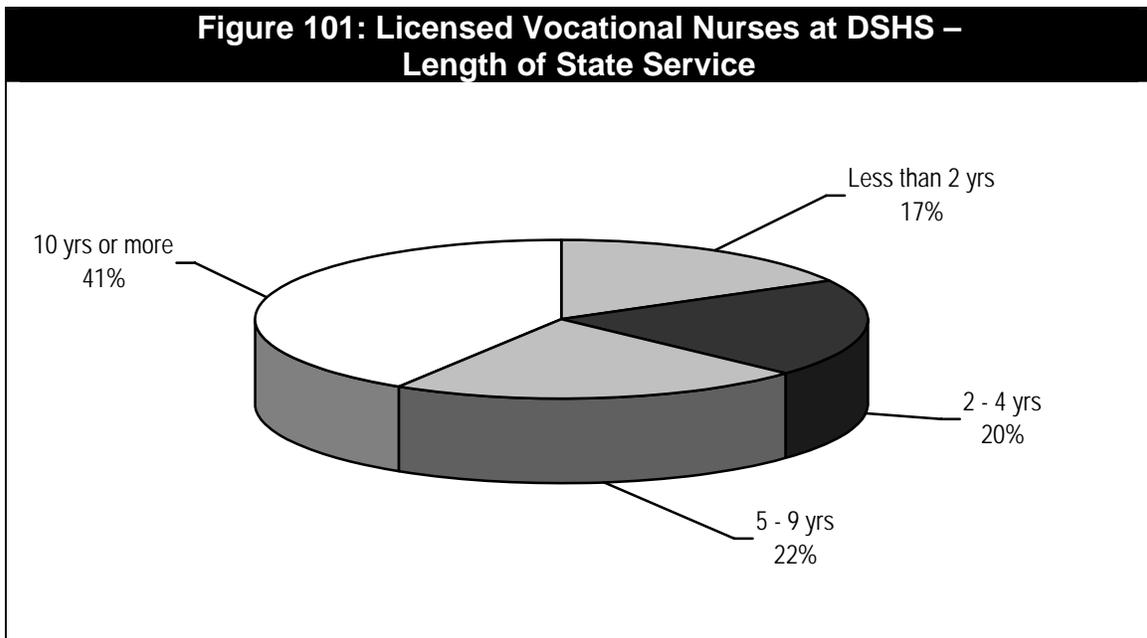
There are approximately 480 Licensed Vocational Nurses (LVNs) employed by DSHS. The majority of these employees (about 96 percent) work at state hospitals across Texas.

About four percent of the agency’s LVNs work in Health Services Regions, assisting in communicable disease prevention and control and the delivery of population-based services to women and children.

On average, a DSHS LVN is about 46 years old and has 10 years of state service.²⁸⁰



²⁸⁰ HHSAS Database, as of 8/31/09.



As with RNs, the nursing shortage is also impacting the agency's ability to attract and retain LVNs. Turnover for LVNs is currently high at about 18 percent.²⁸¹

Many LVNs come into the mental health hospital system with limited training in caring for psychiatric patients. DSHS State Hospitals invest in employee training to ensure the highest quality of nursing care. The high turnover for LVN positions has a direct impact on the training resources dedicated to this occupational group. Decreasing turnover levels will significantly reduce the amount of time spent on training new employees.

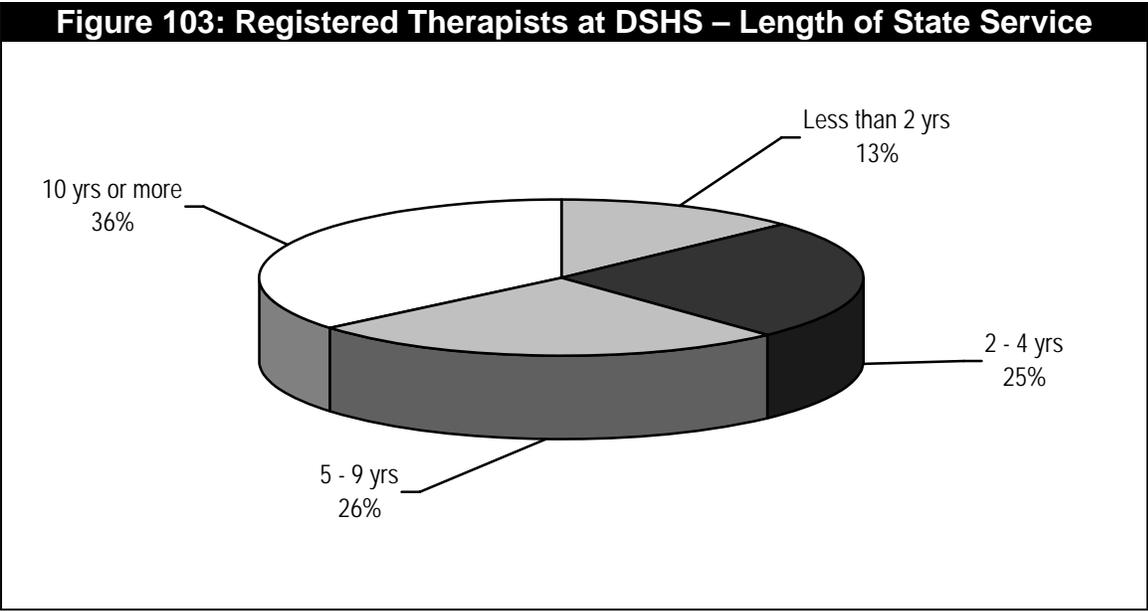
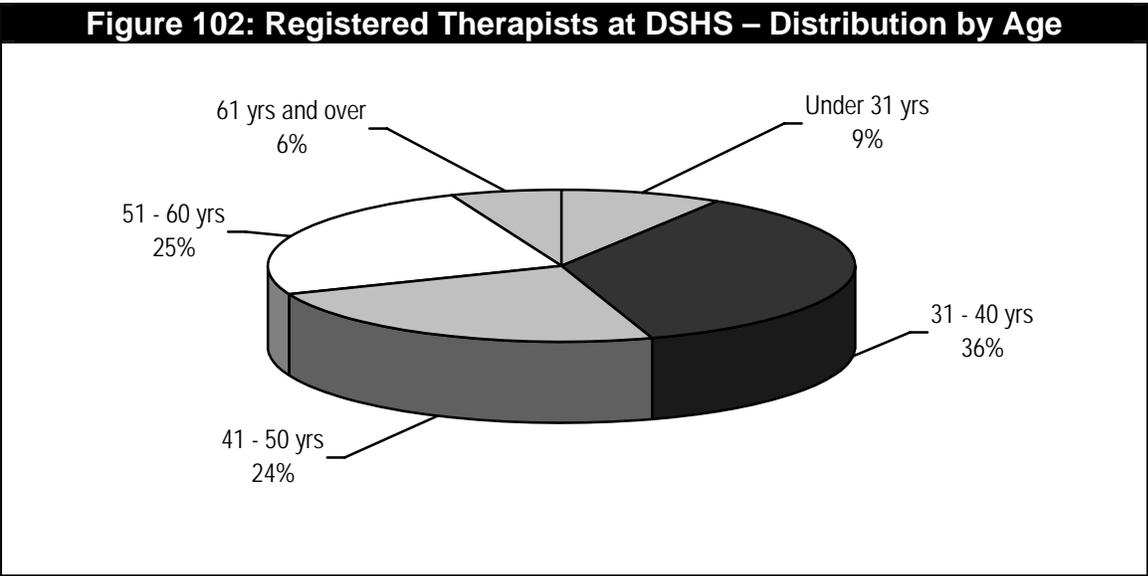
Registered Therapists

The 53 Registered Therapists at DSHS are assigned to state hospitals across the state, working with patients in therapeutic rehabilitation activities.

These employees have, on average, about nine years of state service, with an average age of 44.²⁸²

²⁸¹ HHSAS Database, FY 2009 data.

²⁸² HHSAS Database, as of 8/31/09.



Turnover for Registered Therapists is high at about 19 percent.

The agency is experiencing difficulty filling vacant positions. The vacancy rate for these positions is high at about nine percent. Vacant positions often go unfilled for months.²⁸³

Recruitment and retention for these jobs are ongoing challenges.

²⁸³ HHSAS Database, FY 2009 data.

Rehabilitation Therapy Technicians

There are about 330 Rehabilitation Therapy Technicians working at DSHS state hospitals, providing rehabilitative services to patients with mental impairments.²⁸⁴

On average, DSHS Rehabilitation Therapy Technicians have about 11 years of state service, with an average age of approximately 42. Almost 50 percent of these employees have 10 or more years of service.²⁸⁵

Figure 104: Rehabilitation Therapy Technicians at DSHS – Distribution by Age

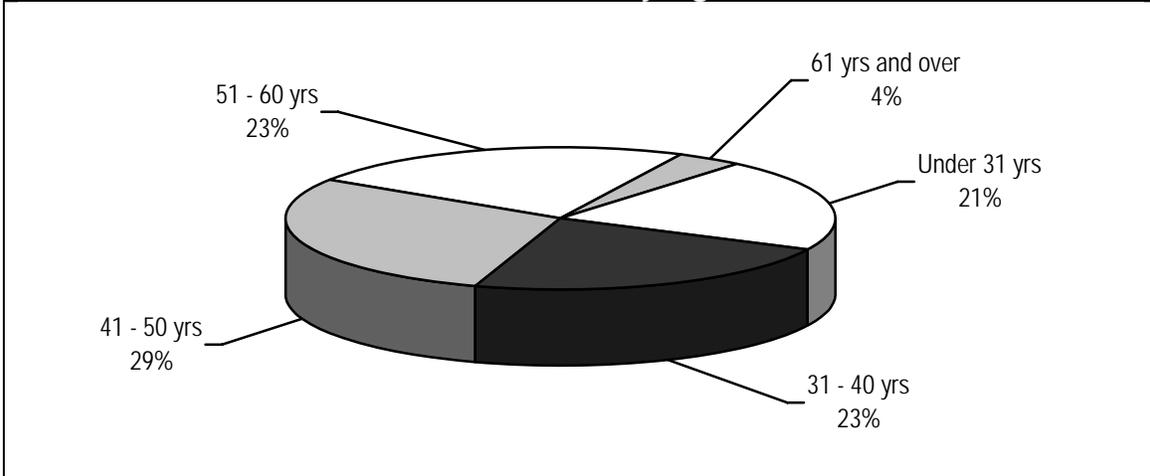
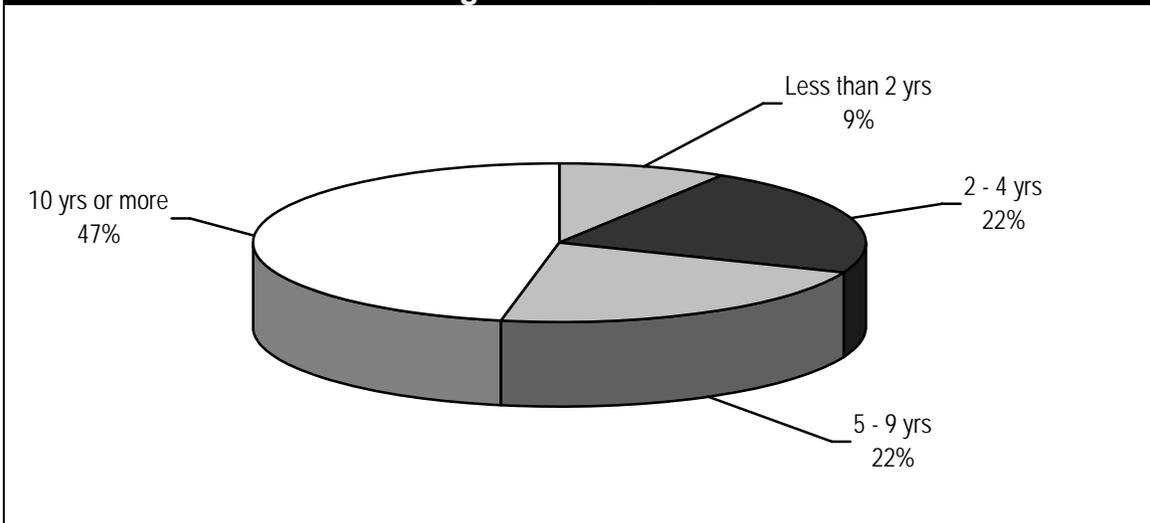


Figure 105: Rehabilitation Therapy Technicians at DSHS – Length of State Service



²⁸⁴ HHSAS Database, as of 8/31/09.

²⁸⁵ Ibid.

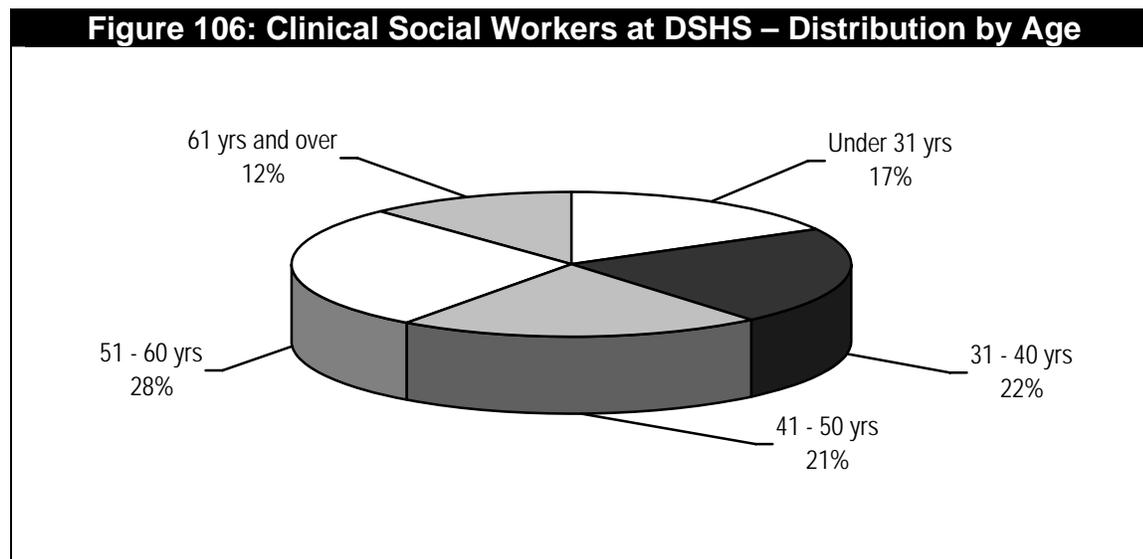
Though the turnover rate for Rehabilitation Therapy Technicians is well managed at approximately nine percent, the agency may face significant recruitment challenges, as over 20 percent of these employees will be eligible to retire in the next five years.²⁸⁶

Clinical Social Workers

There are approximately 170 Clinical Social Workers at DSHS.²⁸⁷ These employees are critical to managing patient flow in state hospitals and take the lead role in communicating with patient families and community resources. Clinical Social Workers provide essential functions within the agency that include:

- ◆ Conducting psychosocial assessments, therapeutic treatment and case coordination for individuals receiving services from DSHS in-patient psychiatric hospitals and the Waco Center for Youth; and
- ◆ Developing, administering and implementing a range of public health and behavioral health programs throughout the DSHS service delivery system.

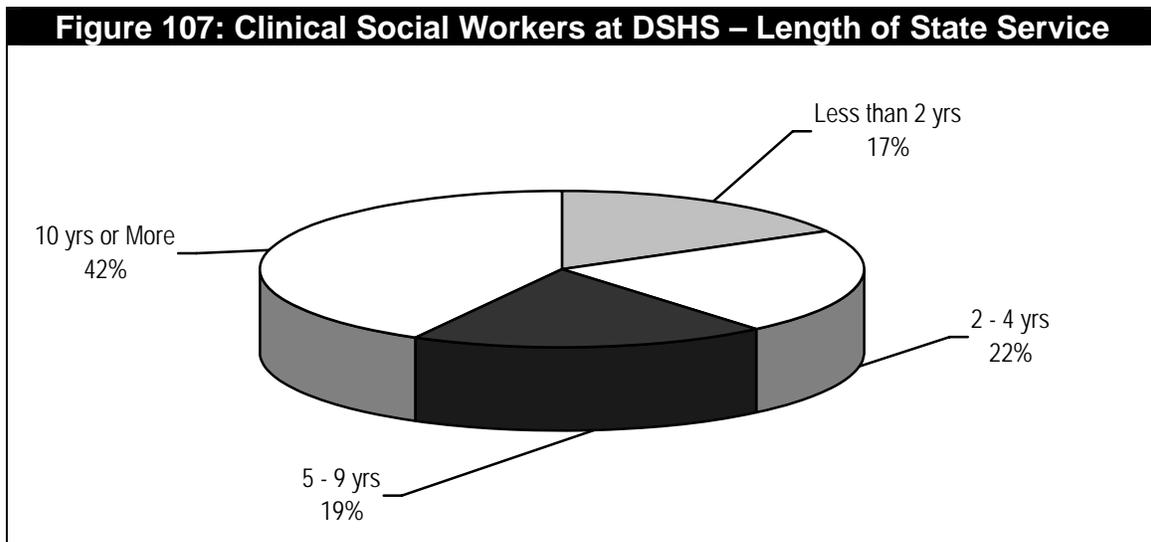
DSHS Clinical Social Workers are about 45 years old and have an average of 10 years of state service.²⁸⁸



²⁸⁶ HHSAS Database, FY 2009 data.

²⁸⁷ HHSAS Database, as of 8/31/09.

²⁸⁸ Ibid.



Though the overall turnover rate for Clinical Social Workers manageable at around 11 percent, about a quarter of current Clinical Social Workers will be eligible to retire by the year 2014. In addition, vacant positions often go unfilled for several months until a qualified applicant is available.²⁸⁹

Factors impacting recruitment include non-competitive salaries, credentialing requirements and increased need for individuals with Spanish-English bilingual skills.

DSHS competes with both the federal and local governments, as well as the military and the private sector employers for Clinical Social Worker applicants. Many times the competitors are able to offer a higher starting salary.

Considering these factors, DSHS may face significant recruitment challenges in the next few years to replace those who are eligible for retirement.

Human Services Specialists

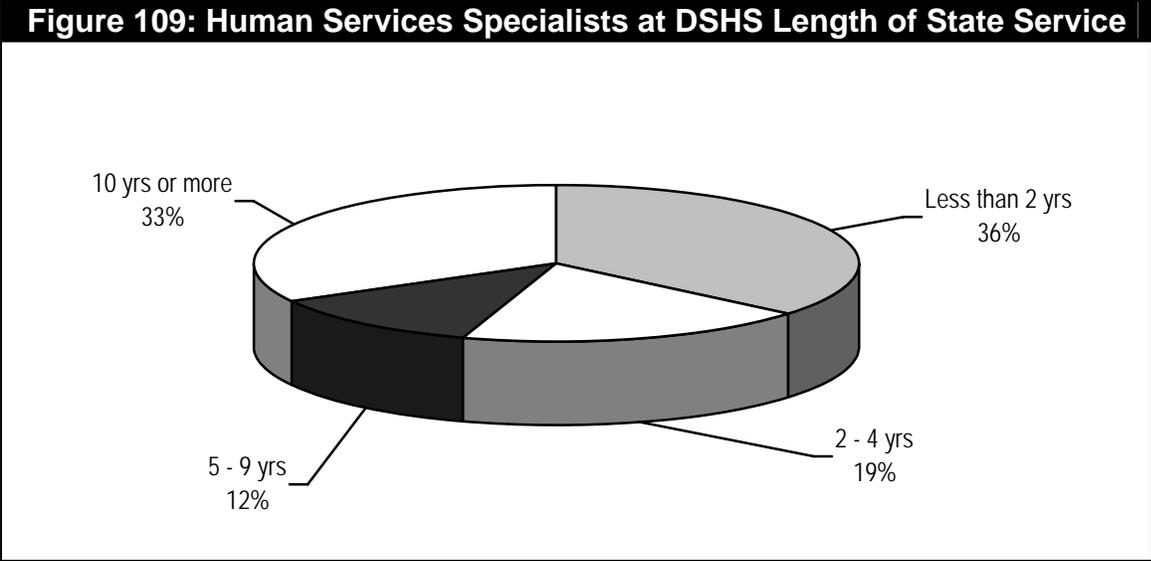
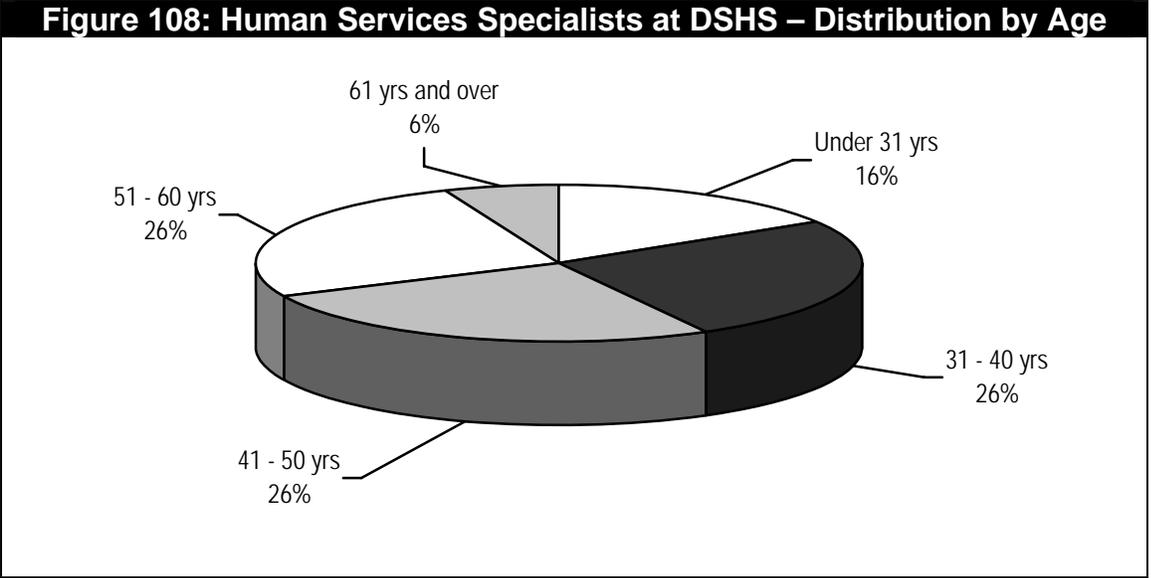
There are 159 Human Services Specialists employed at DSHS, with the majority of these employees in Human Services Specialist VII positions (154 employees or 97 percent).²⁹⁰ These employees provide comprehensive public health case management to children with health conditions/health risks and to high-risk pregnant women of all ages. Together, the case manager and family assess the medical, social, educational and other medically necessary service needs of the consumer. Employees must have a high level of flexibility, since employees in these positions

²⁸⁹ HHSAS Database, FY 2009 data.

²⁹⁰ HHSAS Database, as of 8/31/09.

work with a variety of consumers who vary in age, socioeconomic status, ethnicity, disability and service need.

The typical Human Services Specialist is about 43 years old and has an average of seven years of state service.²⁹¹



Turnover for Human Services Specialists during fiscal year 2009 was about 15 percent, slightly above the state average of 14.4 percent.^{292 293}

²⁹¹ HHSAS Database, as of 8/31/09.
²⁹² State Auditor's Office (SAO) FY 2009 Turnover Statistics.
²⁹³ HHSAS Database, FY 2009 data.

The workload of public health case managers is expected to increase as the public becomes more aware of available services. Demand for new services and increases in pre-existing duties indicate a strong potential need for additional staff in the future. This increase will further compound current difficulties in recruiting and retaining case managers due primarily to below market pay, requirements for licensure and the need for oral and written bilingual skills.

Low starting salaries contribute to the difficulty in attracting qualified Human Services Specialist applicants. Human Services Specialists at DSHS earn, on average, an annual salary of \$39,961.²⁹⁴ This salary is not competitive with the private sector and does not compensate for the need to be available 24/7 or work extended hours to meet the needs of consumers. Occupations with a comparable skills set include Registered Nurses and Licensed Social Workers. Licensed Social Workers earn an average annual salary nationally of \$48,180 and \$41,420 in Texas; while comparable Registered Nurses earn an average annual salary nationally of \$65,130 and \$61,780 in Texas.²⁹⁵

This disparity in earnings may be contributing to the agency's ability to recruit qualified applicants for open positions. These positions often remain unfilled for several months.²⁹⁶

Recruitment and retention for these jobs is an ongoing challenge.

Epidemiologists

One of the public health professions currently experiencing shortages is Epidemiology.²⁹⁷ Epidemiology is the study of how often diseases occur in different groups of people and why. Epidemiological information is used to plan and evaluate strategies to prevent illness and as a guide to the management of patients in whom disease has already developed. Epidemiology is the scientific basis for all decision making in the field of public health.

DSHS employs about 80 Epidemiologists who provide services in the areas of infectious disease and injury control, chronic disease control, emergency and disaster preparedness, disease surveillance and other public health areas.²⁹⁸ They provide critical functions during disasters and pandemics and other preparedness and response planning.

²⁹⁴ HHSAS Database, as of 8/31/09.

²⁹⁵ US Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2008; last accessed on 2/5/10.

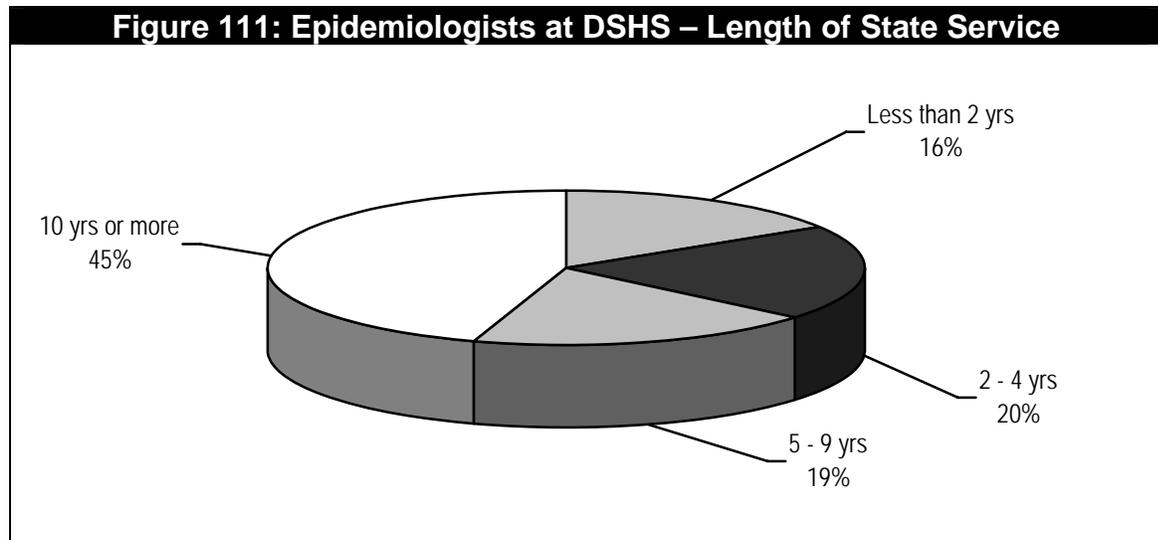
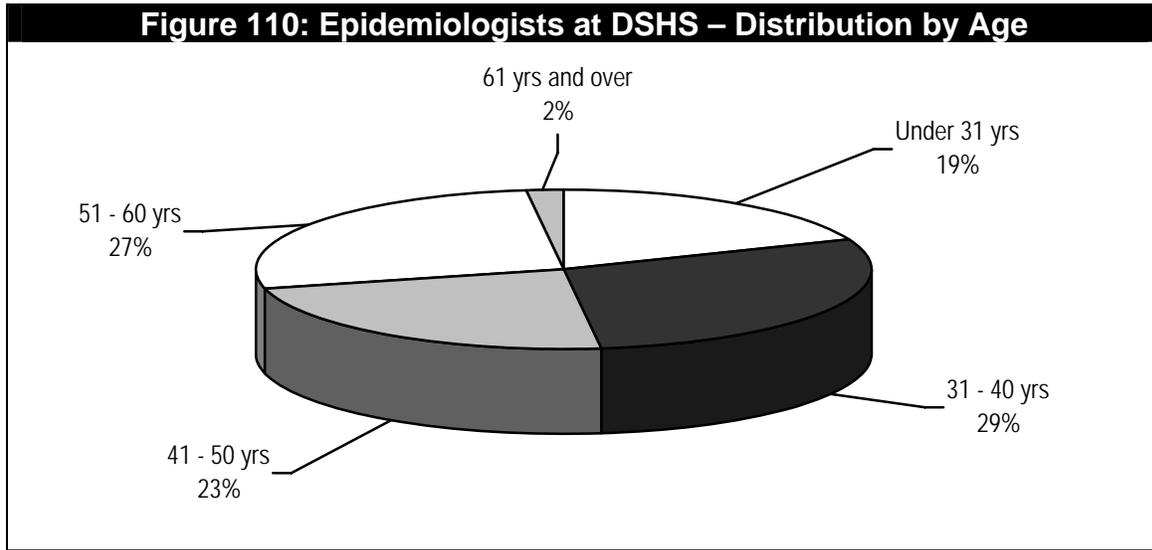
²⁹⁶ HHSAS Database, FY 2009 data.

²⁹⁷ "2007 State Public Health Workforce Survey Results," The Association of State and Territorial Health Officials, web page <http://www.astho.org/pubs/WorkforceReport.pdf>, last accessed on 4/29/08.

²⁹⁸ HHSAS Database, as of 8/31/09.

On average, it takes a year for a new Epidemiologist to learn his or her job within the agency. It may take several years to develop the specialized expertise required of senior Epidemiologists to support the state and protect public health.

DSHS Epidemiologists have, on average, about 10 years of state service, with an average age of approximately 43.²⁹⁹



While the overall turnover rate for Epidemiologists at DSHS is low at about seven percent, the vacancy rate for these positions is high at almost 11 percent. Vacant positions often go unfilled for months.³⁰⁰

²⁹⁹ HHSAS Database, as of 8/31/09.

³⁰⁰ HHSAS Database, FY 2009 data.

In addition, DSHS may face significant recruitment challenges in the next few years to replace those highly skilled and tenured employees who are eligible for retirement. Almost 20% of these employees will be eligible to retire in the next five years.³⁰¹

Low pay is a factor in the inability to attract qualified Epidemiologist applicants. DSHS Epidemiologists earn an average annual salary of \$51,541. The average annual salary for Epidemiologists nationally is \$64,500 and \$52,300 in Texas.³⁰²

The agency will need to closely monitor this occupation due to the nationally noncompetitive salaries and a general shortage of professionals performing this work.

Sanitarians

Another public health profession currently experiencing shortages is environmental health workers (i.e., Sanitarians).³⁰³

There are about 110 Sanitarians employed with DSHS.³⁰⁴ Registered Sanitarians at DSHS inspect all food manufacturers, wholesale food distributors, food salvagers in Texas, as well as all retail establishments in the 188 counties not covered by local health jurisdictions and conduct a multitude of environmental inspections such as children's camps, asbestos abatement, hazardous chemicals/products and many others. Sanitarians are instrumental in protecting the citizens of Texas from food-borne illness and many dangerous environmental situations and consumer products, including imported foods, drugs and consumer products. The U.S. Food and Drug Administration (FDA) and the Consumer Products Safety Commission (CPSC) have little manpower and therefore depend on the state programs to protect citizens. DSHS Sanitarians also respond to a variety of emergencies, including truck wrecks, fires, tornados, floods and hurricanes. They are the first line of defense against a bioterrorist attack on the food supply.

On average, Sanitarians employed with the agency are 50 years old and have about 13 years of state service. Over 60 percent of these employees have 10 or more years of state service.³⁰⁵

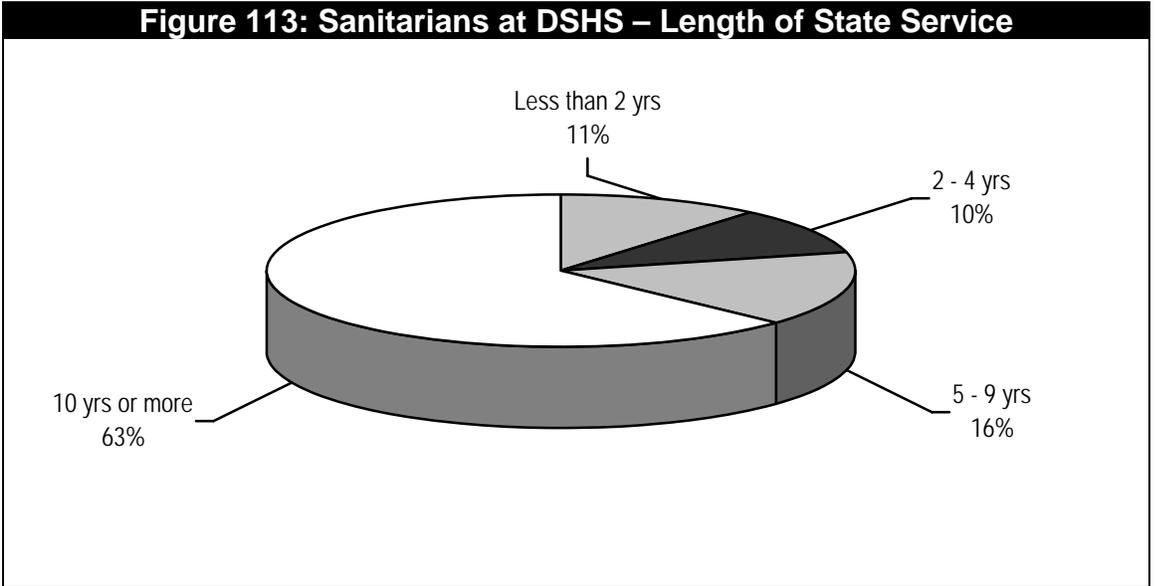
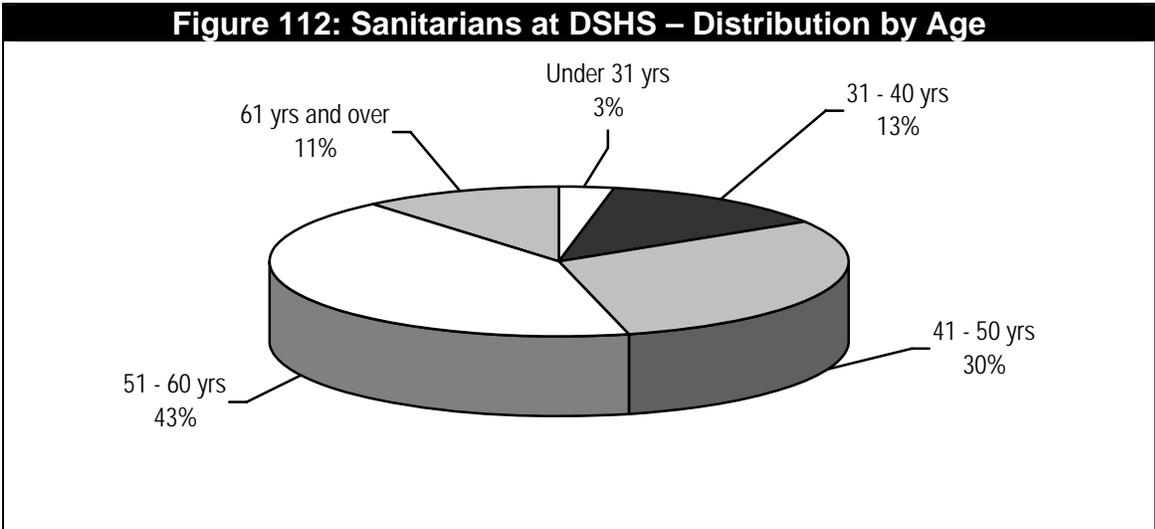
³⁰¹ HHSAS Database, as of 8/31/09.

³⁰² US Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2008; last accessed on 2/05/10.

³⁰³ "2007 State Public Health Workforce Survey Results," The Association of State and Territorial Health Officials, web page <http://www.astho.org/Programs/Workforce-and-Leadership-Development/2007-State-Public-Health-Workforce-Survey-Results/>, last accessed on 4/21/09.

³⁰⁴ HHSAS Database, as of 8/31/09.

³⁰⁵ Ibid.



Turnover for Sanitarians is low at only six percent. However, the vacancy rate for these positions is high at about 15 percent, with vacant positions often going unfilled for many months due to a shortage of qualified applicants available for work. Historically, the agency has faced special challenges filling vacancies in both rural and urban areas of the state. In addition, the state requirement for Sanitarians to be registered and have at least 30 semester hours of science has made it increasingly difficult to find qualified individuals. The agency has some vacancies that have been posted for over two years and remain unfilled.³⁰⁶

³⁰⁶ HHSAS Database, FY 2009 data.

Recruitment problems are expected to worsen as employees approach retirement. Approximately 29 percent of current sanitarian staff will be eligible to retire by the year 2014.³⁰⁷

DSHS Sanitarians earn an average annual salary of \$44,527, significantly lower than the starting salaries offered by local health jurisdictions, federal counterparts (U.S. Food and Drug Administration, USDA and the Consumer Product Safety Commission) and private industry.³⁰⁸

In 2009, DSHS implemented a two phase salary equity adjustment plan to help recruit and retain Sanitarians.

Dentists

The demand for Dentists nationwide is expected to increase as the overall population grows. Employment of Dentists is projected to grow by 16 percent through 2018, faster than the average for all occupations³⁰⁹

There are 12 Dentists employed by DSHS.³¹⁰ Central Office staff and five regional dental teams conduct dental surveillance, data collection and reporting and provide preventive oral health services. Services are provided primarily to low-income, pre-school and school-age children in rural areas with limited or no access to these services. State hospital Dentists provide preventive care, emergency dental interventions and other treatment services to patients.

The typical agency Dentist is about 53 years old, with an average of 13 years of state service.³¹¹

³⁰⁷ HHSAS Database, as of 8/31/09.

³⁰⁸ Ibid.

³⁰⁹ US Department of Labor, Bureau of Labor Statistics, Occupational Outlook Handbook, 2010-11 Edition, web page <http://www.bls.gov/oco/ocos072.htm>, last accessed on 2/5/10.

³¹⁰ HHSAS Database, as of 8/31/09.

³¹¹ Ibid.

Figure 114: Dentists at DSHS – Distribution by Age

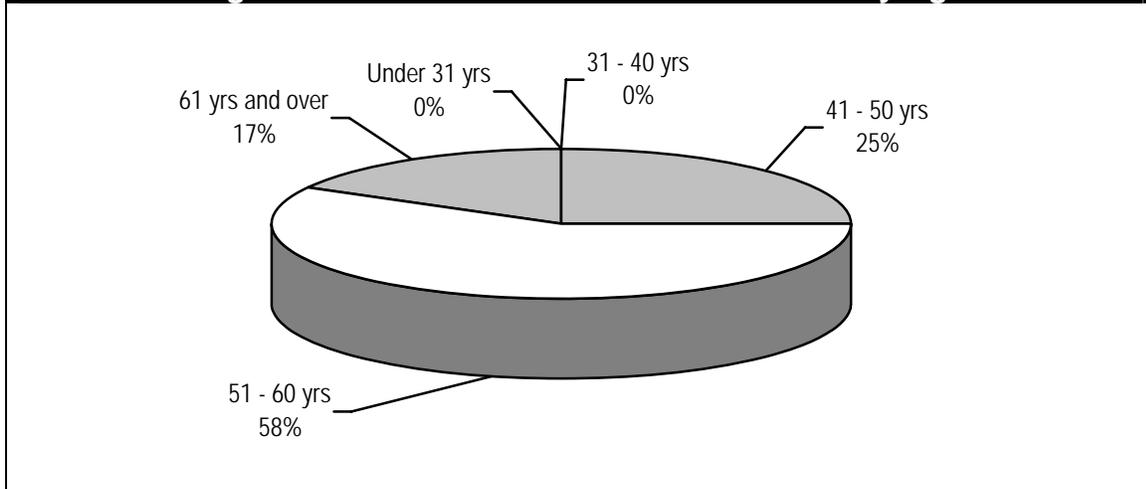
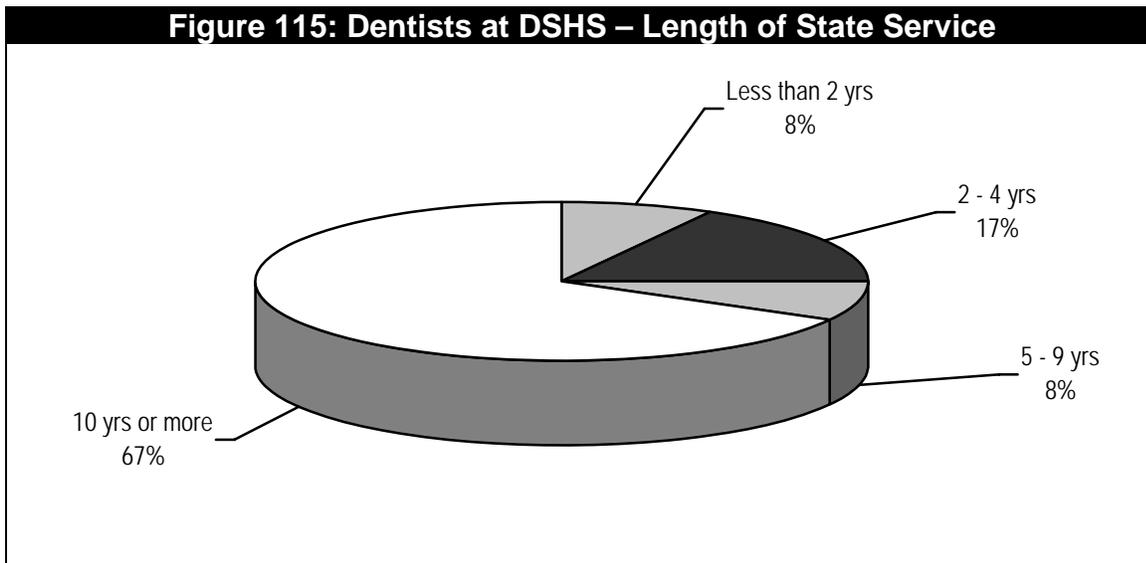


Figure 115: Dentists at DSHS – Length of State Service



Though Dentist positions are currently not experiencing turnover, vacant positions are going unfilled for many months.³¹²

It has become extremely difficult to recruit and attract qualified Dentists at the starting salary levels offered by the agency. In addition, most Dentists do not have the experience or interest to work with the challenging special patient populations served by DSHS.

There is a large disparity between private sector and agency starting salaries. Dentists at DSHS earn, on average, an annual salary of \$91,283.³¹³ This salary falls

³¹² HHSAS Database, FY 2009 data.

significantly below the market rate. The average annual salary for Dentists nationally is \$154,270 and \$153,560 in Texas.³¹⁴ This disparity is affecting the agency's ability to recruit qualified applicants for open positions.

In addition, DSHS may face significant recruitment challenges in the next few years to replace those who are eligible for retirement. A third (33 percent) of these employees will be eligible to retire in the next five years.³¹⁵

Physicians

There are 75 Physicians at DSHS.³¹⁶ These Physicians are essential to providing medical care in state hospitals, health service regions and agency program areas. They take the lead role in diagnosing, determining a course of treatment, making referrals to outside medical hospitals, prescribing medications and monitoring the patients' progress toward discharge. Physician services in state hospitals are essential to the ongoing monitoring and management of an increasing number of complex chronic medical conditions, such as diabetes, seizure disorders, hypertension and chronic obstructive pulmonary disease (COPD). These employees are critical to the agency's preparedness and response to medical services provided by the state and to major public health initiatives, such as obesity prevention, diabetes, disease outbreak control and others. In addition, agency Physicians serving as Regional Directors are required by statute to serve as the Local Health Authority (LHA) in counties that do not have a designated LHA. As such, they establish, maintain and enforce quarantine in addition to reporting the presence of contagious, infectious, and dangerous epidemic diseases in the health authority's jurisdiction.

DSHS Physicians have, on average, about 12 years of state service, with an average age of 58. Local Physicians who have established long term private practices often apply as Physicians at DSHS hospitals late in their working career to secure retirement and insurance benefits, contributing to the high overall age. Only six full-time Physicians are under 41 years of age.³¹⁷

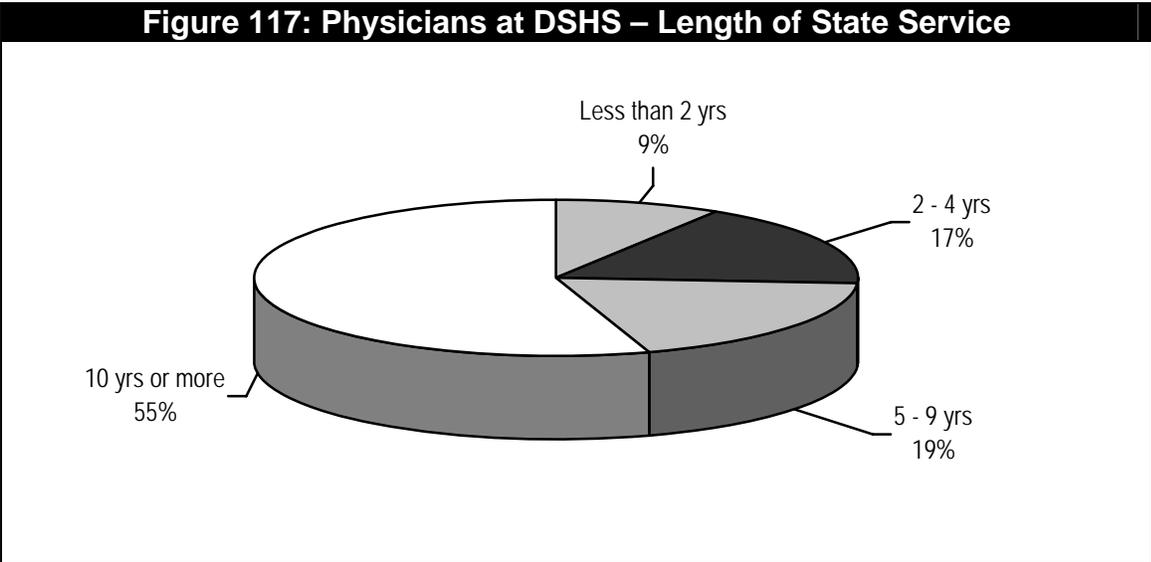
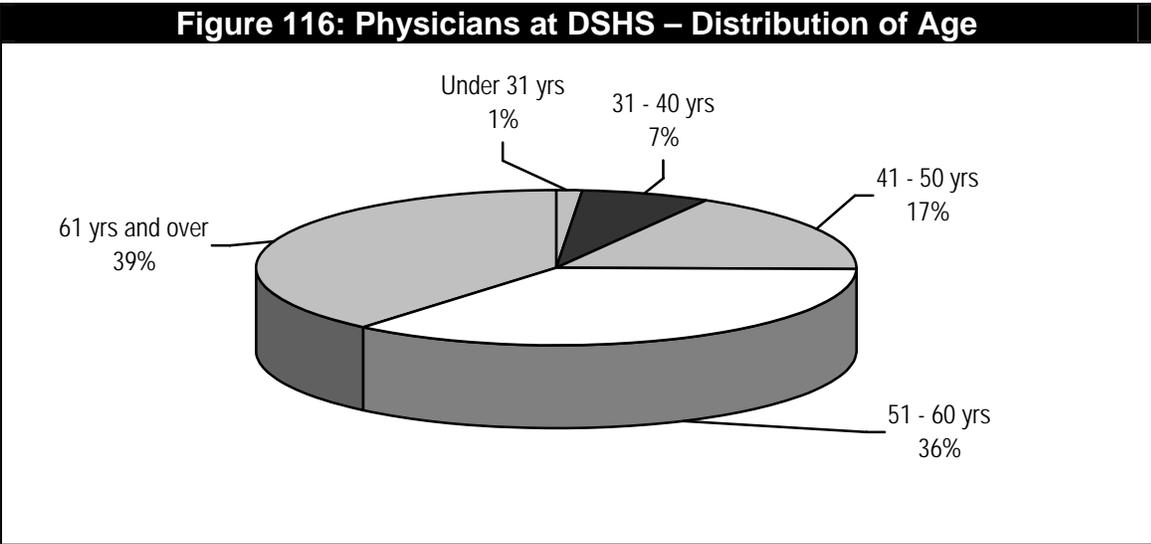
³¹³ HHSAS Database, as of 8/31/09.

³¹⁴ US Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2008; last accessed on 3/10/08.

³¹⁵ Ibid.

³¹⁶ HHSAS Database, as of 8/31/09. Note: Physicians include Resident Physicians and Physicians I – IIIs.

³¹⁷ HHSAS Database, as of 8/31/09.



Though turnover for Physicians is low at about three percent, 38 of these highly skilled and tenured employees (51 percent) will be eligible to retire in the next five years.^{318 319} As retirement opportunities near, the agency may lose some of the most experienced medical personnel – those with institutional knowledge and skills that will be difficult to replace, with expertise that will be difficult to match and even harder to recruit.

With a high vacancy rate of about 10 percent, it can take almost a year to fill a physician position with someone who has appropriate skills and expertise.

³¹⁸ HHSAS Database, FY 2009 data.

³¹⁹ HHSAS Database, as of 8/31/09.

Non-competitive salaries are having a significant effect on retaining qualified Physicians with the agency. Agency Physicians earn an average annual salary of \$142,372. This salary falls below the market rate. The average annual salary for Physicians nationally is \$165,000 and \$164,020 in Texas.^{320 321}

The state hospital system faces increasing difficulty in recruiting and retaining qualified Physicians. This has resulted in excessively high work loads for the Physicians on staff and often increases the patient-to-doctor ratio. The hospitals are seeing more and more medically acute patients in the state hospital system, requiring close medical monitoring of their conditions.

To deal with these recruitment and retention difficulties, the agency has often used contract Physicians to provide required coverage. These contracted Physicians are paid at rates that are well above the amount it would cost to hire Physicians at state salaries (costing in excess of \$200 per hour, compared to the hourly rate of about \$68³²² paid to agency Physicians). These contracted Physicians may not be immediately available in an emergency (increasing the risk to patients) and are unable to provide the individualized treatment that arises from daily contact with staff and patients. Consequently, the patient's length of stay increases and annual number of patients served decreases.

Recruitment of qualified candidates, as well as retention of these highly skilled and knowledgeable employees, continues to be a challenge for the agency. Compensation levels need to be increased to effectively compete in a market where qualified applicants are in short supply and healthcare competitors offer a higher starting salary. The cost of obtaining clinical staff through a placement service or contract far exceeds the cost of hiring and retaining an agency physician. Attracting and keeping clinical staff that are trained in the use of DSHS electronic equipment and clinical practices, as well as familiarity with the consumer population, is more productive and cost-effective.

Psychiatrists

There are currently about 120 Psychiatrists at DSHS.³²³ These highly skilled employees provide essential medical and psychiatric care in state hospitals. They take the lead role in diagnosing, determining a course of treatment, prescribing medications and monitoring the patients' progress.

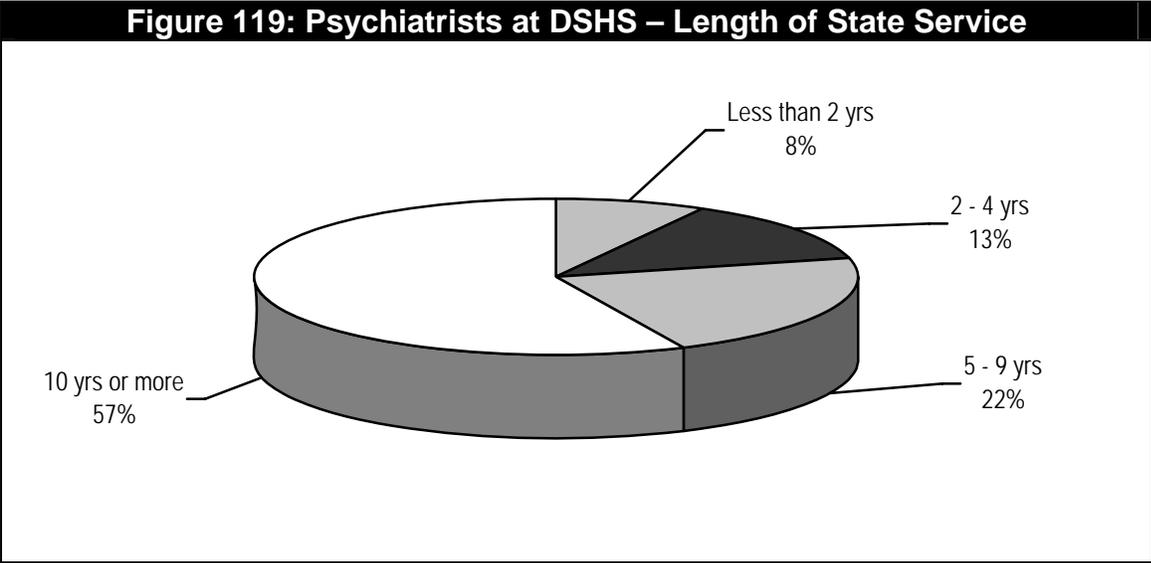
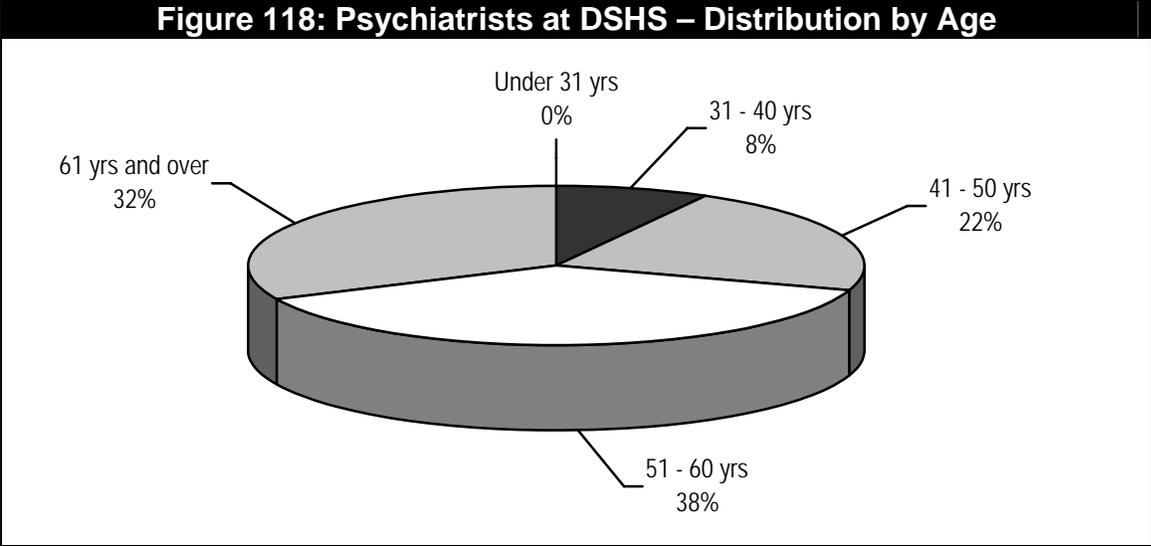
³²⁰ US Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2008; last accessed on 2/5/10.

³²¹ HHSAS Database, as of 8/31/09.

³²² Ibid.

³²³ Ibid.

DSHS Psychiatrists have, on average, about 12 years of state service, with an average age of 56. Over half of these employees have 10 or more years of service.³²⁴



Annual turnover for Psychiatrists is high at 16 percent.³²⁵

Texas has a severe shortage of Psychiatrists. It has been reported the supply ratio for Psychiatrists in the state of Texas has decreased from 6.2 per 100,000 adults in 1985 to 5.6 in 2005. In general, the supply of Psychiatrists is lower in rural and

³²⁴ HHSAS Database, as of 8/31/09.

³²⁵ HHSAS Database, FY 2009 data.

border counties. The need to recruit and retain professionals is crucial to the mental health care of residents in these underserved areas.³²⁶

DSHS Psychiatrists earn an average annual salary of about \$170,656.³²⁷ Market surveys indicate that this salary is below the entry level salary for the private sector in Texas. This discrepancy in earnings has created difficulties in attracting qualified applicants. With a high vacancy rate of 17 percent, most vacant Psychiatrist positions go unfilled for months.³²⁸ These difficulties are expected to continue, as approximately 38 percent of these highly skilled and tenured employees become eligible to retire in the next five years.³²⁹

The state hospital system faces increasing difficulty in recruiting qualified Psychiatrists. This has resulted in excessively high work loads for the Psychiatrists on staff, reducing the ability of hospitals to function at full capacity, placing hospital accreditation at risk and increasing the average length of stay.

To deal with these recruitment difficulties, the agency has often used contract Psychiatrists to provide required coverage. These contracted Psychiatrists are paid at rates that are well above the amount it would cost to hire Psychiatrists at state salaries (costing in excess of \$200 per hour, compared to the hourly rate of about \$82³³⁰ paid to agency Psychiatrists). These contracted Psychiatrists may not be immediately available in an emergency (increasing the risk to patients) and are unable to provide the individualized treatment that arises from daily contact with staff and patients. Consequently, the patient's length of stay increases and annual number of patients served decreases. Since medical records of patients are almost completely electronic, Psychiatrists are required to be proficient at computer entry and documentation. It often takes many weeks to train a contract Psychiatrist on the nuances of the electronic medical record system.

Due to the complex medical and mental challenges that individuals residing in state hospitals exhibit, it is critical that the agency is able to effectively recruit and retain qualified Psychiatrists. Continued targeted recruitment strategies and retention initiatives for these highly skilled professionals must be ongoing.

Psychologists

The 51 Psychologists working at DSHS are assigned to state hospitals. Full staffing of these positions is critical to providing psychological services needed to patients.

³²⁶ "Highlights: The Supply of Mental Health Professionals in Texas – 2005," DSHS Center for Health Statistics, Publication 25-12347, 2006, webpage <http://www.dshs.state.tx.us/chs/hprc/MHhigh05.pdf>, last accessed on 4/29/08.

³²⁷ HHSAS Database, as of 8/31/09.

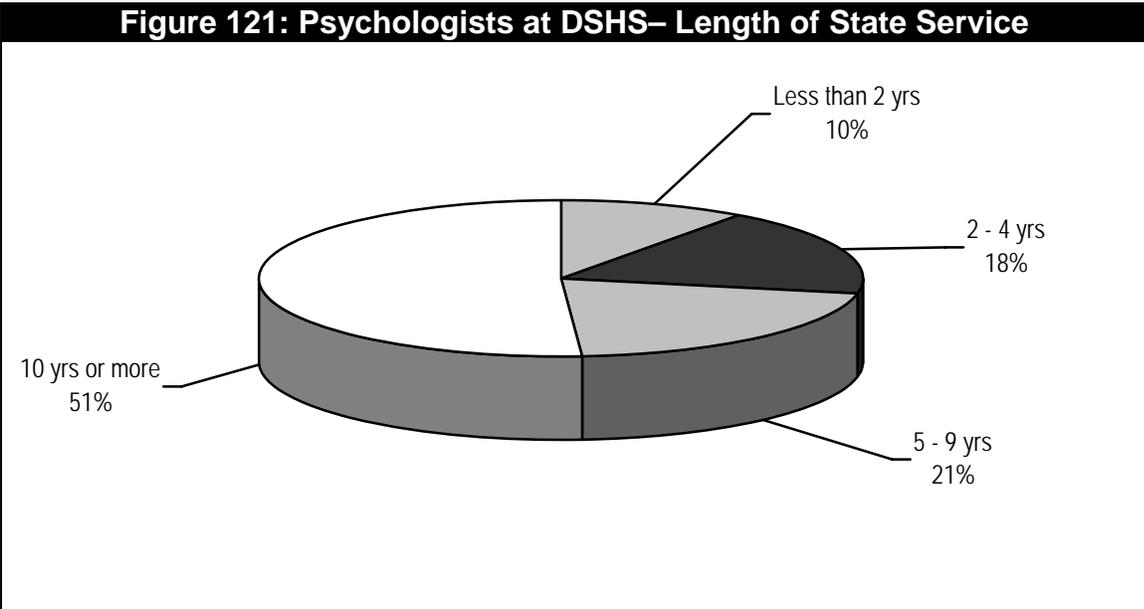
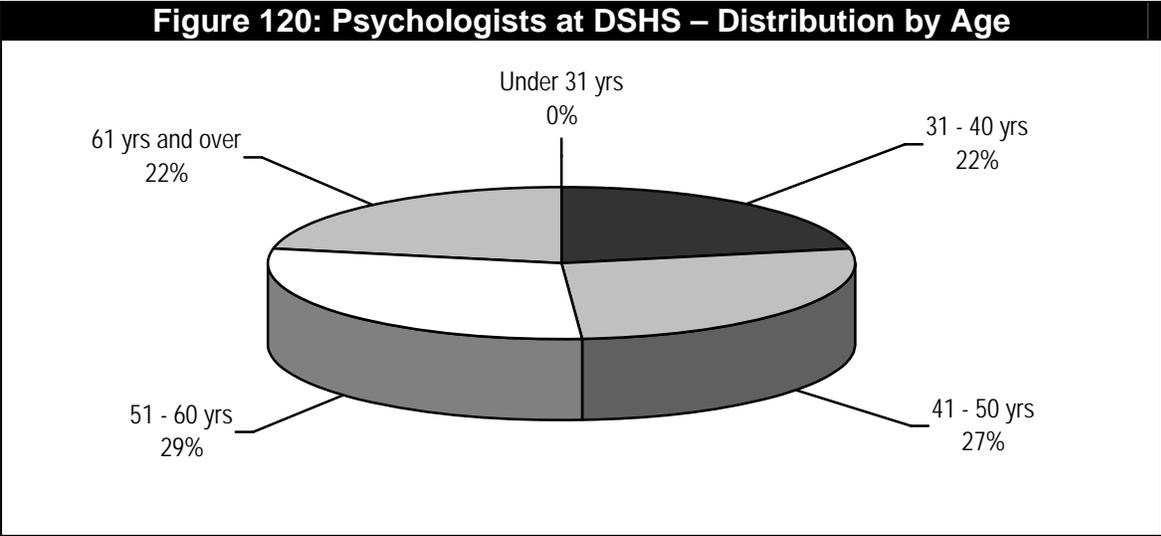
³²⁸ HHSAS Database, FY 2009 data.

³²⁹ HHSAS Database, as of 8/31/09.

³³⁰ Ibid.

DSHS Psychologists play a key role in the development of treatment programs for both individual patients and groups of patients. Their evaluations are critical to the ongoing management and discharge of patients receiving competency restoration services, an ever growing patient population in the state hospitals. They also provide testing and evaluation services important to ongoing treatment, such as the administration of IQ, mood, and neurological testing instruments.

These highly skilled and tenured employees have, on average, about 13 years of state service, with an average age of 50.³³¹



³³¹ HHSAS Database, as of 8/31/09.

Turnover for Psychologists is high at about 19 percent.³³²

In addition to this high turnover, the agency may face significant recruitment challenges in the next few years to replace those highly skilled and tenured employees who are eligible for retirement. Over 40 percent of these employees will be eligible to retire in the next five years.³³³

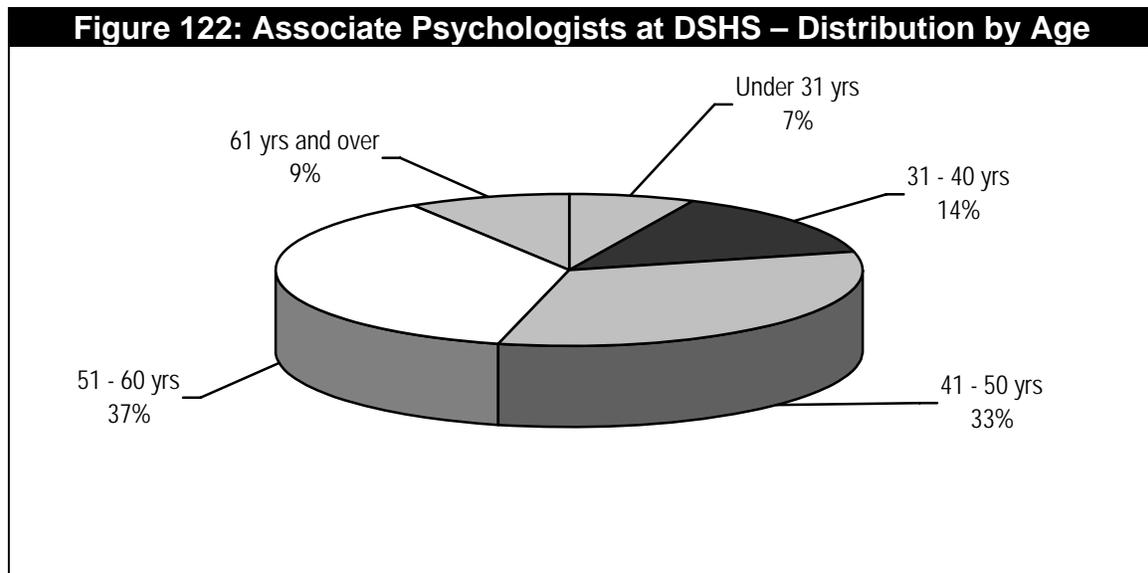
The agency is also experiencing difficulty filling vacant positions. The vacancy rate for these positions is high at about 14 percent, with positions often remaining unfilled for months.³³⁴

It is critical that the agency fill all budgeted Psychologist positions and is able to effectively recruit and retain qualified Psychologists.

Associate Psychologists

All of the 43 Associate Psychologists working at DSHS are assigned to state hospitals.

These highly-tenured employees have, on average, about 16 years of state service, with an average age of 49.³³⁵



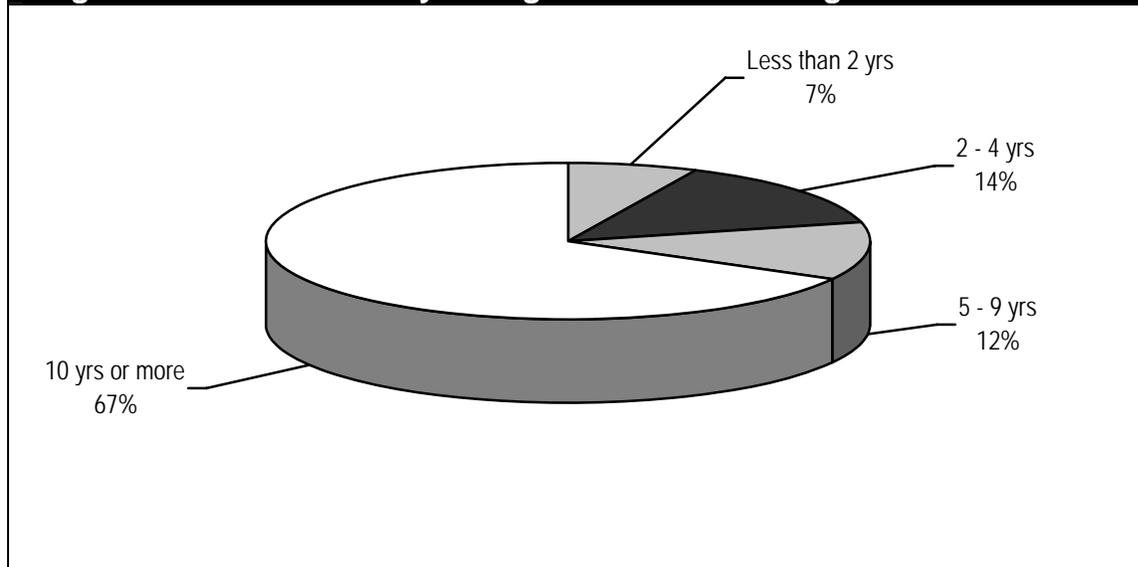
³³² HHSAS Database, FY 2009 data.

³³³ Ibid.

³³⁴ HHSAS Database, as of 8/31/09.

³³⁵ Ibid.

Figure 123: Associate Psychologists at DSHS – Length of State Service



Though turnover for Associate Psychologists is slightly below the state average at about 14 percent, the agency may face significant recruitment challenges in the next five years, as over 40 percent of these employees become eligible for retirement.³³⁶

Recruitment and retention for these jobs are ongoing challenges.

Pharmacists

Pharmacists represent one of the largest health professional groups in the US, with approximately 270,000 active Pharmacists as of November 2008.³³⁷ While the overall supply of Pharmacists has increased in the past decade, there has been an unprecedented demand for Pharmacists and for pharmaceutical care services. This need is expected to grow faster than the average for all occupations due to the increased pharmaceutical needs of a growing elderly population and increased use of medications. It is projected that there will be a demand for 46,000 new Pharmacists by 2018, or a 17 percent increase in the number of total jobs.³³⁸ However, the number of available Pharmacists is expected to grow only modestly.

There are 36 Pharmacists working in various capacities at DSHS.³³⁹ For example, Pharmacists are essential to the timely filling of prescribed medications for patients

³³⁶ HHSAS Database, FY 2009 data.

³³⁷ T. Alan Lacey and Benjamin Wright, "Occupational employment projections to 2018" Monthly Labor Review, November 2009, web page <http://www.bls.gov/opub/mlr/2009/11/mlr200911.pdf>, last accessed on 3/9/10.

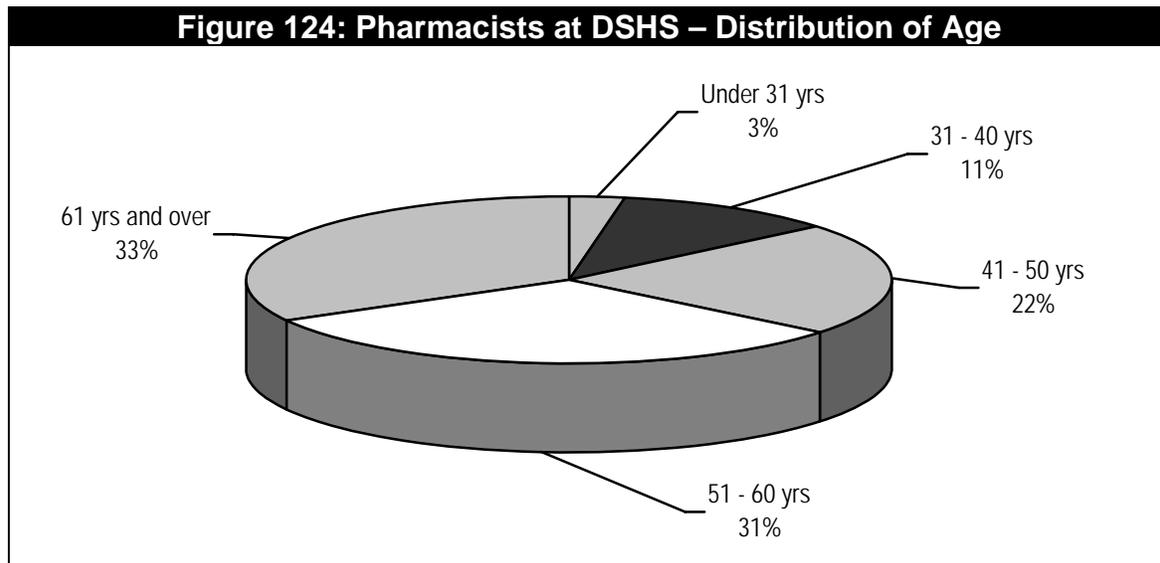
³³⁸ Ibid.

³³⁹ HHSAS Database, as of 8/31/09.

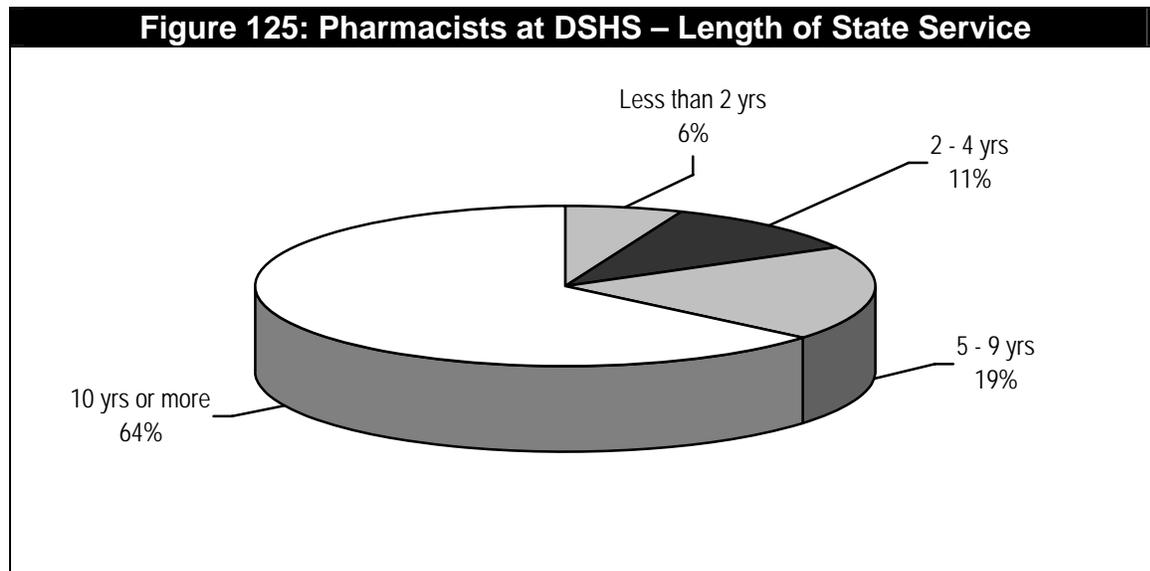
in state hospitals and work within other areas of DSHS, such as the Drugs and Medical Devices program, the Kidney Health Program and the agency's Pharmacy Branch. The majority of these employees are in Pharmacist II positions (33 employees or 92 percent).

DSHS Pharmacists play a key role in the monitoring of costs and inventory of medications, and in the ongoing monitoring of in-patients' medication histories, needs and potential adverse drug issues. They provide important clinical consultation to psychiatrists and physicians regarding complex medical and psychiatric conditions that may be intractable to traditional medication treatment interventions.

The typical Pharmacist is about 53 years old and has an average of 14 years of state service. Sixty-four percent (64%) of these employees have 10 or more years of service.³⁴⁰



³⁴⁰ HHSAS Database, as of 8/31/09.



Pharmacists at DSHS earn, on average, an annual salary of \$93,240.³⁴¹ This salary falls significantly below the market rate. The average annual salary for Pharmacists nationally is \$104,260 and \$108,630 in Texas.³⁴²

The annual turnover rate for Pharmacists is high at about 23 percent. In addition, approximately 44 percent of these highly skilled and tenured employees will be eligible to retire by the year 2014.³⁴³

With a high vacancy rate of 14 percent, most vacant Pharmacist positions go unfilled for months.

Recruitment and retention for these jobs are ongoing challenges.

Veterinarians

There are 19 Veterinarians working for DSHS in the Division for Regulatory Services, the Division for Prevention & Preparedness and in Public Health Regions across the state.

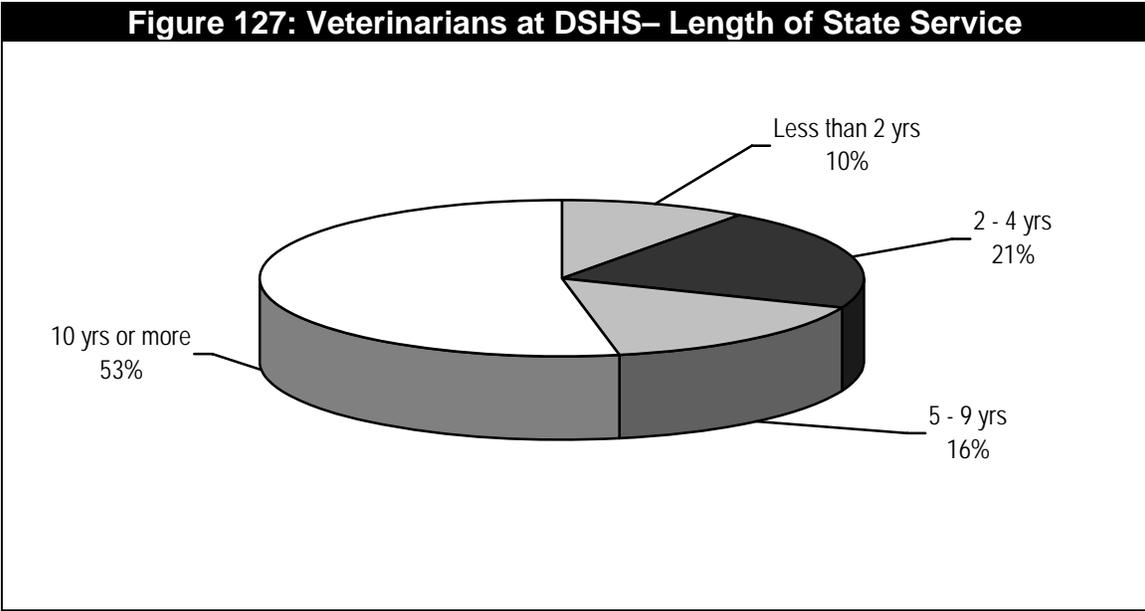
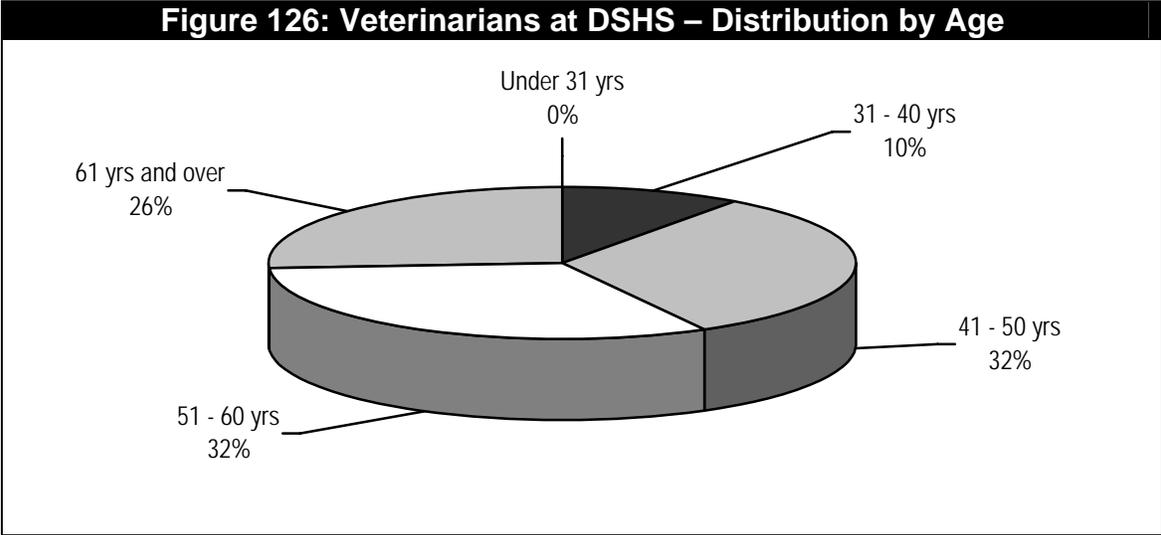
Among the many duties of a DSHS Veterinarian are the investigation of legally reportable zoonotic diseases in humans and animal (such as rabies and anthrax) and inspecting and registering rabies quarantine facilities and local animal shelters.

³⁴¹ HHSAS Database, as of 8/31/09.

³⁴² US Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2008; last accessed on 4/23/10.

³⁴³ HHSAS Database, FY 2009 data.

These highly skilled and tenured employees have, on average, about 11 years of state service, with an average age of 54.³⁴⁴



Turnover for Veterinarians is slightly above the state average at 15 percent.³⁴⁵

In addition to this high turnover, the agency may face significant recruitment challenges in the next few years to replace those highly skilled and tenured

³⁴⁴ HHSAS Database, as of 8/31/09.

³⁴⁵ HHSAS Database, FY 2009 data.

employees who are eligible for retirement. Over 40 percent of these employees will be eligible to retire in the next five years.³⁴⁶

Special efforts should be made to recruit these professional to avoid a critical shortage in the near future.

Laboratory Staff

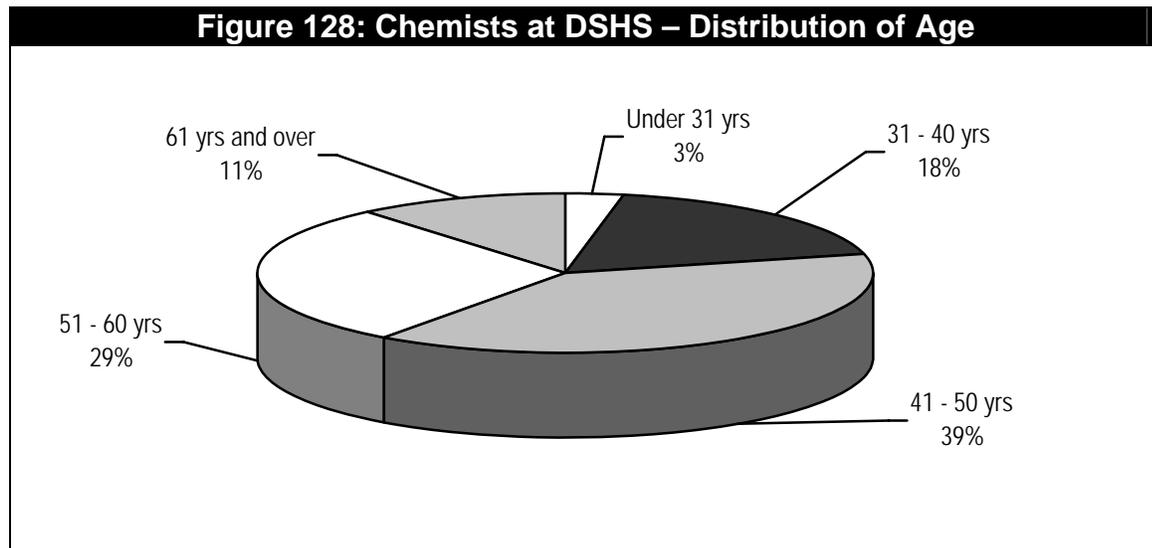
DSHS operates a state-of-the-art state laboratory in Austin and two regional laboratories, one in San Antonio and the other in Harlingen. The Austin state hospital provides laboratory services for the other agency state hospitals and DADS state supported living centers.

While laboratory staff is made up of a number of highly skilled employees, there are four job groups that are essential to laboratory operations: Chemists, Microbiologists, Laboratory Technicians and Medical Technologists.

Chemists

There are 56 Chemists employed at DSHS, all located in Austin.³⁴⁷

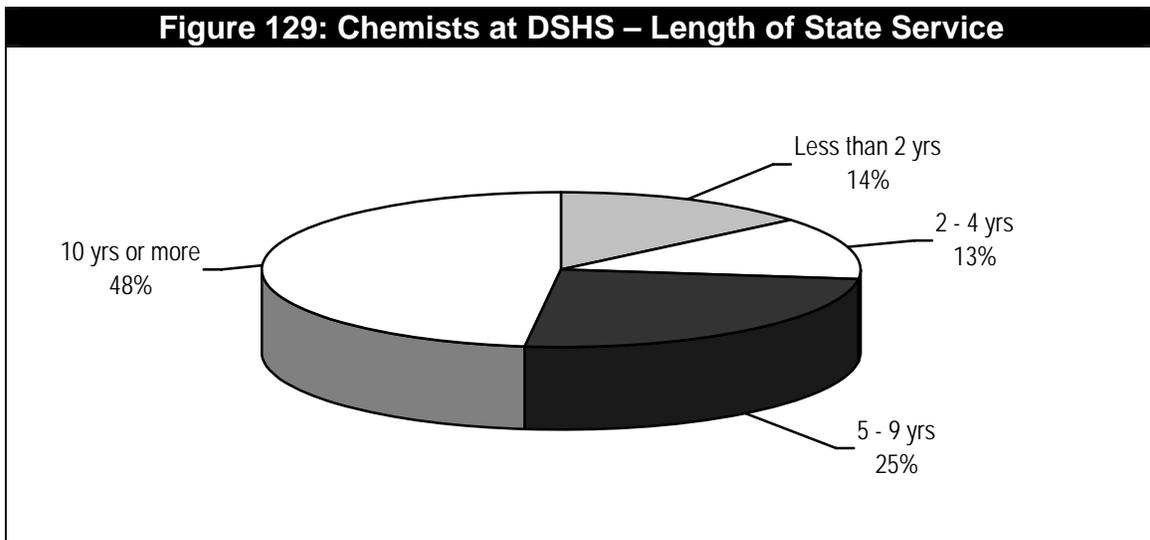
The typical agency Chemist is about 48 years old and has an average of 12 years of state service. Almost half of the employees have 10 years or more of state service.³⁴⁸



³⁴⁶ HHSAS Database, FY 2009 data.

³⁴⁷ HHSAS Database, as of 8/31/09.

³⁴⁸ Ibid.



The turnover rate for DSHS Chemists is about 12 percent annually. While this rate is considered low, about 29 percent of current Chemists will be eligible to retire by the year 2014.³⁴⁹

Chemists at DSHS earn an average annual salary of about \$42,168.³⁵⁰ This salary falls below the market rate. The average annual salary for Chemists nationally is \$71,070 and \$66,840 in Texas.³⁵¹

Microbiologists

There are about 120 Microbiologists at DSHS, with the majority working at the Austin laboratory.³⁵²

DSHS Microbiologists have, on average, about nine years of state service, with an average age of about 39 years.³⁵³

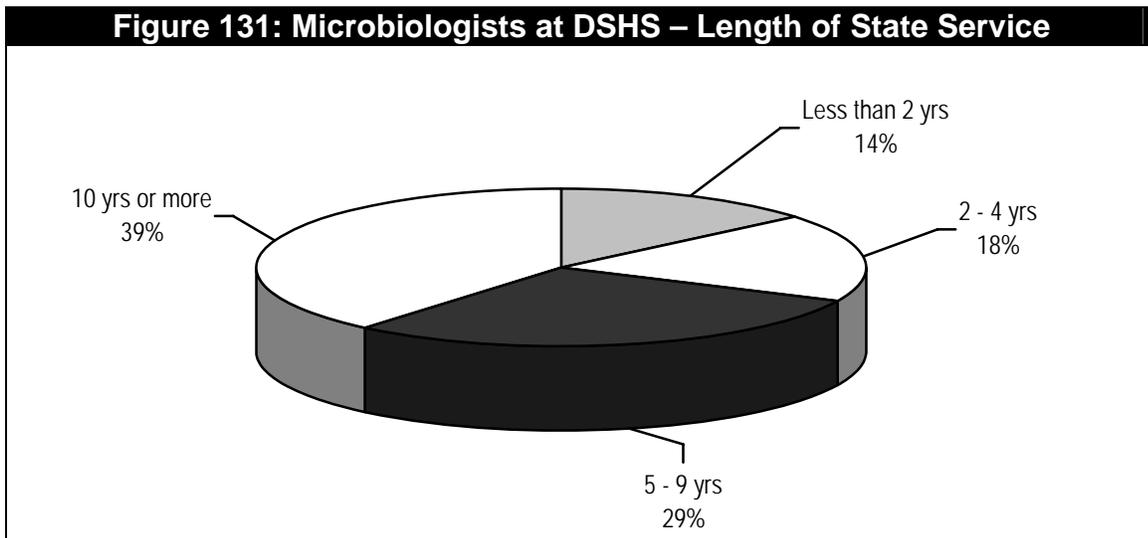
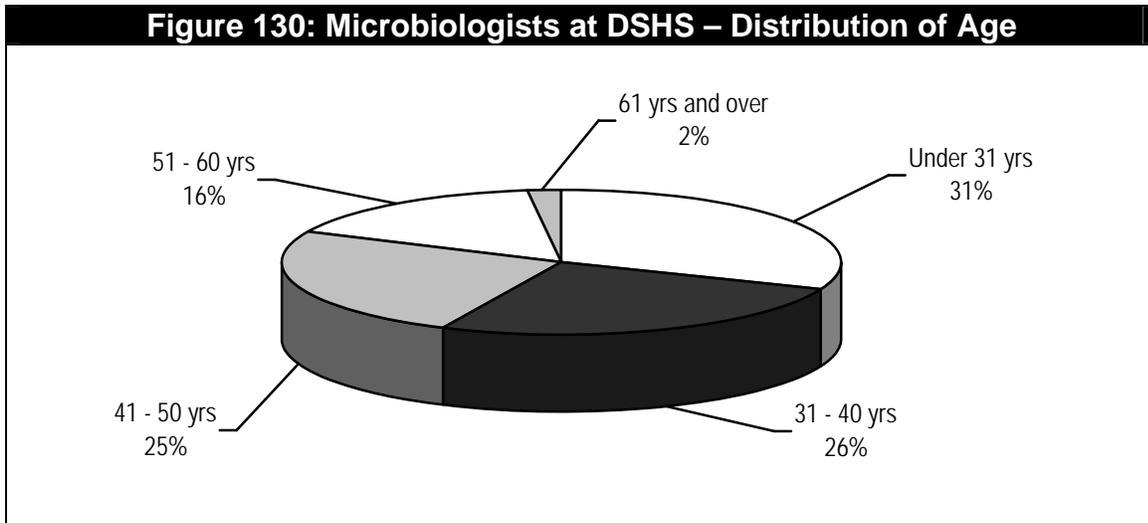
³⁴⁹ HHSAS Database, FY 2009 data.

³⁵⁰ HHSAS Database, as of 8/31/09.

³⁵¹ US Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2008; last accessed on 4/23/10.

³⁵² HHSAS Database, as of 8/31/09.

³⁵³ Ibid.



The turnover rate for DSHS Microbiologists is well managed at about nine percent.³⁵⁴

Agency Microbiologists earn an average annual salary of about \$41,256. This salary falls below the national and statewide market rates for this occupation. The average annual salary for Microbiologists nationally is \$70,150 and \$49,760 in Texas.^{355 356} This disparity in earnings is affecting the agency's ability to recruit qualified

³⁵⁴ State Auditor's Office (SAO) FY 2009 Turnover Statistics.

³⁵⁵ US Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2008; last accessed on 4/23/10.

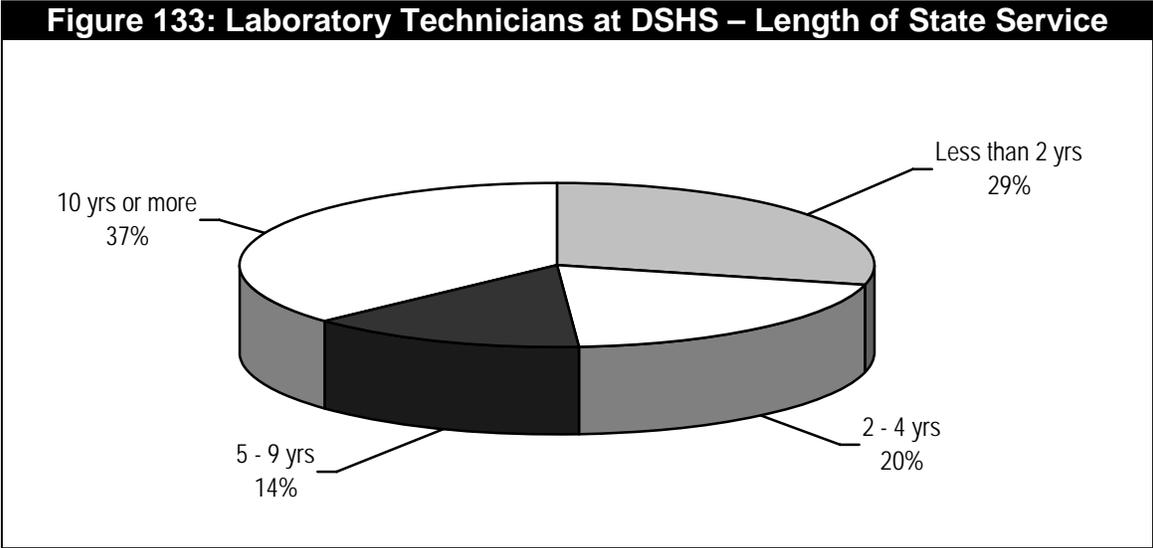
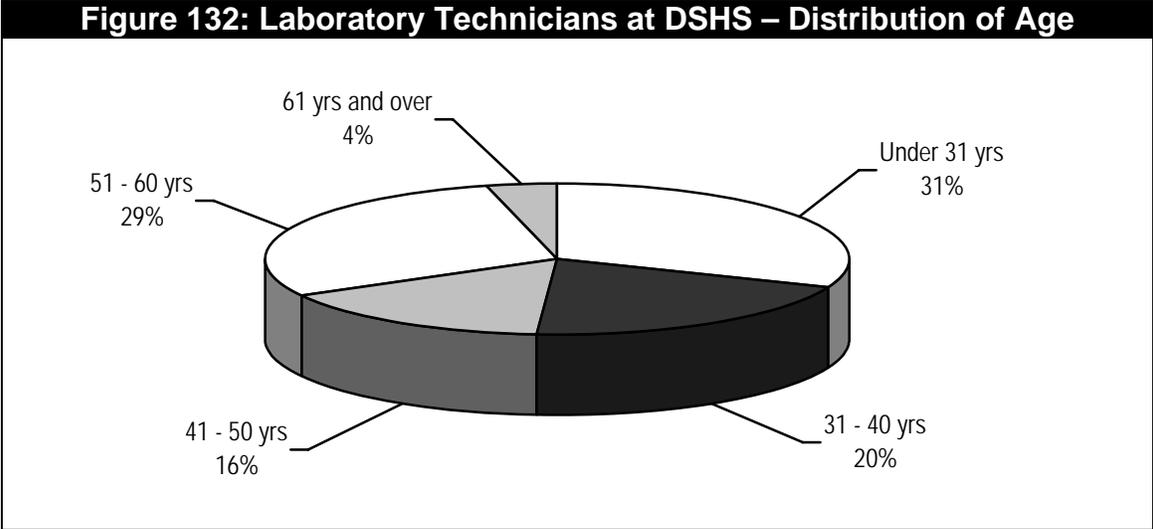
³⁵⁶ HHSAS Database, as of 8/31/09.

applicants for open positions. Microbiologist positions often remain unfilled for several months.³⁵⁷

Laboratory Technicians

There are 51 Laboratory Technicians employed at DSHS.³⁵⁸

The typical Laboratory Technician is about 41 years old and has an average of 10 years of state service.³⁵⁹



³⁵⁷ HHSAS Database, as of 8/31/09.

³⁵⁸ Ibid.

³⁵⁹ Ibid.

Annual turnover for DSHS Laboratory Technicians is considered high at approximately 19 percent.³⁶⁰

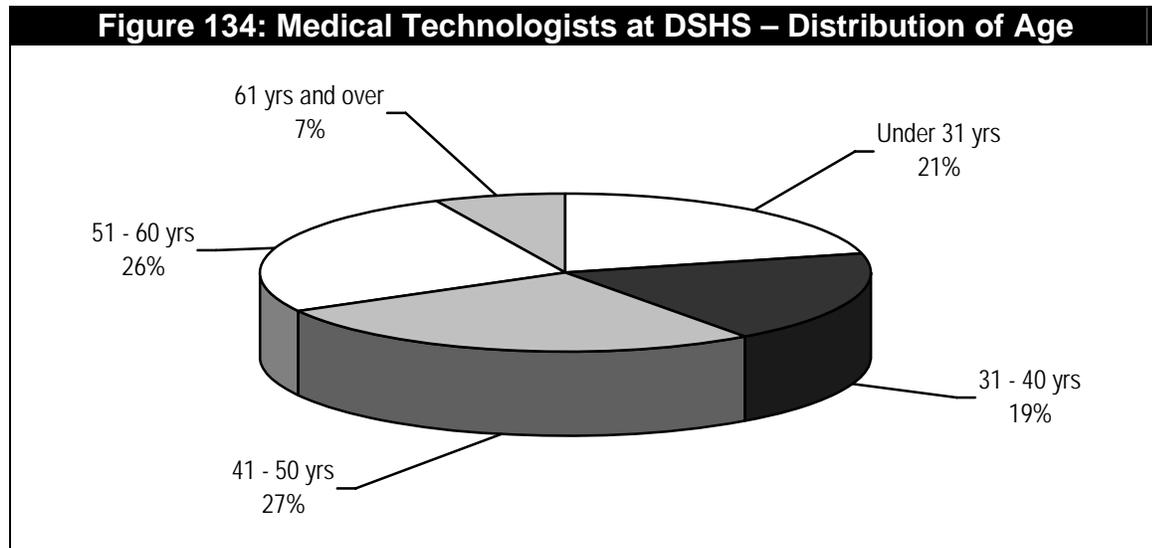
Targeted recruitment and retention strategies are used to ensure that agency laboratories have enough staff to meet agency goals.

One strategy has been to contract with private laboratories. This has not been a particularly desirable alternative to hiring laboratory staff. Barriers to using contracts with private labs include securing a cost-effective contract arrangement and the difficulty in obtaining a long term commitment. In most cases, contracting with private lab services is more costly than hiring staff to perform these services.

Medical Technologists

There are about 90 Medical Technologists at DSHS.³⁶¹ These laboratory employees are critical to providing efficient and quality healthcare.

DSHS Medical Technologists have, on average, about 10 years of state service, with an average age of approximately 44 years.³⁶²

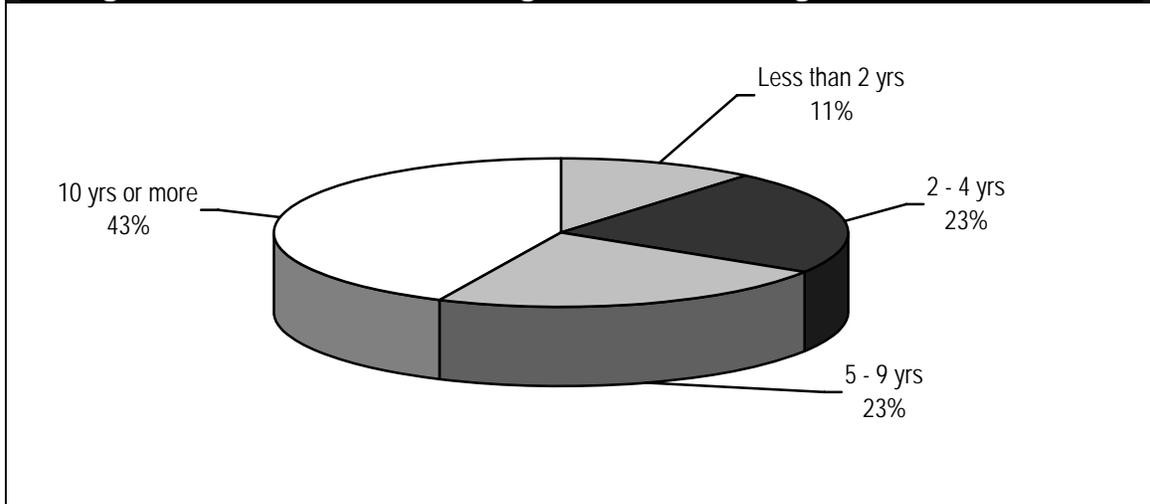


³⁶⁰ HHSAS Database, FY 2009 data.

³⁶¹ HHSAS Database, as of 8/31/09.

³⁶² Ibid.

Figure 135: Medical Technologists at DSHS Length of State Service



Though turnover for Medical Technologists is well managed at about 12 percent, when a vacancy in one of the positions occurs, it is not unusual for the position to go unfilled for several months before a qualified applicant is found.³⁶³

DSHS Medical Technologists earn, on average, an annual salary of \$41,934.³⁶⁴ This salary falls significantly below the market rate. The average annual salary for Medical and Clinical Laboratory Technologists is \$54,050 and \$49,840 in Texas. This disparity is affecting the agency's ability to recruit qualified applicants for open positions.³⁶⁵

Targeted recruitment efforts will continue to ensure a qualified applicant pool is available to select from as vacancies occur.

DEVELOPMENT STRATEGIES TO MEET WORKFORCE NEEDS

Recruitment Strategies

- ◆ Solidify a "pipeline" from academia to DSHS for students to learn about the work of the agency and gain experience, skills and qualifications through internships.

³⁶³ HHSAS Database, FY 2009 data.

³⁶⁴ HHSAS Database, as of 8/31/09.

³⁶⁵ US Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2008; last accessed on 3/10/08.

- ◆ Continued use of social work, nursing, medical student, psychiatric resident and other medical professional student/intern rotations at state hospitals.
- ◆ Work with Nurse Practitioner educational programs to develop, fund and promote specialty psychiatric Nurse Practitioner tracks with rotations in state hospitals.
- ◆ Continued use of internet-based job postings, billboards, job fairs, professional newsletters, list serves and recruitment firms.
- ◆ Offer incentives and educational leave to encourage DSHS non-licensed staff in hospitals to train to become RNs or other critical shortage staff.
- ◆ Involvement in HHS System-wide efforts to address health and human services workforce issues, including recruitment of staff to fill essential positions.
- ◆ Continued posting of difficult-to-recruit positions in professional publications.
- ◆ Recruit individuals from diverse academic institutions.
- ◆ Review current Sanitarian salaries from local health departments, industry and the federal government and make necessary salary adjustments.
- ◆ Facilitate use of a “Sanitarian-In-Training” model, whereby individuals with appropriate education and experience but who lack the required license may be hired at a lower pay group in a related classification (as Environmental Specialist Is) and provided the opportunity to obtain their license and supplement their field experience. Once such an individual has successfully become a Registered Sanitarian, the employee would be promoted to the Sanitarian job series.
- ◆ Consider increasing the salary for Psychiatric Nursing Assistants, Registered Nurses and Licensed Vocational Nurses.
- ◆ Request the creation of a trainee classification for individuals to gain the necessary experience to become a Sanitarian.
- ◆ Evaluate options for paying for continuing education programs.
- ◆ Enhance capacity to recruit bilingual Human Services Specialist case managers by providing a 3.4 percent salary incentive for assuming the duty of providing interpreter services to consumers.
- ◆ Consider the use of recruitment bonuses and moving allowances for highly competitive job categories such as Physicians, Psychiatrists and Pharmacists.
- ◆ Consider relaxing agency rules governing the hiring of licensed psychological personnel to include license-eligible personnel.
- ◆ Increase commitment to and effectiveness of recruiting a racially and ethnically diverse workforce.
- ◆ Implement continuous business improvement processes to ensure work systems are effective and efficient so that employees are able to focus on their specific duties.

Retention Strategies

- ◆ Systematic process for audit of job positions to ensure consistency across the agency.
- ◆ Involvement in HHS System-wide efforts to address health and human services workforce issues, including retention of staff filling essential positions.

- ◆ The development of a methodology for performance-based merits.
- ◆ Use of the DSHS Employee Advisory Committee to identify strategies for retaining staff.
- ◆ Explore opportunities for flexible work schedules.
- ◆ Continue to provide adequate training to assist employees in preparedness of their jobs and expand opportunities for cross-training.
- ◆ Improve supervisory skills to improve the work environment.
- ◆ Improve the work environment through provision of adequate technological tools and streamlined business processes.
- ◆ Improve employee communications.
- ◆ Evaluate the use of career ladders for a limited number of technical classifications and the expansion of the nurse career ladder to address public health nurses.
- ◆ Reimburse employees in shortage occupations for their license renewal and for the cost of required continuing education.
- ◆ Consider opportunities to provide formally approved continuing education for various licensed healthcare professionals that meet requirements for credentialing.
- ◆ Provide workforce support and expertise in areas of recruitment and retention to work units.
- ◆ Use educational leave and stipends for Psychiatric Nursing Assistants who wish to pursue nursing careers, as well as other staff who wish to pursue critical shortage positions.
- ◆ Continue to fund stipends for Psychiatrists-in-training at state hospitals.
- ◆ Consider opportunities to mentor professional staff.
- ◆ Recognize and reward employees who make significant contributions to public health.
- ◆ Increase commitment to and effectiveness of retaining a racially and ethnically diverse workforce.

Appendix F

Health and Human Services Agency Program Target Populations and Service Descriptions

Health and Human Services Commission

HHSC Goal 1: HHS Enterprise Oversight and Policy

The activities under the Health and Human Services Commission (HHSC) Goal 1, Enterprise Oversight and Policy, are discussed in Chapter 4, Section 4.3, External Assessment: Challenges and Opportunities.

HHSC Goal 2: Medicaid

Target Population

Medicaid serves primarily low-income families, children, related caretakers of dependent children, pregnant women, older persons, and people with disabilities. Initially, the program was only available to people receiving Temporary Assistance for Needy Families (TANF) or Supplemental Security Income (SSI). During the late 1980s and early 1990s, Congress expanded program eligibility to include a broader range of people (older persons, people with disabilities, children, and pregnant women), and Medicaid eligibility is no longer linked to the receipt of cash assistance.

Children comprise the majority of Medicaid recipients but account for a relatively small portion of the expenditures. By contrast, the aged and people with disabilities make up just 30 percent of recipients, but account for 59 percent of Texas Medicaid spending on direct health-care services. Figure F.1 illustrates the percentages of the Medicaid population by client category and the portion of the Medicaid budget spent on each group in fiscal year (FY) 2009.

The largest portion of the Medicaid population consists of women and children. As of August 2009, out of a total enrollment of 3,450,492, approximately 56 percent of the Medicaid population was female, and 69 percent was younger than 19 years of age. These groups are more likely to meet the eligibility criteria established for

TANF, which provides them with automatic Medicaid eligibility. Medicaid eligibility is determined first, and eligibility for other programs is determined subsequently.

Figure F.1

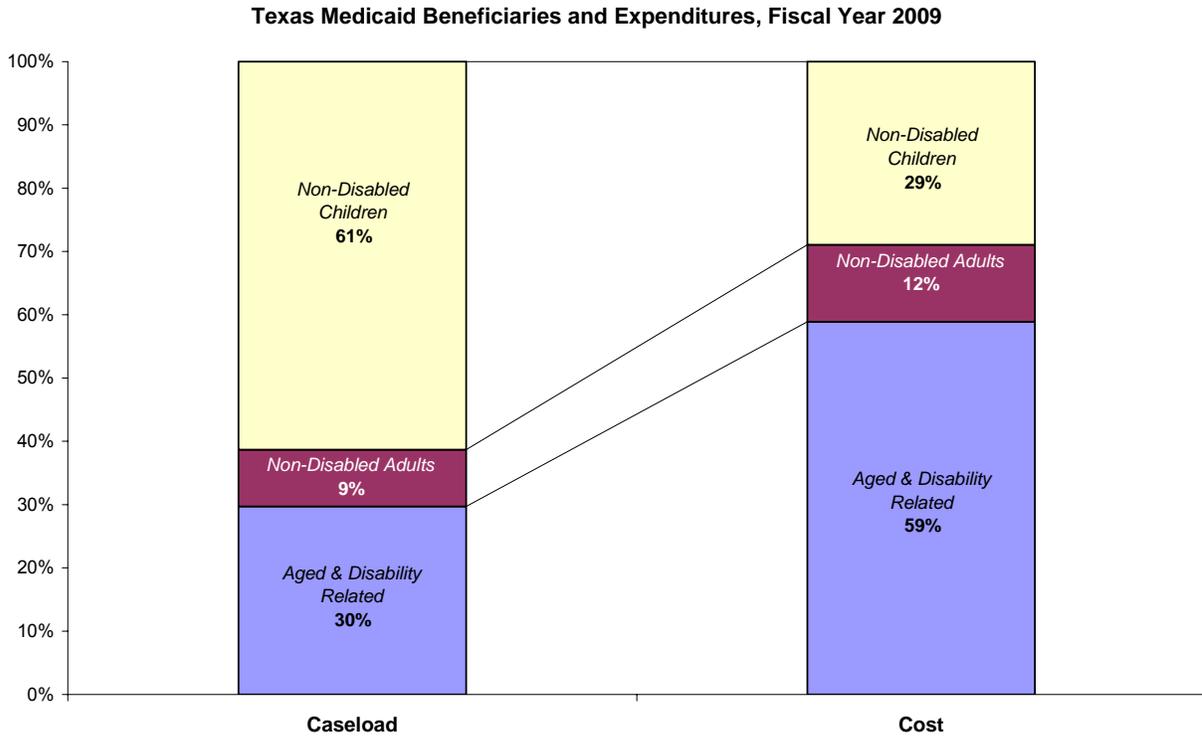


Figure F.1: HHS Financial Services, 2009 Medicaid Expenditures, including Acute Care, Vendor Drug, and Long-Term Care. Costs and caseload for all Medicaid payments for all beneficiaries and non-full beneficiaries (Women’s Health Waiver, Emergency Services for Non-Citizens, Medicare payments) are included.

The Social Security Administration (SSA) determines eligibility for SSI, the federal program that provides direct financial payments to low-income persons who are older, blind, or have disabilities. All SSI recipients in Texas are also categorically eligible for Medicaid, and they automatically receive Medicaid upon SSI determination. DARS is the disability determination agent for SSA in Texas.

Trend: Eligible Populations

The number of Texans participating in the Medicaid program has increased in the last several years. Figure F.2 shows the number of Medicaid enrollees for selected fiscal years. From FY 2002 to FY 2009, the average monthly enrollment in the

Medicaid program grew from 2,203,386 to 3,281,066, an increase of approximately 49 percent.

Figure F.2
Texas Medicaid Enrollment, Fiscal Years 2002-09

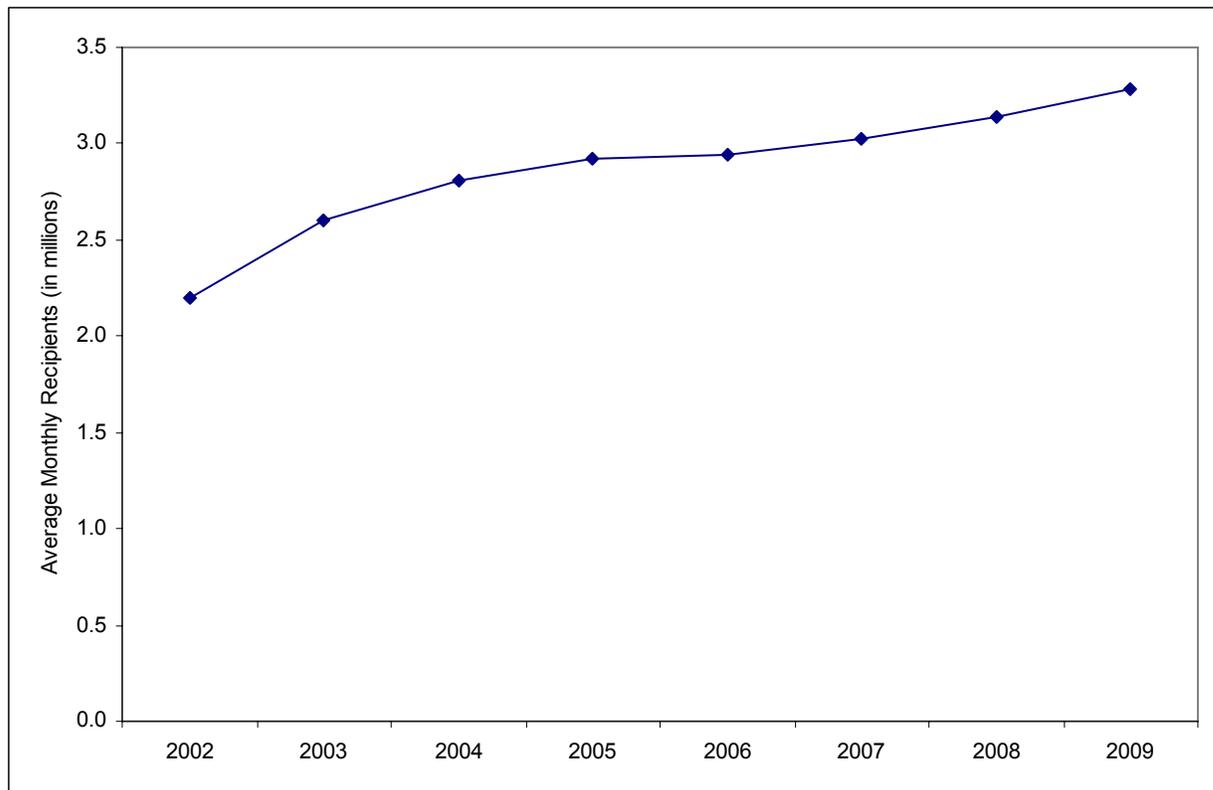


Figure F.2: HHS Strategic Decision Support, 2009.

Research also shows that the number of Texans in key program categories who could be potentially eligible to receive Medicaid benefits is expected to continue growing. The Medicaid eligible population is also projected to continue growing from 2010 to 2014.

- The number of qualified pregnant women older than 18 and younger than 45 and living at or below 185 percent of poverty for at least one month of the year will grow from 181,000 in 2010 to 192,000 in 2014, a 6 percent increase.
- The number of infants at or below 185 percent of poverty for at least one month of the year will grow from 294,000 in 2010 to 310,000 in 2014, a 5 percent increase.
- The number of children 1 to 5 years of age who are at or below 133 percent of poverty for at least one month of the year will grow from 1,124,000 in 2010 to 1,170,000 in 2014, a 4 percent increase.

- The number of children 6 to 18 years of age who are at or below 100 percent of poverty for at least one month of the year will increase from 1,732,000 in 2010 to 1,821,000 in 2014, a 5 percent increase.

Disability

As of August 2009, approximately 15 percent of the children and adults receiving Texas Medicaid services were eligible because of a disability. However, this figure understates the actual frequency of disabling conditions among Texans in the Medicaid program, because many persons 65 years of age or older also have a disability.

Gender

As of August 2009, females made up 56 percent of Medicaid clients. Texas Medicaid recipients are disproportionately female, for several reasons:

- Women live longer, on average. In 2009, 57 percent of the population 65 years of age or older was female.
- TANF beneficiaries are typically single-parent families, and in Texas, 93 percent of single-parent families receiving TANF are headed by females. Additionally, in 2009, 40 percent of single-parent families headed by a female lived below the poverty line, as compared to eight percent of two-parent families.
- Medicaid covers eligible low-income women for pregnancy-related services.

Age

As of August 2009, children under 19 years of age and persons 65 years and older made up 79 percent of Medicaid enrollees. Children younger than 19 years of age comprise 69 percent, or 2,375,737 of the 3,450,492 persons enrolled in the program. This figure includes children younger than 19 years of age who are SSI/disabled.

Ethnicity

Hispanics represented the largest proportion of Medicaid clients, comprising 54 percent of the Medicaid population, followed by Anglos (23 percent), and then African Americans (18 percent). In 2009, the state's composition of residents according to race/ethnicity was estimated as follows: 46 percent Anglos, 12 percent African American, and 38 percent Hispanic. All other population groups combined comprised the remainder.

Service Description

Medicaid is a means-tested entitlement program financed jointly by the state and federal governments and administered by the state. Medicaid pays for basic health-care (physician, inpatient, outpatient, pharmacy, lab, and X-ray services). Medicaid

also covers long-term care services and supports for older adults and recipients with disabilities. In August 2009, approximately one in seven Texans relied on Medicaid for health insurance or long-term care services and supports. As a result, the Medicaid program is the state's largest HHS enterprise program.

The federal share of the jointly financed Medicaid program is determined based on average state per capita income compared to the United States (U.S.) average. This is known as the Federal Medical Assistance Percentage (FMAP). In Texas, the FMAP for federal fiscal year (FFY) 2008 was 60.56 percent. In FFY 2009, the federal share decreased to 59.44 percent, and in FFY 2010 it is projected to be below 59 percent.

Texas Medicaid provides health-care services to most clients through managed care systems. Medicaid managed care in Texas is administered by multiple organizations and programs, as described below.

State of Texas Access Reform Program

Medicaid's State of Texas Access Reform (STAR) is a managed care program for pregnant women, children, and TANF recipients. SSI clients without Medicare may choose to enroll in STAR in service areas without STAR+PLUS or ICM. STAR ensures the delivery of acute care services through contracts with a diverse range of health maintenance organizations, including local and national plans, provider-sponsored plans, independent non-profit plans, and for-profit plans. The STAR Program is currently available in the Bexar, Dallas, El Paso, Harris, Harris Expansion, Lubbock, Nueces, Tarrant, and Travis service areas.

Primary Care Case Management

Medicaid Primary Care Case Management (PCCM) is a non-capitated model in which participants are assigned to a primary care provider (PCP) who serves as the client's medical home by providing comprehensive preventative and primary care and making referrals for specialty care. PCPs contract directly with the state and can refer patients to any Medicaid specialist. HHSC operates PCCM in 202 counties throughout the state. PCCM is not available where the STAR program operates.

STAR+PLUS

STAR+PLUS is the agency's program for integrating the delivery of acute and long-term care services to older people, blind people, and people with disabilities through a managed care system. STAR+PLUS operates in the Bexar, Harris, Harris Expansion, Nueces, and Travis service areas. Acute and long-term care services are provided through capitated MCOs.

NorthSTAR

NorthSTAR is an integrated behavioral health delivery system for Medicaid recipients in the Dallas service area. It is an initiative of the Department of State Health Services (DSHS). Services are provided via a fully capitated contract with a licensed behavioral health organization. STAR members in a seven-county area around Dallas receive behavioral health services through NorthSTAR.

STAR+PLUS Expansion

In May 2009, HHSC and its vendor agreed to end their contract for the operation of the Integrated Care Management (ICM) program, which provided services to more than 75,000 aged, blind, and disabled (ABD) Medicaid clients in the Dallas and Tarrant service delivery areas. Subsequently, the 2010-11 General Appropriations Act (GAA) (Article II, Special Provisions, Section 46, Senate Bill (S.B.) 1, 81st Legislature, Regular Session, 2009), directed HHSC to implement the most cost-effective integrated managed care model for this population.

Approved by the HHSC Executive Commissioner in July 2009, the expansion of STAR+PLUS into the Dallas and Tarrant service areas is expected to occur in early 2011. The STAR+PLUS expansion will provide the ABD Medicaid population in the Dallas and Tarrant service delivery areas with a proven, cost-effective model that will provide better integration of long-term and acute care services to dual eligible members.

HHSC requires that the MCOs be Dual Eligible Medicare Special Needs Plans (SNPs). SNPs are a type of Medicare Advantage Plan for people with certain chronic diseases and conditions or who have specialized needs. As such, the STAR+PLUS MCOs will be able to provide both Medicaid and Medicare services to STAR+PLUS dual eligibles, should the members choose to enroll in the MCO's SNP. This option will facilitate the MCOs' ability to ensure that all STAR+PLUS members receive appropriate, effective care in the most integrated setting possible which ensures their health and safety.

Medicaid for Breast and Cervical Cancer

S.B. 532, 77th Legislature, Regular Session, 2001, was passed to provide Medicaid to eligible women who are screened under the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program and are in need of breast or cervical cancer treatment. DSHS administers the program through the Breast and Cervical Cancer Services (BCCS) program. Effective, December 1, 2002, Medicaid for Breast and Cervical Cancer (MBCC) provides full Medicaid coverage for eligible uninsured women ages 18 through 64 who have been diagnosed with a qualifying breast or cervical cancer.

The program was expanded with S.B. 10, 80th Legislature, Regular Session, 2007, to allow any health-care provider to provide an eligible diagnosis and refer low-income, uninsured women to MBCC for coverage of treatment. Effective September

1, 2007, women may receive a qualifying diagnosis from any provider, but must apply for MBCC through the BCCS program administered by DSHS. Only women with income at or below 200 percent of FPL are eligible for BCCS services. MBCC clients receive full Medicaid benefits as long as they meet the eligibility criteria and are receiving active treatment for breast or cervical cancer.

Medicaid Buy-In For Adults

In September 2006, HHSC implemented a statewide Medicaid Buy-In program to enable working persons with disabilities to receive Medicaid services. Based on direction from S.B. 566, 79th Legislature, Regular Session, 2005, the program is available to individuals with countable earned income less than 250 percent of the federal poverty level (FPL). Medicaid Buy-In participants may be required to pay a monthly premium, depending on their earned and unearned income.

Medicaid Buy-In participants are eligible for the same Medicaid services available to adult Medicaid recipients, including office visits, hospital stays, X-rays, vision services, hearing services, and prescriptions. They also are eligible for attendant services and day activity health services, if they meet the functional requirements for these programs.

Medical Transportation Program

Title XIX of the Social Security Act mandates that a State Plan “specify that the Medicaid agency will ensure necessary transportation for recipients to and from providers and described method that the agency will use to meet this requirement.”

The purpose of the Medical Transportation Program (MTP) is to arrange non-emergency transportation for eligible Medicaid beneficiaries and Children with Special Health-care Needs (CSHCN) Services Program clients who do not have any other means of transportation to access health-care services. Additionally, MTP manages the transportation services for the Transportation for Indigent Cancer Patients program. This program provides transportation services to low-income individuals who are not enrolled in Medicaid or CSHCN and are diagnosed with cancer or cancer-related illness, and meet program financial and residential eligibility criteria.

In FY 2008, approximately two million calls were received, which resulted in over approximately 5 million one-way trips provided. Approximately 200,000 clients received services provided by the MTP.

HHSC Goal 3: Children’s Health Insurance Program

Target Population

The Children’s Health Insurance Program (CHIP) assists families who have incomes too high to qualify for Medicaid but who cannot afford private health insurance. The

federal government provides matching funds to states for health insurance coverage for children in families with incomes below 200 percent of the FPL.

Service Description

The federal Balanced Budget Act of 1997 established CHIP under Title XXI of the Social Security Act. In response to this legislation, Texas began covering uninsured children from birth through 19 years of age in CHIP in May 2000. Texas CHIP benefits cover a full range of services, including regular checkups, immunizations, prescription drugs, lab tests, X-rays, hospital visits, and other services.

The average enrollment levels for CHIP, as stated in the 2010-11 GAA, are 600,518 in FY 2010, and 611,141 in FY 2011. CHIP enrollment began increasing in 2007 and grew from 300,262 in August 2007 to 493,580 in December 2009. This is a 39 percent increase in the number of children enrolled in traditional CHIP. HHSC anticipates the caseload will continue to increase in the 2010-11 biennium.

In FY 2009, more than 62 percent of children on CHIP were between 6 and 14 years of age, and only 0.5 percent were younger than 1 year of age. The higher proportion of CHIP clients in the older age groups is due in part to the different income eligibility requirements for CHIP and Medicaid. Medicaid allows families with younger children to have higher income limits, and allowable family income for Medicaid decreases as children age.

CHIP Perinatal Program

In response to a directive from the U.S. Centers for Medicare & Medicaid Services (CMS) to provide Medicaid coverage to the newborns of emergency Medicaid recipients, HHSC staff proposed two options:

- Terminate the CHIP Perinatal Program and begin providing Medicaid to newborns of emergency Medicaid recipients (cost: \$28.5 million in general revenue); or
- Continue operations of the CHIP Perinatal Program and also provide Medicaid to the newborns of emergency Medicaid Recipients (estimated cost: \$53.6 million in general revenue).

CMS has not rendered a final ruling on the proposed options. Executive management has advised staff to continue operations of the CHIP Perinatal Program and to continue program modifications as mandated by law. The targeted modified program implementation date is set for September 1, 2010.

HHSC Goal 4: Encourage Self-Sufficiency

Temporary Assistance for Needy Families

Target Population

The TANF program provides financial help for children and their parents or relatives living with them who are below the income and resource limits set for the program.

The primary welfare reform initiative within the TANF program is Texas Works, which encourages people who apply for or receive TANF benefits to find employment. Every adult who applies for TANF benefits is advised of personal responsibility, time-limited benefits, and the requirement to work toward self-sufficiency. Many TANF recipients or potential recipients also face self-sufficiency issues, including lack of affordable child care or reliable transportation when attempting to enter the labor market. The Texas Works program refers applicants to the Texas Workforce Commission (TWC), in accordance with current law, for employment and job training services. TWC staff also work with clients to:

- Identify ways to help working clients and former clients retain employment and advance toward a career;
- Act as advocates for needed community services, such as child care and transportation;
- Promote and advocate for community collaboration to identify, develop, and expand resources needed to promote independence;
- Promote transitional child care services for those who qualify; and
- Contact employers to follow up on employment leads.

The Personal Responsibility Agreement requires a family to comply with requirements about work, child support, school attendance, THSteps, parenting skills, and refraining from drug or alcohol abuse. If any of these requirements is not met, the entire family loses cash assistance, and the caretaker must demonstrate compliance before the family can be reinstated. In April 2009, the TANF caseload reached a low of 44,004 and then began to climb. For the period beginning October 2009 through March 2010, the caseload was at an average of 48,865. It is likely that many more Texans are eligible for TANF benefits than are currently receiving assistance.

Service Description

TANF provides financial help for low-income families with eligible children, which may include parents or other relatives as long as they meet the program requirements. Monthly cash payments help pay for food, clothing and other basic needs. The income that a family can make and still qualify for TANF varies with family size, income, asset considerations and a budgetary needs test. For example, a single parent with two children must have an unmet financial need of at least \$751 per month in order to qualify for TANF. That same family would qualify for a

maximum grant of \$260 per month. Assistance is typically provided on a monthly basis, but it may be provided as a once per year emergency cash assistance payment of \$1,000 if the family meets crisis criteria.

Supplemental Nutrition Assistance Program

Service Description

The Supplemental Nutrition Assistance Program (SNAP) is a federally funded entitlement program that helps low-income families buy nutritious food from local retailers. SNAP benefits are 100 percent federally funded and administrative costs are 50 percent federally funded.

Target Population

SNAP serves people with food insecurity, a concern for many low-income Texans. The U.S. Department of Agriculture (USDA) defines food insecurity as inadequate access to food to meet basic needs. The USDA found that during 2006-08, Texas had the second highest rate of food insecurity, at 16.3 percent, as compared to the national average of 12.2 percent.¹

Recently, the number of SNAP households in Texas has been accelerating, as a consequence of the contracting economy. In March 2010, Texas issued a total of \$405 million in food benefits to more than 3.3 million recipients, compared to \$221.4 million issued to 2.3 million recipients in March 2008. This is a 43.5 percent increase in recipients and an 82.9 percent increase in benefits issued.

In January 2000, Texas began outreach efforts for the Simplified Nutrition Assistance Program Combined Application Program (SNAP-CAP) for older SSI participants. The program began in October 2001, adding approximately 60,000 eligible people to the SNAP program. In January 2010, there were 120,000 cases in this program.

2-1-1 Texas Information and Referral Network

Service Description

The 2-1-1 Texas Information and Referral Network (2-1-1 TIRN) is a service for the public to communicate accurate, well-organized, and easy-to-find information from more than 60,000 state and local health and human services programs via phone or by Internet. Anyone may dial 2-1-1, 24 hours per day, 7 days per week, to receive referrals to health and human services on the local, regional, state, and national levels.

¹ United States Department of Agriculture, Economic Research Service. "Household Food Security in the United States, 2008," [Economic Research Report No. \(ERR-83\)](#), November 2009.

TIRN has established a service level agreement that 80 percent of calls will be answered in 60 seconds or less. In 2009, 2-1-1 TIRN handled more than 2.4 million calls for comprehensive information and referral, with an average of approximately 201,588 calls per month, and the website received 690,331 visits.

Target Population

The services 2-1-1 TIRN provides are available to the entire population of Texas.

Refugee Assistance Program

Service Description

HHSC administers the Refugee Assistance Program (RAP), which is funded 100 percent by the federal Office of Refugee Resettlement (ORR), a unit of the U.S. Department of Health and Human Services. The purpose of the program is to help people who are eligible for refugee services to become self-sufficient as quickly as possible after arriving in the U.S. and to help them integrate successfully into their new communities.

During FY 2009, the RAP served 13,658 clients providing a total of 25,757 service events, including cash and medical assistance benefits, social services, case management, employment assistance, and education, including English language instruction.

Discretionary grant programs, including services for older refugees, refugee women, Cuban arrivals, and refugee school children are also provided. In addition, the program funds the Refugee Health Screening program through DSHS and the Unaccompanied Refugee Minor program through the Department of Family and Protective Services (DFPS). As part of the assistance provided to refugees adjusting to life in a new culture and community, some refugee service providers offer parenting classes or provide referrals to local community resources. The program is a public/private model that relies heavily on community donations and volunteers.

Target Population

Texas remains among the top four states for refugee arrivals, following Florida, California, and New York. The state receives approximately 8,500 – 9,500 refugees annually. The RAP provides refugee services for all who meet all requirements of 45 Code of Federal Regulations 400.43. In addition, persons granted asylum are eligible for refugee benefits and services from the date that asylum was granted. Victims of severe forms of trafficking and their immediate family members, who have received a certification or eligibility letter from the ORR, are eligible from the date on the certification letter.

Disaster Assistance

Service Description

HHSC provides disaster assistance services under the Federal Assistance to Individual and Households Program, which is a federal/state program administered by the Federal Emergency Management Agency (FEMA) and HHSC. HHSC disaster assistance also includes identifying, obtaining, and delivering available food, water, and ice to shelters and bulk distribution centers. HHSC responds to emergencies and disasters, such as Hurricanes Katrina, Rita, and Ike, with necessary access to eligibility services for SNAP, Medicaid, and TANF benefits.

During the past 36 years, Texas has had 56 presidentially declared major disasters, such as floods, hurricanes, tornados, severe storms, and fires. Since 1974, expenditures have totaled approximately \$765 million in assistance provided to households impacted by disasters. Fourteen major disasters have been declared in Texas since 2001, and the program has aided more than 237,331 households and provided \$558 million dollars in assistance.

Target Population

The Texas Disaster Act of 1975, in conjunction with the federal Disaster Relief Act, authorizes financial grants to individuals and households with disaster-related necessary expenses and serious needs, such as transportation, personal property, and medical, dental, and funeral expense, in counties where the U.S. President has declared major disasters. The program is available to all people who qualify regardless of race, sex, religion, color, or national origin. U.S. citizens, non-citizen nationals, or qualified aliens in the U.S. may apply, or a parent of a minor child who meets any of these conditions may apply on the minor child's behalf.

Any head of a household in the declared major disaster area may apply for an Individual and Households Program grant. Both homeowners and renters may apply. Household members not classified as dependents by the Internal Revenue Service must apply separately. People visiting or passing through the area who had damages when the disaster occurred may also be eligible.

Family Violence Program

Service Description

The Family Violence Program (FVP) promotes self-sufficiency, safety, and long-term independence from family violence for adult victims and their children by providing emergency shelter and/or support services to victims and their children, educate the public, and provide training and prevention support to various agencies.

FVP contracts with non-profits to provide direct services to victims of family violence. These services fall under three categories: shelter centers, non-residential centers, and special non-residential projects. Since its beginning as a pilot project, the FVP

has grown from contracts with six shelter centers in 1979 to 70 shelters, seven non-residential centers, and 20 special non-residential projects in 2010.

Target Population

FVP serves victims of violence who have been physically, emotionally, and/or sexually abused by a family or household member. In 2008, the Texas Department of Public Safety, together with the Texas Council on Family Violence, reported that 136 women were killed by their intimate partner. Additionally, 189,401 incidents of family violence were reported in the state.

The lack of access to emergency shelter, transitional and affordable housing, and affordable child care make it difficult for a victim to leave the relationship. Additionally, economic instability and immigration issues are leading causes of victims remaining in shelters longer. Residential and non-residential centers are facing clients with more complex issues related to mental health, substance abuse, and physical and mental disabilities which require more intensive and specialized services and resources. Many family violence providers have indicated a need to develop capacity in these areas and in working with people of color, immigrants, and senior citizens. There is also an increased need for services for children who have witnessed and/or been direct victims of family violence. These children may exhibit atypical child behaviors such as low self-esteem, high aggression, and isolation.

Community Education and Outreach Services

Service Description

Outreach efforts for the SNAP, CHIP, and Children's Medicaid will decrease the barriers that potential clients face in accessing and understanding these programs. Texas is also experiencing an increase in obesity and diabetes. Nutrition education helps combat these problems with focused education taught specifically to the low-income population served by SNAP. As program capacity increases, administrative work increases due to monitoring requirements and technical support to a larger number of contractors.

Target Population

These programs target people who are potentially eligible for state and federal benefit programs and who have not applied for assistance. Some people do not know about the benefit programs or face barriers accessing them.

Alternatives to Abortion

Service Description

The Alternatives to Abortion program provides low-income pregnant women with pregnancy and parenting information and supports. The program contracts with the Texas Pregnancy Care Network to provide services free to clients. Clients can

continue to receive these services until the child is one year of age. The Alternatives to Abortion program has 26 providers with 32 sites throughout Texas.

Comprehensive services include:

- Information regarding pregnancy and parenting (brochures, pamphlets, books, classes, and counseling);
- Mentoring program (classes on life skills, budgeting, parenting, stress management, counseling, and General Educational Development);
- Referrals to existing community services and social service programs (child-care services, transportation, low-rent housing, etc.);
- Material goods for pregnant women (car seats, maternity clothes, infant diapers, formula, etc.); and
- Support groups in maternity homes.

Target Population

Alternatives to Abortion serves low-income pregnant women by empowering them with options and support to encourage childbirth. Services are provided in Austin, Beaumont, Bryan, Dallas, Fort Worth, Georgetown, Houston, Jacksonville, Lufkin, Midland, San Antonio, Sherman, Temple, Texarkana, and Waco.

Healthy Marriage Program

Service Description

The Healthy Marriage Program (HMP) works through a partnership of public, private, community, and faith-based organizations and leaders who work together to build awareness, provide relationship training and support, and participate in research to improve existing programs and policies.

In FY 2009, there were 27 contracted providers and 72 subcontracted providers for healthy marriage projects. In addition to the contracted providers, the Twogether network included 1,245 volunteer providers. These providers assisted HMP in providing premarital and marriage education services to over 47,000 participants. In FY 2010, there are 21 contracted providers. The following is a list of the federal grants and program components under Healthy Marriage for FY 2010:

- Healthy Marriage Development Program (federal grant),
- Twogether in Texas,
- African American Healthy Marriage Initiative,
- Hispanic Healthy Marriage Initiative,
- Healthy marriages/relationships technical assistance,
- “Gold Star” Performance and Program Management Monitoring,
- Texas Research Advisory Group,

- Public Outreach/Marketing, and
- Twogether in Texas Web Registry.

Free services are available to all Texans through contracted community and faith-based providers selected primarily via competitive procurement. Non-contracted entities can enroll as Twogether providers so long as the curriculum meets the legislative requirements. Once enrolled, these providers appear along with the contracted providers in the Twogether portal.

Target Population

The goal of the HMP is to increase the well-being of Texas children by providing marriage and relationship education to their parents. The HMP serves a variety of clients: youth 13-17 years of age, engaged and committed couples, married couples, singles, newly expectant parents who are unmarried, Temporary Assistance for Needy Families (TANF), low-income individuals and families, clients of Head Start, and Early Head Start. HMP is working to ensure that comprehensive services are available in all counties in Texas.

HHSC Goal 7: Office of Inspector General

Target Population

The Office of Inspector General (OIG) serves the state of Texas by improving the integrity, efficiency, and effectiveness of the HHS System. Specifically OIG interacts with the following groups:

- HHS employees,
- MCOs,
- Contractors and subcontractors,
- Providers and their staffs, and
- Recipients and beneficiaries.

Service Description

The 78th Legislature created the OIG in 2003 to strengthen HHSC's authority and ability to combat waste, abuse, and fraud in HHS programs.

Authorized by Section 531.102 of the Texas Government Code, OIG is responsible for the investigation of waste, abuse, and fraud in the provision of HHS programs. OIG fulfills its responsibility through the following activities:

- Issuing sanctions and performing corrective actions against program providers and recipients, as appropriate;

- Auditing and reviewing the use of state or federal funds, including contract and grant funds administered by a person or state entity receiving the funds from an HHS agency;
- Researching, detecting, and identifying events of waste, abuse, and fraud to ensure accountability and responsible use of resources;
- Conducting investigations and reviews and monitoring cases internally, with appropriate referral to outside agencies for further action;
- Recommending policies that enhance the prevention and detection of waste, abuse, and fraud; and
- Providing education, technical assistance, and training to promote cost avoidance activities and sustain improved relationships with providers.

Advancing the HHS mission and Governor Rick Perry's Executive Order RP 36, dated July 12, 2004, OIG initiates proactive measures and deploys advanced information technology systems to reduce, pursue, and recover expenditures that are not medically necessary or justified. These measures and automated systems enhance the ability of OIG to identify inappropriate patterns of behavior and allow investigative resources to target cases with the strongest supporting evidence and greatest potential for monetary recovery.

OIG routinely takes proactive measures to reduce errors in the billing, payment, and adjudication of claims for Medicaid services. These measures include waste, abuse, and fraud prevention training for Medicaid providers, health maintenance organizations, staff of the claims administrator, and provider organizations. OIG staff actively participates in the rendering of medical and program policy recommendations to reduce erroneous payments while maintaining or improving quality of care to the Medicaid recipient. These proactive efforts have allowed OIG and HHSC to increase cost-avoidance activities and sustain improved relationships with Medicaid providers.

The 81st Legislature, Regular Session, 2009, passed S.B. 643 as emergency legislation authorizing the OIG to assist state or local law enforcement agencies in the investigation of alleged criminal offenses involving a client or resident located in one of the 13 State Supported Living Centers across the state of Texas, in Abilene, Austin, Brenham, Corpus Christi, Denton, El Paso, Lubbock, Lufkin, Mexia, Richmond, Rio Grande, San Angelo, and San Antonio. S.B. 643 also authorized OIG to employ and commission peace officers not later than December 1, 2009. S.B. 643 passed with more than a two-thirds majority vote and was signed into law by Governor Perry on June 11, 2009.

Department of Aging and Disability Services

DADS Goal 1: Long-Term Services and Supports

Target Populations and Service Descriptions

Community-Based Services²

The Department of Aging and Disability Services (DADS) provides an array of community-based services made available through Medicaid entitlements, Medicaid waiver services, the Older Americans Act (OAA), Social Services Block Grant funds, or state appropriations.

Medicaid community-based, entitlement services include Community Attendant Services (CAS), Day Activity and Health Services (DAHS), and Primary Home Care (PHC). An entitlement program means that the state must provide those services to all individuals who request such services and are determined eligible.

In fiscal year (FY) 2009, the average number of individuals per month receiving Medicaid community-based entitlement services by program was as follows:

- CAS—41,938;
- DAHS—17,140; and
- PHC—52,660.

In addition, Medicaid Hospice is an entitlement program providing support to qualified individuals who have a physician prognosis of six months or less to live. In FY 2009, the average number of individuals per month receiving Medicaid Hospice services in a community setting was 579.³

While program eligibility criteria for waiver programs are similar to those for institutional programs, the federal government allows states to waive certain requirements (e.g., comparability, eligibility, and statewide availability) and limit the number of individuals served. Medicaid waiver programs are dependent on specific state and federal appropriations. Individuals are placed on a waiver interest list when the demand for services is greater than the number of available program slots.

² Note: All figures for the average number of individuals per month receiving community-based services do not include STAR+PLUS managed care, which is managed by HHSC.

³ In fiscal year 2009, the Medicaid Hospice Program served an average of 6,236 individuals of whom 579 individuals received hospice services in the community and 5,657 individuals received hospice services in nursing facilities (NFs).

The Medicaid waiver programs include:

- Community-Based Alternatives (CBA),
- Community Living Assistance and Support Services (CLASS),
- Consolidated Waiver Program (CWP),
- Deaf-Blind with Multiple Disabilities (DBMD),
- Home and Community-Based Services (HCS),
- Medically Dependant Children Program (MDCP), and
- Texas Home Living (TxHmL).

Integrated Care Management (ICM), the newest waiver program, began February 1, 2008. The program is available in the Dallas and Tarrant service areas only at this time. This waiver program was a non-capitated primary care case management model of Medicaid managed care. HHSC's ICM program began enrolling participants in December 2007 and January 2008. Participants began receiving services through the program on February 1, 2008. In May 2009, the Health and Human Services Commission (HHSC) and its vendor ended their contract for the operation of the ICM program, which provided services to more than 75,000 aged, blind, and disabled Medicaid clients in the Dallas and Tarrant service areas. Effective June 1, 2009, DADS regained operating responsibilities for the ICM waivers.

Subsequently, the 2010-11 General Appropriations Act (GAA) (Article II, Special Provisions, Section 46, Senate Bill (S.B.) 1, 81st Legislature, Regular Session, 2009), directed HHSC to implement the most cost-effective integrated managed care model for this service area. An analysis of the ICM, Primary Care Case Management, and STAR+PLUS Medicaid managed care models resulted in HHSC concluding the most appropriate, cost-effective model to implement in response to the legislative mandate is STAR+PLUS.

The STAR+PLUS model was created specifically to serve the aged, blind, and disabled population, providing fully integrated acute and long-term services and supports. STAR+PLUS began operating in Harris County in 1998. In 2007, STAR+PLUS was expanded to serve 29 counties in the Bexar, Nueces, Travis, and Harris expansion service areas. After soliciting stakeholder feedback on the expansion of STAR+PLUS into Dallas and Tarrant, HHSC issued a draft Request for Proposals (RFP) for Managed Care Organizations to serve as the STAR+PLUS health plans in the Dallas and Tarrant Medicaid service areas. The Dallas Service Area includes seven counties: Collin, Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwall. The Tarrant Service Area includes six counties: Denton, Hood, Johnson, Parker, Tarrant, and Wise.

In FY 2009, the average number of individuals per month receiving services through Medicaid waivers by program was as follows:

- CBA – 25,995;

- CLASS – 3,897;
- CWP – 171;
- DBMD – 152;
- HCS – 15,107;
- MDCP – 2,745; and
- TxHmL – 1,052.

Services funded through the Title XX Social Security Block Grant include Adult Foster Care, Consumer Managed Personal Attendant Services, DAHS, Emergency Response, Family Care, Home Delivered Meals, Residential Care, and Special Services for Persons with Disabilities. Services funded through general revenue include In-Home and Family Support Services.

In FY 2009, the average number of individuals per month receiving other regional and local community-based services, which were funded through the Social Security Block Grant, was as follows:

- Adult Foster Care – 82;
- Consumer Managed Personal Attendant Services – 465;
- DAHS – 2,423;
- Emergency Response – 18,605;
- Family Care – 6,587;
- Home Delivered Meals – 17,256;
- Residential Care – 586; and
- Special Services for Persons with Disabilities – 119.

The Program for All-Inclusive Care for the Elderly (PACE) uses a comprehensive care approach providing an array of services for a capitated monthly fee. PACE provides all health-related services for an individual, including inpatient and outpatient medical care, and specialty services (dentistry, podiatry, social services, in-home care, meals, transportation, day activities, and housing assistance). Services are limited to the El Paso, Amarillo/Canyon, and Lubbock service areas. For FY 2009, the average number of individuals per month receiving PACE services was 896.

Ageing Services under Older Americans Act

The Department is designated as the State Unit on Aging and as such is the single state agency responsible for administering programs and services under the federal OAA administered by the Administration on Aging. To ensure the mandates of the OAA are met, DADS allocates funding and administers programs and services through performance contracts between DADS and a network of 28 Area Agencies on Aging (AAAs).

Based upon the local needs of older individuals within their service area, AAAs provide nutrition, in-home, and other support services, as well as services specifically targeted to informal caregivers. A primary function for AAAs is to provide access and assistance services enabling older persons, their family members, and other caregivers to obtain community services, both public and private, and formal and informal. Access and assistance services include information, referral and assistance, care coordination, benefits counseling, and ombudsman services. Services are typically provided as gap-filling or on a short-term basis while individual or family circumstances stabilize, or until a long-term solution can be put into place.

The eligibility requirements for services under the OAA are:

- To be 60 years of age or older, or to be a family member or caregiver seeking support on behalf of someone 60 years of age or older; or
- To be a family member or caregiver;
 - 18 years of age or older caring for an individual 60 years of age or older;
 - An individual of any age who has Alzheimer's disease and related disorders; or
 - A grandparent or relative caregiver, 55 years of age or older, providing care to children younger than 18 years of age or to adults from 18 to 59 years of age who have a disability.

Although age is the sole eligibility criteria under the OAA, the OAA requires AAAs to target services to older individuals who:

- Are at risk of institutional placement;
- Have the greatest economic need (with particular attention to low-income minority individuals); and
- Have the greatest social need (physical or intellectual disabilities, language barriers, cultural, social, or geographical isolation).

Mental Retardation Authority Services

The Department offers state-funded community-based services to individuals with diagnoses of Intellectual and Developmental Disabilities (IDD) who meet diagnostic and functional need criteria through 39 local MRAs. Local Mental Retardation Authorities (MRAs) serve as the point of entry for publicly funded programs for persons with IDD. The program may be provided by public or private entities. MRAs provide or contract to provide an array of services for persons with IDD, and they are responsible for assisting individuals to apply for enrollment into the following Medicaid programs: Intermediate Care Facilities for Persons with Mental Retardation (ICFs-MR), State Supported Living Centers (SSLCs), HCS, and TxHmL.

Services available through a local MRA include:

- Eligibility determination,

- Service coordination,
- Respite,
- Community support,
- Day habilitation,
- Employment assistance,
- Supported employment,
- Vocational training,
- Specialized therapies,
- Behavioral support, and
- Nursing.

These services are funded through state funds, with the exception of some service coordination services, which receive funds from Medicaid. In FY 2009, MRAs across Texas served an average of 13,611 individuals per month, excluding waiver services.

Institutional Services

The Department oversees various types of facilities that provide long-term services and supports to older Texans and individuals with disabilities. The nursing facilities (NFs) provide services to individuals whose medical conditions require the skills of a licensed nurse on a regular basis. The ICFs/MR provides long-term services and supports for persons with IDD requiring residential, medical, and habilitative services.

The NF Program provides services for medical, nursing, and psychosocial needs. These services include rehabilitative services, emergency dental services, and specialized services. In FY 2009, NFs served approximately 54,943 individuals per month through Medicaid. Also in FY 2009, an average of 6,861 individuals per month had their Medicare Skilled NF co-insurance paid by Medicaid.

The ICF/MR program provides ongoing evaluation and individual program planning, as well as 24-hour supervision, coordination, and integration of health or rehabilitative services to help individuals function to their greatest ability. These residential settings range in size from six beds to several hundred. In FY 2009, an average of 6,267 individuals per month received care from ICFs/MR.

DADS operates SSLCs that are certified as ICFs/MR, as a Medicaid-funded federal/state service. SSLCs are campus-based and provide direct services and supports to persons with IDD. SSLCs provide 24-hour residential services, comprehensive behavioral treatment services, and health-care services, including physician services, nursing services, and dental services. Other services include skills training; occupational, physical and speech therapies; vocational programs and employment; and services to maintain connections between residents and their families and natural support systems.

DADS operates 12 SSLC campuses across the state, in Abilene, Austin, Brenham, Corpus Christi, Denton, El Paso, Lubbock, Lufkin, Mexia, Richmond, San Angelo, and San Antonio. In addition, DADS contracts with DSHS to provide services at the Rio Grande State Center.

Guardianship Services

The Guardianship Program provides guardianship services to individuals referred by Department of Family and Protective Services (DFPS), or by referral from a court with guardianship jurisdiction. A guardian is a court-appointed person or entity charged with making decisions for a person with diminished capacity. Guardianship may include, but is not limited to, overseeing services, arranging for community or institutional placement, managing estates, and making medical decisions. The target population served by the Guardianship Program is defined by statute and is limited to the following groups:

- Individuals 65 years of age, or older or individuals with disabilities from 18 to 65 years of age, who have been identified by APS as victims of abuse, neglect, or exploitation and who have an indication of incapacity; and
- Individuals reaching 18 years of age who have been in a Child Protective Services conservatorship and who are incapable of managing their own affairs due to incapacity; and
- Individuals referred to the program by a court with probate authority under certain circumstances outlined in statute.

The Department provides guardianship services either directly or through contracts with local guardianship programs. In FY 2009, the Guardianship Program served an average of 1,128 individuals per month. Of these individuals, 387 were served by guardianship contractors and 741 by DADS local guardianship staff.

DADS Goal 2: Regulation, Certification, and Outreach

Target Populations and Service Descriptions

This section gives an overview of the regulatory and quality assurance programs and services provided by DADS.

Regulatory Services

The Department provides licensing, certification, financial monitoring, complaint investigation, and enforcement. These regulatory functions ensure that NFs, adult day care providers, assisted living facilities (ALFs), ICFs/MR, home and community support services agencies (HCSSAs), and individuals providing services in facilities or home settings comply with state and federal standards. These functions also ensure that individuals receive high-quality services and are protected from abuse, neglect, and exploitation. The “Regulatory Services 2009 Annual Report” provides data about these DADS services.

Through licensure and certification inspections and complaint and incident investigations, DADS staff determines that regulated facilities and agencies comply with the federal and state rules appropriate to the services they provide. Survey staff determines if providers are meeting the minimum standards and requirements for service, identify conditions that may jeopardize client health and safety, and identify deficient practice areas. When deficiencies are identified and cited, survey staff monitors the provider's plan of correction to ensure areas of inadequate care are corrected and compliance with state and federal requirements is maintained. State licensure and federal certification requirements include numerous enforcement actions that DADS may pursue to encourage providers to correct problems of noncompliance.

By statute, facilities meeting the definitions of NFs, ALFs, adult day care facilities, and privately owned ICFs/MR must be licensed and must comply with all licensure rules to operate in Texas. Publicly operated ICFs/MR, those operated by the State of Texas and locally governed community Mental Health and Mental Retardation Centers, and skilled nursing units in acute care hospitals must be certified to participate in the Medicaid program. HCSSAs, which include home health, personal assistance services, and hospice, also fall under the Department's licensing and certification review functions. In FY 2009 DADS regulated:

- 1,196 NFs,
- 1,562 ALFs,
- 4,941 HCSSAs,
- 868 ICFs/MR, and
- 445 adult day care facilities.

Additionally, DADS conducts annual, on-site reviews of 591 HCS waiver contracts and 143 TxHmL waiver contracts for compliance with the program certification principles. Based on the review, corrective actions may be required and sanctions imposed. The Department is responsible for investigating complaints related to HCS and TxHmL services. The Department also receives and follows up on DFPS findings related to abuse, neglect, or exploitation investigations of individuals who receive HCS or TxHmL services.

The Department has oversight, administrative, and regulatory responsibilities related to long-term services and supports to a target population of 535,783 individuals who are older or have disabilities. In FY 2009, there were 91,517 individuals living in NFs; 33,070 individuals living in ALFs; 20,288 individuals receiving services in adult day care facilities; and 426,871 individuals receiving services in their own home or community through regulated HCSSAs. Additionally, there were 4,627 individuals receiving services in SSLCs, more than 6,200 people in community ICFs/MR, and more than 17,450 individuals participating in TxHmL and HCS waiver programs.

Licensing and Credentialing Services

When a provider applies for licensure, the division reviews the applicant's history as a provider, obtaining detailed information on operators, owners, and other controlling persons. Assessment of all the information and approves or denies the application occurs through DADS licensing and credentialing services.

DADS administers four credentialing programs. Through these programs, DADS licenses, certifies, permits, and monitors individuals to determine whether they can be employed in facilities and agencies regulated by the Department. The programs provide a means of ensuring these health professionals meet specific standards in providing care to individuals receiving long-term services and supports.

The Nurse Aide Training and Competency Evaluation Program is responsible for reviewing and approving or withdrawing approval of nurse aide training courses and skills examinations and for certifying nurse aides to provide services in DADS licensed facilities. The Nurse Aide Registry Program is responsible for maintaining a registry of certified nurse aides and providing due process considerations and determinations of employability in nursing and other facilities. In FY 2009, there were 122,297 active certified nurse aides.

The NF Administrator Licensing Program is responsible for licensing and continuing education activities, imposing and monitoring sanctions, providing due process considerations, and developing educational curricula. In FY 2009, there were 2,099 active NF administrators.

The Medication Aide Program is responsible for medication aide permitting and continuing education activities, permit issuance, and permit renewal. Along with permitting aides, the program is responsible for imposing and monitoring sanctions and providing due process considerations. Other activities include approving and monitoring medication aide training programs in educational institutions, developing educational curricula, and coordinating and administering examinations. In FY 2009, there were 10,268 active permitted medication aides.

Quality Assurance and Improvement (Long-Term Care Quality Outreach)

The Quality Monitoring Program

The Quality Monitoring Program, established by S.B. 1839, 77th Legislature, Regular Session, 2001, is staffed with nurses, dietitians, and pharmacists who are deployed to provide clinical technical assistance to NFs statewide. Staff schedules visits with NFs to review quality in facility-chosen focus areas selected from 15 evidence-based, best practice focus areas. The 15 focus areas are directly related to quality of care and quality of life and currently include topics such as fall risk assessment, pain assessment and management, vaccinations, the use of restraints, unintended weight loss, and medication simplification. Quality monitoring staff also provides in-service training to NF staff and residents' families upon request.

The Department has expanded the Quality Monitoring Program from monitoring programs in NFs statewide to include improving outcomes and services for individuals served in the following facilities: SSLCs, community ICFs/MR, ALFs, and home and community-based service providers.

Quality Reporting System

The Quality Reporting System (QRS) is a public web-based resource used to find and compare providers of long-term services and supports. The website can be accessed from the DADS website or at www.texasqualitymatters.org. Current provider groups covered on QRS include:

- NFs,
- ICFs/MR,
- SSLCs,
- ALFs,
- Adult day care providers,
- Home health agencies, and
- Providers of home- and community-based services through Medicaid waiver programs.

Quality Reviews

The Department conducts two quality reviews that include a randomly selected sample of people receiving services. The Nursing Facility Quality Review is a survey of individuals in NFs to assess how satisfied they are with their quality of care and quality of life, and it includes on-site case reviews. The Long-Term Services and Supports Quality Review is a statewide survey measuring quality of care and quality of life for people receiving services and supports through home and community-based waiver programs, entitlement programs, community ICFs/MR, and SSLCs. The results of both surveys are published on the legislative reports section of the DADS website and at www.texasqualitymatters.org.

Aging and Disability Symposia

DADS has sponsored symposia for several years on clinically related quality topics, such as care planning, infection control, pain management, dementia, and falls prevention and management, that are relevant to the needs of people who are aging or have disabilities. Future symposia will be developed in collaboration with stakeholders. In light of internal stakeholder input and positive feedback from participants attending the dementia symposium conducted in 2008, the 2010 symposium will focus on dementia. Presenters will include medical experts, researchers, and provider industry personnel.

Department of Assistive and Rehabilitative Services

DARS Goal 1: Children with Disabilities

Early Childhood Intervention Services

Target Population

The Early Childhood Intervention (ECI) program serves families with children birth to 36 months with developmental delays or disabilities. ECI services are available to all eligible children. Children are eligible for comprehensive ECI services if they meet any of the following criteria:

- A diagnosed physical or mental condition that has a high probability of resulting in a developmental delay;
- A documented delay in one or more of the following areas of development: cognitive, physical/motor, speech/language, social/emotional, and adaptive/self-help; or
- Atypical development.

Service Description

ECI provides family support and specialized services to strengthen the family's ability to access resources and improve their child's development through daily activities. As required by the Individuals with Disabilities Education Act (IDEA), Part C, the following comprehensive array of services is available:

- Assistive technology;
- Audiology;
- Early identification, screening, and assessment;
- Family counseling;
- Family education;
- Health services;
- Home visits;
- Medical services;
- Nursing;
- Nutrition;
- Occupational therapy;
- Physical therapy;
- Psychological services;
- Service coordination;
- Social work services;

- Developmental services;
- Speech language therapy;
- Transportation; and
- Vision services.

Children are referred for early intervention services by family physicians, hospitals, family friends, social workers, day care providers, or others familiar with the child and with early intervention services. After entering services, families and service providers work together to develop an Individualized Family Service Plan. Family-centered services are provided to help achieve the goals identified in the plan. Children and their families generally receive services in their natural environments—where children typically learn, live, and play, and where children without disabilities participate in daily activities.

In fiscal year (FY) 2009, comprehensive services were provided to 57,110 children with developmental disabilities or delays. Services were provided through 58 community-based programs. These programs include the following types of public and private community-based organizations:

- 28 community/state mental health and mental retardation centers;
- 16 private non-profit service organizations;
- 7 regional educational service centers;
- 5 local independent school districts; and
- 2 other agency types.

Trends in the Early Childhood Intervention Services Population

The ECI program has seen significant growth in the number of children served over the past several years, with annual increases of greater than seven percent in the last two years (see Table F.3). Much of this growth can be attributed to a greater awareness and knowledge among parents and caretakers concerning developmental issues affecting their children. Also, the increase in research on the impact of early intervention on early brain development has contributed to this increased awareness and recognition. The growth in the number of children needing services can also be explained by changes in factors that increase the risk of children having developmental delays or disabilities. These include growth in the number of children who are born pre-term and/or with low birth-weights and increased survival rates of children born with medical problems or complications.

Data from the National Center for Health Statistics indicate that the percentage of children born with low birth-weight in Texas increased from 7.4 percent in 2000 to 8.4 percent in 2006. In that same year, 13.7 percent of infants in Texas were pre-term. Prematurity is a major determinant of illness and disability among infants, including developmental delays, chronic respiratory problems, and vision and hearing impairment. However, as a result of early intervention services, many

children attain significant and lasting developmental progress and meet developmental outcomes. Historical and recent trends reflect increasing recognition that the first few years of a child's life are a particularly sensitive period in the process of a child's development.

EI programs must be prepared to serve children with complex and specialized needs. Of the children eligible due to developmental delays, the percentage of children with delays in multiple areas has increased from 37 percent in 2004 to more than 50 percent in 2009. More children also have specialized needs, including autism, intensive medical needs, and auditory and/or visual impairments. In addition, changes enacted in the state in 2007 required each child under the age of three who is the subject of a substantiated case of abuse or neglect to be referred from Child Protective Services (CPS) to EI. As a result, EI now serves more children who are involved with CPS. Many of these children and families also require more frequent and intensive services.

Additionally, there are funding implications for the provision of services with such intensity and frequency. This increase in service needs over the past several years has occurred without corresponding increases in the EI cost per child budgeted amounts. The increases have not kept pace with increasing therapist salaries and additional initiatives implemented by EI. This salary increase and the shortage of therapists who provide the range of services required by IDEA, including, speech, physical, and occupational therapy continue to be a challenge to the EI program.

For these reasons, DARS is evaluating the EI program (further discussed in the internal challenges). The goal of this evaluation is to develop recommendations for a sustainable EI program that can effectively serve children and families.

**Table F.1
 Trends in Referrals and Enrollment
 in Early Childhood Intervention Comprehensive Services, Fiscal Years 2005-09**

Fiscal Year	Referrals	Percent Change	Average Monthly Enrollment	Percent Change
2005	47,845	3.5%	20,950	3.9%
2006	51,288	7.3%	22,238	6.1%
2007	64,836	26.4%	23,639	6.3%
2008	75,098	15.83%	25,569	8.20%
2009	79,410	5.74%	27,560	7.80%

Table F.1: DARS, 2009.

Blind Services for Children

Target Population

The Blind Children’s Vocational Discovery and Development (BCVDD) program focuses on services for children from birth through age nine. Youth ages 10 and older are referred to the Blind Services (DBS) Transition Services program. However, the BCVDD program continues to provide services for those children ages 10-21 who do not meet the eligibility criteria for the Transition Services program. Projected population data for the planning period are listed in Table F.1 below.

**Table F.2.
 Service Populations Projections
 for Child Blindness and Visual Impairment in Texas, Fiscal Years 2010-15**

Age	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
0-21	80,728	81,580	82,599	83,555	84,422	85,369

Table F.2: DARS, 2009.

Service Description

The BCVDD Program provides opportunities for children who are blind or severely visually impaired to increase the skills required for personal independence, potential employment, and other life pursuits.

Specialized services include counseling and guidance for children and their parents regarding adjustment to blindness and the impact of blindness on development, educational support, information and referral, independent living training, and developmental equipment. These services foster vocational discovery and development while promoting the child's self-sufficiency, thereby decreasing the need for services later and giving the children a solid foundation when they enter the world of work. The program emphasis is on serving children who are permanently and severely visually impaired.

Trends in the Blind Children's Target Population

The number of babies born in the U.S. with severe visual impairments and blindness is increasing.⁴ With advances in modern technology, more babies with multiple disabilities are surviving. Additionally, the Texas Education Agency, a primary source of referrals to the program, reports an increase in the number of blind and visually impaired children who receive special education services. Blind and visually impaired students increased by 705 from school year 2006 to 2010.⁵

These permanently and severely visually impaired children, many of whom have other multiple disabilities, have complex needs and require a variety of service delivery options. Specialists face multiple challenges when delivering the array of services these children and their families require and must have comprehensive knowledge of resources, disabilities, interventions, training, assistive technology, and support systems.

Specialists can provide effective and timely services with a caseload size at or below 69. The program served 3,503 children in FY 2009, an increase of 8.8 percent. Due to increased networking with special education providers, program referrals have increased and certain Texas regions have exceeded the targeted maximum caseload size.

Autism Program

Target Population

The Autism Program provides services for children three through eight years of age with an autism spectrum disorder. An autism spectrum disorder incorporates diagnoses of Autistic Disorder, Pervasive Developmental Disorder – Not Otherwise

⁴ Brigitte Volmer, et. al., "Predictors of Long-term Outcome in Very Preterm Infants: Gestational Age Versus Neonatal Cranium Ultrasound," *Pediatrics*, November 2003.

⁵ Texas Education Agency, Registration Report.

Specified, Rett’s Disorder, Asperger’s Disorder, and Childhood Disintegrative Disorder.

Service Description

The Autism program provides the following services, as determined by the individual needs of the child:

- Assessments
- Applied behavior analysis treatment
- Audiology evaluations
- Psychological testing
- Speech-language therapy
- Physical therapy
- Occupational therapy
- Home-based services

Autism services are provided by the following contractors:

- Any Baby Can, San Antonio
- Center for Autism and Related Disorders, Austin
- Child Study Center, Fort Worth
- Easter Seals North Texas, Dallas
- MHMRA of Harris County, Houston
- Texana Center, Rosenberg

**Table F.3
 Projections of Demand for Autism Program, Fiscal Years 2010-15**

Fiscal Year	2010	2011	2012	2013	2014	2015
Service Population⁶	20,482	20,783	21,060	21,312	21,533	21,750

Table F.3: DARS, 2009.

⁶ Children in Texas aged 3 through 8 with a diagnosis on the autism spectrum.

Trends in the Autism Program Target Population

Autism spectrum disorder (ASD) is the fastest-growing serious developmental disability in the United States (U.S.), affecting an estimated 1 percent of children. The Centers for Disease Control and Prevention (CDC) recently reported that 1 in 97 children in the U.S. has an autism spectrum disorder (ASD). The demography team in the Office of Strategic Decision Support at the Health and Human Services Commission (HHSC) estimated that in 2008 there were 50,100 Texas children under age 21 with ASD. This translates into approximately 21,060 children ages 3 through 8 in need of autism services. With the number of children being diagnosed with ASD growing at an alarming rate, there continues to be an unmet need for autism services in Texas.

DARS Goal 2: Persons with Disabilities

Vocational Rehabilitation (VR) and independent living (IL) services for adults and youth are available for people with general and visual disabilities. DARS also serves Texans who are deaf or hard of hearing.

Vocational Rehabilitation Services

Vocational Rehabilitation — Blind

Target Population

DBS assists Texas adults and youth who are either blind or significantly visually impaired, to meet their employment and independent living needs. The program offers a variety of skills training, accommodations, and adaptations, which are tailored to each consumer's skills, abilities, and interests. The principle of informed consumer choice guides the provision of services, with the ultimate goal of helping consumers function as independently as possible in employment consistent with their skills, abilities, and interests.

The Texas population growth has a direct impact on the blind and visually impaired population. The number of people potentially eligible for services is estimated to increase significantly during this planning period. It is expected that the VR program population will increase by almost 10,000 individuals and the IL program population by almost 15,000 individuals.

Counselors can provide effective and timely services with a caseload size at or below 66. The statewide caseload average is within the target caseload size; however, several regions of Texas are significantly higher. Texas' large metropolitan areas such as Dallas, Houston, Austin and San Antonio are significantly over the average caseload size. Caseloads exceeding the targeted caseload size are difficult to manage, resulting in an uneven distribution of services to consumers. Additional caseloads are needed to reduce caseload sizes in these areas and ensure consistency of services across Texas.

Service Description

The VR—Blind program provides services for eligible individuals consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. Work-related services are based on individual needs and are geared toward providing eligible adults with the wide range of skills, equipment, and services they need to enter employment, keep their jobs, or return to the workforce after losing their vision. Some of the available specialized services are listed below:

- Guidance and counseling to assist the consumer and their family with a plan to reach an employment goal and live confidently and independently;
- Employment Assistance Services to prepare a consumer for employment, and to assist the consumer in securing suitable employment;
- Assistive technology to assist with employment or attaining education or training leading to employment;
- Orientation and mobility training to assist with traveling independently in their work and home environment;
- Personal and home care training to ready the consumer for an employment lifestyle;
- Job retention services such as training in adaptive skills and equipment for the consumer to maintain a current job;
- Vocational training to learn job skills as well as training on how to pursue and maintain employment;
- Communication/Braille skills to successfully interact at work and in the community; and
- Intermediary assistance with existing and potential employers.

Empowerment is the key to a consumer's success in employment and living independently. It is critical for the consumer to have a positive attitude, high expectations, and mastery of basic blindness skills. The majority of society believes that blindness severely restricts an individual's capabilities, resulting in the common misconception among employers and others that blind people cannot work or even live independently. The ultimate goal of the rehabilitation program is to help consumers to use all their options and to instill in them the confidence to independently move ahead with employment and life.

Advances in technology have opened many doors in the world of work for people who are blind or visually impaired. As part of its overall consumer training program, DARS maintains an Assistive Technology Unit. This unit evaluates consumer needs and provides the consumer and the VR counselor with recommendations regarding the best equipment to meet the consumer's employment and training needs.

To meet the vocational needs for individuals with the most severe disabilities, supported employment services are provided to help consumers obtain competitive employment. Specially-trained job coaches/trainers provide consumers with individualized, ongoing support needed to maintain employment. Program

enhancements have been introduced to further promote successful employment for this target population.

The VR counselors work with a variety of sources to ensure that individuals gain the independent living skills, experience, training, and education to reach their employment outcome. The program served 10,144 blind people in FY 2009.

The **Transition Services** program provides age-appropriate VR services to eligible youths at least 10 years of age and older. Transition services is an outcome-oriented process promoting movement from school to post-school activities, including secondary education, vocational training, integrated employment including supported employment, continuing education, independent living, and community participation. This program prepares youth, including those with multiple disabilities, to make informed choices about their future. Consumers develop appropriate skills to transition from the educational environment to the adult community successfully. The program served 1,941 youth in FY 2009.

The **Business Enterprises of Texas** (BET) program, authorized under the federal Randolph-Sheppard Act, develops and maintains business-management opportunities for legally blind persons in food-service operations and vending facilities located on public and private properties throughout the state. This program assisted 118 individuals in food service employment in FY 2009. BET continues to receive a large number of applications, which requires the program to increase the number of new food service facilities by two in each year of the biennium. Additional funds to refurbish existing facilities also are necessary. The program must also address increased maintenance costs such as vehicle replacements, fuel, equipment repairs, and equipment replacements, which are anticipated to increase as a result of inflation. BET is entirely funded by revenues generated from vending machines on state property and expansion would not require general revenue.

The **Criss Cole Rehabilitation Center**, located in Austin, is the agency's comprehensive rehabilitation facility serving blind Texans. The center accepts referrals from other states as well. Services are typically provided in a residential setting. At the center, consumers receive individualized, intensive training and support in developing the confidence to use various alternative skills and techniques. Training includes courses such as Braille, orientation and mobility, technology, college preparatory classes, preparation for BET skills training, daily living skills, and career guidance. Upon completion of training, consumers return to their communities and use their new skills and confidence to seek employment, enroll in college, or vocational training, or pursue other opportunities commensurate with their goals. This program served 512 individuals in FY 2009.

Vocational Rehabilitation – General

Target Population

To be eligible for the VR—General program, an individual must:

- Have a physical or mental impairment that constitutes or results in a substantial impediment to employment;
- Require VR services to prepare for, enter, engage in, or retain gainful employment consistent with the consumer's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice; and
- Be able to get and keep a job after receiving services.

Note: Individuals who receive Social Security Disability Insurance and Supplemental Security Income disability benefits are automatically eligible for VR Services.

In FY 2009, more than 93 percent of the consumers served in the VR-General program had significant disabilities. The range of disabilities that had interfered with their employment included:

- 24 percent with musculo-skeletal disabilities;
- 21 percent with cognitive disabilities;
- 18 percent with mental/emotional disabilities;
- 14 percent with a variety of other impairments.
- 11 percent with deafness or hard of hearing;
- 5 percent with neurological disabilities;
- 4 percent with substance abuse disabilities;
- 3 percent with traumatic brain/spinal cord injuries;
- 2 percent with cardiac/respiratory/circulatory disabilities; and

As a result of services provided by the VR-General program, consumers found work in a variety of occupations:

- 22 percent in service industries;
- 18 percent in office and administrative support;
- 17 percent in professional or managerial positions;
- 10 percent in healthcare related positions;
- 8 percent in sales and related positions
- 7 percent in transportation and material moving positions;
- 7 percent in construction, maintenance and repair;
- 7 percent in production related positions;
- 2 percent in protective service and military; and
- 1 percent in farming, fishing, and forestry industries.

Service Description

The VR—General program, a state-federal partnership since 1929, helps eligible Texans with disabilities overcome vocational limitations and enables them to prepare for, find, and keep jobs. Together, a consumer and a counselor determine an employment goal for the consumer that is consistent with the consumer's strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice.

Work-related services are based on individual needs and may include a variety of services, including the following:

- Medical, psychological, and vocational evaluation to determine the nature and degree of the disability and the consumer's job capabilities;
- Counseling and guidance to help the consumer and the family plan vocational goals and adjust to the working world;
- Training to learn job skills in trade school, college, university, on the job, or at home;
- Hearing examinations, hearing aids, and other communication equipment, aural rehabilitation, and interpreter services for the deaf and hard of hearing;
- Medical treatment and/or therapy to lessen or remove the disability;
- Assistive devices such as artificial limbs, braces, and wheelchairs to stabilize or improve functioning on the job or at home;
- Rehabilitation technology devices and services to improve job functioning;
- Training in appropriate work behaviors and other skills to meet employer expectations;
- Job placement assistance to find jobs compatible with the person's physical and mental ability;
- Supported employment services; and,
- Follow-up after job placement to ensure job success.

The principle of informed client choice guides the development of the consumer's plan. After the Individualized Plan for Employment is developed, counselors use case service funds to purchase services needed to achieve the employment goal. Counselors have the authority to purchase services for consumers in accordance with federal and state law and department policy.

As part of the VR program, counselors across the state provide transition planning services to eligible students with disabilities to assist with the transition from high school to employment or further education. These counselors actively seek students with disabilities who are enrolled in regular and special education, to provide them information about the availability of VR services. Currently, the VR program has 101 positions dedicated to serving only transition students within high schools. These Transition Vocational Rehabilitation Counselors (TVRCs) work in approximately 430 predominately 5A and 4A high schools across Texas serving students with disabilities. There are over 2,100 public high schools in Texas. More TVRCs are

needed to serve additional 5A, 4A, and 3A high schools. Due to the special needs of deaf students, there is also a need for specialty deaf counselors to work with the regional day school programs for the deaf. These counselors will be able to provide the communication access the students need to fully participate in their transition planning. Each region also has a Regional Transition Program Specialist available to counselors to facilitate cooperation with local school districts and other state agencies promoting transition-planning services. In Texas, 7,968 students were served during FY 2009.

**Table F.4
 Service Population Projections for Vocational Rehabilitation,
 Fiscal Years 2010-15**

Fiscal Year	2010	2011	2012	2013	2014	2015
VR Services— General	1,088,900	1,118,700	1,143,200	1,167,500	1,193,400	1,221,100
VR Services— Blind	106,556	109,158	111,307	113,451	115,968	118,660

Table F.4: DARS, 2009.

Comprehensive Rehabilitation Services

The current method for calculating service population projections for Comprehensive Rehabilitation Services (CRS) was developed by a CRS work group and utilizes data from population projections by the Department of State Health Services Center for State Statistics, Texas population data, and the CDC. The methodology uses estimates for the percent of Texans with insurance adequate to cover expenses related to spinal cord and traumatic brain injuries.

Target Population

The CRS target population includes people with traumatic brain injury and traumatic spinal cord injury who require a special set of services. The CRS program projects the following numbers of persons potentially needing the program’s services.

**Table F.5
 Service Population Projections for Comprehensive Rehabilitation Services,
 Fiscal Years 2010-15**

Fiscal Year	2010	2011	2012	2013	2014	2015
Service Population	6,864	7,107	7,260	7,415	7,571	7,731

Table F.5: DARS, 2009.

Service Description

The CRS program, developed for people with traumatic brain injury and traumatic spinal cord injury, include inpatient comprehensive medical rehabilitation, outpatient rehabilitation services, and post-acute brain injury rehabilitation services. These services are necessary to increase an individual’s ability to function independently within the family and the community. These time-limited services are designed to assist the consumer with daily living skills and to prevent secondary disabilities such as respiratory problems, pressure sores, and urinary tract infections, thereby increasing the consumer’s ability to function independently.

Trends in CRS Growth and Program Capacity

The CRS program has grown from \$1 million in expenditures when the program began to \$18 million in FY 2010. In addition, service delivery has increased from 100 consumers initially to 625 consumers in FY 2009. Consumers are served more quickly and the average wait decreased from 3.27 months to 2.94 months. Further, the number of new consumers receiving services in the first quarter of the fiscal year has increased from 172 in FY 2008 to 272 in FY 2010. Still, the size of the waiting list continues to increase while the number served each year remains relatively stable. This appears to be due, at least in part, to a paradoxical relationship between referrals and funding. When funding is very limited or not available, referrals to the CRS program decrease. When funding becomes available and people perceive there is a realistic chance of obtaining services quickly, referrals increase.

DARS has worked with providers and modified policy to ensure that that an array of services that meet the needs of consumers is provided in the most cost-effective way. By decreasing the length of services in the initial service authorization, the program has challenged providers to reach rehabilitation goals more quickly and efficiently while allowing for additional services when justified. This has allowed DARS to serve a stable number of consumers despite the rising costs of services. However, the program has reached the point where greater efficiency can no longer

be achieved. Without additional funding for increases in rehabilitation costs, the program will see decreases over time in the number served and increases in the wait list size.

Independent Living Services

To project the population potentially eligible for Independent Living Services—Blind (ILS—Blind), the U.S. Census Bureau’s American Community Survey is used to calculate the prevalence rate for self-care limitations within the population with severe vision impairments, also derived from the ACS, according to age group. This rate is then applied to population projections obtained from the Texas State Data Center, broken down according to age, to develop projections of the population potentially eligible for this program.

Projections of the population potentially eligible for the Independent Living Services—General (ILS—General) are obtained by subtracting the projected population potentially eligible for ILS—Blind from the projected population of persons with self-care limitations.

Independent Living Services—Blind

Target Population

The ILS—Blind program is available to adults of all ages whose independence is threatened because of vision loss. The predominant potential consumer group includes individuals who are older, or no longer able to work, and who are experiencing serious limitations in their functional capacities because of severe visual loss. To the extent that Texans who are blind or visually impaired live independently in their homes and communities, the need for publicly funded nursing care and assisted living is reduced. Likewise, blind individuals who have returned to the community from institutional settings find the adjustment and adaptive techniques offered by this program beneficial.

Projected prevalence rates for the ILS—Blind program are included in Table 7.5. Projections are based on Texas data from respondents who describe themselves as having a serious vision loss, and who have difficulty in areas of self-care (e.g. dressing, bathing, or getting around inside the home). Even with these modified projections, the ILS—Blind continues to struggle to meet the needs of this ever-growing target population.

Service Description

The ILS—Blind program offers specialized services to help people avoid institutionalization and remain in the community. Services build confidence in living independently, primarily through adjustment to blindness and learning alternate ways to do daily tasks. A variety of services address the amount and kind of assistance needed, including:

- Information about vision loss, adjustment to blindness, adaptive techniques and special resources related to vision loss;
- Referral to other community resources related to aging, disability, and other individualized concerns;
- Group training to encourage self-confidence building experiences and to provide opportunities for “hands-on” application of adaptive techniques for everyday activities;
- One-on-one in-home adaptive skills training; and
- Peer support development.

In FY 2009, 3,490 people were served in this program.

Independent Living Services—General

Target Population

IL consumers have significant disabilities resulting in a substantial impediment to their ability to function independently in the family and/or community. These individuals face barriers that severely limit their choices for quality of life. Some barriers are obvious, such as a curb with no ramp for people who use wheelchairs or a lack of interpreters or captioning for people with hearing impairments. Other barriers are often less obvious and can be even more limiting, such as inadequate or inaccessible housing, attendant care, or transportation. Unfortunately, misunderstandings about disability can prevent people with disabilities from living independent lives in their communities.

IL services contribute to the independence of people with disabilities in the community and support for their movement from nursing homes and other institutions to community-based settings.

Service Description

The ILS—General and Centers for Independent Living (CILs) provide a broad array of services promoting increased self-sufficiency and enhanced quality of life for persons with significant disabilities. With assistance from ILS—General, people with disabilities become more independent within their communities. Examples of IL services include counseling and guidance, durable medical equipment, communications aids, prostheses, rehabilitation technology, and IL skills training.

Consumers control the decision-making, service delivery, and management of community-based CILs, promoting practices that increase self-help, strengthen self-advocacy, and actively develop peer relationships and role models. Core CIL services include information and referral, IL skills training, peer counseling and individual and systems advocacy.

Table F.6
Service Population Projections for Independent Living Services,
Fiscal Years 2010-15

	2010	2011	2012	2013	2014	2015
IL Services— General Population	696,000	711,100	726,400	741,900	757,500	773,500
IL Services— Blind	153,800	157,200	161,100	165,100	168,602	172,104

Table F.6: DARS, 2009.

Blindness Education, Screening, and Treatment

Target Population

The Blindness Education, Screening, and Treatment (BEST) program target population includes adult Texans who may be at risk for blindness because of untreated eye medical conditions such as diabetic retinopathy, glaucoma, and detached retina.

Service Description

Created in 1997, the BEST program is designed to prevent blindness. Program functions involve two major activities: the provision of adult vision screening services to identify conditions that may cause blindness and payment for urgently needed eye medical treatment for adults who do not have health insurance or other resources to pay for the needed treatment. The BEST program is supported by Texans who donate a dollar when they renew their driver’s license or state-issued identification card. In FY 2009, 7,741 individuals received vision screenings, and 168 received eye medical treatment.

BEST services are designed to reduce the number of Texans who lose their sight. By encouraging Texans to take care of their eyes and to seek professional care if they are at risk for potentially serious eye conditions and by assisting with medical treatment to prevent blindness, BEST helps Texans retain employment and support their families while saving federal and/or state funds that would otherwise be needed for rehabilitation and/or social services if blindness occurred. Further, because the program’s sole source of funding is voluntary donations, the BEST program provides critically important services without requiring the use of federal or state resources.

The BEST program could be improved through availability of additional funding for more vision screening services and an increased number of treatment services. Currently, Texas Transportation Code provisions limit the public's ability to make BEST donations to only transactions that involve "issuance or renewal" of a license and/or identification card.

The annual dollar amount of voluntary donations to the BEST program would likely increase if the public had additional opportunities to make them. The Texas Department of Public Safety's authority to accept donations could be expanded to include transactions beyond "issuance or renewal" of a driver's license and/or identification card. Such opportunities would include, for example, situations where:

- an individual needs to apply for a duplicate license or identification card because of a change of name, a change of address, or a lost or stolen license or identification card;
- a licensed driver changes his or her existing license to add additional authorization or makes a change in classification (for instance, amending an existing license to include authorization to operate a motorcycle);
- an individual applies for, renews, or changes a commercial driver's license;
- an individual applies for, renews, or changes a provisional driver's license, instruction permit, or hardship license; or
- a person with a suspended license applies for a replacement license.

It is also important to ensure that opportunities to make voluntary donations to the BEST program include all applicable avenues for such transactions (in person, by mail, over the phone, via the Internet or other electronic means, etc.).

Deaf and Hard of Hearing Services

Target Population

DARS serves Texans who are deaf or severely hard of hearing. DARS estimates that there are more than 875,000 persons in Texas in 2010 who are deaf or severely hard of hearing or 3.4 percent of the population.⁷ The greater the extent and the earlier the onset of hearing loss, the greater the likelihood persons are to need and seek services. DARS projects the prevalence for the planning time period in Table F.7.

Service Description

The Deaf and Hard of Hearing Services (DHHS) office promotes an effective system of services for individuals who are deaf or hard of hearing, and it evaluates and certifies interpreters. To facilitate the provision of specialized services to individuals

⁷ Health and Human Services Commission demographers analyzed data obtained from the American Community Survey for Texas and the National Health Interview Survey, in addition to population estimates developed by the Texas State Data Center, to develop estimates of the population in need for the Deaf and Hard of Hearing program.

who are deaf or hard of hearing, DARS contracts with community-based organizations that provide communication access and other services designed to remove barriers between individuals needing services and service providers in the communities. Such services include:

- Advocacy services;
- Outreach and education services;
- Interpreter services;
- Adjustment and hearing technology services for persons experiencing hearing loss;
- Computer assisted real-time transcription services;
- Interpreter training, including Hispanic trilingual training and certified deaf interpreter training;
- Service provider training regarding the provision of services to individuals who are deaf or hard of hearing;
- Information and referral services;
- Vocational education and independent living services for individuals who are low-functioning deaf or hard of hearing; and
- Services to older persons to bridge communication barriers and reduce isolation.

DARS certifies interpreters of varying levels of skill and maintains lists of certified interpreters for courts, schools, service providers, and other interested entities. There are currently 1,762 certified interpreters in the state. DARS has developed new interpreter certification tests that are valid and reliable to replace tests that were used for 25 years. Highly skilled and certified interpreters are contracted to score the tests and determine the skill levels of individual candidates. Most interpreting situations require more advanced skills, and only 811, or 46 percent of the level interpreters, are certified at advanced levels. At least one-third of this higher certification group are working in administrative or teaching functions and are not readily available for interpreting. Only 144 or 8 percent of all interpreters are certified by DARS for interpreting in court. Additionally, new Hispanic trilingual interpreter tests will be used for the first time in 2010. The implications are discussed in the Trends and Initiatives section below.

DARS also administers the Specialized Telecommunication Assistance Program, authorized by the 75th Legislature. This voucher program, funded by the Universal Service Fund, provides telecommunication access equipment for persons who are deaf or hard of hearing, speech impaired, or who have any other disability that interferes with telephone access. During FY 2009, almost 24,000 vouchers were issued, of which 82 percent were for amplified telephones.

Table F.7
Projections of Deaf and Hard of Hearing in Texas,
Fiscal Years 2010-15

	2010	2011	2012	2013	2014	2015
Deaf or Hard of Hearing	875,838	893,041	910,587	928,368	946,961	965,747

Table F.7: DARS, 2009.

DARS Goal 2 Trends and Initiatives

Increased Demand for VR Services

As the population of people with disabilities continues to grow in Texas, so does the demand for VR services. Rehabilitation Services has seen an increase of approximately 2.4 percent each year in applications from 2007 to the end of 2009 and project an increase above 4.8 percent in the next biennium. Further, the number of Texans expected to need services is projected to increase approximately 2 percent from 2011 to 2012.

Consumers Referred through Workers Compensation

Consumers referred to the DARS VR program from the Worker's Compensation system have increased 10-fold since FY 2009. This increase in referrals is putting additional demands on VR counselors, whose caseloads are already large. This population of potential VR consumers requires a specialized level of experience, skill and time commitment beyond the current capacity of general VR counselors.

Diabetes Demographic

DARS has an opportunity to continue providing education and training for consumers with diabetes. With training, consumers experience fewer complications resulting from diabetes and are in a better position to become employed, remain employed, and live more independently.

The prevalence of diabetes continues to increase. In 2008, approximately 1.7 million people in Texas were diagnosed with diabetes. People with diabetes have a greater risk of experiencing vision loss from diabetic retinopathy, cataracts, and glaucoma. Each year, as many as 25,000 people become blind as the result of diabetic retinopathy. Diabetes is the leading cause of blindness for adults ages 20 to 74.

Diabetes affects ethnic groups differently, with African Americans and Hispanics having higher prevalence rates than Anglos. In addition, the Hispanic population is growing faster than other ethnic groups, which will likely impact the number of Texans who are diagnosed with diabetes and who may lose significant vision as a result of the disease. According to the American Diabetes Association, in 2006, the total cost of diabetes for Texas was estimated at \$12.5 billion. This includes medical costs of \$8.1 billion attributed to diabetes, and lost productivity valued at \$4.3 billion.

Fortunately, significant improvement has been shown to be possible through rehabilitation programs educating people about diabetes self-management skills, nutrition counseling, and exercise programs.

Growing Population of Older Texans

DARS continues to be challenged by the disparity between the growing population of older people and limited program resources. Historically, the program has reached less than 2 percent of the population projected to be experiencing serious loss of vision. Other than funds from the American Recovery and Reinvestment Act of 2009, available only in 2010 and 2011, resources have remained flat in the IL program. The number of consumers eligible for IL services continues to increase and the population currently being served tends to be younger. In FY 2009, 62 percent of the individuals served were 55 years of age or older and 38 percent were younger than 55. This shift is critical because 88 percent of the federal funding for this program is targeted for individuals 55 and over.

Additional Resources for Independent Living Services

The Texas population is growing, aging, and living longer, creating increasing needs for rehabilitation, and increasing the demand for IL services. The number of applicants to the IL services program is steadily increasing. The cost of services, especially medical services, is increasing significantly each year and straining program resources. Assistive technology, which enables consumers to live independently, is becoming more sophisticated in addressing more kinds of functional needs. At the same time, it is also becoming more expensive.

Compounding the increased demand is the rapid expansion of the CILs. If a consumer needs services beyond those provided by CILs, they are referred to the IL program. IL counselors also spend extra time supporting multiple CILs, which decreases the time available to serve other consumers on their caseload. In addition, DARS provides technical assistance and oversight to centers receiving any state funds. Accordingly, without additional IL counselors, the waiting list can be expected to increase.

Shortage of Orientation and Mobility Specialists

Orientation and mobility (O&M) is a core skill consumers who are blind need to achieve effective employment outcomes. Instruction in orientation and mobility is designed to enable blind people to travel independently in any environment they are

likely to encounter. Orientation refers to the process of applying the consumer's available senses to establish his or her position and relationship within the environment. Mobility is the act of moving in the environment with use of an established tool, e.g., a white cane, dog guide, or electronic navigation device, to aid in travel.

Availability and timeliness of O&M services for consumers is wholly dependent on availability of O&M Instructors. The state continues to experience a critical shortage of O&M Instructors. Although the state has approximately 70 O&M vendors, a number of them are part-time. In certain areas, O&M vendor shortages cause consumers to wait for 1-3 months to be served. The areas with the greatest need are Corpus Christi and College Station. Corpus Christi has two O&M instructors with limited availability. The College Station area can occasionally recruit an O&M vendor from another region to provide for immediate needs, but no vendor is available in the area to provide consistent services. Corpus Christi and College Station have chronically had problems attracting O&M vendors. Consumers in these areas are getting limited or no O&M training. The lack of timely O&M training delays blind consumers from learning to be in control of their independence early, and attaining other employment goals with minimal delay as they receive services.

Increase in Population of Individuals who are Deaf or Hard of Hearing

The population of individuals who are deaf or hard of hearing is growing, as is the demand for services (see Table F.7). Currently, there are not enough Deafness Resource Specialists and Hearing Loss Resource Specialists in each HHSC Region. The current funding level for the Resource Specialist Program funds, at a minimum, is to have one Deafness Resource Specialist (Deafness RS) contractor and one Resource Specialist (HLRS) contractor in HHSC Region. The limited number of specialists per region does not adequately serve this population, especially the high-population regions. The regions are huge and present an enormous responsibility for the limited number of specialists.

Approximately 3.4 percent of the Texas population, or a projected figure of 910,587 in FY 2012 and 928,368 in 2013, are considered to have a hearing loss. On average, a Deafness RS serves about 407 people per year; an HLRS serves about 742 people each year. Additionally, the cost for providing deaf and hard of hearing services is increasing while funding has not increased for six years.

Interpreter Certification

The new Board for Evaluation of Interpreters (BEI) interpreter tests and Hispanic trilingual tests have increased the need for staff resources. Administering the new performance and written test takes an additional hour and 25 minutes. The trilingual interpreter tests, initiated in 2010, will increase the number tested by an estimated 60 individuals and involves a two hour written test and one hour performance test. Licensing the BEI general tests to other states has created more administrative time to oversee the implementation of testing and monitoring to ensure the tests remain

valid and reliable through an ongoing statistical proves. The trilingual tests also involve significant statistical monitoring. As a result, existing staff are not able to adequately meet these new demands.

DHHS also has a number of specialized interpreter tests that have been in use for a number of years and need to be redeveloped for test quality and validation/reliability purposes. In addition, there is a need for a court interpreter test which is required by statute but lacks a performance test. To develop these tools requires additional funding.

Shortage of Sign Language Interpreters

The high demand for interpreters and the limited number and availability of certified interpreters, especially interpreters certified at higher levels of skill, have resulted in a severe shortage of interpreters qualified and available for meeting the needs of consumers in the communities. Currently, there are only 1,762 certified interpreters existing in the state of Texas. Approximately 46 percent of these interpreters are certified at the entry level, and most interpreting situations require more advanced interpreting skills.

Reasons for the shortage may include lack of awareness of interpreting as a career choice and the considerable amount of time, difficulty, and talent required to develop interpreter skills. Additionally, there are limited resources available to provide pre-service training opportunities for prospective interpreters and for entry-level interpreters to upgrade their skills. To increase the number of available qualified interpreters and to upgrade the skills of currently certified interpreters, DHHS is seeking to expand and strengthen relations with the Interpreter Training Programs across the state and the school districts that provide sign language programs. DHHS provides interpreter training that focuses on upgrading the skills of this large entry-level group, which helps to decrease the shortage.

DARS Goal 3: Disability Determination

Disability Determination Services

Target Population

For Social Security purposes, disability means a medical condition preventing a person from working, or in the case of a child, preventing the child from engaging in age-appropriate activities. The medical condition must be so severe that it will last at least twelve continuous months or result in death, and it must be documented by objective medical evidence.

Disability Determination Services (DDS) administers two disability determination programs on behalf of the Social Security Administration (SSA). The first program, Social Security Disability Insurance (SSDI), is related to work. Workers earn

coverage for themselves and family members by paying Social Security tax. The program covers workers who have a disability, widows/widowers who have a disability, and workers' adult children who have a disability.

The second program, Supplemental Security Income (SSI), is related to means — what a person earns and owns. People who meet the criteria for disability and have low incomes and few assets may qualify for SSI benefits, which supplement SSDI benefits.

Service Description

When a person is not able to work due to a physical or mental impairment, that person may apply for federal SSDI and/or SSI disability benefits. DDS processes the applications for these benefits under an agreement between the state and SSA. SSA provides 100 percent of the funding.

Each application for SSDI/SSI disability benefits originates in an SSA field office and is forwarded to the DDS. There, it is developed and adjudicated by a trained claims examiner who reviews the disability forms and gathers medical evidence from the claimant's treating sources. Usually the examiner receives enough evidence from the applicant's medical sources to make a decision. If more evidence is needed, a consultative examination is arranged and paid for by the DDS with funds from the SSA.

The examiner and a DDS medical consultant team review all the information and determine whether an applicant is disabled as defined by SSA. In FFY 2009, the DDS processed 209,817 initial cases, determining that 89,044 people, or 43.5 percent, met the SSA criteria for disability. For quality control, SSA reviews a sample of initial DDS determinations. In FFY 2009, the DDS achieved a 96.3 percent accuracy rate compared to the national average rate of 94.9 percent. After completion of the DDS adjudication process, the case is returned to the Social Security Field Office from which it was received, and the applicant is notified of the decision by mail. In FFY 2009, the Texas DDS average processing time for an initial case was 58.8 days compared to the national average of 80.7 days.

Applicants who have been denied benefits may request reconsideration, the first step in the appeal process. Reconsideration cases are reviewed in the DDS by a different examiner and doctor from those who processed the initial application. In FFY 2009, the DDS reviewed 48,943 reconsideration cases, of which 9,500, or 19.8 percent, were allowed, or reversed.

The DDS allowance rates for both initial and reconsideration cases were higher than the national average in FFY 2009. The national allowance rate for initial cases was 36.9 percent, and for reconsideration cases, it was 13.8 percent. This means that, in percentage terms, the Texas DDS determined claimants to be "disabled" at a rate above the national average. SSA has final authority to award or deny benefits.

Benefit Amounts as Reported by SSA

The State of Texas receives \$699.1 million combined SSDI and SSI disability payments to disabled workers a month, as of December 2008. This does not include an additional \$38 million paid each month to spouses and children of disabled workers.

DARS Goal 3 Trends and Initiatives

Increase in Disability Applications

The most significant trend impacting the DDS continues to be the increase in the number of SSA disability claims expected due to population growth, recession, and the aging of the baby boomers. As the population grows, so does the total number of disability claims filed. Further, as aging baby boomers reach a more vulnerable stage in life, they are more likely to apply for disability benefits in increasing numbers.

National disability claims rose 17 percent in FFY 2009 to more than 3 million, according to the SSA. It is projected to jump to 3.3 million in 2010. In Texas, the claims rose 16.5 percent in 2009, to 227,117 and are projected to rise to 312,070 in 2011.

**Table F.8
 Social Security Administration Actual or Projected Caseload for Texas
 Disability Determination Services, 2009-13**

	2009 (actual)	2010	2011	2012	2013
Estimated Cases That Will Be Processed	302,393	353,238	363,835	374,750	385,993

Table F.8: SSA, 2010.

Workforce

SSA and DDS have worked diligently to reduce workforce losses. Because it generally takes from two to three years for an examiner to become fully proficient in the job, efforts to hire and retain claims examiners are critical. SSA, with the assistance of DDS, led a nationwide project to identify recruitment and retention efforts and concerns within the State DDSs. This workgroup identified and

prioritized more than 140 issues and developed recommendations to SSA for addressing the issue of recruitment and retention. As a result, DARS DDS is implementing a hiring plan for Claims Examiners, State Agency Medical Consultants and support staff. To accomplish the SSA goals, DDS anticipates hiring four Claims Examiner classes in federal fiscal year (FFY) 2010 and additional State Agency Medical Consultants. Based on current attrition rates, this level of hiring will enable the department to increase staffing levels, which will be critical in order to produce the anticipated number of case receipts during FFY 2010.

Further, in an effort to accommodate the rapidly increasing case receipts over the next several years, DARS DDS has made SSA aware of the anticipated need for expansion of office space in 2011, based on current and projected hiring patterns.

Disability Case Processing System

For over the past two years, DDS Administrators representing each region, along with SSA executive staff representing the federal case processing partners, have been working together to create a common case processing system for all partners engaged in adjudicating disability decisions. The Disability Case Processing System eliminates the current five legacy vendor environment and will use a streamlined, common case processing environment to improve efficiency and accuracy, yet preserve excellent customer service. All 54 DDSs will use the system which will easily transfer information to and from Field Offices and other SSA units.

Customers and stakeholders are taking part in designing the new processing system to ensure accurate decisions, timely and cost-effective case processing, optimum worker productivity, and improved employee job satisfaction.

Preparation for Social Security Administration (SSA) Predicted Caseload Surge

The projected surge in SSA claims resulting from the economic downturn and the baby boomer retirements are predicted to strain the existing system. In response, SSA, in partnership with DARS DDS, seeks to develop a comprehensive strategy to process these claims accurately and efficiently.

According to SSA, applications for Social Security benefits rose almost 50 percent more than expected in 2009. Agency statistics show that 2.57 million people requested benefits nationwide, an increase from the 2.10 million applications received during the previous twelve months.

In addition, SSA notes that national disability claims rose 17 percent in FY 2009, to more than 3 million. It is projected to jump to 3.3 million in 2010. In Texas, the claims rose 16.5 percent in 2009, to 227,117 and are projected to rise to 312,070 in 2011.

Although SSA fully funds the DARS DDS program, DARS may need to request capital spending authority for any identified capital items. Failure to secure the required spending authority may jeopardize the department's ability to service claims from entitled disabled Texans.

Department of Family and Protective Services

DFPS Goal 1: Statewide Intake Services

Target Population

The Department of Family and Protective Services (DFPS) Statewide Intake (SWI) call center is the centralized point of intake for the entire state for abuse, neglect, and/or exploitation. It operates twenty-four hours a day, seven days a week.

Service Description

SWI receives an average of about 55,000 contacts each month about children, elder adults and persons with disabilities who are suspected to be at risk of abuse, neglect and exploitation, and assigns for investigation those reports that meet the Texas Family Code and Human Resources Code definitions. Contacts include calls, Internet reports, and faxed or mailed correspondence and may be received from both professionals and the public.

SWI staff also provides twenty-four hour expedited background checks for Child Protective Services (CPS) caseworkers. Emergency background checks are performed to provide immediate information to caseworkers about the safety of a placement for a child with a parent or relative while an investigation of abuse/neglect is being conducted.

DFPS Goal 2: Child Protective Services

Target Population

The CPS program focuses on Texas families in which children are, or are alleged to be, suffering from abuse and/or neglect. According to the Texas State Data Center, 6.5 million children live in Texas.

In fiscal year (FY) 2009, the CPS program conducted 165,444 investigations of abuse and/or neglect and confirmed abuse and/or neglect in 40,126, or 24 percent of those cases. The most commonly found types of abuse/neglect were physical abuse, physical neglect, and sexual abuse. These 40,126 confirmed cases of abuse or neglect involved 68,326 children.

To protect these children, CPS may provide services to the parents and other family members who may be responsible for the abuse or neglect. The following paragraphs describe both certain characteristics of the children served by CPS and also the placement types for these children.

Table F.9 depicts the ethnic and gender representation of the more than 68,000 children in confirmed cases of abuse or neglect during FY 2009.

Table F.9
Characteristics of Confirmed Victims of Child Abuse, Fiscal Year 2009

Sex	Anglo	African American	Hispanic	Native American	Asian	All Other Population Groups Combined
Female	10,924	7,140	15,919	65	160	1,097
Male	10,268	6,927	14,381	67	183	1,049

Table F.9: DFPS Databook, FY 2009.

In 30 percent of these confirmed cases, children may require substitute care placements outside of their homes. At the end of 2009, DFPS had legal conservatorship for 24,654 children in substitute care. Table F.10 details the types of placements in which these children were residing.

Table F.10
Children in Substitute Care Placements, by Living Arrangement
at the End of Fiscal Year 2009

Type of Living Arrangement ⁸	Number of Children	Percentage of Total
DFPS Foster Homes	1,856	7.5%
Contracted Foster Homes	10,670	43.3%
Basic Child care	621	2.5%
Residential Treatment Centers	1,400	5.7%
Emergency Shelters	487	2.0%
Other Foster Care	368	1.5%
Kinship Care	7,673	31.1%
DFPS Adoptive Homes	421	1.7%
Private Adoptive Homes	536	2.2%
Independent Living	51	0.2%
Other Substitute Care	571	2.3%
Total	24,654	100.0%

Table F.10: DFPS Data Warehouse, December 2009.

Of the children residing in foster care at the end of FY 2009, 54.5 percent were boys and 45.5 percent were girls. Age groups were represented as follows:

- 20.8 percent were two years of age or younger;
- 14.1 percent were from 3 to 5 years of age;
- 16.8 percent were from 6 to 9 years of age;
- 18.4 percent were from 10 to 13 years of age;
- 26.5 percent were from 14 to 17 years of age; and
- 3.3 percent were from 18 to 20 years of age.

Ethnic groups of the children in foster care were represented as follows:

- 28.4 percent Anglo;

⁸ Definitions and other information about each Type of Living Arrangement are available in the Department of Family and Protective Services Databook for 2009.

- 30.8 percent African American;
- 38.7 percent Hispanic;
- 0.3 percent Native American;
- 0.3 percent Asian; and
- 1.5 percent all other population groups combined.

The population of children in DFPS conservatorship has declined over the past three years. This occurred despite the fact that the number of investigations increased over the same years. Various factors may have contributed to this situation, amongst these being the family-centered practices implemented during program reform efforts. These practices are intended to divert children from foster care and to more prompt achievement of permanency goals.

Service Description

The CPS program focuses on three key outcomes for children: ensuring safety, establishing permanency, and ensuring well-being. To achieve these outcomes, the division administers seven main stages of service:

- **Investigation**—conducted to determine whether a child has been abused and/or neglected, or to determine whether there is a risk of abuse or neglect;
- **Family Based Safety Services**—provided to the family in the family’s home, when a child’s safety can be reasonably assured there;
- **Substitute Care Services**—provided when the child is not safe in the home; these out-of-home care services include foster care and adoption services;
- **Family Reunification Services**—provided when the court determines that a child should return home after residing in foster care;
- **Adoption**—provided when it is not possible for a child to return home, and the court has terminated the parents' rights and made the child available for adoption; and
- **Preparation for Adult Living**—provided to youth 16 years of age or older to aid with the transition from foster care into adulthood.

DFPS Goal 3: Prevention Programs

Target Population

Prevention and Early Intervention (PEI) target populations mirror the CPS program populations; however, contracted prevention services target specific regions of the state and, in some cases, specified client groups. Prevention services contracts include the following programs.

- **Community Youth Development (CYD)**—The CYD program contracts with community-based organizations to develop juvenile delinquency prevention programs in ZIP codes with high juvenile crime rates. Approaches used by

- communities to prevent delinquency have included mentoring, youth employment programs, career preparation, and recreational activities. Communities prioritize and fund specific prevention services according to local needs. CYD services are available in 15 targeted Texas ZIP codes. In FY 2009, 19,390 youth were served through CYD.
- **Services to At-Risk Youth (STAR)**—The STAR program contracts with community agencies to offer family crisis intervention counseling, short-term emergency respite care, and individual and family counseling. Youth up to age 17 and their families are eligible if they experience conflict at home, truancy or delinquency, or a youth who runs away from home. STAR services are available in all 254 Texas counties. Each STAR contractor also provides universal child abuse prevention services, ranging from local media campaigns to informational brochures and parenting classes. In FY 2009, 29,406 youth were served through STAR.
 - **Texas Families: Together and Safe (TFTS)**—TFTS funds evidence-based, community-based programs designed to alleviate stress and promote parental competencies and behaviors that increase the ability of families to become self-sufficient and successfully nurture their children. The goals of TFTS are to: improve and enhance access to family support services; increase the efficiency and effectiveness of community-based family support services; enable children to remain in their own homes by providing preventative services, and to increase collaboration among local programs, government agencies, and families. In FY 2009, 3,040 families were served by the Texas Families: Together and Safe program.
 - **Community-Based Child Abuse Prevention**—The program seeks to increase community awareness of existing prevention services, strengthen community and parental involvement in child abuse prevention efforts, and encourage families to engage in services that are already available. CBCAP funds a variety of contracts with community based organizations to provide child abuse and neglect prevention services. These include the Relief Nursery, Community Partnerships for Strengthening Families, Family Support and Rural Family Support programs, as well as various special initiatives and public awareness campaigns. In FY 2009, 180 families were served through Community-Based Child Abuse Prevention contracts.
 - **Family Strengthening**—A variety of Family Strengthening services, available statewide, have been evaluated and proven to effectively increase family protective factors. These services are designed to increase the resiliency of families and prevent child abuse and neglect. Programs must also foster strong community collaboration to provide a continuum of family services. In FY 2009, 1,200 families were served in the Family Strengthening Program.
 - **Youth Resiliency**—Youth Resiliency Programs provide services proven to increase protective factors for youth and prevent juvenile delinquency. These programs must foster strong community collaboration to provide a continuum of services for participating youth. In FY 2009, 1,654 youth received services through the Youth Resiliency program.

- **Community Based Family Services**—This program serves families who were investigated by CPS, but whose allegations were unsubstantiated, through community and evidence-based services. Services include home visitation, case management, and additional social services to provide a safe and stable home environment. In FY 2009, 110 families received services through the Community Based Family Services program.
- **Tertiary Child Abuse Prevention**—Community-based, volunteer-driven prevention, intervention, and aftercare services are provided for children who are or have been, or who are at risk of being, abused and/or neglected. The goals of the program include reducing child maltreatment and the number of families re-entering the Child Protective Services system. Additional goals are to improve the quality and availability of aftercare services for abused children and enhance a statewide network of tertiary child abuse prevention programs. In FY 2009, 32 families received services through the Tertiary Child Abuse Prevention program.
- **Statewide Youth Services Network**—The Statewide Youth Services Network contracts provide community and evidence-based juvenile delinquency prevention programs focused on youth ages 10 through 17, in each DFPS region. In FY 2009, 6,548 clients received services through the Statewide Youth Services Network funded programs.
- **Texas Youth and Runaway Hotlines**—These hotlines serve exclusively Texas youth and families, by providing both 24-hour crisis intervention and telephone counseling and information and referral services. The hotlines respond to an average of approximately 36,000 calls each year.

Service Description

The PEI division manages the statewide prevention services contracts described above. The division focuses on contracting for quality services and is charged with identifying and measuring meaningful outcomes for contracted services.

DFPS Goal 4: Adult Protective Services

Target Population

The Adult Protective Services (APS) program serves elder adults and persons with disabilities. In 2009, there were over 2.4 million Texans 65 years or older and over 2 million Texans with a disability who were 18 to 64 years old. APS investigates allegations of abuse, neglect, and/or exploitation for persons in their own home or in state operated and/or state contracted mental health and mental retardation facilities.

Of the 50,936 validated victims in in-home investigations completed in FY 2009, 25,053 were adults with a disability and 25,881 were elder adults. Over 60 percent

of these individual victims were women. The most common type of maltreatment validated was physical neglect, which was found in 61.8 percent of the cases validated. Ethnic groups were represented as follows:

- 51.0 percent Anglo;
- 22.2 percent African American;
- 23.6 percent Hispanic;
- 0.2 percent Native American;
- 0.5 percent Asian; and
- 2.5 percent from all other population groups combined.

In the Mental Health (MH) and Mental Retardation (MR) facilities Investigation Program, 9,730 investigations led to 1,049 confirmed cases in FY 2009. Neglect was confirmed in 55.9 percent of these investigations, with physical abuse as the second most common type, found in 21.4 percent of the confirmed cases. State supported living centers were the most common setting for these investigations, accounting for 42.4 percent of completed investigations.

During the strategic planning period of 2011-15, the number of completed in-home investigations is projected to increase steadily due to both the growth in the number of individuals 65 years of age or older and due to an increased utilization of such living arrangements. Continued focus on quality of care in these settings by the Legislature and advocacy groups is also likely to drive up intakes.

Service Description

APS operates two programs: in-home investigations, and MH and MR Investigations. The APS In-Home Program investigates reports of abuse, neglect, and/or exploitation of elder adults (defined as 65 years of age or older) and adults with disabilities who reside in the community settings, as opposed to institutions. In validated cases and as needed, agency employees provide or arrange for protective services, including referral to other programs, respite care, transportation, counseling, and emergency assistance with food, shelter, and medical care. The In-Home Program completed 72,265 in-home investigations in FY 2009, with 50,936 investigations resulting in validated allegations of abuse, neglect, and/or exploitation.

The MH and MR Investigations Program investigates reports of abuse, neglect, and/or exploitation of clients receiving services in state-operated MH and MR facilities (state hospitals, state supported living centers, and state centers), private Intermediate Care Facilities for Persons with Mental Retardation (ICFs-MR), and/or state contracted settings (community centers and Department of Aging and Disability Services (DADS) Medicaid waiver programs for persons with mental retardation) that serve adults and children with mental illness or mental retardation. In FY 2009, there were 9,730 completed investigations in MH and MR settings, of which 2,500 were performed in state hospitals, 4,121 in state supported living centers, 293 in state centers, 2,163 in home and community services, and 653 in community

centers. In FY 2009, investigations in MH and MR settings grew more rapidly than in previous years.

DFPS Goal 5: Child Care Regulation

Target Population

There are two main target populations for the Child Care Licensing (CCL) program area:

- Children attending day care for less than 24 hours per day; and
- Children residing in residential child care facilities.

These children's caregivers—parents, guardians, and/or service providers—are also target populations.

In FY 2009, capacity of legal child care operations in Texas was 1,045,798 children. The capacity of residential care providers was 43,107 children.

Service Description

The CCL program safeguards the basic health, safety, and well-being of Texas children by developing and enforcing minimum standards for child care facilities and child-placing agencies. The program regulates child day care homes and centers, 24-hour residential child care facilities, and child-placing agencies. The 81st Legislature charged CCL with developing standards for and regulating three new programs, beginning September 2010, including before- and after-school programs, school age programs, and temporary shelters such as family violence shelters and homeless shelters, where day care is provided to a child while the child's parent is not present.

CCL is responsible for the following activities:

- Issuing permits;
- Assessing risk and monitoring for ongoing compliance with standards and background check requirements;
- Investigating reports alleging standards violations and/or abuse and neglect of children, and
- Imposing corrective or adverse action, as necessary.

Licensing employees also provide information, advice, training, and consultation to operations to facilitate compliance with minimum standards and achieve program excellence. Technical assistance is typically provided in the areas of record-keeping, child health and safety, nutrition, age-appropriate activities, child guidance, and discipline.

The following paragraphs focus on the demand for services within the different facility types.

Day Care Licensing

In FY 2009, approximately five million children 13 years of age or younger lived in Texas. Many of these children are in the care of a day care provider on a regular basis for a substantial part of the day. In FY 2009, CCL was responsible for regulating 9,342 licensed child day care centers, 1,617 licensed child care homes, 6,700 registered family homes, and 7,305 listed homes, for a combined capacity to serve more than one million Texas children. Table F.11 lists the total number of licensing inspections performed in licensed day care facilities and registered and listed family homes.

**Table F.11
 Number of Inspection Visits in
 Regulated Child Care Facilities, Fiscal Year 2009**

Day Care Facilities	Total Number of Facilities	Number of Inspection Visits
Licensed Child Care Centers	9,342	32,107
Licensed Child Care Homes	1,617	3,906
Registered Family Homes	6,700	8,427
Listed Family Homes	7,305	542
Total	24,964	44,982

Table F.11: DFPS Databook, FY 2009.

Residential Licensing (24-Hour Care)

The CCL program is also responsible for licensing and monitoring 24-hour child care facilities, including residential treatment centers, CPS foster homes, and child placing agencies and the foster homes they license. In FY 2009, CCL issued permits for 60 new residential child care facilities and performed 10,481 inspection visits in residential child care facilities.

Table F.12
Number of Inspection Visits in
Residential Child Care Facilities in Fiscal Year 2009

Residential Child Care Facilities	Total Number of Facilities	Number of Inspection Visits
Facilities	266	2,934
Child-Placing Agencies	334	4,783
Agency Foster and Foster Group Homes	7,042	2,221
CPS Foster and Foster Group Homes	1,781	516

Table F.12: DFPS Databook, FY 2009.

Department of State Health Services

DSHS Goal 1: Preparedness and Prevention Services

Department of State Health Services (DSHS) Goal 1 programs focus on the prevention of chronic and infectious diseases, including those associated with public health emergencies, and services for individuals with selected illnesses. Goal 1 also includes epidemiological investigations and registries designed to:

- Provide the state with the basic health-care information needed for policy decisions, and program development;
- Address a particular disease; and
- Identify cases of disease for program evaluation and for research.

Community Preparedness

Target Population

Community preparedness serves the entire Texas population.

Service Description

Preparedness is the state of adequate preparation for a natural disaster, disease outbreak, biologic attack, or other emergency. Planning includes the development of operational guidelines, and the training, exercising, and evaluation of the plan components. Response is the deployment of necessary resources to address the event or incident.

DSHS coordinates the distribution of grant funds from the Centers for Disease Control and Prevention (CDC) and the Office of the Assistant Secretary for Preparedness and Response. These resources are allocated to the statewide network of trauma service areas and local and regional health departments, to:

- Develop, implement, and evaluate preparedness and response planning;
- Enhance surveillance, epidemiology, and laboratory capacities;
- Establish and maintain the Public Health Information Network;
- Develop and implement effective risk communication strategies;
- Assess, coordinate, deliver, and evaluate workforce development packages for key public health professionals, infectious disease specialists, emergency personnel, and other health-care providers; and
- Support and ready hospitals and health-care systems to deliver coordinated and effective care to victims of terrorism and other public health emergencies.

DSHS has developed model standards and guidelines to help local jurisdictions prepare emergency response plans with mitigation, preparation, response, and recovery elements. Through this effort and the State Emergency Management Plan, DSHS maintains operational policies and procedures, guidelines, and instructions for the integrated management of health and medical services after a disaster.

Emergency response also includes the DSHS Texas Critical Incident Stress Management Network that is a key component of the Texas Crisis Consortium, which responds to disasters and to the mental health needs of survivors and first responders.

Health Promotion and Vital Records

Target Population

Health Information and Vital Record functions serve the entire Texas population.

Service Description

Intrinsic to public health efforts is the provision of health information needed to make state and local policy decisions related to health status improvement. Key to enabling policy decisions are the vital records and health registries maintained by DSHS, which describe life and health events and analyze and distribute information on health and health-care.

Texas Birth Defects Registry

Chapter 87 of the Texas Health and Safety Code requires DSHS to maintain a birth defects registry for the state. The Texas Birth Defects Registry exists to identify and describe patterns of birth defects in Texas. Tracking the data provides information on the types of birth defects that are occurring, how often and where they occur, and in what populations they are occurring. This information can be used to identify the causes of birth defects, implement effective prevention and intervention strategies, and refer affected children and their families to medical and social services.

Cancer Registry

Chapter 82 of the Texas Health and Safety Code requires DSHS to maintain a cancer registry for the state. Functions include maintaining a statewide population-based cancer registry for Texas; analyzing, evaluating, and disseminating cancer data; monitoring the health status of communities; and monitoring changes in cancer incidence over time. The Cancer Registry identifies population groups at increased risk of cancer; provides data for cancer cluster investigations; conducts epidemiological cancer studies; evaluates the effectiveness of cancer control initiatives; disseminates cancer information for etiologic research; and supports cancer control planning and evaluation, education, and health services delivery.

Center for Health Statistics

The DSHS Center for Health Statistics (CHS) collects, analyzes, and disseminates health data and information that is used to evaluate and improve public health in Texas. The core functions of the center are data collection and management; public health research; health information dissemination; and professional and technical expertise. Primary activities include:

- Overseeing the annual survey of Texas hospitals and providing state-level data on hospital utilization, charity care, and community benefits;
- Managing and administering multiple health surveillance programs, such as the Behavioral Risk Factor Surveillance System;
- Analyzing and disseminating information on vital events, healthcare quality, and more than 40 health-care professions,
- Making health information widely available through web pages, query systems, and reports and responses to data requests; and
- Supporting DSHS programs through management of the Medical and Research, Audiovisual, and Early Childhood Intervention/ Rehabilitation Libraries; the Funding Information Center; the Institutional Review Board, and through publications and records management activities.

Vital Statistics

The DSHS Vital Statistics Unit (VSU) maintains more than 47 million records of important events in Texans' lives, including births, deaths, marriages, divorces, adoptions, and paternity changes. VSU produces documents that federal and state entities use to establish identity, citizenship, ownership, entitlement to benefits, and passport travel authorizations. VSU is the fundamental source of natality, mortality, and demographic data by registering these vital events, including births, deaths, fetal deaths, and Suits Affecting the Parent Child Relationship. VSU issues nearly one million records service requests annually, including:

- Maintaining vital records caused by adoptions, paternity determinations, name changes, and other events;
- Serving as the Court of Continuing, Exclusive Jurisdiction Registry;
- Maintaining the Paternity Registry, the Acknowledgement of Paternity Registry and the Central Adoption Registry;
- Confirming Marriage & Divorce verifications; and
- Facilitating the investigation of document security and fraud.

Border Health

Target Population

Border Health functions serve the 2.2 million Texans who live in the US/Mexico border region of Texas.

Service Description

The Office of Border Health (OBH) is charged with promoting and protecting the health of border residents by reducing community and environmental health hazards along the Texas-Mexico border. OBH works in collaboration with communities and United States (U.S.) and Mexican local, state, and federal entities.

OBH has field staff working in border communities (Brownsville, McAllen, Del Rio, Eagle Pass, El Paso, Harlingen, Laredo, Presidio, and Uvalde) to facilitate a coordinated response to address public health concerns along the border. Core office functions include serving as agency point of contact to Mexico, inter/intra-agency coordination of border health issues, and serving as a clearing house for border data and information. To achieve these goals, OBH works with these partners:

- Health and Human Services Commission (HHSC) Office of Border Affairs,
- Eight sister-city, bi-national health councils,
- U.S.-Mexico Border Health Commission (USMBHC), and
- Border Governors Conference Health Table.

OBH also coordinates with the USMBHC Health Border 2010 program and community-based projects addressing measurable border health objectives. Through CDC funding, the Early Warning Infectious Disease Surveillance project enhances border public health preparedness with Mexico, including sharing of surveillance data and providing for appropriate training for public health personnel.

Immunizations

Target Population

Immunization services are available for all Texans.

Service Description

DSHS immunization activities improve quality of life and life expectancy by achieving and maintaining an environment free of vaccine-preventable diseases. Vaccines are a cost-effective public health disease control measure. Key strategies to increase vaccine coverage levels are:

- Promoting use of ImmTrac, the statewide immunization registry;
- Providing education on the concept of receiving immunizations in the medical home;
- Encouraging use of reminder/recall systems;
- Educating providers and the general public about immunization services and their public health value; and
- Working with stakeholders to improve implementation of these strategies.

ImmTrac was originally established as the Texas Immunization Registry in April 1996. It is used for a tracking and reporting tool for both vaccines and antivirals, and it was recently expanded for use with adults and for disaster preparedness purposes. The registry is a repository of immunization histories for:

- More than 83 million immunizations recorded,
- More than 6.3 million Texas clients under the age of 18,
- More than 2.2 million clients under the age of 6,
- More than 7,800 first responders or first responder family members 18 years and older,
- More than 18,000 antivirals entered as part of disaster response, and
- More than 1.2 million H1N1 vaccinations entered as part of disaster response.

DSHS immunization activities seek to increase vaccine coverage levels in both children and adults. In 2009, Texas was recognized by the CDC as the most improved state in immunization coverage levels, ranking 12th in the nation.

HIV and Sexually Transmitted Disease Services

Target Population

While program activities focus on persons living with or at risk of acquiring the Human Immunodeficiency Virus (HIV) and other sexually transmitted diseases (STD), the program benefits all Texans in its focus on disease prevention.

Service Description

DSHS HIV/STD Program goals include increasing the number of Texans who know their HIV/STD status, reducing the number of HIV-infected persons who have unmet needs for medical care, and educating individuals about risk of HIV/STD issues. HIV/STD Program activities include:

- HIV/STD surveillance;
- Community-based planning;
- HIV/STD prevention services;
- Delivery of medical and support services for persons living with HIV/AIDS, including HIV medications for low-income individuals, and
- Provision of notification and testing services for partners of those diagnosed with HIV/STD.

HIV Prevention

HIV prevention efforts include promotion of routine HIV and STD testing in health-care settings, partner services, and focused and evidence-based behavioral interventions. The HIV/STD Program supports routine HIV testing activities at several urban emergency departments, jail health programs, STD clinics, and primary care clinics. These projects provide seed funds for the development of

protocols, purchase of equipment, training of staff, and initial testing costs for programs to integrate routine testing into their patient care routines. In fiscal year (FY) 2009, approximately 65,000 routine HIV tests were conducted and about 718 positives have been found.

Focused and evidence-based behavioral interventions and testing services are broadly available statewide via contracts with local health departments and community-based organizations. Behavioral interventions and testing services focus on providing education and intervention with persons at highest risk for acquiring or transmitting HIV. These programs are designed to assist participants in establishing risk reduction plans and to provide participants with the skills and practices necessary to prevent HIV transmission. HIV testing is also offered through these programs, linking HIV-positive clients to care following diagnosis. In FY 2009 about 40,000 tests were done, with 1.3 positives for every 100 tests.

STD Prevention

STD prevention focuses on screening and disease intervention services. A primary activity is syphilis identification and treatment. Re-emergence of syphilis calls for innovative approaches, such as a “fast track “ triage practice of conducting physical exams on those most likely to be infected, and then providing necessary treatment.

DSHS places great emphasis on the timeliness and effectiveness of partner services delivery in Texas. Trained disease intervention specialists (DISs) perform partner services for individuals diagnosed with HIV and other STDs. These services include partner identification, partner notification, counseling, referral for treatment, and case management activities.

In 2008, DISs successfully referred 2,503 of 2,682 new HIV positive individuals interviewed (93 percent) to early intervention services. DISs interviewed 3,843 HIV positive (both newly and previously diagnosed) individuals, resulting in the location, counseling and testing of 4,912 sex and/or needle-sharing partners and high-risk social network contacts. Among those tested, 254 new HIV positive persons were identified and referred for medical care.

HIV Care and Treatment

The program provides funds to local communities to provide medical and social support services for persons living with HIV/AIDS. The program also operates the Texas HIV Medication Program, which provides life-extending and life-saving medications to low-income Texans who are uninsured or underinsured. In 2008, more than 30,000 HIV-positive Texans received HIV-related medical and social support services from providers supported with state and federal Ryan White Program funds. The Texas HIV Medication Program provided 13,854 clients with more than 200,000 prescriptions in FY 2008.

Environmental and Injury Epidemiology and Toxicology

Target Population

This program serves the entire Texas population.

Service Description

The Environmental and Injury Epidemiology and Toxicology Services (EIET) Unit uses the principles of epidemiology, toxicology, and surveillance to: identify populations at risk and to develop evidence-based actions to protect and promote the health of the people of Texas. EIET administers the Texas Environmental Health Institute (a legislatively mandated joint venture between DSHS and the Texas Commission on Environmental Quality to examine ways to identify, treat, manage, prevent, and reduce health problems associated with environmental contamination) and tracks trends for reportable occupational conditions. In addition, the EIET includes the child lead poisoning prevention program; the exposure, assessment, surveillance and toxicology group; and the injury and Emergency Medical Services (EMS)/trauma registry group. These areas are further explained in the following paragraphs.

The child lead poisoning prevention program collects information on all blood lead reports in Texas and works toward the elimination of childhood lead poisoning in the state through outreach, education, surveillance and environmental action. In 2008, the program received 426,957 child blood lead reports representing information for 375,932 individual children. There were 3,191 children confirmed to have an elevated blood level. Many were referred for case management and 140 qualified for an environmental lead investigation.

The exposure assessment, surveillance, and toxicology group investigates the harmful effects that exposure to hazardous substances may have on humans and their quality of life. In 2008, this group conducted public health assessments on sites potentially affecting 60,000 people.

DSHS maintains a trauma data collection and analysis system for cases including traumatic brain injuries, spinal cord injuries, major trauma, and drowning/near-drowning. The Texas EMS/Trauma Registry also collects, analyzes, and disseminates information on the occurrence of other major injuries in Texas. Examples include traffic, residential, recreational, and occupational injuries, and injuries due to violence, abuse, suicide, and firearms. These data are used to generate public information campaigns to reduce injuries to Texans, allocate EMS funds, determine uncompensated care funds, and develop hospital system development grants. Since coming online in 2002, the registry has more than quadrupled its volume. The injury and EMS/Trauma Registry group collects information on EMS runs, reportable injuries, and trauma in Texas. In 2008, this group processed 2,723,953 reports representing 1,386,572 individual records.

Zoonosis Control

Target Population

Program activities target those who are involved in animal control efforts or monitoring epidemic zoonotic diseases, and benefit the entire Texas population. Zoonoses are diseases transmissible from animals to humans.

Service Description

Zoonosis Control protects the public's health through prevention and control of diseases transmitted between animals and humans, such as plague, West Nile virus, rabies, Lyme disease, anthrax, brucellosis, and tularemia. Key services include:

- Gathering data and generating reports on notifiable zoonotic diseases;
- Utilizing epidemiological methods to identify emerging or epidemic zoonotic diseases;
- Using field response teams for emerging or potentially epidemic zoonotic disease occurring naturally or through human activity (Five of the six Category A Bioterrorism agents are zoonotic.);
- Distributing oral rabies vaccine baits to control rabies in certain wildlife species and thereby reducing exposure of people and domestic animals to rabies (Approximately 2.8 million vaccine baits are distributed annually.);
- Inspecting rabies quarantine facilities;
- Developing training materials, approving course sponsors and curricula, and delivering training courses for animal control officers;
- Approving animal euthanasia training courses;
- Distributing rabies preventive medications to bite victims (approximately 1,000 annually);
- Conducting case investigations for zoonotic diseases;
- Submitting specimens for laboratory testing;
- Maintaining a registry of dangerous wild animals and their owners;
- Providing technical assistance to the medical and veterinary medical communities and the general public;
- Developing and making available public educational materials; and
- Collaborating and coordinating with federal and state animal health agencies to protect public health.

The program also mobilizes community efforts such as pet neutering programs through Animal Friendly grants.

Infectious Disease Control

Target Population

Infectious Disease Control functions serve the entire Texas population.

Service Description

Infectious disease activities are essential in improving the public health response to disasters or disease outbreaks. Key functions that support epidemiological and surveillance activities include:

- Monitoring and tracking more than 45 reportable infectious diseases, such as continual surveillance to detect significant changes in disease patterns that might indicate a new common exposure or a bioterrorism event;
- Informing and advising the general public, the medical community, and local and regional health departments on disease control measures to reduce serious illness and death;
- Supporting, collaborating with, and providing technical assistance to local and regional health departments on appropriate methods to monitor diseases, investigate disease outbreaks, and conduct studies to identify newly emerging infectious diseases and their risk factors;
- Educating the general public and medical care providers with current information and recommendations for infectious disease prevention;
- Developing and implementing strategies and measures to permanently reduce the impact of infectious diseases;
- Developing and implementing systems to monitor healthcare-associated infections and preventable adverse events to assess the magnitude of infections and events in populations and improve healthcare quality; and
- Providing information, data, and analysis to department and state leadership in event response, such as the 2009 H1N1 influenza pandemic.

Tuberculosis Services

Target Population

Tuberculosis (TB) prevention and control activities serve the entire Texas population.

Service Description

The Tuberculosis Services Branch and the TB/HIV/STD Epidemiology and Surveillance Branch provide the following TB related activities:

- TB disease surveillance,
- Support for TB prevention and control activities in DSHS Health Service Regions and Local Health Departments,
- Provision of TB testing supplies and medications,

- Regulation of screening and treatment for active and latent TB infection in certain county jails and other correctional facilities, and
- Participation in the Texas TB Epidemiologic Research Consortium.

Surveillance

State law mandates the reporting of confirmed and suspected cases of TB, as well as contacts to known cases and persons identified with latent TB infection (LTBI). Reports are made to the appropriate local health authority of DSHS. DSHS maintains the TB surveillance database and reports TB cases to the CDC as required. The surveillance system serves as a statewide registry of TB cases and their contacts. Information from the system is used as a critical tool for program planning purposes, contact investigations, and outbreak investigations. The TB program also maintains a specialized registry of drug-resistant TB cases reported to the state to ensure appropriate follow up and treatment.

Prevention and Control

The TB Program provides guidance and support to Health Service Regions and local health departments on how to conduct targeted testing, contact investigations, and outbreak investigations. DSHS works with partners and community-based organizations to establish TB screening programs and to target high-risk populations in areas with a high TB prevalence. The program educates the public on how to prevent TB, and it assures effective disease treatment through compliance with effective TB control strategies. In addition, the program oversees four bi-national projects located on the Texas-Mexico border that provide specialized assistance in prevention and control activities in the border regions where the prevalence of TB is high.

Testing Supplies and Medications

The DSHS TB program provides testing supplies used by regional and local health department TB screening and testing programs. Additionally, DSHS provides medications recommended for treatment of TB and LTBI to the regional and local TB clinics throughout the state.

County Jails

DSHS provides regulation by rules and oversight for the screening and treatment of TB and LTBI of employees, volunteers, and inmates or detainees in county jails and other correctional facilities that have bed capacities of 100 or more, jails that house inmates transferred from a county that has a jail with a capacity of 100 or more beds, and jails that house inmates from another state or county. DSHS is charged with reviewing and approving local jail standards related to TB screening tests of employees, volunteers, and inmates. The TB program provides technical assistance and consultation to these correctional facilities as needed.

Innovation through Research and Healthcare Provider Education/Consultation

The Texas TB Epidemiologic Research Consortium are initiatives that seek to identify innovative approaches to TB treatment and management. The CDC-funded Heartland National Tuberculosis Center (HNTC) provides statewide TB expert consultant services at no cost to health-care providers and local health departments. HNTC also develops and implements integrated and specialized curricula for professional training and education in all facets of TB elimination, treatment, case management, and testing strategies.

Health Promotion and Chronic Disease Prevention

Target Population

Health promotion and chronic disease programs benefit the entire Texas population.

Service Description

Community health interventions promote health and lower the incidence of chronic disease or other unwanted health conditions. Activities include educating individuals on healthy life choices (for example, physical activity and dietary habits), outreach and community engagement to create healthy environments, and clinical preventive services. Specific chronic diseases addressed include Cardiovascular Disease, cancer, diabetes, obesity, Alzheimer's disease, asthma, and arthritis. DSHS engages in the following activities:

- Chronic disease surveillance and evaluation,
- Local/Community leadership and policy development,
- Health-care systems improvement,
- Interventions to create and/support healthy environments that improve access to healthy foods and safe places for physical activity,
- Interventions that promote healthy eating and active living,
- Promotion of worksite wellness, and
- Health education and community outreach.

Diabetes Prevention and Control

Target Population

The Texas Diabetes Program targets persons with diabetes, persons with pre-diabetes, and persons at high risk for developing diabetes.

Service Description

Goals of the Texas Diabetes Program are to:

- Prevent type 2 diabetes;

- Prevent or delay the onset of type 2 diabetes in persons with pre-diabetes, gestational diabetes, and/or other high risks;
- Prevent or delay complications in persons with diabetes; and
- Assist persons with diabetes in managing their disease and its complications.

To achieve these goals, the Texas Diabetes Program implements a multifaceted approach which includes:

- Community systems changes through local projects that promote safe physical activity and healthful nutrition, and provide local resources for diabetes education for persons with diabetes and health-care providers;
- Worksite interventions to promote wellness among employees to develop a healthier, supportive work environment;
- Contact with the media to promote lifestyle change messages, prevent onset of diabetes and its complications, and provide links to local resources;
- School-based interventions to ensure implementation of coordinated school health and diabetes care in schools; and
- Health-care systems changes to promote quality care and prevention efforts for providers, payers, and educators.

Nutrition, Physical Activity and Obesity Program

Target Population

The Nutrition, Physical Activity and Obesity Prevention Program targets both general and special populations in communities throughout the state.

Service Description

The program works to reduce the burden of death and disease related to obesity in Texas. The program administers an obesity-focused cooperative agreement from the CDC; monitors the nutrition and physical activity status of Texans to identify emerging problems; provides leadership and expertise to state-level stakeholders, partners, and groups; and provides training and technical assistance to communities to facilitate policy/environmental change. Specific activities include:

- Development and oversight of the Strategic Plan for the Prevention of Obesity in Texas;
- Statewide training to increase capacity for implementing the Strategic Plan and policy/environmental change activities;
- Oversight of CDC- and state-funded community interventions; and
- Training, guidance, and support of regional nutritionists' staff activities related to policy/systems and environmental change in communities to prevent and control obesity.

Abstinence Education

Target Population

Abstinence education efforts are targeted to adolescents, parents, school personnel, and health professionals.

Service Description

The Abstinence Education Program provides educational programs to priority populations in order to prevent teen pregnancy and STDs. Priority populations include youth, parents, and health professionals.

Abstinence Education Program services are designed to:

- Decrease the teen birth rate;
- Decrease the teen rate of sexually transmitted infections; and
- Encourage teens to focus on the future and to consider that future in their decision-making.

The program develops tools and resources for youth, parents, school districts, and communities. Services and resources include Power2wait and Power2talk websites, tool kits, an annual Texas Youth Leadership Summit, and assistance to communities interested in building teen pregnancy prevention coalitions.

Children with Special Health-care Needs Services Program

Target Population

The Children with Special Health-care Needs (CSHCN) Services Program serves individuals who meet certain medical and income eligibility. The program pays for health-care benefits and services not covered by other payers. Support services also target the families of these children.

Service Description

The CSHCN Services Program supports family-centered, community-based strategies to improve the quality of life for eligible children and their families. The program covers health-care benefits for children with extraordinary medical needs, disabilities, and chronic health conditions.

Health-care benefits include a broad array of medical care and related services. The program contracts with community-based organizations in many parts of the state to provide case management, family support, community resources, and clinical services. The program also provides case management services through DSHS staff based in eight regional offices. Program staff collaborate with consumers, providers, other state agency staff, and interested stakeholders to ensure a system of care is in place to meet the needs of these children.

Kidney Health-care

Target Population

The Kidney Health-care (KHC) program serves persons with end stage renal disease (ESRD) who meet specific income and other eligibility requirements.

Service Description

The KHC Program provides medical, drug, and transportation services to persons diagnosed with ESRD. Medical services (dialysis and access surgery) are provided through contractual agreements with hospitals, dialysis facilities, and physicians. The KHC Program provides payment for covered outpatient drugs and limited reimbursement for travel to receive services. In addition, the program pays monthly premiums for Medicare Parts A and B for eligible Medicare recipients. In 2006, the program completed the rollout for the Medicare Part D (prescription drug coverage) Enrollment and Education Grant with the Department of Aging and Disability Services. The initiative provided education and outreach activities to program recipients. KHC also implemented payment of Medicare Part D premiums and associated Part D drug costs, including deductibles, co-insurance, and gap coverage for recipients enrolled on the plan. The payment of the 20 percent co-insurance costs for immunosuppressive drugs under Medicare Part B for recipients with a kidney transplant was also initiated.

Hemophilia Assistance Program

Target Population

The Hemophilia Assistance Program helps people with hemophilia pay for their blood factor products.

Service Description

This program provides limited reimbursement to providers for blood derivatives, blood concentrates, and manufactured pharmaceutical products indicated for the treatment of hemophilia and prescribed to eligible clients for use in medical or dental facilities, or in the home.

Glenda Dawson Donate Life – Texas Registry

Target Population

Texans of all ages may register to become a donor. People younger than 18 years old may sign up with the registry, but they must have parental consent to complete their registry enrollment.

Service Description

The Donate Life – Texas Registry provides Texans with a convenient way to register their intent to become organ, tissue, or eye donors upon their death. Registered

organ procurement organizations, tissue banks, and eye banks may search the Internet-based registry on a case-by-case basis. Potential donors may register online or in person at the Texas Department of Public Safety driver license offices.

Laboratory Operations

Target Population

The DSHS public health laboratory operations serve all Texans.

Service Description

The DSHS public health laboratory provides analytical, reference, research, training, and educational services related to laboratory testing. Laboratory services include the following:

- Analytical testing and screening services for children and newborns;
- Diagnostic, reference, and surveillance testing for physicians, hospitals, reference laboratories, and DSHS programs in microbiology;
- Analytical chemistry testing to support the U.S. Environmental Protection Agency Safe Drinking Water Program and other programs supporting public health environmental programs;
- Women's Health Laboratory specialty services for preventive women's health and infectious disease screening;
- Chemical threat and bio-threat laboratory testing and training as part of the Preparedness Laboratory Response Network;
- Milk testing;
- Resources for the education and training of laboratory professionals; and
- Quality assurance and oversight.

Regional and Local Public Health Services and Systems

Target Population

The local and regional public health system serves all Texans.

Service Description

Local public health agencies and DSHS health service regions provide essential public health services. The purpose of the local and regional public health system is to safeguard Texans' health by performing preventive, protective, and regulatory functions and effectively responding in an emergency or disaster. In the absence of local health departments or authorities, DSHS health service regions perform critical functions related to public health and preparedness, as well as working to reduce or eliminate health disparities in the state. Priority public health issues addressed by the regional and local public health system include:

- Conducting activities associated with health education, promotion, and assessment of health disparities;
- Working with communities and local officials to strengthen and maintain the local public health infrastructure;
- Planning for and responding to local public health emergencies such as H1N1 or hurricanes;
- Identifying populations with barriers to health-care services;
- Evaluating public health outcomes; and
- Enforcing local and state public health laws.

DSHS Goal 2: Community Health Services

Goal 2 programs seek to ensure that Texans have access to the most fundamental health services, prevention, and treatment across the state, through contracts with providers. Those services include primary health-care, mental health-care, and substance abuse services. Under this goal, DSHS also works through the Women, Infants, and Children (WIC) program to ensure that good nutrition is accessible to Texans age 0-5 years or women who are pregnant, breastfeeding, or postpartum. Finally, DSHS works to build health-care capacity in communities by providing technical assistance and limited funding to organizations applying for certification as Federally Qualified Health Centers (FQHCs), EMS providers, and state trauma centers.

Women, Infants, and Children & Farmer's Market Nutrition Programs

Target Population

The WIC program and the Farmer's Market Nutrition Program (FMNP) provide services to a caseload of more than one million pregnant, breastfeeding, and post-partum women, and children from birth up to five years of age who meet the income and other eligibility requirements.

Service Description

The WIC program is primarily administered through contracts with local health departments, cities, counties, hospital districts, hospitals, community action agencies, and other non-profit entities. Women, infants, and children participating in the WIC Program receive nutrition education, breastfeeding support, referrals to health-care providers, and nutritious supplemental foods. Some WIC agencies provide immunizations free of charge to WIC clients. The WIC nutrition services are intended to be an adjunct to good health-care during the critical times of a child's early growth and development, to prevent health problems and to improve consumers' health status.

The WIC program strives to achieve a positive change in dietary habits, with the goal that this change will continue after participation in the program has ceased. On October 1, 2009, the Texas WIC Nutrition Program food packages underwent a number of changes. The changes include the addition of new allowable foods as well as changes in some of the current food items. In particular, the food package increased fiber by adding fresh and frozen fruits, and vegetables, and reduced saturated fat and cholesterol by decreasing amounts of milk, eggs, cheese. These modifications align the WIC food packages with the Dietary Guidelines for Americans and current infant feeding practice guidelines of the American Academy of Pediatrics.

Texas WIC piloted electronic benefits transfer (EBT) in May 2004 and completed the transition from paper food vouchers to a smart card for EBT in April 2009. At the height of its paper voucher processing, Texas WIC was handling 2.6 million vouchers per month in claims processing. The smart card is physically similar to a credit card and is accepted by all WIC vendors. Participants reported that they appreciate the convenience, security and anonymity afforded them by use of the WIC EBT cards. Texas WIC has over 600,000 active cards in circulation and processes an average of over \$1.5 million in claims daily from 2,100 vendor outlets.

The FMNP is administered through contracts with farmers' markets across the state. WIC clients receive coupons redeemable at farmers' markets for fresh fruit and vegetables.

Women's Health Programs & Services

Family Planning

Target Population

The DSHS Family Planning program serves women of child-bearing age and men who meet specific income and other eligibility criteria.

Service Description

DSHS administers and facilitates the statewide, coordinated delivery of preventive, comprehensive health-care services to low-income women and men. The purpose of the program is to provide family planning services, improve health status, and positively affect future pregnancy outcomes. The program also funds special projects across the state, such as promoting the integration of male services and routine HIV screening in the family planning clinic setting and increasing family planning access to hard-to-reach populations in Dallas County and in the Rio Grande Valley.

Services include client education, medical history, physical assessment, laboratory testing (including Pap tests), screening for diabetes and anemia, contraception, sexually transmitted infection treatment and referrals for prenatal care, and behavioral health services if needed. Contractors represent a range of health-care

entities, including local health departments, hospital districts, non-profit organizations, FQHCs, and university-based clinics.

Breast and Cervical Cancer

Target Population

This program serves women 18-64 years of age who are at or below 200 percent of the federal poverty level (FPL) and meet other eligibility requirements. Priority is given to women from 50 to 64 years of age for breast cancer screenings and women from 21 to 64 years of age who have never been screened or have not been screened in the past five years for cervical cancer.

Service Description

DSHS administers Breast and Cervical Cancer Control activities intended to reduce breast and cervical cancer mortality. The program ensures statewide delivery of breast and cervical cancer screening, diagnostic services, case management, and surveillance services. DSHS contractors provide a variety of services, including clinical breast examinations, mammograms, Pap tests, pelvic examinations, and diagnostic and case management services for women with abnormal test results.

Contractors include local and regional health departments, community health centers, FQHCs, public hospitals, and other community-based organizations. Contractors are responsible for assisting women diagnosed with breast or cervical cancer who are potentially eligible for Medicaid for Breast and Cervical Cancer (MBCC) assistance. Any woman with a qualifying breast or cervical cancer diagnosis and who also meets all other eligibility criteria may receive services through the MBCC.

Title V, Maternal and Child Health Block Grant

Target Population

Title V-funded direct care programs serve women and their families at or below 185 percent of the FPL who are not eligible for Medicaid or the Children's Health Insurance Program (CHIP). In addition, Title V Block Grant funds are used to improve the health of mothers, children, and their families through population-based services.

Service Description

The Texas Title V Program provides funds for a wide range of activities supporting preventive and primary care services for pregnant women, mothers, infants, children, and adolescents. Through a competitive process, contracts are awarded to health-care organizations and professionals across the state to provide family planning, dysplasia detection, prenatal care, well-baby care, laboratory services, and case management to families.

Title V funded staff are continuing to work with the Office of the Attorney General, the Texas Association Against Sexual Assault, and other stakeholders to implement and evaluate sexual violence prevention and education efforts in Texas.

Many of the Texas Title V Program's infrastructure-building and population-based activities include a focus on mental health and substance abuse, such as support of child fatality review teams, suicide prevention efforts, and tobacco cessation. Staff works with partners throughout the agency and with external stakeholders on various behavioral health issues.

Title V also supports population-based services, such as screening Texas' children for health needs related to vision and hearing, spinal abnormalities, newborn hearing loss, and newborn diseases. Additionally, Title V-funded programs promote adolescent health, car seat safety, safe sleep for infants and fluoridation of drinking water supplies across Texas.

In 2009, for example, the Title V program developed and funded a new initiative focused on healthy adolescent development, using community-based coalitions across the state. In addition, Health Services Region staff are working with representatives from other DSHS divisions and external stakeholders to address injury prevention, childhood obesity, access to care, and teen pregnancy efforts unique to their areas.

Child/Adolescent Health

Target Population

Child/adolescent health programs in Texas serve low-income children and adolescents, including parents as appropriate, as determined by specific program eligibility requirements.

Service Description

Child and adolescent health services include comprehensive and preventive health-care administered through a variety of programs and funding sources. Related activities also include designing and implementing federally mandated outreach materials to educate and train parents, child care providers, and early childhood professionals on health and safety issues.

Newborn Screening

Beginning in late 2006, DSHS began the expansion of the panel of disorders screened in newborns in Texas from seven to twenty-nine disorders, including Newborn Hearing Screening. The goal of the program is to decrease the morbidity and mortality of infants born in Texas by providing:

- Accurate, fast, and high-quality screening laboratory analysis for practitioners;
- Follow-up case management services;

- A statistical review of the program; and
- Outreach education.

DSHS also began notifying families of children identified with the sickle cell trait and expanded the coverage of benefits for uninsured children identified with an abnormal screen in order for them to access confirmatory testing or treatment.

DSHS received funding from the 81st Legislature to begin screening for Cystic Fibrosis as part of the Texas Newborn Screening program, and provide case management for newborns identified as carrying cystic fibrosis. This expansion of the program will lead to improved growth and cognitive development, increased life expectancy, and reduced medication, hospitalization and mortality in children. Screening for Cystic Fibrosis began on December 1, 2009.

Oral Health

DSHS Oral Health Program provides preventive dental services to children of preschool and elementary school age. Services include dental screening exams, topical fluoride application for pre-school age children, and the placement of dental sealants in children of elementary school age. DSHS Oral Health works collaboratively with Head Start grantees, dental schools, dental hygiene programs, faith-based organizations, community-based organizations, organized dentistry and dental hygiene, and other interested parties, to leverage available local resources for the provision of preventive and therapeutic dental services to target populations.

Texas Health Steps

Texas Health Steps (THSteps) is the Early Periodic Screening, Diagnosis, and Treatment program for Texas children from birth through 20 years of age who are on Medicaid. THSteps services include regular medical check-ups, dental check-ups and treatment. This preventive focus helps to identify and prevent health and dental problems. Ongoing outreach and education efforts build the capacity of communities to deliver health-care services and provide useful information for service recipients. In 2007, DSHS launched the THSteps Online Provider Education campaign that includes 31 online courses on preventive health, mental health, oral health, and case management topics. This campaign offers free continuing education credit for providers and was nationally recognized by the Association of State and Territorial Health Organizations as a creative approach to public health needs by state health programs and initiatives.

Case Management for Children and Pregnant Women

Case Management for Children and Pregnant Women (CPW) provides services to children with a health condition/health risk, birth through 20 years of age, and to high-risk pregnant women of all ages, in order to encourage the use of cost-effective health and health-related care. Case managers assist children and women who are pregnant as well as their families with accessing needed medical services,

appropriate educational services, and other identified medically necessary service needs of the eligible recipient. Direct case management services are provided by CPW providers and DSHS regional staff to assist eligible clients to access needed services. DSHS central office and regional CPW staff provide training and support to approved CPW providers.

Personal Care Services

In 2007, DSHS, at the direction of HHSC, began determining eligibility for a new Medicaid benefit, Personal Care Services (PCS). Children from birth through 20 years of age are eligible for PCS if they have a physical, behavioral, or cognitive condition that limits their activities of daily living and instrumental activities of daily living. DSHS Regional Case Management staff performs a comprehensive assessment, determines eligibility, and authorizes hours of attendant services.

Genetics Program

The Genetics Program contracts for direct genetic services and population-based genetic projects. Genetics staff educates health-care providers, consumers, and the public about the benefits of genetic services.

Primary Health-care

Target Population

The program serves Texas residents at or below 150 percent of the FPL who are not eligible for other programs that provide the same services.

Service Description

Primary Health-care ensures the delivery of basic health-care services through contracts with providers. Services must include six priority diagnosis and treatment services: emergency care; family planning; preventive health, including immunizations; health education; and laboratory, X-ray, nuclear medicine, or other appropriate diagnostic services. Other services may include nutrition, health screening, home health-care, dental care, transportation, prescription drugs and devices, durable supplies, environmental health, podiatry, and social services. On an annual basis, contractors establish local service delivery plans targeting their communities' priority health issues based on needs assessment findings and input from advisory committees.

County Indigent Health-care Program

Target Population

The County Indigent Health-care Program serves Texas residents with income at or below 21 percent of the FPL and who are not categorically eligible for Medicaid.

Service Description

The program is locally administered by counties, public hospitals, and hospital districts, with program oversight assigned to DSHS. Program staff assists counties in meeting their statutory indigent health-care responsibilities by providing technical assistance and state funding for a portion of the counties' indigent health-care costs.

Community Mental Health Services for Adults and Children

Target Population

The adult mental health priority population consists of adults who have severe and persistent mental illnesses (diagnoses of schizophrenia, bipolar disorder, or major depressive disorder) and significant functional impairment. It also includes persons who require crisis assessment and/or stabilization. The children's mental health priority population consists of children from 3 to 17 years of age with a diagnosis of mental illness and:

- Have a serious functional impairment;
- Are at risk of disruption of a preferred living or child care environment due to psychiatric symptoms; or
- Are enrolled in special education because of a serious emotional disturbance.

Resiliency and Disease Management (RDM) provides a standard framework for ongoing services across the state. Those who are not prioritized for ongoing RDM services may be eligible for crisis services and/or short-term transition services.

Service Description

As the state mental health authority, DSHS manages contracts with 38 community mental health centers across Texas. Through these contracts RDM is the approach used to direct evidence-based services and supports to service recipients. RDM is intended to provide treatment in sufficient amounts to facilitate recovery. Available services for adults include: Medication Management, Psychosocial Rehabilitation, Psychotherapy, Assertive Community Treatment, Supported Employment, Supported Housing, and case management. Available services for children include: skills training, counseling, and wraparound case management.

Substance Abuse Services

Target Population

Substance abuse prevention and treatment services are available to adult and youth populations identified as having or showing signs of a substance abuse problem. Treatment services are available to persons who meet the Diagnostic Statistical Manual of Mental Disorders, Fourth Edition criteria for substance abuse or dependence and are medically indigent. In addition, state and federal law specifies priority risk groups, including: identified substance abusers infected with HIV and

persons at risk for HIV, persons who use intravenous drugs, and women with substance use disorders who are pregnant and/or parenting or have had their children removed from the home because of a substance use disorder.

In FY 2009, 59,161 persons were served in DSHS-funded substance abuse treatment programs. Of these persons, approximately 11.7 percent (6,909) were younger than 18 years of age. Of the total persons served in the treatment programs, 47.6 percent were Anglo, 33.3 percent were Hispanic, 17.8 percent were African American, and 1.34 percent were of other race or ethnicity.

Service Description

A service continuum has been developed to address substance use and abuse. Services are delivered through community organizations that contract with the state. The service continuum ranges from universal prevention to treatment, which is provided in inpatient, residential, and outpatient settings. Prevention services are delivered using the Institute of Medicine's universal, selective, and indicated prevention classifications.

Outreach, Screening, Assessment, and Referral services identify persons with substance abuse problems, evaluate their needs and preferences, and link them with appropriate treatment and support services. These services are provided in conjunction with focused, short-term interventions to motivate and prepare individuals for treatment or self-directed change in behavior when more intensive treatment is not indicated.

Approximately 85 percent of Texas' funding for substance abuse services in FY 2009 was provided by federal block grant funds which include federal requirements for priority risk populations.

NorthSTAR

Target Population

NorthSTAR services are for Medicaid-eligible and other individuals who meet eligibility criteria for community mental health or substance abuse services, and who reside in Collin, Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwall counties.

Service Description

NorthSTAR is an integrated behavioral health project that blends funding (Medicaid, mental health and substance abuse block grant funds, and state general revenue) from HHSC and DSHS to provide managed behavioral health-care (mental health and substance abuse) services.

Tobacco Prevention and Control

Target Population

Tobacco prevention and control efforts benefit all Texans.

Service Description

The mission of the DSHS Tobacco Prevention and Control Program is to reduce the health effects and economic toll of tobacco. The goals of the program are as follows.

- Prevent tobacco use among young people.
- Promote compliance and support adequate enforcement of federal, state, and local tobacco laws.
- Increase cessation among young people and adults.
- Eliminate exposure to secondhand smoke.
- Reduce tobacco use among populations with the highest burden of tobacco-related health disparities.
- Develop and maintain statewide capacity for comprehensive tobacco prevention and control.

DSHS has implemented a variety of initiatives to prevent tobacco use, including a public awareness education campaign focusing on tobacco prevention and the Texas tobacco laws limiting youth access to tobacco. The awareness campaign also targets youth and adults with messages promoting cessation. Through an interagency contract with the Texas Education Agency, tobacco prevention education is provided to youth in grades 4-12 statewide. Smokeless tobacco prevention education and a media awareness campaign are conducted in collaboration with Texas FFA and the regional Prevention Resource Centers for youth in rural counties of Texas. Telephone cessation counseling services and Nicotine Replacement Therapy are provided statewide.

In 2007, the 80th Legislature directed the use of tobacco funds to create a competitive statewide grant program allowing all Texas city and county health departments and local independent school districts to apply for funds. The grant program now funds six local coalitions following the model created through the successful Texas Tobacco Prevention Initiative, a pilot project in Southeast Texas. Data from the pilot project showed a 36 percent reduction in grade tobacco use by 6th- through 12th-graders and a 19 percent reduction in adult smokers. The coalitions conduct needs assessments regarding community tobacco use and tobacco-related health consequences, build local capacity to address those needs, and plan, implement and evaluate comprehensive evidence-based tobacco prevention and control strategies to address tobacco use among adults and youth. The coalition grant funds are awarded to coalitions funded through Lubbock Cooper Independent School District, Fort Bend County, Travis County, Bexar County, Northeast Texas Public Health District, and Ector/Midland County.

Community Capacity Building

Target Population

These community capacity programs benefit all Texans.

Service Description

DSHS provides a variety of services to develop and enhance the capacities of community clinical service providers and regionalized emergency health-care systems in Texas.

Federally Qualified Health Clinics Infrastructure Grants

Increasing the numbers of health-care professionals and access to health-care services in medically underserved areas of Texas is the purpose of the FQHCs Infrastructure Grants. These grants provide resources to assist in the development of new or expanded FQHCs.

Recruitment and Retention of Health Professionals

The Texas Primary Care Office (TPCO) oversees cooperative agreement funding from the U.S. Department of Health and Human Services, Health Resources and Services Administration. This funding provides support for recruitment and retention of health professionals across the state. The program focuses on clinics that are located in health professional shortage areas and medically underserved areas. The federal funds also support activities that measure access to health-care services and designate these as provider shortage areas and medically underserved communities.

Beginning in 2009, TPCO began an administrative role for state-funded loan repayment programs. The Children's Medicaid Loan Repayment Program, Physician Education Loan Repayment and Dental Education Loan Repayment programs all provide incentives to physicians and dentists who agree to serve an underserved target population in Texas, and receive loan repayment funds for these services. Each year, as many as 500 health professionals will begin participation in TPCO Recruitment and Retention programs. These programs will increase the workforce that serves underserved populations in Texas.

The J-1 Visa Waiver program, which places foreign physicians in medically underserved areas, helps communities develop the capacity to provide medical services to their citizens.

EMS and Trauma Systems

DSHS builds community capacity to ensure the public's safety through EMS/trauma systems across the state. To ensure the availability of prompt and skilled emergency medical care, a network of 22 regional EMS/trauma systems coordinate their work to decrease mortality and improve the quality of emergency medical care.

Emergency medical care is enhanced through the administration of grant programs targeting EMS providers, regional advisory councils, and hospitals.

DSHS Goal 3: Hospital Facilities and Services

Goal 3 covers those direct services, mostly inpatient, that DSHS provides at state-administered facilities. These include mental health-care provided at nine state hospitals and the Waco Center for Youth (WCY), care for individuals with TB and other communicable diseases at the Texas Center for Infectious Disease (TCID), and primary health-care at the Rio Grande State Center Outpatient Clinic (RGSC OPC).

State Mental Health Hospitals

Target Population

The State Mental Health Hospitals (SMHHs) admit individuals who have a mental illness and either present a substantial risk of serious harm to self or others or show a substantial risk of mental or physical deterioration. Special populations served include: children and adolescents, adults, geriatrics, physically aggressive patients, persons with co-occurring psychiatric and substance abuse disorders, persons found not guilty by reason of insanity, and persons requiring competency restoration services.

The WCY admits children from 10 to 17 years of age who are diagnosed as emotionally disturbed, who have a history of behavior adjustment problems, and who need a structured treatment program in a residential facility.

Service Description

The SMHH system includes nine state hospitals and the WCY. The primary role of the SMHH system is to provide inpatient services to persons with serious mental illnesses whose needs are not being met in a community setting.

State mental health hospitals provide specialized and intensive inpatient services. Local mental health authorities jointly plan services in each hospital's service area with the SMHH. This system is shaped by local conditions and factors including the number of admissions and type of services to be provided. A seamless interaction of hospital-based and community-based services is promoted through coordination, collaboration, and communication.

Rio Grande State Center Outpatient Clinic Service Description

Target Population

The RGSC OPC provides outpatient medical care and radiology and lab services primarily to indigent adult residents throughout a four-county service area (Cameron,

Hidalgo, Willacy, and Starr counties). The South Texas public health laboratory on the campus of RGSC serves the outpatient clinic laboratory needs and the public health needs of the Texas population for medical emergencies and bioterrorism response.

Service Description

RGSC OPC provides primary health-care services including:

- Outpatient primary care/internal medicine clinic,
- Pharmacy and patient drug assistance program,
- Cancer screening and detection,
- Women's health clinic (breast and cervical cancer control program, breast diagnostics and image studies, STD screening)
- Diabetes and endocrinology clinic,
- Medical nutrition therapy and diabetes education, and
- Diagnostic radiology and lab services.

A number of services are also provided through contracts including: adult outpatient TB services, consultations for surgery, and colonoscopy, South Texas Laboratory services (TB micro bacteriology, Public Health STDs, immunohematology, virology and microbiology).

Texas Center for Infectious Disease

Target Population

TCID serves patients older than 16 years of age with a diagnosis of TB or Hansen's disease (leprosy) who require hospitalization or specialized services. These patients are referred by local health departments, private providers, and local courts managing patients with infectious TB and Hansen's disease, as well as referrals from other states with an interstate compact with Texas.

Service Description

TCID provides quality medical care for patients with TB, Hansen's disease, and other related infectious diseases. TCID provides inpatient services for patients requiring long lengths of stay to complete treatment. For surgical services, intensive care, sophisticated diagnostics, advanced therapeutics, and emergency care, TCID contracts with the University of Texas Health Science Center at Tyler, the University of Texas Health Science Center at San Antonio, and other San Antonio-area providers. The facility provides outpatient services to treat patients with TB and Hansen's disease, as well as complications and co-morbidities affecting treatment of those diseases.

TB remains a communicable disease with the potential to spread and therefore must be contained. The importance of this effort is made even more serious by the development of drug-resistant and extremely drug-resistant strains. TCID has the

capability to be used to respond to acts of bioterrorism and provide first line responders with expertise in communicable disease treatment.

DSHS Goal 4: Consumer Protection Services

Goal 4 programs protect the health of Texans by ensuring high standards in the following areas: health-care facilities, health-care-related professions (excluding physicians and nurses), EMS providers and personnel, food and food preparation, pharmaceuticals, medical and radiological devices, and consumer products.

Target Population

Regulatory services at DSHS oversee licensing for, enforcement of, and compliance with standards and regulations for health-care facilities, credentialed professionals, and consumer safety products and services that affect the entire permanent and visiting population of Texas.

Service Description

The basic functions of regulatory services include:

- Developing and maintaining standards, within statutory authority, through stakeholder-inclusive rule development processes;
- Reviewing application materials and issuing licenses;
- Conducting quality assurance surveys, inspections, and complaint investigations; and
- Taking appropriate enforcement actions to promote compliance.

Currently, DSHS regulates approximately 200,000 individuals and 80,000 facilities/entities. In addition, there are a large number of entities that are not state-licensed, but over which DSHS holds some inspection and enforcement authority. Additionally, Regulatory Services includes EMS/trauma systems and sexually violent predator management. Finally, within the strategies above, DSHS also has a disaster planning/homeland security role.

Health-care Professionals

Eleven independent licensing boards are administratively attached to DSHS. These boards regulate the practices of allied and mental health professions, and they adopt and enforce rules. DSHS provides the administrative support for their operations. These independent boards govern the following professions:

- Speech language pathologists and audiologists,
- Athletic trainers,
- Marriage and family therapists,

- Professional counselors,
- Social workers,
- Fitters and dispensers of hearing instruments,
- Sex offender treatment providers,
- Orthotists and prosthetists,
- Dietitians,
- Midwives, and
- Medical physicists.

DSHS governs other licensing programs which include:

- Medical radiologic technologists and associated training programs,
- Respiratory care practitioners,
- Massage therapists and associated establishments and training programs,
- Perfusionists,
- Chemical dependency counselors and associated training entities,
- Code enforcement officers,
- Contact lens dispensers,
- Emergency medical services personnel and associated firms,
- Offender education programs/instructors,
- Opticians,
- Personal emergency response system providers, and
- Sanitarians.

H.B. 461, 81st Legislature, Regular Session, 2009, required DSHS to implement a new licensing program for dyslexia therapists and practitioners. Rules are anticipated to become effective on August 1, 2010. Under this legislation, DSHS also assumed administrative responsibility for a five member advisory committee.

The licensing process for Health-care Professionals includes review of transcripts of educational courses/programs for appropriateness to each field of practice. A critical part of the eligibility requirement for most of the professions is the passing of a competency examination, developed either in-house or through a nationally recognized examination developed by a national examination vendor. DSHS also performs criminal history background checks on applicants and license holders to ensure initial and continued eligibility, and the agency audits continuing education records to review the types of courses offered and to determine whether the licensees are in compliance. DSHS receives and investigates consumer complaints against the regulated professions and imposes disciplinary action against license holders when violations are substantiated.

Within this licensing strategy, DSHS also approves/certifies and monitors offender education programs and program instructors. The four mandated courses are

Driving While Intoxicated (DWI) Education, DWI Intervention, Alcohol Education Program for Minors, and Drug Offender Education. Each program must utilize DSHS-approved curricula and offers administrator/instructor training in the delivery of the services. DSHS administers the training, approval, and monitoring of instructors for the Texas Youth Tobacco Awareness Program, to ensure that Texas youth are able to complete a tobacco awareness course. The program implements the Texas Adolescent Tobacco Use and Cessation curriculum.

Health-care Facilities

DSHS regulates approximately 2,500 health-care facilities, including:

- Hospitals,
- Birthing centers,
- Ambulatory surgery centers,
- End Stage Renal Disease facilities,
- Special care facilities,
- Abortion facilities,
- Substance abuse facilities,
- Narcotic treatment facilities,
- Crisis stabilization units, and
- Private psychiatric hospitals.

DSHS is also a contractor for CMS, conducting compliance surveys for entities seeking certification as Medicare providers. In addition to including the state-licensed facilities listed above, this effort covers rural health clinics, portable X-ray services, outpatient physical therapy, and comprehensive outpatient rehabilitation facilities. DSHS is also a CMS contractor for the Clinical Laboratory Improvements Amendments program, which regulates all laboratory testing (except research), performed on humans.

Food (Meat) and Drug Safety

Food and drug products are regulated to prevent the sale and distribution of contaminated, adulterated, and mislabeled foods and drugs. This includes retail food establishments, food and drug manufacturers, wholesale food and drug distributors, food and drug salvagers, meat and poultry processors and slaughterers, milk and dairy food processors, and molluscan shellfish processors and shippers. Newly emerging pathogens and foodborne illness outbreaks associated with food items previously believed to be comparatively safe require DSHS to look at new and different methods of regulation, inspection, and risk management. Additionally, DSHS tests tissue samples from fish, monitors seafood harvesting areas, and certifies Texas bay waters for safety. State regulations and standards are closely tied to those of the U.S. Food and Drug Administration and the U.S. Department of Agriculture, to ensure food products are safe and can be sold outside the borders of

Texas. Drugs, cosmetics, and medical device manufacturers, distributors, and salvagers are also regulated for consumer health and safety.

Environmental Health

Regulation includes the licensing, inspection, and monitoring of asbestos, lead, and mold abatement activities; hazardous chemicals registration; and indoor air quality related activities. Hazardous consumer products such as bedding, toys, and playground equipment are regulated to keep Texans safe. Also critical to consumer health and safety are general sanitation services, such as inspections and regulation of school cafeterias, public swimming pools, day care centers, youth camps, tattoo and body piercing studios, tanning studios, and retailers who sell products containing ephedrine or pseudoephedrine.

Radiation Control

DSHS protects Texans from the harmful effects of radiation by regulating the possession and use of radioactive materials (including nuclear medicine, industrial radiography, and oil and gas well logging) in a manner that maintains compatibility with the requirements of the 1963 Agreement between Texas and the U.S. Nuclear Regulatory Commission. DSHS also regulates radiation-producing machines such as X-ray, mammography, and laser. Additionally, this program develops radiological emergency response plans and conducts full scale exercises on those plans. The Texas Radiation Advisory Board is an eighteen-member, Governor-appointed board that provides advice on radiation rules and state radiation control policy. The 81st Legislature passed H.B. 499 to regulate laser hair removal facilities and laser hair removal operators. Rules for this new program are anticipated to be effective in the fall of 2010.

EMS/Trauma Systems

DSHS is charged with developing, implementing, and evaluating a statewide EMS and trauma care system, including the designation of trauma and primary stroke facilities. Rules for stroke facility designation became effective in August 2009, and beginning October 1, 2009, DSHS began accepting applications from hospitals seeking designation as a stroke facility. The purpose of the stroke facility designation program is to establish a framework for the development of a voluntary statewide emergency treatment system for stroke victims that will reduce morbidity and mortality. The Governor's EMS and Trauma Advisory Council advises DSHS on rules and standards for the system. It is anticipated that additional disease modalities, such as acute cardiac events, may be considered for inclusion in the EMS/trauma system and designation programs in the future.

Sexually Violent Predators

The Health and Safety Code provides a civil commitment procedure for the long-term supervision and treatment of sexually violent predators (SVPs). The Council on Sex Offender Treatment, which is administratively attached to DSHS, is responsible

for providing appropriate treatment, supervision, transportation, housing, and monitoring of individuals committed to this program after their release from prison. The SVP population continues to grow in numbers and age, which will require increasing numbers of case management staff and challenges related to housing of sick and/or elderly individuals.

Medical Advisory Board

The Medical Advisory Board makes professional medical recommendations to the Department of Public Safety as to the ability of individuals to operate a motor vehicle and/or a handgun safely for approval or denial of relevant licenses.

Appendix G

Historically Underutilized Businesses Plan

The HHS System administers programs to encourage participation by historically underutilized businesses (HUBs) in all HHS System agencies' contracting and subcontracting. The System's HUB Programs are designed to enhance the ability of HUBs to compete for HHS System contracts, increase agencies' awareness of such businesses, ensure meaningful HUB participation in the procurement process, and assist HHS System agencies in achieving HUB goals.

Each state agency is required to include in its strategic plan a Historically Underutilized Businesses Plan. This appendix describes in its entirety a coordinated HUB Plan that covers the HHS System as a whole.

Goal

The goal of the HHS System HUB Plan is to promote fair and competitive business opportunities that maximize the inclusion of HUB, minority-owned businesses, and women-owned businesses, in the procurement and contracting activities of HHS System agencies.

Objective

The HHS System strives to meet or exceed the state's Annual Procurement Utilization Goals in the procurement categories related to the HHS System's current strategies and programs.

Outcome Measures

In procuring goods and services through contracts, the HHS System, as well as each of its individual agencies, will make a good faith effort to meet or exceed the statewide goals for HUB participation for the contracts that the agency expects to award in a fiscal year. Table G.1 describes these statewide goals.

In accordance with H.B. 3560, 80th Legislature, Regular Session, 2007, state agencies are required to develop their own HUB goals in accordance with the State's Disparity Study. The Comptroller of Public Accounts (CPA) Office, Statewide HUB Program and oversight agency, has instructed all agencies to use the current HUB utilization goals identified in 34 Texas Administrative Code Section 20.13, until further notice.

**Table G.1
Historically Underutilized Businesses Goals by Procurement Categories**

PROCUREMENT CATEGORIES	UTILIZATION GOALS
Heavy Construction	11.9%
Building Construction	26.1%
Special Trade Construction	57.2%
Professional Services Contracts	20.0%
Other Services Contracts	33.0%
Commodity Contracts	12.6%

Table G.1: Data from 2009 Statewide HUB Report, Texas Comptroller of Public Accounts.

The HHS System will collectively use the following outcome measure to gauge progress:

- Total expenditures and the percentage of purchases and subcontracts awarded directly and indirectly to HUBs under the procurement categories.

Individual agencies in the HHS System may track additional outcome measures.

HHS System Strategies

When feasible, the HHS System will consider setting higher goals for its contract opportunities. Factors to consider will include: 1) HUB availability, 2) current HUB usage, 3) geographical location of the project, 4) the contractual scope of work, 5) size of the contract, or 6) other relevant factors not yet identified.

The HHS System agencies will also maintain and implement policies and procedures, in accordance with the HUB rules, to guide the agencies in increasing the use of HUBs through direct contracting and/or subcontracting.

The HHS agencies employ several additional strategies, such as:

- Tracking the number of contracts awarded to certified HUBs as a result of HHSC outreach efforts;
- Obtaining assurances that contractors will make a good-faith effort to subcontract with HUBs and maintain the commitment throughout the contract;
- Using available HUB directories, the Internet, minority or women trade organizations or development centers to solicit bids; and/or
- Maintaining a HUB Office, including a full-time HUB Coordinator and two HUB Administrators at the HHSC headquarters for effective coordination.

Output Measures

The HHS System will collectively use, and individually track, the following output measures to gauge progress:

- The total number of bids received from HUBs;
- The total number of contracts awarded to HUBs;
- The total amount of HUB subcontracting;
- The total amount of HUB Procurement Card expenditures;
- The total number of mentor-protégé agreements;
- The total number of HUBs awarded a contract as a direct result of the HHSC outreach efforts; and
- The total number of HUBs provided assistance in becoming HUB certified.

This additional output measure may be used by specific System agencies:

- Number of outreach initiatives such as HUB forums attended and sponsored.

HUB External Assessment

According to the CPA FY 2009 Statewide HUB Report, the HHS System collectively awarded 17.07 percent of all contract funds to HUB contractors. The Department of Family and Protective Services (DFPS) led the System's agencies by awarding 38.5 percent of its contract funds to HUBs, followed by Department of Assistive and Rehabilitative Services (DARS), which awarded 24.0 percent of its contract funds to HUBs. Table G.2 specifies details of these expenditures.

**Table G.2
 Health and Human Services System Expenditures with Historically
 Underutilized Businesses, Fiscal Year 2009, by Agency**

Agency	Total Expenditures	Total Spent with All Certified HUBs	Percent
HHSC	\$641,604,757	\$112,656,724	17.50%
DADS	137,128,142	21,878,255	15.90%
DARS	24,512,070	5,905,961	24.00%
DFPS	54,398,622	20,950,238	38.51%
DSHS	331,934,564	41,679,272	12.50%
Total	\$1,189,578,155	\$203,070,450	17.07%

Table G.2: 2009 Statewide HUB Report, Texas Comptroller of Public Accounts.

The HHS System agencies made a number of internal improvements to help meet statewide HUB goals. HHSC initiated an aggressive outreach effort to educate HUBs and minority businesses about the procurement process. In addition, HHSC coordinates initiatives to help implement the HUB program throughout the HHS System.

Other areas of progress include:

- Promoting HUB usage within agencies' procurement card programs;
- Signing a Memorandum of Cooperation between HHSC and two entities: the Texas Association of African-American Chambers of Commerce, and the Texas Association of Mexican-American Chambers of Commerce;
- Conducting post-award meetings with contractors to discuss the requirements related to the HUB Subcontracting Plan and monthly reporting;
- Advertising HHSC contract opportunities; and
- Developing an HHSC Business Opportunities Page on its website to maintain awareness for all HUBs.

Finally, additional staff resources will be necessary throughout the HHS System to assist with the following functions:

- Enhancing outreach efforts internally and externally by promoting access, awareness, and accountability through education and training;

- Enhancing minority and woman-owned businesses' participation in System-sponsored HUB Forums where exhibitors may participate in trade-related conferences;
- Enhancing HHS System HUB reporting capabilities;
- Expanding HHS System mentor-protégé program vision to maximize the state's resources through cooperation and assistance from other public entities and corporate businesses; and,
- Promoting and increasing awareness of subcontracting opportunities in HHS System contracts, which are identified in contractors' HUB Subcontracting Plans.

Appendix H

Advancing Texas: Strategic Plan for the Texas Workforce System

FY 2010 – FY 2015

The Texas Workforce Investment Council was created in 1993 by the 73rd Texas Legislature to promote the development of a highly-skilled and well-educated workforce for the state. The Council is charged in both state and federal law with the responsibility to assist the Governor and the Legislature with strategic planning for and evaluation of the Texas workforce system. The Council serves as the State Workforce Investment Board under the federal Workforce Investment Act. Development of an integrated strategic plan for the workforce system is one of the Council's chief responsibilities. A strategic perspective enables the Council to effectively facilitate planning and evaluation across eight agencies with multiple programs (including the Health and Human Services Commission and the Department of Assistive and Rehabilitative Services) that comprise the Texas workforce system.

System partner agencies include:

- Economic Development and Tourism (EDT)
- Texas Department of Criminal Justice – Windham School District (TDCJ)
- Texas Education Agency (TEA)
- Texas Health and Human Services Commission – Department of Assistive and Rehabilitative Services (HHSC DARS)
- Texas Higher Education Coordinating Board (THECB)
- Texas Veterans Commission (TVC)
- Texas Workforce Commission (TWC)
- Texas Youth Commission (TYC)

The Governor approved *Advancing Texas: Strategic Plan for the Texas Workforce Development System FY2010-FY2015 (Advancing Texas)* on October 23, 2009. The matrix below lists Long Term Objectives (LTOs) for which one or more partner agencies are responsible.

Responsible Agencies	Ref. No.	Long Term Objective
THECB, TWC	S1	Produce each biennium, commencing in 2010, a report that documents an assessment of the number and type of postsecondary education and training credentials (certificate, level two certificate, associate, bachelor's and advanced degrees) required to match the demand for a skilled and educated workforce. The assessment will include the number of forecast net job openings by occupation at each level of postsecondary education and training and the number of credentials needed to match that forecast.
TEA	S2	By 2013, Texas will decrease high school dropout rates by implementing rigorous Career and Technical Education (CTE) as part of the recommended or advanced high school graduation program.
TEA, THECB	S3	By 2013, education and training partners will have the infrastructure necessary (policies, procedures, data processes, rules, and capabilities) to facilitate the effective and efficient transfer of academic and technical dual credit courses from high schools to community colleges and four year institutions.
HHSC (DARS)	C1	By 2013, the blind and disabled populations will achieve additional employment outcomes.
TVC	C2	By 2013, the veteran population will achieve additional employment outcomes.
TEA, TWC	C3	By 2013, design and implement integrated Adult Education and workforce skills training programs to enhance employment outcomes for the English language learner population.
TEA, TWC	C4	By 2013, design and implement targeted Adult Education programs to enhance employment outcomes for populations requiring workplace literacy skills.
HHSC (DARS), TDCJ, THECB, TVC, TYC	P5	Partner agencies will gather data from employer customers at appropriate intervals to determine employer needs and satisfaction.
HHSC (DARS), TDCJ, TVC	P6	Partner agencies will use the employment data/outcomes of their programs to understand and improve those programs.

Part 1: Long Term Objectives (LTO)

LTO Reference No.:	C1	Key Actions/Strategies for FY 2011-2015
<p>DARS vocational rehabilitation programs will develop and implement up to 15 new, innovative projects that are partnerships between community rehabilitation providers and businesses. The outcome of these partnerships will be for consumers to become employed with the partner business (or with a business within a similar industry) and for businesses to have access to a broader pool of trained potential employees. These projects are intended to serve as pilots to the development of ongoing VR program models to strengthen how DARS works with businesses.</p>		
LTO Reference No.:	P5	Key Actions/Strategies for FY 2011-2015
<p>DARS will develop surveys and a process for routinely obtaining feedback from businesses to evaluate businesses' use of DARS vocational rehabilitation services as well as their satisfaction with those services. The results of the survey(s) will assist DARS in determining to what extent DARS is meeting businesses' needs. A web-based survey(s) will be sent to businesses immediately upon completion of services provided, and/or after a successful consumer placement. DARS will develop a survey instrument(s) and procedures for survey administration, data collection and reporting.</p>		
LTO Reference No.:	P6	Key Actions/Strategies for FY 2011-2015
<p>DARS will improve services to businesses by evaluating the effectiveness of services provided. Following development of business satisfaction survey(s) and implementation of a data collection process, DARS will provide regular reports to managers for program evaluation and improvement. The surveys will be ongoing and intended to provide data over time.</p>		

Part 2: Narrative

DARS collaborates with workforce partners at the local, state and federal level to leverage system capabilities and improve employment and wage outcomes for eligible individuals with disabilities. Within the Texas workforce system, DARS specifically:

- Coordinates and aligns with other Texas workforce system partners providing services for the DARS population to ensure services are cohesive and integrated. This is accomplished through active participation on local and state workforce development boards.

- Develops and enhances employer relations to ensure Texas employers are aware of and understand the capabilities of current and future workers who receive DARS services. This is accomplished by establishing and maintaining ongoing relationships with employers throughout the state.
- Develops and deploys assistive technologies so that Texas workers with disabilities will have a broader range of employment options. This is accomplished by assessing the specific needs of each worker and providing the appropriate access solution on a timely basis.

As outlined in *Advancing Texas* and in collaboration with our workforce partners, DARS is engaged in the following activities.

C1 By fiscal year 2013, the blind and disabled populations will achieve additional employment outcomes.

Using federal stimulus funds, DARS developed a request for proposal (RFP) to solicit applications from business and community rehabilitation provider partners. Applicants had to demonstrate how key deliverables would be met including how consumers would 1) receive industry specific training on the business site, 2) acquire soft skills training, 3) complete training, go to work and remain employed.

The department evaluated proposals and awarded contracts to nine partner projects across the state. The projects are documenting goals achieved during the first year. DARS continues to monitor the contracts and provide technical assistance.

The projects funded under the RFP will develop a fee for service platform to maintain projects after stimulus funding ceases in FY2012. DARS will use the projects to help individuals with disabilities achieve additional employment outcomes by FY 2013.

P5 Partner agencies will gather data from employer customers at appropriate intervals to determine employer needs and satisfaction.

DARS created two surveys to obtain feedback from businesses. One survey, entitled the "Business Satisfaction Survey," is designed to obtain feedback on DARS services related to consultation and training on disability and disability awareness for businesses. The second survey, "Applicant Hiring and Retention Satisfaction," is intended to gather feedback on services related to providing qualified candidates, job retention, and employment accommodations/technical assistance. In addition, DARS has developed processes and procedures for survey administration, data collection, and reporting. Both the survey instrument and data collection is in a pilot phase with plans for statewide implementation by EOY2010.

P6 Partner agencies will use the employment data/outcomes of their programs to understand and improve those programs.

If it is determined to be a productive method to obtain input from business, the vocational rehabilitation programs will use survey feedback to routinely identify areas of strength, weaknesses and other trends in service delivery across the state and within the regions. DARS will use this information to identify opportunities for staff coaching and training, staff recognition, program improvements and replication of successful practices.

Appendix I

Glossary of Acronyms

ACRONYM	FULL NAME
2-1-1 TIRN	2-1-1 Texas Information and Referral Network
AA	Adaptive Aid
AAA	Area Agency on Aging
AAMR	American Association on Mental Retardation
AAPCC	Adjusted Average Per Capita Cost
AAS	Access and Assistance Services
ABD	Aged, Blind, and Disabled (Medicaid Clients)
ACD	Automated Call Distributor
ACF	USDHHS Administration for Children and Families
ACO	Accountable Care Organization
ACS	American Community Survey
ADA	Americans with Disabilities Act
ADRC	Aging and Disability Resource Center
AFC	Adult Foster Care
AIC	Area Information Center
AIDS	Acquired Immunodeficiency Syndrome
ALF	Assisted Living Facility
ALJ	Administrative Law Judge
AoA	Administration on Aging
APS	DFPS Adult Protective Services
AR	(Legally) Authorized Representative
ARRA	American Recovery and Reinvestment Act of 2009
ASD	Autism Spectrum Disorder
ATW	Aging Texas Well
BBA	Balanced Budget Act
BCCS	Breast and Cervical Cancer Program
BCS	Medicaid Billing Coordination System

BCVDD	DARS Blind Children’s Vocational Discovery and Development
BEI	DARS Board for Evaluation of Interpreters
BEST	DARS Blindness Education, Screening, and Treatment
BET	Business Enterprises of Texas
BHO	Behavioral Health Organization
BMI	Body-Mass Index
BPIP	Business Planning and Improvement Process
BRFSS	Behavioral Risk Factor Surveillance System
CACFP	Child and Adult Care Food Program
CAFM	Computer-Assisted Facility Management
CAPTA	Child Abuse Prevention and Treatment Act
CARE	Individual Assignment and Registration System
CARES	Compliance, Assessment, Regulation, Enforcement System
CAS	Community Attendant Services
CBA	Community-Based Alternatives
CBO	Congressional Budget Office
CCAT	Community Care Assessment Tool
CCL	DFPS Child Care Licensing
CCP	Comprehensive Care Program
CCP-PDN	Comprehensive Care Program-Private Duty Nursing
CDC	Centers for Disease Control and Prevention
CDS	Consumer Directed Service
CHD	Coronary Heart Disease
CHIP	Children’s Health Insurance Program
CHIPRA	Children’s Health Insurance Program Reauthorization Act of 2009
CIL	Center for Independent Living
CISM	Critical Incident Stress Management
CLASS	Community Living Assistance and Support Services
CLO	Community Living Option
CLOIP	Community Living Options Information Process
CLP	Community Living Program
CMPAS	Consumer Managed Personal Assistance Services
CMS	U.S. Centers for Medicare & Medicaid Services
COBRA	Consolidated Budget Reconciliation Act
COG	Council of Government
COOP	Continuity of Operations
COPSD	Co-Occurring Psychiatric and Substance Use Disorders

CPS	DFPS Child Protective Services
	U.S. Census Bureau's Current Population Survey
CPW	Case Management for Children and Pregnant Women
CRCG	Community Resource Coordination Group
CRO	HHSC Civil Rights Office
CRP	Community Rehabilitation Program
CRS	DARS Comprehensive Rehabilitation Services
CSFP	Commodity Supplemental Food Program
CSHCN	Children with Special Health Care Needs
CSP	Coordinated Strategic Plan
CVD	Cardiovascular Disease
CWP	Consolidated Waiver Program
CYD	Community Youth Development
DADS	Texas Department of Aging and Disability Services
DAHS	Day Activity and Health Services
DARS	Texas Department of Assistive and Rehabilitative Services
DBMD	Deaf-Blind with Multiple Disabilities
DBS	DARS Division of Blind Services
DCM-P	Disaster Case Management—Pilot
DCS	Data Center Services
DDS	DARS Disability Determination Services
DFPS	Texas Department of Family and Protective Services
DHHS	DARS Deaf and Hard of Hearing Services
DHS	Department of Human Services
DIR	Texas Department of Information Resources
DIS	Disease Intervention Specialist
DM	Disease Management
DME	Durable Medical Equipment
DMR	Determination of Mental Retardation
DOJ	U.S. Department of Justice
DRA	Deficit Reduction Act
DRS	DARS Division for Rehabilitation Services
DSH	Disproportionate Share Hospital
DSHS	Texas Department of State Health Services
DSI	Disability Service Improvement
DSW	Direct Service Worker
DTaP	Diphtheria-Tetanus-Pertussis

DUR	Drug Utilization Review
DWI	Driving While Intoxicated
EBT	Electronic Benefit Transfer
ECI	DARS Early Childhood Intervention
EDW	Enterprise Data Warehouse
EFMAP	Enhanced Federal Medical Assistance Percentages
EHR	Electronic Health Record
EIET	DSHS Environmental and Injury Epidemiology and Toxicology Services Unit
EMR	Employee Misconduct Registry
EMS	Emergency Medical Services
EQRO	External Quality Review Organization
ERP	Enterprise Resource Planning
ESRD	End-Stage Renal Disease
FBSS	Family-Based Safety Services
FEMA	Federal Emergency Management Agency
FFY	Federal Fiscal Year
FGDM	Family Group Decision Making
FMAP	Federal Medical Assistance Percentage
FMNP	Farmer's Market Nutrition Program
FNS	USDA Food and Nutrition Service
FPL	Federal Poverty Level
FQHC	Federally Qualified Health Center
FVP	HHSC Family Violence Program
FY	Fiscal Year (State)
GAA	General Appropriations Act
GAO	U.S. General Accountability Office
GOBPP	Texas Governor's Office of Budget, Planning and Policy
H.B.	House Bill
HCS	Home and Community-Based Services
HCSSA	Home and Community Support Services Agencies
HEDIS	Healthcare Effectiveness Data and Information Set
HERR	Health Education and Risk Reduction
HHS	Health and Human Services
HHSC	Texas Health and Human Services Commission
HIE	Health Information Exchange
HIPAA	Health Insurance Portability and Accountability Act of 1996
HIT	Health Information Technology

HIV	Human Immunodeficiency Virus
HMO	Health Maintenance Organization
HMP	Healthy Marriage Program
HNTC	Heartland National Tuberculosis Center
HR	House Resolution
	Human Resources
HRSA	USDHHS Health Resources and Services Administration
HUB	Historically Underutilized Businesses
ICF-MR	Intermediate Care Facility for Persons with Mental Retardation
ICF-MR/RC	Intermediate Care Facility for Persons with Mental Retardation or Related Conditions
ICHP	Institute for Child Health Policy
ICI	Institute for Community Inclusion
ICM	Integrated Care Management
IDD	Intellectual and Developmental Disabilities
IDEA	Individuals with Disabilities Education Act
IDEAS	Infectious Disease Epidemiology and Surveillance
IEE	Integrated Eligibility and Enrollment
IHFS	In-Home and Family Support
IHFSP	In-Home and Family Support Program
IL	Independent Living
ILC	Independent Living Center
IMPACT	Information Management Protecting Adults and Children in Texas
IMR	Infant Mortality Rate
IPC	Individual Plan of Care
IRS	U.S. Internal Revenue Service
IRSP	Information Resources Strategic Plan
ISP	Individual Service Plan
IT	Information Technology
IVR	Interactive Voice Response
JCAHO	Joint Commission on Accreditation of Health Care Organizations
KHC	Kidney Health Care
LA	Local Authority
LAR	Legally Authorized Representative
	Legislative Appropriations Request
LBB	Texas Legislative Budget Board

LEP	Limited English Proficiency
LIMS	Laboratory Information Management Systems
LMHA	Local Mental Health Authority
LOC	Level of Care
LON	Level of Need
LTBI	Latent TB Infection
LTC	Long-Term Care
LTSS	Long-Term Services and Supports
MAC	Medicaid Administrative Claiming
MACC	Multi-Agency Coordination Center
MAO	Medical Assistance Only
MAT	Magnet Area Training
MBCC	Medicaid Breast and Cervical Cancer
MBI	Medicaid Buy-In
MCAC	Medical Care Advisory Committee
MCD	HHSC Medicaid/CHIP Division
MCO	Managed Care Organization
MCW	Mobile Caseworker
MDCP	Medically Dependent Children Program
MDU	Multiple Disabilities Unit (State Hospitals)
ME	Medicaid-Eligible
MEHIS	Medicaid Eligibility and Health Information System
MEPD	Medicaid Eligibility for the Elderly and People with Disabilities
MERP	Medicaid-Estate Recovery Program
MFP	Money Follows the Person
MH	Mental Health
MHPAEA	Mental Health Parity and Addiction Equity Act of 2008
MIG	Medicaid Infrastructure Grant
MITA	Medicaid Information Technology Architecture
MMIS	Medicaid Management Information System
MMR	Measles, Mumps, and Rubella
MN	Medical Necessity
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MR	Mental Retardation
MR CARE	MR Client Assignment and Registration
MR/RC	Mental Retardation/Related Condition

MRA	Mental Retardation Authority
MTP	Medical Transportation Program
NAR	Nurse Aide Registry
NASDDDS	National Association of State Directors of Developmental Disabilities Services
NATCEP	Nurse Aide Training and Competency Evaluation Programs
NF	Nursing Facility
NFA	Nursing Facility Administrator
NFFVP	Nursing Facility Financial Viability Project
NIS	National Immunization Survey
NPAOP	Nutrition, Physical Activity and Obesity Program
NSLP	National School Lunch Program
NUPAWG	Nutrition and Physical Activity Workgroup
O&M	Orientation and Mobility
OAA	Older Americans Act
OABI	HHS Office of Acquired Brain Injury
OASPR	USDHHS Office of the Assistant Secretary for Preparedness and Response
OBH	DSHS Office of Border Health
OBRA	Omnibus Budget Reconciliation Act of 1993
OCA	Office of Court Administration
OECC	HHS Office of Early Childhood Coordination
OEHD	HHS Office for the Elimination of Health Disparities
OES	HHS Office of Eligibility Services
OFS	HHS Office of Family Services
OHS	HHS Office of Health Services
OIG	HHS Office of Inspector General
OMB	U.S. Office of Management and Budget
ORR	U.S. DHHS Office of Refugee Resettlement
OSAR	Outreach, Screening, Assessment and Referral
OSEP	Office of Special Education Programs
OT	Occupational Therapy
PACE	Program for All-Inclusive Care of the Elderly
PASARR	Pre-Admission Screening and Annual Resident Review
PC	Personal Computer
PCA	Permanency Care Assistance (DFPS)
PCCM	Primary Care Case Management
PCS	Medicaid Personal Care Services

	DFPS Purchased Client Services
PCP	Primary Care Physician
	Primary Care Provider
PCPE	Prevention Counseling and Partner Elicitation
PDP	Person-Directed Plan
PEI	DFPS Prevention and Early Intervention
PHC	Primary Home Care
PIP	Program Improvement Plan
PIAC	Promoting Independence Advisory Committee
PII	Promoting Independence Initiative
PIP	Promoting Independence Plan
PMAB	Prevention and Management of Aggressive Behavior
PMO	Project Management Office
PMUR	Psychotropic Medication Utilization and Review
POS	Point of Service
PPE	Personal Protective Equipment
PPR	Potentially Preventable Readmissions
PT	Physical Therapy
Q & A	Question and Answer
QA & I	Quality Assurance and Improvement
QDWI	Qualified Disabled and Working Individual
QI	Quality Improvement
	Qualified Individual
QMB	Qualified Medicare Beneficiary
QMRP	Qualified Mental Retardation Professional
QRS	Quality Reporting System
RAP	Refugee Assistance Program
RC	Related Condition
RDA	Recommended Dietary Allowance
RDM	Resiliency and Disease Management
RFO	Request for Offers
RFP	Request for Proposals
RGSC	Rio Grande State Center
RGSC-OPC	Rio Grande State Center Outpatient Clinic
RHC	Rural Health Clinic
RSA	U.S. Department of Education's Rehabilitation Services Administration
RSS	Residential Support Services

	Refugee Social Services
RSVP	Retired and Senior Volunteer Program
RUG	Resource Utilization Group
SAO	Texas State Auditor's Office
SASO	Service Authorization System Online
SAVERR	System for Application, Verification, Eligibility, Referrals and Reports
S.B.	Senate Bill
SBP	School Breakfast Program
SC	Service Coordination/Coordinator
SCI	Spinal Cord Injury
SCP	Senior Companion Program
S.C.R.	Senate Concurrent Resolution
SDR	Service Delivery Area
SDC	Texas State Data Center
SE	Supported Employment
SEE	Survey of Employee Engagement
SELN	State Employment Leadership Network
SFSP	Summer Food Service Program
SFY	State Fiscal Year
SHCC	Statewide Health Coordinating Council
SHL	Supported Home Living
SIDS	Sudden Infant Death Syndrome
SILC	State Independent Living Council
SL	Supervised Living
SLMB	Specified Low-Income Medicare Beneficiary
SMHF	State Mental Health Facility
SMHH	State Mental Health Hospital
SMI	State Median Income
SMP	School Milk Program
SMRF	State Mental Retardation Facilities
SNAP	Supplemental Nutrition Assistance Program
SNAP-CAP	Simplified Nutrition Assistance Program Combined Application Program
SNP	Special Needs Plan
	Special Nutrition Program
SNS	Strategic National Stockpile
SOARS	Supportive Opportunities for At-Risk Students

SOC	State Operations Center
SPAN	School Physical Activity and Nutrition
SRO	Service Responsibility Option
SSA	U.S. Social Security Administration
SSAB	Social Security Advisory Board
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
SSLC	State Supported Living Center
SSP	Support Service Provider
STAR	Services to At-Risk Youth
	State of Texas Access Reform
STD	Sexually Transmitted Disease
STHCS	South Texas Health Care System
SUA	State Unit on Aging
SVP	Sexually Violent Predator
SWI	DFPS Statewide Intake
T&OD	HHS Training and Organizational Development
TANF	Temporary Assistance for Needy Families
TARRC	Texas Autism Research & Resource Center
TB	Tuberculosis
TBI	Traumatic Brain Injury
TCADA	Texas Commission on Alcohol and Drug Abuse
TCAPDD	Texas Council on Autism and Pervasive Developmental Disabilities
TCDD	Texas Council for Developmental Disabilities
TCID	Texas Center for Infectious Disease
TCM	Targeted Case Management
TCOOMMI	Texas Correctional Office on Offenders with Medical or Mental Impairments
TCR	Texas Cancer Registry
TDC	Texas Diabetes Council
TDEM	Texas Department of Public Safety's Division of Emergency Management
TDH	Texas Department of Health
TDI	Texas Department of Insurance
TDMHMR	Texas Department of Mental Health and Mental Retardation
TEA	Texas Education Agency
TEXCAP	Texas Commodity Assistance Program
TFTS	Texas Families Together and Safe

THSteps	Texas Health Steps
TIERS	Texas Integrated Eligibility Redesign System
TILE	Texas Index for Level of Effort
TIRN	Texas Information and Referral Network
TIS	Texas Immunization Survey
TKIDS	Texas Kids Information Data System
TLC	Transition to Life in the Community
TMHP	Texas Medicaid & Healthcare Partnership
TNFP	Texas Nurse-Family Partnership
TPCO	Texas Primary Care Office
TPR	Third Party Resource
TVRC	Transition Vocational Rehabilitation Counselor
TWC	Texas Workforce Commission
TWIC	Texas Workforce Investment Council
TX DCM-P	Texas Disaster Case Management—Pilot
TxHmL	Texas Home Living Waiver Program
UPL	Upper Payment Limits
UPS	Uninterruptible Power Source
UR	Utilization Review
U.S.	United States
USDA	U.S. Department of Agriculture
U.S. DHHS	U.S. Department of Health and Human Services
U.S. MBHC	U.S.-Mexico Border Health Commission
VA	U.S. Department of Veterans Affairs
VA-VRE	VA-Vocational Rehabilitation and Employment Services Program
VAWP	Violence Against Women Plan
VCE	Volunteer and Community Engagement
VR	Vocational Rehabilitation
VRC	Vocational Rehabilitation Counselor
VSAT	Very Small Aperture Terminal
VSU	Vital Statistics Unit
WCY	Waco Center for Youth
WHCoA	White House Conference on Aging
WHL	Women's Health Laboratory
WHP	Women's Health Program
WIA	Workforce Investment Act
WIC	U.S. Women, Infants, and Children Program

WIN	WIC Information Network
WSRI	DFPS Workforce Support and Retention Initiative
YRBS	Youth Risk Behavior Survey