Health and Human Services System Strategic Plans 2019–2023 Volume II

As Required by

Tex. Gov't Code Sec. 531.022

and related sections and

Tex. Gov't Code Ch. 2056

Health and Human Services Commission

Department of State Health Services

May 2018

TEXAS
Health and Human Services

This document is available at https:/hhs.texas.gov/hhs-strategic-plans-2019-2023.

Email address: strategicplancomments@hhsc.state.tx.us

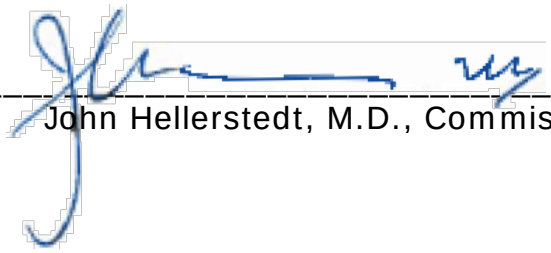
Health and Human Services System Strategic Plans for 2019–2023

TEXAS Health and Human Services

Health and Human Services Commission

Charles Smith, Executive Commissioner

Department of State Health Services



John Hellerstedt, M.D., Commissioner

Submitted May 31, 2018

This page intentionally left blank.

Health and Human Services System Strategic Plans for 2019–2023

Volume II Table of Contents

This page intentionally left blank.

Schedule A: Budget Structure

The budget structure for the Health and Human Services System agencies will be submitted once approved by the Office of the Governor and the Legislative Budget Board.

This page intentionally left blank.

Schedule B: List of Measure Definitions

The performance measure definitions for the Health and Human Services System agencies will be submitted once approved by the Office of the Governor and the Legislative Budget Board.

This page intentionally left blank.

Schedule C: Historically Underutilized Businesses Plan

The Historically Underutilized Businesses Plan, found on the following pages, was developed by the HHSC Division of Procurement & Contracting Services, in compliance with Texas Government Code Section 2161.123.

This page intentionally left blank.

Health and Human Services System Strategic Plans 2019–2023

Schedule C: Historically Underutilized Businesses Plan

As Required by

Tex. Gov't Code Sec. 2161.123

Health and Human Services Commission

Department of State Health Services

May 2018

TEXAS
Health and Human Services

This page intentionally left blank.

1. Introduction

The Health and Human Services (HHS) System administers programs to encourage participation by historically underutilized businesses (HUBs) in all contracting and subcontracting by HHS agencies. The HHS 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 their HUB goals.

Each state agency is required to include in its strategic plan a HUB plan. The section below describes, in its entirety, a coordinated HUB plan that covers the HHS System's HUB programs as a whole.

2. Goal

The goal of the HHS System HUB Plan is to promote fair and competitive business opportunities that maximize the inclusion of minority, woman and service disabled veteran-owned businesses that are certified HUBs in the procurement and contracting activities of HHS System agencies.

3. Objective

The HHS System strives to meet or exceed the Statewide Annual HUB Utilization Goals and/or agency-specific goals that are identified each fiscal year (FY) in the procurement categories related to the HHS System's current strategies and programs.

4. Outcome Measures

In accordance with Texas Government Code Section 2161(d)(5) and the State's Disparity Study, state agencies are required to establish their own HUB goals based on scheduled fiscal year expenditures and the availability of HUBs in each procurement category.

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, as described in Table 1, and/or agency-specific goals for HUB participation for the contracts that the agency expects to award in a fiscal year.

Table 1: Statewide HUB Goals by Procurement Categories, Fiscal Year 2018

PROCUREMENT CATEGORIES	UTILIZATION GOALS
Heavy Construction	11.20%
Building Construction	21.10%
Special Trade Construction	32.90%
Professional Services Contracts	23.70%
Other Services Contracts	26.00%
Commodity Contracts	21.10%

Source: Data from FY 2018 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 awarded directly and indirectly through subcontracts to HUBs under the procurement categories.

Each HHS System agency may track additional outcome measures.

5. HHS System Strategies

When feasible, the HHS System will consider setting modified goals for its contract opportunities. Factors to determine feasibility will include:

- HUB availability
- Current HUB usage
- Geographical location of the project
- Contractual scope of work
- Size of the contract
- Other relevant factors as 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 by contracting directly and/or indirectly through subcontracting.

The HHS agencies employ several additional strategies, such as:

- Tracking the number of contracts awarded to certified HUBs as a result of outreach efforts by the Health and Human Services Commission (HHSC)
- Obtaining assurances that contractors will make a good-faith effort to subcontract with HUBs identified in its subcontracting plan and maintain the commitment throughout the contract
- Using available HUB directories, the internet, trade organizations or development centers to solicit bids
- Maintaining a HUB Office of HUB Coordinators at HHSC headquarters for effective coordination for all HHS agencies
- Developing and implementing reporting practices to provide updates to the Executive Commissioner, Chief Operating Officer, Deputy Executive Commissioners and Associate Commissioners on HHS HUB Program activities, related initiatives and projects

6. 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 expenditures
- 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
- The total number of HUBs provided assistance in becoming HUB certified.

Additional output measures which may be used by specific System agencies:

- The total number of outreach initiatives such as HUB forums attended and sponsored
- The total number of HUB training provided to the vendor community as well as internally to agency staff.

7. HUB External Assessment

According to the Comptroller of Public Accounts FY 2017 Statewide Annual HUB Report, the HHS System collectively awarded 17.19 percent of all contract funds to HUBs. Table 2 specifies details of the total FY 2017 expenditures for each HHS agency and total spending with HUBs directly and indirectly through subcontracting.

Table 2: HHS System Expenditures with Historically Underutilized Businesses, by Agency, Fiscal Year 2017

AGENCY	TOTAL EXPENDITURES	TOTAL SPENT WITH ALL CERTIFIED HUBS	PERCENT
HHSC	$1,014,268,116	$198,363,362	19.56%
Department of Aging and Disability Services	$149,630,388	$12,582,282	8.41%
Department of Family and Protective Services	$71,565,069	$23,135,377	32.33%
Department of State Health Services	$384,026,122	$44,405,133	11.56%
Total	$1,619,489,695	$278,486,154	17.19%

Source: Data from FY 2017 Statewide Annual HUB Report, Texas Comptroller of Public Accounts.

The HHS System agencies continuously strive to make internal improvements to help meet or exceed statewide and/or agency-specific HUB goals. HHS System agencies continued outreach efforts to educate HUBs and minority businesses about the procurement process.

Other areas of progress include:

- Maintaining the signed 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 HHS contract opportunities on the Electronic State Business Daily and while attending external outreach events

Additional goals include:

- Enhancing outreach efforts internally and externally by promoting access, awareness, and accountability through education and training
- Enhancing minority/woman/services disabled veteran owned businesses' participation in HHS 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
- Promoting and increasing awareness of subcontracting opportunities in HHS System contracts, which are identified in contractors' HUB Subcontracting Plans

Schedule D: Statewide Capital Plan

The statewide capital plan for the Health and Human Services System agencies will be submitted once approved.

This page intentionally left blank.

Schedule E: Health and Human Services Strategic Plan

The Coordinated Strategic Plan for Health and Human Services, required by Texas Government Code Section 531.022, is submitted as Chapter 1 in Volume I of this document. Volume I may be found online at: https:/hhs.texas.gov/hhs-strategic-plans-2019-2023.

This page intentionally left blank.

Schedule F.1: Health and Human Services System Workforce Plan

The Health and Human Services System Workforce Plan, found on the following pages, was developed by the HHSC Division of System Support Services, Department of Human Resources, in compliance with Texas Government Code Section 2056.0021.

This page intentionally left blank.

Health and Human Services System Strategic Plans 2019–2023

Schedule F.1: Strategic Staffing Analysis and Workforce Plan

As Required by

Tex. Gov't Code Section 2056.0021

Health and Human Services Commission

Department of State Health Services

May 2018

TEXAS
Health and Human Services

This page intentionally left blank.

Table of Contents

Prepared by: System Support Services
Human Resources

Executive Summary

The Health and Human Services (HHS) System Strategic Staffing Analysis and Workforce Plan is an integral part of HHS' 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 Schedule attachment to the HHS System Strategic Plan for the Fiscal Years 2017–2021 analyzes the following key elements for the entire HHS System:

- **Current Workforce Demographics** – Describes how many employees work for the HHS System and HHS agencies, where they work, what they are paid, how many of them are return-to-work retirees, how many have left HHS, how many may 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 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.

This page intentionally left blank.

1. Health and Human Services

The 84th Legislature Transformation

In 2013, the Health and Human Services System, as reflected in Article II of the General Appropriations Act, consisted 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 intellectual and developmental disability 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.

That same year, the Sunset Commission began its almost two-year analysis, the first formal review of the previous consolidation. The findings and recommendations of the Sunset review formed the basis for the 84th Texas Legislature (Regular Session, 2015) directive to transform the HHS system. With the passage of that legislation, HHS was given an opportunity to develop a more fully streamlined, efficient system that more effectively provides services and benefits. Senate Bill 200 outlined a phased approach to this restructuring.

The first phase transferred the following programs and functions to HHSC on September 1, 2016:

- select functions at DARS,
- client services at DADS and DSHS, and
- administrative services that support those respective HHS core services.

As a result of this transfer and the transfer of other programs to the Texas Workforce Commission (TWC), DARS was abolished on September 1, 2016. Additionally, the Nurse Family Partnership and Texas Home Visiting programs transferred from HHSC to the DFPS, which continued its focus on protective services.

In the second phase, regulatory programs, as well as state supported living centers and state hospitals, transferred to HHSC on September 1, 2017, and DADS was abolished. After these transfers, DSHS' streamlined structure focused on its core public health functions.

The 85th Legislature Transformation

The 85th Legislature (Regular Session, 2017) passed House Bill 5, which made DFPS a stand-alone agency, removing it from the HHS System.

HHS Mission

Improving the health, safety and well-being of Texans through good stewardship of public resources.

HHS Vision

Making a difference in the lives of the people we serve.

HHS Values

- Accountability. We operate in a manner that reflects honesty, integrity and reliability.
- Collaboration. We work with clients, stakeholders, public and private partners, elected officials and our employees to make informed decisions and achieve excellence in service design and delivery.
- Client-focused. We exist because people have needs, and we respect each and every person.
- Independence. Our services and supports allow clients to reach their full potential.
- Stewardship. We are focused on the appropriate use of resources entrusted to our care and use them efficiently, effectively and in a manner that builds public trust.
- Transparency. We build confidence in our operations by being open, inclusive and holding ourselves accountable.
- Diversity. We offer programs and services that value and respect the diversity of the State of Texas.

2. Workforce Demographics

With a total of 37,856 full-time and part-time employees, the HHS workforce has decreased by about 30 percent (16,160 employees) in the period from August 31, 2015 to August 31, 2017. This decrease in the HHS System workforce reflects the September 1, 2017 legislative removal of DFPS from the HHS System, a loss of over 13,000 full-time and part-time DFPS employees.[1]

Figure 1: HHS System Workforce for FY 15 - FY 17

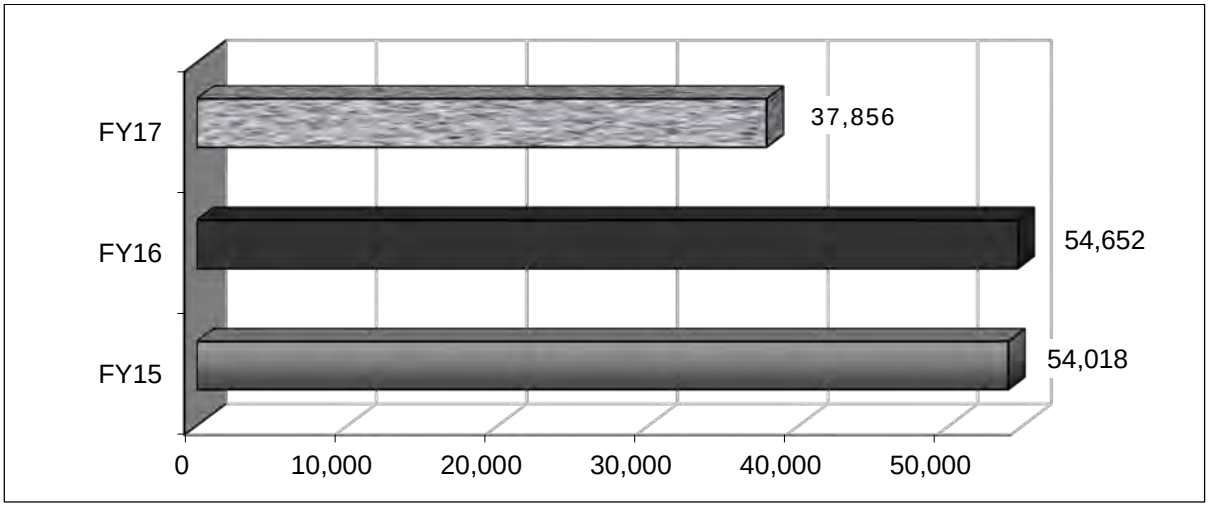
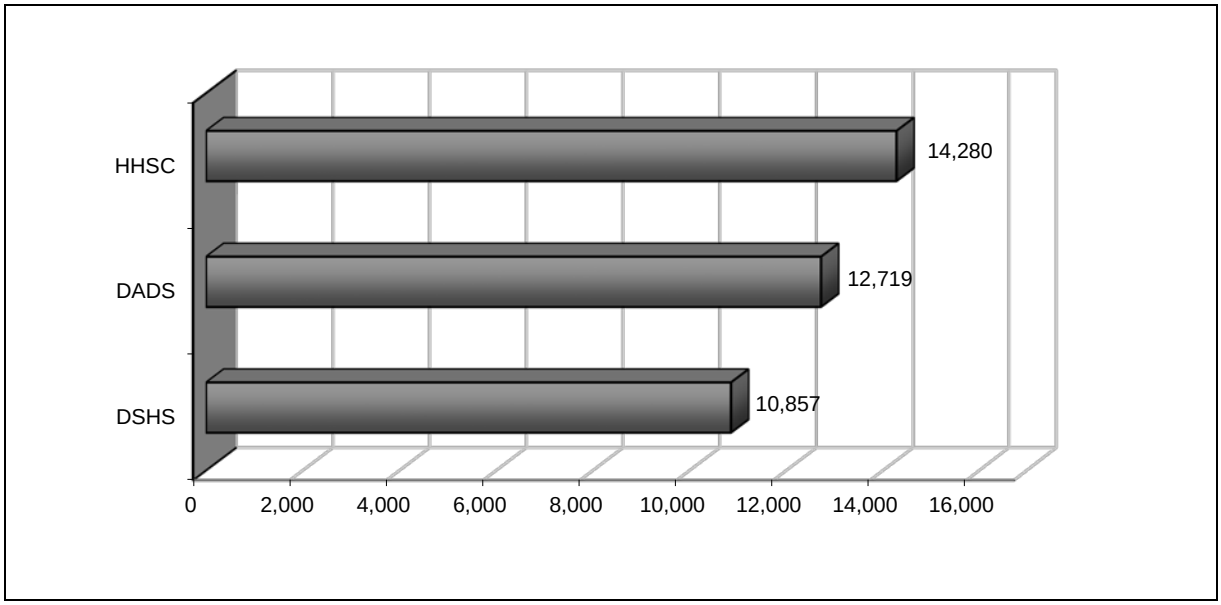


Figure 2: HHS System Workforce for FY 17



Job Families

Approximately 83 percent of HHS employees (31,282 employees) work in 22 job families.[2]

Table 1: Largest Program Job Families

Job Family	Number of Employees
Direct Care Workers[3]	8,523
Eligibility Workers[4]	5,276
Clerical Workers	3,735
Registered Nurses (RNs)[5]	2,059
Program Specialists	1,965
Managers	1,062
Licensed Vocational Nurses (LVNs)	982
Rehabilitation Technicians	982
Food Service Workers[6]	927
Program Supervisors	781
System Analysts	745
Custodians	686
Maintenance Workers	577
Security Workers	391
Claims Examiners	387
Directors	371
Investigators	335
Public Health and Prevention Specialists	335
Accountants	312
Training Specialists	289
Inspectors	282
Contract Specialists	280

Gender

Most HHS employees are female, making up about 72 percent of the HHS workforce.[7] This breakdown is consistent across all HHS agencies.[8]

Table 2: HHS System Workforce Gender for FY 15 – FY 17

Gender	FY 15	FY 16	FY 17
Male	24.9%	25.2%	28.5%
Female	75.1%	74.8%	71.5%

Figure 3: HHS System Workforce by Gender for FY 17

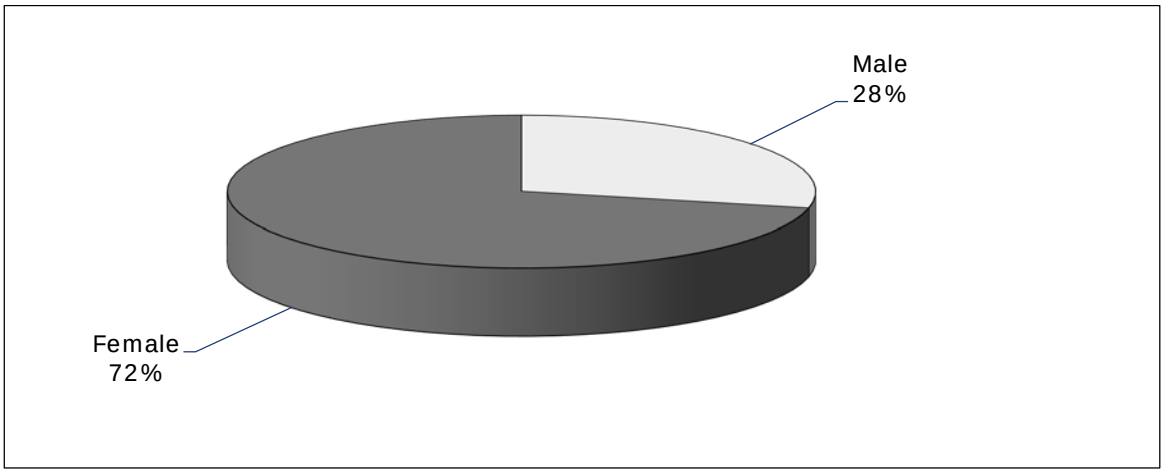


Table 3: HHS Agencies by Gender

Agency	Percentage Male	Percentage Female
HHSC	23.5%	76.5%
DSHS	36.1%	63.9%
DADS	27.5%	72.5%

Ethnicity

The workforce is diverse, with approximately 39 percent White, 30 percent Hispanic, 28 percent Black, and three percent Asian and Native American. This breakdown is consistent across all HHS agencies.[9]

Table 4: HHS System Workforce Ethnicity for FY 15 – FY 17[10]

Race	FY 15	FY 16	FY 17
White	39.4%	38.7%	38.5%
Black	28.1%	28.5%	28.2%
Hispanic	29.6%	29.8%	29.8%
Native American	.5%	.5%	.5%
Asian	2.3%	2.5%	3.0%

Figure 4: HHS System Workforce by Ethnicity for FY 17

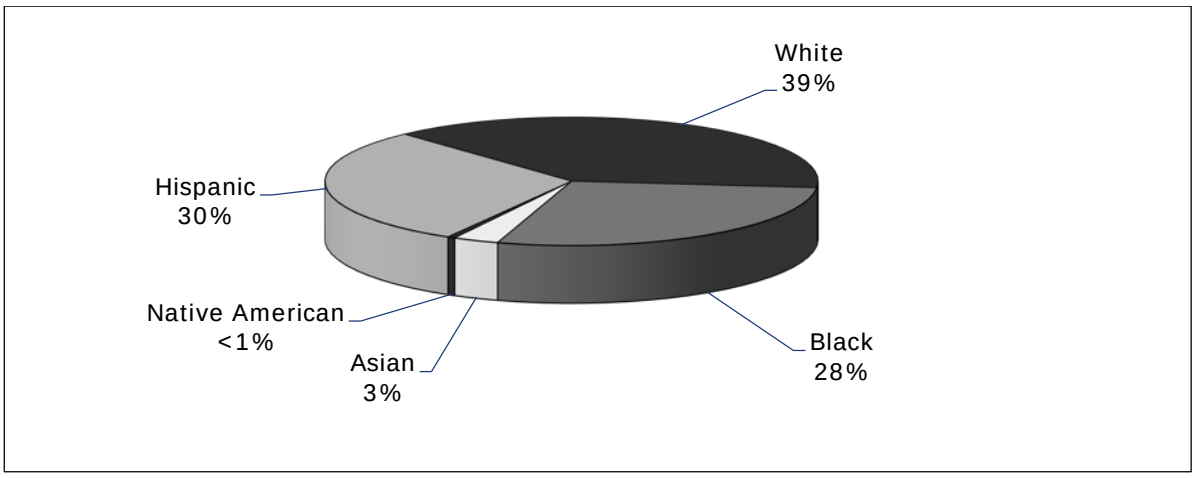


Table 5: HHS Agencies by Ethnicity[11]

Agency	Percentage White	Percentage Black	Percentage Hispanic	Percentage Native American	Percentage Asian
HHSC	34.5%	25.7%	36.7%	.5%	2.6%
DSHS	47.6%	19.5%	29.0%	.6%	3.4%
DADS	35.4%	38.5%	22.7%	.4%	3.1%

Age

The average age of an HHS worker is 45 years. This breakdown is consistent across all HHS agencies.[12]

Table 6: HHS System Workforce Age for FY 15 – FY 17

Age	FY 15	FY 16	FY 17
Under 30	16.4%	16.6%	14.1%
30-39	23.9%	24.6%	22.6%
40-49	25.1%	23.0%	25.0%
50-59	24.1%	23.5%	25.7%
Over 60	10.4%	10.4%	12.5%

Figure 5: HHS System Workforce by Age for FY 17

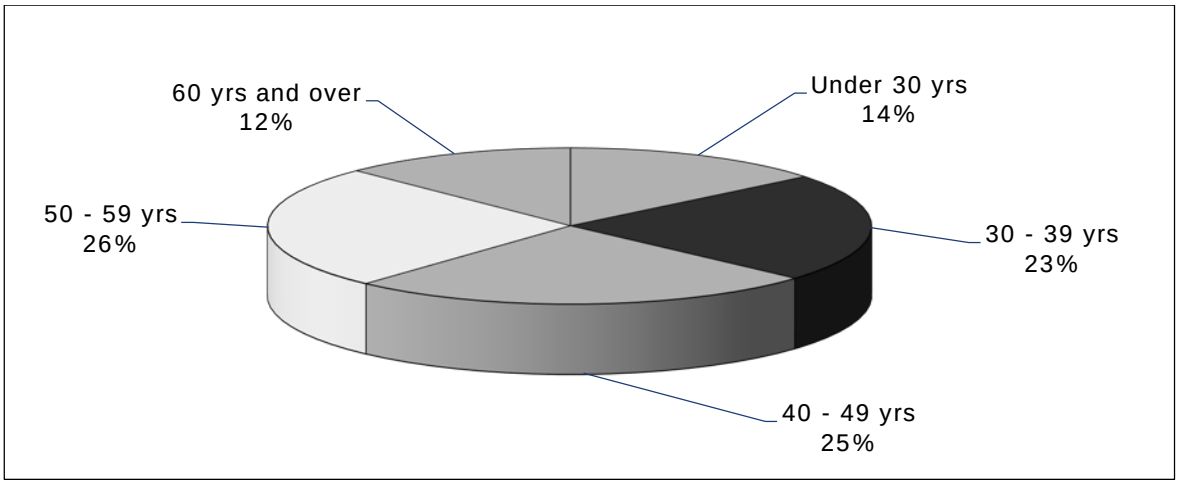


Table 7: HHS Agencies by Age[13]

Agency	Percentage Under 30	Percentage 30-39	Percentage 40-49	Percentage 50-59	Percentage 60 and over
HHSC	7.6%	23.6%	30.0%	27.4%	11.4%
DSHS	15.5%	21.6%	22.6%	26.1%	14.3%
DADS	20.2%	22.5%	21.5%	23.5%	12.3%

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 80 percent 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. For purposes of this analysis, a group is considered potentially underutilized when the actual representation in the workforce is less than 80 percent of what the expected number would be based on the CLF.

The HHSC Civil Rights Office (CRO) reviewed and conducted analyses for each individual agency's workforce to identify potential underutilization.

The utilization analysis of the HHS agencies for fiscal year 2017 indicated potential underutilization in the HHSC, DADS and DSHS workforce. The following table summarizes the results of the utilization analysis for the HHS System.

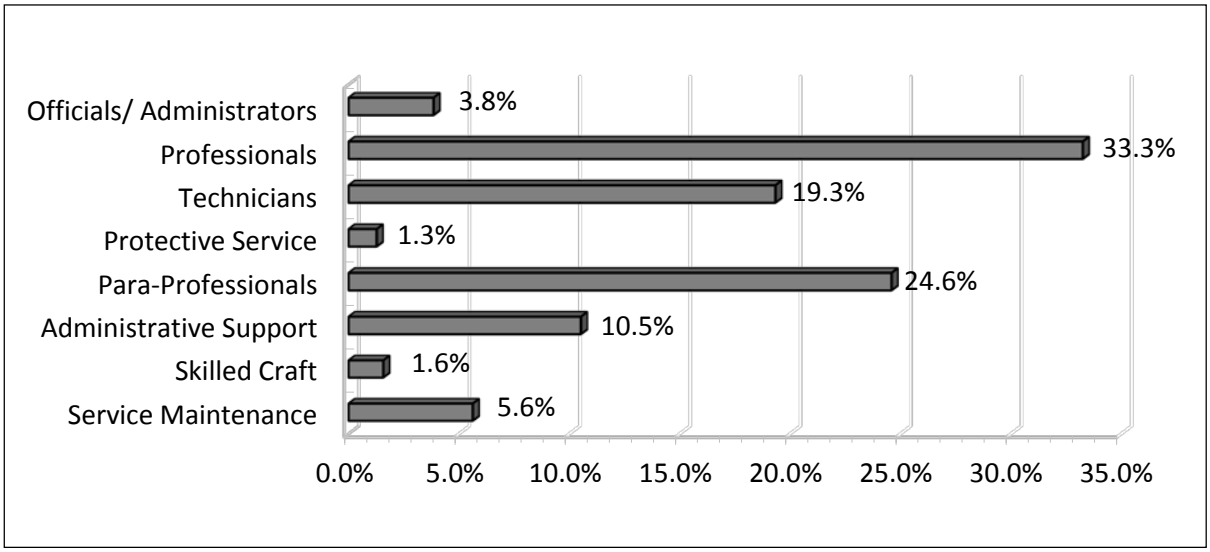
Table 8: HHS System Utilization Analysis Results[14] [15] [16]

Job Category	HHS System	Agency		
		HHSC	DADS	DSHS
Officials/Administrators	No	No	Hispanic	No
Professionals	No	No	No	No
Technicians	No	No	N/A	No
Protective Service	Hispanic	Hispanic	No	Hispanic
Administrative Support	No	No	Hispanic	No
Skilled Craft	Black Hispanic Female	Female	Black Hispanic Female	Black Hispanic Female
Service Maintenance	Hispanic	Hispanic Female	Hispanic	Hispanic

Although potential underutilization was identified in the Protective Service and Skilled Craft job categories, it should be noted that these job categories comprise only 1.3 and 1.6 percent respectively, of the HHS workforce.

The other job categories showing potential underutilization are Officials/ Administrators, Administrative Support, and Service Maintenance.

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



Veterans

About six percent of the workforce (2,248 employees) are veterans. HHSC has the lowest percentage of veterans at 4.9 percent (624 employees) and DSHS has the highest at 6.9 percent (754 employees). For fiscal years 2015 through 2017, the percentage of veterans in the HHS workforce remained constant at 5.9 percent.[17]

Table 9: HHS System Workforce by Veterans Status[18]

Agency	Number of Veterans	FY 17 Percentage
HHSC	624	4.9%
DSHS	754	6.9%
DADS	870	6.1%
HHS System	2,248	5.9%

State Service

Approximately 39 percent of the workforce has 10 or more years of state service. Less than a quarter of the workforce have been with the state for less than two years. This breakdown is consistent across all HHS agencies.[19]

Table 10: HHS System Workforce Length of State Service for FY 15 – FY 17[20]

State Service	FY 15	FY 16	FY 17
less than 2 years	21.1%	22.3%	19.1%
2-4 years	17.9%	19.4%	19.8%
5-9 years	22.5%	26.8%	22.5%
10 years or more	37.5%	36.6%	38.6%

Figure 7: HHS System Workforce by Length of State Service[21]

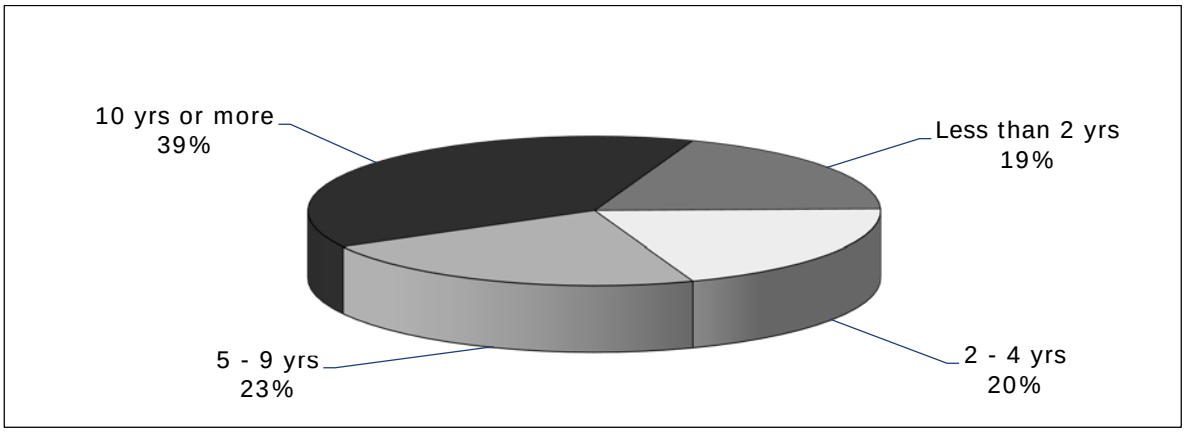


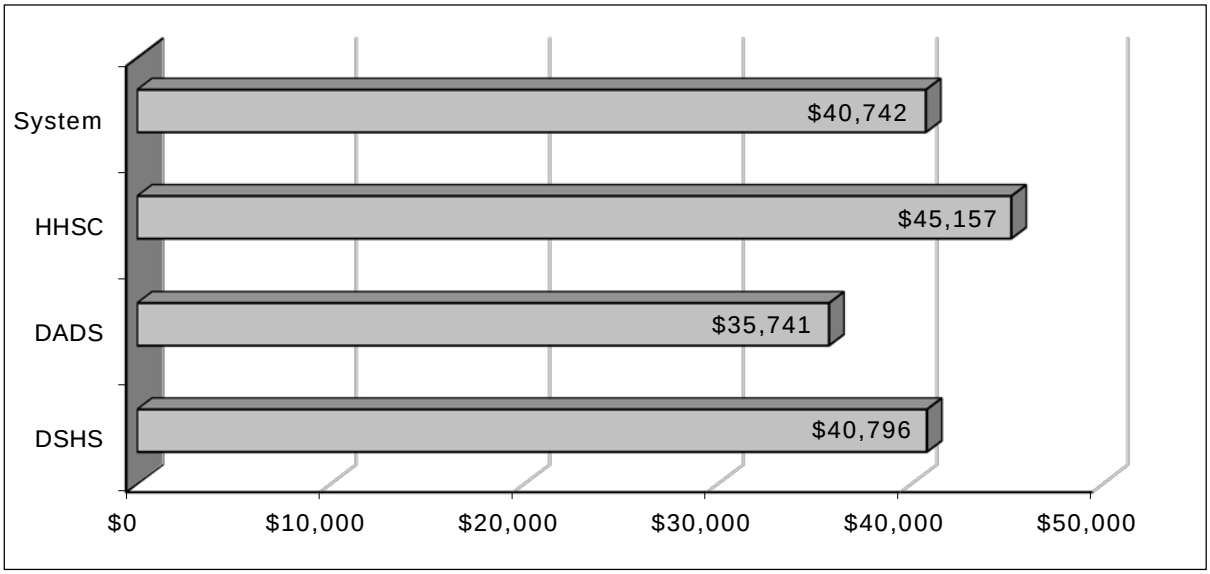
Table 11: HHS Agencies by Length of State Service[22]

Agency	Percentage Less than 2 yrs	Percentage 2-4 yrs	Percentage 5-9 yrs	Percentage 10 yrs or more
HHSC	13.4%	17.5%	23.8%	45.4%
DSHS	20.0%	21.3%	19.7%	38.9%
DADS	24.9%	21.1%	23.3%	30.7%

Average Annual Employee Salary

On average, the annual salary for an HHS System employee is $40,742. HHSC has the highest average annual salary at $45,157 and DADS has the lowest at $35,741.[23]

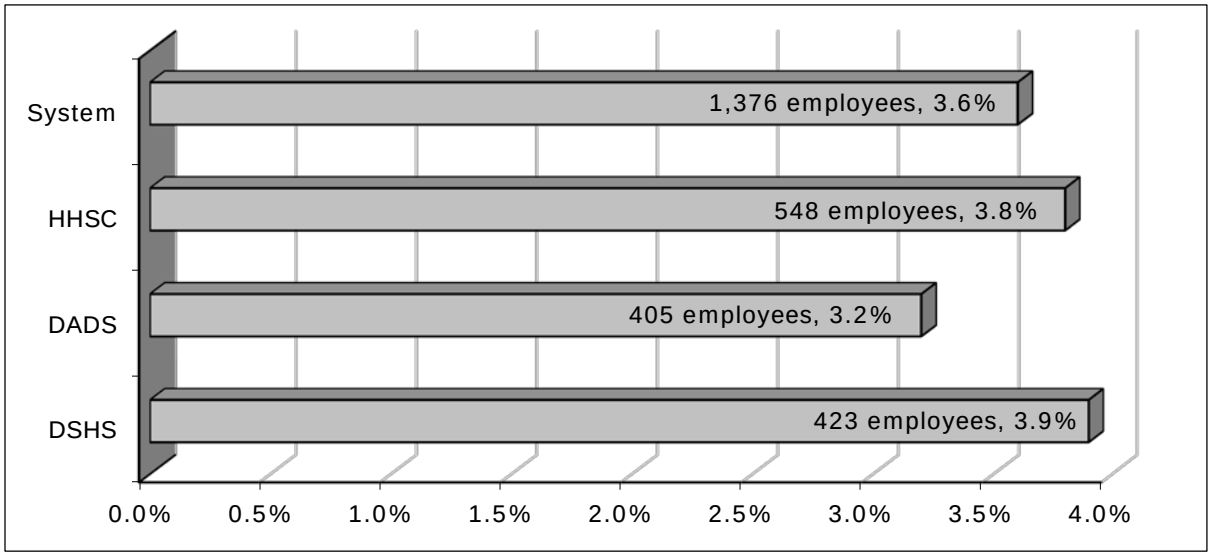
Figure 8: HHS Average Annual Salary by Agency



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 four percent of the total HHS workforce.[24]

Figure 9: HHS Return-to-Work Retirees by Percent of Workforce



HHS management understands that demographic trends over the next decade will increasingly impact recruitment from typical sources. Retired workers who have institutional knowledge will be needed to pass their expertise to others.

Dealing with this aging 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; and/or urging retirement-ready workers to take sabbaticals instead of stepping down.

Legislative changes have posed additional challenges for recruiting these retired workers. Beginning September 1, 2009, the amount of time a retired 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.

Of special concern to HHS is the possibility that the current practice of rehiring retirees may inhibit talented staff from moving into management or other senior positions. To address this problem and ensure that HHS considers and documents the selection of retirees, the System has adopted a requirement that before offering a supervisory position to a retiree, the hiring authority must consult with HHS Human Resources before extending an offer of employment.

3. Turnover

The HHS System turnover rate for fiscal year 2017 was 24.9 percent, about six percent higher than the statewide turnover rate of 18.6 percent.[25] [26]

Table 12: HHS System Workforce - Turnover for FY 15 – FY 17 (excludes inter-HHS agency transfers)

Agency	FY 15	FY 16	FY 17
HHS System	23.3%	23.7%	24.9%

DADS experienced the highest turnover rate (33.9 percent), with the lowest turnover rate at HHSC (18.1 percent).[27]

Table 13: Turnover by HHS Agency for FY 17 (includes inter-HHS agency transfers and excludes legislatively mandated transfers)

Agency	Average Annual Headcount	Total Separations	Turnover Rate
HHSC	15,810	2,860	**18.1%**
DSHS	11,781	2,716	**23.1%**
DADS	14,405	4,879	**33.9%**
Grand Total	**41,996**	**10,455**	**24.9%**

Turnover at HHS agencies was consistent across gender, while turnover across ethnic groups ranged from a high of 38.7 percent for Native American employees to a low of 23.4 percent for White employees.[28]

Table 14: HHS Agency Turnover by Gender for FY 17 (includes inter-HHS agency transfers and excludes legislatively mandated transfers)

Agency	Gender	Average Annual Headcount	Total Separations	Turnover Rate
HHSC	Female	12,154	2,246	18.5%
	Male	3,645	614	16.8%
DSHS	Female	7,512	1,690	22.5%
	Male	4,251	1,026	24.1%
DADS	Female	10,421	3,490	33.5%
	Male	3,975	1,389	34.9%
HHS System	**Female**	**30,087**	**7,426**	**24.7%**
	Male	**11,871**	**3,029**	**25.5%**

Table 15: HHS Agency Turnover by Ethnicity for FY 17 (includes inter-HHS agency transfers and excludes legislatively mandated transfers)

Agency	White Turnover Rate	Black Turnover Rate	Hispanic Turnover Rate	Native American Turnover Rate	Asian Turnover Rate
HHSC	17.4%	21.2%	16.8%	34.0%	12.3%
DSHS	23.0%	24.4%	23.3%	31.7%	14.4%
DADS	30.4%	36.8%	35.4%	53.8%	23.9%
HHS System	**23.4%**	**29.0%**	**23.5%**	**38.7%**	**17.1%**

Of the total losses during fiscal year 2017, approximately 76 percent were voluntary separations and 24 percent were involuntary separations.[29] [30] Voluntary includes resignation, transfer to another agency and retirement. Involuntary includes dismissal for cause, resignation in lieu of separation, reduction in force and separation at will.[31]

Table 16: Reason for Separation

Type of Separation	Reason	Separations	Percentage[32]
Voluntary	Personal reasons	6,099	56.5%
	Transfer to another agency	930	8.6%
	Retirement	1,153	10.7%
Involuntary	Termination at Will	30	.3%
	Resignation in Lieu	206	1.9%
	Dismissal for Cause	2,321	21.5%
	Reduction in Force	6	.1%

Certain job families have significantly higher turnover than other occupational series, including medical technicians at 46.2 percent, direct care workers[33] at 43.6 percent, licensed vocational nurses (LVNs) at 29.0 percent, food service workers[34] at 28.6 percent, and social workers at 27.2 percent.[35]

Table 17: FY 17 Turnover for Significant Job Families[36]

Job Title	Average Annual Headcount	Separations	Turnover Rate
Medical Technicians	26	12	46.2%
Direct Care Workers[37]	9,968	4,343	43.6%
Licensed Vocational Nurses (LVNs)	1,086	315	29.0%
Food Service Workers[38]	1,007	288	28.6%
Social Workers	209	57	27.2%
Epidemiologists	95	24	25.3%
Social Services Surveyors	60	15	25.0%
Psychologists	242	60	24.8%
Registered Nurses (RNs)[39]	2,232	537	24.1%
Eligibility Workers[40]	6,070	1,384	22.8%
Medical Technologists	71	15	21.3%
Facility Investigator Specialists[41]	163	34	20.9%
Nurse Practitioners[42]	46	9	19.6%
CCL and RCCL Specialists[43]	422	82	19.4%
Eligibility Clerks[44]	1,360	258	19.0%
Physicians	89	16	18.0%
Registered Therapists[45]	231	36	15.6%
Inspectors[46]	148	23	15.5%
Public Health and Prevention Specialists	357	52	14.6%
Eligibility Supervisors[47]	537	73	13.6%
Microbiologists[48]	137	15	11.0%
Laboratory Technicians	53	5	9.4%
Psychiatrists	130	11	8.5%
Chemists	59	5	8.5%
Sanitarians	127	10	7.9%
Health Physicists	66	4	6.1%
Dentists	18	1	5.6%

4. Retirement Projections

Currently, about 13 percent of the HHS workforce is eligible to retire and leave state employment. About 2.5 percent of the eligible employees retire each fiscal year. If this trend continues, approximately 12.5 percent of the current workforce is expected to retire in the next five years.[49]

Table 18: HHS System Retirements - Percent of Workforce (FY 13 – FY 17)

Fiscal Year	Retirement Losses	Retirement Turnover Rate
2013	1,444	2.6%
2014	1,390	2.4%
2015	1,396	2.4%
2016	1,469	2.6%
2017	989	2.4%

Table 19: HHS System First-Time Retirement Eligible Projection (FY 17 – FY 22)

Agency	FY 17		FY 18		FY 19		FY 20		FY 21		FY 22	
HHSC	354	2.5%	464	3.2%	514	3.6%	561	3.9%	546	3.8%	592	4.1%
DADS	237	1.9%	289	2.3%	285	2.2%	355	2.8%	372	2.9%	404	3.2%
DSHS	258	2.4%	364	3.4%	331	3.0%	380	3.5%	369	3.4%	380	3.5%
Grand Total	**849**	**2.2%**	**1,117**	**3.0%**	**1,130**	**3.0%**	**1,296**	**3.4%**	**1,287**	**3.4%**	**1,376**	**3.6%**

The loss of this significant portion of the workforce 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.

This page intentionally left blank.

5. 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 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;
- Contract management skills; and
- Leadership and systems-thinking skills.

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

In addition, most management positions require program knowledge. As HHS continues to lose tenured staff, effective training will be needed to ensure that current employees develop the skills necessary to transfer into management positions.

To promote this staff development, HHS must continue to grow the skills and talents of managers as part of a plan for succession. HHS has demonstrated this belief by establishing a HHS Leadership Academy, a formalized interagency training and mentoring program that provides opportunities to enhance the growth of high-potential managers as they take on greater responsibility in positions of leadership. The primary goals of the academy are to:

- prepare managers to take on higher and broader roles and responsibilities;
- provide opportunities for managers to better understand critical management issues;
- provide opportunities for managers to participate and contribute while learning; and
- create a culture of collaborative leaders across the HHS system.

Through this planned development of management skills and the careful selection of qualified staff, HHS will continue to meet the challenges posed by increased retirements.

6. Environmental Assessment

The Texas Economy

In 2011, the Texas economy emerged from the worldwide recession. Pre-recession Texas employment peaked at 10,639,900 jobs in 2008, a level that was surpassed by November of 2011. By January 2016, Texas added an additional 1,322,600 jobs.[50]

Texas added jobs at a 2.4 percent rate in 2017, ranking number four in the nation after falling below the national average in 2015 and 2016. The Federal Reserve Bank of Dallas forecasts 2018 Texas job growth of 2.8 percent. This continued economic recovery could have a profound impact on the recruitment and retention challenges facing HHS.[51]

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.

The U.S. Department of Health and Human Services defined the poverty level for 2017 according to household/family size as follows:

- $24,600 or less for a family of four;
- $20,420 or less for a family of three;
- $16,240 or less for a family of two; and
- $12,060 or less for individuals.[52]

It is estimated that 15.6 percent of Texas residents live in families with annual incomes below the poverty level. This rate is slightly higher than the national poverty rate of 12.7 percent.[53]

Unemployment

Another factor that directly impacts the demand for HHS System services is unemployment. In Texas, the August 2017 statewide unemployment rate was 4.0 percent, below the national rate of 4.4 percent.[54]

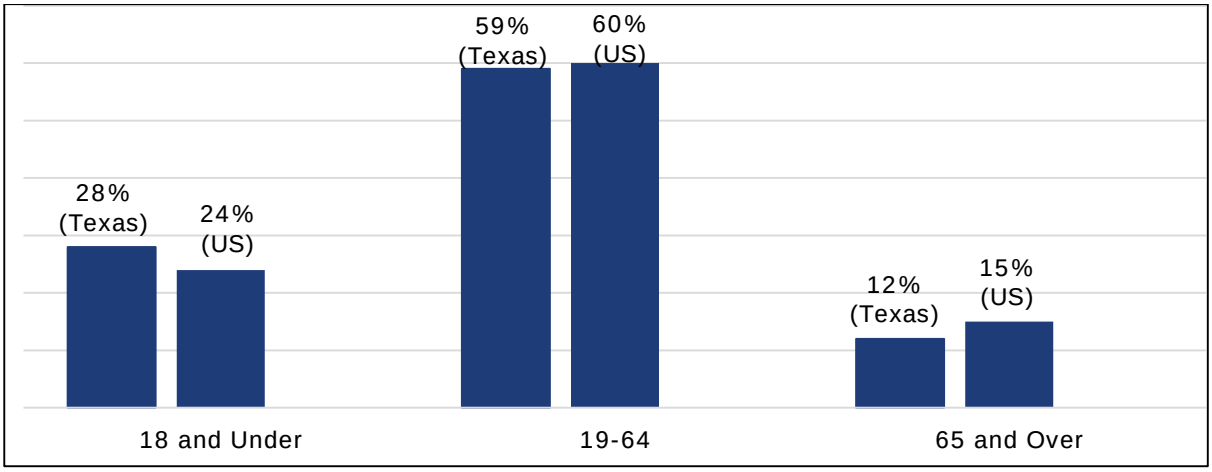
Other Significant Factors

With over 28 million residents, Texas is one of the faster growing states in the nation. In just one period, April 1, 2010 to July 1, 2017, the population of Texas

increased by more than three million, a 12.6 percent increase.[55] The Texas population is expected to continue to increase. By 2020, the Texas population is expected to reach over 30 million residents.[56]

The distribution of age groups in Texas closely mirrors that of the nation, with the largest percentage of Texas residents (59 percent) being between ages 19 to 64, followed by those 18 and under (28 percent) and those 65 and over (12 percent).[57]

Figure 10: Population Distribution by Age



Long term population projections by the Texas State Data Center estimate that by 2050, the number of persons older than age 65 will triple in size (from 2010-2050), approaching 7.9 million.[58] This projected aging of the Texas labor force may have a major impact on growth of the labor force by dramatically lowering the overall labor force participation rate.

7. Expected Workforce Challenges

HHS will need to continue to recruit and retain health and human services professionals, such as psychiatrists, physicians, psychologists, nurse practitioners, registered nurses, licensed vocational nurses, registered therapists, dentists, epidemiologists, sanitarians, health physicists, public health and prevention specialists, medical technicians and laboratory staff. 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 Eligibility Services staff, child care licensing and residential licensing specialists, facility investigator specialists, inspectors, social services surveyors, direct care workers (direct support professionals and psychiatric nursing assistants) and food service workers.

Direct Care Workers (Direct Support Professionals and Psychiatric Nursing Assistants)

There are about 8,523 direct care workers employed in HHS state hospitals and 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 patients and residents. 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 $12.55.[59]

The overall turnover rate for employees in this group is very high, at about 44 percent annually.[60] 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.

Direct Support Professionals

There are 5,697 direct support professionals in state supported living centers across Texas, representing approximately 15 percent of the System's total workforce.[61] 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 resident 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 direct support professional to become proficient in the basic skills necessary to carry out routine job duties.

Employees who perform this work must interact with residents 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 HHS direct support professional is 38 years old and has about six years of state service.[62]

Turnover for direct support professionals is very high, at about 48 percent. This is one of the highest turnover rates of any job category in the System, reflecting the loss of about 3,296 workers during fiscal year 2017. Within this job family, entry-level Direct Support Professional Is experienced the highest turnover at approximately 60 percent. Turnover rates by location ranged from 30 percent at Richmond State Supported Living Center to 63 percent at the San Angelo State Supported Living Center.[63]

The average hourly salary rate for these employees is $12.56 per hour.[64] The State Auditor's Office 2016 market index analysis found the average state salary for Direct Support Professional I and IIs to range from two to seven percent behind the market rate.[65]

Psychiatric Nursing Assistants

There are approximately 2,826 psychiatric nursing assistants employed in HHS state hospitals.[66] 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 interventions. They also have a higher potential for on-the-job injuries, both from lifting requirements and intervention during crisis situations. 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.

The work is performed in shifts throughout the day and night. The work is difficult and the pay is low. Psychiatric nursing assistants earn an average hourly wage of $12.54 per hour. The State Auditor's Office 2016 market index analysis found the average state salary for a Psychiatric Nursing Assistant I was seven percent behind the market rate.[67] [68]

The average psychiatric nursing assistant is about 38 years old and has an average of seven years of state service.[69]

Turnover for psychiatric nursing assistants is very high at about 33 percent, reflecting the loss of 1,047 workers during fiscal year 2017. Within this job family, entry-level Psychiatric Nursing Assistant Is experienced the highest turnover at 44 percent. Turnover rates by location ranged from 20 percent at Terrell State Hospital to nearly 50 percent at the Big Spring State Hospital.[70]

HHS is currently experiencing difficulty filling vacant psychiatric nursing assistant positions. Vacant positions are going unfilled for many months. Positions at the Terrell State Hospital and Austin State Hospital are remaining vacant, on average, for about five months.[71]

HHS is developing an as needed staffing pool to reduce the need for overtime as well as an Intensive Observation Unit to reduce the need for 1:1 staffing for high risk individuals.

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

Food Service Workers

HHS employs approximately 927 food service workers.[72]

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 $11.10. Turnover in food service worker positions is high, at 29 percent during fiscal year 2017.[73] The State Auditor's Office 2016 market index analysis found the average state salary for Cook IIs to be three percent behind the market rate, and food service managers ranged from zero to nine percent behind the market rate.[74]

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

Food Service Workers at State Supported Living Center

There are 595 food service workers employed in HHS state supported living centers throughout Texas.[75]

The typical food service worker is about 45 years of age and has an average of approximately 10 years of state service.[76]

Turnover in these food service worker positions is very high, at 31 percent. Turnover is at nearly 50 percent at the El Paso State Supported Living Center.[77]

Food Service Workers at State Hospitals

There are 332 food service workers employed at HHS state hospitals and centers throughout Texas.[78]

The typical food service worker is about 44 years of age and has an average of about eight years of state service.[79]

Turnover in these food service worker positions is high, at 24 percent. Turnover was nearly 45 percent at the Kerrville State Hospital.

Eligibility Services Staff

Across the state, there are about 7,487 employees supporting eligibility determinations within the System, accounting for about 20 percent of the HHS System workforce.[80]

The majority of these individuals (6,996 employees or 93 percent) are employed as Texas works advisors, medical eligibility specialists, hospital based workers, eligibility clerks and eligibility supervisors.[81]

Overall turnover for Eligibility Services Staff is higher than the state average rate (at about 21 percent), with medical eligibility specialists experiencing the highest turnover at 25 percent, followed by Texas works advisors at 23 percent and eligibility clerks at 19 percent.[82] [83]

Texas Works Advisors

There are over 4,300 Texas works advisors within HHS that make eligibility determinations for SNAP, TANF, CHIP and Medicaid for children, families and pregnant women. The typical Texas works advisor is 43 years of age and has an average of about eight years of service.[84]

Turnover for these employees is high at about 23 percent, representing a loss of 1,155 workers in fiscal year 2017. Certain regions of Texas experienced higher turnover than others, including the Metroplex at 31 percent and Upper South Texas at 31 percent. Entry-level Texas Works Advisor Is experienced the highest turnover at 49 percent.[85]

In addition, HHS has experienced difficulty finding qualified candidates for new worker positions. Due to this shortage of qualified applicants, vacant positions go

unfilled for an average of almost three months, with vacant positions in Southeast Texas remaining unfilled for an average of a little more than four months.[86]

Salary is one factor that may be contributing to the System's difficulty recruiting and retaining eligibility workers.

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

Medical Eligibility Specialists

Within HHS, there are 649 medical eligibility specialists determining financial eligibility for Medicaid for Elderly and People with Disabilities (MEPD). Medical eligibility specialists have, on average, about nine years of state service, with an average age of 43.[87]

Turnover for these employees is high at about 25 percent, representing the loss of 184 employees in fiscal year 2017. Entry-level Medical Eligibility Specialist Is experienced the highest turnover, at 48 percent.[88]

Retention of these specialists is an ongoing challenge.

Hospital Based Workers

HHS has about 270 hospital based workers stationed in nursing facilities, hospitals, and clinics rather than in eligibility offices to determine eligibility for the SNAP, TANF, CHIP and Medicaid programs. These highly-tenured workers have an average of about 14 years of state service (about 59 percent of these employees have 10 or more years of state service), with an average age of 46.[89]

Turnover for these employees is currently below the state average (of 18.6 percent) at about 15 percent.[90] [91]

Eligibility Clerks

HHS employs about 1,223 eligibility clerks in various clerical, administrative assistant and customer service representative positions. The typical eligibility clerk is 47 years of age and has an average of 11 years of state service.[92]

The turnover rate for eligibility clerks is high at about 19 percent, representing the loss of about 258 employees (a one percent higher rate than reported for fiscal year 2015).[93] [94] Eligibility Specialist Clerk IIIs made up the majority of these losses at about 73 percent, with these positions often remaining unfilled for an average of five months.[95] [96]

Recruitment and retention for these jobs are ongoing challenges.

Eligibility Supervisors

Approximately 500 eligibility supervisors are employed within HHS. These highly-tenured supervisors have an average of 18 years of state service (75 percent of these employees have 10 or more years of state service), with an average age of 48.[97]

Though turnover for these employees is well managed at about 14 percent, this represents a four percent higher turnover rate than reported for fiscal year 2015).[98] Within the next five years, nearly half of these employees will be eligible to retire.[99]

HHS will need to develop effective succession plans and creative recruitment strategies to replace these highly skilled and tenured employees.

Child Care Licensing (CCL) and Residential Child Care Licensing (RCCL) Specialists

There are 396 CCL and RCCL specialists employed within the System who monitor, investigate and inspect child day-care facilities and homes, residential child care facilities, child-placing agencies and foster homes.[100] In addition, they conduct child abuse/neglect investigations of children placed in 24-hour childcare facilities and child placing agencies licensed or certified by Residential Child Care Licensing.

The typical specialist is 38 years of age and has an average of eight years of state service. Nearly half of these employees have less than five years of state service.[101] [102]

CCL and RCCL specialist turnover is high at 19 percent.[103]

Retention of these employees is an ongoing challenge.

Facility Investigator Specialists

There are 147 facility investigator specialists employed within the System who investigate reports of abuse, neglect, and exploitation of adults and children with mental illness or intellectual, developmental, and physical disabilities. Investigations occur in a variety of settings such as facilities, group homes, and private residences. Provider investigations are completed in accordance with Texas Administrative Code and Provider Investigations policy.

The typical specialist is 38 years of age and has an average of seven years of state service. Over half of these employees have less than five years of state service.[104] [105]

Turnover for facility investigator specialists is high at about 21 percent, reflecting the loss of 34 specialists during fiscal year 2017.[106]

Retention of these employees is an ongoing challenge.

Social Services Surveyors

There are 56 social services surveyors employed with HHS.[107] HHS social services surveyors conduct surveys and complaint/incident investigations on state licensure and, when applicable, federal certification requirements for nursing facilities, assisted living facilities, Day Activity and Health Services facilities, Intermediate Care Facilities for Individuals with Intellectual Disabilities and in-patient Hospice facilities.

On average, HHS social services surveyors are 45 years old and have about nine years of state service. About 32 percent of these employees have 10 or more years of state service.[108]

The turnover rate for HHS social services surveyors is currently high at 25 percent.[109]

In addition, HHS has experienced difficulty filling vacant positions, with vacant positions often going unfilled for many months due to a shortage of qualified applicants available for work.[110] [111]

In addition, HHS may face significant recruitment challenges in the next few years to replace these skilled tenured employees who are eligible for retirement. Though only 13 percent of these employees are currently eligible to retire, this rate will increase in the next five years to nearly 30 percent.[112]

HHS will need to develop creative recruitment and strategies to replace these skilled and tenured employees.

Social Workers

There are 187 social workers employed by HHS, with the majority (99 percent) housed in state supported living centers and state hospitals across the state.[113]

Turnover for these social workers is high at 27 percent.[114]

One reason for this high turnover is the large disparity between private sector and HHS salaries. System social workers earn an average annual salary of $44,024.[115] This salary falls significantly below the market rate. The average annual salary for social workers nationally is $55,510 and $57,950 in Texas.[116] The State Auditor's

Office 2016 market index analysis found the average state salary for Social Worker Is, IIs, and IIIs ranged from two to eight percent behind the market rate.[117]

These problems are expected to worsen as employees approach retirement. While 13 percent of these employees are currently eligible to retire, this number increases to nearly 23 percent in the next five years.[118]

Social Workers at State Supported Living Centers

About 18 percent of HHS social workers (33 employees) work at state supported living centers across the state.[119] These employees serve as a liaison between the resident, legally authorized representative and others to assure ongoing care, treatment and support through the use of person-centered practices. They gather information to assess a resident's support systems and service needs, support the assessment of the resident's rights and capacity to make decisions, and assist with the coordination of admissions, transfers, transitions and discharges.

The typical social worker at these facilities is about 48 years old and has an average of 10 years of state service.[120]

The average turnover rate for these social workers is higher than the state average of 18 percent (at 35 percent), and positions often remaining unfilled for an average of eight months before being filled.[121] [122]

Social Workers at State Hospitals

There are 153 social workers at HHS state hospitals.[123] These employees are critical to managing patient flow in state hospitals and taking the lead role in communicating with patient families and community resources. Social workers provide essential functions within state hospitals that include conducting psychosocial assessments, therapeutic treatment and case coordination for individuals receiving services from HHS in-patient psychiatric hospitals and the Waco Center for Youth.

State hospital social workers are about 42 years old and have an average of 9 years of state service.[124]

The overall turnover rate for these social workers is high at around 25 percent, with the Austin State Hospital and the Waco Center for Youth experiencing turnover of more than 35 percent.[125]

Registered Therapists at State Supported Living Centers

HHS employs 213 registered therapists in state supported living centers across Texas.[126] These therapists are employed in a variety of specializations, including speech-language pathologists, audiologists, occupational therapists and physical therapists. Full staffing of these positions is critical to direct-care services.

These highly skilled employees have, on average, about eight years of state service, with an average age of 46.[127]

Though turnover for these registered therapists is below the state average at 16 percent, HHS is experiencing difficulty filling vacant positions. Positions at the Denton and San Antonio State Supported Living Centers remain unfilled for nearly one year.[128] [129] [130]

HHS may face significant recruitment challenges in the next few years to replace these highly skilled employees who will be eligible for retirement. About 11 percent of these employees are currently eligible to retire, and approximately 20 percent of them will be eligible in the next five years.[131] HHS will need to develop creative recruitment strategies to replace these highly skilled and tenured employees.

Registered Nurses (RNs)

RNs constitute one of the largest healthcare occupations. With 2.9 million jobs in the U.S., job opportunities for RNs are expected to grow faster than the average for all occupations. It is projected that there will be a need for 438,100 new RN jobs by 2026.[132] [133] [134]

The supply of nurses in Texas is still low in comparison to national numbers. The numbers of RNs per 100,000 population in Texas are below the U.S. average; LVNs are the exception in Texas, with a larger ratio of providers to population than the national ratio. It is projected that, in coming years, increased demand for health care services due to the full implementation of the Patient Protection and Affordable Care Act (PPACA) in 2014 (Holahan, Buettgens, Carroll, & Dorn, 2012), an aging population, and an increase in the prevalence of chronic disease will all contribute to the need to grow the nursing workforce.[135] The Texas nurse-to-population ratio is below the national average of 921 nurses per 100,000 people, with the state ratio being only 796 nurses per 100,000 people.[136] [137]

Although there are 118 nursing school programs across the state, most of them have more applicants than room for new students.[138]

The lack of budgeted faculty positions, the lack of qualified applicants for budgeted faculty positions, and limited classroom space impact both the number of accepted students and the number of available classes offered.

HHS employs approximately 2,059 RNs across the state, in state supported living centers, state hospitals, and in the DSHS Regional and Local Health Operations.[139] [140] 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 HHS System RNs is $59,940.[141] This salary falls below both national and state averages for these occupations. Nationally, the average annual earnings for RNs in 2016 was $72,180.[142] In Texas, the average annual earnings for RNs in 2016 was $70,390.[143] In addition, the State Auditor's Office 2016 market index analysis found the average state salary for Nurse I-IVs ranged from two to 16 percent behind the market rate and one percent behind the market rate for Public Health Nurse Is.[144] Posted vacant positions are currently taking about five months to fill.

Although, targeted pay increases (as approved by the 84th Legislature) were awarded to selected RN classifications in localities with the highest turnover rates, keeping pace with the salaries offered by the private sector remains a challenge. It is expected that recruitment and retention of nurses will continue to be a problem for the System, as the nursing workforce shortage continues and as a significant portion of System nurses approach retirement.

RNs at State Supported Living Centers

About 31 percent of System RNs (632 RNs) work at HHS state supported living centers across Texas.[145]

The typical state supported living center RN is about 47 years old and has an average of approximately eight years of state service.[146]

The turnover rate for these RNs is considered high at about 25 percent. Turnover is especially high at the Abilene State Supported Living Center (at 36 percent) and the El Paso State Supported Living Center (at 87 percent).[147]

In addition, HHS finds it difficult to fill these vacant nurse positions. At these facilities, there are always vacant nursing positions that need to be filled. With a high vacancy rate for these positions (at approximately 21 percent), RN positions often remain open for more than six months before being filled. Some facilities are experiencing even longer vacancy durations. At the Austin State Supported Living Center it takes about eight months to fill a position, while at the Corpus Christi State Supported Living Center, it takes nearly 10 months.[148] In order to provide

quality nursing care for residents, it is essential that HHS maintain the lowest vacancy rate.

RNs at State Hospitals

About 39 percent of System RNs (805 RNs) work at state hospitals across the Texas, providing frontline medical care of patients. They provide medications, primary health care and oversee psychiatric treatment.[149]

System nurses at state hospitals 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.

The typical RN at a System state hospital is about 48 years old and has an average of approximately 10 years of state service.[150]

The turnover rate for these RNs is considered high at about 26 percent. Turnover is especially high within the Texas Center for Infectious Disease (at 54 percent) and at El Paso Psychiatric Center (34 percent).[151]

At these state hospitals, there are always vacant nursing positions that need to be filled. These RN positions often remain open for about four months before being filled. Some hospitals are experiencing even longer vacancy durations. At the North Texas State Hospital and the El Paso Psychiatric Center, it takes nearly six months to fill a position.[152]

Public Health RNs

About six percent of System RNs (119 RNs) provide direct care and population-based services in the many counties in Texas that have no local health department, or where state support is needed.[153] These RNs are often the individuals who are on the frontline in the delivery of public health services to rural communities throughout the state, serving as consultants and advisors to county, local and stakeholder groups, and educating community partners. They assist in communicable disease investigation, control and prevention, and are critical to successful public health preparedness and response throughout the state.

Public Health RNs have, on average, about eight years of state service, with an average age of about 50 years.[154]

Overall turnover for these RNs is about 21 percent. Certain areas of Texas experienced higher turnover than others, including those in Public Health Region 9/10 (El Paso area) at about 33 percent and Public Health Region 2/3 (Arlington area) at 32 percent.[155]

Nurse Surveyors

There are 228 RNs employed as nurse surveyors (approximately 11 percent of System RNs). These RNs utilize their expertise to conduct surveys and complaint/incident investigations on state licensure and when applicable, federal certification requirements for nursing facilities, assisted living facilities, Day Activity and Health Services facilities, Intermediate Care Facilities for Individuals with Intellectual Disabilities and in-patient Hospice facilities.[156]

In addition to being licensed to practice as an RN by the Texas Board of Nurse Examiners, these nurses must also obtain the Surveyor Minimum Qualification (SMQT) with the first year of employment. The typical nurse surveyor is about 53 years old with approximately seven years of state service.[157]

The turnover rate is considered high at about 23 percent, and it typically takes about four months to fill a vacant position. Recruitment and retention of these RNs remains difficult due to salary constraints. This situation is expected become more problematic over time, since nearly 30 percent of these highly skilled employees will be eligible to retire from state employment in the next five years.[158]

Licensed Vocational Nurses (LVNs)

There are about 976 LVNs employed by HHS. The majority of these employees (about 99 percent) work at state hospitals and state supported living centers across Texas.[159]

About one percent work in Public Health Regions and central office program support, assisting in communicable disease prevention and control and the delivery of population-based services to individuals, families, and communities.

On average, a System LVN is 45 years old and has eight years of state service.[160]

As with RNs, the nursing shortage is also impacting the HHS' ability to attract and retain LVNs. Turnover for LVNs is currently very high at about 29 percent.[161]

Currently, the average annual salary for System LVNs during fiscal year 2017 was $39,189.60.[162] This salary falls below both national and state averages for this occupation. Nationally, the average annual earnings for licensed practical nurses and LVNs is $44,840, and $46,110 in Texas.[163] The State Auditor's Office 2016 market index analysis found the average state salary for LVN IIs and IIIs ranged from six to 11 percent behind the market rate.[164]

Although, targeted pay increases (as approved by the 84th Legislature) were awarded to selected LVN classifications in localities with the highest turnover rates, recruitment and retention remains a significant challenge.

LVNs at State Supported Living Centers

There are 514 LVNs employed at HHS state supported living centers across Texas. These LVNs are, on average, 45 years old and have an average of approximately eight years of state service.[165]

Turnover for LVNs at state supported living centers is at about 30 percent. The state supported living centers experienced the loss of 166 LVNs in fiscal year 2017. Turnover is extremely high at the El Paso State Supported Living Center (at 84 percent) and the Corpus Christi State Supported Living Center (at 45 percent).[166]

With a very high vacancy rate of about 29 percent, vacant positions often go unfilled for over six months. Some centers are experiencing even longer vacancy durations. At the Denton, Mexia, and San Angelo state supported living centers it takes about eight months to fill a position.[167]

LVNs at State Hospitals

There are approximately 454 LVNs employed at HHS state hospitals and centers across Texas.[168]

On average, a state hospital LVN is about 44 years old and has eight years of state service.[169]

Turnover for these LVNs is high at about 28 percent. Turnover is especially high at Rusk State Hospital (at 39 percent) and the San Antonio State Hospital (at 46 percent).[170]

State hospitals continue to experience difficulty in recruiting and retaining qualified staff which can be attributed to a shortage in the qualified labor pool. Market competition and budget limitations significantly constrain the ability of state hospitals to compete for available talent.

LVNs in Public Health Roles

About one percent of System LVNs (eight LVNs) work in the Public Health Regions across Texas. They have, on average, about 10 years of state service, with an average age of about 49 years.[171] The overall turnover for these LVNs is high at 31 percent.[172] Retention is expected to remain an issue as employment of LVNs is projected to grow 12 percent by the year 2026, faster than the average for all occupations and budgetary limitations will continue to make it difficult for the System to offer competitive salaries.[173]

Nurse Practitioners

HHS employs 44 nurse practitioners throughout the System. Under the supervision of a physician, 43 of these nurse practitioners are responsible for providing advanced medical services and clinical care to individuals at state hospitals and those who reside in state supported living centers across Texas.[174]

These highly skilled employees have, on average, about 10 years of state service, with an average age of 51. Over 40 percent of these employees have 10 years or more of state service.[175]

System nurse practitioners earn an average annual salary of $111,471.60.[176] This salary falls slightly below the market rate. The State Auditor's Office 2016 market index analysis found the average state salary for nurse practitioners ranged from three to seven percent behind the market rate.[177]

The turnover rate for nurse practitioners is about 19 percent, and the vacancy rate is high at 24 percent, with positions remaining vacant for an average of about nine months.[178] [179]

About 18 percent of nurse practitioners are currently eligible to retire, with this number increasing to 30 percent in the next five years. HHS will need to develop creative recruitment strategies to replace these highly skilled and tenured employees.[180]

Nurse Practitioners at State Supported Living Centers

HHS employs 14 nurse practitioners at state supported living centers across Texas.[181] These highly skilled employees have, on average, about six years of state service, with an average age of 53.[182]

The overall turnover rate for these nurse practitioners is high at about 34 percent.[183]

With a high vacancy rate of 22 percent, vacant positions at state supported living centers go unfilled for over four months before being filled.[184]

Due to the continuing short supply and high demand for these professionals, HHS will need to develop creative recruitment strategies to replace these employees.

Nurse Practitioners at State Hospitals

HHS employs 29 nurse practitioners at state hospitals across Texas.
These highly skilled employees have, on average, about 12 years of state service, with an average age of 51.[185]

Though turnover for these state hospital employees is currently low at about 13 percent, positions are often remaining unfilled for months.[186] [187]

About 21 percent of these highly skilled employees are currently eligible to retire. This number will increase to nearly 30 percent retirement eligibility in the next five years, making recruitment and retention for these jobs an ongoing challenge for the System.[188]

Dentists at State Supported Living Centers

The demand for dentists nationwide is expected to increase as the overall population ages. Employment of dentists is projected to grow by 19 percent through 2026.[189]

The System employs a total of 29 dentists across the state.[190] Of the 29 dentists employed by the System, over half (59 percent) provide advanced dental care and treatment for residents living at the HHS supported living centers across Texas. The typical dentist at these facilities is about 53 years old and has an average of 11 years of state service.[191]

Although turnover for these dentists is only about six percent, the state supported living centers still face challenges competing with private sector salaries to fill current vacancies.

It is anticipated that HHS will face significant recruitment challenges in the next few years to replace these highly skilled employees who will be eligible for retirement. About 29 percent of these employees are currently eligible to retire, and this number will increase to about 47 percent in the next five years.[192]

Physicians

There are currently about 372,400 active physicians and surgeons across the country. Due to the increased demand for healthcare services by the growing and aging population, employment of physicians is projected to grow about 13 percent by 2026, faster than the average for all occupations.[193] [194]

HHS employs 87 physicians, with majority (90 percent) employed in HHS state supported living centers, state hospitals and in Public Health Regions.[195]

These highly skilled employees have, on average, about 10 years of state service, with an average age of 57. Over 30 percent of these employees have more than 10 years or more of state service.[196]

System physicians are currently earning an average annual salary of $186,817.20.[197] This salary is below the average wage paid nationally ($205,560) and also lower than the Texas average of $207,750.[198] The State Auditor's Office 2016 market index analysis found the average state salary for Physician IIs to be 14 percent behind the market rate.[199]

Turnover for these physicians is at 18 percent. In addition, the vacancy rate is at 18 percent, with positions remaining vacant for an average of about nine months.[200] [201]

About 28 percent of these highly skilled and tenured employees are currently eligible to retire, with this number increasing to 40 percent in the next five years.[202]

Physicians at State Supported Living Centers

There are 38 physicians working at state supported living centers across Texas.[203] Full staffing of these positions is critical to direct-care services.

These physicians have, on average, about nine years of state service, with an average age of 57. 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.

Turnover for these physicians is at 18 percent.[204]

To deal with recruitment and retention difficulties, HHS 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. Aside from being more costly, the System has experienced other problems with contracted physicians, including a lengthy learning curve, difficulty in obtaining long-term commitments, difficulty in obtaining coverage, dependability and consistent services levels due to their short-term commitment.

To meet the health needs of individuals residing in state supported living centers, it is critical that HHS recruit and retain qualified physicians. However, due to the short supply and large demand, state supported living centers are experiencing difficulty hiring physicians. With a high vacancy rate of 22 percent, positions are remaining unfilled for an average of eight months.[205]

Physicians at State Hospitals

There are currently 30 physicians at HHS who are providing essential medical care in state hospitals.[206] 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 System'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.

These physicians have, on average, about 13 years of state service, with an average age of about 57. Local physicians who have established long term private practices often apply as physicians at state hospitals late in their working career to secure retirement and insurance benefits, contributing to the high overall age. Only 11 full-time physicians are under 50 years of age.[207]

Turnover for these physicians is about 16 percent.[208]

With a vacancy rate of about 19 percent, it takes about 10 months to fill a state hospital physician position with someone who has appropriate skills and expertise.[209]

In addition, HHS may face significant challenges in the next few years to replace those employees who are eligible for retirement. About 37 percent of these highly skilled and tenured employees are currently eligible to retire. Within five years, about 47 percent will be eligible to retire. If these employees choose to retire, the HHS would lose some of the most experienced medical personnel – those with institutional knowledge and skills that will be difficult to match and even harder to recruit.[210]

Recruitment of qualified candidates, as well as retention of these highly skilled and knowledgeable employees, continues to be a challenge for the System.

Compensation levels will 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 HHS electronic equipment and clinical practices, as well as familiarity with the patient population, is more productive and cost-effective.

Physicians in Public Health Roles

There are 10 HHS physicians performing public health services.[211] Physicians serving in public health roles in Public Health Regions and Central Office act as state and regional consultants and advisors to county, local, hospital, and stakeholder groups, and provide subject matter expertise on programs and services. These physicians provide public health services that are essential to the provision of direct

clinical services in areas of the state where local jurisdictions do not provide services in communicable disease control and prevention and population-based services.

Physicians serving in Public Health Regions initiate treatment of communicable diseases; refer, prescribe medication, and monitor treatment. They oversee infectious disease investigation, control, and prevention efforts regionally, and provide direction for public health preparedness and response centrally and in the Public Health Regions. Some of the physicians who serve as Regional Directors are required by statute to also serve as the Local Health Authority (LHA) in counties that do not have a designated LHA. As such, they enforce laws relating to public health; establish, maintain and enforce quarantines; and report the presence of contagious, infectious, and dangerous epidemic diseases in the health authority's jurisdiction. As Regional Medical Directors, physicians in Public Health Regions serve as community leaders and conveyors of health-related organizations and individuals for the purpose of improving the health of all Texans.

These physicians are, on average, about 52 years old, with an average of about 10 years of state service.[212]

Turnover for these positions is very high at about 40 percent.[213]

Currently, 30 percent of these physicians are eligible to retire, with the number employees eligible to retire increasing to 40 percent in the next five years. HHS will need to develop creative recruitment strategies to replace these highly skilled employees.[214]

Psychiatrists

There are currently about 28,000 psychiatrists nationwide. Increased demand for healthcare services by the growing and aging population is expected to result in a 12 percent rate of growth by 2026.[215]

HHS employs 128 psychiatrists throughout the System, with the majority of these psychiatrists (about 84 percent) employed in state hospitals across Texas.[216] These highly skilled and tenured employees have, on average, about 12 years of state service, with an average age of 53.[217]

System psychiatrists currently earn an average annual salary of $225,415.[218] The State Auditor's Office 2016 market index analysis found the average state salary for Psychiatrist IIs to be 10 percent behind the market rate.[219]

Turnover for System psychiatrists is currently at about nine percent. The vacancy rate is very high at about 19 percent, with positions remaining vacant for an average of about nine months.[220] [221]

About 27 percent of these highly skilled and tenured employees are currently eligible to retire, with this number increasing to 43 percent in the next five years.[222]

To address these difficulties, HHS may consider increasing entry-level salaries for psychiatrists and for currently employed psychiatrists in the upcoming fiscal years.

Psychiatrists at State Supported Living Centers

There are 19 psychiatrists assigned to state supported living centers and 16 are in senior-level Psychiatrist III positions. Full staffing of these positions is critical to providing psychiatric services needed by residents.[223]

These Psychiatrists IIIs have, on average, about eight years of state service, with an average age of 51.[224]

With a high vacancy rate of 20 percent, vacant positions in state supported living centers go unfilled for about one year (Mexia State Supported Living Center has a very high vacancy rate of 80 percent and positions go unfilled for about a year).[225] Many of the postings and advertisements for these vacant positions result in no responses from qualified applicants.

To deal with these recruitment and retention difficulties, HHS 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 $108 paid to System psychiatrists at state supported living centers).[226] Aside from being more costly, HHS has experienced other problems with contracted psychiatrists, including a lengthy learning curve, difficulty in obtaining long-term commitments, 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 HHS fill all budgeted psychiatrist positions and effectively recruit and retain qualified psychiatrists.

Psychiatrists at State Hospitals

There are currently 107 System psychiatrists providing essential medical and psychiatric care in state hospitals.[227] Of these 107 psychiatrists, the Psychiatrist IIs and Psychiatrist IIIs have been identified as especially difficult to recruit and retain at the state hospitals. These highly skilled employees take the lead role in diagnosing, determining a course of treatment, prescribing medications and monitoring patient progress.

These psychiatrists have, on average, about 12 years of state service, with an average age of 53. About 51 percent of these employees have 10 or more years of service.[228]

Annual turnover for these psychiatrists is about 10 percent. Big Spring State Hospital reported the highest state hospital turnover rate of about 27 percent.[229] With an overall high vacancy rate of about 19 percent, most vacant psychiatrist positions go unfilled for months.[230] At some state hospitals, these positions remain vacant for over nine months (at the Terrell, Rio Grande, and North Texas state hospitals). These challenges are expected to continue, as about 27 percent of these highly skilled and tenured employees are currently eligible to retire, and may leave at any time. Within five years, this number will increase to 44 percent.[231]

State hospitals face increasing difficulty in recruiting qualified psychiatrists. This has resulted in excessively high workloads for the psychiatrists on staff, reducing the ability of state hospitals to function at full capacity, placing hospital accreditation at risk and increasing the average length of patients' stay.

To deal with these recruitment difficulties, the System 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 $107 paid to psychiatrists at state hospitals).[232] 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 HHS 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

There are 219 psychologists in HHS, with the majority (98 percent) employed in state supported living centers and state hospitals across the state.[233]

System psychologists earn an average annual salary of $59,341.[234] This salary falls below the market rate. The State Auditor’s Office 2016 market index analysis found the average state salary for Psychologist Is to be four percent behind the market rate and Psychologist IIs to be eight percent behind the market rate.[235]

Turnover for these psychologists is high at 25 percent, with psychologist positions often remaining unfilled for several months before being filled.[236] [237]

Psychologists at State Supported Living Centers

About 76 percent of HHS psychologists (167 employees) work at state supported living centers across Texas. These employees participate in quality assurance and quality enhancement activities related to the provision of psychological and behavioral services to state supported living center residents; provide consultation and technical assistance to individuals with cognitive, developmental, physical and health related needs; implement and evaluate behavioral support plans; review the use of psychotropic medication in treating behavior problems; perform chart reviews; and perform observations and assessments relevant to the design of positive interventions and supports for residents.[238]

The typical psychologist at these facilities is about 42 years old and has an average of eight years of state service.[239]

Turnover for these psychologists is high at about 28 percent, reflecting the loss of about 52 workers during fiscal year 2017. Turnover rates by location ranged from 11 percent at the Lufkin State Supported Living Center to 58 percent at the Austin State Supported Living Center.[240]

With a high vacancy rate for these positions (at approximately 19 percent), psychologist positions often remain open for months before being filled. At the Denton State Supported Living Center, positions have remained vacant for an average of six months.[241]

Psychologists at State Hospitals

There are 47 psychologists working at HHS state hospitals, with about 62 percent employed in Psychologist II positions.[242] Full staffing of these positions is critical to providing needed psychological services to patients.

State hospital 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 10 years of state service, with an average age of 46.[243]

Turnover for these psychologists is high about 15 percent. Rusk State Hospital experienced the highest turnover at 44 percent.[244]

The vacancy rate for these positions is very high, at about 19 percent, with positions often remaining unfilled for over 10 months.[245]

HHS may face significant recruitment challenges in the next few years, as 17 percent of these highly skilled and tenured employees are currently eligible for retirement, and may leave HHS at any time.[246]

It is critical that HHS fills all budgeted state hospital psychologist positions and is able to effectively recruit and retain qualified psychologists.

Epidemiologists

HHS employs 84 full-time 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.[247] They provide critical functions during disasters and pandemics and other preparedness and response planning.

Nationally, there is a shortage of epidemiologists.[248] [249] Although epidemiology is known as the core science of public health, epidemiologists comprise less than one percent of all public health professionals.[250] As of May 2016, there were approximately 6,100 epidemiologist jobs in the U.S., with a projected job growth rate of 8.8 percent by 2026.[251]

On average, System epidemiologists have about eight years of state service, with an average age of approximately 38 years.[252]

Turnover for System epidemiologists is currently high, at about 25 percent, well above the state average turnover rate of 18.6 percent.[253] [254] This rate is much higher for entry-level Epidemiologist Is, at 39 percent. When the level of on-the-job experience needed to adequately perform the job is considered, this high turnover rate is of special concern. It takes, on average, a year for a new epidemiologist to learn his or her job. Several years are required to develop the specialized expertise required of senior epidemiologists to support the state and protect public health. With an extremely high vacancy rate of 24 percent, HHS is currently experiencing difficulty filling vacant epidemiologist positions. Vacant positions are going unfilled for many months due to a shortage of qualified applicants available for work.[255] Low pay is a contributing factor in the inability to attract qualified epidemiologist applicants. System epidemiologists are currently earning an average annual salary of $59,321.[256] This salary is significantly below the average wage paid nationally ($77,720), and also lower than the Texas average of $88,600.[257]

In addition, HHS may face significant recruitment challenges in the next few years to replace these highly skilled employees who are eligible for retirement. Though only eight percent of these employees are currently eligible to retire, this rate will increase in the next five years to 18 percent.[258]

HHS will need to closely monitor this occupation due to the nationally non-competitive 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).[259]

There are 122 sanitarians employed with HHS.[260] HHS registered sanitarians 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. System 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, HHS sanitarians are 46 years old and have about 10 years of state service. About 40 percent of these employees have 10 or more years of state service.[261]

Though the turnover rate for HHS sanitarians is currently low at about eight percent, HHS has experienced difficulty filling vacant positions, with vacant positions often going unfilled for many months due to a shortage of qualified applicants available for work.[262] [263]

Historically, HHS 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 (in addition to 18 hours of continuing education units annually) has made it increasingly difficult to find qualified individuals.

With 20 percent of sanitarians currently eligible to retire, and 30 percent eligible to retire in the next five years, HHS will need to develop creative recruitment strategies to replace these skilled and highly tenured employees.[264]

Inspectors

There are 141 inspectors employed with the HHS Division of Consumer Protection in the Meat Safety Assurance (MSA).[265] Throughout the state of Texas, these inspectors perform complex inspections, investigations and quality assurance reviews at establishments with a State permit/license to perform livestock slaughter and/or meat/poultry processing operations.

The average inspector of these inspectors is about 46 years old and has about 10 years of state service. About 38 percent of these employees have 10 or more years of state service.[266]

Though the turnover rate for HHS Division of Consumer Protection inspectors is currently below the state turnover rate of 18.6 percent (at 16 percent), HHS has experienced difficulty filling vacant positions, with vacant positions often going unfilled for months due to a shortage of qualified applicants available for work.[267] [268]

Historically, HHS has faced special challenges retaining trained inspectors due to salaries that are not competitive with comparable positions at the US Department of Agriculture. Currently, the average annual salary for HHS Division of Consumer Protection inspectors during fiscal year 2017 was $38,830, though the majority of these inspectors (70 percent) were Inspector IVs making $35,010. Nationally, the average annual earnings for agricultural inspectors was $44,260, and $48,030 in Texas. The State Auditor's Office 2016 market index analysis found the average state salary for Inspector IVs was six percent behind the market rate.[269]

With 17 percent of these inspectors currently eligible to retire, and 30 percent eligible to retire in the next five years, HHS will need to develop creative recruitment and retention strategies to retain and replace these highly skilled employees.[270]

Health Physicists

Another profession currently experiencing national shortages is the health physicist profession.

Within HHS, there are 64 health physicists, all employed within the Division for Consumer Protection.[271] These employees plan and conduct complex and highly advanced technical inspections of industrial x-ray units, general medical diagnostic x-ray units, fluoroscopic units, mammographic units, C-Arm units, radiation therapy equipment, and laser equipment to assure user's compliance with applicable State and Federal regulations.

HHS health physicists have, on average, 13 years of state service, with an average age of 51 years. Over 50 percent of these employees have 10 or more years of state service.[272]

HHS health physicists earn an average annual salary of $59,437, which is below the average wage paid nationally ($72,480), and also lower than the Texas average of $73,900.[273] [274]

Though the turnover for health physicists is currently well managed at six percent, vacant positions often go unfilled for many months due to a shortage of qualified applicants available for work.[275] [276]

With 27 percent of health physicists at HHS currently eligible to retire, and about 44 percent eligible to retire in the next five years, HHS will need to develop creative recruitment strategies to replace these highly skilled and tenured employees.[277]

Public Health and Prevention Specialists

Within HHS, there are 335 public health and prevention specialists, with the majority of these employees (91 percent) employed at DSHS.[278]

These employees provide technical consultation to local health departments, human and animal health care professionals, government officials, community action groups, and others on a number of public health areas, including the treatment, prevention and control of zoonotic diseases, rabies risk assessment, and animal control; providing population-based services toward improving access to care for children and pregnant women, promoting breastfeeding, increasing parent-completed developmental screenings, reducing feto-infant mortality and preventing child fatalities; and providing technical assistance and instruction in cancer reporting methods.

HHS public health and prevention specialists have, on average, 11 years of state service, with an average age of 46 years. Forty-five percent of these employees have 10 or more years of state service.[279]

While overall turnover for public health and prevention specialists at 15 percent is slightly below the state average rate of 18.6 percent,[280] certain areas within HHS are experiencing significantly higher turnover rates, including Public Health Region 9/10 in the El Paso area (at 23 percent), the Division for Consumer Protection (at 19 percent), and Public Health Region 2/3 in the Arlington area (at 19 percent).[281]

In addition, HHS finds it difficult to fill these vacant public health and prevention specialist positions. With a high vacancy rate for these positions (at approximately

13 percent), these positions often remain open for more than six months before being filled.[282]

Retention is expected to remain an issue as these employees approach retirement. Fifteen percent of public health and prevention specialists currently eligible to retire, and over 30 percent eligible to retire in the next five years.[283]

Medical Technicians

Within HHS, there are 21 medical technicians.[284] These workers assist nursing staff with age appropriate patient care, which includes providing patients personal hygiene; making beds and assisting with preparation of units and patients rooms for receiving new patients; taking vital signs; obtaining specimens; cleaning patient care equipment; and transporting patients to and from various departments.

Over half of these works are employed at the Texas Center of Infectious Disease (TCID), with the remaining employees employed at HHS state hospitals and state supported living centers across Texas.

System medical technicians have, on average, about 10 years of state service, with an average age of 48 years. About 29 percent of these employees have 10 or more years of state service.[285]

The turnover rate for all System medical technicians is currently very high at 46 percent. This rate is much higher for entry-level Medical Technician Is at TCID (at 73 percent).[286] [287]

The vacancy rate for System medical technicians is currently high at about 13 percent, with TCID experiencing a 21 percent vacancy rate.[288]

HHS medical technicians earn an average annual salary of $27,526. The State Auditor's Office 2016 market index analysis found the average state salary for medical technicians ranged from two to four percent behind the market rate.[289] This disparity may be affecting HHS' ability to recruit qualified applicants for open positions.

Though only 10 percent of these employees are currently eligible to retire, about 20 percent of these employees will be eligible in the next five years. HHS will need to develop creative recruitment strategies to replace these employees, and to ensure a qualified applicant pool is available to select from as vacancies occur.[290]

Laboratory Staff

HHS 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 HHS state hospitals and 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.

Targeted recruitment and retention strategies are used to ensure that HHS laboratories have enough staff to meet HHS 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. To further address these difficulties, HHS may consider increasing entry-level salaries for new laboratory staff to better compete with private sector salaries.

Chemists

There are 55 chemists employed in the HHS Division for Laboratory and Infectious Disease Services, all located in Austin.[291]

The typical System chemist is about 47 years old and has an average of about 13 years of state service. Nearly half of the employees have 10 years or more of state service.[292]

While the overall turnover rate for System chemists is well managed at about nine percent annually, Chemist Is experienced a 37 percent turnover rate, well above the state average turnover rate of 18.6 percent.[293] [294]

The vacancy rate for System chemists is currently high at about 13 percent, with vacant positions often going unfilled for many months due to a shortage of qualified applicants available for work.[295] These vacancy problems are expected to worsen as employees approach retirement. Nearly 20 percent of these tenured and highly skilled employees are currently eligible to retire.[296]

Low pay is a factor in the inability to attract qualified chemist applicants. System chemists earn an average annual salary of about $47,837.[297] The State Auditor's Office 2016 market index analysis found the average state salary for chemists ranged from one to four percent behind the market rate.[298] The average annual salary for chemists nationally is $80,820 and $76,280 in Texas.[299]

Microbiologists

There are 132 microbiologists working for HHS, with the majority at the Austin laboratory.[300] [301]

System microbiologists have, on average, about 11 years of state service, with an average age of about 41 years.[302]

The turnover rate for all System microbiologists is below the state average rate of 18.6 percent at about 11 percent. This rate is much higher for entry-level Microbiologist Is (at 26 percent).[303] [304]

System microbiologists earn an average annual salary of about $44,496.[305] The State Auditor's Office 2016 market index analysis found the average state salary for Microbiologist IIs was 10 percent behind the market rate and one percent behind the market rate for Molecular Biologist IIs.[306] This average annual salary also falls below the national and statewide market rates for this occupation. The average annual salary for microbiologists nationally is $76,850 and $56,650 in Texas.[307] This disparity in earnings is affecting the System's ability to recruit qualified applicants for open positions. Microbiologist positions often remain unfilled for several months.[308]

In addition, HHS may face significant recruitment challenges in the next few years to replace these highly skilled and tenured employees who are eligible for retirement. Though only 13 percent of these employees are currently eligible to retire, this rate will increase in the next five years to 24 percent.[309]

Laboratory Technicians

The laboratory technician profession is currently experiencing national shortages.[310]

There are 50 laboratory technicians employed at HHS.[311]

The typical laboratory technician is about 44 years old and has an average of 12 years of state service.[312]

The turnover rate for System laboratory technicians is low at only nine, though turnover for entry-level laboratory technicians is much higher at 18 percent.[313]

The vacancy rate for System laboratory technicians is currently high at about 12 percent, with vacant positions often going unfilled for many months due to a shortage of qualified applicants available for work.[314]

Low pay is a factor in the inability to attract qualified laboratory technician applicants. HHS laboratory technicians earn an average annual salary of about $31,390.[315] The average annual salary for medical and clinical laboratory

technicians nationally is $41,700 and $40,060 in Texas.[316] The State Auditor's Office 2016 market index analysis found the average state salary for Laboratory Technician IIs and IIIs ranged from 10 to 18 percent behind the market rate.[317] These problems are expected to worsen as employees approach retirement. Over a quarter of these tenured and highly skilled employees will be eligible to retire in the next five years.[318]

Medical Technologists

Within HHS, there are 66 medical technologists.[319] These workers perform complex clinical laboratory work and are critical to providing efficient and quality healthcare.

System medical technologists have, on average, about 10 years of state service, with an average age of 43 years. About 49 percent of these employees have 10 or more years of state service.[320]

The turnover rate for all System medical technologists is currently high at 21 percent. This rate is much higher for entry-level Medical Technologist IIs (at 35 percent).[321] [322]

The vacancy rate for System medical technologists is currently high at about 14 percent, with vacant positions often going unfilled for many months due to a shortage of qualified applicants available for work.[323]

HHS medical technologists earn an average annual salary of $43,120, which is below the average wage paid nationally ($62,440), and also lower than the Texas average of $59,390.[324] [325] In addition, the State Auditor's Office 2016 market index analysis found the average state salary for medical technologists ranged from zero to 16 percent behind the market rate.[326] This disparity is affecting HHS' ability to recruit qualified applicants for open positions.

Though only 12 percent of these employees are currently eligible to retire, over a quarter of these employees will be eligible in the next five years. HHS will need to develop creative recruitment strategies to replace these highly skilled and tenured employees, and to ensure a qualified applicant pool is available to select from as vacancies occur.[327]

This page intentionally left blank.

8. Development Strategies To Meet Workforce Needs

Recruitment Strategies

General Facility Strategies

- Use updated web content, social media strategies, and community outreach to re-brand the public image of the facilities through various means to dispel preconceived notions of our systems.
- Conduct new market rate analysis of PNA, DSP, LVN and RN salaries in order to track private industry standards and competition.
- Expand internships and residency programs offered at the facilities.
- Development of Academic Assignment and Dual Employment agreements with universities to attract licensed professional staff.
- Expand telemedicine for primary care and psychiatry to allow for greater access to physicians, particularly for rural facilities.
- Survey new staff in orientation to refine best recruitment tactics for specific areas.
- Improve coordination of employment-related advertising, job postings and recruitment events across the facilities.

State Supported Living Center Strategies

- Continue to advertise employment opportunities using a variety of media sources, including social media, print advertising in local and regional newspapers, billboards, and local radio and television commercials.
- Continue to post jobs on various employment and professional websites.
- Continue to participate in major job fairs, and in some cases host on-campus job fairs.
- Continue to submit salary exception requests for approval of salary offers greater than the HHS allowable amount.
- Continue to inform applicants of available incentives such as payment of licensure fees, required training, and continued education costs for eligible positions.
- Explore contracting with universities for telemedicine to reduce dependency on contract clinicians.
- Continue recruitment efforts though established nursing programs to focus on graduating classes.
- Consider 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 physicians, psychiatrists, dentists, psychologists, nurse practitioners, registered therapists, and others for a minimum of three years.
- Review results of pilot project regarding increased LVN salaries at the San Angelo State Supported Living Center resulting in reduced need for highly paid LVN contractor staff.

State Hospital Strategies

- Continue using internet-based job postings, billboards, job fairs, professional newsletters, list serves and recruitment firms.
- Work with nurse practitioner educational programs to develop, fund and promote specialty psychiatric nurse tracks with rotations in state hospitals.
- Explore targeted recruiting and advertising efforts in states in the United States and Canada that are members of the reciprocity agreement for psychologists, which provides immediate licensure if requirements are met.
- Continue negotiations with academic social work programs to broaden hospital exposure among social work students.
- Develop partnership with Midwestern State University to allow nursing staff at North Texas State Hospital to also be faculty of the university nursing program, and develop forensic concentration for nurses who wish to specialize in this area of nursing.
- Continue with expansion of telemedicine at North Texas State Hospital – Vernon and Wichita Falls campuses, in partnership with University of Texas Health – Houston, which may reduce dependency on contracted providers and enhance the quality of the service delivery.
- Fund stipends for residency positions and promote the educational loan repayment program for eligible psychiatrists and physicians.
- Continue nursing compensation plans for eligible nurses to award merits at a regular and predictable interval.
- Request exception to HHS rules governing the hiring of licensed psychological personnel to include license-eligible applicants, with agreement that full licensing will be obtained within a certain time frame.

Public Health Strategies

- Continue advertising job postings on public health schools and professional listings, and various employment and professional websites.
- Increase networking with professional and other associations to target recruitment efforts.
- Increase the number of interns performing programmatic work to help introduce public health work as a career choice to college students.
- Establish a base salary entry point that encourages qualified applicants to apply, along with a protocol to increase compensation that is tied to ongoing training and subject matter expertise.

- Promote the benefits of state employment, including job stability, insurance, career advancement ladder and opportunities, and the retirement pension plan.
- Continue to inform appropriate applicants of available incentives (e.g., teleworking, compressed/flex schedules).
- Explore the feasibility of creating defined career paths.
- Explore improvement of starting salary structures to more closely align with federal and private employers.
- Ensure job candidates have a realistic understanding of the applied for positions.
- Encourage staff to apply for internal promotion opportunities.
- Continue to submit salary exception requests for approval of salary offers when warranted.

Other Targeted Strategies

- Inspectors:
  - Recommend creation of the Meat Science Officer classification to more closely match the skill requirements of the job and provide competitive entry-level salaries.
- Social Service Surveyors and Facility Investigator Specialists:
  - Explore a classification parity study to determine whether changes are needed to maintain a current and competitive structure which accurately reflects responsibilities and salary ranges that are equitable and competitive with the market.
- Nurse Surveyors:
  - Explore a classification parity study among nurse surveyor positions to determine whether changes are needed to maintain a current and competitive structure which accurately reflects responsibilities and salary ranges that are equitable and competitive with the market.

Retention Strategies

General Facility Strategies

- Explore opportunities for flexible work schedules, telework, mobile work and alternative officing.
- Develop a management forum and other tools to assist individuals with the technical skills transition and be successful in positions that require both technical and management skills.
- Conduct new market rate analysis of psychiatric nursing assistant (PNA), direct support professional, licensed vocational nurse, and registered nurse salaries in order to track private industry standards and competition.

- Continue promotion of the physician loan repayment program.

State Supported Living Center Strategies

- Continue paying licensure fees and required training and continuing education costs for employees whose position require them to maintain professional licensure.

State Hospital Strategies

- Continue involvement in HHS System-wide efforts to address health and human services workforce issues, including retention of staff filling essential positions and participation in leadership development opportunities.
- Continue to provide adequate training to assist employees in preparedness of their jobs and expand opportunities for cross-training.
- Continue to provide formally approved continuing education for various licensed healthcare professionals that meet requirements for credentialing and evaluate options for paying for these continuing education programs.
- Continue adjusting and approving Nursing Compensation plans every two years.
- Continue nursing compensation plans at the state hospitals to provide merits for nurses at a regular and predictable intervals.
- Continue to explore retention strategies to pilot for the food service workers.
- Develop an as needed staffing pool to reduce the need for overtime, and the Intensive Observation Units are also being developed to reduce the need for 1:1 staffing for high risk individuals.

Public Health Strategies

- Continue to offer professional development and training opportunities.
- Explore opportunities to mentor professional staff.
- Explore engaging staff in the full spectrum of cross-program activities.
- Continue to provide required training and expand opportunities for cross-training.
- Encourage the use of HHS System tuition reimbursement program.
- Establish and advertise “career paths” and other opportunities for individual advancement.
- Ensure staff have opportunities to design and conduct public health data analyses.
- Ensure staff have development plans that encourage the enhancement of data skills.
- Ensure staff have opportunities to design and conduct public health data analyses.
- Explore opportunities for flexible work schedules, telework, mobile work, and alternative offices.

- Continue to recognize and reward employees who make significant contributions.
- Encourage the use of team building and staff recognition activities.
- Continue to have programmatic and division-level all staff meetings on a regular basis to provide an opportunity for staff at all levels to have their concerns addressed and to share appropriate levels of information.
- Explore feasibility of increased funding for positions and opportunities for advancement and/or regular increases in salary.
- Consider feasibility of providing shift pay for laboratory staff who are required to work Saturdays.
- Consider feasibility of increasing the pay for technical staff positions to better compete with private sector salaries.
- Continue to ensure the workplace reflects continuous upgrades and improvements, especially in the areas of Information Technology and communication technologies.
- Continue to use educational leave for advance education programs that are supportive of the Department of State Health Services mission.
- Continue support for conference and educational symposium travel opportunities of employees.

Other Targeted Strategies

- Eligibility Staff:
  - Continue use of the QUEST Access and Eligibility Services (AES) Leadership Academy (with a developmental focus on regional staff) and the LEADS program (with a developmental focus on state office staff). Through these programs, AES provides staff with next-level leadership abilities with skills necessary to be successful within the organization. Participants in both programs receive training to develop practical skillsets they are able to use immediately in their daily job, often preparing them for promotion. Over 80 percent of the individuals graduating from one of the AES Leadership and Professional Development programs promote within a year of graduation.
  - Continue use of Hands-On Skills Training (HOST) for newly hired eligibility determination staff to bridge the conceptual gap between learning the policies and systems within the classroom, and applying that knowledge after the classroom training. HOST provides the educational framework to improve initial performance and increase retention of newly hired eligibility determination staff. HOST employs standardized schedules and materials, supplemental trainings, real-time mentoring, case reading feedback, and utilization of job-related systems and tools. HOST allows for a gradual increase in job tasks to ensure new hires leave training with the ability to confidently and successfully manage their future workload.
  - Continue use of Supervisor Basic Skills Training (SBST). The program utilizes facilitated classroom practice and structured interactive activities to build skillsets. SBST supplies new supervisors with technical skills,

critical soft-skills, and awareness of job tools and resources. Supervisors are provided a clear understanding of expectations while developing the necessary skills and knowledge to succeed.

- Microbiologists:
  - Consider reviewing current Microbiologist positions to determine if higher level Molecular Biologist positions more accurately reflect the work performed.
- Epidemiologists:
  - Consider feasibility of offering an increased number of recurring merit awards to eligible employees.
- Social Services Surveyors and Facility Investigator Specialists:
  - Explore a classification parity study to determine whether changes are needed to maintain a current and competitive structure which accurately reflects responsibilities and salary ranges that are equitable and competitive with the market.
- Child Care Licensing (CCL) and Residential Child Care Licensing Services (RCCL) Specialists:
  - Explore the development of an additional career track level to bring positions in line with similar System positions.
- Nurse Surveyors:
  - Explore a classification parity study among nurse surveyor positions to determine whether changes are needed to maintain a current and competitive structure which accurately reflects responsibilities and salary ranges that are equitable and competitive with the market.

---

[1] HHSAS Database, as of 8/31/17.
[2] HHSAS Database, as of 8/31/17. Note: DFPS was not included in the HHS System data analyzed.
[3] Direct care workers include direct support professionals and psychiatric nursing assistants.
[4] Eligibility workers includes Texas works advisors, hospital based workers and medical eligibility specialists within Access and Eligibility Services (AES).
[5] RNs include public health nurses, nurse surveyors, and direct care nurses.
[6] Food service workers include food service workers, managers and cooks.
[7] HHSAS Database, as of 8/31/17.
[8] Ibid.
[9] Ibid.
[10] Totals may not equal 100% due to rounding.
[11] Ibid.
[12] Ibid.
[13] Totals may not equal 100% due to rounding.
[14] CAPPS-HCM Database, as of 8/31/17.
[15] CLF data for underutilization percentages comes from the “Equal Employment Opportunity and Minority Hiring Practices Report Fiscal Years 2015-2016” published by the Texas Workforce Commission (TWC), October 2016. Note: CLF data from TWC did not include Para-Professionals as a job category and did not indicate if members of that category were counted as part of any other categories - as a result, it is not included in the above chart.
[16] “N/A” indicates the number of employees in these categories was too small (less than 30) to test any differences for statistical significance.
[17] HHSAS Database, as of 8/31/17.
[18] Ibid.

[19] HHSAS Database, as of 8/31/17.
[20] Totals may not equal 100% due to rounding.
[21] Ibid.
[22] Ibid.
[23] HHSAS Database, as of 8/31/17.
[24] Ibid.
[25] HHS turnover calculations do not consider interagency transfers due to legislatively mandated transfers as separations. All other interagency transfers were counted as separations, since these separations significantly impact HHS agencies.
[26] State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2016, Report No. 17-701, web page http://www.sao.texas.gov/reports/main/17-701.pdf, last accessed 4/19/18. Note: The State Auditor's Office does not consider transfers between state agencies as a loss to the state and therefore does not include this turnover in their calculations.
[27] HHSAS Database for FY 2017. Note: Legislative transfers are not considered separations.
[28] Ibid.
[29] Death accounted for .5% of separations.
[30] HHSAS Database for FY 2017.
[31] Ibid.
[32] Death accounted for .5% of separations (50 separations).
[33] Direct care workers include direct support professionals and psychiatric nursing assistants.
[34] Food service workers include food service workers, managers and cooks.
[35] HHSAS Database for FY 2017.
[36] HHSAS Database for FY 2017. Note: Legislative transfers are not considered separations.
[37] Direct care workers include direct support professionals and psychiatric nursing assistants.
[38] Food service workers include food service workers, managers and cooks.
[39] RNs include public health nurses, nurse surveyors, and direct care nurses.
[40] Eligibility workers includes Texas works advisors, hospital based workers and medical eligibility specialists within Access and Eligibility Services (AES).
[41] Job family transferred to HHS from DFPS on September 1, 2017.
[42] Nurse practitioners include nurse practitioners at state supported living centers and state hospitals.
[43] Child care licensing (CCL) and residential child care licensing (RCCL) job families transferred to HHS from DFPS on September 1, 2017.
[44] Eligibility clerks includes clerical, administrative assistant and customer service representative positions within AES.
[45] Registered therapists includes registered therapists at state supported living centers.
[46] Inspectors includes inspectors at the HHS Division of Consumer Protection.
[47] Eligibility supervisors includes supervisors within AES.
[48] Microbiologists include molecular biologists.
[49] HHSAS Database, as of 8/31/17.
[50] "Comptroller's Weekly Economic Outlook," web page: http://thetexaseconomy.org/economic-outlook/, last accessed on 5/9/16.
[51] Federal Reserve Bank of Dallas, "Thriving Texas Economy Expands Broadly," webpage: https://www.dallasfed.org/research/update/reg/2018/1801, last accessed on 4/25/18.
[52] "Annual Update of the HHS Poverty Guidelines," Federal Register (80 FR 3236), webpage: https://www.federalregister.gov/documents/2017/01/31/2017-02076/annual-update-of-the-hhs-poverty-guidelines, last accessed on 4/10/18. Note: Guidelines apply to the 48 Contiguous States and D.C.
[53] U.S. Census Bureau: State and County Quickfacts, webpage https://www.census.gov/quickfacts/fact/table/TX,US/PST045216, last accessed on 4/25/18.
[54] Bureau of Labor Statistics, seasonally adjusted unemployment rate, web page https://www.bls.gov/eag/eag.tx.htm, last accessed on 4/25/18.
[55] American Fact Finder, U.S. Census Bureau, web page: http://www.census.gov/quickfacts/table/PST045215/48, last accessed on 5/9/16.
[56] Lloyd B. Potter and Nazrul Hoque, "Texas Population Projections, 2010 to 2050," Office of the State Demographer, November 2014, web page http://osd.texas.gov/Resources/Publications/2014/2014-11_ProjectionBrief.pdf, last accessed on 4/25/18.

[57] The Kaiser Family Foundation, State Health Facts: Population by Age, based on U.S. Census Bureau's March 2017 Current Population Surveys, web page http://kff.org/other/state-indicator/distribution-by-age/, last accessed on 4/25/18. Note: Percentage totals may not equal 100 percent due to rounding.
[58] Lloyd B. Potter and Nazrul Hoque, "Texas Population Projections, 2010 to 2050," Office of the State Demographer, November 2014, web page http://osd.texas.gov/Resources/Publications/2014/2014-11_ProjectionBrief.pdf, last accessed on 4/25/18.
[59] HHSAS Database, as of 8/31/17.
[60] HHSAS Database, FY 2017 data.
[61] HHSAS Database, as of 8/31/17.
[62] Ibid.
[63] HHSAS Database, FY 2017 data.
[64] HHSAS Database, as of 8/31/17.
[65] State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2016, Report No. 17-701, web page http://www.sao.texas.gov/reports/main/17-701.pdf, last accessed 4/19/18.
[66] HHSAS Database, as of 8/31/17.
[67] Ibid.
[68] State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2016, Report No. 17-701, web page http://www.sao.texas.gov/reports/main/17-701.pdf, last accessed 4/19/18.
[69] HHSAS Database, as of 8/31/17.
[70] HHSAS Database, FY 2017 data.
[71] HHSAS Database, as of 8/31/17.
[72] HHSAS Database, as of 8/31/17. Note: Food service workers include food service workers, managers and cooks.
[73] Ibid.
[74] State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 201, Report No. 17-701, web page http://www.sao.texas.gov/reports/main/17-701.pdf, last accessed 4/19/18.
[75] HHSAS Database, as of 8/31/17.
[76] Ibid.
[77] HHSAS Database, FY 2017 data.
[78] HHSAS Database, as of 8/31/17.
[79] Ibid.
[80] Ibid.
[81] Ibid.
[82] HHSAS Database, FY 2017 data.
[83] State Auditor's Office (SAO) FY 2017 Turnover Statistics.
[84] HHSAS Database, as of 8/31/17.
[85] HHSAS Database, FY 2017 data.
[86] HHSAS Database, as of 8/31/17.
[87] Ibid.
[88] HHSAS Database, FY 2017 data.
[89] HHSAS Database, as of 8/31/17.
[90] State Auditor's Office (SAO) FY 2017 Turnover Statistics.
[91] HHSAS Database, FY 2017 data.
[92] HHSAS Database, as of 8/31/17.
[93] HHSAS Database, FY 2015 data.
[94] HHSAS Database, FY 2017 data.
[95] HHSAS Database, FY 2017 data.
[96] HHSAS Database, as of 8/31/17.
[97] Ibid.
[98] HHSAS Database, FY 2015 data.
[99] Includes return-to-work retirees. HHSAS Database, as of 8/31/17.

[100] CCL and RCCL specialists include CCL inspectors and specialists and RCCL inspectors and investigators. Note: These positions were not included in the System section of this report, since they were moved from DFPS to HHSC on September 1, 2017.
[101] HHSAS Database, as of 8/31/17.
[102] Ibid.
[103] HHSAS Database, FY 2017 data.
[104] HHSAS Database, as of 8/31/17.
[105] Ibid.
[106] HHSAS Database, FY 2017 data.
[107] HHSAS Database, as of 8/31/17.
[108] Ibid.
[109] HHSAS Database, FY 2017 data.
[110] Ibid.
[111] HHSAS Database, as of 8/31/17.
[112] Includes return-to-work retirees. HHSAS Database, as of 8/31/17.
[113] HHSAS Database, as of 8/31/17.
[114] HHSAS Database, FY 2017 data.
[115] HHSAS Database, as of 8/31/17.
[116] U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2017; last accessed on 4/23/18.
[117] State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2016, Report No. 17-701, web page http://www.sao.texas.gov/reports/main/17-701.pdf, last accessed 4/26/18.
[118] Includes return-to-work retirees. HHSAS Database, as of 8/31/17.
[119] HHSAS Database, as of 8/31/17.
[120] Ibid.
[121] State Auditor's Office (SAO) FY 2017 Turnover Statistics.
[122] HHSAS Database, FY 2017 data.
[123] HHSAS Database, as of 8/31/17.
[124] Ibid.
[125] HHSAS Database, FY 2017 data.
[126] HHSAS Database, as of 8/31/17.
[127] Ibid.
[128] State Auditor's Office (SAO) FY 2017 Turnover Statistics.
[129] HHSAS Database, FY 2017 data.
[130] HHSAS Database, as of 8/31/17.
[131] Includes return-to-work retirees. HHSAS Database, as of 8/31/17.
[132] U.S. Department of Labor, Bureau of Labor Statistics, Occupational Outlook Handbook, web page http://www.bls.gov/ooh/healthcare/registered-nurses.htm, last accessed on 4/23/18.
[133] U.S. Department of Labor, Bureau of Labor Statistics, Selected Occupational Projections Data. Period: May 2016; web page http://www.bls.gov/emp/ep_table_110.htm, last accessed on 4/23/18.
[134] Ibid.
[135] "Nursing Workforce in Texas: Demographics and Trends Report, web page http://www.dshs.texas.gov/chs/cnws/WorkforceReports/2015/2015-Demographics-and-Trends.pdf, last accessed on 4/23/18.
[136] Ibid.
[137] Texas Department of State Health Services: County Supply and Distribution Tables - Registered Nurses Web page http://www.dshs.texas.gov/chs/hprc/tables/2016/16RN.aspx, last accessed 4/23/18.
[138] Texas Board of Nursing, web page http://www.bne.state.tx.us/pdfs/education_pdfs/education_programs/ApprovedRNschools.pdf, last accessed on 4/23/18.
[139] HHSAS Database, as of 8/31/17.
[140] RNs include public health nurses.
[141] HHSAS Database, as of 8/31/17.

[142] U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2017; last accessed on 4/23/18.
[143] Ibid.
[144] State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2016, Report No. 17-701, web page http://www.sao.texas.gov/reports/main/17-701.html, last accessed 4/23/18.
[145] HHSAS Database, as of 8/31/17.
[146] Ibid.
[147] HHSAS Database, FY 2017 data.
[148] HHSAS Database, as of 8/31/17.
[149] Ibid.
[150] Ibid.
[151] HHSAS Database, FY 2017 data.
[152] HHSAS Database, as of 8/31/17.
[153] Includes RN II - Vs in public health roles and public health nurses. Note: Public health nurses are also registered nurses.
[154] HHSAS Database, as of 8/31/17.
[155] HHSAS Database, FY 2017 data.
[156] Ibid.
[157] HHSAS Database, as of 8/31/17.
[158] HHSAS Database, FY 2017 data.
[159] Includes Licensed Vocational Nurse II and III.
[160] HHSAS Database, as of 8/31/17.
[161] HHSAS Database, FY 2017 data.
[162] HHSAS Database, as of 8/31/17.
[163] U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2017; last accessed on 4/23/18.
[164] State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2016, Report No. 17-701, web page http://www.sao.texas.gov/reports/main/17-701.pdf, last accessed 4/26/18.
[165] HHSAS Database, as of 8/31/17.
[166] HHSAS Database, FY 2017 data.
[167] HHSAS Database, as of 8/31/17.
[168] Ibid.
[169] Ibid.
[170] HHSAS Database, FY 2017 data.
[171] HHSAS Database, as of 8/31/17.
[172] HHSAS Database, FY 2017 data.
[15] U.S. Bureau of Labor Statistics, Occupational Outlook Handbook, website https://www.bls.gov/ooh/healthcare/licensed-practical-and-licensed-vocational-nurses.htm#tab-6.
[173] HHSAS Database, FY 2017 data.
[15] U.S. Bureau of Labor Statistics, Occupational Outlook Handbook, website https://www.bls.gov/ooh/healthcare/licensed-practical-and-licensed-vocational-nurses.htm#tab-6.
[174] HHSAS Database, as of 8/31/17.
[175] Ibid.
[176] Ibid.
[177] State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2016, Report No. 17-701, web page http://www.sao.texas.gov/reports/main/17-701.pdf, last accessed 4/26/18. Note: For Advanced Practice Registered Nurses.
[178] HHSAS Database, FY 2017 data.
[179] HHSAS Database, as of 8/31/17.
[180] Includes return-to-work retirees. HHSAS Database, as of 8/31/17.
[181] HHSAS Database, as of 8/31/17.
[182] Ibid.
[183] HHSAS Database, FY 2017 data.

[184] HHSAS Database, as of 8/31/17.
[185] Ibid.
[186] HHSAS Database, FY 2017 data.
[187] HHSAS Database, as of 8/31/17.
[188] Ibid.
[189] U.S. Department of Labor, Bureau of Labor Statistics, Occupational Outlook Handbook, web page http://www.bls.gov/ooh/healthcare/dentists.htm, last accessed on 4/26/18.
[190] HHSAS Database, as of 8/31/17.
[191] Ibid.
[192] Includes return-to-work retirees. HHSAS Database, as of 8/31/17.
[193] U.S. Department of Labor, Bureau of Labor Statistics, Selected Occupational Projections Data, web page http://data.bls.gov/projections/occupationProj, Period: May 2016; last accessed on 4/26/18.
[194] U.S. Department of Labor, Bureau of Labor Statistics, Occupational Outlook Handbook, web page http://www.bls.gov/ooh/healthcare/physicians-and-surgeons.htm, last accessed on 4/26/18.
[195] HHSAS Database, as of 8/31/17.
[196] Ibid.
[197] Ibid.
[198] U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2016; last accessed on 4/26/18.
[199] State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2016, Report No. 17-701, web page http://www.sao.texas.gov/reports/main/17-701.pdf, last accessed 4/26/18.
[200] HHSAS Database, FY 2017 data.
[201] HHSAS Database, as of 8/31/17.
[202] Includes return-to-work retirees. HHSAS Database, as of 8/31/17.
[203] HHSAS Database, as of 8/31/17.
[204] HHSAS Database, FY 2017 data.
[205] Ibid.
[206] Ibid.
[207] Ibid.
[208] Ibid.
[209] Ibid.
[210] Includes return-to-work retirees. HHSAS Database, as of 8/31/17.
[211] HHSAS Database, as of 8/31/17.
[212] Ibid.
[213] HHSAS Database, FY 2017 data.
[214] Includes return-to-work retirees. HHSAS Database, as of 8/31/17.
[215] U.S. Department of Labor, Bureau of Labor Statistics, Selected Occupational Projections Data, web page http://data.bls.gov/projections/occupationProj, Period: May 2016; last accessed on 4/27/18.
[216] HHSAS Database, as of 8/31/17.
[217] Ibid.
[218] Ibid.
[219] State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2016, Report No. 17-701, web page http://www.sao.texas.gov/Reports/Main/17-701.pdf, last accessed 4/27/18.
[220] HHSAS Database, FY 2017 data.
[221] HHSAS Database, as of 8/31/17.
[222] Includes return-to-work retirees. HHSAS Database, as of 8/31/17.
[223] HHSAS Database, as of 8/31/17.
[224] Ibid.
[225] Ibid.
[226] Ibid.
[227] Ibid.
[228] Ibid.
[229] HHSAS Database, FY 2017 data.
[230] HHSAS Database, as of 8/31/17.

[231] Includes return-to-work retirees. HHSAS Database, as of 8/31/17.
[232] HHSAS Database, as of 8/31/17.
[233] HHSAS Database, as of 8/31/17. Note: Includes Psychologists, Behavioral Health Specialists, and Behavioral Analysts.
[234] HHSAS Database, as of 8/31/17.
[235] State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2016, Report No. 17-701, web page http://www.sao.texas.gov/Reports/Main/17-701.pdf, last accessed 4/27/18.
[236] HHSAS Database, FY 2017 data.
[237] HHSAS Database, as of 8/31/17.
[238] Ibid.
[239] Ibid.
[240] HHSAS Database, FY 2017 data.
[241] HHSAS Database, as of 8/31/17.
[242] Ibid.
[243] Ibid.
[244] HHSAS Database, FY 2017 data.
[245] HHSAS Database, as of 8/31/17.
[246] Includes return-to-work retirees. HHSAS Database, as of 8/31/17.
[247] HHSAS Database, as of 8/31/17.
[248] "2007 State Public Health Workforce Survey Results," The Association of State and Territorial Health Officials, web page http://biotech.law.lsu.edu/cdc/astho/WorkforceReport.pdf, last accessed on 4/29/16.
[249] Patricia A. Drehobl, Sandra W. Roush, Beth H. Stover, and Denise Koo, "Public Health Surveillance Workforce of the Future" Morbidity and Mortality Weekly Report (MMWR), 61(03); 25-29 (July 2012), web page http://www.cdc.gov/mmwr/pdf/other/su6103.pdf.
[250] Melissa Taylor Bell and Irakli Khodeli. "Public Health Worker Shortages," The Council of State Governments, November 2004.
[251] U.S. Department of Labor, Bureau of Labor Statistics, Selected Occupational Projections Data, web page http://data.bls.gov/projections/occupationProj, Period: May 2016; last accessed on 4/24/18.
[252] HHSAS Database, as of 8/31/17.
[253] HHSAS Database, FY 2017 data.
[254] State Auditor's Office (SAO) FY 2017 Turnover Statistics.
[255] HHSAS Database, as of 8/31/17.
[256] Ibid.
[257] U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2017; last accessed on 4/23/18.
[258] Includes return-to-work retirees. HHSAS Database, as of 8/31/17.
[259] Patricia A. Drehobl, Sandra W. Roush, Beth H. Stover, and Denise Koo, "Public Health Surveillance Workforce of the Future" Morbidity and Mortality Weekly Report (MMWR), 61(03); 25-29 (July 2012), web page http://www.cdc.gov/mmwr/pdf/other/su6103.pdf.
[260] HHSAS Database, as of 8/31/17.
[261] Ibid.
[262] HHSAS Database, FY 2017 data.
[263] HHSAS Database, as of 8/31/17.
[264] Includes return-to-work retirees. HHSAS Database, as of 8/31/17.
[265] HHSAS Database, as of 8/31/17.
[266] Ibid.
[267] HHSAS Database, FY 2017 data.
[268] HHSAS Database, as of 8/31/17.
[269] State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2016, Report No. 17-701, web page http://www.sao.texas.gov/reports/main/17-701.pdf, last accessed 4/19/18.
[270] Includes return-to-work retirees. HHSAS Database, as of 8/31/17.
[271] HHSAS Database, as of 8/31/17.
[272] Ibid.

[273] HHSAS Database, as of 8/31/17.
[274] U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2017; last accessed on 4/23/18. Note: The Employees are listed under the Occupational title of Occupational Health and Safety Specialists.
[275] State Auditor's Office (SAO) FY 2013 Turnover Statistics.
[276] HHSAS Database, FY 2017 data.
[277] Includes return-to-work retirees. HHSAS Database, as of 8/31/17.
[278] HHSAS Database, as of 8/31/17.
[279] Ibid.
[280] State Auditor's Office (SAO) FY 2017 Turnover Statistics.
[281] HHSAS Database, FY 2017 data.
[282] HHSAS Database, as of 8/31/17.
[283] Includes return-to-work retirees. HHSAS Database, as of 8/31/17.
[284] HHSAS Database, as of 8/31/17.
[285] Ibid.
[286] State Auditor's Office (SAO) FY 2017 Turnover Statistics.
[287] HHSAS Database, FY 2017 data.
[288] HHSAS Database, as of 8/31/17.
[289] State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2016, Report No. 17-701, web page http://www.sao.texas.gov/reports/main/17-701.pdf, last accessed 4/19/18.
[290] Includes return-to-work retirees. HHSAS Database, as of 8/31/17.
[291] HHSAS Database, as of 8/31/17.
[292] Ibid.
[293] HHSAS Database, FY 2017 data.
[294] State Auditor's Office (SAO) FY 2017 Turnover Statistics.
[295] HHSAS Database, as of 8/31/17.
[296] Includes return-to-work retirees. HHSAS Database, as of 8/31/17.
[297] HHSAS Database, as of 8/31/17.
[298] State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2016, Report No. 17-701, web page http://www.sao.texas.gov/reports/main/17-701.pdf, last accessed 4/19/18.
[299] U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2017; last accessed on 4/23/18.
[300] Microbiologists include molecular biologists.
[301] HHSAS Database, as of 8/31/17.
[302] Ibid.
[303] State Auditor's Office (SAO) FY 2017 Turnover Statistics.
[304] HHSAS Database, FY 2017 data.
[305] HHSAS Database, as of 8/31/17.
[306] State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2016, Report No. 17-701, web page http://www.sao.texas.gov/reports/main/17-701.pdf, last accessed 4/19/18.
[307] U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2017; last accessed on 4/23/18.
[308] HHSAS Database, as of 8/31/17.
[309] Includes return-to-work retirees. HHSAS Database, as of 8/31/17.
[310] Bill Malone, "May 2011 Clinical Laboratory News: Trends in Recruitment and Retention" Clinical Laboratory News, 37(5) (May 2011).
[311] HHSAS Database, as of 8/31/17.
[312] Ibid.
[313] HHSAS Database, FY 2017 data.
[314] HHSAS Database, as of 8/31/17.
[315] Ibid.

[316] U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2017; last accessed on 4/23/18.
[317] State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2016, Report No. 17-701, web page http://www.sao.texas.gov/reports/main/17-701.pdf, last accessed 4/19/18.
[318] HHSAS Database, FY 2017 data.
[319] HHSAS Database, as of 8/31/17.
[320] Ibid.
[321] State Auditor's Office (SAO) FY 2017 Turnover Statistics.
[322] HHSAS Database, FY 2017 data.
[323] HHSAS Database, as of 8/31/17.
[324] Ibid.
[325] U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2017; last accessed on 4/23/18. Note: The Employees are listed under the Occupational title of Medical and Clinical Laboratory Technologists.
[326] State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2016, Report No. 17-701, web page http://www.sao.texas.gov/reports/main/17-701.pdf, last accessed 4/19/18.
[327] Includes return-to-work retirees. HHSAS Database, as of 8/31/17.

Schedule F.2: Texas Workforce System Strategic Plan

In the planning period of 2019–2023, none of the agencies in the Health and Human Services System will have a direct role in the Texas Workforce System Strategic Plan prepared by the Texas Workforce Investment Council. The Department of Assistive and Rehabilitative Services participated in the past, and these functions were transferred, in accordance with Senate Bill 208, 84th Legislature, Regular Session, 2015, to the Texas Workforce Commission on September 1, 2016:

- Vocational Rehabilitation
- Independent Living Services for Older Individuals Who Are Blind
- The Criss Cole Rehabilitation Center
- Business Enterprises of Texas

This page intentionally left blank.

Schedule G: Report on Customer Service

The 2018 Report on Customer Service, found on the following pages, was developed by the HHSC Center for Analytics and Decision Support, in compliance with Texas Government Code Section 2114.002.

This page intentionally left blank.

Health and Human Services System Strategic Plans 2019–2023
Schedule G:
2018 Report on Customer Service

As Required by

Tex. Gov't Code Sec. 2114.002

TEXAS
Health and Human Services

Texas Health and Human Services System

May 18, 2018

This page intentionally left blank.

Table of Contents

This page intentionally left blank.

Executive Summary

This "2018 Report on Customer Service" is prepared in response to §2114.002 of the Government Code, which requires that Texas state agencies biennially submit information gathered from customers about the quality of agency services to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board.

This report reflects the cooperative efforts of five Texas agencies belonging to the Texas Health and Human Services (HHS) system during the State Fiscal Year (SFY) 2016 and SFY 2017 reporting period. Specifically, this report includes information from the Health and Human Services Commission (HHSC), the Department of State Health Services (DSHS), the Department of Family and Protective Services (DFPS)—and two legacy agencies—the Department of Aging and Disability Services (DADS), and the Department of Assistive and Rehabilitative Services (DARS). In 2020, this report will include information from HHSC and DSHS, reflecting the reorganized HHS system directed by Senate Bill 200, 84th Legislature, Regular Session, 2015. The DFPS, which became a standalone agency at the direction of House Bill 5, 85th Legislature, Regular Session, 2017, will submit its own Report on Customer Service beginning in 2020.

The HHS system mission is "Improving the health, safety, and well-being of Texans through good stewardship of public resources." In pursuit of this mission, HHS agencies administer a series of surveys to assess the quality of HHS services. This report includes the results of nearly 140,000 individual survey responses from 35 surveys conducted by HHS agencies. Many of the surveys reported here are recurring efforts; for the most part, responses are from surveys conducted during SFY 2016 and SFY 2017. HHS agencies are using this feedback to help improve customer service.

Individual Agency Surveys

HHS agencies independently conduct surveys that include questions about customer satisfaction with specific agency programs and services. This report presents descriptions and major findings from the following surveys.

Department of Family and Protective Services

I. Child Protective Services

a. National Youth in Transition Database Survey

II. Adult Protective Services

a. Adult Protective Services 2017 Community Satisfaction Survey

III. Consumer Relations

a. Office of Consumer Relations 2017 Community Satisfaction Survey

Department of State Health Services

I. Community Health Improvement

a. Children with Special Health Care Needs Systems Development Group Case Management and Family Supports and Community Resources Family Satisfaction Surveys

II. Consumer Protection Division

a. Regulatory Licensing Unit (Business Filing and Verification Section – Effective September 1, 2017) Customer Service Satisfaction Survey

b. Surveillance Section Customer Service Satisfaction Survey

III. Laboratory and Infectious Disease

a. Texas Vaccines for Children Program – Clinic Site Visits

b. Laboratory Services Testing Customer Satisfaction Survey

c. Laboratory Courier Program Satisfaction Survey

d. South Texas Laboratory – Water Sample Testing

e. South Texas Laboratory - Clinical Testing

f. Texas HIV Medication Program

IV. Regional and Local Health Operations

a. Public Health Regions 2/3 Safe Riders Survey

b. Public Health Regions 2/3 Immunizations Clinic Survey

c. Public Health Regions 2/3 Specialized Health and Social Services

d. Public Health Regions 4/5N - Retail Foods/General Sanitation Program

Health and Human Services Commission

I. Child Healthcare Coverage

a. STAR Child Caregiver Member Survey

b. CHIP Caregiver Member Survey

c. Medicaid and CHIP Dental Caregiver Survey

d. STAR Health Caregiver Member Survey

II. Adult Healthcare Coverage

a. STAR Adult Member Survey

b. STAR+PLUS Adult Member Survey

III. Access and Eligibility Services

a. Supplemental Nutrition Assistance Program (SNAP) Community Partner Interview (CPI) Surveys

b. YourTexasBenefits.Com Survey

IV. Legacy Department of Aging and Disability Services (DADS) Surveys

a. Nursing Facility Quality Review (NFQR)

b. Long Term Services and Supports Quality Review (LTSSQR)

c. Consumer Rights and Services (CRS) Survey

V. Legacy Department of Assistive and Rehabilitative Services (DARS) Surveys

a. Early Childhood Intervention Family Survey

b. Independent Living Services Customer Satisfaction Survey

c. Blind Children's Vocational Discovery and Development Program Customer Satisfaction Survey

d. Autism Program Satisfaction Survey

VI. Legacy Department of State Health Services (DSHS) Surveys

a. Mental Health Statistics Improvement Program Youth Services Survey for Families

b. Mental Health Statistics Improvement Program Adult Services Survey

c. Mental Health Statistics Improvement Program Inpatient Consumer Survey

d. Women, Infants, and Children (WIC) Nutrition Education Survey

Overall, the HHS system of agencies obtained feedback from a diverse group of customers. Most respondents provided positive feedback regarding the services and supports they received through HHS programs. These results support the HHS system mission of improving the health, safety, and well-being of Texans.

1. Introduction

This "2018 Report on Customer Service" is prepared in response to §2114.002 of the Government Code, which requires that Texas state agencies biennially submit information gathered from customers about the quality of agency services to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board.

This report reflects the cooperative efforts of five Texas agencies belonging to the Texas Health and Human Services (HHS) system during the State Fiscal Year (SFY) 2016 and SFY 2017 reporting period, including the Health and Human Services Commission (HHSC), the Department of State Health Services (DSHS), the Department of Family and Protective Services (DFPS)—and two legacy agencies—the Department of Aging and Disability Services (DADS), and the Department of Assistive and Rehabilitative Services (DARS). In 2020, this report will include information from HHSC and DSHS, reflecting the reorganized HHS system directed by Senate Bill 200, 84th Legislature, Regular Session, 2015. The DFPS, which became a standalone agency at the direction of House Bill 5, 85th Legislature, Regular Session, 2017, will submit its own Report on Customer Service beginning in 2020.

HHS System Mission and Budget Strategies

The HHS system mission is "Improving the health, safety, and well-being of Texans through good stewardship of public resources." The HHS System Strategic Plan 2017–2021 articulates specific goals and action plans for achieving the system mission, and includes a list of related budget strategies consistent with the HHS budget structure.[1] Three appendices to this report present a description of services provided to customers from each agency by strategic plan budget strategy.[2] In pursuit of the system mission and accompanying budget strategies, HHS agencies administer a range of surveys to assess the quality of HHS services and promote continuous improvement. This report presents the results of those surveys.

[1] See HHS System Strategic Plan 2017–2021, Volume II, Schedule A.

[2] See Appendix A through Appendix C of this document for Customer Inventories by Agency. This information is presented in accordance with Chapter 2114.002(a) of the Government Code.

Previous Reports on Customer Service

In 2006 and 2008, HHS agencies worked collaboratively to develop a system-wide survey to assess the satisfaction of customers of each HHS agency. In 2006 and 2008, the surveys were comparable and included a unique group of enrollees identified by each agency. The survey questionnaire included questions about service access and choice, staff knowledge, staff courtesy, complaint handling, quality of information and communications, and internet use.

For the 2010 HHS system customer satisfaction survey, a different approach was taken. HHS agencies collaborated on a system-wide survey of children with special health care needs (CSHCN) enrolled in each HHS agency. At the time, all five HHS agencies served CSHCN customers through a variety of programs.

From 2012 to 2016, no system-wide survey was conducted. Each HHS agency provided the results of independent customer surveys for specific agency programs. HHS agencies independently conducted surveys that included questions about customer satisfaction with specific agency programs and services. Some surveys focused entirely on customer satisfaction while others included customer satisfaction as one of several service categories being assessed.

The 2018 report takes a similar approach to the reports produced from 2012 to 2016, with each HHS agency providing the results of customer surveys for their particular programs. Because many of the surveys included here were conducted prior to HHS system reorganization, this report is structured to reflect both the current and legacy location of each survey. The overall format of the report reflects the three agencies currently in operation—DFPS, DSHS, and HHSC. Surveys conducted by legacy agencies are reported under their current agency location. For example, surveys originating from DADS are now included under HHSC with the label “Legacy DADS Surveys.”

Surveys Included in 2018 Report on Customer Service

The surveys included in the 2018 Report on Customer Service are briefly described in the pages that follow (Tables 1, 2, and 3). For the most part, surveys were administered during SFY 2016 and SFY 2017 (Sept 2015-Aug 2017), though data collection for some surveys fell slightly outside of this period. There were 139,948 individual responses to the surveys reported here.

Table 1: Department of Family and Protective Services Surveys

Name	Data Collection	N	Survey Population
Child Protective Services			
National Youth in Transition Database Survey	10/1/2015 – 9/30/2016	248	Young adults who have been involved in the foster care system
Adult Protective Services			
Adult Protective Services 2017 Community Satisfaction Survey	5/16/2017 – 6/15/2017	522	Stakeholders of Adult Protective Services (members of the judiciary, law enforcement agencies, community organizations and resource groups, and community boards)
Consumer Relations			
Office of Consumer Relations (OCR) 2017 Community Satisfaction Survey	9/1/2016 – 8/31/2017	155	Current or previous DFPS clients, their families, and members of the general public who complete the optional survey about OCR customer service
Total		**925**	

Table 2: Department of State Health Services Surveys

Name	Data Collection	N	Survey Population
Community Health Improvement			
Children with Special Health Care Needs Systems Development Group Case Management and Family Supports and Community Resources Family Satisfaction Surveys	9/1/2016 – 8/31/2017	2,263	Families of children and youth with special health care needs who received services from contracted providers
Consumer Protection Division			
Regulatory Licensing Unit (Business Filing and Verification Section – Effective September 1, 2017) Customer Service Satisfaction Survey	9/1/2015 – 8/31/2016 9/1/2016 – 8/31/2017	275 220	Customers of the Regulatory Licensing Unit (businesses and facilities regulated by the state)
Surveillance Section Customer Service Satisfaction Survey	3/1/2014 - 1/20/2018	446	Regulated entities that interact with Surveillance Section staff
Laboratory and Infectious Disease			
Texas Vaccines for Children (TVFC) Program – Clinic Site Visits	5/25/2016 – 1/29/2018	1,347	Healthcare providers who order and administer vaccines to TVFC-eligible children and received a site visit during the contract year

Name	Data Collection	N	Survey Population
Laboratory Services Testing Customer Satisfaction Survey	9/1/2014 – 8/31/2015 9/1/2015 – 8/31/2016 9/1/2016 – 8/31/2017	608 608 686	Facilities that receive services from the Laboratory Services Section
Laboratory Courier Program Satisfaction Survey	9/1/2015 – 8/31/2016 9/1/2016 – 8/31/2017	147 147	Healthcare facility customers of the Laboratory Services Courier Program
South Texas Laboratory – Water Sample Testing	1/2015 – 2/6/2015	25	Submitters of water samples to the South Texas Laboratory
South Texas Laboratory - Clinical Testing	8/2016	29	Regional Clinics and TB Elimination Submitters to the South Texas Laboratory
Texas HIV Medication Program	9/2016 3/2017 4/2017	88 39 46	Participating pharmacies, agency staff who work directly with the program, and persons who have applied for or are recipients of the Texas HIV Medication Program

Name	Data Collection	N	Survey Population
Regional and Local Health Operations			
Public Health Regions 2/3 Safe Riders Survey	9/1/2015 – 8/31/2017	17	Child caregivers in Tarrant County who completed the Safe Riders educational classes and were provided a child car seat
Public Health Regions 2/3 Immunizations Clinic Survey	9/1/2015 – 8/31/2016 9/1/2016 – 8/31/2017	893 1,386	Clients in Public Health Regions 2/3 attending immunization clinics
Public Health Regions 2/3 Specialized Health and Social Services	06/2017 – 08/2017	28	Clients of Personal Care Services (PCS) /Community First Choice (CFC), Children with Special Health Care Needs (CSHCN) Services Program, and Medicaid Case Management for Children and Pregnant Women (CPW)
Public Health Regions 4/5N - Retail Foods/General Sanitation Program	01/2016 – 12/2016	246	Facilities that are inspected by the Retail Foods/General Sanitation Program in Region 4/5 N

Name	Data Collection	N	Survey Population
Total		**9,544**	

*The Surveillance Section Customer Service Satisfaction Survey is included in this recurring report for the first time, and covers all results since the survey's inception in 2014.

Table 3: Health and Human Services Commission Surveys

Name	Data Collection	N	Survey Population
Children's Healthcare Coverage			
STAR Child Caregiver Member Survey	5/2017 – 8/2017	9,584	Caregivers of children who received services funded through the Medicaid STAR program
Children's Health Insurance Program (CHIP) Caregiver Member Survey	5/2017 – 8/2017	6,025	Caregivers of children who received services through CHIP
Medicaid and CHIP Dental Caregiver Survey	8/2017 – 10/2017	1,200	Caregivers of children receiving dental services through Medicaid and CHIP
STAR Health Caregiver Member Survey	6/2016 – 7/2016	301	Caregivers of children who received services funded through the STAR Health program
Adult Healthcare Coverage			
STAR Adult Member Survey	5/2016 – 8/2016	4,579	Adults who received services funded through the Medicaid STAR program
STAR+PLUS Adult Member Survey	5/2016 – 8/2016	2,283	Adults with disabilities who received services through the Medicaid STAR+PLUS program
Access and Eligibility Services			

Name	Data Collection	N	Survey Population
Supplemental Nutrition Assistance Program (SNAP) Community Partner Interview (CPI) Surveys	6/2016 6/2017	678 762	Individuals who apply for SNAP benefits at each of five Texas food banks
YourTexasBenefits.Com Survey	1/2017 – 12/2017	69,329	Customers who used YourTexasBenefits.com to manage or enroll in benefits
Legacy Department of Aging and Disability Services (DADS) Surveys			
Nursing Facility Quality Review*	3/2015 – 4/2016	1,556	Individuals living in Medicaid-certified nursing facilities in Texas
Long-Term Services and Supports Quality Review**	01/2015 – 08/2015	4,971 1,913	People receiving services and supports through home, community-based, and institutional programs offered by DADS
Consumer Rights and Services Survey	9/1/2015 – 8/31/2016 9/1/2016 – 8/31/2017	4,865 5,756	Callers who contacted the Consumer Rights and Services Complaint Intake Call Center
Legacy Department of Assistive and Rehabilitative Services (DARS) Surveys			

Name	Data Collection	N	Survey Population
Early Childhood Intervention Family Survey	4/2016 – 7/2016 4/2017 – 7/2017	1,398 1,475	Parents or guardians of children enrolled in the DARS Early Childhood Intervention (ECI) program, which serves children from birth to 36 months of age who have developmental delays or disabilities
Independent Living Services Customer Satisfaction Survey	9/1/2015 – 8/31/2016	194	Customers who had received Independent Living Services (support to help people with disabilities live independently) and whose cases had been closed
Blind Children's Vocational Discovery and Development Program (BCVDDP) Customer Satisfaction Survey	9/1/2015 – 8/31/2016	452	Parents of children in BCVDDP who had open cases with DARS in SFY 2016
Autism Program Satisfaction Survey	8/1/2016 – 8/31/2017	90	Families whose children have completed Autism Program services and exited the program, and families whose children have aged out of the Autism Program.

Legacy Department of State Health Services (DSHS) Surveys

Name	Data Collection	N	Survey Population
Mental Health Statistics Improvement Program Youth Services Survey for Families	3/2016 – 9/2016 3/2017 – 9/2017	157 392	Parents of children/adolescents age 17 or younger who receive community-based mental health services from HHSC, Behavioral Health Services
Mental Health Statistics Improvement Program Adult Mental Health Survey	3/2016 – 9/2016 3/2017 – 9/2017	248 354	Adults age 18 or older who receive community-based mental health services from HHSC, Behavioral Health Services
Mental Health Statistics Improvement Program Inpatient Consumer Survey	9/1/2015 – 8/31/2016 9/1/2016 – 8/31/2017	3,224 2,644	Adolescents (ages 13-18) and adults who received services in state-run psychiatric hospitals
Women, Infants, and Children (WIC) Nutrition Education Survey	2/2017	5,049	Adults who received nutrition education through the WIC program
Total		**129,479**	

* The large, recurring Nursing Facility Quality Review (NFQR) involves data collection and analysis that span multiple years. The most recent NFQR was published in 2017 and uses survey data collected in 2015-2016.

**The large, recurring Long-Term Services and Supports Quality Review (LTSSQR) involves data collection and analysis that span multiple years. The most recent LTSSQR was published in 2017 and uses data collected in 2015.

Report Format

This 2018 Customer Satisfaction Report presents summaries of the results of customer surveys conducted by DFPS, DSHS, and HHSC. Each summary includes the sample and survey methods, the main findings and, if available, a link to the full report. These results present important information about customer satisfaction with services provided by HHS agencies.

Since §2114.002 of the Government Code requires that HHS agencies gather information from their customers about the quality of services, the term "customers" is used where appropriate throughout this report to indicate individuals who receive services from HHS agencies. Of note, many of the HHS agencies more commonly use the term "consumer" or "individual" to refer to service recipients.

Appendix D presents a glossary of acronyms used in this report.

2. Department of Family and Protective Services

This report presents three surveys from the Texas Department of Family and Protective Services (DFPS). Child Protective Services (CPS) submitted the results of one survey that solicited the feedback of young adults who are currently, or were formerly, in foster care. Adult Protective Services (APS) submitted the results of one survey that collected data from stakeholders. The Office of Consumer Relations (OCR) submitted results from an optional survey of current or former DFPS clients, their families, and the general public about the customer service provided by OCR.

There were 925 survey responses received by DFPS. Of those, 248 were from CPS, 522 were from APS, and 155 were from OCR.

I. Child Protective Services

National Youth in Transition Database Survey

Purpose

Youth and young adults who have been involved in the foster care system are at increased risk for difficult outcomes during the transition to adulthood. These outcomes may include homelessness, not finishing high school, early parenthood, unemployment, dependence on public benefits, and involvement in the criminal justice system. To gather data about and address these concerns, the U.S. Department of Health and Human Services' Administration for Children and Families (ACF) created the John H. Chafee Foster Care Independence Program (CFCIP). CFCIP established data quality standards and administers grants to states that collect data about persons involved in the foster care system.

DFPS contributes to this national data collection effort called the National Youth in Transition Database (NYTD) by conducting surveys of current and former foster care youth and young adults. The data from Texas and other states are collected and provided to the federal government for NYTD which in turn are stored in the National Data Archive on Child Abuse and Neglect at Cornell University and are ultimately made available to researchers.

NYTD is a longitudinal study that tracks outcomes of youth and young adults who have been involved in the foster care system. Every three years, states collect data

on a new cohort of 17-year-old youth in foster care, which comprises data for the study. Two years later at age 19, a random sample of the youth with baseline data is surveyed again. Finally, this random sample is surveyed again two years later, when the youth are age 21. The data allow researchers to access the outcomes these youth experience when they leave foster care and transition to adult living.

In federal fiscal year 2016 (October 1, 2015—September 30, 2016), DFPS staff surveyed a random sample of 19-year-olds who were surveyed previously at age 17. Topics addressed in the survey included:

- Employment
- Educational attainment
- Parenting
- Healthcare coverage
- Use of public benefits or other types of aid, such as scholarships
- Homelessness
- Drug or alcohol use
- Involvement with the criminal justice system
- Connection to adults as a source of emotional support
- Demographic information

Sample and Methods

DFPS surveyed a random sample of youth age 19 who were surveyed when they were in foster care at some point within 45 days after their 17th birthday as defined in 45 CFR 1355.20. This survey population is considered to be the last of Cohort 1, as every third year a new baseline of youth is surveyed. DFPS collected surveys between October 1, 2015, and September 30, 2016. There were 282 youth identified in the follow-up survey population and DFPS Preparation for Adult Living (PAL) staff contacted them through multiple modes to complete the survey. The survey was distributed in several ways:

- Paper survey, in person and by mail

- Online survey, through email
- Phone
- Text

The survey was offered in English and Spanish. DFPS staff were available to read questions and provide an explanation of the survey questions if needed. Since the survey asked about sensitive topics, the youth who were contacted for the survey were assured of their confidentiality.

DFPS completed 248 surveys, for a response rate of 88 percent. Reasons for non-participation in the survey are as follows:

- Unable to locate: 10 percent
- Runaway/missing: 1 percent
- Youth declined: 1 percent
- Incapacitated: <1 percent
- Parent declined: <1 percent
- Incarcerated: 1 percent

Major Findings

Outcomes reported by survey participants are grouped into the following topics: financial self-sufficiency, educational attainment, connection to adults, Medicaid coverage, high-risk behaviors, and homelessness. Results have been organized into protective factors and or desired outcomes, risk factors and/or concerning outcomes, and public assistance.

The results of the survey show that 54 percent of the youth are enrolled in high school, GED classes, post-high school vocational training or college; 48 percent finished high school or their GED; 93 percent have a connection to a positive adult; and 39 percent are currently employed.

Table 4: NYTD Survey: Protective Factors and/or Desired Outcomes

Topic	Survey Response	Proportion of Respondents (N=248)
Financial self-sufficiency	Current part-time or full-time employment	39%
Educational attainment	Enrolled in and attending school	54%
	Finished high school or GED	48%
Connection to adults	Having a current positive connection to an adult	93%
Health insurance	Having Medicaid coverage	80%

An examination of the results related to risk factors and concerning outcomes reveals that in the past two years, 21 percent have been incarcerated, 25 percent have been homeless, and 13 percent have children. Table 6 shows that 21 percent of respondents were receiving public assistance.

Table 5: NYTD Survey: Risk Factors and Concerning Outcomes

Topic	Survey Response	Proportion of Respondents (N=248)
High-risk behaviors (in past two years)	Substance abuse referral	5%
	Having been incarcerated	21%
	Having children	13%
Homelessness (in past two years)	Having been homeless	25%

Table 6: NYTD: Public Assistance

Topic	Survey Response	Proportion of Respondents (N=248)
Financial self-sufficiency	Receiving public assistance	21%

II. Adult Protective Services

Adult Protective Services 2017 Community Satisfaction Survey

Purpose

The Adult Protective Services (APS) Program investigates allegations of abuse, neglect, and financial exploitation of adults who are elderly or have disabilities and live in their own homes or in the community. APS may also provide or arrange for emergency services to alleviate or prevent further abuse, neglect, or financial exploitation.

The purpose of the survey was to meet the legislative requirements of Human Resources Code §48.006, which requires the agency to gather information on APS performance in providing investigative and adult protective services. APS uses results of the survey to benefit APS clients by developing strategies to sustain community support, augment local community networks, strengthen volunteer programs, and develop resources in Texas communities.

The 2017 survey was conducted by APS, and is the ninth community satisfaction survey on APS investigations and services. The survey is sent every other year and builds on the initial study conducted by the Health and Human Services Commission (HHSC) in November 2004.

The study population was members of the judiciary, law enforcement agencies, community organizations and resource groups, and APS community boards.

Sample and Methods

The study sought responses from stakeholder groups in the APS system, including local law enforcement agencies and prosecutors' offices, courts with jurisdiction over probate matters, members of the judiciary, community organizations and resource groups, and APS community board members. The 2017 web-based survey sought responses from the entire census or population list for each stakeholder group.

The survey was conducted by online questionnaires via SurveyMonkey or by mail between May 16, 2017, and June 15, 2017. The surveys were offered in English only.

Individuals provided their responses by completing the survey without assistance. An electronic message was sent to potential respondents with instructions for accessing and completing the online survey. APS mailed paper surveys to individuals upon request or to those individuals who may not have Internet access based on the district staff's knowledge of stakeholders and their experience with them.

In preparation for the 2017 survey, APS management, community engagement, and research staff reviewed the 2015 survey for quality and usefulness of information and minor revisions were made to the 2017 questionnaire. As in previous years, there were changes to clarify or build on information, such as further wording changes to better convey applicability of certain questions to a broad range of organizations. In tandem with this, the Community Organizations survey was renamed the Community Partners survey. Also, 5 new scaled items were added to the existing group of 31 scaled items, in order to support comparisons of certain key indicators across additional stakeholder groups. In 2017, 1,867 surveys were distributed and 522 surveys were received (28 percent of those distributed). Over the years, the number of surveys distributed has ranged from 1,867 to 2,768, while the number of respondents has ranged from 381 to 781. The ratio of surveys received to those distributed has varied from 17 percent (2013) to 28 percent (2017).

Major Findings

The findings of the study were APS community engagement efforts are effective. The results reinforce the continued need for outreach efforts and continued collaborations with local communities, law enforcement, and the judiciary. These survey results also provide valuable insight for making improvements and strengthening partnerships with civic and professional organizations at the local and state level. APS will continue to assess, strengthen, and improve relationships with the judiciary and law enforcement.

Category 1 of Findings (Safety and Dignity)

- Most stakeholder groups either "agreed" or "strongly agreed" with the statement, "APS ensures the safety and dignity of vulnerable adults in this community."

- All four stakeholder groups indicated their level of agreement with the statement, "APS ensures the safety and dignity of vulnerable adults in this

community." Again, APS community board respondents had the highest level of overall agreement with the statement (95 percent). Community partners had the next highest level of agreement, at 83 percent. Judicial and law enforcement respondents had the lowest levels of agreement, at 77 percent and 73 percent, respectively. Overall, 85 percent of respondents agreed that APS ensures the safety and dignity of vulnerable adults.

Category 2 of Findings (e.g. Quality of Working Relationships)

- Most stakeholder groups either "agreed" or "strongly agreed" that “There is a good working relationship between [community organizations, law enforcement, and the judiciary] and APS in this community.”

- On these statements, community board members had the highest level of agreement (96 percent) and were most likely to strongly agree. There were similar levels of agreement among community partners (79 percent) and law enforcement (79 percent). The judiciary had the lowest level of agreement (69 percent). Overall, 83 percent of respondents reported a good working relationship with APS.

Category 3 of Findings (Understanding of APS Mission)

- Respondents in all four surveys indicated their level of agreement with the following statement: "I understand APS's mission, scope, and purpose." Community boards reported the highest level of agreement overall: 97 percent either “agreed” or “strongly agreed” with the statement. Community partners and judiciary respondents had similar levels of agreement (88 percent and 85 percent, respectively). Law enforcement respondents had the lowest level of agreement, at 73 percent. Overall, 89 percent of respondents reported that they understand the mission, scope, and purpose of APS.

Category 4 of Findings (Judiciary Results)

- Forty individuals responded to the Judicial Partners survey in 2017, of whom 60 percent (24 individuals) were judges. Other roles included attorneys, court investigators, and probate staff. Of the 24 judges, nearly 60 percent (14 judges) reported having had an APS case appear before their court in the past 2 years.

- In 2017, overall levels of agreement with the feedback statements ranged from 69 percent to 92 percent.

Category 5 of Findings (Law Enforcement Results)

- There were 72 respondents to the Law Enforcement survey in 2017, of whom 69 percent (50 individuals) were law enforcement officers. Most other respondents were with victim or community services. Of the 50 law enforcement officers, 70 percent (35 officers) reported having worked on a case with APS in the past 2 years. Of these officers, 94 percent indicated that they had been in contact with APS staff in the past 2 years. In 2017, overall levels of agreement with the feedback statements ranged from 38 percent to 85 percent.

- The great majority of officers (80 percent) reported that they use the law enforcement hotline, with a few of these officers reporting the use of supplementary methods.

Category 6 of Findings (Community Organizations Results)

- There were 315 respondents to the Community Partners survey in 2017, of whom 93 percent were staff and 6 percent were volunteers with an agency, organization or service in their community. Of those respondents who identified with an agency or organization (281 individuals), most (69 percent) indicated that they had been with their organization for 5 years or more. A majority of respondents (87 percent) reported that they had been in contact with APS staff in the past 2 years. Of these, most (51 percent) indicated that they had been in contact with APS staff once or twice a year. Others reported more frequent contact, either once a month (37 percent) or at least once a week (12 percent).

- The agreement for each statement declined from 2007 to 2017 and overall average agreement has declined about 7 percentage points overall from 88 percent at the beginning of the decade to 81 percent in the most recent survey.

Category 7 of Findings (Community Boards Results)

- Overall, 85 percent to 97 percent of respondents reported that they "agreed" or "strongly agreed" with the statement, "APS is an important component of my community's resource network."

- In the past 10 years, levels of percent agreement with the feedback statements in the APS Community Boards survey have been consistently high, with most statements attaining at least 90 percent agreement.

The APS 2017 Community Satisfaction Survey results show that APS community engagement efforts are effective. The results reinforce the continued need for outreach efforts and continued collaborations with the local communities and other service agencies. These survey results also provide valuable insight for making improvements, enhancing community satisfaction, and strengthening partnerships with civic and professional organizations at the local and state level. APS will continue to use activities identified in the district business plans to continue to assess, strengthen, and improve relationships with its community partners.

III. Consumer Relations

Office of Consumer Relations 2017 Community Satisfaction Survey

Purpose

The Office of Consumer Relations (OCR) resolves complaints and responds to inquiries about DFPS programs in a fair and unbiased way. These concerns may come from DFPS clients, their families, stakeholders and the public.

The purpose of the survey/series of interviews was to assess the level of information individuals who contact the OCR have, how they find out about the office, the level of ease with which individuals contact OCR, and the preferred method of communication with OCR.

The survey/series of interviews was conducted by OCR using the online tool SurveyMonkey. The link is accessible via the DFPS public website where information regarding the OCR is provided. The link is available year-round.

The study population includes any current or previous DFPS clients, their families and the general public who wished to complete the optional survey in regards to

the customer service provided by OCR. The survey allows for these individuals to respond anonymously and does not ask for personal or demographic information.

The report of the study can be generated by request by contacting the Director of OCR.

Sample and Methods

The study is administered via an online link that can be accessed by anyone through the internet. The responses received are from individuals who chose to complete the survey via the SurveyMonkey website; completion of the survey is optional for individuals who contacted OCR electronically to submit an online complaint. The data collected is for the SFY, which runs from September 1st through August 31st of the following year. A total of 155 respondents completed the survey.

Survey questions are offered in English only. Users may answer the questions by selecting the radio button that best fits or describes their answer; respondents also have the ability to provide written text for suggested areas of improvement.

Major Findings

Table 7 shows the results of the OCR survey. The majority of respondents learned about OCR through an internet search and found the office easy to contact.

Table 7: Office of Consumer Relations Survey Results

Survey Response	Proportion of Respondents (N=155)
How did you find out about OCR?	
DFPS Public Website	37.6%
Internet Search	56.0%
Referred by DFPS staff	5.0%
Referred by another agency	1.4%
Marketing materials	0.0%
Was it easy to contact OCR?	
Yes	65.5%
No	35.5%
How do you prefer to contact OCR?	
Phone	41.9%
Email	49.7%
Letter via regular mail	4.5%
Letter via fax	3.9%
Awareness of outside hours contact?	
Yes	38.7%
No	61.3%

3. Department of State Health Services

This chapter reports the results of 13 surveys that collected customer satisfaction data regarding Texas Department of State Health Services (DSHS) services. More than 9,500 responses were received through these surveys. Surveys included families of children with special health care needs, and customers of regulatory, immunization, specialized health, community health, and laboratory services. For readability, this chapter is organized into four sections:

I. Community Health Improvement

   a. Children with Special Health Care Needs Systems Development Group Case Management and Family Supports and Community Resources Family Satisfaction Surveys

II. Consumer Protection Division

   a. Regulatory Licensing Unit (Business Filing and Verification Section – Effective September 1, 2017) Customer Service Satisfaction Survey

   b. Surveillance Section Customer Service Satisfaction Survey

III. Laboratory and Infectious Disease

   a. Texas Vaccines for Children Program – Clinic Site Visits

   b. Laboratory Services Testing Customer Satisfaction Survey

   c. Laboratory Courier Program Satisfaction Survey

   d. South Texas Laboratory – Water Sample Testing

   e. South Texas Laboratory - Clinical Testing

   f. Texas HIV Medication Program

IV. Regional and Local Health Operations

   e. Public Health Regions 2/3 Safe Riders Survey

   f. Public Health Regions 2/3 Immunizations Clinic Survey

g. Public Health Regions 2/3 Specialized Health and Social Services

h. Public Health Regions 4/5N - Retail Foods/General Sanitation Program

I. Community Health Improvement

Children with Special Health Care Needs Systems Development Group Case Management and Family Supports and Community Resources Family Satisfaction Surveys

Purpose

The Children with Special Health Care Needs (CSHCN) Systems Development Group serves children ages 0-21 with special health care needs, or any age with cystic fibrosis. The program works to strengthen community-based services to improve systems of care for children and youth with special health care needs. Families are provided with case management and family support and community resource services related to gaining access to necessary medical, social, education, and other service needs.

The purpose of the survey was to obtain information about whether the services provided were 1) accessible, 2) family-centered, 3) continuous, 4) comprehensive, 5) coordinated, 6) compassionate, and 7) culturally effective. The survey also asked the families to rate their overall satisfaction with services.

The survey was conducted by the organizations contracted by the CSHCN Systems Development Group.

The study population was families of children and youth with special health care needs who received services from contracted providers between September 1, 2016, and August 31, 2017.

Sample and Methods

CSHCN contractors sought responses from all families served by their organization with CSHCN Systems Development Group funding. All families were sent a survey regardless of their status (active or closed). The study was conducted by paper from September 1, 2016, to August 31, 2017. Surveys were offered in English and in Spanish. Individuals provided their responses by completing the survey

themselves and returning them by mail to the contractor. The total number of completed responses was 2,263 out of 4,972 for a response rate of 45 percent.

Major Findings

The findings of the survey were as follows:

- Most respondents (74 percent) reported having access to services and supports when they had questions or concerns about their child.
- Most respondents (70 percent) reported that they were included in the planning and decisions for their child's care.
- Most respondents (95 percent) reported that they had regular visits and phone calls with staff.
- Most respondents (97 percent) reported that all of the needs of their child were discussed and addressed.
- Most respondents (97 percent) reported that they received the help needed to coordinate their child's care.
- Most respondents (97 percent) reported that the staff in the office cared about their child and family.
- Most respondents (97 percent) reported that the staff honored their culture and traditions when working with their child and family.
- Most respondents (96 percent) reported that they were satisfied with the services their child and family received.

II. Consumer Protection Division

Regulatory Licensing Unit (Business Filing and Verification Section – Effective September 1, 2017) Customer Service Satisfaction Survey

Purpose

The Regulatory Licensing Unit (Business Filing and Verification Section – effective September 1, 2017) serves businesses and facilities to maintain the health and safety of Texans. The types of businesses that are served include: retail stores that

sell abusable volatile chemicals and bedding, asbestos, bottled water operators, drugs and medical devices, foods, emergency medical services/trauma systems, hazardous products, lead abatement, meat and poultry, milk and dairy, mold assessors and remediators, radiation, retail food and school food establishments, tanning, tattoo, body piercing, and youth camps.

The types of facilities that were served through September 1, 2017 included: abortion, ambulatory surgical, birthing, and community mental health centers; emergency medical services and trauma systems, including stroke and trauma facilities; end-stage renal disease facilities; freestanding emergency medical care facilities; hospitals, including general and special hospitals; psychiatric and crisis stabilization units; narcotic treatment clinics; seafood and aquatic life, which includes crabmeat and shellfish processing facilities; special care facilities; and substance abuse facilities.

The types of facilities that are served after September 1, 2017, include emergency medical services and trauma systems, including stroke and trauma facilities, and seafood and aquatic life, which includes crabmeat and shellfish processing facilities.

The unit provides customer service to the businesses and facilities to assist in the completion of their initial and renewal licensing applications. The purpose of the survey was to measure customer satisfaction with the Regulatory Licensing Unit (Business Filing and Verification Section – effective September 1, 2017).

Sample and Methods

In SFY 2016, there were 275 surveys completed. In SFY 2017, there were 220 surveys completed. The survey was available online on the DSHS website and was offered in English.

Major Findings

Overall, the majority of individuals completing the Regulatory Licensing Unit customer service satisfaction survey were satisfied with the level of customer service received. The findings of the survey were as follows:

- Most respondents (85 percent) found DSHS staff helpful, courteous, and knowledgeable.
- Most respondents (77 percent) found communicating with DSHS (via telephone, mail, or electronically) an efficient process.

- Most respondents (68 percent) found the DSHS website user-friendly and that it contains adequate information.
- Most respondents (71 percent) reported that their application was easy to file and was processed in a timely manner.
- Most respondents (75 percent) found the forms, instructions, and other information provided by DSHS helpful and easy to understand.

Surveillance Section Customer Service Satisfaction Survey

Purpose

The Surveillance Section protects consumer health and safety by ensuring compliance with state and federal law and rules regulated under DSHS. Activities performed by staff in the Surveillance Section include inspections, product and environmental sampling, complaint investigations, and technical assistance. The entities inspected include: retail stores that sell abusable volatile chemicals and hazardous products; asbestos, environmental lead, abatements; tattoo and body piercing; drugs and medical device manufacturers/distributors; food manufacturers; food and drug salvagers; milk and dairy; radioactive materials; x-ray and mammography.

The purpose of the survey is to determine customer satisfaction of the regulated entities that interact with Surveillance Section staff and provide the regulated entities a mechanism for input into the inspections process. Additionally, the survey data and comments are used as a quality assurance tool by managers. The information is reviewed on a quarterly basis to identify trends that may lead to training opportunities for staff and/or regulated entities.

Sample and Methods

The survey is made available to all regulated entities that come in contact with an inspector. The survey is conducted online through SurveyMonkey. The survey was made available on March 1, 2014, and has been perpetually listed for entities to complete. The link to the survey is printed on the back of inspectors' business cards. Inspectors are required to present their business card and credentials upon entering a firm. On average, the Surveillance Section conducts approximately 40,000 inspections annually. The survey is offered in English only. From March 1, 2014, through January 20, 2018, 446 surveys were completed.

Major Findings

Overall, the majority of individuals completing the Surveillance Section customer service satisfaction survey were satisfied with the level of customer service received. The survey results from March 1, 2014, through January 20, 2018, included the following:

- Most respondents (99 percent) reported the inspector introduced himself/herself and presented his/her credentials/ID before the inspection.
- Most respondents (98 percent) reported the purpose of the inspection was adequately described at the beginning of the inspection.
- Most respondents (98 percent) reported that the DSHS inspector was prepared and well organized.
- Most respondents (98 percent) reported that the inspection was handled in a courteous and professional manner.
- Most respondents (97 percent) reported that the on-site inspection was completed in a reasonable amount of time and did not unduly interfere with the delivery of services.
- Most respondents (97 percent) reported the inspector clearly explained any applicable state or federal requirements, answered questions adequately, and/or referred them to an alternate source for the information.
- Most respondents (98 percent) reported that the inspector clearly explained their findings.
- Most respondents (87 percent) reported that if deficiencies, observations, or violations were found, the inspector clearly explained the timeframe and/or process for corrective action.
- Most respondents (92 percent) reported that they now have a better understanding or knowledge of state and/or federal requirements affecting their business.

III. Laboratory and Infectious Disease

Texas Vaccines for Children Program – Clinic Site Visits

Purpose

The Texas Vaccines for Children (TVFC) Program serves eligible children who meet specific criteria regarding their current medical coverage. The program provides low-cost immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) to protect TVFC-eligible children from vaccine-preventable diseases. Annually, providers that carry TVFC vaccines are evaluated over a variety of programmatic items through a site visit conducted by the DSHS Health Service Regions (HSRs) or contracted vendor.

The purpose of the survey was to gather feedback regarding site visits conducted at TVFC provider clinics. The survey itself covers the entire site visit process, including scheduling a site visit, education given on-site, and follow-up from a visit's results. Feedback from this survey is used to conduct process improvement/training to HSRs and vendors as the agency strives to provide the best service and support to the TVFC clinics.

The survey was developed by the Immunization Unit's Vaccine Operations Group using SurveyGizmo. The survey was sent by email to providers that received a site visit during the contract year.

The study population represents the views of active TVFC clinics that are ordering and administering vaccines to TVFC-eligible children between the ages of 0-18. Surveys included in the report were submitted between the dates of May 25, 2016, through January 29, 2018.

Sample and Methods

The study sought responses from TVFC clinics across Texas. The study report contained 1,479 responses (complete and partial), which represents approximately half of the current number of active TVFC providers. Providers received a link to complete the survey if they received a site visit. (Note: TVFC providers receive a site visit every other year).

The study was conducted by an online survey implemented between 2016 and 2018. Surveys included in the report were submitted between the dates of May 25,

2016, through January 29, 2018. The survey was offered in English only. Individuals provided their responses by completing and submitting the survey online. The total number of completed survey responses was 1,347 out of 1,479 submitted surveys for a completion rate of 91 percent.

Major Findings

Overall, the respondents stated the education/information that was provided to them during site review visits will help them improve vaccine storage practices, reduce vaccine loss, and institute a reminder/recall system for their patients. The findings of the survey were as follows:

- Most respondents (95 percent) were satisfied with the site review visit.
- Most respondents (94 percent) were satisfied with the reviewer.
- Most respondents (91 percent) were satisfied with the amount of time needed for the site review visit.
- Most respondents (88 percent) were satisfied with the instructions received for the site visit.
- Some respondents reported that the reviewer did not arrive on time (52 percent) and that they were not notified of the late arrival (46 percent).
- Most clinics (98 percent) reported that the reviewer presented valid credentials during the site review visit.
- Most facilities reported that they were educated regarding total vaccine doses shipped to their site during 2016 (90 percent), total cost of vaccines ordered (89 percent), and total number of doses lost and the cost of the lost doses (90 percent).
- It is important for the enrolled clinic staff to be aware of what documentation is required for a site review visit to take place. According to the results, some respondents (20 percent) were not notified of what to have prepared.

Laboratory Services Testing Customer Satisfaction Survey

Purpose

The DSHS Laboratory Services Section (LSS) provides unique testing services for a myriad of sample types and facilities across the state from testing water quality from local sources to testing milk and meat for biologic contaminants to testing newborn blood samples for inherited, potentially deadly disorders. The goal of the LSS is to improve the public health for all Texans and serves thousands of facilities across the state that submit samples to the laboratory.

The purpose of the survey was to allow laboratory management to gauge client satisfaction with the type of services provided, ease of use of electronic reporting systems and experience with customer support services with the goal of improving client satisfaction. Surveys were conducted annually by the LSS Quality Assurance Unit and included all facilities that received services from the LSS in SFY 2015 through SFY 2017.

Sample and Methods

The study sought responses from all sample submitting facilities at the beginning of each fiscal year from SFY 2015 to SFY 2017. The surveys were offered in English, and were available online only. Facilities were made aware of the survey opportunities through notices placed on results web portals and the DSHS website and responses could be completed electronically by facility representatives.

Table 8: Laboratory Services Testing - Completed Responses

	SFY 2015	SFY 2016	SFY 2017
Completed Responses	608	608	686
Surveys Initiated	977	892	959
Completed Response Rate	62%	68%	72%

Major Findings

The findings of the survey were as follows:

- Respondents reported improvements in access to clear, understandable information as evidenced by satisfaction gains in the ability to receive information by telephone (7 percent gain from SFY 2016 to SFY 2017) and in the ease of report interpretation (3 percent gain from SFY 2015 to SFY 2017).
- Most respondents (over 70 percent) rated their experience with the LSS as "very satisfied" or "satisfied" for all performance metrics that were evaluated, except for use of electronic-based information and services.

LSS upper management has clearly identified that improvements are necessary to web-based applications and the LSS website. These improvements will provide a more user-friendly format and provide the LSS client base with a more streamlined experience allowing for more efficient retrieval of needed information. All negative responses were followed up on if contact information was provided. All comments, positive and negative, were referred to DSHS Laboratory Management for self-evaluation.

Laboratory Courier Program Satisfaction Survey

Purpose

The DSHS Laboratory Courier Program provides overnight transport of critical specimens to the laboratory. This program serves 681 healthcare facilities across the state that submit a variety of specimens to the laboratory for testing. The Lone Star Delivery and Process (LSDP) courier provides service for 434 of the 681 participating facilities that ship specimens that require special handling (cold and frozen). The other 247 facilities use FedEx courier for specimens that do not require special handling.

The purpose of the survey was to provide information regarding the satisfaction level the various facilities had with the different courier services. The survey was conducted by DSHS staff. The study population was healthcare facilities that received services from the courier program in SFY 2016 and SFY 2017.

Sample and Methods

The study sought responses from all participants in the courier program. One survey was sent to LSDP customers and a slightly different survey was sent to FedEx customers.

The study was conducted by paper and online sources November through December 2015 with 572 facilities. Another survey was conducted November through December 2016 with 646 facilities. The surveys were offered in English only. Individuals provided their responses by completing the survey themselves.

The total number of completed responses for LSDP customers in SFY 2016 was 105 out of 428 (number of facilities) for a response rate of 24 percent. The total number of completed responses for FedEx customers in SFY 2016 was 42 out of 144 (number of actual facilities) for a response rate of 29 percent.

The total number of completed responses for LSDP customers in SFY 2017 was 105 out of 438 (number of facilities) for a response rate of 24 percent. The total number of completed responses for FedEx customers in SFY 2017 was 42 out of 208 (number of facilities) for a response rate of 24 percent.

Major Findings

Respondents indicated overall good satisfaction with courier services provided. The findings of the study in fiscal 2016 were as follows:

LSDP Findings

- Most respondents (94 percent) reported they were somewhat to highly satisfied with overall satisfaction of services.
- In the four categories of customer service experience, professionalism, quality of service, and understanding customer needs, most respondents (87 percent, on average) said service was above to well above average.

FedEx Findings

- Most respondents (88 percent) reported they were somewhat to highly satisfied with overall satisfaction of services.
- Most respondents (88 percent) reported they had an improvement in the transit time of specimens.

Table 9: LSDP - Overall Satisfaction Findings: Indicated Highly Satisfied, Somewhat Satisfied

Satisfaction Measure	SFY 2016
Expressed that they are highly satisfied with overall courier services	84%
Expressed that they are somewhat satisfied with overall courier services	10%

*Proportions indicate respondents who chose responses "highly satisfied," somewhat satisfied," rather than "somewhat dissatisfied," "very dissatisfied," or "neutral." Those who did not answer the survey question are not counted in these proportions.

Table 10: FedEx - Overall Satisfaction Findings: Indicated Highly Satisfied, Somewhat Satisfied

Satisfaction Measure	SFY 2016 Proportion of Respondents* (N=42)
Expressed that they are highly satisfied with overall courier services	74%
Expressed that they are somewhat satisfied with overall courier services	14%

*Proportions indicate respondents who chose responses "highly satisfied," somewhat satisfied," rather than "somewhat dissatisfied," "very dissatisfied," or "neutral." Those who did not answer the survey question are not counted in these proportions.

The findings of the study in SFY 2017 were as follows:

LSDP Findings

- All respondents (100 percent) reported they were somewhat to highly satisfied with overall satisfaction of services.
- In the four categories of customer service experience, professionalism, quality of service, and understanding customer needs, most respondents (85 percent, on average) said service was above to well above average.

FedEx Findings

- Most respondents (90 percent) reported they were somewhat to highly satisfied with overall satisfaction of services.
- Most respondents (86 percent) reported they had an improvement in the transit time of specimens.

Table 11: LSDP - Overall Satisfaction Findings: Indicated Highly Satisfied, Somewhat Satisfied

Satisfaction Measure	SFY 2017 Proportion of Respondents* (N=105)
Expressed that they are highly satisfied with overall courier services	87%
Expressed that they are somewhat satisfied with overall courier services	13%

*Proportions indicate respondents who chose responses "highly satisfied," somewhat satisfied," rather than "somewhat dissatisfied," "very dissatisfied," or “neutral.” Those who did not answer the survey question are not counted in these proportions.

Table 12: FedEx - Overall Satisfaction Findings: Indicated Highly Satisfied, Somewhat Satisfied

Satisfaction Measure	SFY 2017 Proportion of Respondents* (N=42)
Expressed that they are highly satisfied with overall courier services	78%
Expressed that they are somewhat satisfied with overall courier services	12%

*Proportions indicate respondents who chose responses "highly satisfied," somewhat satisfied," rather than "somewhat dissatisfied," "very dissatisfied," or "neutral." Those who did not answer the survey question are not counted in these proportions.

South Texas Laboratory – Water Sample Testing

Purpose

The South Texas Laboratory (STL) is a branch of the Laboratory Services Section and is located in Harlingen, Texas. One service of the STL is bacterial water testing for drinking water. Submitters of water samples to the STL serve public water systems, bottlers, vendors, and private individuals (i.e. self-owned businesses or properties). The program provides bacterial water testing for drinking water submitters.

The purpose of the survey was to receive feedback on how to improve services or correct any complaints the submitter may have encountered. The survey was conducted by the South Texas Laboratory Water Department. The study population was all water submitters.

Sample and Methods

The study sought responses from all water submitters that are current customers of STL. The study was conducted by paper in January 2015 and returned by February

6, 2015. The surveys were offered in English only. Individuals provided their responses by completing the survey themselves. The total number of completed responses was approximately 25 out of 75 for a response rate of 33 percent.

Major Findings

The findings of the survey were as follows:

- Most submitters (98 percent) reported that customer service experience, on-time delivery of service, professionalism, quality of service, and understanding of customers' needs were well above average.
- Most submitters (98 percent) rated staff as "very well" for the following characteristics: patience, enthusiastic, listens carefully, friendly, responsive, and courteous to the water submitters.
- One customer complained about receiving late billing statements.

South Texas Laboratory - Clinical Testing

Purpose

The South Texas Laboratory (STL) is a branch the Laboratory Services Section and is located in Harlingen, Texas. STL is dedicated to providing high-quality, accurate test results to residents of the Rio Grande Valley. It acts as a public health laboratory serving 10 Texas regions with more than 70 clinics. It also supports local hospitals and local health departments.

STL serves tuberculosis (TB) elimination programs throughout Texas. The program provides clinical laboratory testing such as comprehensive metabolic panels, liver function panels, TB panels and complete blood counts for toxicity testing related to latent TB infection cases.

The purpose of the survey was to meet accreditation requirements and to gather information about satisfaction with services. The survey was conducted by STL. The study population was TB regional clinics.

Sample and Methods

The study sought responses from Regional Clinics and TB Elimination Submitters. Participants were identified based on submitter enrollment testing needs. The study

was conducted by paper in October 2016. The surveys were offered in English only. Individuals provided their responses by completing the survey themselves. The total number of completed responses was 29 out of 76 for a response rate of 38 percent.

Major Findings

The findings of the study were as follows:

- Most respondents (97 percent) expressed satisfaction with the STL.
- All respondents (100 percent) reported receiving their lab reports in a timely manner (fax, mailed, or other).
- Most respondents (86 percent) reported high satisfaction with the supply ordering process.
- Most respondents (83 percent) reported that their cold boxes arrived at the scheduled time. Some respondents (17 percent) did not use cold boxes.
- Most respondents (76 percent) reported as above and well above average their customer service experience. Some respondents (17 percent) reported average customer service experience.
- Most respondents (86 percent) reported as above and well above average on-time delivery of service. Some respondents (7 percent) reported average on-time delivery of service.
- Most respondents (76 percent) reported above and well above average professionalism. Some respondents (20 percent) reported average professionalism.
- Most respondents (79 percent) reported above and well above average quality of service. Some respondents (17 percent) reported average quality of service.
- Most respondents (72 percent) reported above and well above average understanding of customers' needs. Some respondents (21 percent) reported average understanding of customers' needs.

- Most respondents (66 percent) reported a same or higher STL service rate in comparison to previous modes of submitting specimens (i.e. postal service, other courier service). Some responses (34 percent) were not applicable.
- Most respondents (62 percent) saw a decrease in the number of specimens rejected for stability time or proper temperature in which the specimens were received by STL.
- Most respondents (93 percent) reported satisfaction and high satisfaction with STL staff responsiveness when called with service issues.
- Most respondents (93 percent) reported adequate supplies for sending specimens.
- Two respondents reported that they would like to be able to get their results online or on the Public Health Laboratory Information Management System.
- Two respondents reported that they least liked having to call a courier or drop off boxes for lab specimen pickup.

Texas HIV Medication Program

Purpose

The Texas HIV Medication Program (THMP) serves Texans living with HIV infection who meet specific financial criteria. The program provides medications for the treatment of HIV and its related complications to help Texans living with HIV live longer, healthier lives and to prevent the further spread of HIV infection in Texas.

The purpose of the survey was to receive input from external stakeholders, including THMP participating pharmacies, agency workers throughout Texas who work directly with the program, and persons who have applied for or are recipients of the program on customer service and the responsiveness of the program. This survey, created by the DSHS TB/HIV/STD Section, is available online on the THMP website and is tabulated quarterly. Results of this survey have not been published or shared with the community due to the low volume of responses.

Sample and Methods

The study sought responses from a convenience sample of respondents. The survey is available on the THMP webpage and can be assessed by any interested

stakeholder. The survey asks what type of stakeholder is responding to allow THMP to improve services.

The study was conducted by emailing potential respondents and inviting them to complete a hyperlinked survey on SurveyMonkey on September 6, 2016; March 14, 2017; and April 5, 2017. The survey was offered in English only. Individuals provided their responses by completing the survey themselves via SurveyMonkey.

The total number of completed responses for the September 2016 survey was 88 out of approximately 150 for a response rate of 59 percent. The total number of completed responses for the March 2017 survey was 39 out of 122 for a response rate of 32 percent. The total number of completed responses for the April 2017 survey was 46 out of 201 for a response rate of 23 percent. This survey is ongoing and may be accessed by a link from the THMP website.

Major Findings

September 2016 survey findings were as follows:

- Most respondents (75 percent) reported their most common contact with THMP was the program toll-free number.
- Most respondents (68 percent) indicated that they were either not transferred or transferred once before reaching the correct staff person.
- Most respondents (90 percent) indicated that they were kept on hold for five minutes or less.
- Most respondents (93 percent) indicated that THMP staff accurately and effectively address their concerns or questions.

March 2017 survey findings were as follows:

- Most respondents (72 percent) reported their most common contact with THMP was the program toll-free number.
- Most respondents (88 percent) indicated that they were either not transferred or transferred once before reaching the correct staff person.
- Most respondents (97 percent) indicated that they were kept on hold for five minutes or less.

- Most respondents (94 percent) indicated that THMP staff accurately and effectively address their concerns or questions.

April 2017 survey findings were as follows:

- Most respondents (90 percent) reported THMP staff were helpful, courteous, and knowledgeable.
- Phone communication was reported as the most efficient (86 percent) while mail (64 percent) and fax (55 percent) were still considered efficient by the majority of respondents.
- Respondents reported that the THMP website was user-friendly and contains adequate information (86 percent) and that the forms, instructions, and any other information provided by THMP was helpful and easy to understand (94 percent).
- Most respondents (90 percent) reported pharmacy orders or the pharmacy orders submitted on behalf of clients were easy to submit and processed in a timely manner.
- Most respondents (58 percent) reported that the application or the applications submitted on behalf of clients were easy to submit and processed in a timely manner.

IV. Regional and Local Health Operations

Public Health Regions 2/3 Safe Riders Survey

Purpose

The Community Health Services, Safe Riders Distribution Program serves child caregivers who meet the Safe Rider's specific criteria. The program provides free Child Passenger Safety educational classes and a free child car seat to reduce the number of motor vehicle crash injuries and fatalities to children in Texas.

The purpose of the survey was to provide input on the satisfaction of Safe Riders class participants. The surveys were conducted by the Community Health Services program staff. The study population was caregivers in Tarrant County who completed the educational classes and were provided a child car seat.

Sample and Methods

The study sought responses from all child caregivers attending the Safe Riders Class. The study was conducted by paper September 1, 2015, through August 31, 2017. The surveys were offered in English and Spanish. Individuals provided their responses by completing the survey themselves or were helped by the staff if needed. The total number of completed responses was 17 surveys completed out of 17 people invited to survey for a response rate of 100 percent.

Major Findings

The findings of the study were as follows for SFY 2016:

- Most child caregivers (82 percent) were satisfied with the class time of the day.
- Most child caregivers (79 percent) were satisfied with the class day of the week.
- Most child caregivers (88 percent) felt their knowledge of child safety seats increased.
- Most child caregivers (82 percent) were comfortable installing their child's car seat after the class.
- Some child caregivers (47 percent) were satisfied with the car seat installation.
- Most child caregivers (76 percent) heard about the program through other sources besides school, church, child care centers, and pediatrician offices.

Public Health Regions 2/3 Immunizations Clinic Survey

Purpose

The Community Health Services/Nursing Program serves uninsured clients in counties for Region 2/3. The program provides free immunization clinics to clients who meet the vaccination criteria. Immunizations are provided to eliminate the spread of vaccine-preventable diseases by increasing coverage for Texans.

The purpose of the survey was to determine satisfaction of clients served through immunization clinics. The survey was conducted by the nursing program staff. The

study population was clients in Public Health Regions 2/3 attending immunization clinics.

Sample and Methods

The study sought responses from all clients who attended an immunization clinic throughout SFY 2016 and SFY 2017. The study was conducted by paper September 1, 2015, through August 31, 2017. The surveys were offered in English and Spanish. Individuals provided their responses by completing the survey themselves or were helped by the staff if needed. The total number of completed responses in SFY 2016 was 893, and 1386 in SFY 2017.

Major Findings

The findings of the study were as follows for SFY 2016:

- Most clients (94 percent) strongly agreed they felt the staff were very helpful in assisting to complete required forms to receive vaccines.
- Most clients (95 percent) were given information about the immunizations that were recommended for their child or themselves in their primary language.
- Most clients (95 percent) strongly agreed they were given the opportunity to ask questions about the vaccines for their child or themselves.
- Most clients (94 percent) strongly agreed they were given instructions on what to do if they had problems with the immunization that was provided to their child or themselves.
- Most clients (95 percent) strongly agreed they were provided a copy of their child's or their immunizations at the visit.

The findings of the study were as follows for SFY 2017:

- Most clients (96 percent) strongly agreed they felt the staff were very helpful in assisting to complete required forms to receive vaccines.
- Most clients (98 percent) were given information about the immunizations that were recommended for their child or themselves in their primary language.
- Most clients (97 percent) strongly agreed they were given the opportunity to ask questions about the vaccines for their child or themselves.

- Most clients (97 percent) strongly agreed they were given instructions on what to do if they had problems with the immunization that was provided to their child or themselves.
- Most clients (98 percent) strongly agreed they were provided a copy of their child's or their immunizations at the visit.

Public Health Regions 2/3 Specialized Health and Social Services

Purpose

The Specialized Health and Social Services program serves children with special health-care needs and people of any age with cystic fibrosis. The program assists clients with their medical, dental, and mental healthcare, special therapies, case management, family support services, travel to healthcare visits, insurance premiums, and transportation of deceased clients.

Staff conducted home visits to complete detailed assessments to determine clients' needs and available resources. The purpose of the series of interviews was to provide input about the quality of case management services. The series of interviews was conducted by Specialized Health and Social Services employees.

The study population was Personal Care Services (PCS)/Community First Choice (CFC), Children with Special Health Care Needs (CSHCN) Services Program, and Medicaid Case Management for Children and Pregnant Women (CPW) clients. The surveys were conducted between June and August 2017.

Sample and Methods

The study sought responses from a sample of the population. The responses were from every client requesting service during this time period. The study was conducted by telephone interviews in the months of June, July, and August. The interviews were offered in English and Spanish. Individuals provided their responses by being interviewed. The total number of completed responses was 28 out of 28, for a response rate of 100 percent.

Major Findings

Approximately 93 percent of those surveyed receive PCS, while the remaining 7 percent receive CSHCN. Most respondents were satisfied with the services they

received and indicated that their case managers followed policy. The findings of the study were as follows:

- All respondents (100 percent) reported that the case manager helped them with the needs they felt were important.
- All respondents (100 percent) reported that the case manager gave them referrals that helped them and their family.
- All respondents (100 percent) reported that the case manager helped them to get needed medical services for their child.
- All respondents (100 percent) reported that the case manager taught them how to obtain care for their child.
- Most respondents (96 percent) reported that the case manager was easy to talk with, showed respect and courtesy, and understood my concerns.

Public Health Regions 4/5N - Retail Foods/General Sanitation Program

Purpose

The Retail Foods/General Sanitation Program regulates food service facilities that serve foods directly to the public, youth camps and schools. The Retail Foods/General Sanitation Program provides services where there are no local/county regulators.

The purpose of the survey was to provide a way for inspected facilities to anonymously evaluate the inspection process/inspector to determine areas of proficiency and areas needing improvement. The survey was conducted by regional staff. The study population was facilities that are inspected by the Retail Foods/General Sanitation Program in Region 4/5 N.

Sample and Methods

The study sought responses from all inspected facilities. Inspected facilities are inspected based on the risk factors, complaint basis, and compliance schedules. Schools are inspected twice a year; youth camps are inspected once a year.

The study was conducted by paper and online from January to December of 2016. The surveys were offered in English only. Individuals provided their responses by completing the survey themselves or being helped by staff if needed. The total number of completed responses was 246 out of 1,895 for a response rate of 13 percent.

Major Findings

The study showed that regulated facilities felt inspectors were very knowledgeable and extremely helpful during inspections. The verbal communication during inspections was extremely clear or very clear. The findings were as follows:

- All respondents (100 percent) reported that the inspector seemed very knowledgeable.
- Most respondents (72 percent) reported that verbal information provided by the inspector was clear.
- Most respondents (79 percent) reported that the inspector was extremely helpful.
- Most respondents (95 percent) reported that the introduction by the inspector did not need improvement.
- Most respondents (97 percent) reported that the appearance of the inspector did not need improvement.
- Most respondents (97 percent) reported that the inspector's presentation did not need improvement.
- Most respondents (97 percent) reported that the inspector's preparation did not need improvement.
- Most respondents (86 percent) reported that the inspector's report was readable, clear, and helpful.

4. Health and Human Services Commission

During 2016 and 2017, the Health and Human Services Commission (HHSC) absorbed many of the services and functions previously administered by the Department of Assistive and Rehabilitative Services (DARS), the Department of Aging and Disability Services (DADS), and the Department of State Health Services (DSHS). This section includes 19 surveys capturing customer satisfaction since the last Report on Customer Service. The surveys summarized in this chapter were administered in state fiscal years 2016-2018. For readability, this chapter is organized into six sections:

I. Child Healthcare Coverage

   a. STAR Child Caregiver Member Survey

   b. CHIP Caregiver Member Survey

   c. Medicaid and CHIP Dental Caregiver Survey

   d. STAR Health Caregiver Member Survey

II. Adult Healthcare Coverage

   e. STAR Adult Member Survey

   f. STAR+PLUS Adult Member Survey

III. Access and Eligibility Services

   a. Supplemental Nutrition Assistance Program (SNAP) Community Partner Interview (CPI) Surveys

   b. YourTexasBenefits.Com Survey

IV. Legacy DADS Surveys

   a. Nursing Facility Quality Review (NFQR)

   b. Long Term Services and Supports Quality Review (LTSSQR)

   c. Consumer Rights and Services (CRS) Survey

V. Legacy DARS Surveys

e. Early Childhood Intervention (ECI) Family Survey

f. Independent Living Services Customer Satisfaction Survey

g. Blind Children's Vocational Discovery and Development Program Customer Satisfaction Survey

h. Autism Program Satisfaction Survey

VI. Legacy DSHS Surveys

g. Mental Health Statistics Improvement Program Youth Services Survey for Families

h. Mental Health Statistics Improvement Program Adult Services Survey

i. Mental Health Statistics Improvement Program Inpatient Consumer Survey

j. Women, Infants, and Children (WIC) Nutrition Education Survey

I. Child Healthcare Coverage

The child healthcare surveys discussed here relate to Texas Medicaid or Children's Health Insurance Program (CHIP) services and were conducted by the Institute for Child Health Policy (ICHP) at the University of Florida. Federal law requires state Medicaid programs to contract with an external quality review organization to help evaluate services. HHSC contracts with ICHP for this purpose. The surveys assess caregivers' satisfaction with health, dental, or behavioral health services. The questions on the surveys are primarily taken from nationally used survey instruments.

The surveys about services for children include:

- STAR Child Caregiver Member Survey
- CHIP Caregiver Member Survey
- Medicaid and CHIP Dental Caregiver Survey

- STAR Health Caregiver Member Survey

ICHP used a similar survey protocol for all surveys. Evaluators sent advance notification letters written in English and Spanish to caregivers of member children in Medicaid and CHIP requesting their participation in the surveys. Then the evaluators telephoned caregivers seven days a week in both day and evening hours (generally between 9:00 a.m. and 9:00 p.m. Central Time) to complete the survey. Multiple attempts (up to 20 for most programs) were made to reach a family before a member's phone number was removed from the calling circuit. If a respondent was unable to complete the interview in English, evaluators referred the respondent to a Spanish-speaking interviewer for a later time.

The child healthcare surveys were conducted by the University of Florida Survey Research Center (UFSRC) and included questions from the following sources:

- The Agency for Healthcare Research and Quality's (AHRQ) Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey, a widely used instrument for measuring and reporting consumer experiences with their health plan and providers.
- Items developed by ICHP pertaining to caregiver and member demographic and household characteristics.

STAR Child Caregiver Member Survey

Purpose

ICHP conducted the 2017 STAR Child Caregiver Member Survey from May to August 2017 with caregivers of children who received services funded through the Medicaid STAR program. STAR serves children in low-income families as well as adults who meet certain income and eligibility criteria. The program provides physical and behavioral health services and dental services for children. This survey reviewed physical and behavioral health, and a separate survey examined satisfaction with dental services. Surveys for adults and children in the STAR program were conducted separately.

The purpose of the STAR Child Caregiver Member Survey is to determine the sociodemographic characteristics and health status of children enrolled in the STAR program and assess parental experiences and satisfaction with healthcare received by STAR enrollees. Additionally, the survey included questions to address the need

for and availability of specialized services for enrollees and healthcare needs as children with chronic conditions transition into adulthood.

Sample and Methods

Participants for the STAR Child Caregiver Member Survey were selected from a stratified random sample of beneficiaries ages 17 and younger who were enrolled in STAR for six continuous months between September 2016 and February 2017. Members having no more than one 30-day break in enrollment in the same managed care organization (MCO) during this period were included in the sample. The sample was stratified to include representation from the 45 plan codes (MCO/service areas), with a target number of 200 completed surveys per plan code and 300 completes for MCOs operating in only one service area. While the sample was drawn from the beneficiaries (children), the survey was conducted with their parents/caregivers.

There were 9,584 completed surveys with a response rate of 28 percent.

Major Findings

ICHP presented the findings to HHSC for a number of domains (e.g., how well doctors communicate, customer services, and getting care quickly). The scores in Table 13 to Table 15 are presented as composites, which are scores that combine results for closely related survey items (e.g., five questions related to getting care quickly).

Table 13: STAR Child Caregiver Member Survey CAHPS Composites: Percent "Always" Having Positive Experiences[3]

Satisfaction Measure	Proportion of Respondents (N=9,584)
Getting Needed Care	60.0%
Getting Care Quickly	75.5%
How Well Doctors Communicate	81.9%
Customer Service	82.2%
Coordination of Care	60.7%
Access to Specialized Services	56.7%
Getting Needed Information	76.6%
Getting Prescriptions	78.3%

[3] CAHPS composite rates and CAHPS-based HHSC Dashboard indicators in this report are calculated following the "top box" (percent always) method. This differs from the scoring method used in prior years (percent usually + always); therefore, results in this file should not be compared to those in the prior-year report due to changes in the scoring methodology.

Table 14: STAR Child Caregiver Member Survey CAHPS Composites: Percent Responding "Yes"

Satisfaction Measure	Proportion of Respondents (N=9,584)
Health Promotion and Education	72.4%
Shared Decision Making	79.3%
Personal Doctor Who Knows Child	89.9%
Coordination of Care for Children with Chronic Conditions	74.9%

Table 15: STAR Child Caregiver Member Survey CAHPS Ratings: Percent Rating at "9" or "10"

Satisfaction Measure	Proportion of Respondents (N=4,148)
Health Care Rating	77.2%
Personal Doctor Rating	76.4%
Specialist Rating	78.2%
Health Plan Rating	82.0%

HHSC also set benchmarks (HHSC Performance Dashboard Indicators) for the agency's performance in several key domains, and the relevant results of the STAR Child Caregiver Member Survey are reported relative to these performance indicator benchmarks in Table 16.

Table 16: Statewide STAR Child CAHPS Member Survey Results Relative to HHSC Performance Dashboard Indicators

Performance Dashboard Indicator	STAR Total (N=9,584)	STAR Dashboard Standard (2017)
Good access to urgent care	80.3%	82%
Good access to specialist referral	52.6%	59%
Good access to routine care	70.7%	80%
Good access to behavioral health treatment or counseling	50.4%	60%
Members rating child's personal doctor "9" or "10"	76.4%	80%
Members rating child's health plan a "9" or "10"	82.0%	81%
Good experiences with doctor's communication	81.9%	80%

CHIP Caregiver Member Survey

Purpose

ICHP conducted the 2017 CHIP Caregiver Member Survey from May to August 2017 with caregivers of children who received services funded through CHIP. CHIP is a partially subsidized health insurance program for children from families whose income falls below a specific threshold but exceeds the eligibility level to qualify for Medicaid.

The purpose of the CHIP Caregiver Member Survey is to determine the sociodemographic characteristics and health status of children enrolled in CHIP and to assess parental experiences and satisfaction with healthcare received by CHIP enrollees. Additionally, the survey included questions to address the need for and availability of specialized services for members and healthcare needs as children with chronic conditions transition into adulthood.

Sample and Methods

Survey participants for the CHIP Child Caregiver Member Survey were selected from a stratified random sample of beneficiaries ages 17 and younger who were enrolled in CHIP for six continuous months between September 2016 and February 2017. Members having no more than one 30-day break in enrollment in the same MCO during this period were included in the sample. The sample was stratified to include representation from the 33 plan codes (MCO/service areas), with a target number of 200 completed surveys per plan code and 300 completes for MCOs operating in only one service area.

There were 6,025 completed surveys with a response rate of 24 percent.

Major Findings

ICHP presented the findings to HHSC for a number of domains (e.g., how well doctors communicate, customer service, and getting care quickly). The scores in Table 17 to Table 19 are presented as composites, which are scores that combine results for closely related survey items (e.g., five questions related to getting care quickly).

Table 17: CHIP Caregiver Member Survey CAHPS Composites: Percent "Always" Having Positive Experiences[4]

Satisfaction Measure	Proportion of Respondents (N=6,025)
Getting Needed Care	58.9%
Getting Care Quickly	75.4%
How Well Doctors Communicate	82.0%
Customer Service	75.0%
Coordination of Care	62.8%
Access to Specialized Services	49.8%
Getting Needed Information	73.3%
Getting Prescriptions	73.9%

[4] CAHPS composite rates and CAHPS-based HHSC Dashboard indicators in this report are calculated following the "top box" (percent always) method. This differs from the scoring method used in prior years (percent usually + always); therefore, results in this file should not be compared to those in the prior-year report due to changes in the scoring methodology.

Table 18: CHIP Caregiver Member Survey CAHPS Composites: Percent Responding "Yes"

Satisfaction Measure	Proportion of Respondents (N=6,025)
Health Promotion and Education	66.5%
Shared Decision Making	76.9%
Personal Doctor Who Knows Child	89.3%
Coordination of Care for Children with Chronic Conditions	73.3%

Table 19: CHIP Caregiver Member Survey CAHPS Ratings: Percent Rating at "9" or "10"

Satisfaction Measure	Proportion of Respondents (N=6,025)
Health Care Rating	73.1%
Personal Doctor Rating	74.1%
Specialist Rating	77.1%
Health Plan Rating	74.7%

HHSC also set benchmarks (HHSC Performance Dashboard Indicators) for the agency's performance in several key domains, and the relevant results of the CHIP Caregiver Member Survey are reported relative to these performance indicator benchmarks in Table 20.

Table 20: Statewide CHIP Established Enrollee Survey Results Relative to HHSC Performance Dashboard Indicators

Performance Dashboard Indicator	CHIP Survey Results (N=6,025)	CHIP Dashboard Standard (2017)
Good access to urgent care	78.5%	80%
Good access to specialist appointments	54.4%	58%
Good access to routine care	72.3%	80%
Good access to behavioral health treatment or counseling	51.1%	41%
Members rating child's personal doctor "9" or "10"	74.1%	75%
Members rating child's health plan a "9" or "10"	74.7%	81%
Good experience with doctor's communication	82.0%	80%

Medicaid and CHIP Dental Caregiver Survey

Purpose

ICHP conducted the 2017 Medicaid and CHIP Dental Caregiver Survey from August to October 2017 with caregivers of children who received dental services funded through Texas Medicaid and CHIP.

The purpose of the Medicaid and CHIP Dental Caregiver Survey is to assess caregivers' experiences and satisfaction with the dental health services their children received in the Medicaid and CHIP programs. Specifically, the survey included questions to address:

- The sociodemographic characteristics and health status of child enrollees receiving dental health services.

- Caregiver experiences and satisfaction with their child's dentist and dental services overall, including:
    - The timeliness of getting treatment
    - The quality of dentist's communication and care
    - Getting treatment and information from the health plan
    - Receiving information about treatment options

Sample and Methods

Participants for the Dental Caregiver Member Survey were selected from a stratified random sample of beneficiaries ages 17 and younger who were enrolled in CHIP or Medicaid for six continuous months between December 2016 and May 2017. Members having no more than one 30-day break in enrollment in the same CHIP or Medicaid dental plan during this period were included in the sample. The sample was stratified to include representation from CHIP and Medicaid with a target number of 300 completed surveys per dental plan.

There were 1,200 surveys completed with a response rate of 30 percent.

Major Findings

ICHP presented findings from the surveys to HHSC. Selected findings that relate to the four domains of care (timeliness, quality, treatment, and information) described in the methodology section are presented in Table 21. Selected findings related to access and overall satisfaction are presented in Table 22.

Table 21: Medicaid and CHIP Dental Caregiver Survey: Proportion of Respondents who answered "Always"[5]

Satisfaction Measure	CHIP Dental (N=600)	Medicaid Dental (N=600)
In the last six months, how often were your child's dental appointments as soon as you wanted?	77.8%	79.8%
In the last six months, how often did the customer service staff at your child's dental plan treat you with courtesy and respect?	84.5%	79.6%
In the last six months, how often did your child's regular dentist explain things in a way that was easy to understand?	87.4%	86.1%
In the last six months, how often did your child's dental plan cover all of the services you thought were covered?	62.2%	85.6%
[Of those who sought information] In the last six months, how often did the 800 number, written materials or website provide the information you wanted?	53.4%	54.8%

[5] CAHPS composite rates and CAHPS-based HHSC Dashboard indicators in this report are calculated following the "top box" (percent always) method. This differs from the scoring method used in prior years (percent usually + always); therefore, results in this file should not be compared to those in the prior-year report due to changes in the scoring methodology.

Table 22: Medicaid and CHIP Dental Caregiver Survey: Proportion of Respondents who answered "9" or "10"

Satisfaction Measure	CHIP Dental (N=600)	Medicaid Dental (N=600)
Using any number from 0 to 10, where 0 is extremely difficult and 10 is extremely easy, what number would you use to rate how easy it was for you to find a dentist for your child?	73.0%	74.5%
Using any number from 0 to 10, where 0 is the worst dental plan possible and 10 is the best dental plan possible, what number would you use to rate your child's dental plan?	68.5%	81.6%

STAR Health Caregiver Survey

Purpose

ICHP conducted the 2016 STAR Health Caregiver Survey from June to July 2016 with caregivers of children who received services funded through the STAR Health program. The Texas STAR Health program began in April 2008 and is operated through Superior HealthPlan to provide services and care coordination to children in foster care.

The purpose of the STAR Health Caregiver Survey is to assess the sociodemographic characteristics and health status of members and the experiences and satisfaction of caregivers with the healthcare services received by their children in STAR Health. Additionally, the survey included questions to address:

- The need for and availability of specialized services for members
- Caregivers' experiences with their child's care coordination
- Healthcare needs as children with chronic conditions transition into adulthood

Sample and Methods

Participants for the STAR Health Caregiver Survey were selected from a simple random sample of beneficiaries age 17 years or younger who were enrolled in the STAR Health program for six continuous months from November 2015 to April 2016. The target number of completed surveys was 300.

There were 301 surveys completed with a response rate of 22 percent.

Major Findings

ICHP presented the findings to HHSC for a number of domains (e.g., how well doctors communicate, customer service, and getting care quickly). The scores are presented as composites, which are scores that combine results for closely related survey items (e.g., five questions related to getting care quickly). Table 23 presents the composite scores, and Table 24 presents the ratings for several questions.

Table 23: STAR Health Caregiver Survey CAHPS Composites: Percent "Always" Having Positive Experiences[6]

Satisfaction Measure	STAR Health Proportion of Respondents (N=301)	AHRQ National Medicaid Standards (2015)[7]
Getting Needed Care	63.9%	60%
Getting Care Quickly	76.3%	72%
How Well Doctors Communicate	86.0%	77%
Customer Service	74.0%	66%
Shared Decision Making	80.6%	80%
Access to Specialized Services	58.6%	54%
Personal Doctor	92.2%	89%
Coordination of Care	72.9%	77%
Getting Needed Information	78.2%	72%
Getting Prescriptions	73.3%	70%

[6] CAHPS composite rates and CAHPS-based HHSC Dashboard indicators in this report are calculated following the "top box" (percent always) method. This differs from the scoring method used in prior years (percent usually + always); therefore, results in this file should not be compared to those in the prior-year report due to changes in the scoring methodology.

[7] https://www.cahpsdatabase.ahrq.gov/cahpsidb/

Table 24: STAR Health Caregiver Survey CAHPS Ratings Percent rating at "9" or "10"

Satisfaction Measure	STAR Health Proportion of Respondents (N=301)	AHRQ National Medicaid Standards (2015)[8]
Health Care Rating	67.4%	65%
Personal Doctor Rating	75.4%	73%
Specialist Rating	76.0%	70%
Health Plan Rating	62.0%	67%

HHSC also set benchmarks (HHSC Performance Dashboard Indicators) for the agency's performance in several key domains. The relevant results of the STAR Health Caregiver Survey are reported relative to these performance indicator benchmarks in Table 25.

[8] https://www.cahpsdatabase.ahrq.gov/cahpsidb/

Table 25: Statewide STAR Health Caregiver Survey Results Relative to HHSC Performance Dashboard Indicators

Performance Dashboard Indicator	STAR Health Total (2016) (N=301)	STAR Health Dashboard Standard (2016)
Good access to urgent care	78.1%	82%
Good access to specialist referral	57.9%	58%
Good access to routine care	74.4%	80%
Good access to behavioral health treatment or counseling	63.5%	63%
Parent/Caregiver rating child's personal doctor "9" or "10"	75.4%	72%
Parent/Caregiver rating child's health plan a "9" or "10"	62.0%	67%
Parent/Caregiver good experiences with doctors' communication	86.0%	83%

II. Adult Healthcare Coverage

The adult healthcare surveys discussed here relate to Texas Medicaid services and were conducted by the Institute for Child Health Policy (ICHP) at the University of Florida. Federal law requires state Medicaid programs to contract with an external quality review organization to help evaluate services. HHSC contracts with ICHP for this purpose. The surveys assess members' satisfaction with health or behavioral health services. The questions on the surveys are primarily taken from nationally used survey instruments.

The surveys about adult services included:

- STAR Adult Member Survey
- STAR+PLUS Adult Member Survey

ICHP used the same protocol for the two telephone-based surveys discussed here as was used with the similar surveys regarding services for children (advanced notification followed by telephone surveys). As with the surveys about children's services, the ICHP surveys about adult services used CAHPS and items developed by ICHP. The adult healthcare surveys were conducted by the National Opinion Research Center (NORC).

STAR Adult Member Survey

Purpose

ICHP conducted the 2016 STAR Adult Member Survey from May to August 2016 with adults who received services funded through the Medicaid STAR program. STAR serves children in low-income families and adults who meet certain income and eligibility criteria. For adults, the program provides physical and behavioral health services.

The purpose of the STAR Adult Member Survey is to determine the sociodemographic characteristics and health status of members and members' experiences and level of satisfaction in the STAR program. The survey was conducted with established adult members who had been enrolled in the STAR program for at least six months. Specifically, the survey included questions to address:

- Access to and timeliness of care, including having a usual source of care
- Preventive care, including check-ups, flu shots, and smoking cessation
- The need for and availability of specialized services
- Members' experiences with their health plan and customer service

Sample and Methods

Participants for the STAR Adult Survey were selected from a stratified random sample of beneficiaries ages 18 to 64 who were enrolled in the same MCO for six continuous months between October 2015 and March 2016. Members having no more than one 30-day break in enrollment in the same MCO during this period were included in the sample. The sample was stratified to include representation from the 45 plan codes (MCO/service areas). The target number of completed surveys was 250 per MCO and Medicaid Rural Service Area (MRSA).

There were 4,579 surveys completed with a response rate of 53 percent.

Major Findings

ICHP presented the findings to HHSC for a number of domains (e.g., how well doctors communicate, customer service, and getting care quickly). The scores in Table 26 to Table 28 are presented as composites, which are scores that combine results for closely related survey items (e.g., five questions related to getting care quickly).

Table 26: STAR Adult Member Survey CAHPS Composites: Percent "Always" Having Positive Experiences[9]

Satisfaction Measure	Proportion of Respondents (N=4,579)
Getting Needed Care	53.5%
Getting Care Quickly	57.2%
How Well Doctors Communicate	79.1%
Customer Service	72.4%
Coordination of Care	53.6%

[9] CAHPS composite rates and CAHPS-based HHSC Dashboard indicators in this report are calculated following the "top box" (percent always) method. This differs from the scoring method used in prior years (percent usually + always); therefore, results in this file should not be compared to those in the prior-year report due to changes in the scoring methodology.

Table 27: STAR Adult Member Survey CAHPS Ratings: Percent Responding "Yes"

Satisfaction Measure	Proportion of Respondents (N=4,579)
Shared Decision Making	80.5%
Health Promotion and Education	67.8%

Table 28: STAR Adult Member Survey CAHPS Ratings: Percent Rating a "9" or "10"

Satisfaction Measure	Proportion of Respondents (N=4,579)
Health Care Rating	57.3%
Personal Doctor Rating	67.6%
Specialist Rating	66.9%
Health Plan Rating	61.1%

HHSC also set benchmarks (HHSC Performance Dashboard Indicators) for the agency's performance in several key domains. The relevant results of the STAR Adult Member Survey are reported relative to these performance indicator benchmarks in Table 29.

Table 29: Statewide STAR Adult Member Survey Results Relative to HHSC Performance Dashboard Indicators

Performance Dashboard Indicator	STAR Survey Results (N=4,579)	STAR Dashboard Standard (2016)
Good access to urgent care	62.6%	68%
Good access to specialist referral	51.0%	52%
Good access to routine care	51.9%	59%
Advising smokers to quit	32.6%	43%
Good access to behavioral health treatment or counseling	37.1%	53%
Members rating their personal doctor a “9” or “10”	67.6%	67%
Members rating their health plan "9" or "10"	61.1%	64%
Good experience with doctor's communication	79.1%	77%

STAR+PLUS Adult Member Survey

Purpose

ICHP conducted the 2016 STAR+PLUS Member Survey from May to August 2016 with adults who received services funded through the Medicaid STAR+PLUS program. The STAR+PLUS program integrates acute and long-term services and supports for clients who are older and/or have disabilities.

The purpose of the STAR+PLUS Member Survey is to determine members’ level of satisfaction in the STAR+PLUS program. Specifically, the survey included questions to address:

- The sociodemographic characteristics and health status of members

- Members' satisfaction with their healthcare
- Access to and timeliness of care, including having a usual source of care
- Preventative care, including check-ups, flu shots, and smoking cessation
- The need for and availability of specialized services
- Members' experiences with their health plan and customer service
- Members' knowledge of and experiences with Service Coordination provided by their health plan

Sample and Methods

Participants for the STAR+PLUS Survey were selected from a stratified random sample of beneficiaries ages 18 to 64 who were enrolled in the same MCO for six continuous months between October 2015 and March 2016. Members having no more than one 30-day break in enrollment in the same MCO during this period were included in the sample. The sample was stratified to include representation from the 30 plan codes (MCO/service areas) and statewide dual-eligible members in STAR+PLUS. The target number of completed surveys was 250 per MCO, MRSA, and dual-eligible members.

There were 2,283 surveys completed with a response rate of 68 percent.

Major Findings

ICHP presented the findings to HHSC for a number of domains (e.g., how well doctors communicate, customer service, and getting care quickly). The scores in Table 30 to Table 32 are presented as composites, which are scores that combine results for closely related survey items (e.g., five questions related to getting care quickly).

Table 30: STAR+PLUS Adult Member Survey CAHPS Composites: Percent "Always" Having Positive Experiences[10] (N=2,283)

Satisfaction Measure	STAR+PLUS Medicaid-only Proportion of Respondents	Dual Eligible Proportion of Respondents
Getting Needed Care	54.7%	65.7%
Getting Care Quickly	62.0%	69.9%
How Well Doctors Communicate	79.0%	81.8%
Customer Service	73.4%	79.9%
Coordination of Care	60.9%	72.6%

Table 31: STAR+PLUS Adult Member Survey CAHPS Composites: Percent Responding "Yes" (N=2,283)

Satisfaction Measure	STAR+PLUS Medicaid-only Proportion of Respondents	Dual Eligible Proportion of Respondents
Shared Decision Making	74.9%	72.8%
Health Promotion and Education	71.5%	72.7%

[10] CAHPS composite rates and CAHPS-based HHSC Dashboard indicators in this report are calculated following the "top box" (percent always) method. This differs from the scoring method used in prior years (percent usually + always); therefore, results in this file should not be compared to those in the prior-year report due to changes in the scoring methodology.

Table 32: STAR+PLUS Adult Member Survey CAHPS Ratings: Percent Rating a "9" or "10" (N=2,283)

Satisfaction Measure	STAR+PLUS Medicaid Only Proportion of Respondents	Dual Eligible Proportion of Respondents
Health Care Rating	53.4%	58.8%
Personal Doctor Rating	68.7%	73.6%
Specialist Rating	71.3%	78.8%
Health Plan Rating	57.6%	64.1%

HHSC also set benchmarks (HHSC Performance Dashboard Indicators) for the agency's performance in several key domains, and the relevant results of the STAR+PLUS Adult Member Survey are reported relative to these performance indicator benchmarks in Table 33.

Table 33: Statewide STAR Adult Member Survey Results Relative to HHSC Performance Dashboard Indicators* (N=2,283)

Performance Dashboard Indicator	STAR+PLUS Medicaid-only Proportion of Respondents	Dual Eligible Proportion of Respondents	STAR+PLUS Dashboard Standard (2016)
Good access to urgent care	63.7%	70.2%	66%
Good access to specialist referral	53.5%	62.7%	48%
Good access to routine care	60.3%	69.7%	61%
Good access to special therapies	32.5%	66.1%	33%
Good access to service coordination	53.6%	51.5%	41%
Advising smokers to quit	47.9%	54.6%	43%
Good access to behavioral health treatment or counseling	50.9%	51.1%	44%
Members rating their personal doctor a "9" or "10"	68.7%	73.6%	70%
Members rating their health plan "9" or "10"	57.6%	64.1%	61%
Good experience with doctor's communication	79.0%	81.8%	77%

III. Access and Eligibility Services

Supplemental Nutrition Assistance Program Community Partner Interview Surveys

Purpose

Texas participates in the Food and Nutrition Service's (FNS) Supplemental Nutrition Assistance Program (SNAP) Community Partner Interview (CPI) Demonstration Project. With this, HHSC received approval from FNS to allow specific food bank outreach staff to conduct SNAP interviews, gather verifications and submit applications to HHSC for approval. (HHSC is still required to make the final determination of eligibility.)

Each year, FNS requires HHSC to conduct a customer satisfaction survey with at least 200 individuals who apply for SNAP benefits at each of five local food banks: Houston, North Texas, San Antonio, South Plains, and Tarrant. The FNS-created survey is facilitated by HHSC's Center for Analytics and Decision Support (CADS) who distributes copies of the survey to participating food banks where the surveys are administered.

Sample and Methods

In early June 2016 and 2017, surveys were sent to the five participating food banks along with scripts for the workers to use, instructions on how to distribute the surveys, return envelopes, and a collection box for use at the food bank. The number of surveys sent to each food bank was calculated based on the estimated number of interviews they would conduct in June 2016 and June 2017, respectively, and how many surveys would need to be collected from each food bank so their customers would be proportionately represented. Extra surveys were sent to each site so even if only 25 percent of interviewees responded, 200 surveys would be collected.

A convenience sample was utilized to complete the requisite number of surveys at each location. Food bank staff conducted SNAP interviews at several sites within their service area, including but not limited to food banks, affiliated food pantries, shelters, customers' homes, and community events and fairs. Upon the conclusion of every SNAP interview during the survey period, one applicant per household was provided a survey and return envelope and asked to complete the survey, seal it in

the return envelope, and return it to the interviewer or return it by mail. In sites where interviewers expected to interview more than one household, SNAP interviewers could also designate an area away from where they conducted interviews for the customer to complete the survey and deposit it in a survey drop box. Food bank staff then mailed the completed surveys to HHSC CADS. Food bank staff followed this procedure until all surveys were distributed. The survey was available in English and Spanish.

In 2016, response rates from the five food banks ranged from 43 percent to 96 percent, but overall 678 of 830 surveys were completed for a response rate of 82 percent. In 2017, the individual response rates ranged from 66 percent to 100 percent, and overall 762 of 830 surveys were completed for a response rate of 92 percent.

Major Findings

The findings of the study indicate a high level of customer satisfaction with their SNAP application process at local food banks in 2016 and 2017. In 2016, 66 percent of respondents completed surveys in English and 34 percent in Spanish. In 2017, 70 percent of surveys were completed in English and 30 percent in Spanish.

Location

Customers were asked why they selected this location to apply for SNAP benefits. They were given many options and could select all that applied [Table 34].

Table 34: Reason for Selection of Location

Option	2016 Proportion of Respondents* (n=678)	2017 Proportion of Respondents* (n=762)
You didn't know there was another way to apply	6%	5%
You go here for other services	15%	15%
You feel comfortable going here	46%	44%
It is conveniently located	23%	24%
It has convenient hours of operation	10%	11%
You don't have to wait a long time here	18%	17%
The people who work here are friendly	40%	32%
The people who work here speak your language	20%	15%
Someone referred you here	21%	19%
Don't know	0%	1%

*Percentages do not add to 100 since respondents could choose multiple options.

Experience

Respondents were asked four questions related to their experience in applying for SNAP benefits at a community site.

In 2016:

- Most respondents waited for less than 30 minutes (69 percent), while 17 percent waited 30 to 60 minutes, and 12 percent waited over an hour.

- Most respondents thought the application process was easier than before (65 percent), while 22 percent thought it was about the same, only 2 percent thought it was harder, and for 10 percent of respondents it was their first time to apply.
- Almost all respondents (96 percent) thought the location offered enough privacy.
- Ninety-nine percent of respondents strongly agreed (82 percent) or agreed (17 percent) that the staff were knowledgeable about the SNAP application procedures.

Similarly, in 2017:

- Most respondents waited for less than 30 minutes (64 percent), while 20 percent waited 30 to 60 minutes, and 15 percent waited over an hour.
- Most respondents thought the application process was easier than before (64 percent), while 24 percent thought it was about the same, only 1 percent thought it was harder, and for 9 percent of respondents it was their first time to apply.
- Almost all respondents (97 percent) thought the location offered enough privacy.
- Ninety-nine percent of respondents strongly agreed (81 percent) or agreed (18 percent) that the staff were knowledgeable about the SNAP application procedures.

Satisfaction

Overall, respondents were satisfied with the SNAP interview process.

- In 2016, the majority of respondents were very satisfied (83 percent) or satisfied (16 percent) with their experience.
- In 2017, high levels of satisfaction continued as 84 percent of respondents reported they were very satisfied (84 percent) or satisfied (15 percent) with their experience.

YourTexasBenefits.Com Survey

Purpose

Historically, Texans who have wanted to apply for public benefits such as Medicaid, TANF, CHIP, or SNAP have done so by visiting eligibility offices and working with clerks and other HHSC staff. Many years ago, HHSC created the YourTexasBenefits.com website which gives customers the opportunity to manage their benefits online rather than going into an eligibility office. Customers use the website to apply for and/or renew benefits, view their case statuses, report changes to their cases, view their SNAP and TANF benefit balances, and upload verifications needed for determining eligibility. Since 2012, HHSC increasingly promoted the website, and customers who came into offices in person may have been asked to use the website to perform tasks they could complete themselves. Most eligibility offices have computers that clients can use to access the website. In 2016, the website was redesigned so it could also be accessed from mobile devices and tablets.

After customers use the YourTexasBenefits.com website and log out, all users are prompted to complete a brief online survey. The purpose of this ongoing survey is to assess customers' satisfaction and experiences with the website.

The current survey collects data about:

- Device type
- Reasons and frequency for using YourTexasBenefits.com
- How customer heard about YourTexasBenefit.com
- Expected future use of YourTexasBenefits.com
- Perception of use on a mobile device or tablet
- Perception of ease of use for account creation

Sample and Methods

The YourTexasBenefits.com survey went live in August 2012 and was updated in September 2016 when HHSC launched the redesigned website. It is available in both English and Spanish and includes 10 questions. The number of questions

customers may be prompted to answer varies depending on their reasons for using the website.

In 2017, there were 66,999 completed surveys – an average of 5,583 responses per month. In addition, 2,330 surveys were initiated but were not completed. The number of people who chose not to initiate the survey is not known with precision, so a response rate cannot be calculated.

Major Findings

Most respondents were satisfied with their experience using the YourTexasBenefits.com website in 2017.

Positive Findings

Positive findings of the YourTexasBenefits.com survey include:

- The majority of respondents indicated it was easy or very easy to set up an account (84 percent), apply for benefits, renew benefits, or report a change (58 percent).
- Seventy percent of respondents indicated their experience using a tablet or mobile phone to access YourTexasBenefits.com was good or very good.
- Ninety-eight percent of respondents said they were visiting the site to apply for or renew benefits.

Opportunities for Improvement

Of those who applied and/or renewed their benefits online, about 42 percent found the questions confusing or hard to answer. Customers reported the more confusing or hard to answer questions were:

- Uploading files about people on my case, things I own, money I get, etc.: 12 percent
- People on their case or people living in their home: 11 percent
- Money that people in their home make or get: 9 percent
- Other: 11 percent

IV. Legacy Department of Aging and Disability Services Surveys

This report includes three customer service surveys from the legacy Department of Aging and Disability Services (DADS) agency. The DADS administered multiple long-term services and support programs for older individuals, people with intellectual or developmental disabilities (IDD), and people with physical disabilities until September 1, 2016. At that time, many of DADS services and supports were transferred to HHSC.

The two largest surveys included in this section are the Nursing Facility Quality Review (NFQR) and Long-Term Services and Supports Quality Review (LTSSQR). Prior to 2015, both quality reviews were required by the 2012-13 General Appropriations Act, H.B. 1, 82nd Legislature, Regular Session, 2011 (Article II, Department of Aging and Disability Services, Rider 13). The 84th Legislature, Regular Session, 2015, repealed Rider 13; however, surveys and reports associated with both quality reviews have continued on a biennial basis with general appropriation funds. The surveys assess satisfaction, quality of care, and quality of life for individuals who reside in nursing facilities and individuals who receive other long-term services and supports. These large, recurring quality reviews involve data collection and analysis that span a period of multiple years. The most recent NFQR and LTSSQR, both published in 2017, use survey data collected in 2015 and 2016. Together, they represent the views of 8,440 individuals.

In addition to these two quality review surveys, the Consumer Rights and Services (CRS) survey is also included in this section. Through surveys reported here, DADS collected over 19,000 survey responses regarding customers' experiences and satisfaction with services.

Nursing Facility Quality Review

Purpose

The Quality Monitoring Program helps detect conditions in Texas nursing facilities that could be detrimental to the health, safety, and welfare of residents. It is not a regulatory program and quality monitors do not cite deficient practices. Quality monitors focus on nursing facilities that have a history of resident care deficiencies, or that have been identified as having a higher-than-average risk of being cited for

significant deficiencies in future surveys conducted by the HHSC Regulatory Services surveyors.

The Nursing Facility Quality Review (NFQR) is a statewide survey of Texas nursing facility residents to evaluate the quality of care residents received and how satisfied they were with the quality of life in the nursing facility. The NFQR has been conducted since 2002; annually between 2002 and 2010, and biennially since 2010. DADS contracted with The University of Texas at Austin for data collection for the 2015 NFQR. The NFQR 2015 Report is available online.

Sample and Methods

Data collection for NFQR 2015 began in March 2015 and continued through April 2016. Nurses hired by The University of Texas at Austin visited 815 Medicaid-certified nursing facilities across the state, using a structured survey instrument to evaluate the quality of care provided to a random sample of residents; the total sample size was 1,556 residents. While on-site, the nurses also interviewed residents to determine satisfaction with services received and their overall quality of life in the facility. Interpreters were used as necessary for the interviews.

Census information from a nursing facility's most recent regulatory survey visit was used to establish that facility's sample size; usually one to three residents in each facility. A list of randomly generated numbers was then prepared for each facility. This list, along with a roster provided by the nursing facility, were used by the nurse reviewers to select residents for the sample. For example, if the random number was five, then the fifth resident on the facility's roster was selected for the sample.

Staff at DADS analyzed the data using statistical software to test for linear trends across time, either from the first year data was collected on a particular measure, or from when there was a change in the wording of a question that prevented comparison to the data from previous years.

The findings documented in the report came directly from the resident assessments and interviews completed by the nurse reviewers. Additional information was obtained from:

- Evaluations of residents' Medication Administration Records (MARs) and supporting documentation; and
- Data provided by the Centers for Medicare and Medicaid Services.

Major Findings

The NFQR evaluates many clinical measures related to quality of care, as well as residents' satisfaction with the quality of care they received in the facility and with their quality of life. The findings summarized below focus on the quality of life measures and residents' satisfaction with the services they received in the nursing facility.

Overall Satisfaction

In general, residents interviewed during the on-site visits expressed satisfaction with their overall experience in the nursing facility and the care they received. This finding was not significantly different from previous surveys.

Table 35: NFQR Overall Satisfaction Findings: Indicated Somewhat Satisfied, Satisfied, or Very Satisfied

Satisfaction Measure	Proportion of Respondents*			
	2009 (N=2,164)	2012 (N=2,172)	2013 (N=2,166)	2015 (N=1,556)
Expressed satisfaction with their experience in the nursing facility	89%	90%	88%	89%
Expressed satisfaction with the healthcare services they received	90%	90%	90%	88%

*Proportions indicate respondents who chose responses "somewhat satisfied," "satisfied," or "very satisfied," rather than "somewhat dissatisfied," "dissatisfied," or "very dissatisfied." Those who did not answer the survey question are not counted in these proportions.

Specific Quality of Life/Consumer Satisfaction Measures

Several of the specific satisfaction measures demonstrated statistically significant improvement over time, while others showed statistically significant declines. A

number of new Quality of Life/Consumer Satisfaction measures were introduced for the first time in 2015.

Table 36: NFQR Specific Satisfaction Measures: Indicated Sometimes, Most of the Time, or Always

Satisfaction Measure	Proportion of Respondents*			
	2009 (N=2,164)	2012 (N=2,172)	2013 (N=2,166)	2015 (N=1,556)
Enjoyed organized activities at the nursing facility	62%	62%	63%	75%
Stated weekend activities (other than religious activities) were available	44%	49%	52%	70%
Liked the food served at the facility	85%	85%	83%	81%
Stated that their favorite foods were available at the facility	67%	71%	66%	70%
Felt that their possessions were safe at the facility	89%	92%	88%	88%
Felt safe and secure at the nursing facility	98%	98%	97%	97%

Satisfaction Measure	Proportion of Respondents*			
	2009 (N=2,164)	2012 (N=2,172)	2013 (N=2,166)	2015 (N=1,556)
Stated they were called by their preferred name**	-	-	-	96%
Stated staff members treated them with respect**	-	-	-	98%
Stated they were able to choose their daily schedule**	-	-	-	71%
Stated they participated in their care plan meeting**	-	-	-	31%

*Proportions indicate respondents who chose responses "sometimes," "most of the time," or "always," rather than "rarely," or "never." Those who did not answer the survey question are not counted in these proportions.

**New measures introduced for NFQR 2015.

Table 37: NFQR Specific Satisfaction Measures: Indicated "Yes" when answering these questions

Satisfaction Measure	Proportion of Respondents*			
	2009 (N=2,164)	2012 (N=2,172)	2013 (N=2,166)	2015 (N=1,556)
Satisfied with their level of pain control	95%	92%	92%	84%
Had concerns the facility did not address**	-	13%	15%	20%
Stated they had concerns they did not express due to fear of retaliation**	-	4%	7%	8%

*Proportions indicate respondents who chose responses "yes" when answering these questions. Those who did not answer the survey question are not counted in these proportions.

**Measure introduced for NFQR 2012.

Long Term Services and Supports Quality Review

Purpose

The purpose of the Long-term Services and Supports Quality Review (LTSSQR) survey is to:

- Describe customers' perceptions of and satisfaction with the quality and adequacy of long-term services and supports administered by DADS, their quality of life; and
- Trend satisfaction results for long-term services and supports over time.

The LTSSQR is a statewide representative survey of people receiving in-home, community-based, or institutional services and supports, excluding nursing facility care, offered by DADS. Prior to the 2017 LTSSQR Summary and Detailed reports, the LTSSQR reports were required by the 2012-13 General Appropriations Act, H.B. 1, 82nd Legislature, Regular Session, 2011 (Article II, Department of Aging and Disability Services, Rider 13). The 84th Legislature, Regular Session, 2015, repealed Rider 13; however the LTSSQR has continued. The LTSSQR reports provide information on consumers' experiences receiving services in DADS programs to the Texas Legislature, HHSC, and stakeholders. The reports also include data about quality of life, which encompasses aspects of a person's life that are not necessarily related to the direct delivery of services or supports (e.g., whether a person has relationships or friends), but help demonstrate how satisfied DADS consumers feel about the quality of their lives.

The surveys enable DADS staff to assess success and deficiencies over time, identify areas for improvement, and measure the effectiveness of implemented improvement strategies. The report is not regulatory in nature, but rather a method to identify areas for improvement.

Sample and Methods

The quality review process has been conducted since 2005. People receiving services, or their family members and guardians, provide feedback about the services received through face-to-face, telephone, web, and mail surveys.

The reports include results from three nationally validated surveys used for data collection across DADS programs and consumer types. Using nationally recognized surveys allows DADS to share data nationally and to conduct additional analyses by benchmarking Texas' performance in the national arena. The three surveys are organized across five general topics or domains: health and welfare, individual choice and respect, community inclusion, systems performance, and services satisfaction – each of which is divided into sub-domains (e.g., "employment" is a sub-domain of community inclusion). The sub-domains are measured by one or more performance indicators, which were developed based on criteria such as the measure's usefulness as a benchmark and feasibility of collecting the data.

Table 38: Overview of Target Population by Data Collection Instrument, 2015 Sample

Survey	Target Population	Method of Administration	Total # Served	Total # Surveyed
NCI Survey	Adults 18 and older with IDD receiving at least one service besides case management	In-person interview	32,901	2,302
PES Survey	Adults, primarily older adults, with physical disabilities	In-person, phone, web	56,595	2,669
Child Family Survey	Families of children with disabilities, under 18 (or under 22 if still in the school system) living at home	Mail, phone, web	10,356	1,913

DADS interviews a randomly selected, proportional probability for size (PPS) sample of 4,000 to 7,000 individuals biennially. All of the survey data is collected by an outside contractor. In 2015, DADS contracted with the Public Policy Research Institute (PPRI) at Texas A&M University to administer the surveys. The data were collected between January and August 2015 for the January 2017 LTSSQR reports.

The survey population encompasses 17 programs, including 5 waiver programs. All of the surveys, whether disseminated by mail, web, telephone, or face-to-face interviews, were available in English or Spanish. The sample size for each program was calculated to obtain a confidence level of 95 percent and a confidence interval of 5. In 2015, DADS collected 4,971 adult surveys (2,302 adults with IDD and 2,669 adults with physical disabilities) and 1,913 Child Family (CF) surveys (Table 38 above).

Major Findings

Population Characteristics

Children

Most Texas children with intellectual disabilities reported multiple conditions in addition to intellectual disabilities. One in four children (25 percent) had a mental health or behavioral disorder diagnosis. Texas children with disabilities required significantly more medical care by a trained medical provider at least once a week (27 percent), compared to 11 percent nationally.

Adults with IDD

The percentage of adults with severe or profound intellectual disability was significantly higher in Texas (33 percent) than the national average (24 percent). While lower than the national average of 52 percent, 44 percent of Texas adults with IDD had psychiatric diagnoses. One in eight adults with IDD were non-ambulatory. Among adults with IDD, levels of impairment, and the need for medical care varied widely by program, highlighting the need to look at program-specific data when creating policy.

Adults with Physical Disabilities

One in ten adults with physical disabilities was non-ambulatory. More than one-third (37 percent) of adults with physical disabilities reported their health was poor; 14 percent required weekly or more frequent treatment by a medical provider. Among adults with physical disabilities, the survey underscored the importance of non-technical help with activities of daily living (ADLs) and instrumental activities of daily living (IADLs)—for people with disabilities, to remain living in the community, help with bathing, laundry, or taking medicines, for example, is essential.

Positive Outcomes

Children

- Two out of four healthcare satisfaction measures were better than the national average; all 4 measures exceeded 94 percent satisfied.
- Eighty-five percent of Texas families knew how to report abuse and neglect, significantly more than the national rate of 73 percent.

- Choosing staff is a personal decision; 78 percent of families of children with disabilities had control in hiring and managing their staff, compared to 63 percent nationally. Seventy-eight percent chose their provider agency, compared to 60 percent nationally; both measures were significantly higher in Texas.

- Texas respondents reported higher rates of community participation (85 percent) compared to national respondents (81 percent).

- In 2005, only 89 percent of families reported access to dental care for their child. By 2015, the majority of respondents (96 percent) reported having access to dental care, a significant improvement.

- Eighty-four percent of the families of children with disabilities reported that services were available when they needed them.

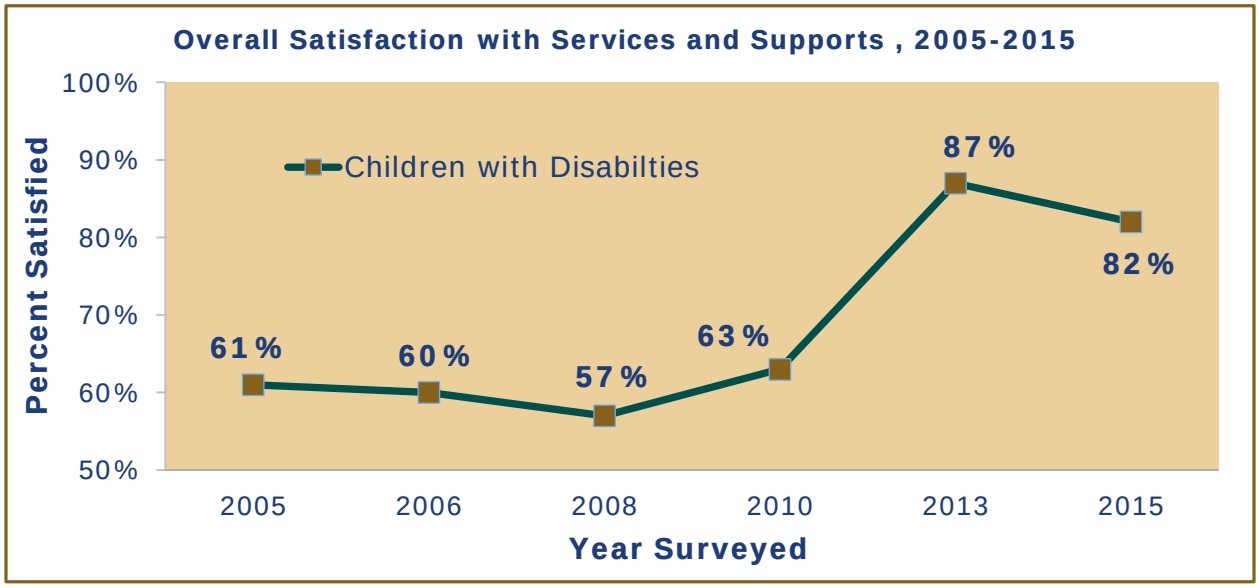
- Seventy-two percent of the families of children with disabilities reported that their services and supports were always or usually reasonably close to home. Thirty-nine percent said the services were always close to home, compared to 37 percent nationally.

- Ninety-five percent of respondents reported that family services/supports have made a positive difference in the life of their family.

- The majority of respondents (94 percent) reported that their family services/supports improved their ability to care for their child.

- Overall, 82 percent of families served reported that they were always or usually satisfied with their services and supports, up from 61 percent in 2005 and higher than the national average of 77 percent (Figure 1).

Figure 1: Child and Family Consumer Satisfaction with Services and Supports over Time, 2005 – 2015



Adults with IDD

- Texas adults with IDD met or exceeded 8 out of 10 routine and preventive healthcare quality measures, receiving significantly more routine and preventive healthcare than reported nationally on 5 out of 10 healthcare indicators.
- Most adults with IDD made everyday choices, such as how they spend their free time (85 percent) and what to buy with their spending money (79 percent).
- The majority of adults with IDD participated in the community (80 percent).
- Eighty-nine percent of adults with IDD reported receiving the services they need.
- Individuals reported overwhelming satisfaction with their residence (91 percent), jobs (92 percent), and day programs (88 percent).
- Most people reported that their case manager returned calls promptly (77 percent), and that they were treated respectfully by their support staff (92 percent).

- Services and supports made a positive difference in adults with IDD's health and wellbeing (92 percent). Eighty-five percent of the adults with IDD reported that they were happy. Eighty-seven percent of adults with IDD reported that services and supports help them reach their personal goals.

Adults with Physical Disabilities

- The majority of individuals reported that they are satisfied with their privacy (87 percent), and that they feel safe in their neighborhoods and day programs (86 percent and 95 percent respectively).

- Eighty-four percent of people with physical disabilities reported that their services and supports were always or usually reasonably close to home. Sixty-five percent said the services were always close to home.

- Almost all of the respondents reported that they were treated respectfully by their support staff (97 percent) and by their day program staff (98 percent).

- Most people reported that their case manager returned calls promptly (78 percent), and staff worked allotted time (94 percent). The vast majority of individuals across programs said their service coordinators help them get what they want and need (86 percent).

- Services and supports made a positive difference in adults with physical disabilities' health and wellbeing (93 percent).

- The majority of respondents (87 percent) reported that their long-term services and supports helped them in reaching their personal goals.

- Overall, 92 percent of adults with physical disabilities reported that they were satisfied with the services and supports they receive.

Opportunities for Improvement

Children

- Commonly cited reasons for lack of community participation for children with disabilities were lack of transportation (17 percent) and lack of support staff (20 percent).

- Texas has room for improvement in the accessibility of case managers and support staff; 16 percent reported that they were sometimes or never able to contact their case manager, and 15 percent reported that they were sometimes or never able to contact support staff.

- Forty-two percent of families reported that their child needs other services that are not currently offered or available. Most frequently requested services were for various therapies (e.g., speech, physical, occupational, aqua, and equine) and for trained respite care providers.

- Mental healthcare access was lower in Texas (86 percent) than in the US (89 percent).

- One in eight children (13 percent) failed to access needed equipment such as wheelchairs, ramps, or communication devices. While 13 percent is lower than the national benchmark of 15 percent, this is a negative finding.

- More than a quarter (26 percent) had services/supports reduced, suspended or terminated during this survey cycle, compared to 23 percent nationally; 80 percent of those with reduced services said service reductions had negatively affected their child.

- One of the primary negative results of these service reductions was an increase in out-of-pocket expenses for families to secure needed services. Seventy-nine percent had out-of-pocket expenses for their child's medical services, equipment/supplies, therapies, and other supports/ services.

    - Thirty-five percent of the families of children with disabilities in Texas reported annual incomes of $25,000 or less.

    - Annual out-of-pocket expenses for more than one-third (38 percent) of the Texas CF survey households exceeded $1,000; 6 percent paid over $10,000.

- Approximately one in seven children did not participate in community activities. The two most common reasons were lack of transportation and lack of support staff.

- Issues that impeded overall satisfaction included a lack of requested trained respite care providers, decreased access to therapy services (speech, occupational, etc.), long waiting lists for waiver programs like Community

Living Assistance and Support Services (CLASS), and assistance with creating transition plans as their children age out of services.

Adults with IDD

- Individuals living independently or with their families received less routine and preventive healthcare than those living in community-based homes or institutional settings on every health measure.
- Texas performed worse on "choice" benchmark measures than the US in all categories. Keep in mind that the percentage of people with severe and profound ID was significantly higher in Texas, which may have impacted results.
- While most adults with IDD were unemployed (78 percent), 44 percent wanted to work. Only one in ten adults with IDD had a community-based job. Barriers to employment included a lack of training or education, a lack of job opportunities, lack of transportation, and a lack of job supports.
- One in ten people reported they did not receive all the services they needed. Education and training, assistance with transportation, and assistance with finding a job are highly correlated services and were among the top four services requested.
- Overall, only 69 percent were usually or always satisfied with their services and supports.

Adults with Physical Disabilities

- Although 93 percent received Medicare, almost 1 in 5 adults with physical disabilities (19 percent) had not had an annual physical examination. Annual physicals are highly correlated with receiving other preventive healthcare, which in turn helps avoid debility, hospitalization, and institutionalization.
    - Approximately half had not received cancer screening for breast, cervical, prostate, and colorectal cancer. People age 50 and older are at increased risk of cancer.
    - Large percentages had not had recent dental (62 percent), hearing (62 percent), or vision (43 percent) examinations. Poor dental care can compromise overall health, and vision and hearing impairment become

increasingly common with age. These individuals are at risk of further debility and disability as a result not receiving routine healthcare screening.

- More than one-third (35 percent) did not have control over their transportation, a critical issue for accessing medical care and community inclusion, which are key factors in keeping people out of nursing facilities.

- One in nine (12 percent) adults with physical disabilities had unmet needs. Approximately 34 percent of adults with physical disabilities had requested additional services, equipment, or household modifications, and 36 percent of this group (or 12 percent of the population) had been denied or were unsure if they would be receiving their requests.

    - The most commonly tendered requests were for equipment/ adaptations such as grab bars, roll-in showers, door widening, ramps, and ambulatory aids such as walkers, and wheelchairs.

    - Sixteen percent of the requests were for help with healthcare equipment, therapies, or supplies; 6 percent of requests were for additional provider assistance with ADLs, IADLs, and going to and from the doctors.

- Almost 1 in 6 adults with physical disabilities (16 percent) had services reduced, suspended or terminated during this survey cycle, and 71 percent said service reductions had negatively affected their lives.

- Adults with physical disabilities said that they were unable to accomplish ADL and instrumental ADL because no one was there to help them.

    - People reported they missed meals because there was no one there to help them cook their meals (11 percent) or eat (11 percent); 23 percent did not get groceries.

    - One in six people (16 percent) reported there were times they did not get out of or into bed or take a bath because they had no help.

    - Eleven percent of respondents skipped taking medications because they did not have the help they needed. One of the primary service requests was for additional provider assistance, especially on weekends.

Of Note

- For all populations, DADS services and supports made a positive difference in respondents' lives.
- Children: In the comments section of the CF survey, the reduction of access to therapy services and years-long wait for enrollment in programs like CLASS and Home and Community Based Services (HCS) were a matter of anxiety and hardship for many families.
- Adults with IDD: Overall satisfaction rates for adults with IDD were much lower (69 percent) than satisfaction rates of the families of children (82 percent) and of adults with physical disabilities (92 percent).
- Adults with Physical Disabilities: A primary goal of HHSC services and supports for the physically disabled is to keep them out of nursing facilities. Ninety-three percent of adults with physical disabilities are enrolled in Medicare, and a significant percentage had not obtained the recommended routine and preventive healthcare. Associated debility from failure to receive routine and preventive healthcare could derail HHSC's goal of avoiding institutionalization.

Consumer Rights and Services Survey

Purpose

Consumer Rights and Services (CRS) receives complaints about the treatment of older adults and people with disabilities in Texas, as well as complaints about nursing homes, assisted living facilities, day activity and health service providers, and other long-term providers licensed/certified by HHSC. HHSC staff investigates these complaints and notifies the person who made the complaint about the findings. Additionally, the CRS staff provides information about HHSC services and supports through their website and hotline.

Offering call center surveys allows CRS to look at call center performance and overall customer satisfaction rates. Customer comments and suggestions provide highly actionable information and insight for increasing and sustaining customer satisfaction. The survey results are used as a resource to identify areas of efficiencies and areas of opportunity for improvement.

The study population is comprised of callers who contacted the Complaint Intake Call Center September 1, 2015, through August 31, 2017.

Sample and Methods

This ongoing survey has been collected or distributed since May 2006. Prior to November 2012, the survey was conducted by sending survey requests by U.S. mail to individuals who filed complaints through the CRS hotline for the following facility types: nursing facilities, assisted living facilities, privately owned intermediate care facilities for people with intellectual and developmental disabilities, State Supported Living Centers, day activity and health service providers, and home and community support service agencies. Surveys were not sent to anonymous complainants or complainants who did not provide a mailing address.

To achieve business efficiencies, a survey link was added to the CRS website in November 2012, and CRS discontinued mailing the surveys via U.S. mail. Complainants were offered the option of providing an email address to receive the online survey link at the time of intake. If the client did not provide an email address, the intake specialist verbally provided the survey link. The survey was available in both English and Spanish. The email option was discontinued after SFY 2014.

In April 2015, CRS transitioned to an automated survey which replaced the previous survey option. Upon completion of intake, the caller is transferred to an automated phone survey system immediately after the call has concluded. Both versions of the survey instrument include six customer satisfaction questions with responses on a 5-point Likert scale of "strongly agree," "agree," "neutral," "disagree," and "strongly disagree."

The study sought responses from customers who contacted CRS or who requested contact from CRS as a result of the inquiry, voicemail or entry through the provider self-reported web-portal.

The study was conducted using the results from emailed surveys implemented in SFY 2014 and through the Avaya Phone automated survey system module, which was implemented on April 15, 2015. The surveys/interviews were offered in English and Spanish.

During the period of September 1, 2013 – August 31, 2014, responses were completed via email. Effective April 2015, individuals provided their responses by independently completing the survey using phone options via touch tone.

Major Findings

The CRS received 4,865 completed surveys in SFY 2016 and 5,756 completed surveys in SFY 2017. The response rate is calculated by the number of callers transferred into the automated survey system. It is at the staff's discretion on which callers are transferred into survey module; the survey offer may be contingent upon the type of call and complainant.[1]

Customer satisfaction findings from the CRS Survey are presented in Table 39. Overall, 98 percent customers were satisfied with the services they received from CRS.

Table 39: SFY 2016 & 2017 Consumer Rights and Services Survey Selected Findings: Indicated Strongly Agreed or Agreed

Satisfaction Measure	SFY 2016 Proportion of Respondents* (N=4,865)	SFY 2017 Proportion of Respondents* (N=5,756)
Consumer Rights and Services hotline was easy to use	44%	51%
Person I spoke with explained the process for handling my complaint	13%	14%
Overall, satisfied with Consumer Rights and Services	97%	98%

* Proportions indicate respondents who chose responses "strongly agreed," or "agreed" rather than "neutral," "disagreed," or "strongly disagreed." Those who did not answer the survey question are not counted in these proportions.

Note: Staff members are instructed to use their discretion about whether to provide the customer satisfaction survey information. For example, in instances where the caller is emotional, distressed, or rushed, the survey may not be offered.

V. Legacy Department of Assistive and Rehabilitative Services Surveys

This report includes four customer service surveys from the legacy Department of Assistive and Rehabilitative Services (DARS) agency. The DARS administered numerous programs and services until September 1, 2016. At that time, DARS services and supports were transferred to HHSC and the Texas Workforce Commission.

This section describes the results of four DARS surveys: The Early Childhood Intervention Family Survey, the Independent Living Services Customer Satisfaction Survey, Blind Children's Vocational Discovery and Development Program (BCVDDP) Customer Satisfaction Survey, and Autism Program Satisfaction Survey. Together, they represent the views of 3,609 respondents.

Early Childhood Intervention Family Survey

Purpose

Early Childhood Intervention (ECI) serves children from birth to 36 months of age who have developmental delays or disabilities as well as their families. The program provides early intervention services to help families and caregivers strengthen their ability to improve the child's development through everyday activities in the home and community. Services are provided through a statewide system of community-based programs. The family survey is administered to a sample of parents or caregivers every year.

The purpose of the annual survey is to assess:

- Family perceptions of ECI services, including customer satisfaction
- Families' experiences with ECI services and service providers
- Families' recorded competencies in helping their children develop and learn

The survey is administered in compliance with the regulations for early intervention programs from the Office of Special Education Programs (OSEP) at the U.S. Department of Education. Statewide data are reported as part of ECI's Annual Performance Report to OSEP.

In SFY 2016, the survey was conducted by ECI through the 49 contracted agencies who deliver ECI services. Surveys were mailed and emailed to families by ECI. Contracted agencies delivered survey materials to families directly. In SFY 2017, the survey was conducted by ECI through the 46 contracted agencies who deliver ECI services.

In both years, the study population was parents or guardians of children who had been enrolled in the ECI program for at least six months as of April 1 of that year. This criterion was established to ensure the family had sufficient experience with the program to respond to the questions.

Sample and Methods

ECI used multiple methods to deliver surveys and select samples. Families were not included in more than one sample. Table 40 describes the sampling procedures and survey methods for each year.

Table 40: ECI Sampling and Survey Methods

Collection Period	Survey Distribution	Survey Administration	Sample Size / Response Rate
April 2016 - July 2016	Email - families received an email from the ECI state office with a link to the survey. Mail - the state office sent letters with a survey link to the families in the sample who did not have an email address on file. Hand-Delivery - the local ECI contractors distributed a scantron survey and a letter that included a link to the survey to families who did not respond via options 1 or 2. Service coordinators handed the survey to families at the time of a home visit or IFSP meeting. Families returned the surveys directly to the ECI state office in a postage-paid envelope.	Surveys were offered online and by paper in English and Spanish. All versions contained the same questions and response options. If families requested assistance in completing the survey, ECI service coordinators were instructed to find another community resource for this assistance so ECI staff would not be involved in completing the survey.	A total of 5,144 families were randomly selected to respond to the survey; 3,790 families received it; 1,398 families returned the survey, resulting in a response rate of 37%.

Collection Period	Survey Distribution	Survey Administration	Sample Size / Response Rate
April 2017 - July 2017	Online - the state office sent letters to families in the sample that included a link to the SurveyMonkey website with the FOS-R survey. Hand-Delivery - the local ECI contractors distributed a scantron survey. Program staff handed the survey to families at the time of a home visit or IFSP meeting. Families returned the surveys directly to the ECI State Office in a postage-paid envelope.	Surveys were offered online and by paper in English and Spanish. All versions contained the same questions and response options. If families requested assistance in completing the survey, ECI service coordinators were instructed to find another community resource for this assistance so ECI staff would not be involved in completing the survey.	A total of 6,140 families were randomly selected to respond to the survey; 3,540 families received it; 1,475 families returned the survey, resulting in a response rate of 42%.

Survey Results

Responses to survey questions were combined into composite scores for the three domains measured by the survey instrument, following federally recommended procedures. The percentage of respondents who agreed that early intervention services helped with each of the three domains, based on their composite scores, is shown below.

Family Experiences with Services - 2016

- Eighty-six percent responded that early intervention services helped the family members know their rights.
- Eighty-seven percent responded that early intervention services helped the family members effectively communicate their children's needs.
- Eighty-seven percent responded that early intervention services helped the family members help their children develop and learn.

Family Experiences with Services - 2017

- Eighty-nine percent responded that early intervention services helped the family members know their rights.
- Ninety percent responded that early intervention services helped the family members effectively communicate their children's needs.
- Eighty-nine percent responded that early intervention services helped the family members help their children develop and learn.

Independent Living Services Customer Satisfaction Survey

Purpose

The DARS administered two Independent Living programs in SFY 2016, one in the Division for Rehabilitation Services (DRS) for individuals with general disabilities (DRS ILS) and one in the Division for Blind Services (DBS) for individuals who are blind or visually impaired (DBS IL).

The Independent Living program was designed to help individuals with disabilities who face barriers that limit their choices for quality of life. The program promotes self-sufficiency for people with disabilities and offers supports related to mobility, communication, personal adjustment, and self-direction.

The program promotes individuals to live independently, engage in a self-directed lifestyle, decrease their dependence on family members, and improve their communication, mobility, and/or personal or social adjustment.

Services provided include:

- Counseling and guidance
- Training and tutorial services
- Orientation and mobility training
- Adult basic education
- Rehabilitation facility training
- Vehicle modifications

- Assistive devices such as low vision aids, artificial limbs, braces, wheelchairs and hearing aids to stabilize or improve function

DARS entered into a contract for a 2016 satisfaction survey for DRS ILS, the results of which are provided below. Due to issues with contract negotiation for a DBS IL satisfaction survey, no 2016 survey was conducted for the Independent Living program serving individuals who are blind or visually impaired. In SFY 2017, the DRS ILS and DBS IL programs merged, transitioned to HHSC and outsourced service delivery. Consequently, no satisfaction survey was conducted in SFY 2017. The 2016 DRS ILS survey was conducted by contractors.

This report provides feedback from customers in the DRS ILS program who received services from DARS and whose cases were closed within SFY 2016.

The purpose of the ongoing DRS ILS customer satisfaction survey was to:

- Identify strengths and weaknesses
- Develop strategies for providing excellent services to customers
- Determine areas of needed improvement

The DRS ILS customer satisfaction survey was conducted in compliance with the federal program requirements that DRS ILS program must have a survey mechanism in place to obtain satisfaction feedback from its customers. Additionally, this survey provides the State Independent Living Council data necessary to fulfill its obligation to review and analyze customer satisfaction with the DRS ILS program.

Sample and Methods

A contractor attempted to contact each customer in the sample by telephone to conduct an interview. The interviews were offered in English and in Spanish. Additionally, customers who spoke languages besides English or Spanish were offered the opportunity to complete the survey using a language translation hotline. The survey was offered to deaf customers using Relay Texas[11] or a written survey,

[11] Relay Texas is a service that provides telephone access for people with speech or hearing loss who find it challenging or impossible to use a traditional telephone. Additional information about Relay Texas can be found at: http://www.relaytexas.com/english.html.

depending on the preferences of the customer or, when applicable, the customer's guardian. The survey was conducted each month for customers served in the previous month.

An attempt was made to contact every DRS ILS customer who had reached the stage of developing and signing a plan and whose case was closed during the fiscal year. The contractor did not provide a response rate, but indicated that 194 individuals responded to all or part of the survey. The survey instrument consisted of thirteen close-ended questions and two open-ended questions.

Major Findings

Ninety-five percent of respondents said they were satisfied with their overall experience with DRS. Ninety-eight percent of respondents said they were treated with courtesy by the DRS staff.

Table 41: Independent Living Services Customer Satisfaction Survey

Survey Question	SFY 2016 Proportion of Respondents* (N = 194)
I was treated with courtesy by the DRS staff.	98%
The DRS Independent Living counselor took time to listen to my needs.	97%
I took part in planning the services I received.	97%
If I were ever treated unfairly, I believe my DRS Independent Living counselor would be a help to me.	96%
How would you rate your experience with the DRS Independent Living counselor?	96%
I was satisfied with the services I received from the providers.	95%
My DRS Independent Living counselor encouraged me to be more independent.	94%
As a result of the services I received, I can do more for myself.	94%
My DRS Independent Living counselor gave me choices.	90%
I took part in choosing who would provide services.	89%
As a result of the services I received, I can do more in the community, if I want to.	83%
I was satisfied with how long it took to provide the services.	78%
How would you rate your overall experience with DRS?	95%

*Refers to the proportion of “Yes,” or “Satisfied” and “Very Satisfied” responses.

The survey also included an open-ended question**:** "What did you like most about your experience with DRS?" In SFY 2016, the most common responses to this

question were that DRS treated customers courteously, the services were liked, DRS staff was helpful, DRS was responsive, and equipment was liked.

A second open-ended question on the survey was: "What did you dislike most about your experience with DRS?" In SFY 2016, the most common responses to this question concerned timeliness of services.

Blind Children's Vocational Discovery and Development Program Customer Satisfaction Survey

Purpose

The DARS administered the Blind Children's Vocational Discovery and Development Program (BCVDDP) in SFY 2016. The program works together with children who are blind or visually impaired and their families to offer resources so the children can achieve their full potential.

Blindness and severe visual impairments in childhood create unique learning and developmental barriers to employment and independence later in life. The BCVDDP helps children who are blind or permanently and severely visually impaired from birth to age 22 work toward achieving financial self-sufficiency and independent lives in their community.

Specialized case management services help eligible children and their families access the medical, social, educational, developmental and other appropriate services necessary to meet these goals. Direct habilitation services help children to develop the basic skills and confidence for independence in travel, communication, social skills, life skills, career awareness and community involvement that are needed to create a foundation for success as adults.

BCVDDP offers a wide range of services that can:

- Assist a child in developing the confidence needed to be an active part of the community.
- Provide support and training to help parents understand their rights and responsibilities throughout the educational process.
- Assist a child and his or her parents in the vocational discovery and development process.

- Provide training in areas such as food preparation, money management, recreational activities, and grooming.
- Provide valuable information to families for additional resources.

As BCVDDP staff members work with families, they help children develop the concepts and skills needed to reach their goals in life.

The DARS entered into a contract for a 2016 satisfaction survey for BCVDDP, the results of which are provided below. In SFY 2017, BCVDDP transitioned to HHSC and no satisfaction survey was conducted in SFY 2017. The 2016 BCVDDP survey was conducted by contractors.

This report provides feedback from parents of children in BCVDDP who had open cases with DARS in SFY 2016. Any families for whom BCVDDP received notification of a child's death were excluded from the survey.

The purpose of the BCVDDP parent satisfaction survey was to:

- Identify strengths and weaknesses
- Develop strategies for providing excellent services to customers
- Determine areas of needed improvement

Sample and Methods

Surveys were mailed to all families with children served by BCVDDP in the prior year. Parents were given the choice of responding to the survey online or by mail. Surveys were made available in English and in Spanish. Online surveys met accessibility standards so that they could be completed by individuals with visual impairments.

The contractor reported that of the 4295 mailed, 452 responses were received resulting in an 11 percent response rate. (195 surveys were returned as undeliverable.) The survey instrument consisted of 10 close-ended questions.

Major Findings

Eighty-six percent of respondents indicated that they would encourage other parents to apply for services from the DBS. Over 80 percent of respondents

indicated that the Blind Children's Specialist was available and responsive when needed and had the skills and abilities to meet their child's needs.

The first survey question asked respondents to indicate the areas in which the Blind Children's Specialist is a valuable resource. The majority (76 percent) of respondents reported that the specialists are valuable to them in the area of assistive technology and adaptive equipment.

Table 42: Blind Children's Vocational Discovery and Development Program Parent Satisfaction Survey

Survey Question	SFY 2016 Proportion of Respondents* (N = 452)
I have a good understanding of the services available from my Blind Children's Specialist and the DARS Division for Blind Services.	76%
My Blind Children's Specialist has the skills and abilities to meet the needs of my child.	82%
My Blind Children's Specialist is available and responsive when needed.	81%
My Blind Children's Specialist knows and works well with the other service professionals currently working with my child.	69%
I can count on my Blind Children's Specialist to do what they say they will do.	82%
My Blind Children's Specialist provides information and assists me in accessing services from other providers.	74%
My ability to assist my child towards independent and work is better due to the services from my Blind Children's Specialist.	70%
My Blind Children's Specialist has offered and/or is currently helping me plan for my child's future.	64%
I would encourage other parents to apply for services with the DARS Division for Blind Services.	86%

* Refers to the proportion of respondents who "Agree" or "Strongly Agree."

The survey also included an opportunity for respondents to comment about what they felt the DBS was doing well and what could be improved. The contractor noted that the majority of comments received were positive. Comments were made available to the program at the caseload level but were not summarized at the statewide level.

Autism Program Satisfaction Survey

Purpose

The Autism Program works in partnership with local community agencies through grant contracts to provide applied behavior analysis (ABA) services for children with autism spectrum disorder (ASD).

According to the U.S. Department of Health and Human Services, autism is more common than childhood cancer, juvenile diabetes, and pediatric AIDS combined. Boys are nearly five times more likely to be diagnosed with autism than girls.

Autism Program services include assessments and ABA treatment services in the home, community or clinic. To be eligible for these services, children 3 through 15 years of age, must have a diagnosis on the autism spectrum and be a Texas resident.

The purpose of the survey is to assess:

- Parent or caregiver satisfaction with Autism Program services and service providers
- Parent or caregiver satisfaction with their children's progress.

Sample and Methods

The survey population included families whose children had completed Autism Program services and exited the program, and families whose children had aged out of the Autism Program.

The service provider provides all families with a survey as the children exit the program. The surveys were offered in English and in Spanish. Individuals complete the survey themselves, either online or by mailing a paper survey to HHSC.

The survey consists of 7 questions related to areas of satisfaction with the services, and 12 questions related to the respondent's perception of their child's progress in specific behavioral domains (e.g., following directions, responding to requests).

There were 1,277 exits from the Autism Program in SFY 2016 and SFY 2017. Each time a child exited the program, the family was provided an opportunity to respond to the survey. Because children may re-enroll in the Autism Program, the 1,277 exits represent a total of 1,118 children. A total of 90 responses were received between August 1, 2016 and August 31, 2017, representing a return rate of 7 percent (90/1,277). The survey return rate is expected to be low because the survey was not made available to families until the summer of 2016 and because some families may choose to respond only once even though they are provided the opportunity each time their child exits.

Major Findings

The majority of respondents to the survey were satisfied or very satisfied with the services their children received. The majority of the respondents to the survey reported their children made good or great progress in the behavioral domains specified.

Table 43: Parent or caregiver satisfaction with Autism Program services and service providers

Service Satisfaction	Number of Respondents (N=90)*	Proportion Satisfied or Very Satisfied
Services provided to your child in a clinical setting	82	100%
Services provided to your child in the home	35	89%
Parent training provided to your child in another setting such as in the school, at the park, or at the store	48	96%
Parent training provided to you	84	98%
Parent training provided on how to review data and evaluate your child's progress	77	97%
Transition planning received prior to exiting the DARS Autism Program	76	93%
Your child's service provider	86	99%

*Excludes respondents who indicated the survey item was not applicable.

Table 44: Parent or caregiver satisfaction with their children's progress

Behavioral Domain	Number of Total Respondents (N=90)*	Proportion Satisfied or Very Satisfied
Following directions	88	89%
Responding to requests	89	91%
Communicating with primary caregivers	87	87%
Communicating with others	88	83%
Interacting with primary caregivers	86	86%
Interacting with others	89	79%
Play skills, such as playing with toys and taking turns	85	80%
Completing daily tasks without assistance, such as toileting, eating, and dressing	84	69%
Completing daily tasks with assistance, such as toileting, eating, and dressing	81	81%
Reducing disruptive behaviors, such as aggression and tantrums	82	84%
Participating in family activities, such as going to church, the park, and the store	82	82%
Overall progress on the treatment plan goals	89	91%

*Excludes respondents who indicated the survey item was not applicable.

VI. Legacy Department of State Health Services Surveys

The four surveys included in this section were recently transferred from the Department of State Health Services (DSHS) to HHSC as part of system re-organization. Each survey below was administered by DSHS for the period covered in this report; in future years, these surveys will be conducted by HHSC. Three of the surveys originate from the Mental Health Statistics Improvement Program (MHSIP), and one is related to the Women, Infants, and Children (WIC) program. Altogether, these surveys represent the views of 12,068 respondents.

Mental Health Statistics Improvement Program Youth Services Survey for Families

Purpose

Since 1997, Texas has conducted an annual survey of customers who receive community-based mental health services about their perceptions of the services they receive. Prior to system reorganization, services were provided by the DSHS Mental Health and Substance Abuse Division; these services have now transferred to HHSC, Behavioral Health Services. When the customers receiving services are age 17 or younger, the parents or guardians receive the Youth Services Survey for Families (YSSF).

The purpose of the YSSF is to measure:

- Parental satisfaction with mental health services received through the state mental health system
- Parental perception of these services along multiple dimensions, including access to care and outcomes of services

Sample and Methods

The YSSF survey administered in SFY 2016 and SFY 2017 consisted of 26 items. Each question assessed information about a specific topic and was strongly related to a group of other questions about the same topic. The survey questions fell into seven of these groups of related questions, or domains. The domains that comprised the YSSF survey were:

- Satisfaction (with services)
- Participation in treatment
- Cultural sensitivity (of staff)
- Access (to services)
- Outcomes (of services)
- Social connectedness
- Functioning

The domains are described in more detail in the findings.

Parents/guardians of patients answered each survey question using a five-point Likert scale ranging from "strongly agree" to "strongly disagree." Survey results focus on the domain "agreement rates," which means the percentage of parents that reported "agree" or "strongly agree" to the items in a domain. The survey was administered in English and Spanish.

In both years, a random sample was identified to receive the survey requests. In SFY 2016, the sample was stratified by two groups: one for NorthSTAR and one for community mental health centers, local entities that contract with the state to deliver mental health services;[12] a total of 2,947 survey invitations were mailed out.[13] In SFY 2017, 2,356 survey invitations were mailed out.[14]

In SFY 2016, there were a total of 157 completed questionnaires. The survey had a response rate of 6 percent. In SFY 2017, there were a total of 392 completed questionnaires. The survey had a response rate of 19 percent.

[12] Community mental health centers are also called Local Mental Health Authorities. For more information, see http://www.dshs.state.tx.us/mhcommunity/default.shtm.

[13] There were of 2,947 children/adolescents in the sample and 276 surveys were undeliverable.

[14] There were 2,356 children/adolescents in the sample and 247 surveys were undeliverable.

Major Findings

The results of the most recent survey year (SFY 2017) are shown in Table 45. The percentages indicate the proportion of respondents who answered "agree" or "strongly agree" to questions in the stated domain.[15] For instance, 77 percent of respondents agreed or strongly agreed with the items in the Satisfaction domain.

[15] For each domain, only respondents who answered two-thirds or more of the items comprising that domain were included in the calculation.

Table 45: Mental Health Statistics Improvement Program Youth Services Survey for Families: Indicated Strongly Agree or Agree with Domains

Domain	Description of Domain	SFY 2017* Proportion of Respondents** (N=392)
Satisfaction (with services)	Would the parent choose these services for his/her child if there were other options available?	77%
Participation in Treatment Planning	Does the parent feel involved in treatment decisions?	88%
Cultural Sensitivity (of staff)	Does staff show respect for the family's race/ethnicity/ culture?	93%
Access (to services)	Are services available when and where needed?	78%
Outcomes (of services)	As a result of services, has the child's functioning at home and school improved and has he/she experienced fewer mental health symptoms?	84%
Social Connectedness	Does the child feel connected to friends, family, and community?	77%
Functioning	Has the child's overall well-being improved?	59%

*The SFY 2017 survey was conducted from September 2016 to September 2017.
** Proportions indicate respondents who selected answer choices "strongly agree" or "agree" rather than "neutral," disagree," or "strongly disagree."

The majority of domain agreement rates were similar between SFY 2016 and SFY 2017; however, a significantly higher proportion of respondents agreed with the outcomes (of services) domain in SFY 2017 (84 percent) than in SFY 2016 (53 percent). This increase was primarily due to a larger sample and a change in the sampling frame.

Mental Health Statistics Improvement Program Adult Mental Health Survey

Purpose

The Adult Mental Health (AMH) Survey asks customers who receive community-based mental health services about their perceptions of the services they receive. Prior to system reorganization, services were provided by the DSHS Mental Health and Substance Abuse Division; these services have now transferred to HHSC, Behavioral Health Services. Adults age 18 years or older who recently received a mental health service beyond an intake assessment were eligible for inclusion in the survey.

The purpose of the survey is to measure:

- Customer satisfaction with mental health services received through the state mental health system
- Customer perception of these services along multiple dimensions, including access to care and outcomes of services.

Sample and Methods

The AMH survey, administered in both English and Spanish, consists of 36 questions about mental health services the customer received over the past 12 months.

Each question assesses information about a specific topic and is strongly related to a group of other questions about the same topic. The survey questions fall into seven of these groups, or domains. The domains that comprise the AMH survey are:

- Satisfaction (with services)
- Access
- Quality and Appropriateness (of services)
- Participation in Treatment Planning
- Outcomes (of services)

- Functioning
- Social Connectedness

The domains are described in more detail in the findings.

In both years, random sampling was used to identify the survey sample. In SFY 2016, the sample was stratified into two groups: one for NorthSTAR and one for community mental health centers; a total of 3,060 survey invitations were mailed out.[16] In SFY 2017, 1,469 survey invitations were mailed out.[17]

In SFY 2016, there were a total of 248 completed questionnaires. The survey had a response rate of 9 percent. In SFY 2017, there were a total of 354 completed questionnaires. The survey had a response rate of 26 percent.

Major Findings

The results of the most recent survey year (SFY 2017) are shown below. The percentages in Table 46 indicate the proportion of respondents who answered "agree" or "strongly agree" to questions in the stated domain.[18] For instance, 89 percent of respondents agreed or strongly agreed with the items in the Satisfaction domain.

[16] 400 of 3,060 surveys were undeliverable.

[17] 113 of 1,469 surveys were undeliverable.

[18] For each domain, only respondents who answered two-thirds or more of the items comprising that domain were included in the calculation.

Table 46: Mental Health Statistics Improvement Program Adult Mental Health Survey: Indicated Strongly Agree or Agree with Domains

Domain	Description of Domain	SFY 2017* Proportion of Respondents** (N=354)
Satisfaction (with services)	Would the consumer choose to receive these services if he or she had other options?	89%
Access (to services)	Are sufficient services available when and where needed?	80%
Quality and Appropriateness (of services)	Is staff competent and are the services professional?	82%
Participation in Treatment Planning	Does the consumer feel involved in treatment decisions?	73%
Outcomes (of services)	Has the consumer experienced improvement in work, housing, and relationships?	53%
Functioning	Has the consumer's overall well-being improved?	54%
Social Connectedness	Does the consumer feel connected to friends, family, and community?	61%

* The SFY 2017 survey was conducted from September 2016 to September 2017.
** Proportions indicate respondents who chose answer choices "strongly agree" or "agree" rather than "neutral," disagree," or "strongly disagree."

Domain agreement rates did not differ substantially between SFY 2016 and SFY 2017.

Mental Health Statistics Improvement Program Inpatient Consumer Survey

Purpose

State psychiatric hospitals located throughout Texas serve people with psychiatric disorders who need services provided in a residential environment. The usual length of stay for civil patients, accounting for about half of the patients in state hospitals, is short. Civil patients usually are treated for a few days or possibly weeks; the focus of services is stabilization and support of patients' return to the community. Forensic patients generally have a longer length of stay, which is determined by the court, and can vary from about 70 days for a patient on initial restoration commitment, to years for a patient commitment under the Not Guilty by Reason of Insanity commitment. State psychiatric hospitals provide assessment, evaluation, and treatment. Treatment involves a variety of services: psychiatry, nursing, social work, psychology, education/rehabilitation, nutrition, medical, and dental. These services are paid for through general revenue funds from the State of Texas, private payment, private third-party insurance, and Medicare and Medicaid programs.

The Inpatient Consumer Survey (ICS) is conducted in compliance with Mental Health Statistics Improvement Program (MHSIP) requirements. The ICS was distributed to every individual age 13 years old or older who was discharged from 1 of the 10 state psychiatric hospitals in SFY 2016 and SFY 2017. The purpose of this survey was to measure individuals':

- Experience in the state psychiatric hospital, including their experience with staff, treatment, and the facility
- Participation in their treatment
- Ability to function after leaving the hospital

Sample and Methods

This is an ongoing survey that started more than nine years ago. The data reported currently are from SFY 2016 and SFY 2017 (September 2015 to August 2017). These data were compared to the results from SFY 2014 and SFY 2015. During SFY 2016 and SFY 2017 combined, there were 15,596 discharges. The response rate varies widely according to setting. Patients in facilities with longer lengths of stay

(especially forensic facilities) and more planned discharges have much higher response rates than civil facilities where patients leave very quickly and are often discharged by court, leaving the day of the court decision. Averaging all of these facilities, the response rate has been between 36 and 38 percent over the past four years.

The survey population was adolescents and adults served in the state psychiatric hospitals. Data were collected at ten state psychiatric hospitals:

- Austin State Hospital
- Big Spring State Hospital
- El Paso Psychiatric Center
- Kerrville State Hospital
- Rio Grande State Center
- Rusk State Hospital
- San Antonio State Hospital
- Terrell State Hospital
- North Texas State Hospital
- Waco Center for Youth

The ICS was conducted using a convenience sampling method. When a decision was made to discharge a patient, the patient was given an opportunity to complete the survey. This process could begin as early as three or more days prior to discharge. Patients could also be given an envelope so that the completed survey could be mailed back to the quality assurance division of the facility after discharge. The likelihood of a returned survey is greater prior to the customer leaving the facility. Patients with hospital episodes greater than one year were given a survey to complete during each annual review. The survey was offered on paper, and was available in English and Spanish.

The total number of surveys received is an estimate due to the fact that not all facilities participate in all of the domains and duplicate surveys are removed at multiple points in the process. In SFY 2016, approximately 3,224 surveys were

collected, and in SFY 2017, approximately 2,644 surveys were collected. The survey includes questions about five topics, or domains, as shown in Table 47 below.

Table 47: Domains Measured in Mental Health Statistics Improvement

Domain	Description of Domain
Outcome	Effect of the hospital stay on the customer's ability to deal with their illness and with social situations
Dignity	Quality of interactions between staff and customers that highlight a respectful relationship
Rights	Ability of customers to express disapproval with conditions or treatment and receive an appropriate response from the organization
Participation in Treatment	Customers' involvement in their hospital treatment as well as coordination with the customers' doctor or therapist from the community
Facility Environment	Feeling safe in the facility and the aesthetics of the facility

Major Findings

In general, high-level monitoring of adolescent and adult satisfaction with state psychiatric hospitals relies on an average overall score, which encompasses answers to survey questions in all five domains. In both SFY 2016 and SFY 2017, this annual average score target was exceeded by all ten state psychiatric hospitals and showed little change from the scores in SFY 2014 and SFY 2015. Client satisfaction is fairly consistent across all five domains. Patients' rights has a slightly lower score than the other domains, which typically reflects the high number of patients receiving treatment by court order and dynamics related to involuntary hospitalization. Results for SFY 2016 and SFY 2017 are provided in Table 48.

Table 48: Mental Health Statistics Improvement Program Inpatient Customer Survey: Positive Responses to Domains

Domain	SFY 2016* Proportion of Respondents** (N=3,224)***	SFY 2017* Proportion of Respondents** (N=2,644)***
Outcome	74.9%	74.5%
Dignity	75.5%	75.4%
Rights	73.7%	73.1%
Participation in Treatment	74.6%	74.1%
Facility Environment	74.5%	74.6%

* The SFY 2016 survey was conducted from September 2015 to August 2016. The SFY 2017 survey was conducted from September 2016 to August 2017.
** Each question in the ICS is evaluated on a Likert scale from “strongly disagree” to “strongly agree.” For purposes of computing averages, a number value is given to the qualities of the scale from 1 for “strongly disagree” to 5 for “strongly agree.” A client must respond to a minimum of 2 questions in a domain in order for an average rating to be computed for the domain. Since there are only 3 to 4 questions in a domain, missing values are not inserted when a client does not answer a question. When the average rating for the questions in the domain is greater than 3.5, the client is considered to have “responded positively” to the domain. The proportion of clients who responded positively to the domain is the percent of clients who responded positively out of all clients who responded to the domain.
*** Not all facilities ask questions for each domain. The N listed is the approximate number of surveys collected.

Women, Infants, and Children Nutrition Education Survey

Purpose

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a federally funded, state-administered program that serves low-income

women, infants, and children up to the age of five that are at nutritional risk. Part of the program includes federally mandated nutrition education that is provided by 66 local agencies that contract with the state WIC agency.

The Texas WIC Nutrition Education Participant Survey, conducted by Texas WIC in cooperation with contracted local agencies, is administered every two years. The survey provides the state and local agencies with information about their clients to help agencies plan their nutrition offerings and assess client satisfaction with WIC program services. The Participant Survey also provides evidence for WIC initiatives at the state level and descriptive data that is used to inform subsequent quantitative surveys and qualitative interviews. This report summarizes the aggregate data collected from local agencies across Texas.

The 2017 full report, as well as breakout reports by Public Health Region, are available at http://www.dshs.texas.gov/wichd/nut/nesurveyresults.shtm.

Sample and Methods

The WIC Nutrition Education Participant Survey is conducted every two years. The latest implementation was conducted in February 2017. There were 1,696 completed online surveys and 3,353 completed paper surveys.

Each local agency that contracts with the state to provide WIC nutrition education classes was provided with paper surveys and was asked to return a designated number of surveys calculated based on their number of clients. The contractors distributed the surveys in paper format in person with the WIC clients using a convenience sample. The survey was offered in English and Spanish. In addition, an online version of the survey offered in English and Spanish was also available during the month of February 2017 for clients on www.texaswic.org.

Major Findings

The results of the survey indicate that clients had favorable opinions about the WIC program's ability to meet their needs and high customer satisfaction. Table 49 shows how clients rated their agreement with statements about their last WIC visit.

Table 49: Client Satisfaction with Their Most Recent WIC Visit

Satisfaction Measures	Proportion who responded "yes"	
	Online survey	In clinic survey
I would come back to WIC in the future.	98.5%	99.2%
I would recommend WIC to a friend.	98.3%	99.0%
WIC staff were friendly.	95.3%	98.6%
WIC clinic was clean.	94.5%	98.2%
WIC appointment was offered at a good time of day.	94.3%	97.6%
WIC staff provided relevant and helpful information	93.9%	97.3%
When I had a question about nutrition, WIC staff could answer it.	92.7%	97.8%
WIC clinic atmosphere was welcoming.	92.1%	97.4%
When I left WIC, I felt like a great mom.	89.6%	96.2%
When I had a question about breastfeeding, WIC staff could answer it.*	77.6%	**
WIC clinic had things for my child to do while waiting.	73.9%	89.5%

*For 19.2 percent of participants, the response to this question was "not applicable."
**Data for this response is unavailable.

Clients rated the following WIC experiences shown in Table 50.

Table 50: Overall WIC Experience

Rate the following experiences	Needs improvement		Okay		Great	
	Online survey	In clinic survey	Online survey	In clinic survey	Online survey	In clinic survey
Shopping for WIC foods	24.4%	5.4%	38.6%	22.9%	37.1%	71.7%
Customer service at the grocery store	18.7%	9.8%	45.0%	32.6%	36.3%	57.5%
Total wait time at the clinic	18.4%	5.7%	46.8%	33.6%	34.8%	60.7%
Customer service at the WIC clinic	6.1%	0.9%	32.9%	11.5%	61.0%	87.7%
Options available for nutrition education	5.5%	1.0%	47.6%	21.7%	46.9%	77.4%
Application process	5.2%	2.1%	44.5%	22.8%	50.3%	75.1%

Clients also rated how well WIC met their needs in each of the areas shown in Table 51.

Table 51: Nutrition Education and Breastfeeding Support

How well does WIC meet your needs	Great		Okay		Not so great	
	Online Survey	In clinic Survey	Online Survey	In clinic Survey	Online Survey	In clinic Survey
Teaching me about healthy food choices	82.4%	88.7%	15.9%	10.5%	1.7%	0.8%
Learning how to feed my family	79.8%	86.5%	18.0%	12.7%	2.1%	0.8%
Learning how to shop for WIC foods	73.0%	82.4%	23.1%	15.7%	3.8%	1.8%
Learning how to prepare/cook WIC foods	64.7%	73.1%	28.2%	23.5%	7.1%	3.4%
Learning how to breastfeed my baby*	53.5%	70.5%	17.3%	20.9%	1.8%	***
Providing support to breastfeed my baby longer**	51.9%	67.9%	17.6%	23.1%	2.4%	***
Helping me connect and share ideas with other parents	42.2%	48.8%	37.3%	39.2%	20.5%	11.9%

*For 27.4 percent of participants, “learning how to breastfeed my baby” was “not applicable.”

**For 28.1 percent of participants, “providing support to breastfeed my baby longer” was “not applicable.”

***Data for this response is unavailable.

5. Conclusion

This HHS system-wide 2018 Report on Customer Service describes the results of nearly 140,000 individual survey responses from 35 surveys conducted by the five Texas agencies belonging to the Texas Health and Human Services (HHS) system during the SFY 2016 and SFY 2017 reporting period. Individuals who were surveyed were primarily direct consumers of services and enrollees in health plans; other surveys solicited feedback from entities regulated or inspected by HHS, service providers contracted with HHS, entities receiving HHS laboratory services, and community stakeholders.

- Twenty projects surveyed customers of HHS services, including families of children with special needs, developmental delays, or disabilities; adults with disabilities; children and adults who received mental health services; elderly individuals residing in care facilities; young adults leaving foster care; clients attending immunization clinics; recipients of HIV medication; SNAP applicants; and customers of eligibility offices. The largest of these surveys, the YourTexasBenefits.com survey, collected over 5,000 responses per month, on average. Overall, most respondents provided positive feedback regarding the services and supports received through HHS programs.

- Enrollees in STAR, STAR Health, STAR+PLUS, and CHIP health plans were surveyed through six different surveys. Respondents included families or caregivers of enrolled children, as well as enrolled adults. Across all six member surveys, most quality components were rated positively. Respondents were most likely to give positive feedback on domains related to communication with doctors, shared decision making, and customer service; domains with opportunities for improvement include access to specialized services, behavioral health treatment, and advice on smoking cessation. Texas's external quality review organization provides more detailed findings and recommendations from member surveys in their annual Summary of Activities Report.

- Four surveys were conducted to obtain feedback from entities regulated or inspected by the state. A wide range of businesses, healthcare facilities, food service facilities, and other regulated organizations provided positive feedback on state services, including inspections, site reviews, and communication with staff.

- Four surveys collected responses from customers of state laboratory services, including submitters to the South Texas Laboratory and customers of the Laboratory Courier Program. Surveys showed broad satisfaction related to transit time, staff responsiveness, and quality of service.

- One survey was conducted to obtain feedback from community stakeholders. Local law enforcement, members of the judiciary, and community organizations provided generally positive feedback regarding community engagement efforts undertaken by Adult Protective Services.

Overall, the HHS system of agencies has succeeded in obtaining feedback from a diverse group of customers. Most respondents provided positive feedback regarding the services and supports received through HHS programs. Feedback identifying opportunities for improvement is used to inform how services are provided in the future. For example, feedback collected from health plan enrollees is used to hold managed care organizations accountable through HHSC quality programs. These results support the HHS system mission of improving the health, safety, and well-being of Texans through good stewardship of public resources.

Appendix A. Customer Inventory For The Department Of Family and Protective Services (DFPS)

Services Provided To Customers by Budget Strategy, as listed in HHS System Strategic Plan 2017–2021, Volume II, Schedule A

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 1.1.1. Provide System to Receive/Assign Reports of Abuse/Neglect/Exploitation. Provide a comprehensive system with automation support for receiving reports of persons suspected to be at risk of abuse/neglect/exploitation and assign for investigation those reports that meet Texas Family Code and Human Resource Code definitions.	Children and Adults At Risk of Abuse and Neglect: Statewide Intake provides central reporting and investigation assignments so that all children at risk of abuse and neglect and all elderly and adults with disabilities who have been abused, neglected, and exploited can be protected. Citizens of Texas: DFPS provides confidential access to services for all citizens of Texas. External Partners: In providing access to DFPS services through the Statewide Intake function, DFPS interacts with law enforcement agencies, the medical sector, schools, and the general reporting public.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 2.1.1. Provide Direct Delivery Staff for Child Protective Services. Provide caseworkers and related staff to conduct investigations and deliver family-based safety services, out-of-home care, and permanency planning for children who are at risk of abuse/neglect and their families. **Strategy 2.1.2. Provide Program Support for Child Protective Services.** Provide staff, training, automation, and special projects to support a comprehensive and consistent system for the delivery of child protective services.	Children and Families: DFPS protects children by investigating reports of abuse and neglect, working with children and families in their own homes to alleviate the effects of abuse/neglect, and providing services to prevent further abuse/neglect, and if necessary, placing children in substitute care until they can be safely returned home, to relatives, or until they are adopted. External Partners: Conducting investigations and providing casework for children in their own homes and children who have been removed from their homes involves many external partners, such as law enforcement agencies, the medical sector, schools, Child Welfare Boards, the judiciary, faith-based organizations, Child Advocacy Centers, children's advocate groups, domestic violence service providers, other HHSC system agencies, and state and national child welfare associations.
Strategy 2.1.3. Texas Workforce Commission (TWC) Contracted Day Care Purchased Services. Provide purchased day care services for foster children where both or the one foster parent works full-time; for relative and other designated caregivers who work full time; or for children living at home to control and reduce the risk of abuse/neglect and to provide stability while a family is working on changes to reduce risk.	Children and Families: DFPS protects children by purchasing day care to keep a child safe in their home or to assist working foster parents. Other Agencies: DFPS purchases day care under a contract with the Texas Workforce Commission. Local Governments: Through the contract with the Texas Workforce Commission, DFPS has access to the network of child care providers managed by local workforce boards.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 2.1.4. Adoption Purchased Services. Provide purchased adoption services with private child-placing agencies to facilitate the success of service plans for children who are legally free for adoption, including recruitment, screening, home study, placement, and support services.	Children and Families: DFPS increases permanency placement options for children awaiting adoption by contracting for adoption services, and helps ensure success of adoptions by providing post-adoption services.
Strategy 2.1.5. Post-Adoption / Post-Permanency Purchased Services. Provide purchased post-adoption services for families who adopt children in the conservatorship of DFPS, including casework, support groups, parent training, therapeutic counseling, respite care, and residential therapeutic care.	Contracted Service Providers: DFPS contracts with private child-placing agencies to recruit, train and verify adoptive homes, secure adoptive placements, provide post-placement supervision, and facilitate the consummation of the adoptions. DFPS also purchases post-adoption services from various service providers.
Strategy 2.1.6. Preparation for Adult Living Purchased Services. Provide purchased adult living services to help and support youth preparing for departure from DFPS substitute care, including life skills training, money management, education/training vouchers, room and board assistance, and case management.	Youth in Substitute Care: DFPS provides services to prepare youth in substitute care for adult life. Services are also available for youth who have aged out of the substitute care system to ensure a successful transition to adulthood. Contracted Service Providers: DFPS purchases these youth services from various service providers.
Strategy 2.1.7 Substance Abuse Purchased Services. Provide purchased residential chemical dependency treatment services for adolescents who are in the conservatorship of DFPS and/or parents who are referred to treatment by DFPS.	Children and Families: DFPS protects children by purchasing substance abuse treatment services and drug-testing services for children in the CPS system and their families. Contracted Service Providers: DFPS purchases these services from various service providers.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 2.1.8. Other Purchased Child Protective Services. Provide purchased services to treat children who have been abused or neglected, to enhance the safety and well-being of children at risk of abuse and neglect, and to enable families to provide safe and nurturing home environments for their children.	Children and Families: DFPS protects children by purchasing various types of services for children in the CPS system and their families. Services include evaluation of psychological and psychiatric functioning; individual, group, and family therapy, parenting, battering intervention, life skills, etc. Contracted Service Providers: DFPS purchases these services from various service providers.
Strategy 2.1.9. Foster Care Payments. Provide financial reimbursement for the care, maintenance, and support of children who have been removed from their homes and placed in licensed, verified childcare facilities.	Children in Foster Care: DFPS provides reimbursement for the care, maintenance, and treatment of children who have removed from their homes. Contracted Service Providers: DFPS purchases these services from DFPS foster homes, contracted child-placing agencies, and child care facilities. External Partners: The foster care program would not be possible without the 24-hour residential child care providers. DFPS works closely with provider groups and associations.
Strategy 2.1.10. Adoption Subsidy and Permanency Care Assistance Payments. Provide grant benefit payments for families that adopt foster children with special needs and for relatives that assume permanent managing conservatorship of foster children, and one-time payments for non-recurring costs.	Children and Families: DFPS helps ensure a permanent placement for children available for adoption with special needs by providing a monthly subsidy payment to assist with the cost of the child's special needs. DFPS also provides Permanency Care Assistance to relative caregivers that assume permanent managing conservatorship for a child.
Strategy 2.1.11. Relative Caregiver Monetary Assistance Payments. Provide monetary assistance for children in the state relative and other designated caregiver program.	Relative and Other Designated Caregivers: DFPS provides monetary assistance to relatives and other designated caregivers to help ensure successful, permanent placements for children removed from their homes.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 3.1.1. Services to At-Risk Youth (STAR) Program. Provide contracted prevention services for youth ages 10-17 who are in at-risk situations, runaways, Class C delinquents, and for youth under the age of 10 who have committed delinquent acts. **Strategy 3.1.2. CYD Program.** Provide funding and technical assistance to support collaboration by community groups to alleviate family and community conditions that lead to juvenile crime. **Strategy 3.1.3. Provide Child Abuse Prevention Grants to Community-Based Organizations.** Provide child abuse prevention grants to develop programs, public awareness, and respite care through community-based organizations. **Strategy 3.1.4. Provide Funding for Other At-Risk Prevention Programs.** Provide funding for community-based prevention programs to alleviate conditions that lead to child abuse/neglect and juvenile crime. **Strategy 3.1.5. Maternal and Child Home Visiting Programs.** Evidence-based, nurse home visiting model that works to improve pregnancy outcomes, child health and development outcomes, and families' self-sufficiency. **Strategy 3.1.6. Provide Program Support for At-Risk Prevention Services.** Provide program support for at-risk prevention services.	Children and Families: DFPS provides funding for community-based child abuse prevention and juvenile delinquency prevention services to at-risk children and for the families of those children. Contracted Service Providers: DFPS contracts with various community-based organizations across the state to deliver all prevention and early intervention services. Other Agencies: At-risk prevention services involve participation from the Texas Education Agency, Texas Juvenile Justice Department Local Governments: At-risk prevention services involve participation from local juvenile probation departments. Some prevention services are provided through contracts with local governments. External Partners: Overseeing prevention services involves many external partners such as law enforcement agencies, schools, and children's advocate groups.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 4.1.1. APS Direct Delivery Staff. Provide caseworkers and related staff to conduct investigations of reports of abuse, neglect, and exploitation of persons receiving services in community settings. **Strategy 4.1.2. Provide Program Support for Adult Protective Services.** Provide staff, training, automation, and special projects to support a comprehensive and consistent system for the delivery of adult protective services.	Adults who are over 65 or who have disabilities: DFPS protects adults who are over age 65 or who have disabilities from abuse, neglect, and exploitation, and providing services to remedy or prevent further abuse. Persons with mental illness (MI) and/or intellectual disabilities (ID) served by or through providers: DFPS protects persons who have MI and ID served by or through providers by investigating reports of abuse, neglect, and exploitation. Other Agencies: Adult protective services includes support and involvement from DADS, DARS and DSHS. Local Governments: Providing adult protective services involves support and participation from city and county health and social services departments, and the Area Agencies on Aging. Also includes, for persons served by providers, participation from Community Centers. External Partners: Conducting investigations and providing services involves many external partners, such as law enforcement agencies, the medical sector, the judiciary, faith-based organizations, non-profit social service agencies, advocate groups for adults who are over age 65 or who have disabilities, state and national associations on aging and care for the elderly, and family and friends of APS clients. Also includes many external partners, such as advocacy groups for persons with mental illness and intellectual disabilities, state and national associations for mental health, and family and friends of MI and ID clients.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 4.1.3. APS Purchased Emergency Client Services. In appropriate cases, APS provides or arranges for services for vulnerable adults to remedy underlying causes of abuse, neglect, or exploitation.	Adults who are over 65 or who have disabilities: DFPS protects adults who are over age 65 or who have disabilities from abuse, neglect, and exploitation, and providing services to remedy or prevent further abuse. Contracted Service Providers: DFPS contracts with various service providers to deliver necessary emergency services for APS clients.
Strategy 5.1.1. Central Administration. Central administration. **Strategy 5.1.2. Other Support Services.** Other support services. **Strategy 5.1.3. Regional Administration.** Regional administration. **Strategy 5.1.4. IT Program Support.** Information technology program support.	DFPS provides indirect administrative support for all programs. All stakeholder groups would be included for this group of strategies. Additionally, DFPS employees receive support services under these strategies.
Strategy 6.1.1. Agency-Wide Automated Systems (Capital Projects). Develop and enhance automated systems that serve multiple programs (capital projects).	DFPS provides information technology support for all programs. All stakeholder groups would be included for this strategy. Additionally, DFPS employees receive support services under this strategy.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 7.1.1. Regulate Child Day Care and Residential Child Care. Shows historical funding for child care regulation program. **Strategy 7.1.2. Adult Protective Services Facility/Provider Investigations.** Shows historical funding for programs transferring from DFPS to HHSC per SB 200, 84th Legislature.	Health and Human Services Commission (HHSC) Programs Historical Funding: Shows historical funding for programs transferring from Department of Family and Protective Services (DFPS) to HHSC per SB 200, 84th Legislature.

Appendix B. Customer Inventory For The Department Of State Health Services (DSHS)

Services Provided To Customers by Budget Strategy, as listed in HHS System Strategic Plan 2017–2021, Volume II, Schedule A

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 1.1.1. Public Health Preparedness and Coordinated Services. Coordinate essential public health services through public health regions and affiliated local health departments. Plan and implement programs to ensure preparedness and rapid response to bioterrorism, natural epidemics, and other public health and environmental threats and emergencies.	Citizens of Texas: DSHS is responsible for public health and medical services during a disaster or public health emergency and ongoing surveillance for infectious disease outbreaks with statewide potential such as influenza and foodborne outbreaks. Other Local, State, and Federal Agencies: DSHS coordinates with local health departments (LHDs); Texas Division of Emergency Management; Regional Advisory Councils; laboratories and laboratory response networks; first responders; law enforcement; environmental, veterinary, and agricultural laboratories; hospitals; and healthcare systems. Texas-Mexico Border Residents and Border Health Partners: DSHS coordinates and promotes health issues between Texas and Mexico, and provides interagency coordination and assistance on public health issues with local border health partners referenced in *Strategy 1.1.4. Border Health and Colonias*. Public Health Services: DSHS Health Service Regions (HSR) are responsible for ensuring the provision of public health services to communities across Texas where no LHD has been established or the LHD does not have the capacity or wish to provide a full range of public health services. State and federal funds are used to support our Regions in the prevention of epidemics and spread of disease; protection against environmental hazards; prevention of injuries; promotion of healthy behaviors; and response to disasters. Through public health social workers; DSHS supports its statutory responsibility to link individuals who have a need for community and personal health services to appropriate community and private providers.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 1.1.2. Vital Statistics. Maintain a system for recording, certifying, and disseminating information about births, deaths, and other vital events in Texas.	Citizens of Texas: DSHS provides vital records needed to access benefits and services. Local Governments: DSHS provides vital records and health-related disease registry and hospital data for health planning and policy decisions. DSHS maintains and operates a statewide information system, Texas Electronic Registrar (TER), for use by statewide officials responsible for birth and death registration. DSHS receives information from district and county clerks responsible for registering vital event information associated with marriages, divorces, and suits affecting the family. Funeral Directors, Funeral Home Staff, Medical Directors, and Facilities: DSHS maintains and operates TER for use by funeral directors and funeral home staff that provide death certificates as part of funeral services and collect demographic data associated with registered deaths. Physicians, justices of the peace, medical examiners, hospitals, and hospices also contribute medical data associated with registration of death events. Hospitals, Birthing Centers, and Midwives: DSHS maintains TER for hospitals, birthing centers, and certified and non-certified midwives that are responsible for registration of birth events.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 1.1.3. Health Registries. Collect health information for public health research and information purposes that inform decisions regarding the health of Texans.	Direct Consumers: The Texas Healthcare Safety Network (TxHSN) Registry is used to collect and store Healthcare Associated Infection (HAI) and Preventable Adverse Event (PAE) data from healthcare facilities in Texas. Facility-specific reports are generated to display these data in order to promote patient empowerment and allow healthcare consumers to make informed decisions about their own healthcare. DSHS maintains the Texas Cancer Registry, Birth Defects Registry, Blood Lead Registry, Traumatic Brain Injury, Trauma and Emergency Medical Services Registries. DSHS collects, maintains, and disseminates data for all Texas residents. The aggregated data that is shared with a diverse group of users and stakeholders that contribute to prevention and control of diseases and conditions, and improve diagnoses, treatment, survival, and quality of life for all cancer patients.
Strategy 1.1.4. Border Health and Colonias. Promote health and address environmental issues between Texas and Mexico through border/binational coordination, maintaining border health data, and community-based healthy border initiatives.	Texas-Mexico Border Residents: DSHS coordinates and promotes health issues between Texas and Mexico and identifies resources and develops projects that support community efforts to improve border health. Border Health Partners: DSHS provides interagency coordination and assistance on public health issues with local border health partners; binational health councils; state border health offices in California, Arizona, and New Mexico; U.S.-Mexico Border Health Commission; U.S. Environmental Protection Agency (EPA) Border 2020 Program; U.S. Department of Health and Human Services (DHHS) Office of Global Affairs, U.S. DHHS Health Resources and Services Administration (HRSA) Office of Border Health; México Secretaria de Salud; and other state and federal agency border programs.

Strategy 1.1.5. Health Data and Statistics. Collect, analyze, and distribute information about health and healthcare.

Citizens of Texas: DSHS utilizes data to help address Texas residents' concerns regarding disease in their neighborhoods. DSHS posts facility-level data on the occurrence of healthcare-associated infections and preventable adverse events to a public website.

DSHS provides data to researchers and for other public health purposes, including inclusion in national and international documents that discuss and/or report the burden of disease nationally and/or internationally. This data may also be used for community health assessments, public health planning, and making informed health care decisions.

Other External Partners: DSHS coordinates with the Texas Medical Association (TMA), Texas Academy of Family Physicians, Texas Midwifery Association, Association of Texas Midwives, County Medical Societies, Texas and New Mexico Hospice Organization, Texas Justice Court Training Center, Texas County Commissioners Court, County and District Clerks' Association of Texas, Texas Hospital Association (THA, Texas Society of Infection Control and Prevention, local chapters of the Association for Professionals in Infection Control and Epidemiology, Texas Tumor Registrars Association, the National Program of Cancer Registries - part of the Centers for Disease Control and Prevention (CDC), and the North American Association of Central Cancer Registries (NAACCR).

Other State Agencies: DSHS coordinates with the Office of Attorney General, DFPS, Texas Department of Transportation, Texas Workforce Commission, HHSC, Texas Commission on Environmental Quality, Cancer Prevention and Research Institute of Texas (CPRIT), Texas Department of Housing and Community Affairs, Texas Poison Center Network, Texas Medical Board, Texas Board of Nursing, Texas Department of Agriculture, and Texas State Commission on Judicial Conduct.

Federal Agencies: DSHS coordinates with the CDC, National Center for Health Statistics, Social Security Administration, Federal Bureau of Investigations, Food and Drug Administration (FDA), National Institute of Occupational Safety and Health, Centers

Budget Strategy	Stakeholder Groups/ Services Provided
	for Medicare & Medicaid Services (CMS), Agency for Healthcare Research and Quality, Agency for Toxic Substances and Disease Registries, Department of Veteran Affairs, and EPA.

Strategy 1.2.1. Immunize Children and Adults in Texas. Implement programs to immunize children and adults in Texas.	Direct Consumers: DSHS operates the Texas Vaccine for Children (TVFC) and Adult Safety Net (ASN) Program to provide immunizations for eligible children, adolescents, and adults. These programs also work to educate and perform quality assurance activities with healthcare providers vaccinating these groups. DSHS maintains an electronic vaccine inventory system that enables participating providers to order vaccine stock and report on vaccines administered. DSHS maintains a statewide immunization registry (ImmTrac) that contains millions of immunization records, mostly for children. Healthcare providers use ImmTrac to ensure timely administration of vaccines and to avoid over-vaccination. Parents may obtain immunization records for their children. DSHS also conducts surveillance, investigation, and mitigation of vaccine-preventable diseases. Local Governments: DSHS provides assistance to LHDs in conducting immunization programs at the local level, including providing immunizations for eligible children, adolescents, and adults; providing immunization education; and assisting with activities to increase immunization coverage levels across Texas. Schools and Childcare Facilities: DSHS provides education and technical assistance to school and childcare facilities on school immunization requirements. DSHS conducts an annual survey of private schools and public school districts to assess vaccination coverage. Additionally, DSHS conducts audits on schools and childcare facilities to ensure that the facilities comply with school immunization requirements. External Partners: DSHS works with the Texas Immunization Stakeholder Working Group, which includes representatives from TMA, Texas Pediatric Society, parents, schools, LHDs, pharmacists, nurses, vaccine manufacturers, immunization coalitions, and other organizations with a role in the statewide immunization system. Other State Agencies: DSHS works with Texas Education Agency, DFPS and HHSC in the delivery of immunization services.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 1.2.2. Human Immunodeficiency Virus / Sexually Transmitted Disease (HIV/STD) Prevention. Implement programs of prevention and intervention including preventive education, case identification and counseling, HIV/STD medication, and linkage to health and social service providers.	Direct Consumers: DSHS provides access to HIV treatment and care services, including life-enhancing medications, for low-income, uninsured or underinsured persons. DSHS also provides ambulatory health care and supportive services to persons with HIV disease through contracted providers. DSHS contracts to provide HIV counseling and testing, linkage to HIV related medical care and behavior change interventions to prevent the spread of HIV and other STDs. DSHS provides testing for HIV and STDs, medications for some STDs, and disease intervention and partner services to reduce the spread of STDs. Local Governments: DSHS provides assistance to local governments in the delivery of services to assure that persons diagnosed with HIV and high priority STDs are notified and linked to medical care and treatment. Assistance is provided to assure that partners of persons newly diagnosed with HIV and high priority STD are notified and offered testing services. DSHS provides capacity building and technical assistance/training services to LHDs providing HIV/STD prevention and treatment and care services. DSHS works with LHDs to promote HIV/STD as a health and prevention priority among medical providers and the community at large. DSHS provides local leaders and groups across Texas with information on the size and scope of HIV and STD cases in their communities, with HIV/STD-specific strategic planning tools, and with best risk reduction practices to support creation of HIV/STD prevention and services action plans. Community-Based Organizations: DSHS provides capacity building and technical assistance/training services to contracted providers providing HIV/STD prevention and treatment and care services. Committee: The Texas HIV Medication Advisory Committee advises DSHS about the Texas HIV Medication Program formulary and policies.

Strategy 1.2.3. Infectious Disease Prevention, Epidemiology and Surveillance. Conduct surveillance on infectious diseases, including respiratory, vaccine-preventable, bloodborne, foodborne, and zoonotic diseases and healthcare associated infections. Implement activities to prevent and control the spread of emerging and acute infectious and zoonotic diseases. Administer the Refugee Health Services program. Administer program activities to identify, treat, and provide services to persons with Hansen's disease.	Citizens of Texas: DSHS coordinates disease surveillance and outbreak investigations including information on the occurrence of disease, as well as prevention and control measures. DSHS conducts surveillance for and investigations of infectious diseases, recommends control measures in accordance with best practices, and implements interventions. In addition, DSHS provides information on infectious disease prevention and control to the public through the website and personal consultation. DSHS facilitates the distribution of rabies biologics to persons exposed to rabies, provides Animal Control Officer training opportunities, inspects animal rabies quarantine facilities, immunizes wildlife that can transmit rabies to humans, mobilizes community efforts such as pet neutering programs through the Animal Friendly grant, and maintains an investigative response team. Local Governments: DSHS coordinates infectious disease prevention, control, epidemiology, and surveillance activities with LHDs. Other State and Federal Agencies: DSHS collaborates daily with the CDC to maintain consistency with national guidance on infectious disease surveillance, investigation, and mitigation. DSHS serves as the lead on a cooperative project with U.S. Department of Agriculture and Texas Military Forces. Other stakeholders are THA, Texas Health Care Association, Texas Organization of Rural & Community Hospitals, Texas Ambulatory Surgery Center Society, End State Renal Disease (ESRD) Network of Texas, the Texas Animal Health Commission, Texas Parks and Wildlife Department, Texas Veterinary Medical Diagnostic Laboratory, U.S.-Mexico Border Health Commission, Rotary International, CDC, FDA, HRSA, schools of public health in Texas, voluntary agencies, HHSC, and federal Office of Refugee Resettlement. Medical Community: DSHS provides information and consultation to the human and veterinary medical communities, as well as to healthcare professionals through personal consultation and professional organizations, presentations and posters at scientific meetings, and peer-reviewed publications.

Strategy 1.2.4. TB Surveillance and Prevention. Implement activities to conduct TB surveillance, to prevent and control the spread of TB, and to treat TB infection.

Direct Consumers: DSHS establishes disease surveillance and outbreak investigations processes and provides information on the occurrence of TB disease in communities across Texas. DSHS implements TB disease control measures, including testing and diagnostic services and promoting adherence to treatment. DSHS also ensures that all residents of Texas who are diagnosed with TB or Hansen's disease receive treatment regardless of ability to pay for services. In addition, DSHS provides information to the public on TB prevention and control, Hansen's disease, and refugee health assessment services through its website. Phone consultations are also provided to the public on TB, Hansen's disease, and refugee health services.

Local Government: DSHS contracts with LHDs to provide outpatient clinical and public health services for TB and Hansen's disease management. DSHS works with DSHS HSRs and LHDs' providers on TB binational projects and other special projects targeting individuals and groups at high risk for TB. DSHS provides laboratory services, capacity building, technical assistance, and training services to contracted providers on TB and Hansen's disease. DSHS works in collaboration with LHDs and HSRs to evaluate TB screening, reporting and case management activities conducted by 154 local jails statewide.

State Agencies: DSHS collaborates with Texas Commission on Jail Standards to ensure jails meeting the criteria for developing and maintaining a TB screening program are upheld. DSHS collaborates with Texas Department of Criminal Justice on TB screening and reporting activities.

Federal Agencies: DSHS collaborates with the CDC, the National Hansen's Disease Program, Bureau of Prisons, Immigration Customs Enforcement, U.S. Marshal's Office on disease surveillance, reporting and management.

Medical Community: DSHS provides consultation services to healthcare professionals on TB and Hansen's disease.

DSHS partners with Heartland National TB Center, a CDC Regional Training and Medical Consultation Center, to provide training to healthcare professionals and to maintain an educated TB

Budget Strategy	Stakeholder Groups/ Services Provided
	workforce. DSHS also participates in professional organizations including conducting presentations and presenting posters at scientific meetings and submitting peer-reviewed publications.
Strategy 1.2.5 Texas Center for Infectious Disease. Provide medical treatment to persons with tuberculosis.	Hospital Services: Through the Texas Center for Infectious Disease – a 74 bed long-term care hospital, DSHS provides inpatient tuberculosis treatment and outpatient tuberculosis and Hansen's disease evaluation and treatment.

Strategy 1.3.1. Health Promotion and Chronic Disease Prevention. Develop, implement, and evaluate evidence-based interventions to reduce health risk behaviors that contribute to chronic disease. Conduct chronic disease surveillance.

Citizens of Texas: DSHS provides awareness and educational resources/materials for diabetes, Alzheimer's disease, cancer, asthma, and cardiovascular disease (CVD). DSHS provides child safety seats to low-income families with children less than eight years of age. DSHS provides support to communities for planning and implementing evidence-based obesity prevention interventions through policy and environmental change.

Councils, Task Forces, and Collaboratives: DSHS provides administrative support to the Texas Diabetes Council, Texas Council on Alzheimer's Disease and Related Disorders, Texas Council on CVD and Stroke, Texas CVD and Stroke Partnership, Texas School Health Advisory Council, Stock Epinephrine Advisory Committee, Cancer Alliance of Texas, Public Health Funding and Policy Committee, Border Health Task Force, and Preparedness Coordinating Council.

Healthcare Professionals: DSHS provides toolkits and information that include professional and patient education materials featuring self-management training, minimum standards of care, and evidence-based treatment algorithms.

Contracted entities: DSHS contracts with various LHDs, universities, non-profits, private sector entities, and others to implement interventions and collect data to reduce the burden of chronic disease and related risk factors.

Community Diabetes Projects: DSHS contracts with LHDs, community health centers, and grassroots organizations to establish programs for promoting wellness, physical activity, weight and blood pressure control, and smoking cessation for people with or at risk for diabetes.

Schools: DSHS provides technical assistance on the care of students with or at risk for chronic disease. DSHS provides child safety seats and education to community partners that assist in the distribution of the safety seats to low-income families and trains nurses, police officers, and other community members to be nationally certified child passenger safety technicians. Through the Oral Health Program, DSHS provides dental surveillance, prevention, and referrals in schools.

Budget Strategy	Stakeholder Groups/ Services Provided
	State Agencies: DSHS provides subject matter expertise, including research and data analysis, on topics related to chronic disease. DSHS also collaborates with the CPRIT on cancer-related activities. DSHS works with state agency worksite wellness coordinators to implement health promotion and wellness activities in Texas state agencies.
Strategy 1.3.2. Reducing the Use of Tobacco Products Statewide. Develop a statewide program to reduce the use of tobacco products.	Citizens of Texas: DSHS plays a leadership role in educating the public about the importance of tobacco prevention and cessation. DSHS also provides cessation counseling services to all Texas residents. Healthcare Providers: DSHS provides training and resources for healthcare providers to implement best practices for treating tobacco dependence in multiple healthcare settings. External Partners: DSHS works with the University of Texas at Austin, University of Texas at El Paso, University of Houston, The Council on Alcohol and Drug Abuse, Optum, Texas State University, Texas A&M University, MD Anderson, American Cancer Society, and American Lung Association. Contracted Services: DSHS contracts with a media firm; a national Quitline service provider; state institutions of higher education; and local coalitions to implement comprehensive tobacco prevention, cessation, and environmental change policies.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 1.3.3. Children with Special Health Care Needs (CSHCN). Administer service program for children with special health care needs, in conjunction with the Health and Human Services Commission.	Direct Consumers: HHSC/DSHS provides services to children with special health care needs and their families and people of any age with cystic fibrosis. Services are provided through entities that provide direct healthcare services and case management. Regional staff also provide case management, eligibility determination, and enrollment services. DSHS community-based initiatives for the CSHCN population include medical home, transition to adult care, and community integration through contractors. Through community-based contracts, case management is available for CSHCN who are not part of Medicaid. External Partners: HHSC/DSHS actively participates on a variety of advisory groups including but not limited to the Children's Policy Council and the Texas Council for Developmental Disabilities. HHSC/DSHS interacts with professional organizations, including Children's Hospital Association of Texas, THA, TMA, and Texas Pediatric Society, and advocacy/support groups, including Texas Parent to Parent, Every Child, Inc., and Disability Rights Texas. HHSC/DSHS facilitates the Medical Home Workgroup, Transition Workgroup, and participates in the STAR Kids Advisory Council, the Texas Respite Coalition, the statewide Community Resource Coordination Group (CRCG), and the ECI Advisory Committee.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 1.4.1. Laboratory Services. Provide analytical laboratory services in support of public health program activities.	Citizens of Texas: DSHS tests specimens for infectious diseases such as HIV, STD, and TB; screens for lead in children; tests bay water and milk samples for contamination; tests for rabies; screens every newborn for 53 disorders; and identifies organisms responsible for disease outbreaks throughout Texas. DSHS also provides testing for chemical and biological threats. Other Local, State, and Federal Agencies: DSHS coordinates with LHDs and their laboratories; laboratories that are part of CDC Laboratory Response Network; first responders; law enforcement; environmental, veterinary, and agricultural laboratories; vector control programs; and animal control programs. Public Water Systems: DSHS provides testing of water samples as part of the EPA Safe Drinking Water Act. External Partners: DSHS works with the Texas Newborn Screening Advisory Committee, THA, TMA, Texas Pediatric Society, and other professional associations.
Strategy 1.4.2. Laboratory (Austin) Bond Debt. Service bond debt on reference laboratory.	Citizens of Texas: DSHS provides testing at the Austin laboratory to diagnose and investigate community health problems and health hazards.

Strategy 2.1.1. Women and Children's Health Services. Provide easily accessible, quality, and community-based maternal and child health services to low-income women, infants, children, and adolescents.	Direct Consumers: DSHS provides contracted clinical, educational, and support services to Texas residents who meet specific eligibility requirements. DSHS provides preventive oral health services to children in low-income schools and provides training and certification for vision and hearing screening. In addition, DSHS makes audiometers available to schools and day care centers for their staff to conduct screenings. DSHS also provides preventive and primary care, medical and limited dental services, and case management to low-income pregnant women and children through contracts with Title V funds. Limited genetics services are also provided through contracts. DSHS notifies primary care physicians and families of newborns with out-of-range newborn screening results to ensure clinical care coordination to prevent development delays, intellectual disability, illness, or death. DSHS also provides education to providers and the public regarding genetics. Contracted Providers: DSHS provides professional education to dental, medical, and case management providers through online provider education and in-person training opportunities. DSHS contracts with nonprofit organizations including LHDs, hospital districts, university medical centers, federally qualified health centers (FQHCs), and other community-based organizations. Certified Individuals: DSHS provides oversight of the training and certification requirements for promoters/community health workers and training instructors. Texas School Health Advisory Committee: DSHS provides administrative support to this advisory committee. Schools: DSHS contracts with entities that provide primary and preventive services through school-based health centers. DSHS also provides training and technical assistance to school administrators, school nurses, and parents on the provision of health services within the school setting. Other State Agencies: DSHS provides subject matter expertise, including research and data analysis, on topics related to maternal and child health populations. DSHS also collaborates with the CPRIT on cancer-related activities. Under authority

Budget Strategy	Stakeholder Groups/ Services Provided
	of Title XIX of the SSA, Chapters 22 and 32 of the Human Resource Code and an IAC with HHSC, DSHS provides for administrative functions related to periodic medical and dental checkups for Medicaid-eligible children 0 through 20 years of age and case management for children 0 through 20 years of age and pregnant women with health risks or health conditions. External Partners: DSHS interacts with the American Cancer Institute, Texas Pediatric Society, Texas Dental Association, TMA, March of Dimes, Children's Hospital Association of Texas, Head Start programs, independent school districts, and healthcare providers.
Strategy 2.1.2. Community Primary Care Services. Develop systems of primary and preventive healthcare delivery in underserved areas of Texas.	Local Health Departments: DSHS may recommend areas where local health entities operate for federal designation as Health Professional Shortage Areas and Medically Underserved Areas. Schools of Public Health and Universities: DSHS partners with these entities in recruitment activities for the National Health Service Corps and Texas Conrad 30 J-1 Visa Waiver Program. Other Organizations: DSHS works with communities and nonprofit organizations to develop and expand FQHCs in Texas.
Strategy 2.2.1. Emergency Medical Services (EMS) and Trauma Care Systems. Develop and enhance regionalized emergency healthcare systems.	Citizens of Texas: DSHS ensures a coordinated statewide trauma system and designates trauma and stroke facilities in Texas. DSHS regulates and sets standards for emergency medical professionals and providers.
Strategy 3.1.1. Food (Meat) and Drug Safety. Design and implement programs to ensure the safety of food, drugs, and medical devices.	Citizens of Texas: DSHS protects Texas residents from contaminated, adulterated, and misbranded foods by enforcing food safety laws and regulations and investigating foodborne illness outbreaks to identify sources of contamination. DSHS also protects Texas residents from unsafe drugs, medical devices, cosmetics, and tattoo and body-piercing procedures through regulation. DSHS protects school-age children by inspecting school cafeterias.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 3.1.2. Environmental Health. Design and implement risk assessment and risk management regulatory programs for consumer products, occupational and environmental health, and community sanitation.	Citizens of Texas: DSHS provides protection and handles compliance over a broad range of commonly used consumer items including automotive products, household cleaners, polishes and waxes, paints and glues, infant items, and children's toys. DSHS also protects and promotes the physical and environmental health of Texans from asbestos, mold, and lead. DSHS protects children attending private and university-based summer youth camps by requiring completion of certain trainings and inspections.
Strategy 3.1.3. Radiation Control. Design and implement a risk assessment and risk management regulatory program for all sources of radiation.	Citizens of Texas: DSHS prevents unnecessary radiation exposure to the public through effective licensing, registration, inspection, enforcement, and emergency response.
Strategy 3.1.5. Texas.Gov. Estimated and Nontransferable. Texas.Gov. Estimated and Nontransferable.	Regulated Entities: DSHS is statutorily permitted to increase license, permit, and registration fees imposed on licensees by an amount sufficient to cover the cost of the subscription fee charged by TexasOnline.
Strategy 4.1.1. Agency Wide Information Technology Projects. Provide data center services and a managed desktop computing environment for the agency.	DSHS Employees: DSHS provides information technology support for DSHS employees and programs.
Strategy 5.1.1. Central Administration. Central administration. **Strategy 5.1.2. Information Technology Program Support.** Information Technology program support. **Strategy 5.1.3. Other Support Services.** Other support services. **Strategy 5.1.4. Regional Administration.** Regional administration.	DSHS Employees: DSHS provides administrative support for DSHS employees and programs.

Strategy 6.1.1. Abstinence Education. Shows historical funding for Abstinence Education program.
Strategy 6.1.2. Kidney Health Care. Shows historical funding for Kidney Health Care program.
Strategy 6.1.3. Additional Specialty Care. Shows historical funding for Additional Specialty Care programs (formerly Epilepsy and Hemophilia Services).
Strategy 6.1.4. Provide Women, Infants, and Children (WIC) Services. Shows historical funding for WIC program.
Strategy 6.1.5. Women's Health Program. Shows historical funding for the Women's Health Program.
Strategy 6.1.6. Community Mental Health Services - Adults. Shows historical funding for Community Mental Health Services for adults.
Strategy 6.1.7. Community Mental Health Services - Children. Shows historical funding for Community Mental Health Services for children.
Strategy 6.1.8. Community Mental Health Crisis Services. Shows historical funding for Community Mental Health Crisis Services.
Strategy 6.1.9. NorthSTAR Behavioral Health Waiver. Shows historical funding for NorthSTAR Behavioral Health Waiver program.
Strategy 6.1.10. Substance Abuse Prevention, Intervention, and Treatment. Shows historical funding for Substance Abuse Prevention, Intervention, and Treatment programs.
Health and Human Services Commission (HHSC) Programs Historical Funding. Shows historical funding for programs transferring from the Department of State Health Services to HHSC pursuant to 84R SB 200.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 6.1.11. Indigent Health Care Reimbursement. Shows historical funding for Indigent Health Care Reimbursement. **Strategy 6.1.12. County Indigent Health Care Services.** Shows historical funding for County Indigent Health Care Services. **Strategy 6.1.13. Other Facilities.** Shows historical funding for Other Facilities (Rio Grande State Center Outpatient Clinic). **Strategy 6.1.14. Mental Health State Hospitals.** Shows historical funding for Mental Health State Hospitals. **Strategy 6.1.15. Mental Health Community Hospitals.** Shows historical funding for Mental Health Community Hospitals. **Strategy 6.1.16. Facility/Community-Based Regulation.** Shows historical funding for Facilities and Community-Based Regulation. **Strategy 6.1.17. Facility Capital Repairs and Renovations.** Shows historical funding for Facility Capital Repairs and Renovations. **Strategy 6.1.18. Texas Civil Commitment Office.** Shows historical funding for Texas Civil Commitment Office.	

Appendix C. Customer Inventory For The Health and Human Services Commission (HHSC)

Services Provided To Customers by Budget Strategy, as listed in HHS System Strategic Plan 2017–2021, Volume II, Schedule A

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 1.1.1. Aged and Medicare-Related Eligibility Group. Provide medically necessary healthcare in the most appropriate, accessible, and cost-effective setting to aged and Medicare-related Medicaid-eligible persons.	Medicaid Consumers: HHSC Medicaid/CHIP division provides healthcare to Medicaid aged and Medicare-related persons. Managed Care Organizations (MCO)/Providers: The HHSC Medicaid/CHIP division contracts with MCOs for the provision of health services. The Medicaid/CHIP division sets policy and provides oversight for the program.
Strategy 1.1.2. Disability-Related Eligibility Group. Provide medically necessary healthcare in the most appropriate, accessible, and cost-effective setting for disability-related Medicaid-eligible adults and children.	Medicaid Consumers: HHSC Medicaid/CHIP division provides healthcare to eligible disability-related adults and children. Managed Care Organizations (MCO)/Providers: The HHSC Medicaid/CHIP division contracts with MCOs for the provision of health services. The Medicaid/CHIP division sets policy and provides oversight for the program.
Strategy 1.1.3. Pregnant Women Eligibility Group. Provide medically necessary healthcare in the most appropriate, accessible, and cost-effective setting for Medicaid-eligible pregnant women.	Medicaid Consumers: HHSC Medicaid/CHIP division provides healthcare to women who are pregnant and eligible for Medicaid. Managed Care Organizations (MCO)/Providers: The HHSC Medicaid/CHIP division contracts with MCOs for the provision of health services. The Medicaid/CHIP division sets policy and provides oversight for the program.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 1.1.4. Other Adults Eligibility Group. Provide medically-necessary healthcare in the most appropriate, accessible, and cost-effective setting to adults who are principally income-level eligible (non-pregnant, non-Medicare, non-disability-related).	Medicaid Consumers: HHSC Medicaid/CHIP division provides healthcare to eligible TANF-level adults, medically needy, and other adults who are principally income-level eligible. Managed Care Organizations (MCO)/Providers: The HHSC Medicaid/CHIP division contracts with MCOs for the provision of health services. The Medicaid/CHIP division sets policy and provides oversight for the program.
Strategy 1.1.5. Children Eligibility Group. Provide medically necessary healthcare in the most appropriate, accessible, and cost-effective setting to newborn infants and Medicaid-eligible children who are not receiving SSI disability-related payments.	Medicaid Consumers: HHSC Medicaid/CHIP division provides healthcare to Medicaid eligible child recipients.
Strategy 1.1.6. Medicaid Prescription Drugs. Provide prescription medication to Medicaid-eligible recipients as prescribed by their treating physician.	Medicaid Consumers: HHSC Medicaid/CHIP division provides prescription medication benefits to Medicaid recipients. Managed Care Organizations (MCO)/Providers: The HHSC Medicaid/CHIP division contracts with MCOs for the provision of health services. The Medicaid/CHIP division sets policy and provides oversight for the program.
Strategy 1.1.7. Texas Health Steps (THSteps) Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Dental. Provide dental care in accordance with all federal mandates.	Medicaid Consumers: HHSC Medicaid/CHIP division provides access to periodic dental exams, diagnosis, prevention and treatment of dental disease to Medicaid eligible children. Managed Care Organizations (MCO)/Providers: The HHSC Medicaid/CHIP division contracts with MCOs for the provision of health services. The Medicaid/CHIP division sets policy and provides oversight for the program.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 1.1.8. Medical Transportation. Support and reimburse for non-emergency transportation assistance to individuals receiving medical assistance.	Medicaid Consumers: HHSC provides transportation for Medicaid recipients. Providers: The Medical Transportation Program contracts with Managed Transportation Organizations (MTOs) and Full Risk Brokers (FRBs) for the provision of medical transportation services. The program sets policy and provides oversight for the services.
Strategy 1.2.1. Community Attendant Services. Provide attendant care services to Medicaid-reimbursed subgroup of Primary Home Care eligible individuals that must meet financial eligibility of total gross monthly income less than or equal to 300 percent of the SSI federal benefit rate.	Direct customer groups include: Individuals of any age who meet specific eligibility requirements including income and resources, who have a practitioner's statement of medical need and meet functional assessment criteria.
Strategy 1.2.2. Primary Home Care. Provide Medicaid-reimbursed, non-technical, medically related personal care services prescribed by a physician to eligible individuals whose health problems limit their ability to perform activities of daily living.	Direct customer groups include: • Individuals 21 years of age and older; • Individuals who meet eligibility requirements including Medicaid eligibility; • Individuals who have a practitioner's statement of medical need; and • Individuals who meet functional assessment criteria.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 1.2.3. Day Activity and Health Services (DAHS). Provide daytime services five days a week to individuals residing in the community as an alternative to placement in nursing facilities or other institutions.	Direct customer groups include: • Title XIX: Individuals age 18 or older who receive Medicaid and meet eligibility requirements, which include having a functional disability related to a medical condition, a need for a personal care task, and a medical diagnosis and physician's orders requiring care or supervision by a licensed nurse. • Title XX: Individuals age 18 or older who meet specific eligibility requirements including income and resources and who have a functional disability related to a medical condition, a need for a personal care task, and a medical diagnosis and physician's orders requiring care or supervision by a licensed nurse.
Strategy 1.2.4. Nursing Facility Payments. Provide payments that will promote quality care for individuals with medical needs that require nursing facility care.	Direct customer groups include: Individuals with medical needs meeting medical necessity requirements and are eligible for Medicaid. The individuals must reside in a nursing facility for 30 consecutive days.
Strategy 1.2.5. Medicare Skilled Nursing Facility. Provides payments for individuals in dually qualified certified facilities (certified for both Medicaid and Medicare).	Direct customer groups include: Individuals who receive Medicaid and reside in Medicare (XVIII) skilled nursing facilities, Medicaid/ QMB recipients and Medicare only QMB recipients.
Strategy 1.2.6. Hospice. Provide palliative care consisting of medical, social, and support services for individuals.	Direct customer groups include: Individuals eligible for Medicaid who are terminally ill and no longer desire curative treatment and who have a physician's prognosis of six months or less to live. Individuals under the age of 21 may continue to receive curative treatments while receiving hospice services.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 1.2.7. Intermediate Care Facilities - for Individuals with Intellectual Disability (ICFs/IID). Provide or contract for residential facilities of four or more beds for 24-hour care for the intellectual and developmentally disabled residents.	Direct customer groups include: Individuals with intellectual and/or developmental disabilities who would benefit or require 24-hour supervised living arrangements and qualify for Medicaid.
Strategy 1.3.1. Home and Community-Based Services (HCS). Provide individualized services to individuals with intellectual disability living in their family's home, their own homes, or other settings in the community.	Direct customer groups include: Individuals of any age who have a determination/diagnosis of intellectual disability or related condition, who meet Medicaid eligibility, resource and level of care criteria, and who choose Home and Community-based Services (HCS) services instead of the ICF/IID program.
Strategy 1.3.2. Community Living Assistance and Support Services (CLASS). Provide home and community-based services to persons who have a "related condition" diagnosis qualifying them for placement in an Intermediate Care Facility. A related condition is a disability other than intellectual and/or developmental disability which originates before age 22 and which substantially limits life activity. Such disabilities, which may include cerebral palsy, epilepsy, spina bifida, head injuries, and other diagnoses, are said to be "related to" intellectual and/or developmental disability in their effect upon the individual's functioning.	Direct customer groups include: Individuals of any age with a diagnosis of developmental disability other than intellectual disability who meet specific eligibility requirements including Medicaid eligibility and functional need and who choose waiver services instead of institutional services.
Strategy 1.3.3. Deaf-Blind Multiple Disabilities (DBMD). Provide home and community-based services to adult individuals diagnosed with deafness, blindness, and multiple disabilities.	Direct customer groups include: Individuals of any age who are deaf, blind, and have a third disability, who meet specific eligibility requirements including Medicaid eligibility and functional need and who choose waiver services instead of institutional services.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 1.3.4. Texas Home Living (TxHmL) Waiver. Provide individualized services, not to exceed $17,000 per year, to individuals with an intellectual disability living in their family's home, their own homes, or other settings in the community.	Direct customer groups include: Individuals of any age who have a determination/diagnosis of intellectual disability or related condition, who meet specific eligibility requirements including Medicaid eligibility, resource and level of care criteria, and who choose waiver services over ICF/IID.
Strategy 1.3.5. Program of All-Inclusive Care for the Elderly (PACE). Provide community-based services to frail and elderly individuals who qualify for nursing facility placement. Services include inpatient and outpatient medical care and social/community services at a capitated rate.	Direct customer groups include: Individuals age 55 or older who qualify for nursing facility services and receive Medicare and/or Medicaid.
Strategy 1.3.6. Medically Dependent Children Program (MDCP). Provide home and community-based services to individuals under 21 years of age who qualify for nursing facility care. Services include respite, adjunct supports, adaptive aids, and minor home modification.	Direct customer groups include: Individuals younger than age 21 who meet specific eligibility requirements including income, resource, and medical necessity criteria, and who choose waiver services instead of nursing facility services.
Strategy 1.4.1. Non-Full Benefit Payments. Provide payments for medically necessary healthcare to eligible recipients for certain services not covered under the insured arrangement, including undocumented persons, school health, and other related services.	Medicaid Consumers: HHSC Medicaid/CHIP division provides healthcare to Medicaid eligible recipients for specific services not covered. Managed Care Organizations (MCO)/Providers: The HHSC Medicaid/CHIP division contracts with MCOs for the provision of health services. The Medicaid/CHIP division sets policy and provides oversight for the program.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 1.4.2. For Clients Dually Eligible for Medicare and Medicaid. Provide accessible premium-based health services to certain Title XVIII Medicare-eligible recipients.	Medicaid Consumers: HHSC Medicaid/CHIP division provides premium-based health services to Medicaid-eligible aged and disability related persons who are also eligible for Title XVIII Medicare coverage. Managed Care Organizations (MCO)/Providers: The HHSC Medicaid/CHIP division contracts with MCOs for the provision of health services. The Medicaid/CHIP division sets policy and provides oversight for the program.
Strategy 1.4.3. Transformation Payments. Maximize federal funding to provide supplemental Medicaid reimbursement for uncompensated care and delivery system reform incentives under the 1115 waiver. Historically provided children's hospital UPL match.	Hospitals/Providers: States may receive federal funding to provide hospitals supplemental payments to cover inpatient and outpatient services that exceed regular Medicaid rates.
Strategy 2.1.1. Medicaid Contracts and Administration. Administer efficient and effective Medicaid program, set the overall policy direction of the state Medicaid program, and manage interagency initiatives to maximize federal dollars.	Other HHS Agencies. HHSC provides the leadership and policy planning for administration of the state Medicaid Office across the HHS system.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 2.1.2. CHIP Contracts and Administration. Administer efficient and effective CHIP program, including contracted administration, and set overall policy direction of CHIP programs. **Strategy 3.1.1. CHIP.** Provide healthcare to uninsured children who apply and are determined eligible for insurance through CHIP. **Strategy 3.1.2. CHIP Perinatal Services.** Provide healthcare to perinates whose mothers apply and are determined eligible for insurance through CHIP. **Strategy 3.1.3. CHIP Prescription Drugs.** Provide prescription medication to CHIP-eligible recipients (includes all CHIP programs), as provided by their treating physician. **Strategy 3.1.4. CHIP Dental Services.** Provide dental healthcare services to uninsured children who apply and are determined eligible for insurance through CHIP.	Federal Government: HHSC Medicaid/CHIP division provides direction, guidance, and policy making for the Children's Health Insurance Program, a federal program administered through states. Managed Care Organizations: The HHSC Medicaid/CHIP division contracts with Managed Care Organizations for the provision of the Children's Health Insurance Program. The Medicaid/CHIP division sets policy and provides oversight for the CHIP program. Children and Families: The CHIP program exists to serve Texas children and families, providing health insurance to children in families with incomes up to 200% of the federal poverty level.
Strategy 4.1.1. Women's Health Program. Women's Health Program.	Non-Pregnant Low Income Women: HHSC provides family planning services, related health screening, and birth control to low-income women who are 18 through 44 years of age. Providers are required to complete a TWHP certification every year they participate.
Strategy 4.1.2. Alternatives to Abortion. Nontransferable. Provide pregnancy support services that promote childbirth for women seeking alternatives to abortion.	Pregnant Women and Children: HHSC contracts for the delivery of pregnancy support services. These services include information regarding pregnancy and parenting (brochures, pamphlets, books, classes, and counseling), referrals to existing community services and social service programs (childcare services, transportation, low-rent housing, etc.), support groups in maternity homes, and mentoring programs (classes on life skills, budgeting, parenting, counseling, and obtaining a GED).

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 4.1.3. Early Childhood Intervention Services. Administer a statewide comprehensive system of services to ensure that eligible infants, toddlers, and their families have access to the resources and support they need to reach their service plan goals.	Children with Disabilities & Their Families: HHSC serves families with children birth to 36 months with developmental disabilities or delays and must provide early childhood intervention services to all eligible children.
Strategy 4.1.4. Ensure ECI Respite Services and Quality ECI Services. Ensure that resources are identified and coordinated to provide respite service to help preserve the family unit and prevent costly out-of-home placements.	Children with Disabilities & Their Families: HHSC provides respite services to families served by the ECI program.
Strategy 4.1.5. Children's Blindness Services. Provide information and training for blind and visually impaired children and their families so these children have the skills and confidence to live as independently as possible.	Blind or Visually Impaired Consumers & Their Families: HHSC provides services necessary to assist blind children to achieve self-sufficiency and a fuller richer life.
Strategy 4.1.6. Autism Program. To provide services to Texas children ages 3-15 diagnosed with autism spectrum disorder.	Children with Autism & Their Families: HHSC provides treatment services to children with a diagnosis of autism.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 4.1.7. Children with Special Health Care Needs (CSHCN). Administer service program for children with special health care needs, in conjunction with DSHS.	Direct Consumers: HHSC/DSHS provides services to children with special health care needs and their families and people of any age with cystic fibrosis. Services are provided through community-based contractors, entities that provide direct healthcare services and case management. Staff also provides case management. External Partners: HHSC/DSHS actively participates on a variety of advisory groups including but not limited to the Children's Policy Council and the Texas Council for Developmental Disabilities. HHSC/DSHS interacts with professional organizations, including Children's Hospital Association of Texas, Texas Hospital Association (THA), TMA, and Texas Pediatric Society, and advocacy/support groups, including Texas Parent to Parent, Every Child, Inc., and Disability Rights Texas. HHSC/DSHS facilitates the Medical Home Workgroup, Transition Workgroup, and participates in the STAR Kids Advisory Council, the Texas Respite Coalition, the statewide Community Resource Coordination Group (CRCG), and the ECI Advisory Committee.
Strategy 4.1.8. Children's Dental Services. Provide easily accessible, quality and community-based dental services to low-income infants, children and adolescents.	Children and Families: HHSC provides dental services to children through contracts with Title V funds. Services are provided through community-based contractors, entities that provide direct healthcare services.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 4.1.9. Kidney Health Care. Administer service programs for kidney health care.	Direct Consumers: HHSC provides benefits to persons with end-stage renal disease who are receiving a regular course of renal dialysis treatments or have received a kidney transplant. External Partners: External partners include professional associations, including the End Stage Renal Disease Network and the Texas Kidney Foundation, to provide information and training and to receive information about the population served.
Strategy 4.1.10. Additional Specialty Care. Deliver specialty care services including service programs for epilepsy and hemophilia, as well as provide leadership and direction to the statewide umbilical cord blood bank and health information technology initiatives.	Direct Consumers: HHSC provides clinical and support services through contracted providers to Texas residents with epilepsy or seizure-like symptoms who meet specific eligibility requirements. HHSC provides financial assistance for people with hemophilia to pay for their blood factor replacement products. Contracted Providers: HHSC contracts with a university medical center, hospital district, and nonprofit organizations for epilepsy services. Local health entities, schools of public health, and universities may be contracted providers. HHSC contracts with pharmacies for hemophilia services. External Partners: HHSC interacts with professional organizations, including TMA, THA, and with statewide epilepsy entities. HHSC interacts with professional organizations, including hemophilia treatment centers, TMA, and THA, and with statewide hemophilia networks.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 4.1.11. Community Primary Care Services. Develop systems of primary and preventive healthcare delivery in underserved areas of Texas.	Direct Consumers: HHSC/DSHS provides clinical services through contracted providers to Texas residents who meet specific eligibility requirements. Contracted providers: HHSC/DSHS contracts with nonprofit organizations such as LHDs, hospital districts, university medical centers, FQHCs, and other community-based organizations. Local Health Departments: HHSC/DSHS may recommend areas where local health entities operate for federal designation as Health Professional Shortage Areas and Medically Underserved Areas. Schools of Public Health and Universities: HHSC/DSHS partners with these entities in recruitment activities for the National Health Service Corps and Texas Conrad 30 J-1 Visa Waiver Program. Other Organizations: HHSC/DSHS works with communities and nonprofit organizations to develop and expand FQHCs in Texas.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 4.1.12. Abstinence Education. Increase abstinence education programs in Texas.	Adolescents and Parents: HHSC provides abstinence education in Spanish and English through brochures, toolkits, workbooks, curricula, and online as well as service learning opportunities and leadership summit opportunities for youth in grades 5-12, and resources for parents in Spanish and English online and through booklets and DVDs. Contractors: HHSC contracts with providers to provide abstinence education curricula and service learning projects during in-school and after-school interventions. School Districts: HHSC provides workshops, webinars, trainings, toolkits, brochures, and workbooks for school districts across Texas. Community, Faith-based, and Health Organizations: HHSC provides toolkits, brochures, and workbooks for organizations.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 4.2.1. Community Mental Health Services for Adults. Provide services and supports in the community for adults with serious mental illness.	Contracted Services: HHSC contracts with local mental health authorities to provide services to adults with diagnoses such as schizophrenia, bipolar disorder, major depression, post-traumatic stress disorder, schizoaffective disorder, obsessive-compulsive disorder, anxiety disorder, attention deficit disorder, delusional disorder, and eating disorders who are experiencing significant functional impairment. Additionally, HHSC contracts with community behavioral health providers to provide mental health services. Community services for adults may include: psychiatric diagnosis; pharmacological management; training; and support; education and training; case management; supported housing and employment; peer services; therapy; and rehabilitative services.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 4.2.2. Community Mental Health Services for Children. Provide services and supports for emotionally disturbed children and their families.	Contracted Services: HHSC contracts with local mental health authorities to provide services to children ages 3–17 with serious emotional disturbance (excluding a single diagnosis of substance use disorder, intellectual or developmental disability, or autism spectrum disorder) who have a serious functional impairment or who: 1) are at risk of disruption of a preferred living or child care environment due to psychiatric symptoms, or 2) are enrolled in special education because of a serious emotional disturbance. Additionally, HHSC contracts with community behavioral health providers to provide mental health services. Community services for children may include: community-based assessments, including the development of inter-disciplinary, recovery-oriented treatment plans, diagnosis, and evaluation services; family support services, including respite care; case management services; pharmacological management; counseling; and skills training and development.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 4.2.3. Community Mental Health Crisis Services (CMHCS). CMHCS.	Contracted Services: HHSC contracts with local mental health authorities to provide crisis services to persons whose crisis screening and/or assessment indicate that they are an extreme risk of harm to themselves or others in their immediate environment or to persons believed to present an immediate danger to self or others or their mental or physical health is at risk of serious deterioration. Additionally, HHSC contracts with community behavioral health providers to provide mental health services. Crisis services are designed to provide timely screening and assessment to individuals in crisis to divert them from unnecessary treatment in restrictive environments such as jails, emergency rooms, and state hospitals. Statewide crisis services include crisis hotlines, mobile crisis outreach teams and crisis facilities.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 4.2.4. Substance Abuse Prevention, Intervention, and Treatment. Implement prevention services to reduce the risk of substance use, abuse, and dependency. Implement intervention services to interrupt illegal substance use by youth and adults and reduce harmful use of legal substances by adults. Implement a continuum of community and family based treatment and related services for chemically dependent persons. Optimize performance quality and cost efficiency through the managing and monitoring of contracted services for substance abuse.	Contracted Services: HHSC contracts with local community providers to provide substance abuse prevention, intervention, and treatment services. Substance Abuse Prevention is targeted to school-age children and young adults. HIV Outreach and HIV Early Intervention programs provide information and education for substance-abusing adults at risk for HIV or who are HIV positive. Pregnant, Post-Partum Intervention Services provide case management, education, and support for pregnant and post-partum women at risk for substance abuse. HHSC contracts with state licensed programs to deliver treatment services to adolescents and adults who meet DSM-V criteria for substance abuse or dependence. Each region provides a continuum of care that includes outreach, screening, assessment, and referral; specialized services for females; residential and outpatient treatment for adults and youth; pharmacotherapy; and treatment for co-occurring disorders. HHSC also funds recovery support services such as housing, employment, and recovery coaching in order to develop long-term recovery in communities around the state.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 4.2.5. Behavioral Health Waivers. Provide intensive community-based services for emotionally disturbed children and their families and for adults with serious mental illness.	Children and families: HHSC provides services to children in Medicaid age 3 to 18 who have serious emotional disturbance to prevent acute psychiatric hospitalization. To support long-term recovery and success in an individual's community of choice, HHSC also provides intensive services in the home or community to adults with a serious mental illness who have had long tenures in an inpatient psychiatric hospital, frequent discharges from correctional facilities, or numerous emergency department visits.
Strategy 4.3.1. Indigent Health Care Reimbursement (UTMB). Reimburse the provision of indigent health services through the deposit of funds in the State-owned Multicategorical Teaching Hospital Account.	University of Texas Medical Branch at Galveston (UTMB): HHSC transfers funds for unpaid healthcare services provided to indigent patients.
Strategy 4.3.2. County Indigent Health Care Services. Provide support to local governments that provide indigent healthcare services.	Local Governments: HHSC provides technical assistance to counties regarding program compliance and assistance with Supplemental Security Income and Medicaid claim submission.
Strategy 5.1.1. Temporary Assistance for Needy Families Grants. Provide Temporary Assistance for Needy Families grants to low-income Texans.	Children and Families. The TANF grants provide capped entitlement services, non-entitlement services, one-time payments, child support payments and payment support for grandparents to children and families.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 5.1.2. Provide Women, Infants, and Children (WIC) Services: Benefits, Nutrition Education, and Counseling. Provide WIC services including benefits, nutrition education, and counseling.	Direct Consumers: HHSC provides services to low-income pregnant and post-partum women, infants, and children up to age five who meet certain eligibility requirements. Citizens of Texas: HHSC provides funding and support to communities through a competitive process to implement population level, evidence-based approaches to obesity prevention. Contracted Providers: HHSC contracts with LHDs, public health districts, hospitals, and nonprofit organizations to provide the Women, Infants, and Children (WIC) Program. External Partners, Healthcare Professionals, and Other State Agencies: HHSC provides subject matter expertise to a variety of external partners.
Strategy 5.1.3. Refugee Assistance. Assist refugees in attaining self-sufficiency through financial, medical, and social services, and disseminate information to interested individuals.	Children and Families. HHSC's Office of Immigration and Refugee Affairs contracts with local agencies to provide refugee clients with services that assist refugees to attain self-sufficiency and integration to their new communities through six main programs. These programs are Refugee Cash Assistance, Refugee Medical Assistance, Refugee Social Services, Special Project Grants, Unaccompanied Refugee Minor, and the Refugee Health Screening programs.
Strategy 5.1.4. Disaster Assistance. Provide financial assistance to victims of federally declared natural disasters.	Citizens of Texas impacted by disasters: Emergency Services Program serves as the lead for the administration of federal-funded Other Needs Assistance and Disaster Case Management Programs.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 6.1.1. Guardianship. Provide full or limited authority over an incapacitated aging or disabled adult who is the victim of validated abuse, neglect, exploitation, or of an incapacitated minor in Child Protective Services' conservatorship.	Direct customer groups include: • Individuals with diminished capacity who are older and who meet specific eligibility requirements; • Individuals with diminished capacity who have a disability and who meet specific eligibility requirements; and • Individuals with diminished capacity who are aging out of CPS conservatorship.
Strategy 6.1.2. Non-Medicaid Services. Provide services to individuals ineligible for Medicaid services, in their own home or community. Services include family care, home-delivered meals, adult foster care, Day Activities and Health Services (XX), emergency response, and personal attendant services.	Direct customer groups include: • Non-Medicaid community (Title XX and general revenue funded) services are provided to individuals 18 years of age or older who meet specific eligibility requirements including income, resource, and functional assessment criteria. • Older Americans Act (OAA) services are provided to individuals age 60 or older, their family caregivers and other caregivers caring for an eligible person.
Strategy 6.1.3. Non-Medicaid Developmental Disability Community Services. Provide services, other than those provided through the Medicaid waiver programs, to individuals with intellectual or developmental disabilities who reside in the community, including independent living, employment services, day training, therapies, and respite services.	Direct customer groups include: Individuals with a determination/diagnosis of intellectual disability who reside in the community.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 6.2.1. Independent Living Services (General, Blind, and Centers for Independent Living). Provide quality, statewide consumer-directed independent living services that focus on acquiring skills and confidence to live as independently as possible in the community for eligible people with significant disabilities. Work with the State Independent Living Council to develop the State Plan for Independent Living.	Blind or Visually Impaired Consumers: HHSC is responsible for providing services that assist Texans with visual disabilities to live as independently as possible. Consumers with Disabilities Other than Blindness: HHSC provides people with significant disabilities, who are not receiving vocational rehabilitation services, with services that will substantially improve their ability to function, continue functioning, or move toward functioning independently in the home, family, or community.
Strategy 6.2.2. Blindness Education, Screening, and Treatment (BEST) Program. Provide screening, education, and urgently needed eye-medical treatment to prevent blindness.	Texans: HHSC provides public education about blindness, screenings and eye exams to identify conditions that may cause blindness and treatment procedures necessary to prevent blindness.
Strategy 6.2.3. Provide Services to People with Spinal Cord/Traumatic Brain Injuries. Provide consumer-driven and counselor-supported Comprehensive Rehabilitation Services (CRS) for people with traumatic brain injuries or spinal cord injuries.	Consumers with Traumatic Brain or Spinal Cord Injuries: HHSC provides adults who have suffered a traumatic brain or spinal cord injury with comprehensive inpatient or outpatient rehabilitation and/or acute brain injury services.
Strategy 6.2.4. Provide Services to Persons Who Are Deaf or Hard of Hearing. Ensure continuity of services, foster coordination and cooperation among organizations, facilitate access to training and education programs, and support access to telephone systems to individuals who are deaf or hard of hearing. To increase the number of persons (who are deaf or hard of hearing) receiving quality services by 10 percent each biennium.	Deaf or Hard of Hearing Consumers: HHSC, through a network of local service providers at strategic locations throughout the state, provides communication access services including interpreter services and computer-assisted real-time transcription services, information and referral, hard of hearing services, and resource specialists' services.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 6.3.1. Family Violence Services. Provide emergency shelter and support services to victims of family violence and their children, educate the public, and provide training and prevention support to institutions and agencies.	Children and Families: HHSC's Family Violence Program contracts with local agencies to provide shelter, nonresidential, and special nonresidential services. Shelter centers' services include, but are not limited to, 24-hour emergency shelter, 24-hour crisis hotline services, referrals to existing community services, community education and training, emergency medical care and transportation, intervention, educational arrangements for children, cooperation with criminal justice officials, and information regarding training and job placement. Nonresidential centers provide the same services as shelter centers with the exception of the 24-hour emergency shelter component. Special nonresidential services address unmet needs or underserved populations such as immigrants or populations with limited English proficiency.
Strategy 6.3.2. Child Advocacy Programs. Train, provide technical assistance, and evaluate services for Children's Advocacy Centers of Texas, Inc. (CACTX) and Texas Court Appointed Special Advocates, Inc. (Texas CASA).	Children: HHSC contracts with a statewide organization to provide training, technical assistance, evaluation services, and funds administration to support local children's advocacy center programs and court-appointed volunteer advocate programs.
Strategy 6.3.3. Additional Advocacy Programs. Provide support services for interested individuals (Healthy Marriage, CRCG Adult/Child, TIFI, Office of Acquired Brain Injury, Faith and Community-Based Initiative, Center for the Elimination of Disproportionality).	Children, families and adults: HHSC helps connect couples to premarital education classes through the Healthy Marriage Program, provides education, awareness and prevention information for brain injury survivors, families and caregivers through the Office of Acquired Brain Injury, and provides education and outreach to prevent developmental disabilities in infants and young children through the Office of Disability Prevention for Children.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 7.1.1. SSLCs. Provide direct services and support to individuals living in state supported living centers. Provide 24-hour residential services for individuals who are medically fragile or severely physically impaired or have severe behavior problems, and who choose these services or cannot currently be served in the community.	Direct customer groups include: Individuals who have a determination/diagnosis of intellectual disability who are medically fragile or who have behavioral problems.
Strategy 7.2.1. Mental Health State Hospitals. Provide specialized assessment, treatment, and medical services in state mental health facility programs.	Direct Consumers: HHSC directly provides statewide access to court-directed specialized inpatient services in nine state psychiatric hospitals (including a psychiatric unit at the Rio Grande State Center) for persons who are seriously mentally ill and are a risk to themselves or others or show a substantial risk of mental or physical deterioration of the person's ability to function independently. Individuals are on civil or forensic judicial commitments or are accepted on voluntary admissions. HHSC also provides services at the Waco Center for Youth, a psychiatric residential treatment center that admits children ages 13-17 who have a diagnosis of being emotionally disturbed, who have a history of behavior adjustment problems, and who need a structured treatment program in a psychiatric residential facility.
Strategy 7.2.2. Mental Health (MH) Community Hospitals. Provide inpatient treatment, crisis assessment, and medical services to adults and children served in community hospitals.	Contracted Services: HHSC contracts with local mental health authorities, county governments, and universities to provide specialized inpatient services in their communities for persons who are seriously mentally ill and are a risk to themselves or others or show a substantial risk of mental or physical deterioration of the person's ability to function independently. Individuals are on civil or forensic judicial commitments or are accepted on voluntary admissions.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 7.3.1. Other State Medical Facilities. Provide program support to State Supported Living Centers, State Mental Health Hospitals, and other facilities (Corpus Christi Bond Homes and Rio Grande State Center Outpatient Clinic). **Strategy 7.4.1. Facility Program Support.** Provide program support to SSLCs, State Mental Health Hospitals, and other facilities (Corpus Christi Bond Homes, TCID, and Rio Grande State Center Outpatient Clinic).	HHSC provides administrative support for contracted services and programs.
Strategy 7.4.2. Capital Repair and Renovation at SSLCs, State Hospitals, and Other. Conduct maintenance and construction projects critical to meeting accreditation/certification standards and to ensuring the safety of consumers and Master Lease Purchase Program.	Direct Consumers: HHSC funds projects SSLCs, State Hospitals, and other facilities that are in need of ongoing repairs and maintenance. Projects include compliance with life safety and accessibility codes; physical plant changes that help prevent suicide; utility repairs; grounds upkeep; hazardous material remediation and abatement; and roofing, heating, ventilation, and air conditioning repairs.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 8.1.1. Health Care Facilities and Community-Based Regulation. Provide licensing, certification, contract enrollment services, financial monitoring, and complaint investigation to ensure that residential facilities and home and community support services agencies comply with state and federal standards and individuals receive high-quality services.	Direct customer groups include: • Providers of long-term care services that meet the definitions of a nursing facility, assisted living facility, day activity and health services facility, private intermediate care facility for persons with an intellectual disability, prescribed pediatric extended care center or home and community support services agency; • Persons receiving services in facilities or from agencies regulated under this strategy; • Persons eligible to receive services under TxHmL and HCS waiver contracts; and • Family and community members of persons receiving services in facilities or agencies regulated under this strategy who may obtain assurance that regulated facilities and agencies meet the minimum standard of care required by statute and regulation.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 8.1.2. Credentialing/Certification of Health Care Professionals and Others. Provide credentialing, training, and enforcement services to qualify individuals to provide services to long-term care facility and home health care agency individuals in compliance with applicable law and regulations.	Direct customer groups include: • Persons employed or seeking employment as nursing facility administrators, nurse aides and medication aides benefit from training and from assurance that people working in the field meet minimum standards; • Providers of long-term care services that meet the definitions of nursing facility, assisted living facility, day activity and health services facility, private intermediate care facility for persons with an intellectual disability, prescribed pediatric extended care center or home and community support services agency benefit from training programs for employees, from monitoring of certification of employees and from access to misconduct registry for unlicensed or unregistered employees; • Employers of nurse aides and medication aides, including long-term care service and related providers who benefit from public access to information in the Nurse Aide Registry (NAR) and Employee Misconduct Registry (EMR) to enhance pre-employment verification of employability; • Persons receiving services in facilities or from agencies regulated by HHSC benefit from having a more highly qualified workforce as caregivers and administrators; and • Family and community members of persons receiving services in facilities or agencies regulated under this strategy who may obtain assurance that caregivers meet minimum standards through licensing and credentialing.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 8.1.3. Child Care Regulation. Provide a comprehensive system of consultation, licensure, and regulation to ensure maintenance of minimum standards by day care and residential child care facilities, registered family homes, child-placing agencies, facility administrators, and child-placing agency administrators.	Children and Families: HHSC helps ensure the health, safety, and well-being of children in child day care and 24-hour residential child care settings by developing and regulating compliance with minimum standards and investigating reports of abuse and neglect in child care facilities. Other State Agencies: Child care regulation involves support and participation by Texas Workforce Commission, DSHS, DFPS, and other regulatory agencies. Local Governments: HHSC regulation of child care facilities involves the network of child care providers managed by local workforce boards. It also includes local health agencies and fire inspectors. External Partners: HHSC regulation of child care facilities includes listed family homes, registered child care homes, licensed child care centers and homes, licensed residential child care facilities, and licensed child placing agencies. Other external partners in ensuring safety of children in childcare settings include parents, schools, licensed child care administrators, and children's advocates.
Strategy 8.1.4. Long-Term Care Quality Outreach. Provide quality monitoring and rapid response team visits to assess quality and promote quality improvement in nursing facilities.	Direct customer groups include: Staff in nursing homes, SSLCs, ICFs, Assisted Living Facilities (ALFs) and the people who live in these settings. Quality Monitoring Program (QMP) staff provide in-services which are attended by the people who live there, as well as their family members.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 9.1.1. Integrated Financial Eligibility and Enrollment. Provide accurate and timely eligibility and issuance services for financial assistance, medical benefits, and Supplemental Nutrition Assistance Program (SNAP) benefits.	Children & Families: The functions involved in both centralizing and conducting eligibility determination for HHS programs will apply to children and families seeking to participate in the Medicaid, CHIP, TANF, SNAP, Texas Women's Health Program and other health and human services programs.
Strategy 9.2.1. Intake, Access, and Eligibility to Services and Supports. Determine functional eligibility for long-term care services, develop individual service plans based on individual needs and preferences, authorize service delivery, and monitor the delivery of services (Medicaid and non-Medicaid).	Direct customer groups include: • Individuals who are older who meet specific eligibility requirements; • Individuals with physical, intellectual and/or developmental disabilities who meet specific eligibility requirements; and • Family members and caregivers of individuals who are older and those with disabilities who meet specific eligibility criteria.
Strategy 9.3.1. Texas Integrated Eligibility Redesign System and Supporting Tech. Texas Integrated Eligibility Redesign System and eligibility supporting technologies capital. **Strategy 9.3.2. Texas Integrated Eligibility Redesign System Capital Projects.** Texas Integrated Eligibility Redesign System (TIERS) capital projects.	Other HHS Agencies: HHSC provides the leadership to assist the HHS agencies in developing the TIERS system. Children & Families: HHSC ensures the accessibility of TIERS to children and families across Texas.
Strategy 10.1.1. Determine Federal Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) Eligibility. Determine eligibility for federal SSI and SSDI benefits.	Texans Applying for SSI or SSDI: HHSC determines whether persons who apply for Social Security Administration (SSA) disability benefits meet the requirements for "disability" in accordance with federal law and regulations. Federal government: HHSC assists SSA in making disability determination decisions for this federal program in a quick, accurate and cost-effective manner.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 11.1.1. Office of Inspector General. Office of Inspector General.	Citizens of Texas/Taxpayers: Office of Inspector General (OIG) serves as the lead agency for the investigation of fraud, abuse, and waste in health and human services; and administers the Medicaid Fraud and Abuse Detection System technology services contract, which uses technology to identify and deter fraud, abuse and waste in the Medicaid program throughout the state. Medicaid Providers: OIG provides training to Medicaid providers on how to detect, prevent and report Medicaid provider fraud; and provides training on Resource Utilization Group for nursing facilities. Medicaid Consumers: OIG investigates fraud, abuse, and waste in health and human services-related programs, ensuring integrity and efficiency in programs and the highest quality services for beneficiaries. Residents of Facilities: OIG monitors Utilization Review activities in Medicaid contract hospitals to ensure program integrity and improve the quality of services delivered to residents of Medicaid facilities.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 12.1.1. Enterprise Oversight and Policy. Provide leadership and direction to achieve an efficient and effective Health and Human Services System.	Oversight agencies and Legislative Leadership: HHSC coordinates and monitors the use of state and federal money received by HHS agencies; reviews state plans submitted to the federal government; monitors state health and human services agency budgets and programs, and makes recommendations for budget transfers; conducts research and analyses on demographics and caseload projections; and directs an integrated planning and budgeting process across five HHS agencies. Other HHS Agencies: HHSC provides the leadership to assist the HHS agencies in developing customer-focused programs and policy initiatives that are relevant, timely and cost-effective. Citizens of Texas: HHSC ensures that state and federal funds allocated to HHS agencies are coordinated and monitored, and spent in the most efficient manner.
Strategy 12.1.2. Information Technology Capital Projects Oversight and Program Support. Information Technology Capital Projects and program support.	HHSC provides information technology support for all programs. All stakeholder groups would be included for this strategy.
Strategy 12.2.1. Central Program Support. Central program support.	HHS Employees: HHSC provides central support services for HHS employees. Services include accounting, budget, and contract and grant administration, internal audit, external relations and legal.
Strategy 12.2.2. Regional Program Support. Regional program support.	Other HHS Agencies: HHSC provides the leadership to assist the HHS agencies in developing in providing to support to regional programs.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 13.1.1. Texas Civil Commitment Office. Texas Civil Commitment Office.	The civil commitment of sexually violent predators function was transferred to a new agency, the Texas Civil Commitment Office, effective September 1, 2015.

Strategy 14.1.1. Community Attendant Services. Shows historical funding for the Community Attendant Services program.
Strategy 14.1.2. Primary Home Care. Shows historical funding for the Primary Home Care program.
Strategy 14.1.3. Day Activity and Health Services. Shows historical funding for the Day Activity and Health Services program.
Strategy 14.1.4. Nursing Facility Payments. Shows historical funding for the Nursing Facility Payments program.
Strategy 14.1.5. Medicare Skilled Nursing Facility. Shows historical funding for the Medicare Skilled Nursing Facility program.
Strategy 14.1.6. Hospice. Shows historical funding for the Hospice program.
Strategy 14.1.7. Intermediate Care Facilities - for Individuals with Intellectual Disability (ICFs/IID). Shows historical funding for ICFs/IID.
Strategy 14.1.8. Home and Community-Based Services (HCS). Shows historical funding for HCS.
Strategy 14.1.9. Community Living Assistance and Support Services (CLASS). Shows historical funding for CLASS.
Strategy 14.1.10. Deaf-Blind Multiple Disabilities DBMD. Shows historical funding for the DBMD program.
Strategy 14.1.11. Texas Home Living Waiver. Shows historical funding for the Texas Home Living Waiver program.
Strategy 14.1.12. Program of All-Inclusive Care for the Elderly (PACE). Shows historical funding for PACE.
Strategy 14.1.13. Medically Dependent Children Program (MDCP). Shows historical funding for the MDCP.
Strategy 14.1.14. Guardianship. Shows historical funding for the Guardianship program.

Department of Aging and Disability Services (DADS) Program Historical Funding. Shows historical funding for programs transferring from DADS to the Health and Human Services Commission (HHSC) per SB 200, 84th Legislature.

Strategy 14.1.15. Non-Medicaid Services. Shows historical funding for the Non-Medicaid Services program.
Strategy 14.1.16. In-Home and Family Support. Shows historical funding for the In-Home and Family Support program.
Strategy 14.1.17. Non-Medicaid Developmental Disability Community Services. Shows historical funding for Non-Medicaid Developmental Disability Community Services.
Strategy 14.1.18. State Supported Living Centers (SSLCs). Shows historical funding for the SSLCs program.
Strategy 14.1.19. Capital Repairs and Renovations at SSLCs, State Hospitals, and Other. Shows historical funding for the Facility Capital Repairs and Renovations program.
Strategy 14.1.20. Health Care Facilities and Community-Based Regulation. Shows historical funding for the Health Care Facilities and Community-Based Regulation program.
Strategy 14.1.21. Credentialing/Certification. Shows historical funding for the Health Care Professionals Credentialing and Certification program.
Strategy 14.1.22. Intake, Access, and Eligibility to Services and Supports. Shows historical funding for the Intake, Access, and Eligibility to Services and Supports program.
Strategy 14.1.23. Long-Term Care Quality Outreach. Shows historical funding for the Long-Term Care Quality Outreach program.
Strategy 14.1.24. Long-Term Care Eligibility Determination and Enrollment. Shows historical funding for the Long-Term Care Eligibility Determination and Enrollment program.
Strategy 14.1.25. Information Technology Oversight and Program Support - DADS. Shows historical funding for DADS Information Technology Oversight and Program Support.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 14.1.26. Central Program Support - DADS. Shows historical funding for DADS Central Program Support.	

Strategy 14.2.1. Early Childhood Intervention (ECI) Services. Shows historical funding for the ECI Services program.
Strategy 14.2.2. ECI Respite and Quality Assurance. Shows historical funding for ECI Respite and Quality Assurance programs. Includes legacy ECI Respite and Ensure Quality ECI Services.
Strategy 14.2.3. Children's Blindness Services. Shows historical funding for the Children's Blindness Services program.
Strategy 14.2.4. Autism Program. Shows historical funding for the Autism Program.
Strategy 14.2.5. Independent Living Services. Shows historical funding for the Independent Living Services Program. Includes legacy Independent Living Services-Blind and Independent Living Services-General.
Strategy 14.2.6. Blindness Education, Screening, and Treatment (BEST) Program. Shows historical funding for the BEST Program.
Strategy 14.2.7. Provide Services to People with Spinal Cord/Traumatic Brain Injuries. Shows historical funding for the Comprehensive Rehabilitation Services Program.
Strategy 14.2.8. Provide Services to Persons Who Are Deaf or Hard of Hearing. Shows historical funding for the Deaf and Hard of Hearing Services Program. Includes legacy Contract Services-Deaf; Education, Training, Certification-Deaf; and Telephone Access Assistance.
Strategy 14.2.9. Disability Determination Services (DDS). Shows historical funding for DDS.
Strategy 14.2.10. Information Technology Oversight and Program Support - DARS. Shows historical funding for DARS Information Technology Oversight and Program Support.
Strategy 14.2.11. Central Program Support - DARS. Shows historical funding for programs transferring from DARS to HHSC per SB200, 84th Legislature.
Department of Assistive and Rehabilitative Services (DARS) Program Historical Funding. Shows historical funding for programs transferring from DARS to HHSC per SB200, 84th Legislature.

Budget Strategy	Stakeholder Groups/ Services Provided
funding for DARS Central Program Support. **Strategy 14.2.12. Other Program Support - DARS.** Shows historical funding for DARS Other Program Support.	

Appendix D. List of Acronyms

Acronym	Full Name
ABA	Applied Behavior Analysis
ACF	Administration for Children and Families
ACIP	Advisory Committee on Immunization Practices
ADL	Activities of Daily Living
AHRQ	Agency for Healthcare Research and Quality
AMH	Adult Mental Health
APS	Adult Protective Services
ASD	Autism Spectrum Disorder
ASN	Adult Safety Net
BCVDDP	Blind Children's Vocational Discovery and Development Program
CADS	Center for Analytics and Decision Support
CAHPS®	Consumer Assessment of Healthcare Providers and Systems
CDC	Centers for Disease Control and Prevention
CF	Child Family Surveys
CFC	Community First Choice
CFCIP	John H. Chafee Foster Care Independence Program
CHIP	Children's Health Insurance Program

Acronym	Full Name
CLASS	Community Living Assistance and Support Services
CMS	Centers for Medicare and Medicaid Services
CPI	Community Partner Interview
CPRIT	Cancer Prevention and Research Institute of Texas
CPS	Child Protective Services
CPW	Children and Pregnant Women
CRS	Consumer Rights and Services
CSHCN	Children with Special Health Care Needs
CVD	Cardiovascular Disease
DADS	Department of Aging and Disability Services
DARS	Department of Assistive and Rehabilitative Services
DBS	Division for Blind Services
DBS IL	Division for Blind Services Independent Living
DFPS	Department of Family and Protective Services
DRS	Division for Rehabilitation Services
DRS ILS	Division for Rehabilitation Services Independent Living Services
DSHS	Department of State Health Services
ECI	Early Childhood Intervention

Acronym	Full Name
EMR	Employee Misconduct Registry
EMS	Emergency Medical Services
EPA	Environmental Protection Agency
FDA	Food and Drug Administration
FQHC	Federally Qualified Health Centers
FNS	Food and Nutrition Service
HCS	Home and Community-based Services
HHS	Health and Human Services
HHSC	Health and Human Services Commission
HRSA	Health Resources and Services Administration
HSR	Health Service Region
IADL	Instrumental Activities of Daily Living
ICF/IID	Intermediate Care Facilities for Individuals with an Intellectual Disability
ICHP	Institute for Child Health Policy
ICS	Inpatient Consumer Survey
ID	Intellectual Disabilities
IDD	Intellectual or Developmental Disabilities
ILS	Independent Living Services

Acronym	Full Name
LHD	Local Health Departments
LSDP	Lone Star Delivery and Process
LSS	Laboratory Services Section
LTSSQR	Long-Term Services and Supports Quality Review
MARs	Medication Administration Records
MCO	Managed Care Organization
MHSIP	Mental Health Statistics Improvement Program
MI	Mental Illness
MRSA	Medicaid Rural Service Area
NAR	Nurse Aide Registry
NFQR	Nursing Facility Quality Review
NORC	National Opinion Research Center
NYTD	National Youth in Transition Database
OCR	Office of Consumer Relations
OIG	Office of Inspector General
OSEP	Office of Special Education Programs
PACE	Program for All-Inclusive Care for the Elderly
PAL	Preparation for Adult Living

Acronym	Full Name
PCS	Personal Care Services
QMB	Qualified Medicare Beneficiary
SNAP	Supplemental Nutrition Assistance Program
SSA	Social Security Administration
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
SSLC	State Supported Living Centers
STL	South Texas Laboratory
TANF	Temporary Assistance for Needy Families
TB	Tuberculosis
TER	Texas Electronic Registrar
THA	Texas Hospital Association
THMP	Texas HIV Medication Program
TMA	Texas Medical Association
TVFC	Texas Vaccines for Children
TWC	Texas Workforce Commission
TxHml	Texas Home Living program
UFSRC	University of Florida Survey Research Center

Acronym	Full Name
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children
YSSF	Youth Services Survey for Families

This page intentionally left blank.

Schedule H: Glossary of Acronyms

Acronym	Full Name
ABA	applied behavior analysis
ADL	activities of daily living
AES	Access & Eligibility Services (HHSC)
AHRQ	Agency for Healthcare Research and Quality
AMH	Adult Mental Health
APS	Adult Protective Services (DFPS)
BBO	Better Birth Outcomes
BCVDDP	Blind Children's Vocational Discovery and Development Program
CADS	Center for Analytics and Decision Support (HHSC)
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CAPPS	Centralized Accounting and Payroll/Personnel System
CCL	child care licensing
CDC	Centers for Disease Control and Prevention (U.S.)
CEH	continuing education hours
CF	Child Family

Acronym	Full Name
CFCIP	Chafee Foster Care Independence Program
CFR	Code of Federal Regulations
CHIP	Children's Health Insurance Program
CLF	civilian labor force
CMS	Centers for Medicare & Medicaid Services (U.S.)
CPO	Chief Policy Office (HHSC)
CPRIT	Cancer Prevention and Research Institute of Texas
CPS	Child Protective Services (DFPS)
CRCG	Community Resource Coordination Group
CRS	Consumer Rights and Services
CSHCN	Children with Special Health Care Needs
CTCM	certified texas contract manager
CVD	cardiovascular disease
D-SNAP	Disaster Supplemental Nutrition Assistance Program
DADS	Department of Aging and Disability Services
DARS	Department of Assistive and Rehabilitative Services
DBS	Division for Blind Services (DARS)
DFPS	Department of Family and Protective Services
DHHS	Department of Health and Human Services (U.S.)

Acronym	Full Name
DRS	Division for Rehabilitation Services (DARS)
DSHS	Department of State Health Services
DSM-V	Diagnostic and Statistical Manual of Mental Disorders
DSP	direct support professional
ECI	Early Childhood Intervention
EMS	emergency medical services
EPA	Environmental Protection Agency (U.S.)
FDA	Food and Drug Administration (U.S.)
FEMA	Federal Emergency Management Agency (U.S.)
FFY	federal fiscal year
FNS	Food and Nutrition Service (U.S.)
FQHC	federally qualified health center
FS	Financial Services (HHSC)
FY	fiscal year (state)
GED	General Educational Development
HAI	healthcare-associated infection
H.B.	House Bill
HCS	Home and Community Based Services
HHS	Health and Human Services

Acronym	Full Name
HHSC	Health and Human Services Commission
HIV	human immunodeficiency virus
HOST	Hands-On Skills Training
HRSA	Health Resources and Services Administration (U.S.)
HSR	Health Service Regions (DSHS)
HTW	Healthy Texas Women
HUB	historically underutilized business
IAC	interagency contract
IADL	instrumental activities of daily living
ICF/IID	intermediate care facility for individuals with intellectual disability
ICHP	Institute for Child Health Policy
ICS	Inpatient Consumer Survey
ID	identification or intellectual disabilities
IDD	intellectual or developmental disabilities
IT	information technology
LHA	local health authority
LHD	local health department
LHE	local health entity
LSDP	Lone Star Delivery and Process

Acronym	Full Name
LSS	Laboratory Services Section (DSHS)
LTSS	long-term services and supports
LTSSQR	Long Term Services and Supports Quality Review
LVN	licensed vocational nurse
MCO	managed care organization
MCS	Medicaid & CHIP Services (HHSC)
MI	mental illness
MRSA	Medicaid Rural Service Area
MSS	Medical & Social Services (HHSC)
NFQR	Nursing Facility Quality Review
NYTD	National Youth in Transition Database
OCR	Office of Consumer Relations (DFPS)
OIG	Office of Inspector General
OSEP	Office of Special Education Programs (U.S.)
PAE	preventable adverse event
PCS	Personal Care Services
PHR	public health region
PNA	psychiatric nursing assistant
QMB	qualified Medicare beneficiary

Acronym	Full Name
RCCL	residential child care licensing
RN	registered nurse
S.B.	Senate Bill
SBST	Supervisor Basic Skills Training
SFY	state fiscal year
SMOC	State Medical Operations Center
SNAP	Supplemental Nutrition Assistance Program
SOF	State Operated Facilities
SSA	Social Security Act (U.S.) or Social Security Administration (U.S.)
SSI	Supplemental Security Income (U.S.)
SSLC	state supported living center
STD	sexually transmitted disease
STL	South Texas Laboratory
TANF	Temporary Assistance for Needy Families
TB	tuberculosis
TCID	Texas Center of Infectious Disease
TER	Texas Electronic Registrar
THA	Texas Hospital Association
THMP	Texas HIV Medication Program

Acronym	Full Name
TIRN	Texas Information and Referral Network
TMA	Texas Medical Association
TV+FA	Texas Veterans + Family Alliance
TVFC	Texas Vaccines for Children
TxHmL	Texas Home Living
UPL	upper payment limit
U.S.	United States
WIC	Special Supplemental Program for Women, Infants, and Children
YSSF	Youth Services Survey for Families

This page intentionally left blank.

This page intentionally left blank.

This document is available at https:/hhs.texas.gov/hhs-strategic-plans-2019-2023.

Email address: strategicplancomments@hhsc.state.tx.us