TEXAS HEALTH AND HUMAN SERVICES SYSTEM

2016 REPORT ON CUSTOMER SERVICE

HEALTH AND HUMAN SERVICES COMMISSION
DEPARTMENT OF AGING AND DISABILITY SERVICES
DEPARTMENT OF ASSISTIVE AND REHABILITATIVE SERVICES
DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES
DEPARTMENT OF STATE HEALTH SERVICES

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EXECUTIVE SUMMARY

This "2016 Report on Customer Service" is prepared in response to §2114.002 of the Government Code, which requires that Texas state agencies biennially submit to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board information gathered from customers about the quality of agency services. This report reflects the cooperative efforts of the five Texas Health and Human Services (HHS) agencies that comprise the HHS system: the Department of Aging and Disability Services (DADS), the Department of Assistive and Rehabilitative Services (DARS), the Department of Family and Protective Services (DFPS), the Department of State Health Services (DSHS), and the Health and Human Services Commission (HHSC).

The HHS system vision is: a customer-focused health and human services system that provides high quality, cost-effective services resulting in improved health, safety, and greater independence for Texans.[1] Three important processes help ensure that HHS agency operations are consistent with this vision of providing quality, customer-focused services: the strategic planning process, the activities of the HHSC Office of the Ombudsman, and each HHS agency's Center for Consumer and External Affairs.

This report includes the results of over 92,000 individual survey responses from 34 surveys conducted by individual HHS agencies. Many of the surveys reported here are recurring efforts; for the most part, responses are from surveys conducted during fiscal year 2014 and fiscal year 2015. 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 the descriptions and major findings of the following surveys.

[1] Health and Human Services System Strategic Plan 2013-2017.

Department of Aging and Disability Services

- Nursing Facility Quality Review
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II. Adult Healthcare Coverage

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

III. Self-service Portal for Benefits Enrollment

- YourTexasBenefits.Com Survey

Overall, the HHS system of agencies has obtained feedback from a diverse group of customers. Most customers of services provided positive feedback regarding the services and supports they received through HHS programs. These results support the HHS system vision of providing quality, customer-focused services for Texans.

INTRODUCTION

This "2016 Report on Customer Service" is prepared in response to §2114.002 of the Government Code, which requires that Texas state agencies biennially submit to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board information gathered from customers about the quality of agency services. This report reflects the cooperative efforts of the five Texas Health and Human Services (HHS) agencies that comprise the HHS system: the Department of Aging and Disability Services (DADS), the Department of Assistive and Rehabilitative Services (DARS), the Department of Family and Protective Services (DFPS), the Department of State Health Services (DSHS), and the Health and Human Services Commission (HHSC).

Ongoing Customer Service Activities and Functions

The HHS system vision is: a customer-focused health and human services system that provides high quality, cost-effective services resulting in improved health, safety, and greater independence for Texans.[2] Three important processes help ensure that HHS agency operations are consistent with this vision of providing quality, customer-focused services: the strategic planning process, the activities of the HHSC Office of the Ombudsman, and each HHS agency's Consumer and External Affairs department.

Strategic Planning Process

The system-wide strategic plan, which is updated each biennium, facilitates the implementation of the HHS vision using strategic priorities for the HHS system. In the 2013-2017 strategic plan, HHS developed a strategic priority to "continue to enhance the service delivery system to be more coordinated, cost-effective, and customer-friendly." The strategic plan also presented the strategies the system would use for achieving this strategic priority. Throughout fiscal year 2014 and fiscal year 2015 the HHS system agencies implemented these strategies and integrated the new priority into their standard operating policies and procedures.

The strategic planning process involves examining HHS services to ensure they are aligned with the vision and priorities of the system. The array of HHS services is based on the strategic plan. Five appendices to this report present a description of services provided to customers from each agency by strategic plan budget strategy.[3]

[2] Health and Human Services System Strategic Plan 2013-2017.

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

HHSC Office of the Ombudsman

HHSC's Office of the Ombudsman (OO) assists the public when the agency's normal complaint process cannot or does not satisfactorily resolve issues.[4] The mission of OO is to serve as an impartial and confidential resource, assisting consumers with health and human services-related complaints and issues.

Consumer and External Affairs

Each HHS agency also has a Consumer and External Affairs (CEA) area to handle customer service functions and ensure the involvement of consumers and stakeholders in improving agency services and communications. The CEA offices work closely with the HHSC OO in an effort to ensure close coordination of ongoing customer service efforts among HHS agencies.

Previous Reports on Customer Service

In 2006 and 2008, HHS agencies worked together 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. All five HHS agencies serve CSHCN customers through a variety of programs.

In 2012 and 2014, 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 include 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 2016 report follows the same methods used in the 2012 and 2014 reports.

Surveys Included in 2016 Report on Customer Service

The surveys included in the 2016 Report on Customer Service are briefly described in the pages that follow (see Tables 1, 2, 3, 4, and 5). Not all customer satisfaction surveys conducted by HHS agencies are included here; some that had research designs that did not hold up to scientific rigor or that had very low response rates are not included. There were 92,135 individual responses to the surveys that are reported here.

[4] The HHSC Office of the Ombudsman was created by the 78th Texas Legislature and established in 2004.

Table 1. Surveys Conducted by the Department of Aging and Disability Services

Name	Data Collection	N	Survey Population
Nursing Facility Quality Review*	6/2013 - 8/2013	2,166	Individuals living in Medicaid-certified nursing facilities in Texas
Long-Term Services and Supports Quality Review**	4/2013 – 10/2013	5,899	People receiving services and supports through home, community-based, and institutional programs offered by DADS
Consumer Rights and Services Survey	9/2013 – 8/2014 4/2015 – 8/2015	2,329 1,879	People who file complaints through the Consumer Rights and Services Complaint Intake Call Center
Total		**12,273**	

* The large, legislatively mandated, recurring Nursing Facility Quality Review involves data collection and analysis that span a period of multiple years. The most recent Nursing Family Quality Review, published in January 2015, uses survey data collected in 2013.

**The large, legislatively mandated, recurring Long-Term Services and Supports Quality Review also involves data collection and analysis that span multiple years. The most recent Long-Term Services and Supports Quality Review, published in January 2015, uses data collected in 2013.

Table 2. Surveys Conducted by the Department of Assistive and Rehabilitative Services

Name	Data Collection	N	Survey Population
Early Childhood Intervention			
Early Childhood Intervention Family Survey	2/2015 – 6/2015	2,271	Parents 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
Division for Rehabilitation Services			
Vocational Rehabilitation (VR) Post-eligibility Customer Satisfaction Survey	10/2013 – 9/2014 10/2014 – 9/2015	1,224 1,278	Customers who have applied for VR services (employment support for people with disabilities) and were found eligible but have not yet received services
VR In-plan Customer Satisfaction Survey	10/2013 – 9/2014 10/2014 – 9/2015	2,367 2,566	Customers receiving VR services
VR Closed Case Customer Satisfaction Survey	10/2013 – 9/2014 10/2014 – 9/2015	3,527 3,936	Customers who had received VR services in the previous fiscal year whose cases had been closed
Independent Living Services Customer Satisfaction Survey	10/2013 – 9/2014 10/2014 – 9/2015	422 205	Customers who had received Independent Living Services (support to help people with disabilities live independently) and whose cases had been closed
Division for Blind Services			
VR Active Case Customer Satisfaction Survey	10/2013 – 9/2014 7/2015 – 10/2015	480 552	People who were blind or had other visual impairments and who were receiving VR services
VR Closed Case Customer Satisfaction Survey	10/2013 – 9/2014 7/2015 – 10/2015	998 986	People who were blind or had other visual impairments, who had received VR services, and whose cases were closed
Total		**20,812**	

Table 3. Surveys Conducted by the Department of Family and Protective Services

Name	Data Collection	N	Survey Population
Child Protective Services			
National Youth in Transition Database Survey	10/2013 – 9/2014	1,117	Young adults who have been involved with the foster care system
Child Protective Services Alternative Response Survey	10/2014 - 10/2015	329	Families receiving Alternative Response services and a comparison group receiving formal investigations
Adult Protective Services			
Adult Protective Services Community Satisfaction Survey	4/2015 - 6/2015	588	Stakeholders of Adult Protective Services (members of the judiciary, law enforcement agencies, community organizations and resource groups, and community boards)
Prevention and Early Intervention			
Prevention and Intervention Contractor Survey	12/2014	77	Prevention and Early Intervention contractors who provide prevention services to at-risk youth and families
Total		**2,111**	

Table 4. Surveys Conducted by the Department of State Health Services

Name	Data Collection	N	Survey Population
Mental Health Services			
Mental Health Statistics Improvement Program Youth Services Survey for Families	3/2014 - 8/2014 3/2015 - 9/2015	593 219	Parents of children/adolescents age 17 or younger who received community-based mental health services from the DSHS Mental Health and Substance Abuse Division
Mental Health Statistics Improvement Program Adult Mental Health Survey	3/2014 - 8/2014 3/2015 - 9/2015	544 334	Adults age 18 or older who received community-based mental health services from the DSHS Mental Health and Substance Abuse Division
Mental Health Statistics Improvement Program Inpatient Consumer Survey	9/2013 – 8/2014 9/2014 – 8/2015	3,505 3,251	Adolescents (ages 13-18) and adults who received services in state-run psychiatric hospitals
Regulatory Services			
Regulatory Licensing Unit Customer Satisfaction Survey	9/2013 – 8/2014 9/2014 – 8/2015	205 354	Customers of the Regulatory Licensing Unit (businesses and facilities regulated by the state)
Regulatory Inspection Unit Customer Satisfaction Survey	3/2104 - 8/2015	277	Customers of the Regulatory Inspection Unit (entities regulated by the state)
Professional Licensing and Certification Customer Satisfaction Survey	9/2013 – 8/2014 9/2014 – 8/2015	330 1,107	Customers of the Professional Licensing and Certification Unit (healthcare professionals licensed by the state)
Patient Quality Care Unit (PQCU) Customer Satisfaction Survey	9/2013 – 8/2014 9/2014 – 8/2015	325 364	Customers of PQCU (licensed and or certified individuals, providers, and health care facilities that operate in Texas)
Immunization Services			
Adult Safety Net Provider Satisfaction Survey	11/2014 - 12/2014	230	Health care providers registered with the Adult Safety Net program
Texas Vaccines for Children	8/2014	1,025	Health care providers registered with the Texas Vaccines for Children program

Name	Data Collection	N	Survey Population
Specialized Health Services			
Case Management for Children and Pregnant Women Provider Survey	6/2015	148	Active, inactive, and closed case management providers
Kidney Health Care Program Client Satisfaction Survey	10/2013 - 12/2013	1,119	Kidney Health Care program clients
Community Health Services			
Women, Infants and Children Nutrition Education Survey	4/2014	3,405	Adults who received nutrition education through the Women, Infants and Children program
Laboratory Services			
Laboratory Services Courier Program Satisfaction Survey	8/2014	156	Customers of the Laboratory Services Courier program
Total		**17,491**	

Table 5. Surveys Conducted by the Health and Human Services Commission

Name	Data Collection	N	Survey Population
Children's Healthcare Coverage			
STAR Child Caregiver Member Survey	5/2015 - 8/2015	4,148	Caregivers of children who received services funded through the Medicaid STAR program
Children’s Health Insurance Program (CHIP) Caregiver Member Survey	5/2015 - 8/2015	3,689	Caregivers of children who received services through CHIP
Medicaid and CHIP Dental Caregiver Survey	6/2015 - 9/2015	1,204	Caregivers of children receiving dental health services through the Medicaid and CHIP programs
STAR Health Caregiver Member Survey	8/2014 - 11/2014	301	Caregivers of children and adolescents in foster care who were enrolled in STAR Health

Name	Data Collection	N	Survey Population
Adult Healthcare Coverage			
STAR Adult Member Survey	6/2014 - 8/2014	3,627	Adults who received services funded through the Medicaid STAR program
STAR+PLUS Adult Member Survey	6/2014 - 8/2014	5,843	Adults with disabilities who received services through the STAR+PLUS program
Self-service Portal for Benefits Enrollment			
YourTexasBenefits.Com Survey	1/2015 – 12/2015	20,636	Customers who used YourTexasBenefits.com to manage or enroll in benefits
Total		**39,448**	

Report Format

This 2016 Customer Satisfaction Report presents summaries of the results of customer surveys conducted by DADS, DARS, 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 F presents a glossary of acronyms used in this report.

This report includes three customer service surveys from the Department of Aging and Disability Services (DADS). The two largest surveys are the Nursing Facility Quality Review (NFQR) and Long-Term Services and Supports Quality Review (LTSSQR). Both of these quality reviews are legislatively mandated and assess the satisfaction, quality of care, and quality of life of individuals who reside in nursing facilities and individuals who receive other long-term services and supports.[5] Funds are appropriated for quality reviews every other year and quality review reports are published biennially. 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 January 2015, use survey data collected in 2013. Together, they represent the views of over 8,000 individuals.

In addition to these two quality review surveys, the Consumer Rights and Services (CRS) survey is also included in this report. Through the surveys reported here, DADS collected over 12,000 survey responses during this period regarding customers' experiences and satisfaction with services.

Nursing Facility Quality Review

Purpose

Data collection for the NFQR 2013 was conducted between June and August 2013. The NFQR consisted of in-person interviews and chart reviews of randomly selected people living in Medicaid-certified nursing facilities across the state. The purpose of the NFQR was to assess the quality of care and the quality of life for individuals in these nursing facilities. NFQR data collected over time helps DADS to track progress in quality improvement activities and formulate strategies to improve both the quality of care and quality of life for residents of Texas nursing facilities

This survey has been conducted since 2002. Between 2002 and 2010, the NFQR was completed on an annual basis. Since 2011, the NFQR has been conducted on a biennial basis. What follows is a summary of the results from the NFQR 2013. The full report is available at: http://www.dads.state.tx.us/news_info/publications/legislative/nfqr2013/index.html.

Sample and Methods

In order to assess the quality of life of older individuals who reside in nursing facilities, DADS adopted an instrument that was developed in 1998 by the University of Minnesota School of Public Health.[6] The survey emphasized the psychological and social aspects of quality of life.

[5] For both 2010-2011 and 2012-2013 biennia: General Appropriations Act, Article II, Department of Aging and Disability Services, Rider 13.

[6] Kane, R. A. (2003). Measures, indicators, & improvement of quality of life in nursing homes: Quality of life scales for nursing home residents. Retrieved from: http://www.hpm.umn.edu/ltcresourcecenter/research/QOL/QOL_of_Scales_and_how_to_use_them.pdf

DADS modified the survey by including additional questions about physical health, quality of care, and quality of life.

DADS contracted with the Nurse Aide Competency Evaluation Service Plus Foundation, Inc. (NACES) to survey and assess randomly selected nursing facility residents across the state. The sample size for NFQR 2013 was determined by the number of Minimum Data Set assessments submitted in fiscal year 2012. NACES completed 2,166 face-to-face interviews from June to August 2013. The interviews were conducted in English, although interpreters were available to translate for individuals who spoke other primary languages.

DADS staff analyzed the NFQR 2013 data for linear trends across time, either from the first year data were collected on a particular measure, or when there was a change in the wording of a question that prevented comparison to the data from previous years.

Major Findings

The NFQR assesses many clinical measures of well-being, but this report focuses on the quality of life and customer satisfaction findings, which are summarized in Tables 6, 7 and 8. The 2013 NFQR results show that most of the residents surveyed were satisfied overall. This finding was not significantly different from previous surveys. Several of the specific satisfaction measures showed statistically significant improvements over time, while one measure showed a statistically significant decrease since the previous data collection.

Table 6. NFQR Overall Satisfaction Findings:
Indicated Somewhat Satisfied, Satisfied, or Very Satisfied*

Satisfaction Measure	2008 Proportion of Respondents** (N=2,129)	2009 Proportion of Respondents** (N=2,164)	2012 Proportion of Respondents** (N=2,172)	2013 Proportion of Respondents** (N=2,166)
Expressed satisfaction with their experience in the nursing facility	88%	88%	90%	88%
Expressed satisfaction with the healthcare services they received	88%	89%	90%	90%

*The 2013 survey was conducted from June to August 2013.
**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.

Table 7. NFQR Specific Satisfaction Findings:
Indicated Somewhat Satisfied, Satisfied, or Very Satisfied*

Satisfaction Measure	2008 Proportion of Respondents** (N=2,129)	2009 Proportion of Respondents** (N=2,164)	2012 Proportion of Respondents** (N=2,172)	2013 Proportion of Respondents** (N=2,166)
Satisfied with their level of pain control	95%	95%	92%	92%
Enjoyed organized activities at the nursing facility	64%	62%	62%	63%
Stated weekend activities (other than religious activities) were available	40%	44%	49%	52%
Liked the food served at the facility	84%	85%	85%	83%
Reported that they enjoy meal times at the facility	87%	87%	89%	89%
Stated that their favorite foods were available at the facility	67%	67%	71%	66%
Felt that their possessions were safe at the facility	89%	89%	92%	88%
Felt safe and secure at the nursing facility	97%	98%	98%	97%

*The 2013 survey was conducted from June to August 2013.
**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.

Table 8. NFQR Specific Satisfaction Findings:
Indicated Yes when answering these questions*

Satisfaction Measure	2012 Proportion of Respondents** (N=2,172)	2013 Proportion of Respondents** (N=2,166)
Had concerns the facility did not address	13%	15%
Stated they had concerns they did not express due to fear of retaliation	4%	7%

*The 2013 survey was conducted from June to August 2013.
**Proportions indicate respondents who responded "yes" to these questions. Those who did not answer the survey question are not counted in these proportions.

Long Term Services and Supports Quality Review

Purpose

The Long Term Services and Supports Quality Review (LTSSQR) is a statewide survey of people receiving services and supports through home and community-based and institutional programs offered by DADS. The purpose of the LTSSQR is to:

- Inquire about customers' perceptions of the quality of long-term services and supports administered by DADS and quality of life
- Trend satisfaction results for long-term services and supports over time

This quality review is legislatively mandated and assesses the satisfaction, quality of care, and quality of life of individuals who receive long-term services and supports. The quality review process has been conducted since 2005 as a continued activity of a Real Choice Systems Change Grant awarded by the Centers for Medicare and Medicaid Services (CMS). People receiving services, or their family members and guardians, provide feedback about the services received through face-to-face and mailed surveys. The surveys and interviews also collect 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). The LTSSQR provides baseline information for continuous quality improvement, monitoring, and intervention. The survey also helps the agency build a quality management strategy, identify trends, develop innovations, and provide information to stakeholders and CMS.

DADS contracted with NACES to conduct face-to-face interviews with randomly selected clients across the state.

The summary report is available at:
http://www.dads.state.tx.us/news_info/publications/legislative/ltssqr2014/index.html.

Sample and Methods

The 2014 LTSSQR was conducted between April and November 2013. Individuals eligible for inclusion included adults receiving long-term services and supports from DADS and/or their families or guardians, and families or guardians of children receiving services. There were three primary sub-groups within the survey population:

- Adults with intellectual and developmental disabilities (IDD)
- Adults with physical disabilities (primarily older adults)
- Children with disabilities

The DADS adult population was stratified by Medicaid waiver or other long-term services and supports programs and a random sample was drawn from each program for a representative sample.

Adults in the following programs were interviewed face-to-face (4,469 completed interviews):

- Community Attendant Services
- Community Based Alternatives
- Community Living Assistance and Support Services
- Consumer Managed Personal Attendant Services
- Day Activity and Health Services
- Deaf Blind with Multiple Disabilities
- Family Care
- Home and Community-Based Services
- Hospice
- Host Home Care
- In-Home Family Support
- Intermediate Care Facility/IDD
- Primary Home Care
- Programs of All-Inclusive Care for the Elderly
- Residential Care
- Special Services to Persons with Disabilities
- Special Services to Persons with Disabilities with 24-hour Shared Attendant Care
- State Supported Living Centers (SSLC)
- Texas Home Living

DADS mailed surveys to families of children who receive services through DADS-administered programs. Like the adult programs, representative samples were drawn from each program so that findings could be generalized to all individuals in a program.

Families of children enrolled in the following programs returned surveys (1,430 families):

- Community Living Assistance and Support
- Home and Community-Based Services
- Medically Dependent Children Program
- Texas Home Living

Both the surveys disseminated by mail and face-to-face interviews were available in English or Spanish. Additionally, some face-to-face interviews were conducted with individuals who spoke languages other than English or Spanish using interpreters.

Adults received one of two LTSSQR surveys: the National Core Indicators (NCI) Adult Consumer Survey or the Participant Experience Survey. Families of children received the NCI Child and Family Survey about the family's satisfaction with services.

The total number of completed responses was 5,899 individuals for an overall response rate of greater than 90 percent (the response rate varied between populations surveyed).

Major Findings

General observations for the 2014 LTSSQR include:

Health and Welfare

- Texas adults with IDD received more routine and preventive health care than people with IDD nationally, and also received significantly higher rates of care on six of 11 health indicators.
- Adults with IDD living in state supported living centers or community-based housing received higher rates of routine and preventive care than those living with family.

Safety

- Most adult respondents reported that they were not scared at home (85 percent) or in their day programs (94 percent).
- By report, the majority (93 percent) had someone to talk to if they were afraid.

Choice and Respect

- Most respondents felt like they could make decisions about taking risks, helping other people, choosing their schedule, what to do with free time, and what to buy with their money.
- Control over transportation remains an issue; less than half of respondents in some programs reported having control over their transportation.
- Less than half of the adult respondents made decisions about where they live, who they live with, and where they go during the day.
- Most respondents reported that staff listened to them, were respectful, and had never hurt them or taken their things without asking.

Community Inclusion

- Most adult respondents had close relationships and could see their friends and family when they wanted.
- By report, the majority (98 percent of adults with IDD and 81 percent of children) participated in community activities.

Employment

- While most adults with IDD were unemployed (77 percent), 46 percent of them wanted to work.
- Barriers to employment included a lack of training or education, a lack of job opportunities, a lack of transportation, and a lack of job supports.

Quality of Life

- Most respondents had close relationships and could see their friends whenever they wanted.
- About eight in ten respondents were happy with their personal life.
- Just under half of the respondents who reside in SSLCs reported feeling lonely.
- Helping children and families make connections in the community is an area with opportunities to improve quality of life.

Access

- More than half of the respondents reported having enough information to help plan their services or apply for services – 82 percent for adults with IDD, 76 percent with physical disabilities, and 54 percent of the families of children with disabilities.
- The majority of adults with IDD and families of children with disabilities reported that they received, or their service plans included, all of the services they needed (82 percent and 78 percent, respectively).
- The most commonly specified needs were: finding or changing jobs, education and training, help in the social or relationship areas, transportation and dental care.
- Failure to receive needed equipment decreased between 2005 and 2013, from 15 percent to 11 percent.

Quality of Care

- The majority of respondents reported that their long-term services and supports helped with their health and well-being and in reaching their personal goals.
- Eighty percent of the families of children with disabilities reported that services were available when they needed them, and 75 percent reported flexible services and supports, which usually changed to meet their family member's changing needs.
- Most people reported that their case manager returned calls promptly, staff came to work on time, and that their support workers have the right training.

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, adult day cares, and other long-term services and supports providers overseen by DADS. DADS staff investigates these complaints and notifies the person who made the complaint of the findings. Additionally, the Consumer Rights and Services staff provides information about DADS 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 efficiency and areas of opportunity for improvement.

The study population is comprised of callers who contacted the Complaint Intake Call Center September 1, 2013 through August 31, 2015.

Sample and Methods

This ongoing survey has been collected or distributed since May 2006. Prior to November 2012, the survey was conducted by mailing survey requests to individuals who filed complaints through the CRS hotline for the following facility types: nursing facilities, privately owned intermediate care facilities for people with intellectual and developmental disabilities, SSLCs, and licensed or certified home health hospice centers. Surveys were not sent to addresses for anonymous complainants. To achieve business efficiencies, the methods for conducting surveys changed in November 2012. The survey link was added to the CRS website, and CRS discontinued mailing the surveys via U.S. mail. Complainants were offered the option of providing an email address to receive the link to the online survey 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 at the end of fiscal year 2014. In April 2015, CRS transitioned to an automated survey which replaced the previous survey option. Upon completion of intake, the caller is transferred directly into an automated phone survey system immediately after the call has concluded. Both methodologies of the survey instrument includes 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 inquiry, voice mail, or entry through the provider self-reported web-portal. The surveys/interviews were offered in English and Spanish.

CRS received 2,329 completed surveys in fiscal year 2014 and 1,879 completed surveys in fiscal year 2015. Given the nature of the data collection methodology in fiscal year 2014 (e.g. through a link on the website) and the staff’s discretion on which clients to invite to take the survey, the

response rate could not be calculated. For fiscal year 2015, the response rate is calculated by the number of callers transferred into the automated survey system. Fiscal year 2015 data represent surveys completed between April and August 2015. It is still at the staff's discretion as to which clients are given the opportunity to complete the survey. Survey offers are contingent upon the type of call and complainant.[7]

Major Findings

Customer satisfaction findings from the CRS Survey are presented in Table 9. The distribution methods changed between fiscal years 2014 and 2015 and may be partially responsible for differences in results between years. Overall, 95 percent customers were satisfied with the services they received from CRS.

Table 9. Consumer Rights and Services Survey Selected Findings: Indicated Strongly Agreed or Agreed

Satisfaction Measure	Fiscal Year 2014* Proportion of Respondents** (N=2,329)	Fiscal Year 2015* Proportion of Respondents** (N=1879)
Consumer Rights and Services hotline was easy to use	97%	94%
Person I spoke with explained the process for handling my complaint	93%	90%
Overall, satisfied with Consumer Rights and Services	97%	94%

*The fiscal year 2014 survey was conducted from September 2013 to August 2014. The fiscal year 2015 survey was conducted from April to August 2015.
** 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.

[7] In instances in which individuals call CRS to report extreme trauma, such as rape, staff members are instructed to use their discretion about whether to provide the customer satisfaction survey information. The intake staff members did not provide the customer satisfaction link or after April 2015 transfer customer to automated survey if they believe that doing so will further burden the complainants or make them feel that their experiences have been trivialized.

DEPARTMENT OF ASSISTIVE AND REHABILITATIVE SERVICES

The Department of Assistive and Rehabilitative Services (DARS) submitted seven reports containing customer satisfaction data for the current report. Over 20,800 responses were received in response to these surveys. The interviews solicited feedback from parents of young children who received Early Childhood Intervention (ECI) services and from adults and youth who received vocational rehabilitation and independent living services.

For readability, this chapter is organized in three sections:

I. Early Childhood Intervention

   a. Early Childhood Intervention Family Survey

II. Division for Rehabilitation Services

   a. Vocational Rehabilitation Post-eligibility Customer Satisfaction Survey

   b. Vocational Rehabilitation In-plan Customer Satisfaction Survey

   c. Vocational Rehabilitation Closed-case Customer Satisfaction Survey

   d. Independent Living Services Customer Satisfaction Survey

III. Division for Blind Services

   a. Vocational Rehabilitation Active Case Customer Satisfaction Survey

   b. Vocational Rehabilitation Closed Case Customer Satisfaction Survey

I. Early Childhood Intervention

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 DARS Division for ECI Services' Annual Performance Report to OSEP.

The survey/series of interviews was conducted by DARS Division for ECI Services and through the 49 contracted agencies who deliver ECI services. The survey materials were prepared by DARS Division for ECI Services. Surveys were mailed and emailed to families by DARS. Contracted agencies delivered survey materials to families directly.

The study population was parents or guardians of children who had been enrolled in the ECI program for at least six months as of February 1, 2015. This criterion was established to ensure the family had sufficient experience with the program to respond to the questions.

Sample and Methods

DARS Division for ECI Services used multiple methods to deliver surveys and select samples. Families were not included in more than one sample. The following methodologies were used:

- 538 families who met the six month criteria and had a listed email address in the DARS Division for ECI Services' database were sent an email request to complete the survey with a link to an online version of the survey. The online surveys were emailed in February of 2015.

- 400 families were randomly selected to receive a packet mailed directly to them by DARS. These packets were mailed in March of 2015. The packet included the paper survey, a postage-paid return envelope, a letter explaining the survey, and a pencil. The letter of explanation included a link to an online version of the survey so families could complete it online if they preferred.

- A random sample of 7,303 families was selected to receive a survey packet from their ECI service coordinator. The packet included the paper survey, a postage-paid return envelope, a letter explaining the survey, and a pencil. The letter of explanation included a link to an online version of the survey so families could complete it online if they preferred. These surveys were delivered between March and May 2015.

The surveys were offered online and in a paper form in English and Spanish. All versions of the survey contained the same questions and response options. Surveys were collected through June 2015.

Individuals provided their responses by completing the survey online or by completing the paper survey and mailing it to DARS Division for ECI Services in the postage-paid envelope included in their packet. 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.

Of the 8,241 surveys sent out by DARS Division for ECI Services, 1,786 were undeliverable due to changes in address or email address, the family discharging from ECI, or the service coordinator being unable to reach the family. A total of 6,455 surveys were delivered to ECI families.

The total number of completed responses was 2,271 out of 6,455 for a response rate of 35 percent.

Major Findings

For all questions, a majority of the families indicated that ECI was very or extremely helpful. Ninety-three percent of families reported that ECI helped their children develop and learn.

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

- 87 percent felt early intervention services helped the family members know their rights
- 88 percent felt early intervention services helped the family members effectively communicate their children's needs
- 89 percent felt early intervention services helped the family members help their children develop and learn

II. Division for Rehabilitation Services

Among the services provided by the Division for Rehabilitation Services (DRS), a part of DARS, are Vocational Rehabilitation (VR) and Independent Living Services (ILS). DRS conducted four surveys to solicit customer satisfaction feedback, three for VR customers and one for ILS customers.

The VR program provides services to help Texans with disabilities prepare for, find, and keep employment. This program also helps students with disabilities make the transition from school to work. Eligibility criteria for this program include: the presence of a physical or mental disability that results in a substantial impediment to employment, whether the individual is employable after receiving services, and whether services are required to achieve employment outcomes. The services to help people with disabilities find and keep employment are individualized and may include counseling, training, medical treatment, assistive devices, job placement assistance, and other services.

The three surveys that DRS used to solicit feedback from VR customers varied based on which stage the customers had reached in their relationship with DRS:

- *Post-eligibility customers* are individuals who have applied for and been found eligible for VR services but have not yet developed an Individualized Plan for Employment, which is the basis for determining which services they will receive.

- *In-plan customers* are individuals who have an open case and are receiving services based on their Individualized Plan for Employment.

- *Closed-case customers* are individuals who had vocational rehabilitation services cases that have been closed during the fiscal year.

The fourth survey solicited feedback from customers of the ILS program. The ILS program is designed to help individuals with disabilities who face barriers that limit their choices for quality of life. The ILS program helps people in this situation 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 in the ILS program may include:

- counseling and guidance

- training and tutorial services

- adult basic education

- rehabilitation facility training

- vehicle modifications

- assistive devices such as artificial limbs, braces, wheelchairs and hearing aids to stabilize or improve function

DRS provides VR services and ILS for people with disabilities other than blindness or other visual impairments. Services for people who are blind or have other substantial visual impairments are administered by a different division of DARS and will be discussed later in this chapter.

All four surveys were conducted by contractors, who were asked to reach a fixed number of interviews. The response rates for the surveys were not provided.

Vocational Rehabilitation Post-eligibility Customer Satisfaction Survey

Purpose

The VR Post-eligibility Customer Satisfaction Survey solicits feedback from individuals who have applied for VR services and been found eligible, but who have not yet developed and signed their individualized plans for employment. The individualized plan for employment identifies the customer's employment goal and the services that will be provided to reach that goal.

The purpose of the VR post-eligibility customer satisfaction survey was to:

- Identify strengths and weaknesses
- Develop strategies on providing excellent services to customers
- Determine areas of needed improvement

The survey was conducted by contractors. The study population was customers who applied for VR services and were found eligible, but had not yet developed and signed their individual plans for employment. Customers who met this criterion from October 2014 through September 2015 were included in the survey sample.

The VR post-eligibility customer satisfaction survey is conducted in compliance with federal requirements. Results are provided to the state rehabilitation council (the Rehabilitation Council of Texas).

Sample and Methods

A randomly selected sample of customers, stratified by DRS region, was drawn to receive the survey. 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[8] or a written survey, 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.

The survey instrument included ten closed-ended and one open-ended question.

The results discussed here are from surveys of customers in post-eligibility status in fiscal year 2014 and 2015. For fiscal year 2014, there were 1,224 completed surveys. For fiscal year 2015, there were 1,278 completed surveys.

Summary of Major Findings

Overall, more than 84 percent of VR post-eligibility customers in both fiscal years 2014 and 2015 said they were satisfied with their overall experience with DARS (see Table 10). When comparing the survey results for both years, customer positive responses were within 2.4 percentage points for all questions. This difference is not statistically significant.

[8] 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.

Table 10. Vocational Rehabilitation Post-eligibility Customer Satisfaction Survey: Positive Responses

Survey Question	Fiscal Year 2014* Proportion of Respondents** (N=1,224)	Fiscal Year 2015* Proportion of Respondents** (N=1,278)
Are you treated in a friendly, caring, and respectful manner when you dealt/deal with DRS staff?	95%	93%
When you have a scheduled appointment, are you seen within 15 minutes of your scheduled appointment time?	87%	88%
Does the counselor maintain communication with you regarding the process of your case?	76%	76%
Do DRS staff demonstrate a can-do attitude while working with you?	92%	91%
Does someone from the DRS office return all your calls no later than the next business day?	70%	68%
Do DRS staff explain when and why appointments were/are scheduled with them?	82%	84%
Do DRS staff provide you with the guidance you needed/need?	82%	82%
Have your services been interrupted because of a change or the absence of your counselor? ("No" is considered a positive response in this item.)	83%	82%
On a scale of 1 to 4, with 4 being very satisfied, how would you rate your satisfaction with your DRS counselor?	85%	85%
One a scale of 1 to 4, with 4 being very satisfied, how would you rate your overall experience with DRS?	85%	85%

*The fiscal year 2014 survey was conducted from October 2013 to September 2014. The fiscal year 2015 survey was conducted from October 2014 to September 2015.
**The proportion of respondents represents the proportion giving a positive answer to each question. For questions with "yes," "sometimes," or "no" answers, the proportion of positive responses are those answered in the direction of the desired outcome. For questions where the possible answers included "very satisfied," "satisfied," "dissatisfied," and "very dissatisfied," "very satisfied" and "satisfied" were counted as positive responses.

There was one open-ended question on the VR post-eligibility customer satisfaction survey: "Based on your experience, how can DRS be more helpful?" In fiscal years 2014 and 2015, the most common responses to this question were related to the following three categories: client

contact issues (e.g., appointments, phone calls, and other client contact), policy/procedures-related issues, and service issues related to employment.

Vocational Rehabilitation In-plan Customer Satisfaction Survey

Purpose

The Vocational Rehabilitation In-plan Customer Satisfaction Survey solicits feedback from VR customers whose individualized plans for employment had been developed and signed and who had an open case at the time of the survey.

The purpose of the VR in-plan customer satisfaction survey was to:

- Identify strengths and weaknesses of the program
- Develop strategies on providing excellent services to customers
- Determine areas of needed improvement

The survey was conducted by contractors. The study population was customers who have signed individual plans for employment. Customers who met this criterion in fiscal year 2014 and 2015 were included in the survey sample.

The VR in-plan customer satisfaction survey is conducted in compliance with federal requirements. Results are provided to the state rehabilitation council (the Rehabilitation Council of Texas).

Sample and Methods

The telephone-based survey method was the same used for the VR post-eligibility customer satisfaction survey. The survey instrument contained eighteen closed-ended questions and one open-ended question. The survey was conducted each month for customers served in the previous month.

The results discussed here are for customers who met the in-plan criteria in fiscal year 2014 and 2015. For fiscal year 2014, there were 2,367 completed surveys. For fiscal year 2015, there were 2,566 completed surveys.

Summary of Findings

Overall, the majority (88 percent) of in-plan customers in both fiscal year 2014 and 2015 said they were satisfied with their overall experience with DARS (see Table 11). When comparing the survey results, the percent of customers who responded positively to questions in fiscal year 2014 and 2015 were within three percentage points for all but two questions. For those questions, there was a 3.5 percent decrease in customers reporting they had input in planning the services

they received and a 4.6 percent decrease in customers reporting their services were not interrupted in federal fiscal year 2015.

Table 11. Vocational Rehabilitation In-plan Customer Satisfaction Survey: Positive Responses

Survey Question	Fiscal Year 2014* Proportion of Respondents** (N=2,367)	Fiscal Year 2015* Proportion of Respondents** (N=2,566)
Are you treated in a friendly, caring, and respectful manner when you dealt/deal with DRS staff?	95%	94%
When you have a scheduled appointment, are you seen within 15 minutes of your scheduled appointment time?	92%	91%
Does the counselor maintain communication with you regarding the process of your case?	84%	82%
Do DRS staff demonstrate a can-do attitude while working with you?	93%	92%
Does someone from the DRS office return all your calls no later than the next business day?	77%	76%
Do DRS staff explain when and why appointments were/are scheduled with them?	88%	87%
Do you and your counselor maintain contact as often as agreed upon while you were/are receiving services?	84%	82%
Are you satisfied with the explanation of services to help you reach your goal?	87%	86%
Do you have input (take part) in setting your employment goals?	88%	86%
Do you agree with the employment goal you and your counselor have chosen?	86%	87%
Did you have input (take part) in planning the services you received?	88%	85%
Did you and your counselor discuss when services would begin and end?	81%	79%

Survey Question	Fiscal Year 2014* Proportion of Respondents** (N=2,367)	Fiscal Year 2015* Proportion of Respondents** (N=2,566)
Did you have input (take part) in choosing who would provide the services (schools or colleges, doctors or hospitals, job coaches, etc.)?	78%	75%
Do DRS staff provide you the guidance you needed/need?	87%	85%
Have your services been interrupted because of a change or the absence of your counselor? ("no" = services not interrupted)	83%	78%
On a scale of 1 to 4, with 4 being very satisfied, how satisfied were you with the services you received from service providers your counselor sent you to?	86%	84%
On a scale of 1 to 4, with 4 being very satisfied, how would you rate your satisfaction with your DRS counselor?	89%	88%
On a scale of 1 to 4, with 4 being very satisfied, how would you rate your overall experience with DRS?	89%	88%

*The fiscal year 2014 survey was conducted from October 2013 to September 2014. The fiscal year 2015 survey was conducted from October 2014 to September 2015.

**The proportion of respondents represents the proportion giving a positive answer to each question. For questions with "yes," "sometimes," or "no" answers, the proportion of positive responses are those answered in the direction of the desired outcome. For questions where the possible answers included "very satisfied," "satisfied," "dissatisfied," and "very dissatisfied," "very satisfied" and "satisfied" were counted as positive responses.

There was a single open-ended question on the VR in-plan customer satisfaction survey: "Based on your experience, how can DRS be more helpful?" In fiscal year 2014, 38.1 percent of respondents answered this question with a specific suggestion or question. The most commonly given open-ended responses to the question were in two areas: client contact issues (e.g., wanting more client contact, increased follow through, more use of email contact, more communication and similar requests) and services issues related to employment. In fiscal year 2015, client contact issues and employment issues were also the most frequently cited comments.

Vocational Rehabilitation Closed-case Customer Satisfaction Survey

Purpose

The Vocational Rehabilitation Closed-case Customer Satisfaction Survey solicits feedback from VR customers who have received VR services and whose cases have been closed during the month prior to the month they are surveyed.

The purpose of the VR closed-case customer satisfaction survey was to:

- Identify strengths and weaknesses of the program
- Develop strategies on providing excellent services to customers
- Determine areas of needed improvement

The VR closed-case customer satisfaction survey was conducted in compliance with federal requirements. Results were provided to the state rehabilitation council (the Rehabilitation Council of Texas).

Sample and Methods

The VR closed-case customer satisfaction survey has been conducted for decades, with periodic revisions. The telephone-based survey method was the same used for VR post-eligibility and in-plan customer satisfaction surveys. The survey instrument contained twenty closed-ended questions and one open-ended question. The survey was conducted each month for customers served in the previous month.

The results discussed here are from surveys of customers in fiscal year 2014 and 2015. For fiscal year 2014, there were 3,527 completed surveys. For fiscal year 2015, there were 3,936 completed surveys.

Summary of Major Findings

The majority of customers surveyed (90 percent in fiscal year 2014 and 91 percent in fiscal year 2015) said they were satisfied with their overall experience with DRS (see Table 12). Customer responses to questions fiscal year 2014 and 2015 were within less than two percentage points, with the exception of a 5.4 percent increase in customers reporting that they were working and a 4.3 percent increase in satisfaction with chance for advancement in fiscal year 2015.

When comparing responses to similar questions in all three VR surveys, satisfaction tends to increase over time as customers become more engaged with the VR process. The lowest satisfaction is reported by customers who have just been determined eligible for services, and the highest satisfaction is reported by customers with individualized plans for employment whose cases have just been closed.

Table 12. Vocational Rehabilitation Closed-case Customer Satisfaction Survey: Positive Responses

Survey Question	Fiscal Year 2014* Proportion of Respondents** (N=3,527)	Fiscal Year 2015* Proportion of Respondents** (N=3,936)
Were you treated in a friendly, caring, and respectful manner when you dealt with DRS staff?	94%	95%
Did DRS staff demonstrate a can-do attitude while working with you?	93%	93%
Did someone from the DRS office return all your calls no later than the next business day?	80%	81%
Did DRS staff explain when and why appointments were scheduled with them?	90%	91%
Did you and your counselor maintain contact as often as agreed upon while you were receiving services?	88%	89%
Were you satisfied with the explanation of services to help you reach your goal?	89%	89%
Did you have input (take part) in setting your employment goals?	88%	87%
Did you have input (take part) in planning the services you received?	87%	88%
Did you and your counselor discuss when services would begin and end?	86%	85%
Did you have input (take part) in choosing who would provide the services (schools or colleges, doctors or hospitals, job coaches, etc.)?	76%	76%
Did DRS staff provide you the guidance you needed?	87%	89%
Were your services interrupted because of a change or the absence of your counselor? ["No" = services were not interrupted]	85%	84%
On a scale of 1 to 4, with 4 being very satisfied, how satisfied were you with the services you received from service providers your counselor sent you to?	87%	88%
On a scale of 1 to 4, how would you rate your satisfaction with your DRS counselor?	90%	91%
On a scale of 1 to 4, how would you rate your overall experience with DRS?	90%	91%

Survey Question	Fiscal Year 2014* Proportion of Respondents** (N=3,527)	Fiscal Year 2015* Proportion of Respondents** (N=3,936)
Are you working now?	69%	74%
On a scale of 1 to 4, with 4 being very satisfied, please rate your satisfaction with: Your wages.	80%	80%
On a scale of 1 to 4, with 4 being very satisfied, please rate your satisfaction with: Your employee benefits (vacation, sick leave, health insurance)***	83%	83%
On a scale of 1 to 4, with 4 being very satisfied, please rate your satisfaction with: Your chance for advancement.	62%	66%
On a scale of 1 to 4, with 4 being very satisfied, please rate your satisfaction with: Your job overall.	89%	89%

*The fiscal year 2014 survey was conducted from October 2013 to September 2014. The fiscal year 2015 survey was conducted from October 2014 to September 2015.
** The proportion of respondents represents the proportion giving a positive answer to each question. For questions with "yes," "sometimes," or "no" answers, the proportion of positive responses are those answered in the direction of the desired outcome. For questions where the possible answers included "very satisfied," "satisfied," "dissatisfied," and "very dissatisfied," "very satisfied" and "satisfied" were counted as positive responses.
***For those that had benefits, the "no benefits" category was excluded from the question.

There was a single open-ended question on the survey asking how can DRS can be more helpful. In fiscal years 2014 and 2015, the most commonly given open-ended responses were in two areas: services issues related to employment (e.g., responses related to finding a job, finding a better job, better paying jobs, more job alternatives, and similar suggestions and requests) and client contact issues (e.g., wanting more client contact, returned phone calls, increased follow-through, more use of email contact, and more communication).

Independent Living Services Customer Satisfaction Survey

Purpose

Independent Living Centers and the ILS program promote self-sufficiency for people with disabilities and offer supports related to mobility, communication, personal adjustment, and self-direction. Independent Living Centers are operated by and for people with disabilities and provide assistance through peer counseling, information and referral, advocacy support, and other measures that encourage people to make their own decisions.

This report provides feedback from customers in the ILS program who received services from DARS and whose cases were closed within fiscal years 2014 and 2015. The survey was conducted by contractors.

The purpose of the ongoing ILS customer satisfaction survey was to:

- Identify strengths and weaknesses
- Develop strategies on providing excellent services to customers
- Determine areas of needed improvement

The ILS customer satisfaction survey was conducted in compliance with the federal program requirements that 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

The ILS customer satisfaction survey was conducted using the same telephone interviewing protocol as the three VR customer satisfaction surveys. However, since the ILS population is small, an attempt was made to contact every ILS customer who had reached the stage of developing and signing a plan and whose case was closed during the fiscal year. However, due to ILS program budget constraints, for fiscal year 2015 the vendor was required to set a cap on the number of completed surveys like the cap that is in place for the three VR surveys. The response rate for the fiscal year 2014 ILS survey was 42.8 percent. Due to the change in methods, no response rate was captured for the fiscal year 2015 ILS survey. The survey instrument consisted of thirteen close-ended questions and two open-ended questions.

The results discussed here are from 422 surveys of ILS customers whose cases were closed in fiscal year 2014 and 205 surveys for ILS customers whose cases were closed in fiscal year 2015. During fiscal year 2014, 2,502 ILS customers received services from the DRS ILS program and 2,796 during fiscal year 2015.

Summary of Major Findings

In both fiscal year 2014 and 2015 over 96 percent of respondents said they were satisfied with their overall experience with DRS (see Table 13). Over 99 percent of respondents said they were treated with courtesy by the DRS staff. Customer responses in fiscal years 2014 and 2015 were within two percentage points for all questions with the exception of the question asking customers if they took part in choosing who would provide their services, for which there was a 2.8 percent decrease in positive responses from fiscal year 2014 to 2015.

Table 13. Independent Living Services Customer Satisfaction Survey: Positive Responses

Survey Question	Fiscal Year 2014* Proportion of Respondents** (N = 422)	Fiscal Year 2015* Proportion of Respondents** (N = 205)
I was treated with courtesy by the DRS staff.	100%	99%
The DRS Independent Living counselor took time to listen to my needs.	99%	97%
I took part in planning the services I received.	97%	98%
My DRS Independent Living counselor encouraged me to be more independent.	96%	95%
My DRS Independent Living counselor gave me choices.	93%	93%
If I were ever treated unfairly, I believe my DRS Independent Living counselor would be a help to me.	96%	96%
As a result of the services I received, I can do more for myself.	93%	94%
As a result of the services I received, I can do more in the community, if I want to.	85%	87%
I took part in choosing who would provide services.	87%	84%
I was satisfied with how long it took to provide the services.	89%	87%
I was satisfied with the services I received from the providers.	97%	97%
How would you rate your experience with the DRS Independent Living counselor?	98%	96%
How would you rate your overall experience with DRS?	97%	96%

*The fiscal year 2014 survey was conducted from October 2013 to September 2014. The fiscal year 2015 survey was conducted from October 2014 to September 2015.

** The proportion of respondents represents the proportion giving a positive answer to each question. For questions with "yes," "sometimes," or "no" answers, the proportion of positive responses are those answered in the direction of the desired outcome. For questions where the possible answers included "very satisfied," "satisfied," "dissatisfied," and "very dissatisfied," "very satisfied" and "satisfied" were counted as positive responses.

The survey also included an open-ended question**:** "What did you like most about your experience with DRS?" In fiscal year 2014, the most common responses to this question were that DRS treated customers courteously, DRS staff was helpful, the services were liked, and DRS was responsive. In fiscal year 2015, the most common responses to this question were that

DRS was helpful, DRS was responsive, DRS treated customers courteously, and the equipment was liked.

A second open-ended question on the survey was: "What did you dislike most about your experience with DRS?" In both fiscal year 2014 and 2015, the most common responses to this question concerned timeliness of services. The issue of timeliness of services was also the most frequently mentioned specific issue disliked about services in federal fiscal years 2011, 2012, and 2013.

III. Division for Blind Services

The Division for Blind Services (DBS) provides Vocational Rehabilitation (VR) services to Texans who are blind or have a substantial visual impairment. The VR program provides services to help Texans gain the confidence and skills needed to obtain or maintain employment.

This section presents the results of two annual customer satisfaction surveys for the DBS VR program: one for active cases and one for closed cases. These data are used to identify areas where caseload carrying staff need to improve their delivery of consumer services.

For all surveys, the interviews were conducted over the phone by an independent contractor in English, Spanish, or Vietnamese, and deaf-blind customers had the opportunity to complete the survey through Relay Texas.[9]

The study population was customers receiving or completing services in fiscal years 2014 and 2015.

Vocational Rehabilitation Active Case Customer Satisfaction Survey

Purpose

The DBS VR active case customer satisfaction survey solicits feedback from customers who have an open case at the time of the survey. The purpose of this survey was to:

- Assess customer satisfaction with DBS staff members
- Assess customer satisfaction with the services

The DBS VR active case customer satisfaction survey solicits feedback through telephone interviews conducted by an independent contractor. The contractor was asked to reach a fixed number of telephone interviews for the survey of VR customers actively receiving services, and the response rates were not provided.

[9] 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.

Sample and Methods

For fiscal year 2014, interviews were conducted every month for cases that were active in the previous month. For fiscal year 2015, interviews were conducted between July and October for cases which were active during the fiscal year. There were 480 completed interviews in federal fiscal year 2014 and 522 in federal fiscal year 2015. The survey instrument contained eight questions.

Summary of Major Findings

In fiscal year 2014 the lowest positive response was 86 percent and in fiscal year 2015 the lowest positive response was 81 percent (see Table 14). The greatest increase from fiscal year 2014 to 2015 was a six percent increase in positive responses regarding whether respondents were very involved in choosing their employment goal.

Table 14. Vocational Rehabilitation Active Case Customer Satisfaction Survey: Positive Responses

	Fiscal Year 2014*	Fiscal Year 2015*
Survey Questions	**Proportion of Respondents** (N=480)**	**Proportion of Respondents** (N=552)**
My counselor does a good job of explaining what's going on.	96%	90%
My counselor does a good job of staying in touch with me regarding the process of my case.	89%	81%
I agreed to the evaluations that were set up for me.	97%	95%
Evaluations and other services were provided on a timely basis.	87%	87%
I was actively involved in choosing my employment goal.	86%	92%
I was actively involved in choosing the services and service providers to help me achieve my employment goal.	87%	87%
My understanding of how my progress toward my employment goal will be evaluated is: (Clear and very clear combined)	86%	84%
My understanding of my responsibilities and the agency's responsibilities regarding my Individualized Plan for Employment (IPE) is: (Clear and very clear combined)	93%	88%

*The fiscal year 2014 survey was conducted from October 2013 to September 2014. The fiscal year 2015 survey was conducted from October 2014 to September 2015.

** The proportion of respondents represents the proportion giving a positive answer to each question. For questions with "yes," "sometimes," or "no" answers, the proportion of positive responses are those answered in the direction of the desired outcome. For questions where the possible answers included "very satisfied," "satisfied," "dissatisfied," and "very dissatisfied," "very satisfied" and "satisfied" were counted as positive responses.

Vocational Rehabilitation Closed Case Customer Satisfaction Survey

Purpose

The DBS VR Closed Case Customer Satisfaction Survey solicits feedback from VR customers who have received VR services and whose cases have been closed. An independent contractor conducted the survey.

The purpose of the DBS VR closed case customer satisfaction survey was to:

- Assess customer satisfaction with DBS staff members
- Assess customer satisfaction with the services

Sample and Methods

To be eligible for inclusion in the survey, the customer must have received services under a plan of services and the case must have been closed. Attempts were made to contact every eligible customer rather than selecting a sample. To increase the response rate, phone interviews were conducted. Customers were contacted by phone by an independent contractor between October 2013 and September 2014 for cases closed in fiscal year 2014 and between July 2015 and October 2015 for cases closed in fiscal year 2015. The survey instrument contained ten questions.

Summary of Major Findings

Telephone interviews were completed by 998 clients in fiscal year 2014 and 986 clients in fiscal year 2015. Every score went down between fiscal year 2014 and 2015 (see Table 15). DBS believes that this is related to selecting a new independent contractor to conduct surveys. In previous years, survey was conducted within a month of case closure. The delayed process could create recall problems for some individuals and make others more difficult to locate.

Table 15. Vocational Rehabilitation Closed Cases Customer Satisfaction Survey: Positive Responses

	Fiscal Year 2014*	Fiscal Year 2015*
	Proportion of Respondents**	Proportion of Respondents**
Survey Questions	**(N=998)**	**(N=986)**
I have increased skills because of the services I received through DBS.	93%	80%
My counselor listened to and considered my needs and concerns.	94%	86%
I was an active partner in making decisions.	96%	90%
I was actively involved in choosing my employment goal and the services I received.	93%	88%
I received the services my counselor and I planned.	94%	86%
I received my planned services within a reasonable period of time.	90%	82%
The services I received through DBS helped me obtain or maintain my job.	92%	83%
My job is a good match for what I was looking for.	88%	80%
After I became employed my counselor contacted me at least one time before my case was closed. (Yes)	92%	84%
How would you rate your overall experience with the Division for Blind Services?	92%	89%

*The fiscal year 2014 survey was conducted from October 2013 to September 2014. The fiscal year 2015 survey was conducted from October 2014 to September 2015.

** The proportion of respondents represents the proportion giving a positive answer to each question. For questions with "yes," "sometimes," or "no" answers, the proportion of positive responses are those answered in the direction of the desired outcome. For questions where the possible answers included "very satisfied," "satisfied," "dissatisfied," and "very dissatisfied," "very satisfied" and "satisfied" were counted as positive responses.

Four surveys from three programs of the Texas Department of Family and Protective Services (DFPS) are presented in this report: Child Protective Services (CPS), Adult Protective Services (APS), and Prevention and Early Intervention (PEI) services. CPS submitted the results of two surveys. One solicited the feedback of young adults who are currently, or were formerly, in foster care and the other assessed the satisfaction of clients receiving alternative response services. APS submitted the results of one survey that collected data from stakeholders. PEI submitted the results of a survey of their prevention services contractors. There were 2,111 survey responses received by DFPS, and of those 1,446 were from CPS, 588 from APS, and 77 from PEI.

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 high risk for difficult outcomes during the transition to adulthood. These outcomes include homelessness, not finishing high school, early parenthood, unemployment, dependence on public benefits, and involvement in the criminal justice system. To gather data about 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 the data quality standards. The organization also 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.[10]

NYTD is a longitudinal study that tracks outcomes of youth and young adults who have been involved with 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 they are age 21. These data allow researchers to assess the outcomes these youth experience when they leave foster care and transition to adult living.

In federal fiscal year 2013, DFPS staff surveyed 17 year old youth who were in foster care in Texas within 45 days after their birthday. Topics addressed in the survey included:

[10] The datasets are available at: http://www.ndacan.cornell.edu/datasets/datasets-list-ncands-child-file-dcdc.cfm.

- Employment
- Educational attainment
- Parenting
- Health care 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 youth who were in foster care at some point within 45 days after their 17th birthday.[11] This survey population is considered to be the baseline for Cohort 2, as every third year a new baseline of youth is surveyed. DFPS collected surveys between October 1, 2013 and September 30, 2014. There were 1,384 youth identified in the baseline survey population and DFPS Preparation for Adult Living (PAL) staff contacted them through multiple modes to complete the survey. The survey and survey request were distributed and completed in several ways:

- Paper survey: in person and through the mail
- Online: through email and through an on-line portal on a website
- 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.

Youth completed 1,117 surveys, for a response rate of 81 percent. Reasons for non-participation in the survey are as follows:

- Unable to locate - 7%
- Runaway/missing - 6%
- Youth declined - 5%
- Incapacitated - 2%
- Parent declined - <1%

[11] Foster care as defined in 45 Code of Federal Regulations 1355.20, available at: https://www.gpo.gov/fdsys/granule/CFR-2011-title45-vol4/CFR-2011-title45-vol4-sec1355-20.

- Incarcerated - <1%

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.

National Youth in Transition Database Survey: Protective Factors and/or Desired Outcomes

The results of the survey show that 93 percent of the youth are enrolled in high school, 93 percent have a connection to a positive adult, and 13 percent are currently employed (see Table 16).

Table 16. NYTD Survey Federal Fiscal Year 2014: Protective Factors and/or Desired Outcomes*

Topic	Reported by Survey Respondents	Proportion of Respondents (N=1,117)
Financial self-sufficiency	Currently employed full-time or part-time	13%
	Have employment related training skills	20%
Educational attainment	Enrolled in and attending high school	93%
	Finished high school or GED	5%
	Receiving educational financial aid	4%
Connection to adults	Have a current positive connection to an adult	93%
Health Insurance	Have Medicaid coverage	94%
	Have health insurance other than Medicaid	4%

*The federal fiscal year 2014 survey was conducted from October 2013 to September 2014.

National Youth in Transition Database Survey: Risk Factors and/or Concerning Outcomes

An examination of the results related to risk factors and concerning outcomes reveals that 32 percent have been incarcerated sometime in their life, 20 percent have been homeless sometime in their life and 6 percent have had children (see Table 17).

Table 17. NYTD Survey Federal Fiscal Year 2014: Risk Factors and/or Concerning Outcomes*

Topic	Reported by Survey Respondents	Proportion of Respondents (N=1,117)
High risk behaviors (in lifetime)	Substance abuse referral	18%
	Have been incarcerated	32%
	Have given birth or fathered any children	6%
Homelessness (in lifetime)	Have been homeless	20%

*The federal fiscal year 2014 survey was conducted from October 2013 to September 2014.

National Youth in Transition Database Survey: Public Assistance

Finally, an analysis of the survey results related to public assistance revealed that 10 percent of respondents receive social security. There were no other questions related to public assistance (other than what has been included in the above categories) on the baseline survey.

Child Protective Services Alternative Response Survey

Purpose

The CPS Alternative Response (AR) program provides referrals for low-risk families that are reported for abuse or neglect, but do not need a formal investigation. The purpose of the survey/series of interviews was to compare the satisfaction of families in the AR stage of service with a comparable group of families having formal investigations.

The survey/series of interviews was conducted by the Analytics and Evaluation Team of CPS. The study population was families completing AR and a control group of comparable families receiving formal abuse or neglect investigations.

Sample and Methods

The study sought responses from:

- All families completing AR since its inception in Texas in November, 2014
- A convenience sample of comparable families for whom a formal investigation was completed in the same region and in comparably sized units which had not yet implemented AR

- All families in comparable completed investigations in the AR areas one month before the November, 2014 implementation.

The families were identified through data in the CPS IMPACT system. The study was conducted by mail surveys from October 2014 through October 2015. The surveys/interviews were offered in English and Spanish. Individuals provided responses by mail or online.

In total, 329 surveys were completed out of 5,405, for a response rate of 6 percent. Other than the information provided here, the data and results from the AR survey have not been published.

Major Findings

Table 18 provides the major findings of the survey.

- A higher percentage of families were satisfied with how they were treated by an AR caseworker than by a traditional investigations caseworker.
- A higher percentage of families felt the caseworker understood the family's needs in an AR case than in a traditional investigations case.
- AR cases had a lower percentage of families who felt important things were not discussed.
- More AR families felt better off after CPS experience than did traditional investigations families.
- There was little difference between the families in the two groups in regards to whether they felt they were a better parent because of their experience with CPS or whether they felt their children were safer because of their experience with CPS.

Table 18. Alternative Response Program and Control Group Survey Responses*

Survey Questions	Alternative Response (N=174)	Traditional Investigations (N=155)
Treatment by Caseworker		
Very satisfied with how treated by caseworker	84%	74%
Somewhat satisfied with how treated by caseworker	11%	14%
Not at all satisfied with how treated by caseworker	5%	12%
Feels the caseworker understood the family's needs	90%	82%
Had important things that were not discussed	14%	26%

Survey Questions	Alternative Response (N=174)	Traditional Investigations (N=155)
Impact of experience with CPS		
The family was better off because of the experience with Child Protective Services	61%	58%
The family was no better or worse off because of the experience with Child Protective Services	36%	31%
The family was worse off because of the experience with Child Protective Services	3%	11%
Felt they were a better parent because of their experience with CPS	71%	71%
Felt their children were safer because of their experience with CPS	71%	73%

*The survey was conducted October 2014 through October 2015.

II. Adult Protective Services

Adult Protective Services Community Satisfaction Survey

Purpose

The APS In-Home 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 unlicensed room-and-board homes. 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 2015 survey was conducted by APS, and is the eighth community satisfaction survey on APS investigations and services. The survey is sent every other year and builds on the initial study conducted by HHSC in November 2004.

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

The survey results can be found at the DFPS website:
https://www.dfps.state.tx.us/Adult_Protection/About_Adult_Protective_Services/survey.asp.

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 2015 web-based survey sought responses from the entire census or population list for each stakeholder group.

The survey was conducted by online questionnaires via Survey Monkey, by mail, and by fax between April 27, 2015, and June 1, 2015. The surveys were offered in English only.

An email was sent to potential respondents with instructions for accessing and completing the online survey. APS faxed or mailed paper surveys to individuals upon request or to those individuals who may not have Internet access based on the regional staff's knowledge of stakeholders and their experience with them.

Minor revisions were made to the 2015 questionnaire, simplifying survey instructions and eliminating the "not applicable" response category. The 2015 questionnaire consisted of Likert-scale statements and open-ended questions that measured the extent of respondent awareness of APS involvement in the community and perceptions of APS staff capability, effectiveness, and professionalism. Response categories ranged from "strongly agree" to "strongly disagree" and included a "neutral" category. The survey also included open-ended questions to solicit comments from respondents.

The total number of completed surveys was 588 out of a total of 2,768 survey requests for a response rate of 21 percent.

Major Findings

The survey responses indicate that APS community engagement efforts are effective. The results reinforce the continued need for outreach efforts and continued collaboration 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."
- Agreement with the statement ranged from 82 percent to 93 percent across community organizations, community boards, and law enforcement stakeholder groups.

- The agreement among members of the judiciary was 56 percent.

Category 2 of Findings (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."

- Agreement with the statement ranged from 73 percent to 90 percent.

Category 3 of Findings (Understanding of APS Mission)

- The majority of community board members, community organizations, and law enforcement representatives either "agreed" or "strongly agreed" with the statement, "I understand APS's mission, scope, and purpose."

- Ninety-six percent of community board members, 87 percent of community organization respondents, and 74 percent of law enforcement respondents agreed with the statement.

Category 4 of Findings (Judiciary Results)

- The majority of the judiciary respondents reported that APS cases "rarely" or "sometimes" appear before their court (40 percent and 27 percent, respectively).

- The data indicated that the majority of judiciary respondents, approximately 65 percent, either "agreed" or "strongly agreed" with the survey statement, "APS caseworkers are prepared in dealings with the court," and 61 percent either "agreed" or "strongly agreed" that "APS seeks appropriate court action."

Category 5 of Findings (Law Enforcement Results)

- The majority of law enforcement respondents reported that they "often" or "sometimes" work with their local APS office (21 percent and 47 percent, respectively).

- Approximately, 75 percent of the respondents "agreed" or "strongly agreed" that "Referrals to law enforcement from APS are appropriate."

- Additionally, approximately 72 percent of respondents "agreed" or "strongly agreed" with the statement "APS staff members are prepared with information and facts when working with law enforcement on APS cases."

Category 6 of Findings (Community Organizations Results)

- The majority of community organization respondents reported that their agency "sometimes" or "often" interacts with APS (39 percent and 38 percent, respectively).

- A majority (78 percent) of respondents either "agreed" or "strongly agreed" with the statement, "Referrals to my agency from APS are appropriate."

- Eighty-nine percent of community organization respondents "agreed" or "strongly agreed" with the statement, "APS is an important component of my community's resource and social service network."

Category 7 of Findings (Community Boards Results)

- Ninety-six percent of respondents reported that they "agreed" or "strongly agreed" with the statement, "APS is an important component of my community's resource network."
- Ninety percent of respondents reported that they "agreed" or "strongly agreed" with the statement, "The board has a good working relationship with APS."

III. Prevention and Intervention

Prevention and Early Intervention Contractor Survey

Purpose

PEI works to prevent abuse, neglect, delinquency, and truancy of Texas children by:

- Managing community-based programs that prevent child abuse and juvenile delinquency
- Helping communities identify their prevention needs and enhance local services
- Helping communities create new programs and improve existing ones that improve outcomes for children, youth, and their families

PEI contracts for a number of prevention services statewide that are available to the public free or a low cost. Some of these services are available statewide and others are only available in certain areas. The program serves at-risk children and families through services such as crisis counseling, home visiting, parenting education classes, and support groups. The services are intended to promote protective factors and reduce risk factors to yield positive outcomes for children and families.

The purpose of the survey was to obtain input on perceived strengths, weaknesses, opportunities, and threats in relation to the PEI division. The survey was conducted by the DFPS Center for Policy Innovation and Program Coordination in order to maintain confidentiality of the results and objectivity in the survey process.

Sample and Methods

The survey sought responses from 132 PEI contractors, consisting of 70 program contacts and 62 program directors. The study was conducted through an online survey and was only offered in English. It began on December 8, 2014 and concluded on Friday December 19, 2014. Individuals provided responses by completing the survey themselves through the survey link. The survey had a 58 percent response rate with 77 out of 132 contractors participating in the survey.

Major Findings

- The major strength identified by respondents is the quality of the collaboration with community organizations such as school districts, courts, YMCAs, and counties.
- Another strength identified is a "better organized, new positive and more professional attitude in PEI." Contractors reported that there is a general attitude of partnership in the last few years that was not there before. Contractors commended both PEI and DFPS leadership for creating an environment of partnership and positivity.
- The major challenge reported is difficulty in meeting monthly target numbers. For instance, some programs are required to serve a certain number of unduplicated clients/youth each month.
- Another challenge reported is the database delays which consume too much time on data entry and developing reports.
- A major opportunity identified is to expand and strengthen prevention efforts through proactive marketing and education with an emphasis on prevention as opposed to protective services.
- A major threat mentioned by respondents is any potential loss of funding which would affect programming and thereby affect the provision of needed services in Texas communities.

DEPARTMENT OF STATE HEALTH SERVICES

This chapter reports the results of nine surveys that collected customer satisfaction data regarding Texas Department of State Health Services (DSHS) services. More than 39,000 responses were received in response to these surveys. Surveys included adults and the parents of children receiving mental health services, and customers of regulatory, immunization, specialized health, community health, and laboratory services.

For readability, this chapter is organized in six sections:

I. Mental Health Services
   a. Mental Health Statistics Improvement Program Youth Services Survey for Families
   b. Mental Health Statistics Improvement Program Adult Services Survey
   c. Mental Health Statistics Program Inpatient Consumer Survey

II. Regulatory Services
   a. Regulatory Licensing Unit Customer Satisfaction Survey
   b. Regulatory Inspection Unit Customer Service Survey
   c. Professional Licensing and Certification Customer Satisfaction Survey
   d. Patient Quality Care Unit Customer Satisfaction Surveys

III. Immunization Services
   a. Adult Safety Net Provider Satisfaction Survey
   b. Texas Vaccines for Children Provider Satisfaction Survey

IV. Specialized Health Services
   a. Case Management for Children and Pregnant Women Provider Survey
   b. Kidney Health Care Program Client Satisfaction Survey

V. Community Health Services
   a. Women, Infants, and Children Nutrition Education Survey

VI. Laboratory Services
   a. Laboratory Services Courier Program Satisfaction Survey

Mental Health Statistics Improvement Program Youth Services Survey for Families

Purpose

Every year since 1997, Texas has surveyed customers who received community-based mental health services from the DSHS Mental Health and Substance Abuse Division about their perceptions of the mental health services they received. When the customers who received 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 fiscal year 2014 and fiscal year 2015 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 Summary of 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 fiscal year 2014, 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]; 2,420 received survey invitations.[13] In fiscal year 2015, 1,354 received survey invitations.[14]

In fiscal year 2014, there were a total of 593 completed questionnaires. The survey had a response rate of 25 percent. In fiscal year 2015, there were a total of 219 completed questionnaires. The survey had a response rate of 16 percent.

Summary of Findings

The results of the most recent survey year (fiscal year 2015) are shown in Table 19. The percentages indicate the proportion of respondents who answered "agree" or "strongly agree" to questions in the stated domain.[15, 16] For instance, 76 percent of respondents agreed or strongly agreed with the items in the Satisfaction domain.

[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 2,610 children/adolescents in the sample and 190 surveys were undeliverable.
[14] There were 1,508 children/adolescents in the sample and 154 surveys were undeliverable.
[15] For 2014, results were adjusted by weighting the NorthSTAR and Community Mental Health strata to their population sizes to obtain domain agreement rates that can be generalized statewide.
[16] For each domain, only respondents who answered two-thirds or more of the items comprising that domain were included in the calculation.

Table 19. Mental Health Statistics Improvement Program Youth Services Survey for Families: Indicated Strongly Agree or Agree with Domains

Domain	Description of Domain	Fiscal Year 2015* Proportion of Respondents** (N=219)
Satisfaction (with services)	Would the parent choose these services for his/her child if there were other options available?	76%
Participation in Treatment Planning	Does the parent feel involved in treatment decisions?	86%
Cultural Sensitivity (of staff)	Does staff show respect for the family's race/ethnicity/ culture?	90%
Access (to services)	Are services available when and where needed?	73%
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?	56%
Social Connectedness	Does the child feel connected to friends, family, and community?	76%
Functioning	Has the child's overall well-being improved?	57%

*The fiscal year 2015 survey was conducted from March to September 2015.
** Proportions indicate respondents who selected answer choices "strongly agree" or "agree" rather than "neutral," disagree," or "strongly disagree."

Domain agreement rates did not differ substantially between fiscal year 2014 and fiscal year 2015.

Mental Health Statistics Improvement Program Adult Mental Health Survey

Purpose

The Adult Mental Health Survey (AMH) asked customers who received community-based mental health services from the DSHS Mental Health and Substance Abuse Division about their perceptions of the mental health services they received. 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 was 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 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 AMH survey were:

- 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 Summary of Findings.

In both years, DSHS used random sampling to identify a population to receive the survey requests. In fiscal year 2014, the sample was stratified into two groups: one for NorthSTAR and one for community mental health centers. In fiscal year 2014, 2,225 adults received survey invitations.[17] In fiscal year 2015, 1,285 adults received survey invitations.[18] In fiscal year 2014, there were a total of 544 completed questionnaires. The survey had a response rate of 24 percent. In fiscal year 2015, there were a total of 334 completed questionnaires. The survey had a response rate of 26 percent.

Summary of Findings

The results of the most recent survey year (fiscal year 2015) are shown below. The percentages in Table 20 indicate the percent of respondents who answered "agree" or "strongly agree" to questions in the stated domain.[19] For instance, 80 percent of respondents agreed or strongly agreed with the items in the Satisfaction domain.

[17] The sample drawn was of 2,454 individuals and 229 surveys were undeliverable.
[18] The sample drawn was of 1,508 individuals and 154 surveys were undeliverable.
[19] For each domain, only respondents who answered two-thirds or more of the items comprising that domain were included in the calculation.

Table 20. Mental Health Statistics Improvement Program Adult Mental Health Survey: Indicated Strongly Agree or Agree with Domains

Domain	Description of Domain	Fiscal Year 2015* Proportion of Respondents** (N=334)
Satisfaction (with services)	Would the consumer choose to receive these services if he or she had other options?	80%
Access (to services)	Are sufficient services available when and where needed?	75%
Quality and Appropriateness (of services)	Is staff competent and are the services professional?	78%
Participation in Treatment Planning	Does the consumer feel involved in treatment decisions?	65%
Outcomes (of services)	Has the consumer experienced improvement in work, housing, and relationships?	55%
Functioning	Has the consumer's overall well-being improved?	56%
Social Connectedness	Does the consumer feel connected to friends, family, and community?	56%

* The fiscal year 2015 survey was conducted from March to September 2015.
** 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 fiscal year 2014 and fiscal year 2015.

Mental Health Statistics 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 one 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 patient on initial restoration commitment, to years for 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.

DSHS conducts the Inpatient Consumer Survey (ICS) 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 one of the ten state psychiatric hospitals in fiscal year 2014 and fiscal year 2015. 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 seven years ago. The data reported currently are from fiscal years 2014 and 2015 (September 2013 to August 2015). These data were compared to the results from fiscal years 2012 and 2013. During fiscal years 2014 and 2015 combined, there were 21,103 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 court decision. Averaging all of these facilities, the response rate has been between 31 and 33 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 fiscal year 2014, approximately 3,505 surveys were collected, and in fiscal year 2015, approximately 3,251 surveys were collected.

The survey includes questions about five topics, or domains, as shown in Table 21 below.

Table 21. Domains Measured in Mental Health Statistics Improvement Program Inpatient Customer Survey

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

Overall, high-level monitoring of adolescent and adult satisfaction with state psychiatric hospitals uses an average overall score, which encompasses answers to survey questions in all five domains. In both fiscal year 2014 and 2015, this annual average score target was exceeded by all ten state psychiatric hospitals and showed little change from the scores in fiscal years 2012 and 2013. Across all four years, areas of strengths and weaknesses remained fairly consistent. When the five domains are compared, patients were slightly less satisfied with facility environment, which may be reflective of the older buildings the hospitals are utilizing. Another issue often cited by patients regarding their environment involves a lack of optimal privacy as structure of the buildings necessitates that patients have one to three roommates. Patients' rights also has a slightly lower score than the other domains and this typically reflects the high number of patients receiving treatment by court order and dynamics related to involuntary hospitalization. Results for fiscal years 2014 and 2015 are provided in Table 22.

Table 22. Mental Health Statistics Improvement Program Inpatient Customer Survey: Positive Responses to Domains

Domain	Fiscal Year 2014* Proportion of Respondents** (N=3,505)***	Fiscal Year 2015* Proportion of Respondents** (N=3,251)***
Outcome	78.0%	76.6%
Dignity	82.9%	80.8%
Rights	68.6%	67.5%
Participation in Treatment	78.1%	80.9%
Facility Environment	66.3%	72.0%

* The fiscal year 2014 survey was conducted from September 2013 to August 2014. The fiscal year 2015 survey was conducted from September 2014 to August 2015.
** 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.

II. Regulatory Services

Regulatory Licensing Unit Customer Service Satisfaction Survey

Purpose

The Regulatory Licensing Unit 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 are served include: 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 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.

Sample and Methods

The fiscal year 2014 survey was conducted from September 2013 to August 2014. The fiscal year 2015 survey was conducted from September 2014 to August 2015. There were 122,569 individuals, businesses, and facilities licensed in fiscal years 2014 and 2015.

The survey was available online on the DSHS website and was offered in English. The survey was available to any user of the DSHS website.

In fiscal year 2014, there were 205 completed surveys. In fiscal year 2015, there were 354 completed surveys.

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. In the most recent survey year (fiscal year 2015), the survey results included:

- 90 percent of respondents found DSHS staff helpful, courteous, and knowledgeable.
- 80 percent of respondents found communicating with DSHS (via telephone, mail, or electronically) an efficient process.
- 78 percent of respondents found the DSHS website user-friendly and that it contains adequate information.
- 78 percent of respondents reported that their application was easy to file and was processed in a timely manner.
- 81 percent of respondents found the forms, instructions, and other information provided by DSHS helpful and easy to understand.

Regulatory Inspection Unit Customer Service Satisfaction Survey

Purpose

The Regulatory Inspection Unit protects consumer health and safety by ensuring compliance with state and federal law and rules regulated under DSHS. Activities performed by staff in the inspection unit 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, and mold abatements; tanning; tattoo and body piercing; drugs and medical device manufacture/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 Inspections Unit 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 Survey Monkey. 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 Inspection Unit conducts approximately 40,000 inspections annually. The survey is offered in English only. From March 1, 2014 through August 31, 2015, 277 surveys were completed.

Major Findings

Overall, the majority of individuals completing the Inspections Unit customer service satisfaction survey were satisfied with the level of customer service received. The survey results from March 1, 2014 through August 31, 2015 included the following:

- 99 percent of respondents reported the inspector introduced himself/herself and presented his/her credentials/ID before the inspection.
- 99 percent of respondents reported the purpose of the inspection was adequately described at the beginning of the inspection.
- 99 percent of respondents reported that the DSHS Inspector was prepared and well organized.
- 99 percent of respondents reported that the inspection was handled in a courteous and professional manner.
- 98 percent of respondents reported that the on-site inspection was completed in a reasonable amount of time and did not unduly interfere with the delivery of services.
- 98 percent of respondents 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.

- 98 percent reported that the inspector clearly explained their findings.
- 88 percent reported that if deficiencies, observations, or violations were found, the inspector clearly explained the timeframe and/or process for corrective action.
- 92 percent reported that they now have a better understanding or knowledge of state and/or federal requirements affecting their business.

Professional Licensing and Certification Customer Service Satisfaction Survey

Purpose

The Professional Licensing and Certification Unit (PLCU) issues licenses, certification, and other registrations of healthcare professionals, and ensures compliance with standards. The regulation of the unit's allied and mental health occupations is a means to protect and promote public health, safety, and welfare. The regulation is intended to ensure that consumers in Texas receive services from qualified and competent providers. PLCU administers the following programs under the authority of 11 independent boards: athletic trainers; audiologists and speech-language pathologists; professional counselors; dietitians; fitters and dispensers of hearing instruments; marriage and family therapists; medical physicists; midwives and midwife training programs; orthotists, prosthetists, and related facilities; sex offender treatment providers; and social workers. The remaining 12 programs are administered directly by PLCU: chemical dependency counselors; code enforcement officers; contact lens dispensers; massage therapists, massage therapy training programs, and massage therapy establishments; medical radiologic technologists and medical radiologic technology training programs; offender education programs and instructors; opticians; perfusionists; personal emergency response system providers; respiratory care practitioners; sanitarians; and dyslexia practitioners and therapists.

The survey measured customer satisfaction with PLCU services to licensees of the 23 regulatory programs. The licensing process provides application and license renewal services for individuals and facilities that apply for and hold a license in the above regulatory programs.

This report details results from the Division for Regulatory Services Professional Licensing and Certification Unit's Customer Service Satisfaction survey. The purpose of this survey was to serve as a customer feedback tool and provide a mechanism for users to resolve any concerns with staff.

Sample and Methods

The fiscal year 2014 survey was conducted from September 2013 to August 2014. The fiscal year 2015 survey was conducted from September 2014 to August 2015. There were 175,682 individuals, businesses, and facilities licensed in fiscal years 2014 and 2015.

The survey was available online on the DSHS website and was offered in English. The survey was available to any user of the DSHS website.

In fiscal year 2014, there were 330 completed surveys. In fiscal year 2015, there were 1,107 completed surveys.

Summary of Findings

Overall, the majority of individuals completing the PLCU customer service satisfaction survey were not satisfied with the level of customer service received. In the most recent survey year (fiscal year 2015), the survey results included:

- 51 percent of respondents found DSHS staff helpful, courteous, and knowledgeable.
- 37 percent of respondents found communicating with DSHS (via telephone, mail, or electronically) an efficient process.
- 49 percent of respondents found the DSHS website user-friendly and that it contains adequate information.
- 38 percent of respondents reported that their application was easy to file and was processed in a timely manner.
- 53 percent of respondents found the forms, instructions, and other information provided by DSHS helpful and easy to understand.

During fiscal years 2014 and 2015, the programs of the Professional Licensing and Certification Unit underwent significant change. In May 2014, the Sunset Advisory Commission released its staff report, which initially recommended the discontinuation of 11 of the unit's licensing programs, recommended the transfer of 11 additional licensing programs to the Texas Department of Licensing and Regulation (TDLR), and recommended abolishing 8 independent boards and reconstituting them as (TDLR) advisory committees. Ultimately, the Sunset Advisory Commission recommended in August 2014 to transfer four licensing programs to Texas Medical Board (TMB), to transfer 10 licensing programs to TDLR and abolish associated independent boards, and to discontinue 4 licensing programs. S.B. 202, 84th Legislature, Regular Session, 2015 put the final Sunset Advisory Commission recommendations into motion. Throughout the Sunset and legislative processes, stakeholders and affected parties voiced numerous concerns with the proposed changes and some of those concerns are reflected in the survey comments.

Staffing within the PLCU was also affected by the legislative recommendations and the uncertainty associated with the proposals. Senate Bill 202 did not provide for the direct transfer of DSHS staff to TMB and TDLR along with the program transfers, instead directing TMB and TDLR to hire new positions and to give consideration to DSHS staff in the hiring process. As a result, a number of staff within PLCU, including key managers and customer service personnel, secured other positions within state government or decided to retire. Due to the budgetary uncertainty associated with the Senate Bill 202 contingency rider, a hiring freeze was implemented. Although some PLCU positions were filled, many were not. It is not unusual to take six months to a year to fully train licensing and customer service personnel in the complexity of their job functions. Taken together, these circumstances resulted in a loss of

manpower, experience, knowledge, and leadership within PLCU, which may have impacted the survey results.

PLCU is a high-volume licensing operation. To provide context, 1,107 individuals completed the customer service survey in FY 2015. In that same year, the unit:

- Received 223,921 telephone calls
- Received 33,428 licensure applications
- Issued 68,210 renewed licenses
- Issued 20,488 initial and upgraded licenses
- Received 1,022 consumer complaints against license holders

Patient Quality Care Unit Customer Service Satisfaction Survey

Purpose

The Patient Quality Care Unit (PQCU) conducts compliance activities to determine adherence with applicable state and federal laws, rules, and regulations. PQCU staff investigate complaints and conduct inspections[20] regarding the performance of licensed and or certified individuals, providers, and health care facilities that operate in Texas. The following programs subject to the compliance activities include: hospitals, psychiatric hospitals, laboratories, rural health clinics. dialysis facilities, comprehensive outpatient rehabilitation facilities, outpatient physical therapy/speech pathology facilities, ambulatory surgical centers, freestanding emergency medical centers, birthing centers, portable x-ray facilities, special care facilities, abortion clinics, substance abuse facilities, narcotic treatment programs, emergency medical services (EMS) providers, and EMS education programs.

The purpose of the survey is to measure customer satisfaction with PQCU. The survey data and comments from respondents also provide important feedback to PQCU managers.

Sample and Methods

The fiscal year 2014 survey, conducted from September 1, 2013 to August 31, 2014, was the first survey year with a sufficient number of responses for analysis. The fiscal year 2015 survey was conducted from September 1, 2014 to August 31, 2015.

The survey was available online on the DSHS website. The survey link was provided by department staff to customers after the inspection or complaint investigation had been conducted onsite. The survey was offered in English.

[20] PQCU refers to the inspections as onsite surveys. To avoid confusion with the customer satisfaction surveys, in this report, these onsite surveys are referred to as inspections.

The total number of survey responses varied slightly, depending upon the question. In FY 2014, there were approximately 325 responses, and in FY 2015, there were 364 responses.

Major Findings

Overall, the majority of individuals, providers, and facilities completing the PQCU customer service satisfaction survey were satisfied with the level of customer service received. Survey respondents were asked to evaluate eight key survey statements. Table 23 has the percent of respondents who answered agreed or strongly agreed to each survey question.

Table 23. PQCU Customer Service Satisfaction Survey Findings: Agreed or Strongly Agreed

Question	Fiscal Year 2014* Proportion of Respondents** (N=325)	Fiscal Year 2015* Proportion of Respondents** (N=364)
The on-site survey process was explained clearly.	96.4%	95.7%
The on-site survey did not interfere with the delivery of care or services.	93.7%	93.9%
The on-site survey assisted in your understanding of the applicable state and federal requirements.	91.2%	94.2%
Deficiencies, if any, were explained clearly so that you understood what the problem was and why.	87.5%	90.0%
If deficiencies were found, the time frame and process for the plan of correction was explained.	84.6%	85.8%
The on-site survey was completed in a reasonable amount of time.	94.4%	92.4%
The on-site survey met your expectations.	94.7%	93.3%
The survey was conducted in a courteous, professional manner.	96.2%	95.8%

* The fiscal year 2014 survey was conducted from September 2013 to August 2014. The fiscal year 2015 survey was conducted from September 2014 to August 2015.
** Percentages indicate respondents who answered "strongly agree" or "agree" rather than "neutral," disagree," or "strongly disagree."

Adult Safety Net Provider Satisfaction Survey

Purpose

The Adult Safety Net (ASN) Program supplies publicly-purchased vaccines at no cost to enrolled providers. The program was created by the Texas Department of State Health Services (DSHS) Immunization Branch to increase access to vaccination services in Texas for uninsured adults, thereby raising the immunization coverage levels and improving the health of Texans.

The purpose of the ASN Provider Satisfaction Survey, which was distributed to health care providers registered with the ASN program, was to assess these providers' overall satisfaction with the program, the vaccine ordering process, site visits, customer service, communication, training, and ImmTrac, the Texas Immunization Registry. The survey was conducted by the DSHS Immunization Branch. The study population was all ASN providers.

Sample and Methods

The study sought responses from all ASN providers and was conducted via a QuestionPro online survey from November 5, 2014, to December 11, 2014. The survey was offered in English only. Individuals provided responses on behalf of their clinics/practices by filling out the online survey. The total number of completed responses was 230 out of 503 for a response rate of 46 percent.

Major Findings

The major findings of the ASN provider satisfaction survey were as follows:

- Overall, 96 percent of respondents indicated that they would recommend enrollment in the ASN program to other colleagues/providers based on their experience.
- 91 percent of respondents indicated that they either strongly agreed or agreed that the ASN program was beneficial to their practice/clinic and patients.
- The majority of respondents demonstrated overall satisfaction with customer service and support provided by program staff, as well as information and materials provided by the program.
- Three components of the ASN program indicated less than satisfactory scores below 80 percent. Those three questions were related to the available range of vaccine choices (78 percent) the process for returning vaccines (74 percent), and fax updates (79 percent).

- The results of the full survey are shown below. The percentages in Table 24 indicate for each question the percentage of respondents who agreed with the statement or were satisfied with service.[1]

Table 24. ASN Provider Survey Overall Satisfaction Findings: Indicated Strongly Agreed, Agreed, Very Satisfied, or Satisfied*

Satisfaction Measure	Proportion of Respondents Satisfied** (N=203)
Overall satisfaction with ASN program	87%
Client would recommend other colleagues/providers enroll as an ASN provider	96%
ASN vaccine ordering process through the Electronic Vaccine Inventory (EVI) system	93%
Belief that the ASN program is beneficial to practice/clinic and patients	91%
The available range of vaccine choices	78%
The availability of requested vaccines	86%
The timeliness of ASN vaccine deliveries	85%
Belief that participation in the ASN program has improved immunization coverage levels	86%
The condition of ASN vaccines upon arrival	97%
The process for returning vaccines	74%
The process of screening patients for ASN eligibility	86%
The ASN program reporting requirements	88%
The process of maintaining ASN records	89%
The quality of available educational materials related to the ASN program	88%
The overall customer service provided by ASN staff	93%
The support, information, and materials provided by ASN staff	93%
The courtesy and professionalism of ASN staff	93%
The ability of ASN staff to understand and address needs	91%

Satisfaction Measure	Proportion of Respondents Satisfied** (N=203)
E-mail updates	94%
Fax updates	79%
ASN website	84%
DSHS vaccine call center	85%

*The survey was conducted from November 5, 2014, to December 11, 2014.
**Proportions indicate respondents who chose responses "strongly agreed," "agreed," "very satisfied," "satisfied," or "yes" rather than "disagree," "strongly disagree," "dissatisfied," or "very dissatisfied." Those who did not answer the survey question are not counted in these proportions.

Texas Vaccines for Children Provider Satisfaction Survey

Purpose

The Texas Vaccines for Children (TVFC) program guarantees vaccines are available at no cost to health care providers, in order to immunize children (birth - 18 years of age) who meet the eligibility requirements. The following groups of children are eligible to receive immunizations through the TVFC program: uninsured or underinsured children, children who are covered by CHIP, children who are of Native American or Native Alaskan heritage, and children on Medicaid.

The purpose of the TVFC Provider Satisfaction Survey, which was distributed to health care providers registered with the TVFC program, was to assess these providers' overall satisfaction with the program, the vaccine ordering process, site visits, customer service, communication, training, and ImmTrac, the Texas Immunization Registry. The survey was conducted by the DSHS Immunization Branch.

Sample and Methods

The study sought responses from all TVFC providers and was conducted via a QuestionPro online survey from August 6, 2014, to August 25, 2014. The survey was offered in English only. Individuals provided responses on behalf of their clinics/practices by filling out the online survey. The total number of completed responses was 1,025 out of 3,400 for a response rate of 30 percent.

Major Findings

TVFC Program Findings:

- Overall, 95 percent of respondents indicated that they would recommend enrollment in the TVFC program to other colleagues/providers based on their experience.
- 95 percent of respondents indicated that they either strongly agreed or agreed that the TVFC program was beneficial to their practice/clinic and patients.
- 93 percent of providers surveyed responded that they provide all Advisory Committee on Immunization Practices (ACIP) recommended vaccines.
- The majority of respondents demonstrated overall satisfaction with customer service and support provided by TVFC staff as well as information and materials provided by the program.
- Two components of the TVFC program indicated less than satisfactory scores below 80 percent. Those two questions were related to timeliness of vaccine delivery (75 percent) and the process for returning vaccines (67 percent). Several open-ended comments expressed frustration with difficulty and complexity of the process for returning vaccines.
- Table 25 provides the full survey results.

Table 25. TVFC Provider Survey Overall Satisfaction Findings: Indicated Strongly Agreed, Agreed, Very Satisfied, or Satisfied*

Satisfaction Measure	Proportion of Respondents Satisfied** (N=1,025)
The condition of TVFC vaccines upon arrival	96%
Client would recommend other colleagues/providers enroll as a TVFC provider	95%
Belief that TVFC program is beneficial to practice/clinic and patients	95%
The available range of vaccine choices	93%
TVFC e-mail updates	92%
Belief that participation in the TVFC program has improved immunization coverage levels	91%
The courtesy and professionalism of TVFC staff	90%
The support, information, and materials provided by TVFC staff	89%

Satisfaction Measure	Proportion of Respondents Satisfied** (N=1,025)
The TVFC website	88%
The overall customer service provided by TVFC staff	88%
The ability of TVFC staff to understand and address needs	87%
The quality of available educational materials related to the TVFC program	87%
Regional DSHS contact	87%
The availability of requested vaccines	86%
The quality of TVFC required training (e.g., vaccine storage and handling)	86%
Overall satisfaction with TVFC program	85%
The TFVC vaccine ordering process through the Electronic Vaccine Inventory (EVI) System	85%
TVFC vaccine call center	85%
The process of maintaining TVFC records	83%
TVFC compliance site visits	83%
TVFC fax updates	83%
The TVFC program reporting requirements	82%
The process of screening patients for TVFC eligibility	81%
The timeliness of TVFC vaccine deliveries	75%
The process for returning vaccines	67%

*The survey was conducted from August 6, 2014, to August 25, 2014.
**Proportions indicate respondents who chose responses "strongly agreed," "agreed," "very satisfied", "satisfied", or "yes" rather than "disagree," "strongly disagree," "dissatisfied," or "very dissatisfied." Those who did not answer the survey question are not counted in these proportions.

ImmTrac Findings:

- 92 percent of respondents agreed or strongly agreed that ImmTrac is useful.
- 83 percent of respondents were satisfied or very satisfied with ImmTrac quality of data.
- 82 percent of respondents were satisfied or very satisfied with ImmTrac customer support.

- ImmTrac-related questions that had satisfaction scores (satisfied or very satisfied) below 80 percent concerned training offered for ImmTrac (76 percent) and reminder/recall functions (75 percent). 73 percent of respondents also said they were not aware of the meaningful use functionality in ImmTrac.

IV. Specialized Health Services

Case Management for Children and Pregnant Woman Provider Survey

Purpose

The Case Management for Children and Pregnant Woman program serves children birth through age 20 and pregnant woman of any age who are Medicaid eligible. The program provides assistance in gaining access to necessary medical, social, education, and other service needs related to the health condition or health risk and/or high-risk pregnancy. Case Management services are provided to eligible clients by case managers who are approved through DSHS and enrolled in Medicaid.

The purpose of the survey was to obtain information regarding 1) the prior authorization process from case managers who provide case management services to eligible clients and 2) the communication strategies for relaying the prior authorization information to the case manager.

The survey was conducted by DSHS staff with assistance from the Office of Program Decision and Support to ensure survey questions were worded effectively for statistical significance.

The study population was active, inactive, and closed case management providers. Active providers are providers who are presently accepting new referrals; inactive providers are not presently accepting new referrals, but may in the future; closed provider are providers who are not accepting new referrals and will not be in the future.

Sample and Methods

DSHS staff that provide oversight to the Case Management for Children and Pregnant Women program keep a database of providers of the program and their contact information. All providers in the database were sent a survey link based on their status (active, inactive, closed). Only providers who previously stated they did not want correspondence were not sent the survey.

The study was emailed to providers in June 2015 and was conducted by online surveys using Question Pro. The surveys were offered in English only.

Individuals provided their responses by completing the survey themselves.

Surveys were started by 62 active providers, 20 inactive providers, and 66 closed providers, for a total of 148 surveys, however many respondents did not answer all of the survey questions. The survey was sent to 679 providers: 100 active providers, 38 inactive providers, and 541 closed

providers. The total response rate is 14 percent. The response rate for active providers is 49 percent, for inactive providers it is 31.5 percent, and for closed providers it is less than 1 percent.

Major Findings

The survey responses indicate that the prior authorization process is functioning well for its intended purpose. The majority of respondents thought the amount of training provided is helpful and just the right amount. Most providers submit prior authorizations for children and a third of these respondents feel as though the number of visits approved is appropriate. Communication from DSHS central office staff is timely and appropriate. Email is the preferred communication method for providers and most providers would prefer all documentation/prior authorization information be electronic. The number of responses varies by question since not all respondents answered all of the questions.

Prior Authorization Process Findings:

- When asked if the documentation needed for prior authorization is clear and easy to complete, 51 percent of respondents answered yes and 23 percent answered sometimes. (N = 109)
- When asked if obtaining approval for pregnant women is more difficult than obtaining approval for children, 27 percent of respondents answered yes, 7 percent answered sometimes, and 46 percent answered that they were uncertain. (N = 107) The large number of providers who are uncertain if obtaining approval for pregnant woman is more difficult is not unexpected since 60 percent of respondents had not submitted any prior authorizations for pregnant women in the past year. (N = 124)
- When asked if the number of initial case management visits approved for children and youth with special health care needs is appropriate to meet their initial needs, 33 percent of respondents answered yes, 23 percent answered sometimes, and 23 percent answered that they were uncertain. (N = 99)
- When asked what changes to the prior authorization service would be helpful, the most popular answer was making the documentation requirements easier to complete and less time consuming.
- 46 percent of respondents thought the prior authorization training was very helpful and 29 percent thought it was fairly helpful. 67 percent of respondents thought the amount of training was just right. (N = 94)

Communication Findings:

- 70 percent of respondents reported that the DSHS central office staff are timely in prior authorization feedback. (N = 96)
- 61 percent of respondents reported that the amount of communication from the central office is appropriate. (N = 95)

- 79 percent of respondents prefer DSHS central staff to contact them via email to clarify information or provide feedback on a prior authorization.
- The survey also asked how respondents would like the central office to communicate with them in general. The most popular answer was email.
- Electronic communication was a common theme in comment fields. Currently, the prior authorization responses are faxed to providers after DSHS central office review them. Seven providers wrote that emailing responses or making it all online or electronic would be preferable than receiving responses via fax.

Kidney Health Care Program Client Satisfaction Survey

Purpose

The Kidney Health Care Program (KHC) serves Texas residents who have a diagnosis of end-stage renal disease (ESRD) and an annual income of less than $60,000. Primary benefits include payment for limited ESRD related medical services including dialysis and access surgery, assistance with allowable drugs and Medicare premiums, and travel for ESRD related services. Benefits are dependent on the client's treatment status and their eligibility for benefits from other payer sources, including Medicare, Medicaid, and private insurance.

The Purchased Health Services Unit (PHSU) interacts with dialysis and transplant hospital social workers routinely. Social workers at contracted dialysis facilities play an important role assisting clients diagnosed with ESRD in applying for and accessing available services and benefits. They do this by providing assistance with obtaining access to resources that can help pay for medical and travel benefits related to ESRD. Social workers expedite enrollment in KHC and assist clients with enrollment in Medicare and Medicaid. Social workers also track and submit their travel claims when eligible for travel benefits from the program.

The survey was developed as an internal quality assurance project with the purpose of assessing client satisfaction with program services provided directly by PHSU and contractor staff for the program, and to identify areas for improvement. PHSU wanted to assess:

- The quality of customer service being provided over the telephone
- How social workers help clients
- Overall satisfaction with the program from clients receiving services
- Which services are viewed as the most valuable to clients
- How clients prefer to receive information from the program

KHC developed and conducted the survey. The study population included all KHC clients who received a program benefit prior to or during October or November of 2013.

Sample and Methods

The survey sought responses from KHC clients that had received an Explanation of Benefits (EOB) for services, in October or November 2013. An EOB statement is a document that is provided to program clients after they have submitted a claim or a claim was submitted on their behalf. The number of clients receiving EOBs in October was 13,044 and in November it was 12,672. KHC staff mailed written surveys to the 25,716 clients identified and gave instructions that the survey could also be completed online. The survey was administered October through December 2013.

The surveys were available in English and Spanish. Individuals provided their responses by returning the written survey or by completing an online survey that was made available on the KHC website.

Not all respondents answered every question in the survey, and some answered questions unintended to be answered based on a previous response. Therefore, data calculations were only based on the number of actual responses received for a given question filtered as appropriate based on the previous response. The number and percentage associated with each response was calculated. No weights are applied.

The total number of completed responses was 1,119 out of 25,716 resulting in a 4 percent response rate.

Major Findings

Customer Service

The survey responses were generally favorable. The 268 clients (24 percent) who had contacted the program in the previous 12 months expressed overall satisfaction with customer service.

• 87 percent reported that KHC staff was knowledgeable.

• 89 percent reported that KHC staff was able to take care of concerns at the time of their call.

• Only 13 of the 268 respondents (5 percent) reported that KHC staff was not able to take care of their concerns at the time of their call.

Data analysis revealed that clients do not have a clear understanding of KHC benefits. Feedback reveals that clients may confuse KHC with the Kidney Foundation, with the ESRD Network, or with their dialysis facility. In response to these data, KHC is considering an annual newsletter and a "tip of the month" to include in EOBs. Additionally, the client handbook has been scheduled for revision in English and Spanish.

Social Work Services

Clients were asked how often they talked to their social worker in the past year. They were also asked how their social worker helped them, and could choose from a variety of responses.

Finally, respondents were asked if their social worker presented the information in a clear and understandable way.

Respondents were then asked to describe how their social worker helps them with their healthcare needs by selecting from any number of items in a list, or free-writing other ways that their social worker helped them. Of 976 respondents who answered this question, 80 percent said that their social worker helps them by submitting their mileage to KHC for travel reimbursement and 69 percent said they help by explaining the benefits of KHC. Table 26 illustrates the ways in which social workers assist KHC clients.

Table 26. Number of Respondents Selecting from a Pre-defined List of Ways Social Workers Help Them*

Ways in Which Social Workers Help	Number of Respondents who Selected Each Option	Percent of Respondents who Selected Each Option
Submitting mileage for reimbursement	777	80%
Explaining the benefits of KHC Program	675	69%
Helping me choose a Medicare Part D Plan	366	38%
Helping me get supplies and equipment	352	36%
Helping with doctor visits	257	26%
Helping me get access surgery (shunt, fistula)	245	25%
Helping me get rides to appointments/dialysis	234	24%

* The survey was conducted October through December 2013.

Women, Infants, and Children Nutrition Education Survey

Purpose

Special Supplemental 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 local agencies that are contracted with the state.

The WIC Nutrition Education Survey, administered every two years, collects responses from adult WIC clients. Clients responded to 27 questions examining their preferences for nutrition education and opinions about WIC, technology usage, self-efficacy for healthy lifestyle habits, and demographics. The survey helps the state WIC program and local contractors assess customer satisfaction and improve their nutrition classes.

The 2014 full report is available at: http://www.dshs.state.tx.us/wichd/nut/nesurveyresults.shtm.

Sample and Methods

The WIC nutrition education survey is conducted every two years. The latest implementation was conducted in April 2014. There were 3,405 completed surveys (95 percent response rate).

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. Participants were offered nutrition class credit as an incentive for completion of the survey.

Summary of 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. Clients rated their agreement with the following statements about their last WIC nutrition group class as shown in Table 27.

Table 27. Women, Infants, and Children Program Nutrition Education Survey - Group Class: Indicated Strongly Agreed or Agreed*

Survey Question	Proportion of Respondents** (N=3,405)
WIC classes are offered at a good time of day	97.1%
WIC classes are too long	23.1%
WIC classes cover topics I am interested in	95.4%
I like learning in a group in WIC classes	82.8%
I have a hard time finding transportation to get to classes at WIC	22.5%
It is worth my time and effort to come to classes at WIC	93.8%

*The survey was conducted in April 2014.
**The percentages presented in the table are the proportion of respondents presented who gave the response "strongly agree" or "agree" as opposed to "disagree" or "strongly disagree."

Clients rated the following statements about their WIC clinic as shown in Table 28.

Table 28. Women, Infants, and Children Program Nutrition Education Survey - WIC Clinic: Indicated Strongly Agreed or Agreed*

Survey Question	Proportion of Respondents** (N=3,405)
WIC 'gets' (understands) me	97.1%
WIC staff respect me	98.9%
WIC staff are friendly	98.5%
WIC staff talk about what I want to talk about	97.9%
When I have a question about nutrition, WIC staff can answer it	99.4%
When I have a question about breastfeeding, WIC staff can answer it	98.5%
The benefits of the WIC program are worth my time and effort	99.1%

**The survey was conducted in April 2014.
**The percentages presented in the table are the proportion of respondents presented who gave the response "strongly agree" or "agree" as opposed to "disagree" or "strongly disagree."

Laboratory Services Courier Program Satisfaction Survey

Purpose

The DSHS Laboratory Courier Program offers overnight courier services via LoneStar Delivery and Process (LSDP) to facilities across the state. This allows the lab to get specimens sooner to begin testing in a timelier manner. The program serves specific sites in Texas that submit clinical specimens to the lab for testing.

The purpose of the survey was to gauge the satisfaction of current courier customers. The survey was conducted by the courier program coordinator. The study population was all sites that used services in 2014.

Sample and Methods

The study sought responses from all sites that are enrolled in the courier program and was conducted by paper and online surveys from August 1, 2014 – August 31, 2014. The surveys were offered in English only. Individuals provided their responses by completing survey themselves. The total number of completed responses was 156 out of 434 for a response rate of 36 percent.

Major Findings

The survey results show that 73 percent of all respondents were highly satisfied with the courier service and 16 percent of respondents were somewhat satisfied. Respondents were also asked to rate the courier program on the following attributes: customer service experience, professionalism, quality of service, and understanding customer needs. For all four attributes, more than 80 percent of respondents rated the program as above average or well above average. Despite the positive ratings, the survey responses had both positive and negative comments about the program. All negative responses were followed up on if contact information was provided. All comments, positive and negative, were passed on to LSDP for self-evaluation.

Seven surveys captured customer satisfaction information from Texas Health and Human Services Commission (HHSC) customers since the 2014 report. The surveys summarized in this chapter were administered in fiscal years 2014 and 2015.

For readability, this chapter is organized in three sections:

I. Children's Healthcare Coverage

II. Adult Healthcare Coverage

III. Self-Service Portal for Benefits Enrollment

The first six of the seven surveys discussed here relate to Medicaid or Texas 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, which capture members' perceptions about and experiences of health, dental, or behavioral health services, are conducted on a recurring basis. The questions on the surveys are primarily taken from validated and nationally used survey instruments.

HHSC's Strategic Decision Support unit conducted the additional survey discussed in this chapter regarding customer satisfaction with the benefits enrollment self-service portal.

I. Children's Healthcare Coverage

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 four 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-time 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 survey was 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

The CAHPS® items include overall ratings on a 10-point scale for each caregiver's assessment of services regarding the child's health care, personal doctor, specialist, and health plan.

STAR Child Caregiver Member Survey

Purpose

ICHP conducted the STAR Child Caregiver Member Survey between May 2015 and August 2015 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. A separate dental member survey was also conducted. 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 Texas Medicaid STAR Program and to assess parental experiences and satisfaction with health care 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 years or younger who were enrolled in STAR for six continuous months between September 2014 to February 2015. 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 quota. The sample was drawn from the beneficiaries (children) but the survey was conducted with their parents/caregivers. The survey was conducted from May to August 2015.There were 4,148 completed surveys.[21] The response rate was 32 percent, and the cooperation rate was 57 percent.[22]

[21] This includes results for the long form survey only.

[22] The response rate represents the number of completed or partially completed surveys divided by the number of verified, eligible households that could be contacted. The cooperation rate represents the number of completed or partially competed surveys divided by the number of members who either participated or refused.

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 Tables 29 and 30 are presented as composites, which are scores that combine results for closely related survey items (e.g., five questions related to getting care quickly).[23]

Table 29. STAR Child Caregiver Member Survey CAHPS® Composites: Percent "Always" Having Positive Experiences*

Satisfaction Measure	Proportion of Respondents (N=4,148)
Getting Needed Care	61.7%
Getting Care Quickly	76.5%
How Well Doctors Communicate	79.2%
Customer Service	78.3%
Shared Decision Making	76.9%
Access to Specialized Services	56.6%
Personal Doctor	87.7%
Coordination of Care	77.9%
Getting Needed Information	76.0%
Getting Prescriptions	75.4%

* The survey was conducted from May to August 2015.

[23] 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 30. STAR Child Caregiver Member Survey CAHPS® Ratings: Percent Rating at "9" or "10"*

Satisfaction Measure	Proportion of Respondents (N=4,148)
Health Care Rating	72.7%
Personal Doctor Rating	76.1%
Specialist Rating	77.9%
Health Plan Rating	81.3%

* The survey was conducted from May to August 2015.

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 also reported relative to these performance indicator benchmarks in Table 31.

Table 31. Statewide STAR Child CAHPS® Member Survey Results Relative to HHSC Performance Dashboard Indicators*

Performance Dashboard Indicator	STAR Child Survey Results (N=4,148)	STAR Dashboard Standard (2015)
Good access to urgent care	78.8%	83%
Good access to specialist referral	58.3%	53%
Good access to routine care	74.3%	73%
Good access to behavioral health treatment or counseling	57.0%	54%
Members rating child's personal doctor "9" or "10"	76.1%	77%
Members rating child's health plan a "9" or "10"	81.3%	81%
Good experience with doctor's communication	79.2%	80%

* The survey was conducted from May to August 2015.

CHIP Caregiver Member Survey

Purpose

ICHP conducted the member surveys between May 2015 and August 2015 with caregivers of children who received services funded through the CHIP program. 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 intent of the CHIP Caregiver Member Survey is to determine the sociodemographic characteristics and health status of children enrolled in Texas CHIP and to assess parental experiences and satisfaction with health care 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

Participants for the CHIP caregiver member survey were selected from a stratified random sample of beneficiaries ages 17 years or younger who were enrolled in CHIP for six continuous months between September 2014 to February 2015. 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 quota. The survey was conducted from May to August 2015.

There were 3,689[24] completed surveys. The response rate was 30 percent, and the cooperation rate was 63 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 Tables 32 and 33 are presented as composites, which are scores that combine results for closely related survey items (e.g., five questions related to getting care quickly).

[24] This includes results for the long form survey only.

Table 32. CHIP Caregiver Member Survey CAHPS® Composites: Percent "Always" Having Positive Experiences*

Satisfaction Measure	Proportion of Respondents (N=3,689)
Getting Needed Care	55.4%
Getting Care Quickly	72.7%
How Well Doctors Communicate	78.2%
Customer Service	74.6%
Shared Decision Making	74.4%
Access to Specialized Services	47.1%
Personal Doctor	89.5%
Coordination of Care	71.6%
Getting Needed Information	72.7%
Getting Prescriptions	75.9%

* The survey was conducted from May to August 2015.

Table 33. CHIP Caregiver Member Survey CAHPS® Ratings: Percent Rating at "9" or "10"*

Satisfaction Measure	Proportion of Respondents (N=3,689)
Health Care Rating	69.8%
Personal Doctor Rating	73.3%
Specialist Rating	72.0%
Health Plan Rating	73.3%

* The survey was conducted from May to August 2015.

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 also reported relative to these performance indicator benchmarks in Table 34.

Table 34. Statewide CHIP Established Enrollee Survey Results Relative to HHSC Performance Dashboard Indicators*

Performance Dashboard Indicator	CHIP Survey Results (N=3,689)	CHIP Dashboard Standard (2015)
Good access to urgent care	74.9%	78.0%
Good access to specialist appointments	50.4%	53.0%
Good access to routine care	70.5%	75.0%
Good access to behavioral health treatment or counseling	39.5%	49.0%
Members rating child's personal doctor "9" or "10"	73.3%	72.0%
Members rating child's health plan a "9" or "10"	73.3%	72.0%
Good experience with doctor's communication	78.2%	78.0%

* The survey was conducted from May to August 2015.

Medicaid and CHIP Dental Caregiver Survey

Purpose

The intent 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.

The survey included the CAHPS® Dental Plan Survey, adapted to a child population. The CAHPS® dental plan survey is designed to gather information from Medicaid and CHIP beneficiaries' caregivers about the dental care experiences of their child. Specifically, this 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, and as it pertains to:
    - 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

A stratified random sample of members was selected for this survey. The sample was stratified by program and MCO, resulting in four sampling groups:

- Children age 17 years and younger enrolled in STAR DentaQuest
- Children age 17 years and younger enrolled in STAR MCNA Dental
- Children age 17 years and younger enrolled in CHIP DentaQuest
- Children age 17 years and younger enrolled in CHIP MCNA Dental

The survey was conducted between June 2015 and September 2015. Caregivers of members were asked about services received between December 2014 and September 2015.

A total of 1,204 caregivers participated in the survey, distributed among the quotas:

- STAR DentaQuest (N=300)
- STAR MCNA (N=302)
- CHIP DentaQuest (N=302)
- CHIP MCNA (N=300)

Major Findings

ICHP presented findings from the surveys to HHSC. Selected findings that relate to the four domains of care described in the methodology section are presented in Table 35. Selected findings related to access and overall satisfaction are presented in Table 36.

Table 35. Medicaid and CHIP Dental Caregiver Survey: Proportion of Respondents who Answered "Usually" or "Always"[*] [**]

Satisfaction Measure	Medicaid Dental (N=602)	CHIP Dental (N=602)
In the last six months, how often were your child's dental appointments as soon as you wanted?	92.7%	90.9%
In the last six months, how often did the customer service staff at your child's dental plan treat you with courtesy and respect?	97.0%	94.5%
In the last six months, how often did your child's regular dentist explain things in a way that was easy to understand?	92.9%	93.4%
In the last six months, how often did your child's dental plan cover all of the services you thought were covered?	93.9%	80.3%
[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?	81.0%	76.2%

* The survey was conducted from June to September 2015.
**Possible answer choices were "never," "sometimes," "usually," "always," "don't know," and "refused." For these calculated percentages, only valid responses were included in the denominator; responses of "don't know" or "refused" were excluded.

Table 36. Medicaid and CHIP Dental Caregiver Survey: Proportion of Respondents who Answered "9" or "10"[*] [**]

Satisfaction Measure	Medicaid Dental (N=602)	CHIP Dental (N=602)
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?	76.0%	70.0%
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?	82.2%	69.0%

* The survey was conducted from June to September 2015.
** For these calculated percentages, only valid responses were included in the denominator; responses of "don't know" or "refused" were excluded.

STAR Health Caregiver Survey

Purpose

In order to improve the coordination of care for children and adolescents in foster care, HHSC launched STAR Health in 2008. Superior HealthPlan is the MCO that provides medical and behavioral health, dental, vision, and pharmacy benefits to children and adolescents in STAR Health. Members receive services through a medical home (i.e., primary care doctor), expedited enrollment, and a 24-hour nurse hotline for caregivers and caseworkers, as well as service management provided by Superior. ICHP conducted member surveys between August 2014 and November 2014 with caregivers of children and adolescents in foster care who were enrolled in STAR Health.

The intent of the STAR Health Caregiver Survey:

- Describe the sociodemographic characteristics of the children and adolescents in foster care enrolled in STAR Health, as well as of their caregivers.
- Describe the health status of children and adolescents in STAR Health.
- Document caregivers' experiences and satisfaction with their children's health care.
- Use the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) composites, caregiver ratings, and HHSC Performance Dashboard Indicators to evaluate the STAR Health program.
- Identify disparities in caregivers' experiences and satisfaction of care across member characteristics.
- Report on new measures, developed by ICHP in collaboration with HHSC, that assess caregivers' knowledge of and experiences with the Texas Health Steps program and with psychotropic medications for their children.

Sample and Methods

ICHP selected participants for the STAR health caregiver survey from a stratified random sample of beneficiaries age 17 years or younger who were enrolled in the STAR Health program for six continuous months between October and November 2014.

In addition to AHRQ CAHPS® survey items and items developed by ICHP pertaining to caregiver and member demographic and household characteristics, the STAR health caregiver survey also included items developed by ICHP in conjunction with HHSC pertaining to Texas HealthSteps and child psychotropic medication and behavioral health.

Attempts were made to contact caregivers of 2,041 children who were enrolled in STAR Health, with a target completion of 300 surveys. There were 301 completed surveys, for a response rate of 33 percent. The cooperation rate was 65 percent. The survey was conducted from August to November 2014.

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 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 37 presents the composite scores and Table 38 presents the ratings for several questions.

Table 37. STAR Health Caregiver Survey CAHPS® Composites: Percent "Usually" or "Always" Having Positive Experiences*

Satisfaction Measure	STAR Health Proportion of Respondents (N=300)	AHRQ National Medicaid Standards
Getting Needed Care	72.3%	85%
Getting Care Quickly	89.4%	90%
How Well Doctors Communicate	91.4%	93%
Customer Service	LD**	87%
Shared Decision Making	52.9%	N/A
Access to Specialized Services	69.1%	76%
Personal Doctor	84.5%	89%
Coordination of Care	69.7%	76%
Getting Needed Information	89.6%	89%
Getting Prescriptions	88.0%	91%

* The survey was conducted from August to November 2014.
**LD signifies a low denominator. The number of respondents who interacted with the health plan's customer service line was too low for analysis, in this case, fewer than 100 members responding.

Table 38. STAR Health Caregiver Survey CAHPS® Ratings Percent rating at "9" or "10"*

Satisfaction Measure	STAR Health Proportion of Respondents (N=300)	AHRQ National Medicaid Standards
Health Care Rating	61.2%	66%
Personal Doctor Rating	71.3%	73%
Specialist Rating	61.2%	70%
Health Plan Rating	60.2%	67%

*The survey was conducted from August to November 2014.

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 39.

Table 39. Statewide STAR Health Caregiver Survey Results Relative to HHSC Performance Dashboard Indicators*

Performance Dashboard Indicator	STAR Health Total 2014 (N=300)	STAR Health Dashboard Standard (2014)
Good access to urgent care	89.0%	96%
Good access to specialist referral	77.6%	84%
Good access to routine care	89.7%	84%
Good access to behavioral health treatment or counseling	73.8%	79%
Parent/Caregiver rating child's personal doctor "9" or "10"	71.3%	74%
Parent/Caregiver rating child's health plan a "9" or "10"	60.2%	71%
Parent/Caregiver good experiences with doctors' communication	91.4%	94%

*The survey was conducted from August to November 2014.

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 AHRQ measures.

STAR Adult Member Survey

Purpose

ICHP conducted the member surveys from June 2014 to August 2014 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 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:

- The sociodemographic characteristics and health status of members
- Members' satisfaction with their health care
- Utilization of outpatient and emergency department care
- Access to and timeliness of care, including having an 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 member survey were selected from a stratified random sample of beneficiaries ages 18 to 64 years who were enrolled in the same STAR Adult MCO for six continuous months between November 2013 and April 2014. 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) and three MRSAs, with a target number of 250 completed surveys per quota. The survey was conducted from June to August 2014. There were 3,627 completed surveys.[25] The response rate was 35 percent, and the cooperation rate was 70 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 Tables 40 and 41 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 40. STAR Adult Member Survey CAHPS® Composites: Percent "Usually" or "Always" Having Positive Experiences*

Satisfaction Measure	Proportion of Respondents (N=3,627)
Getting Needed Care	71.4%
Getting Care Quickly	76.3%
How Well Doctors Communicate	88.1%
Customer Service	87.4%

*The survey was conducted from June to August 2014.

Table 41. STAR Adult Member Survey CAHPS® Ratings: Percent Rating a "9" or "10"*

Satisfaction Measure	Proportion of Respondents (N=3,627)
Health Care Rating	53.5%
Personal Doctor Rating	66.2%
Specialist Rating	65.4%
Health Plan Rating	61.3%

*The survey was conducted from June to August 2014.

[25] This includes results for the long form survey only.

HHSC also set benchmarks (HHSC performance dashboard indicators) for the agency's performance in several key domains, and the relevant results of the STAR adult member survey are also reported relative to these performance indicator benchmarks in Table 42.

Table 42. Statewide STAR Adult Member Survey Results Relative to HHSC Performance Dashboard Indicators*

Performance Dashboard Indicator	STAR Program Survey Results (N=3,627)	STAR Adult Dashboard Standard (2014)
Good access to urgent care	80%	82%
Good access to specialist referral	66%	73%
Good access to routine care	73%	80%
Good access to special therapies	53%	61%
Advising smokers to quit	64%	70%
Good access to behavioral health treatment or counseling	70%	54%
Members rating their health plan "9" or "10"	61%	60%
Good experience with doctor's communication	66%	63%

*The survey was conducted from June to August 2014.

STAR+PLUS Adult Member Survey

The STAR+PLUS program integrates acute and long-term services and supports for clients who are older and/or have disabilities. ICHP conducted the STAR+PLUS Adult Member Surveys from June 2014 to August 2014 with adults who received services funded through the Medicaid STAR+PLUS program.

The intent of this survey was to determine members' level of satisfaction in the STAR+PLUS program. The survey was conducted with Medicaid-only and dual eligible adult members (members also enrolled in Medicare) who were enrolled in the STAR+PLUS program for at least six months.

Specifically, the survey included questions to address:

- The sociodemographic characteristics and health status of members

- Members' satisfaction with their health care
- Access to and timeliness of care, including having an 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 adult member survey were selected from a stratified random sample of beneficiaries age 18 to 64 years who were enrolled in the same STAR+PLUS MCO for six continuous months between November 2013 and April 2014. 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 24 plan codes (MCO/service areas) and statewide dual-eligible members in STAR+PLUS. The target number of completes was 250 per quota.

There were 5,843 completed surveys. The response rate was 84 percent, and the cooperation rate was 93 percent.

In addition to AHRQ CAHPS® survey items and items developed by ICHP pertaining to caregiver and member demographic and household characteristics, the STAR+PLUS member survey also included:

- Selected items from the RAND-36 short form survey of self-reported health and functional status
- Items developed by ICHP pertaining to STAR+PLUS service coordination

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 Tables 43 and 44 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 43. STAR+PLUS Adult Member Survey CAHPS® Composites: Percent "Usually" or "Always" Having Positive Experiences* (N=5,843)

Satisfaction Measure	STAR+PLUS Medicaid-only Proportion of Respondents	Dual Eligible Proportion of Respondents
Getting Needed Care	65.7%	74.9%
Getting Care Quickly	78.7%	85.4%
How Well Doctors Communicate	86.2%	88.3%
Customer Service	82.3%	LD**

*The survey was conducted from June to August 2014.
** LD signifies a low denominator. The number of respondents who interacted with the health plan's customer service line was too low for analysis, in this case, fewer than 100 members responding.

Table 44. STAR+PLUS Adult Member Survey CAHPS® Ratings: Percent Rating a "9" or "10"* (N=5,843)

Satisfaction Measure	STAR+PLUS Medicaid Only Proportion of Respondents	Dual Eligible Proportion of Respondents
Health Care Rating	52.4%	58.7%
Personal Doctor Rating	66.7%	74.1%
Specialist Rating	70.2%	78.3%
Health Plan Rating	56.5%	62.1%

*The survey was conducted from June to August 2014.

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 also reported relative to these performance indicator benchmarks in Table 45.

Table 45. Statewide STAR Adult Member Survey Results Relative to HHSC Performance Dashboard Indicators* (N=5,843)

Performance Dashboard Indicator	STAR+PLUS Medicaid-only Proportion of Respondents	Dual Eligible Proportion of Respondents	STAR+PLUS Dashboard Standard (2014)
Good access to urgent care	79.1%	89.5%	82%
Good access to specialist referral	66.6%	74.4%	73%
Good access to routine care	78.3%	81.2%	80%
Good access to special therapies	45.7%	78.5%	66%
Good access to service coordination	58.1%	LD**	68%
Advising smokers to quit	67.8%	75.4%	70%
Good access to behavioral health treatment or counseling	60.6%	80.0%	67%
Members rating their health plan "9" or "10"	56.5%	62.1%	56%
Members rating their personal doctor a "9" or "10"	66.7%	74.1%	64%
Good experience with doctor's communication	86.2%	88.3%	89%

*The survey was conducted from June to August 2014.

**LD signifies a low denominator. The number of respondents who interacted with the health plan's customer service line was too low for analysis, in this case, fewer than 30 members in the denominator.

III. Self-service Portal for Benefits Enrollment

YourTexasBenefits.Com Survey

Purpose

Historically, Texans who have wanted to apply for public benefits such as Medicaid, CHIP, or SNAP have done so by visiting eligibility offices and working with clerks and other HHSC staff. However, in recent years, HHSC created a website, YourTexasBenefits.com, which gives customers the opportunity to manage their benefits online rather than going in to an eligibility

office. Customers use the website to apply for and renew benefits, view their case statuses, report changes to their cases, and upload documents needed for their applications. 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 that they could complete themselves. Most eligibility offices have computers that clients may use to access the website.

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 questionnaire collects data about:

- Computer access and frequency of use
- Reasons for using YourTexasBenefits.com
- Length of time it took to complete certain actions on YourTexasBenefits.com
- Expected future use of YourTexasBenefits.com
- Perception of ease of use and timeliness

Sample and Methods

The YourTexasBenefits.com survey went live in August 2012. It is available in both English and Spanish and includes 27 questions. The number of questions visitors may be prompted to answer varies depending on their reasons for using the website.

In 2015, there were 20,636 completed surveys – an average of 1,720 responses per month. The number of people who received the survey request is not known with precision, so a response rate cannot be calculated.

Summary of Major Findings

Most respondents were satisfied with their experiences using the YourTexasBenefits.com website in 2015.

Positive Findings

Positive findings of the YourTexasBenefits.com survey include:

- The majority of respondents indicated that it was easy or very easy to find what they were looking for (70 percent), apply for benefits (73 percent), renew benefits (73 percent), or report a change (70 percent).
- 75 percent of respondents said they would recommend the website to a friend.
- The majority of respondents reported that the time it took to apply for benefits (62 percent), renew benefits (65 percent), and report a change (63 percent) was just right.

- 82 percent of respondents reported that they expected to use YourTexasBenefits.com again in the future.

Opportunities for Improvement

- Of those who applied online, about five of ten (46 percent) found the questions on the application confusing or hard to answer. Customers reported that the questions that were more confusing or hard to answer on the applications were:
  - Things owned/property/cars/valuables - 38 percent
  - People on their case or people living in their home - 44 percent
  - Money that people in their home make or get - 41 percent
  - Other - 41 percent
- Of those who renewed their benefits online, four out of ten found the questions on renewal forms confusing or hard to answer. Customers generally reported the same categories being confusing as those reported for new applications.

CONCLUSION

This HHS system-wide 2016 Report on Customer Service describes the results of 92,135 individual survey responses from 34 surveys conducted by the five HHS agencies. Not all customer satisfaction surveys conducted by HHS agencies are included here; some that had research designs that did not hold up to scientific rigor and those with very low response rates are not included. Individuals who were surveyed were primarily direct consumers of services and enrollees in health plans; other surveys solicited feedback from entities licensed or regulated by HHS, service providers contracted with HHS, and community stakeholders.

- Nineteen projects surveyed customers of HHS services, including families of children with special needs, adults with disabilities, children and adults who received mental health services, elderly individuals residing in care facilities, young adults leaving foster care, families involved with the child protective services system, and customers of eligibility offices. The largest of these surveys, the YourTexasBenefits.com survey, collected responses of over two thousand customers *per month* on average. Overall, most respondents provided positive feedback regarding the services and supports they 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 surveys, many quality components were rated positively, meeting or exceeding dashboard benchmarks. Components that did not meet benchmarks or other standards were addressed as areas for improvement in each survey report.
- Four surveys were conducted to receive feedback from entities regulated or licensed by the state - one from contractors providing services for the state, two for healthcare providers registered to provide vaccines, and one for facilities participating in the laboratory courier program. These surveys all showed satisfaction among customers of the various programs.
- One survey was conducted to obtain feedback from community stakeholders. Generally positive feedback was provided by community stakeholders regarding Adult Protective Services.

Overall, the HHS system of agencies has succeeded in obtaining feedback from a diverse group of customers. Most customers of services provided positive feedback regarding the services and supports they received through HHS programs. Feedback which identified opportunities for improvement will inform how services are provided in the future. These results support the HHS system vision of providing high quality, cost-effective services resulting in improved health, safety, and greater independence for Texans.

APPENDIX A: CUSTOMER INVENTORY FOR THE DEPARTMENT OF AGING AND DISABILITY SERVICES (DADS)

DESCRIPTION OF SERVICES PROVIDED TO CUSTOMERS BY BUDGET STRATEGY

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
A.1.1.: The Intake, Access and Eligibility to Services and Supports strategy provides functional eligibility determination, development of individual service plans that are based on consumer needs and preferences, assistance in obtaining information, and authorizing appropriate services and supports through effective and efficient management of DADS staff, and contracts with the Area Agencies on Aging (AAAs) and Local Authorities (LAs).	**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.
A.1.2.: The DADS Guardianship strategy provides guardianship services, either directly or through contracts with local guardianship programs, to individuals referred to the program by DFPS after a validated incident of abuse, neglect, or exploitation.	**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.
A.2.1.: The Primary Home Care (PHC) strategy provides non-skilled, personal care services for individuals whose chronic health problems impair their ability to perform activities of daily living (ADLs). Personal attendants assist individuals in performing ADLs, such as arranging or accompanying individuals on trips to receive medical treatment, bathing, dressing, grooming, preparing meals, housekeeping and shopping. On average, individuals are authorized to receive approximately 16.6 hours of assistance per week.	**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.

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
A.2.2.: The Community Attendant Services (CAS) strategy provides non-skilled personal care services for individuals whose chronic health problems impair their ability to perform ADLs and whose income makes them ineligible for PHC. Personal attendants provide services to assist individuals in performing ADLs, such as arranging or accompanying the individual on trips to receive medical treatment, bathing, dressing, grooming, preparing meals, housekeeping and shopping. On average, individuals are authorized to receive approximately 16.4 hours of assistance per week. (Note: The term Frail Elderly is still used in federal language to refer to the law where the Federal legal authority can be located as part of the Social Security Act).	**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.
A.2.3.: The Day Activity and Health Services (DAHS) strategy provides licensed adult day care facility daytime services five days a week (Monday-Friday). Services are designed to address the physical, mental, medical and social needs of individuals, and must be provided or supervised by a licensed nurse. Services include nursing and personal care, noontime meal, snacks, transportation, and social, educational, and recreational activities. Individuals receive services based on half-day (three to six hours) units of service; an individual may receive a maximum of 10 units of service a week, depending on the physician's orders and related requirements.	**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.
A.2.4: The Habilitation Services strategy provides entitlement attendant care and habilitation services for persons with IDD who are eligible for Medicaid with incomes at or below 150 percent of the federal poverty level.	**Direct customer groups include:** Individuals of all ages who meet specific eligibility requirements, including diagnosis of an intellectual disability or related condition and mild to extreme deficits in adaptive behavior.

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
A.3.1.: The Home and Community-Based Services strategy provides services and supports for individuals with intellectual or developmental disabilities as an alternative to an Intermediate Care Facility for Individuals with an Intellectual Disability (ICF/IID). Individuals may live in their own or family home, in a foster/companion care setting or in a residence with no more than four individuals who receive similar services. Services include case management, and as appropriate, residential assistance, supported employment, day habilitation, respite, dental treatment, adaptive aids, minor home modifications, and/or specialized therapies such as social work, behavioral support, occupational therapy, physical therapy, audiology, speech/language pathology, dietary services and licensed nursing services.	**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.
A.3.2.: The Community Living Assistance and Support Services strategy provides services and supports for individuals with related conditions as an alternative to residing in an ICF/IID. Individuals may live in their own or family home. Services include adaptive aids and medical supplies, case management, consumer directed services, habilitation, minor home modifications, nursing services, occupational and physical therapy, behavioral support services, respite, specialized therapies, speech pathology, pre-vocational services, supported employment, support family services and transition assistance services.	**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.
A.3.3.: The Deaf, Blind and Multiple Disabilities strategy provides services and supports for individuals with deaf blindness and one or more other disabilities as an alternative to residing in an ICF/IID. Individuals may reside in their own or family home or in small group homes. Services include adaptive aids and medical supplies, dental services, assisted living, behavioral support services, case management, chore services, minor home modifications, residential habilitation, day habilitation, intervener, nursing services, occupational therapy, physical therapy, orientation and mobility, respite, speech, hearing and language therapy, supported employment, employment assistance, dietary services, financial management services for the consumer directed services option and transition assistance services.	**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.

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
A.3.4.: The Medically Dependent Children Program strategy provides a variety of services and supports for families caring for children who are medically dependent as an alternative to residing in a nursing facility. Specific services include adaptive aids, adjunct support services, minor home modifications, respite, financial management services and transition assistance services.	**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.
A.3.5. (New Number): The Texas Home Living Waiver strategy provides essential services and supports for individuals with intellectual or developmental disabilities as an alternative to residing in an ICF/IID. Individuals must live in their own or family homes. Service components are comprised of the Community Living Supports (CLS) category and the Technical and Professional Supports Services category. The CLS category includes community support, day habilitation, employment assistance, supported employment and respite services. The Technical and Professional Supports Services category includes skilled nursing, behavioral support, adaptive aids, minor home modifications, dental treatment and specialized therapies. Coordination of services is provided by the local intellectual disability authority service coordinator.	**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.
A.4.1.: The Non-Medicaid Services strategy provides services and supports in community settings to enable individuals who are aging and those with disabilities to remain in the community, maintain their independence and avoid institutionalization. Services included in this strategy are Adult Foster Care, Consumer Managed Personal Attendant Services, Day Activity and Health Services, Emergency Response Services, Family Care, Home-Delivered Meals, Residential Services and Special Services for Persons with Disabilities.	**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 (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
A.4.2.: The Intellectual Disability Community Services strategy implements the Health and Safety Code, §533.035, in which the LA provides individuals access to publicly funded services for individuals with intellectual and developmental disabilities. The strategy provides for the determination of eligibility and services and supports for individuals in the intellectual and developmental disabilities priority population who reside in the community, other than services provided through ICF/IID and Medicaid waiver programs. These services include service coordination, community support to assist individuals to participate in age-appropriate activities and services; employment services to assist individuals in securing and maintaining employment; day training services to help individuals develop and refine skills needed to live and work in the community; various therapies that are provided by licensed or certified professionals and respite services for the individual's primary caregiver.	**Direct customer groups include:** Individuals with a determination/diagnosis of intellectual disability who reside in the community.
A.4.3.: This strategy implements the **Texas Promoting Independence Plan,** developed in response to the U.S. Supreme Court ruling in Olmstead v. L.C. and two Executive Orders, GWB99-2 and RP13. The Promoting Independence Plan includes community outreach and awareness and relocation services. Community outreach and awareness is a program of public information developed to target groups that are most likely to be involved in decisions regarding long-term services and supports. Relocation services involve assessment and case management to assist individuals in nursing facilities who choose to relocate to community-based services and supports. It includes funding for Transition to Living in the Community services to cover establishing and moving to a community residence.	**Direct customer groups include:** Nursing Facility residents who have indicated a desire to relocate back into a community setting through either a personal request or through the Minimum Data Set 3.0 Section Q process. Contractors who provide relocation services and who provide Transition Assistance Services and Transition to Life in the Community.

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
A.4.4.: The In-Home and Family Support) strategy is a grant program that provides financial assistance to eligible persons and families for the purpose of purchasing items that meet a need that exists solely because of the person's intellectual disability or co-occurring physical disability. The program directly supports the person to live in his or her natural home, integrates the person into the community, or promotes the person's self-sufficiency. Funds may be used for services such as respite care, specialized therapies, home care, counseling and training, such as in-home parent training, special equipment, such as therapy equipment assistive technology, home modifications, transportation and other items that meet the program's criteria. There is a limit of $1,200 per year, with the amount granted dependent upon on the individual's needs.	**Direct customer groups include:** Individuals with physical disabilities who need to purchase items above and beyond the scope of usual needs necessitated by the person's disability and directly supporting the individual's ability to live in his/her own home.
A.5.1.: The Program for All-Inclusive Care for the Elderly (PACE) strategy is an integrated managed care system for individuals who are aged or disabled. PACE provides community-based services in El Paso, Lubbock and Amarillo for individuals age 55 or older who qualify for nursing facility admission. PACE uses a comprehensive care approach, providing an array of services for a capitated monthly fee. PACE provides all health-related services for an individual, including in-patient and out-patient medical care, and specialty services, including dentistry, podiatry, social services, in-home care, meals, transportation, day activities and housing assistance.	**Direct customer groups include:** Individuals age 55 or older who qualify for nursing facility services, and receive Medicare and/or Medicaid.

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
A.6.1: The Nursing Facility Payments strategy provides payments to promote quality of care for individuals with medical problems that require nursing facility or hospice care. The types of payments include Nursing Facility Care, Medicaid Swing Bed Program, Augmented Communication Device Systems, Customized Power Wheelchairs, Emergency Dental Services, Specialized and Rehabilitative Services. The Nursing Facility Payments provides institutional nursing care for individuals whose medical condition requires the skills of a licensed nurse on a regular basis. The nursing facility must provide for the medical, nursing, and psychosocial needs of each individual, to include room and board, social services, over-the-counter drugs (prescription drugs are covered through the Medicaid Vendor Drug program or Medicare Part D), medical supplies and equipment, personal needs items and rehabilitative therapies.	**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.
A.6.2.: The Medicare Skilled Nursing Facility (SNF) strategy covers the payment of Medicare SNF co-insurance for Medicaid recipients in Medicare (XVIII) facilities. Medicaid also pays the co-payment for Medicaid Qualified Medicare Beneficiary (QMB) recipients, and for "Pure" (i.e., Medicare-only) QMB recipients. For recipients in dually certified facilities (certified for both Medicaid and Medicare), Medicaid pays the coinsurance less the applied income amount for both Medicaid only and Medicaid QMB recipients. For “Pure” QMB recipients, the entire coinsurance amount is paid. The amount of Medicare co-insurance per day is set by the federal government at one-eighth of the hospital deductible.	**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 (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
A.6.3.: The Medicaid Hospice strategy provides services to Medicaid individuals who have a physician's prognosis of six months or less to live and who no longer desire curative treatments. Individuals under the age of 21 may continue to receive curative treatments while receiving hospice services. Available services include physician and nursing care; medical social services; counseling; home health aide; personal care, homemaker and household services; physical, occupational, or speech language pathology services; bereavement counseling; medical appliances and supplies; drugs and biologicals; volunteer services; general inpatient care (short-term); and respite care. Service settings can be in the home, community settings, or in long-term-care facilities. Medicaid rates for community-based Hospice are based on Medicare rates set by the Center for Medicare and Medicaid Services (CMS). For individuals residing in a nursing facility or an ICF/IID and receiving hospice services, the facility also receives a payment of 95% of the established nursing facility rate for that individual.	**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.
A.6.4.: The Promote Independence by Providing Community-based Services strategy supports "the Money Follows the Person" provisions which allow a Medicaid-eligible nursing facility resident to relocate back into the community and to receive long-term services and supports. Dollars from this strategy specifically fund the community-based services which support the individual while he/she resides in the community setting. Services may include 1915(c) waiver or other community services and do not impact funding supported by the other community-based services. Assistance is available from DADS contracted relocation specialists who provide outreach, facilitation and coordination with nursing facility relocation for individuals with complex needs. In addition, the AAA provide information about community options such as housing, health care, transportation, daily living and social activities that can help individuals and their families make a decision from the planning phase to actual relocation in the community.	**Direct customer groups include:** Nursing Facility (NF) residents, who are Medicaid eligible, who have indicated their desire to relocate back into a community setting, who have been in the NF for 30 days and who meet community based waiver functional eligibility requirements.

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
A.7.1.: The ICFs/IID strategy funds residential facilities serving four or more individuals with intellectual and developmental disabilities. Section 1905(d) of the Social Security Act created this optional Medicaid benefit to certify and fund these facilities. Each private or public facility must comply with federal and state standards, laws and regulations. These facilities provide active treatment, including diagnosis, treatment, rehabilitation, ongoing evaluation, planning, 24-hour supervision, coordination and integration of health or rehabilitative services to help each individual function at their greatest ability.	**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.
A.8.1.: The State Supported Living Centers (SSLC) strategy provides direct services and support for individuals admitted to the twelve state-supported living centers and one state center providing intellectual and developmental disability residential services. SSLCs are located in Abilene, Austin, Brenham, Corpus Christi, Denton, El Paso, Lubbock, Lufkin, Mexia, Richmond, San Angelo and San Antonio. The Rio Grande State Center is in Harlingen and is operated by DSHS through a contract with DADS. Each center is certified as a Medicaid-funded ICF/IID. Approximately 60% of the operating funds are received from the federal government and 40% from State General Revenue or third-party sources. The SSLCs and the Rio Grande State Center provide 24-hour residential services, comprehensive behavioral treatment and health care services including physician, nursing and dental services. Other services include skills training; occupational, physical and speech therapies; vocational programs, employment; and services to maintain connections between residents and their families/natural support systems.	**Direct customer groups include:** Individuals who have a determination/diagnosis of intellectual disability who are medically fragile or who have behavioral problems.

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
A.9.1: The Capital Repairs and Renovations strategy funds the construction and renovation of facilities at the SSLCs and State-owned bond homes for individuals with intellectual and developmental disabilities. The vast majority of projects currently funded and underway are to bring existing facilities into compliance with the requirements in the Life Safety Code and/or other critical repairs and renovations, including fire sprinkler systems, fire alarm systems, emergency generators, fire/smoke walls, roofing, air conditioning, heating, electrical, plumbing, etc. The large number of buildings on site at the SSLCs and the age of many of these buildings necessitates ongoing capital investments to ensure that the buildings are functional, safe, and in compliance with all pertinent standards. Compliance with such standards is mandatory to avoid the loss of federal funding for the state facilities.	**Direct customer groups include:** Individuals who have a determination/diagnosis of intellectual disability who are medically fragile or who have behavioral problems.
B.1.1.: The Facility and Community-based Regulation strategy covers the licensing and regulation of all long-term care facilities/agencies that meet the definition of nursing homes, assisted living facilities, adult day-care facilities, privately owned ICFs/IID and Home and Community Support Services Agencies (HCSSAs). Licensed facilities/agencies wishing to participate in Medicare and/or Medicaid programs must be certified and maintain compliance with certification regulations according to Titles XVIII and/or XIX of the Social Security Act. Government-operated ICFs/IID and skilled nursing units within an acute care hospital are also required to be certified in order to participate in Medicare and/or Medicaid. In addition to licensing these long-term care facilities and agencies, DADS responsibilities for these regulated programs include investigating complaints and self-reported incidents; monitoring facilities for compliance with state and/or federal regulations; certification review of HCS waiver contracts and Texas Home Living program (TxHmL) waiver contracts; investigating complaints related to HCS and TxHmL services; and receiving and following up on DFPS findings related to abuse, neglect, or exploitation investigations of persons who receive HCS or TxHmL services.	**Direct customer groups include:** • 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; • 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.

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
B.1.2.: The Credentialing/Certification strategy covers DADS licensing, certification, permitting and monitoring of individuals for the purpose of employability in facilities and agencies regulated by DADS through four credentialing programs. **Nursing Facility Administrator Licensing and Enforcement** responsibilities include licensing and continuing education activities; investigating complaints or referrals; coordinating sanction recommendations and other licensure activities; imposing and monitoring sanctions and due process considerations; and developing educational, training, and testing curricula. **Nurse Aide Registry (NAR) and Nurse Aide Training and Competency Evaluation Program (NATCEP)** responsibilities include nurse aide certification and sanction activities; approving, renewing or withdrawing approval of NATCEPs; and due process considerations and determination of nurse aide employability in DADS regulated facilities via the NAR. **Employee Misconduct Registry (EMR)** responsibilities include due process considerations and determination of unlicensed staff employability in DADS regulated facilities/agencies via the EMR. Medication Aide Program responsibilities include medication aide permit issuance and renewal; imposing and monitoring sanctions; due process considerations; approving and monitoring medication aide training programs in educational institutions; and coordinating/administering examinations.	**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 NAR and EMR to enhance pre-employment verification of employability; • Persons receiving services in facilities or from agencies regulated by DADS 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.

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
B.1.3.: The Long-Term Care Quality Outreach strategy performs a variety of functions designed to enhance the quality of services and supports. Quality monitors, who are nurses, pharmacists, and dietitians, provide technical assistance to long-term facility staff. The quality monitors perform structured assessments to promote best practice in service delivery. In addition, quality monitors provide in-service education programs. Quality Monitoring Team visits are also provided to facilities and may include more than one discipline during the same visit. The technical assistance visits focus on specific, statewide quality improvement priorities for which evidence-based best practice can be identified from published clinical research. The program works to improve clinical outcomes for individuals, such as pain assessment, pain management, infection control, appropriate use of psychoactive medications, risk management for falls, improving nutritional practices, use of artificial nutrition and hydration, and advance care planning. The purpose of the program is to increase positive outcomes and to improve the quality of services for individuals served in these settings. A related website, http://www.TexasQualityMatters.org, supports the program by providing online access to best-practice information and links to related research.	**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.

APPENDIX B: CUSTOMER INVENTORY FOR THE DEPARTMENT OF ASSISTIVE AND REHABILITATIVE SERVICES (DARS)

DESCRIPTION OF SERVICES PROVIDED TO CUSTOMERS BY BUDGET STRATEGY

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
A.1.1.: Early Childhood Intervention (ECI) 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:** DARS serves families with children birth to 36 months with developmental disabilities or delays and must provide early childhood intervention services to all eligible children.
A.1.2.: ECI Respite 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:** DARS provides respite services to families served by the ECI program.
A.1.3.: Ensure Quality ECI Services. Ensure the quality of early intervention services by offering training and technical assistance, establishing service and personnel standards, and evaluating consumer satisfaction and program performance.	**Children with Disabilities & Their Families:** DARS carries out activities required under the federal Individuals with Disabilities Education Act (IDEA), including ensuring the availability of qualified personnel to serve all eligible children, involving families and stakeholders in policy development, evaluating services, providing impartial opportunities for resolution of disputes, and guaranteeing the rights of the children and families are protected.
A.2.1.: 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:** DARS provides services necessary to assist blind children to achieve self-sufficiency and a fuller richer life.
A.3.1.: Autism Program. To provide services to Texas children ages 3-15 diagnosed with autism spectrum disorder.	**Children with Autism & Their Families:** DARS provides treatment services to children with a diagnosis of autism.
B.1.1.: Independent Living Services and Council – Blind. Provide quality, statewide independent living services that focus on acquiring skills and confidence to live as independently as possible in the community for eligible persons who are blind or visually impaired. Work with the State Independent Living Council to develop the State Plan for Independent Living.	**Blind or Visually Impaired Consumers:** DARS is responsible for providing services that assist Texans with visual disabilities to live as independently as possible.

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
B.1.2.: Blindness Education, Screening and Treatment (BEST) Program. Provide screening, education, and urgently needed eye-medical treatment to prevent blindness.	**Texans:** DARS provides public education about blindness, screenings and eye exams to identify conditions that may cause blindness and treatment procedures necessary to prevent blindness.
B.1.3.: Vocational Rehabilitation - Blind. Rehabilitate and place persons who are blind or visually impaired in competitive employment or other appropriate settings, consistent with informed choice and abilities.	**Blind or Visually Impaired Consumers:** DARS provides services designed to assess, plan, develop and use vocational rehabilitation services for individuals who are blind consistent with their strengths, resources, priorities, concerns and abilities so that they may prepare for and engage in gainful employment. **Texans/Taxpayers:** DARS promotes employment, often reducing dependence on state-funded programs and increasing tax revenue for the state. **Employers:** DARS work with people with disabilities and employers to identify appropriate job placements for these individuals.
B.1.4.: Business Enterprises of Texas (BET). Provide employment opportunities in the food service industry for persons who are blind or visually impaired.	**Blind or Visually Impaired Consumers:** DARS provides training and employment opportunities in the food service industry for Texans who are blind or visually impaired.
B.1.5.: BET Trust Fund. Administer trust funds for retirement and benefits program for individuals licensed to operate vending machines under BET (estimated and nontransferable).	**Blind or Visually Impaired Consumers in the BET program:** DARS has established and maintains a retirement and benefit plan for blind or visually impaired individuals who are licensed managers in the BET program.
B.2.1.: Contract Services - Deaf. Develop and implement a statewide program to ensure continuity of services to persons who are deaf or hard of hearing. Ensure more effective coordination and cooperation among public and nonprofit organizations providing social and educational services to individuals who are deaf or hard of hearing.	**Deaf or Hard of Hearing Consumers:** DARS, 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.

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
B.2.2.: Education, Training, Certification - Deaf. Facilitate communication access activities through training and educational programs to enable individuals who are deaf or hard of hearing to attain equal opportunities to participate in society to their potential and reduce their isolation regardless of location, socioeconomic status, or degree of disability. To test interpreters for the deaf and hard of hearing to determine skill level and certify accordingly, and to regulate interpreters to ensure adherence to interpreter ethics.	**Deaf or Hard of Hearing Consumers;** DARS provides services through a statewide program of advocacy and education on topics such as ADA, hard of hearing issues and interpreter training. **Higher Education Institutions and Students:** DARS assists institutions of higher education in initiating training programs for interpreters. **Current and Potential Interpreters:** DARS provides skills building and training opportunities for interpreters and coordinates training sponsored by other entities. **Current and Potential Interpreters:** DARS administers a system to determine the varying levels of proficiency of interpreters and maintains a certification program for interpreters. **Texans who are Deaf:** DARS ensures that interpreters are able to adequately assist in the communication facilitation process for people who are deaf or hard of hearing.
B.2.3.: Telephone Access Assistance. Ensure equal access to the telephone system for persons with a disability (estimated and nontransferable).	**Consumers with Disabilities:** DARS provides vouchers for the purchase of specialized telecommunications equipment for access to the telephone network for eligible persons with disabilities.
B.3.1.: Vocational Rehabilitation - General. Rehabilitate and place people with general disabilities in competitive employment or other appropriate settings, consistent with informed consumer choice and abilities.	**Consumers with Disabilities Other than Blindness:** DARS provides services leading to employment consistent with consumer choice and abilities for eligible persons with disabilities. **Texans/Taxpayers:** The VR program promotes employment, often reducing dependence on state-funded programs and increasing tax revenue for the state. **Employers:** DARS works with people with disabilities and employers to identify appropriate job placements for these individuals.

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
B.3.2.: Centers for Independent Living. Work with centers for independent living to establish the centers as financially and programmatically sustainable and accountable for achieving independent living outcomes with their clients.	**Consumers with Disabilities:** Centers for Independent Living offer services to eligible consumers with significant disabilities who are interested and can benefit, regardless of vocational potential. Centers provide, at the minimum, the following core services: advocacy, peer counseling, independent living skills training, and information and referral.
B.3.3.: Independent Living (IL) Services and Council - General. 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.	**Consumers with Disabilities Other than Blindness:** DARS 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.
B.3.4.: Comprehensive Rehabilitation (CRS). Provide consumer-driven and counselor-supported Comprehensive Rehabilitation Services for people with traumatic brain injuries or spinal cord injuries.	**Consumers with Traumatic Brain or Spinal Cord Injuries:** DARS provides adults who have suffered a traumatic brain or spinal cord injury with comprehensive inpatient or outpatient rehabilitation and/or acute brain injury services.
C.1.1.: Disability Determination Services (DDS). Determine eligibility for federal Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) benefits.	**Texans Applying for SSI or SSDI:** DARS 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**: DARS assists SSA in making disability determination decisions for this federal program in a quick, accurate and cost-effective manner.
D.1.1.: Central Program Support.	**DARS Employees:** DARS provides central support services for DARS employees.
D.1.2.: Regional Program Support.	**DARS Employees:** DARS provides central support services for DARS employees.
D.1.3.: Other Program Support.	**DARS Employees:** DARS provides central support services for DARS employees.

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
D.1.4.: IT Program Support.	**DARS Employees:** DARS provides central support services for DARS employees.

APPENDIX C: CUSTOMER INVENTORY FOR THE DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES (DFPS)

DESCRIPTION OF SERVICES PROVIDED TO CUSTOMERS BY BUDGET STRATEGY

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
A.1.1: Statewide Intake Services. 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 Resources 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.
B.1.1: CPS Direct Delivery Staff. 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. **B.1.2: CPS Program Support.** 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 (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
B.1.3: TWC Contracted Day Care. Provide purchased day care services for foster children where both or the one foster parent works full-time and provide purchased day care services 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 the 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.
B.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. **B.1.5: Post-Adoption 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.	**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. **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.
B.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.
B.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.

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
B.1.8: Other CPS Purchased Services. Provide purchased services to treat children who have been abuse 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.
B.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 child care 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.
B.1.10: Adoption/PCA 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.
B.1.11: Relative Caregiver 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**.**

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
C.1.1: Services to At-Risk Youth Program. Provide contracted prevention services for youth ages 10-17 who are in at-risk situations, runaways, or Class C delinquents, and for youth under the age of 10 who have committed delinquent acts. **C.1.2: Community Youth Development Program.** Provide funding and technical assistance to support collaboration by community groups to alleviate family and community conditions that lead to juvenile crime. **C.1.3: Texas Families Program.** Provide community-based prevention services to alleviate stress and promote parental competencies and behaviors that will increase the ability of families to successfully nurture their children. **C.1.4: Child Abuse Prevention Grants.** Provide child abuse prevention grants to develop programs, public awareness, and respite care through community-based organizations. **C.1.5: Other At-Risk Prevention Programs.** Provide funding for community-based prevention programs to alleviate conditions that lead to child abuse/neglect and juvenile crime. **C.1.6**: **At-Risk Prevention Program Support.** 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 the prevention and early intervention services described in A.2.12 through A.2.17. **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.

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
D.1.1: APS Direct Delivery Staff. Provide caseworkers and related staff to conduct investigations and provide or arrange for services for vulnerable adults. **D.1.2: APS Program Support.** 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.

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
D.1.3: APS Purchased Emergency Client Services. Provides funds for emergency purchased client services for clients over age 65 or who have disabilities in confirmed cases 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.
E.1.1: 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, and facility administrators, and child-placing agency administrators.	**Children and Families:** DFPS 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, and other regulatory agencies. **Local Governments:** DFPS 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:** DFPS 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.
F.1.1: Central Administration. **F.1.2: Other Support Services.** **F.1.3: Regional Administration.** **F.1.4: IT 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 (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
G.1.1: Agency-wide Automated System. Develop and enhance automated systems that service 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.

APPENDIX D: CUSTOMER INVENTORY FOR THE DEPARTMENT OF STATE HEALTH SERVICES (DSHS)

DESCRIPTION OF SERVICES PROVIDED TO CUSTOMERS BY BUDGET STRATEGY

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
A.1.1. Public Health Preparedness and Coordinated Services. Provides a strong, flexible public health system necessary to be prepared for and respond to any large scale public health disaster.	**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:** 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 (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
A.1.1. Public Health Preparedness and Coordinated Services (continued).	**Public Health Services:** DSHS Health Service Regions (HSR) are responsible for ensuring the provision of public health services to communities across Texas where no local health departments has been established or the local health department 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.
A.1.2. Health Data and Analysis. Concerns the collection, analysis, and dissemination of health data to aid in monitoring, evaluating, and improving public health. Also includes the maintenance of the basic identity documents pertaining to all Texans, along with the registries that collect health information for research purposes.	**Citizens of Texas:** DSHS provides vital records needed to access benefits and services. DSHS provides case-coordination activities for children identified with elevated blood lead levels. DSHS utilizes data to help address citizen concerns regarding disease in their neighborhoods. DSHS posts facility level data on occurrence of health care-associated infections and preventable adverse events to a public website. DSHS' Texas Cancer Registry collects, maintains, and disseminates cancer data for all Texas residents. The aggregated cancer data that is shared with a diverse group of users and stakeholders contributes towards cancer prevention and control, improving diagnoses, treatment, survival, and quality of life for all cancer patients.

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
A.1.2. Health Data and Analysis (continued).	**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. DSHS TER 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 cancer nationally and/or internationally. **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. **Schools of Public Health and Universities:** DSHS provides statistical data to researchers to understand causes of diseases and develop prevention and control strategies.

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
A.1.2. Health Data and Analysis (continued).	**Other External Partners:** DSHS coordinates with the Texas Funeral Directors Association, 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, and Commonwealth Institute of Funeral Service; Texas Hospital Association; Texas Society of Infection Control and Prevention; local chapters of the Association for Professionals in Infection Control and Epidemiology; Texas Medical Association, 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, DADS, Texas Department of Transportation, Texas Workforce Commission, Department of Assistive and Rehabilitative Services, 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 Funeral Service Commission, Texas Medical Board, Texas Board of Nursing, Texas Department of Agriculture, and Texas State Commission on Judicial Conduct.

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
A.1.2. Health Data and Analysis (continued).	**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 for Medicare & Medicaid Services (CMS), Agency for Healthcare Research and Quality, Agency for Toxic Substances and Disease Registries, Department of Veteran Affairs, and EPA.
A.2.1. Immunize Children and Adults in Texas. Provides services to prevent, control, reduce, and eliminate vaccine-preventable diseases in children and adults, with emphasis on children under 36 months of age.	**Direct Consumers:** DSHS operates the Texas Vaccine for Children and Adult Safety Net Program to provide immunizations for eligible children, adolescents, and adults, and educates and performs 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.

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
A.2.1. Immunize Children and Adults in Texas (continued).	**Schools and Childcare Facilities:** DSHS provides education and technical assistance to school and childcare facilities on school immunization requirements. 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 DFPS and HHSC in the delivery of immunization services.
A.2.2. HIV/STD Prevention. Provides human immunodeficiency virus (HIV)/sexually transmitted disease (STD) surveillance, prevention and service programs, and public education about HIV/STD disease prevention.	**Direct Consumers:** DSHS provides access to HIV treatment and care services, including life-enhancing medications, for low-income, uninsured persons. DSHS also provides ambulatory medical care and supportive services to persons with HIV disease through contracted providers. DSHS contracts to provide HIV testing, linkage to HIV related medical care and behavior change interventions to prevent the spread of HIV and other STDs. DSHS provides testing for STDs, medications for some STDs, and disease intervention and partner services to reduce the spread of STDs.

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
A.2.2. HIV/STD Prevention (continued).	**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 HIV Medication Program formulary and policies.

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
A.2.3. Infectious Disease Prevention, Epidemiology and Surveillance. Plays a vital role in defining, maintaining, and improving public health response to disasters, disease outbreaks, or healthcare-associated infections and in creating plans for effective disease prevention.	**Citizens of Texas:** DSHS coordinates disease surveillance and outbreak investigations and provides information on the occurrence of disease and prevention and control measures. DSHS conducts surveillance for and investigations of infectious diseases, recommends control measures, 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 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.

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
A.2.3. Infectious Disease Prevention, Epidemiology and Surveillance (continued).	**Medical Community:** DSHS provides information and consultation to the human and veterinary medical communities and to healthcare professionals personally and through professional organizations, presentations and posters at scientific meetings, and peer-reviewed publications.
A.2.4 TB Surveillance & Prevention. Provides Tuberculosis (TB) disease prevention education; treatment information and options; health promotion and public awareness campaigns, and surveillance of existing diseases.	**Citizens of Texas:** 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 to promote 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. DSHS provides health assessment services for newly arriving refugees and other program eligible clients such as certified victims of trafficking. Cuban parolees, asylees, and persons with special immigrant visas.

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
A.2.4 TB Surveillance & Prevention (continued).	**Local Government:** DSHS contracts with local health departments to provide outpatient clinical and public health services for TB, refugee health assessments and Hansen's disease management. DSHS works with DSHS health service regions and local health department's providers on TB binational projects and other special projects targeting individuals and groups at high risk for TB. DSHS provides capacity building, technical assistance, and training services to contracted providers on TB, Hansen's disease and refugee health assessment activities. DSHS works in collaboration with local health departments and health service regions 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. Office of Refugee Resettlement, the National Hansen's Disease Program, Bureau of Prisons, Immigration Customs Enforcement, U.S. Marshal's Office on disease surveillance, reporting and management.

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
A.2.4 TB Surveillance & Prevention (continued).	**Medical Community:** DSHS provides consultation services to healthcare professionals on TB, Hansen's disease and refugee health assessment activities. DSHS partners with Heartland National TB Center, a CDC Regional Training and Medical Consultation Center to provide trainings to health care professionals and to maintain an educated TB work force. DSHS also participates in professional organizations including conducting presentations and presenting posters at scientific meetings and submitting peer-reviewed publications.
A.3.1. Health Promotion and Chronic Disease Prevention. Provides health promotion and wellness activities for the elimination of health disparities and the reduction of primary/secondary risk factors for certain common, disabling chronic conditions that place a large burden on Texas healthcare resources.	**Citizens of Texas:** DSHS provides awareness and educational resources/materials for diabetes, Alzheimer's disease, cancer, asthma, kidney disease 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 and Cancer Alliance of Texas. **Healthcare Professionals:** DSHS provides toolkits that include professional and patient education materials featuring self-management training, minimum standards of care, and evidence-based treatment algorithms.

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
A.3.1. Health Promotion and Chronic Disease Prevention (continued).	**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 and Communities:** 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. **State Agencies:** DSHS works with state agency worksite wellness coordinators to implement health promotion and wellness activities in Texas state agencies.
A.3.2. Reducing the Use of Tobacco Products Statewide. Provides comprehensive tobacco prevention and control activities.	**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. **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.

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
A.3.3. Abstinence Education. Provides abstinence education to priority populations to decrease the birth rate among teens, decrease the proportion of adolescents engaged in sex, decrease the incidence of sexually transmitted infections in adolescents, and increase adolescents' interest in further education.	**Adolescents and Parents:** DSHS 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:** DSHS contracts with providers to provide abstinence education curricula and service learning projects during in-school and after-school interventions. **School Districts:** DSHS provides workshops, webinars, trainings, toolkits, brochures, and workbooks for school districts across Texas. **Community, Faith-based, and Health Organizations:** DSHS provides toolkits, brochures, and workbooks for organizations.
A.3.4. Kidney Health Care. Provides healthcare specialty services and the infrastructure required to determine client eligibility and to process claims.	**Direct Consumers:** DSHS 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.
A.3.5. Children with Special Health Care Needs. Provides services to eligible children with special healthcare needs in the areas of early identification, diagnosis, rehabilitation, family support, case management, and quality assurance.	**Direct Consumers:** 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. DSHS staff also provides case management.

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
A.3.5. Children with Special Health Care Needs (continued).	**External Partners:** 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. 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. 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.
A.3.6. Epilepsy Services. Provides treatment support and/or referral assistance to reduce disability and premature death related to epilepsy.	**Direct Consumers:** DSHS provides clinical and support services through contracted providers to Texas residents with epilepsy or seizure-like symptoms who meet specific eligibility requirements. **Contracted Providers:** DSHS 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. **External Partners:** DSHS interacts with professional organizations, including TMA, THA, and with statewide epilepsy entities.
A.3.7. Hemophilia Services. Provides treatment support and/or referral assistance to reduce disability and premature death related to hemophilia.	**Direct Consumers**: DSHS provides financial assistance for people with hemophilia to pay for their blood factor replacement products. **Contracted Providers:** DSHS contracts with pharmacies for hemophilia services. Local health entities, schools of public health, and universities may be contracted providers.

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
A.3.7. Hemophilia Services (continued).	**External Partners:** DSHS interacts with professional organizations, including hemophilia treatment centers, TMA, and THA, and with statewide hemophilia networks.
A.4.1. Laboratory Services. Provides laboratory testing to diagnose and investigate community health problems and health hazards.	**Citizens of Texas:** DSHS screens pregnant women for infectious diseases; tests for 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. **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.
B.1.1. Provide WIC Services: Benefits, Nutrition Education & Counseling. Provides nutrition education and food assistance to eligible infants, children, and women and provides breastfeeding promotion and support. Also provides nutrition, physical activity, and obesity prevention; public health surveillance; planning and policy development; funding for community-based interventions; facilitation of state/local coalitions to promote nutrition; training for medical and public health professionals; and public education.	**Direct Consumers:** DSHS 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:** DSHS provides funding and support to communities through a competitive process to implement population level, evidence-based approaches to obesity prevention. **Contracted Providers:** DSHS 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:** DSHS provides subject matter expertise to a variety of external partners.

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
B.1.2. Women and Children's Health Services. Provides direct, enabling, population-based, and infrastructure-building services for women and children.	**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 promotores/community health workers and training instructors. **Texas School Health Advisory Committee:** DSHS provides administrative support to this advisory committee.

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
B.1.2. Women and Children's Health Services (continued).	**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 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, Susan G. Komen Foundation, LIVESTRONG Foundation, 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.
B.1.3. Community Primary Care Services. Provides services to the medically uninsured, underinsured, and indigent persons who are not eligible to receive services from other funding sources; assesses the need for health care; designates parts of the state as health professional shortage areas; recruits and retains providers to work in underserved areas; identifies areas that are medically underserved; and provides funding to communities for improved access to primary medical/dental/behavioral health care.	**Direct Consumers:** DSHS provides clinical services through contracted providers to Texas residents who meet specific eligibility requirements. **Contracted providers:** DSHS contracts with nonprofit organizations such as LHDs, hospital districts, university medical centers, FQHCs, and other community-based organizations.

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
B.1.3. Community Primary Care Services (continued).	**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.
B.2.1. Mental Health Services for Adults. Provides community services designed to allow adults with mental illness to attain the most independent lifestyle possible.	**Contracted Services:** DSHS 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, DSHS 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.

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
B.2.2. Mental Health Services for Children. Provides community services for children and adolescents ages 3-17.	**Contracted Services:** DSHS 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, DSHS 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.
B.2.3. Community Mental Health Crisis Services. Ensures statewide access to competent rapid response services, avoidance of hospitalization, and reduction in the need for transportation.	**Contracted Services:** DSHS 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.

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
B.2.3. Community Mental Health Crisis Services (continued).	Additionally, DSHS 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.
B.2.4. NorthSTAR Behavioral Health Waiver. Provides managed behavioral healthcare services to persons residing in Collin, Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwell counties.	NorthSTAR ceases to exist as of 12/31/2016. Beginning January 1, 2017, funds to provide services, other than Medicaid behavioral health services, previously available through NorthSTAR, will be allocated to the North Texas Behavioral Health Authority (NTBHA) and to the local behavioral health authority (LBHA) serving Collin County, an entity known as LifePath Systems. Program support will be continued for approximately 6-12 months after the start of the new system to ensure a smooth transition to the new model of service delivery.
B.2.5. Substance Abuse Prevention, Intervention and Treatment. Establishes, develops, and implements coordinated and integrated prevention, treatment, and recovery substance abuse services.	**Contracted Services:** DSHS 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. DSHS contracts with state licensed programs to deliver treatment services to adolescents and adults who meet DSM-V criteria for substance abuse or dependence.

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
B.2.5. Substance Abuse Prevention, Intervention and Treatment (continued).	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. DSHS also funds recovery support services such as housing, employment, and recovery coaching in order to develop long-term recovery in communities around the state.
B.3.1. EMS and Trauma Care Systems. Develops a statewide emergency medical services (EMS) and trauma care system that is fully coordinated with all EMS providers and hospitals.	**Citizens of Texas:** DSHS insures a coordinated statewide trauma system and designates trauma and stroke facilities in Texas.
B.3.2. Indigent Health Care Reimbursement (UTMB). Provides funds for unpaid healthcare services to expand access to healthcare.	**University of Texas Medical Branch at Galveston (UTMB):** DSHS transfers funds for unpaid healthcare services provided to indigent patients.
B.3.3. County Indigent Health Care Services. Provides reimbursement upon request to counties not fully served by a public hospital or a hospital district once they have expended 8% of their General Revenue Tax Levy on indigent health care.	**Local Governments:** DSHS provides technical assistance to counties regarding program compliance and assistance with Supplemental Security Income and Medicaid claim submission.
C.1.1. Texas Center for Infectious Disease (TCID). Provides for more than one level of inpatient and outpatient care, education, and other services for patients with TB or Hansen's disease.	**Direct Consumers:** DSHS directly provides inpatient and outpatient care, education, and other services for patients with TB or Hansen's disease. Patients are admitted by court order or clinical referral for TB, Hansen's disease, or other diseases that are too severe for treatment elsewhere.
C.1.2. Rio Grande State Outpatient Clinic. Provides services, either directly or by contract with one or more public or private health care providers or entities, to the residents of the Lower Rio Grande Valley.	**Direct Consumers:** DSHS provides outpatient primary health care, including outpatient primary care and internal medicine clinic; pharmacy and patient drug assistance program; cancer screening; women's health clinic (sexually transmitted disease screening); medical nutrition therapy; and diabetes education and lab services to indigent adult residents throughout a four-county service area (Cameron, Hidalgo, Willacy, and Starr counties).

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
C.1.2. Rio Grande State Outpatient Clinic (continued).	DSHS operates the South Texas Public Health Laboratory on the campus of RGSC to partially serve the public health laboratory needs for Health Service Region 11.
C.1.3. Mental Health State Hospitals. Provides specialized inpatient services in state psychiatric facilities.	**Direct Consumers:** DSHS 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. DSHS 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.
C.2.1. Mental Health Community Hospitals. Provides inpatient services in response to local needs through small psychiatric hospitals.	**Contracted Services:** DSHS 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.

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
D.1.1. Food (Meat) and Drug Safety. Licenses, inspects, and regulates manufacturers, producers, wholesale distributors, food managers and workers, harvest areas, meat and poultry processors, rendering facilities, and retailers of foods, drugs, and medical devices.	**Citizens of Texas:** DSHS protects citizens 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 citizens from unsafe drugs, medical devices, cosmetics, and tattoo and body-piercing procedures through regulation. DSHS protects school age children by inspecting school cafeterias.
D.1.2. Environmental Health. Protects the public from exposure to asbestos, lead-based paints, hazardous chemicals and other agents through various means including licensing, inspection, investigation, collection and dissemination of data, enforcement, and consultation.	**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.
D.1.3. Radiation Control. Ensures the effective regulation of all sources of radiation.	**Citizens of Texas:** DSHS prevents unnecessary radiation exposure to the public through effective licensing, registration, inspection, enforcement, and emergency response.
D.1.4. Health Care Professionals. Ensures timely, accurate issuance of licenses, registrations, certifications, permits, or documentations and investigates complaints and takes enforcement action as necessary to protect the public.	**Citizens of Texas:** DSHS regulates and sets standards for allied health professions, including counselors, emergency medical professionals, social workers, midwives, massage therapists, sanitarians, athletic trainers, medical radiologic technologists, and fitters and dispensers of hearing instruments.

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
D.1.5. Health Care Facilities. Assures quality healthcare delivery by regulating health facilities/entities and organizations that provide care and services to the Texas consumers.	**Citizens of Texas:** DSHS monitors the healthcare delivery in regulated healthcare facilities through licensing and inspection activities to assure high quality care is provided in hospitals, abortion facilities, birthing centers, psychiatric facilities, ambulatory surgical centers, end stage renal disease facilities, and free standing emergency medical care facilities.
D.1.6. Texas.gov Estimated and Nontransferable. Establishes a common electronic infrastructure through which Texas citizens, state agencies, and local governments are able to register and renew licenses.	**Regulated Entities:** DSHS is statutorily permitted to increase occupational license, permit, and registration fees imposed on licensees by an amount sufficient to cover the cost of the subscription fee charged by TexasOnline.
E.1.1. Central Administration. **E.1.2. Information Technology Program Support.** **E.1.3. Other Support Services.** **E.1.4. Regional Administration.**	**DSHS Employees:** DSHS provides administrative support for DSHS employees and programs.
F.1.1. Laboratory (Austin) Bond Debt. Pays debt service on special revenue bonds issued to build a laboratory and parking structure.	**Citizens of Texas**: DSHS provides testing at the Austin laboratory to diagnose and investigate community health problems and health hazards.
F.1.2. Capital Repair and Renovation: Mental Health Facilities. Funds the necessary repair, renovation, and construction projects required to maintain the state's psychiatric hospitals at acceptable levels of effectiveness and safety.	**Direct Consumers:** DSHS spends general obligation bond funds on state mental hospital buildings 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.
G.1.1. Texas Civil Commitment Office. Performs the duties related to the sexually violent predator civil commitment program.	The civil commitment of sexually violent predators function was transferred to a new agency, the Texas Civil Commitment Office, effective September 1, 2015.

APPENDIX E: CUSTOMER INVENTORY FOR THE HEALTH AND HUMAN SERVICES COMMISSION (HHSC)

DESCRIPTION OF SERVICES PROVIDED TO CUSTOMERS BY BUDGET STRATEGY

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
A.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.
A.1.2. Integrated Eligibility and Enrollment Provide accurate and timely eligibility and issuance services for financial assistance, medical benefits, and food stamps**.**	**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.
A.2.1. Consolidated System Support. Improve the operations of health and human service agencies through coordinated efficiencies in business support functions.	**Other HHS Agencies.** HHSC provides the leadership for consolidating across the system the functions of: information technology, human resources, civil rights, procurement, ombudsman and other services, e.g. facility management and leasing and regional operations.

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
B.1.1. Aged and Medicare-Related. Provide medically necessary health care in the most appropriate, accessible, and cost effective setting to aged and Medicare-related Medicaid-eligible persons.	**Medicaid Consumers:** HHSC Medicaid/CHIP division provides health care 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.
B.1.2. Disability-Related. Provide medically necessary health care in the most appropriate, accessible, and cost effective setting to disability-related Medicaid-eligible adults and children.	**Medicaid Consumers:** HHSC Medicaid/CHIP division provides health care 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.
B.1.3. Pregnant Women. Provide medically necessary health care in the most appropriate, accessible, and cost effective setting to Medicaid-eligible pregnant women.	**Medicaid Consumers:** HHSC Medicaid/CHIP division provides health care 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.
B.1.4. Other Adults. Provide medically necessary health care in the most appropriate, accessible, and cost-effective setting to eligible TANF-level adults, medically needy, and other adults who are principally income-level eligible (non-pregnant, non-Medicare, non-disability-related).	**Medicaid Consumers:** HHSC Medicaid/CHIP division provides health care 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 (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
B.1.5. Children. Provide medically necessary health care in the most appropriate, accessible, and cost effective setting to newborn infants and Medicaid eligible children who are neither disability-related nor Medicare eligible.	**Medicaid Consumers:** HHSC Medicaid/CHIP division provides health care to Medicaid eligible child recipients.
B.2.1. Non-Full Benefit Payments. Provide medically necessary health care to Medicaid eligible recipients for certain services not covered under the insured arrangement including: federally qualified health centers, undocumented persons, school health, and related services.	**Medicaid Consumers:** HHSC Medicaid/CHIP division provides health care 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.
B.2.2. Medicaid Prescription Drugs. Provide prescription medications 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.
B.2.3. 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 (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
B.2.4. Health Steps (EPSDT) Dental. Provide dental care in accordance with federal mandates to Medicaid eligible children.	**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.
B.2.5. Medicare Payments. Provide accessible premium-based health services to Medicaid-eligible aged and disability related persons who are also eligible for Title XVIII Medicare coverage.	**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.
B.2.6. Transformation Payments. Maximize federal funding to provide supplemental Medicaid reimbursement for uncompensated care and delivery system reform incentives under the 1115 waiver. Historically, provide children's hospital Upper Payment Limit match.	**Hospitals/Providers:** States may receive federal funding to provide hospitals supplemental payments to cover inpatient and outpatient services that exceed regular Medicaid rates.
B.3.1. Medicaid Contracts and Administration. Administer efficient and effective Medicaid program, set the overall policy direction of the state Medicaid program, manage interagency initiatives to maximize federal dollars, and provide resources for client services delivered by other HHS agencies.	**Other HHS Agencies.** HHSC provides the leadership and policy planning for administration of the state Medicaid Office across the HHS system.

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
C.1.1. CHIP. Provide health care to uninsured children who apply and are determined eligible for insurance through CHIP. **C.1.2. CHIP Perinatal Services.** Provide health care to perinates whose mothers apply and are determined eligible for insurance through CHIP. **C.1.3. CHIP Prescription Drugs.** Provide prescription medication to CHIP-eligible recipients (includes all CHIP programs as their recipients), as provided by the treating physician. **C.1.4. CHIP Contracts and Administration.** Administer efficient and effective CHIP program, including contracted administration, and set overall policy direction of CHIP programs.	**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.
D.1.1. TANF (Cash Assistance) Grants. Provide TANF 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.
D.1.2. 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.
D.1.3. Disaster Assistance. Provide disaster 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.

STRATEGY (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
D.2.1. 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.
D.2.2. Alternatives to Abortion. 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).
D.2.3. Texas Women's Health Program. Provide low-income women with family planning services, related health screenings, and birth control.	**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 (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
D.2.4. Child Advocacy Programs. Provide child advocacy centers and court-appointed volunteer advocate programs statewide.	**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.
E.1.1. 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.
E.1.2. IT Program Support.	**HHS Employees.** HHSC provides central information resource management and support services for HHS employees.
E.1.3. Regional Program Support.	**Other HHS Agencies:** HHSC provides the leadership to assist the HHS agencies in developing in providing to support to regional programs. **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.
F.1.1. Texas Integrated Eligibility Redesign System (TIERS) and Eligibility Technologies. Texas TIERS re-design system and eligibility supporting technology capital.	**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 (As currently listed in ABEST as of March 2016)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
G.1.1. Office of Inspector General (OIG). Eliminate fraud, abuse, and waste in HHS programs.	**Citizens of Texas/Taxpayers:** 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.

APPENDIX F: GLOSSARY OF ACRONYMS

AAA – Area Agency on Aging

ACF – Administration for Children and Families

ADL – Activities of Daily Living

AHRQ –Agency for Healthcare Research and Quality

AMH – Adult Mental Health

APS – Adult Protective Services

AR – Alternative Response

ASN – Adult Safety Net

BET – Business Enterprises of Texas

CAHPS® – Consumer Assessment of Healthcare Providers and Systems

CDC – Centers for Disease Control and Prevention

CEA – Consumer and External Affairs

CFCIP – John H. Chafee Foster Care Independence Program

CHIP – Children's Health Insurance Program

CLS – Community Living Supports

CMS – Centers for Medicare and Medicaid Services

CPRIT – Cancer Prevention and Research Institute of Texas

CPS – Child Protective Services

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

DFPS – Department of Family and Protective Services

DRS – Division for Rehabilitation Services

DSHS – Department of State Health Services

ECI – Early Childhood Intervention

EMR – Employee Misconduct Registry

EMS – Emergency Medical Services

EOB – Explanation of Benefits

EPA – Environmental Protection Agency

ESRD – End Stage Renal Disease

FDA – Food and Drug Administration

FQHC – Federally Qualified Health Centers

HCS – Home and Community-based Services

HHS – Health and Human Services

HHSC – Health and Human Services Commission

HRSA – Health Resources and Services Administration

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

KHC – Kidney Health Care

LA – Local Authorities

LHD – Local Health Departments

LSDP – Lone Star Delivery and Process

LTSSQR – Long-Term Services and Supports Quality Review

MCO – Managed Care Organization

MHSIP –Mental Health Statistics Improvement Program

MI – Mental Illness

NACES – Nurse Aide Competency Evaluation Service Plus Foundation, Inc.

NAR – Nurse Aide Registry

NATCEP – Nurse Aide Training and Competency Evaluation Program

NCI – National Core Indicators

NF – Nursing Facility

NFQR – Nursing Facility Quality Review

NYTD – National Youth in Transition Database

OIG – Office of Inspector General

OO – HHSC Office of the Ombudsman

OSEP – Office of Special Education Programs

PACE – Program for All-Inclusive Care for the Elderly

PAL – Preparation for Adult Living

PEI – Prevention and Early Intervention

PHSU – Purchased Health Services Unit

PLCU – Regulatory Services Professional Licensing and Certification Unit

PQCU – Patient Quality Care Unit

QMB – Qualified Medicare Beneficiary

SNAP – Supplemental Nutrition Assistance Program

SNF – Skilled Nursing Facility

SSA – Social Security Administration

SSDI – Social Security Disability Insurance

SSI – Supplemental Security Income

SSLC – State Supported Living Centers

STAR – State of Texas Access Reform

TANF – Temporary Assistance for Needy Families

TB – Tuberculosis

TDLR – Texas Department of Licensing and Regulation

TER – Texas Electronic Registrar

THA – Texas Hospital Association

TMA – Texas Medical Association

TMB – Texas Medical Board

TVFC – Texas Vaccines for Children

TxHml – Texas Home Living program

UFSRC – University of Florida Survey Research Center

VR – Vocational Rehabilitation

WIC – Special Supplemental Program for Women, Infants, and Children

YSSF – Youth Services Survey for Families