2018 Report on Customer Service

As Required by

Texas Government Code,

§2114.002

Texas Health and Human

Services System

May 18, 2018

TEXAS
Health and Human
Services

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Executive Summary

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

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

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

Individual Agency Surveys

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

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c. Mental Health Statistics Improvement Program Inpatient Consumer Survey

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

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

1. Introduction

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

HHS System Mission and Budget Strategies

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

Previous Reports on Customer Service

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

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

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

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

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

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

Surveys Included in 2018 Report on Customer Service

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

Table 1: Department of Family and Protective Services Surveys

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

Table 2: Department of State Health Services Surveys

Program Area	Name	Data Collection	N	Survey Population
Community Health Improvement	Children with Special Health Care Needs Systems Development Group Case Management and Family Supports and Community Resources Family Satisfaction Surveys	9/1/2016—8/31/2017	2,263	Families of children and youth with special health care needs who received services from contracted providers
Consumer Protection Division	Regulatory Licensing Unit (Business Filing and Verification Section – Effective September 1, 2017) Customer Service Satisfaction Survey	9/1/2015—8/31/2016 9/1/2016—8/31/2017	275 220	Customers of the Regulatory Licensing Unit (businesses and facilities regulated by the state)
Consumer Protection Division	Surveillance Section Customer Service Satisfaction Survey	3/1/2014—1/20/2018	446	Regulated entities that interact with Surveillance Section staff
Laboratory and Infectious Disease	Texas Vaccines for Children (TVFC) Program – Clinic Site Visits	5/25/2016—1/29/2018	1,347	Healthcare providers who order and administer vaccines to TVFC-eligible children and received a site visit during the contract year
Laboratory and Infectious Disease	Laboratory Services Testing Customer Satisfaction Survey	9/1/2014—8/31/2015 9/1/2015—8/31/2016 9/1/2016—8/31/2017	608 608 686	Facilities that receive services from the Laboratory Services Section
Laboratory and Infectious Disease	Laboratory Courier Program Satisfaction Survey	9/1/2015—8/31/2016 9/1/2016—8/31/2017	147 147	Healthcare facility customers of the Laboratory Services Courier Program
Laboratory and Infectious Disease	South Texas Laboratory – Water Sample Testing	1/2015—2/6/2015	25	Submitters of water samples to the South Texas Laboratory
Laboratory and Infectious Disease	South Texas Laboratory - Clinical Testing	8/2016	29	Regional Clinics and TB Elimination Submitters to the South Texas Laboratory

Program Area	Name	Data Collection	N	Survey Population
Laboratory and Infectious Disease	Texas HIV Medication Program	9/2016 3/2017 4/2017	88 39 46	Participating pharmacies, agency staff who work directly with the program, and persons who have applied for or are recipients of the Texas HIV Medication Program
Regional and Local Health Operations	Public Health Regions 2/3 Safe Riders Survey	9/1/2015—8/31/2017	17	Child caregivers in Tarrant County who completed the Safe Riders educational classes and were provided a child car seat
Regional and Local Health Operations	Public Health Regions 2/3 Immunizations Clinic Survey	9/1/2015—8/31/2016 9/1/2016—8/31/2017	893 1,386	Clients in Public Health Regions 2/3 attending immunization clinics
Regional and Local Health Operations	Public Health Regions 2/3 Specialized Health and Social Services	06/2017—08/2017	28	Clients of Personal Care Services (PCS)/Community First Choice (CFC), Children with Special Health Care Needs (CSHCN) Services Program, and Medicaid Case Management for Children and Pregnant Women (CPW)
Regional and Local Health Operations	Public Health Regions 4/5N - Retail Foods/General Sanitation Program	01/2016—12/2016	246	Facilities that are inspected by the Retail Foods/General Sanitation Program in Region 4/5 N
Total			**9,544**	

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

Table 3: Health and Human Services Commission Surveys

Program Area	Name	Data Collection	N	Survey Population
Children's Healthcare Coverage	STAR Child Caregiver Member Survey	5/2017—8/2017	9,584	Caregivers of children who received services funded through the Medicaid STAR program
Children's Healthcare Coverage	Children's Health Insurance Program (CHIP) Caregiver Member Survey	5/2017—8/2017	6,025	Caregivers of children who received services through CHIP
Children's Healthcare Coverage	Medicaid and CHIP Dental Caregiver Survey	8/2017—10/2017	1,200	Caregivers of children receiving dental services through Medicaid and CHIP
Children's Healthcare Coverage	STAR Health Caregiver Member Survey	6/2016—7/2016	301	Caregivers of children who received services funded through the STAR Health program
Adult Healthcare Coverage	STAR Adult Member Survey	5/2016—8/2016	4,579	Adults who received services funded through the Medicaid STAR program
Adult Healthcare Coverage	STAR+PLUS Adult Member Survey	5/2016—8/2016	2,283	Adults with disabilities who received services through the Medicaid STAR+PLUS program
Access and Eligibility Services	Supplemental Nutrition Assistance Program (SNAP) Community Partner Interview (CPI) Surveys	6/2016 6/2017	678 762	Individuals who apply for SNAP benefits at each of five Texas food banks
Access and Eligibility Services	YourTexasBenefits.Com Survey	1/2017—12/2017	69,329	Customers who used YourTexasBenefits.com to manage or enroll in benefits
Legacy Department of Aging and Disability Services (DADS) Surveys	Nursing Facility Quality Review*	3/2015—4/2016	1,556	Individuals living in Medicaid-certified nursing facilities in Texas

Program Area	Name	Data Collection	N	Survey Population
Legacy DADS Surveys	Long-Term Services and Supports Quality Review**	01/2015—08/2015	4,971 adults 1,913 families	People receiving services and supports through home, community-based, and institutional programs offered by DADS. As described on pages 73–80, two populations were surveyed: adults and families of children.
Legacy DADS Surveys	Consumer Rights and Services Survey	9/1/2015—8/31/2016 9/1/2016—8/31/2017	4,865 5,756	Callers who contacted the Consumer Rights and Services Complaint Intake Call Center
Legacy Department of Assistive and Rehabilitative Services (DARS) Surveys	Early Childhood Intervention Family Survey	4/2016—7/2016 4/2017—7/2017	1,398 1,475	Parents or guardians of children enrolled in the DARS Early Childhood Intervention (ECI) program, which serves children from birth to 36 months of age who have developmental delays or disabilities
Legacy DARS Surveys	Independent Living Services Customer Satisfaction Survey	9/1/2015—8/31/2016	194	Customers who had received Independent Living Services (support to help people with disabilities live independently) and whose cases had been closed
Legacy DARS Surveys	Blind Children's Vocational Discovery and Development Program (BCVDDP) Customer Satisfaction Survey	9/1/2015—8/31/2016	452	Parents of children in BCVDDP who had open cases with DARS in SFY 2016

Program Area	Name	Data Collection	N	Survey Population
Legacy DARS Surveys	Autism Program Satisfaction Survey	8/1/2016—8/31/2017	90	Families whose children have completed Autism Program services and exited the program, and families whose children have aged out of the Autism Program.
Legacy Department of State Health Services (DSHS) Surveys	Mental Health Statistics Improvement Program Youth Services Survey for Families	3/2016—9/2016 3/2017—9/2017	157 392	Parents of children/ adolescents age 17 or younger who receive community-based mental health services from HHSC, Behavioral Health Services
Legacy DSHS Surveys	Mental Health Statistics Improvement Program Adult Mental Health Survey	3/2016—9/2016 3/2017—9/2017	248 354	Adults age 18 or older who receive community-based mental health services from HHSC, Behavioral Health Services
Legacy DSHS Surveys	Mental Health Statistics Improvement Program Inpatient Consumer Survey	9/1/2015—8/31/2016 9/1/2016—8/31/2017	3,224 2,644	Adolescents (ages 13—18) and adults who received services in state-run psychiatric hospitals
Legacy DSHS Surveys	Women, Infants, and Children (WIC) Nutrition Education Survey	2/2017	5,049	Adults who received nutrition education through the WIC program
Total			**129,479**	

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

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

Report Format

This 2018 Customer Satisfaction Report presents summaries of the results of customer surveys conducted by DFPS, DSHS, and HHSC. Each summary includes the sample and survey methods, the main findings and, if available, a link to the

full report. These results present important information about customer satisfaction with services provided by HHS agencies.

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

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

2. Department of Family and Protective Services

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

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

I. Child Protective Services

National Youth in Transition Database Survey

Purpose

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

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

NYTD is a longitudinal study that tracks outcomes of youth and young adults who have been involved in the foster care system. Every three years, states collect data on a new cohort of 17-year-old youth in foster care, which comprises data for the study. Two years later at age 19, a random sample of the youth with baseline data

is surveyed again. Finally, this random sample is surveyed again two years later, when the youth are age 21. The data allow researchers to access the outcomes these youth experience when they leave foster care and transition to adult living.

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

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

Sample and Methods

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

- Paper survey, in person and by mail
- Online survey, through email
- Phone
- Text

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

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

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

Major Findings

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

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

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

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

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

Table 5: NYTD Survey: Risk Factors and Concerning Outcomes

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

Table 6: NYTD: Public Assistance

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

II. Adult Protective Services

Adult Protective Services 2017 Community Satisfaction Survey

Purpose

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

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

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

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

Sample and Methods

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

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

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

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

Major Findings

The findings of the study were APS community engagement efforts are effective. The results reinforce the continued need for outreach efforts and continued

collaborations with local communities, law enforcement, and the judiciary. These survey results also provide valuable insight for making improvements and strengthening partnerships with civic and professional organizations at the local and state level. APS will continue to assess, strengthen, and improve relationships with the judiciary and law enforcement.

Category 1 of Findings (Safety and Dignity)

- Most stakeholder groups either "agreed" or "strongly agreed" with the statement, "APS ensures the safety and dignity of vulnerable adults in this community."
- All four stakeholder groups indicated their level of agreement with the statement, "APS ensures the safety and dignity of vulnerable adults in this community." Again, APS community board respondents had the highest level of overall agreement with the statement (95 percent). Community partners had the next highest level of agreement, at 83 percent. Judicial and law enforcement respondents had the lowest levels of agreement, at 77 percent and 73 percent, respectively. Overall, 85 percent of respondents agreed that APS ensures the safety and dignity of vulnerable adults.

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

- Most stakeholder groups either "agreed" or "strongly agreed" that "There is a good working relationship between [community organizations, law enforcement, and the judiciary] and APS in this community."
- On these statements, community board members had the highest level of agreement (96 percent) and were most likely to strongly agree. There were similar levels of agreement among community partners (79 percent) and law enforcement (79 percent). The judiciary had the lowest level of agreement (69 percent). Overall, 83 percent of respondents reported a good working relationship with APS.

Category 3 of Findings (Understanding of APS Mission)

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

Category 4 of Findings (Judiciary Results)

- Forty individuals responded to the Judicial Partners survey in 2017, of whom 60 percent (24 individuals) were judges. Other roles included attorneys, court investigators, and probate staff. Of the 24 judges, nearly 60 percent (14 judges) reported having had an APS case appear before their court in the past 2 years.
- In 2017, overall levels of agreement with the feedback statements ranged from 69 percent to 92 percent.

Category 5 of Findings (Law Enforcement Results)

- There were 72 respondents to the Law Enforcement survey in 2017, of whom 69 percent (50 individuals) were law enforcement officers. Most other respondents were with victim or community services. Of the 50 law enforcement officers, 70 percent (35 officers) reported having worked on a case with APS in the past 2 years. Of these officers, 94 percent indicated that they had been in contact with APS staff in the past 2 years. In 2017, overall levels of agreement with the feedback statements ranged from 38 percent to 85 percent.
- The great majority of officers (80 percent) reported that they use the law enforcement hotline, with a few of these officers reporting the use of supplementary methods.

Category 6 of Findings (Community Organizations Results)

- There were 315 respondents to the Community Partners survey in 2017, of whom 93 percent were staff and 6 percent were volunteers with an agency, organization or service in their community. Of those respondents who identified with an agency or organization (281 individuals), most (69 percent) indicated that they had been with their organization for 5 years or more. A majority of respondents (87 percent) reported that they had been in contact with APS staff in the past 2 years. Of these, most (51 percent) indicated that they had been in contact with APS staff once or twice a year. Others reported more frequent contact, either once a month (37 percent) or at least once a week (12 percent).
- The agreement for each statement declined from 2007 to 2017 and overall average agreement has declined about 7 percentage points overall from 88 percent at the beginning of the decade to 81 percent in the most recent survey.

Category 7 of Findings (Community Boards Results)

- Overall, 85 percent to 97 percent of respondents reported that they "agreed" or "strongly agreed" with the statement, "APS is an important component of my community's resource network."
- In the past 10 years, levels of percent agreement with the feedback statements in the APS Community Boards survey have been consistently high, with most statements attaining at least 90 percent agreement.

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

III. Consumer Relations

Office of Consumer Relations 2017 Community Satisfaction Survey

Purpose

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

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

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

The study population includes any current or previous DFPS clients, their families and the general public who wished to complete the optional survey in regards to the customer service provided by OCR. The survey allows for these individuals to respond anonymously and does not ask for personal or demographic information.

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

Sample and Methods

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

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

Major Findings

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

Table 7: Office of Consumer Relations Survey Results

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

3. Department of State Health Services

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

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

II. Consumer Protection Division
   a. Regulatory Licensing Unit (Business Filing and Verification Section – Effective September 1, 2017) Customer Service Satisfaction Survey
   b. Surveillance Section Customer Service Satisfaction Survey

III. Laboratory and Infectious Disease
   a. Texas Vaccines for Children Program – Clinic Site Visits
   b. Laboratory Services Testing Customer Satisfaction Survey
   c. Laboratory Courier Program Satisfaction Survey
   d. South Texas Laboratory – Water Sample Testing
   e. South Texas Laboratory - Clinical Testing
   f. Texas HIV Medication Program

IV. Regional and Local Health Operations
   a. Public Health Regions 2/3 Safe Riders Survey
   b. Public Health Regions 2/3 Immunizations Clinic Survey
   c. Public Health Regions 2/3 Specialized Health and Social Services
   d. Public Health Regions 4/5N - Retail Foods/General Sanitation Program

I. Community Health Improvement

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

Purpose

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

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

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

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

Sample and Methods

CSHCN contractors sought responses from all families served by their organization with CSHCN Systems Development Group funding. All families were sent a survey regardless of their status (active or closed). The study was conducted by paper from September 1, 2016, to August 31, 2017. Surveys were offered in English and in Spanish. Individuals provided their responses by completing the survey themselves and returning them by mail to the contractor. The total number of completed responses was 2,263 out of 4,972 for a response rate of 45 percent.

Major Findings

The findings of the survey were as follows:

- Most respondents (74 percent) reported having access to services and supports when they had questions or concerns about their child.

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

II. Consumer Protection Division

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

Purpose

The Regulatory Licensing Unit (Business Filing and Verification Section – effective September 1, 2017) serves businesses and facilities to maintain the health and safety of Texans. The types of businesses that are served include: retail stores that sell abusable volatile chemicals and bedding, asbestos, bottled water operators, drugs and medical devices, foods, emergency medical services/trauma systems, hazardous products, lead abatement, meat and poultry, milk and dairy, mold assessors and remediators, radiation, retail food and school food establishments, tanning, tattoo, body piercing, and youth camps.

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

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

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

Sample and Methods

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

Major Findings

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

- Most respondents (85 percent) found DSHS staff helpful, courteous, and knowledgeable.
- Most respondents (77 percent) found communicating with DSHS (via telephone, mail, or electronically) an efficient process.
- Most respondents (68 percent) found the DSHS website user-friendly and that it contains adequate information.
- Most respondents (71 percent) reported that their application was easy to file and was processed in a timely manner.
- Most respondents (75 percent) found the forms, instructions, and other information provided by DSHS helpful and easy to understand.

Surveillance Section Customer Service Satisfaction Survey

Purpose

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

food and drug salvagers; milk and dairy; radioactive materials; x-ray and mammography.

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

Sample and Methods

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

Major Findings

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

- Most respondents (99 percent) reported the inspector introduced himself/herself and presented his/her credentials/ID before the inspection.
- Most respondents (98 percent) reported the purpose of the inspection was adequately described at the beginning of the inspection.
- Most respondents (98 percent) reported that the DSHS inspector was prepared and well organized.
- Most respondents (98 percent) reported that the inspection was handled in a courteous and professional manner.
- Most respondents (97 percent) reported that the on-site inspection was completed in a reasonable amount of time and did not unduly interfere with the delivery of services.
- Most respondents (97 percent) reported the inspector clearly explained any applicable state or federal requirements, answered questions adequately, and/or referred them to an alternate source for the information.

- Most respondents (98 percent) reported that the inspector clearly explained their findings.
- Most respondents (87 percent) reported that if deficiencies, observations, or violations were found, the inspector clearly explained the timeframe and/or process for corrective action.
- Most respondents (92 percent) reported that they now have a better understanding or knowledge of state and/or federal requirements affecting their business.

III. Laboratory and Infectious Disease

Texas Vaccines for Children Program – Clinic Site Visits

Purpose

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

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

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

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

Sample and Methods

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

The study was conducted by an online survey implemented between 2016 and 2018. Surveys included in the report were submitted between the dates of May 25, 2016, through January 29, 2018. The survey was offered in English only. Individuals provided their responses by completing and submitting the survey online. The total number of completed survey responses was 1,347 out of 1,479 submitted surveys for a completion rate of 91 percent.

Major Findings

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

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

Laboratory Services Testing Customer Satisfaction Survey

Purpose

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

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

Sample and Methods

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

Table 8: Laboratory Services Testing - Completed Responses

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

Major Findings

The findings of the survey were as follows:

- Respondents reported improvements in access to clear, understandable information as evidenced by satisfaction gains in the ability to receive information by telephone (7 percent gain from SFY 2016 to SFY 2017) and in

the ease of report interpretation (3 percent gain from SFY 2015 to SFY 2017).
- Most respondents (over 70 percent) rated their experience with the LSS as "very satisfied" or "satisfied" for all performance metrics that were evaluated, except for use of electronic-based information and services.

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

Laboratory Courier Program Satisfaction Survey

Purpose

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

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

Sample and Methods

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

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

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

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

Major Findings

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

LSDP Findings

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

FedEx Findings

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

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

Satisfaction Measure	SFY 2016 Proportion of Respondents* (N=105)
Expressed that they are highly satisfied with overall courier services	84%
Expressed that they are somewhat satisfied with overall courier services	10%

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

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

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

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

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

LSDP Findings

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

FedEx Findings

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

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

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

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

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

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

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

South Texas Laboratory – Water Sample Testing

Purpose

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

The purpose of the survey was to receive feedback on how to improve services or correct any complaints the submitter may have encountered. The survey was

conducted by the South Texas Laboratory Water Department. The study population was all water submitters.

Sample and Methods

The study sought responses from all water submitters that are current customers of STL. The study was conducted by paper in January 2015 and returned by February 6, 2015. The surveys were offered in English only. Individuals provided their responses by completing the survey themselves. The total number of completed responses was approximately 25 out of 75 for a response rate of 33 percent.

Major Findings

The findings of the survey were as follows:

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

South Texas Laboratory - Clinical Testing

Purpose

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

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

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

Sample and Methods

The study sought responses from Regional Clinics and TB Elimination Submitters. Participants were identified based on submitter enrollment testing needs. The study was conducted by paper in October 2016. The surveys were offered in English only. Individuals provided their responses by completing the survey themselves. The total number of completed responses was 29 out of 76 for a response rate of 38 percent.

Major Findings

The findings of the study were as follows:

- Most respondents (97 percent) expressed satisfaction with the STL.
- All respondents (100 percent) reported receiving their lab reports in a timely manner (fax, mailed, or other).
- Most respondents (86 percent) reported high satisfaction with the supply ordering process.
- Most respondents (83 percent) reported that their cold boxes arrived at the scheduled time. Some respondents (17 percent) did not use cold boxes.
- Most respondents (76 percent) reported as above and well above average their customer service experience. Some respondents (17 percent) reported average customer service experience.
- Most respondents (86 percent) reported as above and well above average on-time delivery of service. Some respondents (7 percent) reported average on-time delivery of service.
- Most respondents (76 percent) reported above and well above average professionalism. Some respondents (20 percent) reported average professionalism.
- Most respondents (79 percent) reported above and well above average quality of service. Some respondents (17 percent) reported average quality of service.
- Most respondents (72 percent) reported above and well above average understanding of customers' needs. Some respondents (21 percent) reported average understanding of customers' needs.
- Most respondents (66 percent) reported a same or higher STL service rate in comparison to previous modes of submitting specimens (i.e. postal service, other courier service). Some responses (34 percent) were not applicable.
- Most respondents (62 percent) saw a decrease in the number of specimens rejected for stability time or proper temperature in which the specimens were received by STL.

- Most respondents (93 percent) reported satisfaction and high satisfaction with STL staff responsiveness when called with service issues.
- Most respondents (93 percent) reported adequate supplies for sending specimens.
- Two respondents reported that they would like to be able to get their results online or on the Public Health Laboratory Information Management System.
- Two respondents reported that they least liked having to call a courier or drop off boxes for lab specimen pickup.

Texas HIV Medication Program

Purpose

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

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

Sample and Methods

The study sought responses from a convenience sample of respondents. The survey is available on the THMP webpage and can be assessed by any interested stakeholder. The survey asks what type of stakeholder is responding to allow THMP to improve services.

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

The total number of completed responses for the September 2016 survey was 88 out of approximately 150 for a response rate of 59 percent. The total number of completed responses for the March 2017 survey was 39 out of 122 for a response rate of 32 percent. The total number of completed responses for the April 2017

survey was 46 out of 201 for a response rate of 23 percent. This survey is ongoing and may be accessed by a link from the THMP website.

Major Findings

September 2016 survey findings were as follows:

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

March 2017 survey findings were as follows:

- Most respondents (72 percent) reported their most common contact with THMP was the program toll-free number.
- Most respondents (88 percent) indicated that they were either not transferred or transferred once before reaching the correct staff person.
- Most respondents (97 percent) indicated that they were kept on hold for five minutes or less.
- Most respondents (94 percent) indicated that THMP staff accurately and effectively address their concerns or questions.

April 2017 survey findings were as follows:

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

- Most respondents (58 percent) reported that the application or the applications submitted on behalf of clients were easy to submit and processed in a timely manner.

IV. Regional and Local Health Operations

Public Health Regions 2/3 Safe Riders Survey

Purpose

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

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

Sample and Methods

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

Major Findings

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

- Most child caregivers (82 percent) were satisfied with the class time of the day.
- Most child caregivers (79 percent) were satisfied with the class day of the week.
- Most child caregivers (88 percent) felt their knowledge of child safety seats increased.
- Most child caregivers (82 percent) were comfortable installing their child's car seat after the class.
- Some child caregivers (47 percent) were satisfied with the car seat installation.

- Most child caregivers (76 percent) heard about the program through other sources besides school, church, child care centers, and pediatrician offices.

Public Health Regions 2/3 Immunizations Clinic Survey

Purpose

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

The purpose of the survey was to determine satisfaction of clients served through immunization clinics. The survey was conducted by the nursing program staff. The study population was clients in Public Health Regions 2/3 attending immunization clinics.

Sample and Methods

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

Major Findings

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

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

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

- Most clients (96 percent) strongly agreed they felt the staff were very helpful in assisting to complete required forms to receive vaccines.
- Most clients (98 percent) were given information about the immunizations that were recommended for their child or themselves in their primary language.
- Most clients (97 percent) strongly agreed they were given the opportunity to ask questions about the vaccines for their child or themselves.
- Most clients (97 percent) strongly agreed they were given instructions on what to do if they had problems with the immunization that was provided to their child or themselves.
- Most clients (98 percent) strongly agreed they were provided a copy of their child's or their immunizations at the visit.

Public Health Regions 2/3 Specialized Health and Social Services

Purpose

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

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

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

Sample and Methods

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

Major Findings

Approximately 93 percent of those surveyed receive PCS, while the remaining 7 percent receive CSHCN. Most respondents were satisfied with the services they received and indicated that their case managers followed policy. The findings of the study were as follows:

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

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

Purpose

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

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

Sample and Methods

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

The study was conducted by paper and online from January to December of 2016. The surveys were offered in English only. Individuals provided their responses by completing the survey themselves or being helped by staff if needed. The total

number of completed responses was 246 out of 1,895 for a response rate of 13 percent.

Major Findings

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

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

4. Health and Human Services Commission

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

I. Child Healthcare Coverage
   a. STAR Child Caregiver Member Survey
   b. CHIP Caregiver Member Survey
   c. Medicaid and CHIP Dental Caregiver Survey
   d. STAR Health Caregiver Member Survey

II. Adult Healthcare Coverage
   a. STAR Adult Member Survey
   b. STAR+PLUS Adult Member Survey

III. Access and Eligibility Services
   a. Supplemental Nutrition Assistance Program (SNAP) Community Partner Interview (CPI) Surveys
   b. YourTexasBenefits.Com Survey

IV. Legacy DADS Surveys
   a. Nursing Facility Quality Review (NFQR)
   b. Long Term Services and Supports Quality Review (LTSSQR)
   c. Consumer Rights and Services (CRS) Survey

V. Legacy DARS Surveys
   a. Early Childhood Intervention (ECI) Family Survey
   b. Independent Living Services Customer Satisfaction Survey

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

d. Autism Program Satisfaction Survey

VI. Legacy DSHS Surveys

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

b. Mental Health Statistics Improvement Program Adult Services Survey

c. Mental Health Statistics Improvement Program Inpatient Consumer Survey

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

I. Child Healthcare Coverage

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

The surveys about services for children include:

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

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

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

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

STAR Child Caregiver Member Survey

Purpose

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

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

Sample and Methods

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

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

Major Findings

ICHP presented the findings to HHSC for a number of domains (e.g., how well doctors communicate, customer services, and getting care quickly). The scores in Table 13 to

Table 15 are presented as composites, which are scores that combine results for closely related survey items (e.g., five questions related to getting care quickly).

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

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

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

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

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

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

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

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

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

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

CHIP Caregiver Member Survey

Purpose

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

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

Sample and Methods

Survey participants for the CHIP Child Caregiver Member Survey were selected from a stratified random sample of beneficiaries ages 17 and younger who were enrolled in CHIP for six continuous months between September 2016 and February

2017. Members having no more than one 30-day break in enrollment in the same MCO during this period were included in the sample. The sample was stratified to include representation from the 33 plan codes (MCO/service areas), with a target number of 200 completed surveys per plan code and 300 completes for MCOs operating in only one service area.

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

Major Findings

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

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

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

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

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

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

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

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

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

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

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

Medicaid and CHIP Dental Caregiver Survey

Purpose

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

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

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

Sample and Methods

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

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

Major Findings

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

Table 22.

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

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

[5] CAHPS composite rates and CAHPS-based HHSC Dashboard indicators in this report are calculated following the "top box" (percent always) method. This differs from the scoring

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

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

STAR Health Caregiver Survey

Purpose

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

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

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

Sample and Methods

Participants for the STAR Health Caregiver Survey were selected from a simple random sample of beneficiaries age 17 years or younger who were enrolled in the

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.

STAR Health program for six continuous months from November 2015 to April 2016. The target number of completed surveys was 300.

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

Major Findings

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

Table 24 presents the ratings for several questions.

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

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

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

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

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

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

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

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

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

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

II. Adult Healthcare Coverage

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

The surveys about adult services included:

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

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

STAR Adult Member Survey

Purpose

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

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

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

Sample and Methods

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

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

Major Findings

ICHP presented the findings to HHSC for a number of domains (e.g., how well doctors communicate, customer service, and getting care quickly). The scores in Table 26 to

Table 28 are presented as composites, which are scores that combine results for closely related survey items (e.g., five questions related to getting care quickly).

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

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

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

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

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

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

HHSC also set benchmarks (HHSC Performance Dashboard Indicators) for the agency's performance in several key domains. The relevant results of the STAR

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

Adult Member Survey are reported relative to these performance indicator benchmarks in Table 29.

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

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

STAR+PLUS Adult Member Survey

Purpose

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

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

- The sociodemographic characteristics and health status of members
- Members' satisfaction with their healthcare
- Access to and timeliness of care, including having a usual source of care
- Preventative care, including check-ups, flu shots, and smoking cessation

- The need for and availability of specialized services
- Members' experiences with their health plan and customer service
- Members' knowledge of and experiences with Service Coordination provided by their health plan

Sample and Methods

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

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

Major Findings

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

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

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

[10] CAHPS composite rates and CAHPS-based HHSC Dashboard indicators in this report are calculated following the "top box" (percent always) method. This differs from the scoring

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

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

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

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

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

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

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

III. Access and Eligibility Services

Supplemental Nutrition Assistance Program Community Partner Interview Surveys

Purpose

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

Each year, FNS requires HHSC to conduct a customer satisfaction survey with at least 200 individuals who apply for SNAP benefits at each of five local food banks: Houston, North Texas, San Antonio, South Plains, and Tarrant. The FNS-created

survey is facilitated by HHSC's Center for Analytics and Decision Support (CADS) who distributes copies of the survey to participating food banks where the surveys are administered.

Sample and Methods

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

A convenience sample was utilized to complete the requisite number of surveys at each location. Food bank staff conducted SNAP interviews at several sites within their service area, including but not limited to food banks, affiliated food pantries, shelters, customers' homes, and community events and fairs. Upon the conclusion of every SNAP interview during the survey period, one applicant per household was provided a survey and return envelope and asked to complete the survey, seal it in the return envelope, and return it to the interviewer or return it by mail. In sites where interviewers expected to interview more than one household, SNAP interviewers could also designate an area away from where they conducted interviews for the customer to complete the survey and deposit it in a survey drop box. Food bank staff then mailed the completed surveys to HHSC CADS. Food bank staff followed this procedure until all surveys were distributed. The survey was available in English and Spanish.

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

Major Findings

The findings of the study indicate a high level of customer satisfaction with their SNAP application process at local food banks in 2016 and 2017. In 2016, 66 percent

of respondents completed surveys in English and 34 percent in Spanish. In 2017, 70 percent of surveys were completed in English and 30 percent in Spanish.

Location

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

Table 34: Reason for Selection of Location

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

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

Experience

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

In 2016:

- Most respondents waited for less than 30 minutes (69 percent), while 17 percent waited 30 to 60 minutes, and 12 percent waited over an hour.
- Most respondents thought the application process was easier than before (65 percent), while 22 percent thought it was about the same, only 2 percent thought it was harder, and for 10 percent of respondents it was their first time to apply.
- Almost all respondents (96 percent) thought the location offered enough privacy.

- Ninety-nine percent of respondents strongly agreed (82 percent) or agreed (17 percent) that the staff were knowledgeable about the SNAP application procedures.

Similarly, in 2017:

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

Satisfaction

Overall, respondents were satisfied with the SNAP interview process.

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

YourTexasBenefits.Com Survey

Purpose

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

website was redesigned so it could also be accessed from mobile devices and tablets.

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

The current survey collects data about:

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

Sample and Methods

The YourTexasBenefits.com survey went live in August 2012 and was updated in September 2016 when HHSC launched the redesigned website. It is available in both English and Spanish and includes 10 questions. The number of questions customers may be prompted to answer varies depending on their reasons for using the website.

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

Major Findings

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

Positive Findings

Positive findings of the YourTexasBenefits.com survey include:

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

- Ninety-eight percent of respondents said they were visiting the site to apply for or renew benefits.

Opportunities for Improvement

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

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

IV. Legacy Department of Aging and Disability Services Surveys

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

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

In addition to these two quality review surveys, the Consumer Rights and Services (CRS) survey is also included in this section. Through surveys reported here, DADS

collected over 19,000 survey responses regarding customers' experiences and satisfaction with services.

Nursing Facility Quality Review

Purpose

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

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

Sample and Methods

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

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

Staff at DADS analyzed the data using statistical software to test for linear trends across time, either from the first year data was collected on a particular measure,

or from when there was a change in the wording of a question that prevented comparison to the data from previous years.

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

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

Major Findings

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

Overall Satisfaction

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

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

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

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

Specific Quality of Life/Consumer Satisfaction Measures

Several of the specific satisfaction measures demonstrated statistically significant improvement over time, while others showed statistically significant declines. A number of new Quality of Life/Consumer Satisfaction measures were introduced for the first time in 2015.

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

Satisfaction Measure	Proportion of Respondents*			
	2009 (N=2,164)	2012 (N=2,172)	2013 (N=2,166)	2015 (N=1,556)
Enjoyed organized activities at the nursing facility	62%	62%	63%	75%
Stated weekend activities (other than religious activities) were available	44%	49%	52%	70%
Liked the food served at the facility	85%	85%	83%	81%
Stated that their favorite foods were available at the facility	67%	71%	66%	70%
Felt that their possessions were safe at the facility	89%	92%	88%	88%
Felt safe and secure at the nursing facility	98%	98%	97%	97%
Stated they were called by their preferred name**	-	-	-	96%
Stated staff members treated them with respect**	-	-	-	98%
Stated they were able to choose their daily schedule**	-	-	-	71%
Stated they participated in their care plan meeting**	-	-	-	31%

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

**New measures introduced for NFQR 2015.

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

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

*Proportions indicate respondents who chose responses "yes" when answering these questions. Those who did not answer the survey question are not counted in these proportions.
**Measure introduced for NFQR 2012.

Long Term Services and Supports Quality Review

Purpose

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

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

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

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

Sample and Methods

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

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

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

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

DADS interviews a randomly selected, proportional probability for size (PPS) sample of 4,000 to 7,000 individuals biennially. All of the survey data is collected by an outside contractor. In 2015, DADS contracted with the Public Policy Research

Institute (PPRI) at Texas A&M University to administer the surveys. The data were collected between January and August 2015 for the January 2017 LTSSQR reports.

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

Major Findings

Population Characteristics

Children

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

Adults with IDD

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

Adults with Physical Disabilities

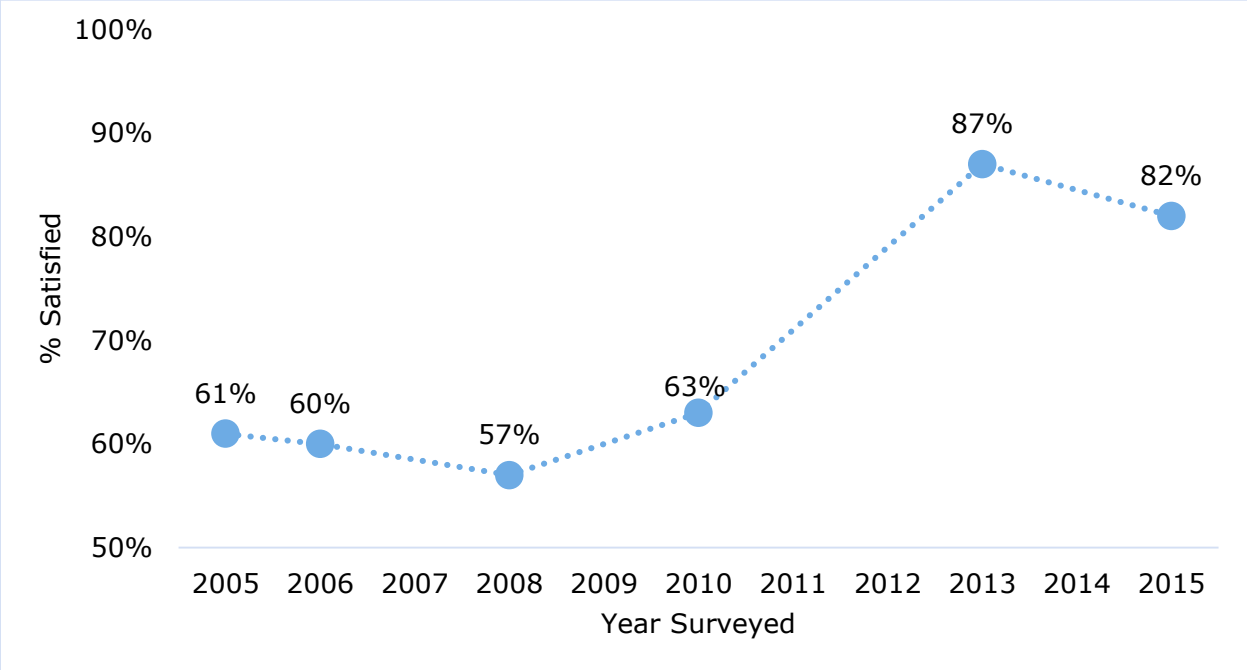
One in ten adults with physical disabilities was non-ambulatory. More than one-third (37 percent) of adults with physical disabilities reported their health was poor; 14 percent required weekly or more frequent treatment by a medical provider. Among adults with physical disabilities, the survey underscored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

Positive Outcomes

Children

- Two out of four healthcare satisfaction measures were better than the national average; all 4 measures exceeded 94 percent satisfied.
- Eighty-five percent of Texas families knew how to report abuse and neglect, significantly more than the national rate of 73 percent.
- Choosing staff is a personal decision; 78 percent of families of children with disabilities had control in hiring and managing their staff, compared to 63 percent nationally. Seventy-eight percent chose their provider agency, compared to 60 percent nationally; both measures were significantly higher in Texas.
- Texas respondents reported higher rates of community participation (85 percent) compared to national respondents (81 percent).
- In 2005, only 89 percent of families reported access to dental care for their child. By 2015, the majority of respondents (96 percent) reported having access to dental care, a significant improvement.
- Eighty-four percent of the families of children with disabilities reported that services were available when they needed them.
- Seventy-two percent of the families of children with disabilities reported that their services and supports were always or usually reasonably close to home. Thirty-nine percent said the services were always close to home, compared to 37 percent nationally.
- Ninety-five percent of respondents reported that family services/supports have made a positive difference in the life of their family.
- The majority of respondents (94 percent) reported that their family services/supports improved their ability to care for their child.
- Overall, 82 percent of families served reported that they were always or usually satisfied with their services and supports, up from 61 percent in 2005 and higher than the national average of 77 percent (Figure 1).

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



Adults with IDD

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

reported that they were happy. Eighty-seven percent of adults with IDD reported that services and supports help them reach their personal goals.

Adults with Physical Disabilities

- The majority of individuals reported that they are satisfied with their privacy (87 percent), and that they feel safe in their neighborhoods and day programs (86 percent and 95 percent respectively).
- Eighty-four percent of people with physical disabilities reported that their services and supports were always or usually reasonably close to home. Sixty-five percent said the services were always close to home.
- Almost all of the respondents reported that they were treated respectfully by their support staff (97 percent) and by their day program staff (98 percent).
- Most people reported that their case manager returned calls promptly (78 percent), and staff worked allotted time (94 percent). The vast majority of individuals across programs said their service coordinators help them get what they want and need (86 percent).
- Services and supports made a positive difference in adults with physical disabilities' health and wellbeing (93 percent).
- The majority of respondents (87 percent) reported that their long-term services and supports helped them in reaching their personal goals.
- Overall, 92 percent of adults with physical disabilities reported that they were satisfied with the services and supports they receive.

Opportunities for Improvement

Children

- Commonly cited reasons for lack of community participation for children with disabilities were lack of transportation (17 percent) and lack of support staff (20 percent).
- Texas has room for improvement in the accessibility of case managers and support staff; 16 percent reported that they were sometimes or never able to contact their case manager, and 15 percent reported that they were sometimes or never able to contact support staff.
- Forty-two percent of families reported that their child needs other services that are not currently offered or available. Most frequently requested services were for various therapies (e.g., speech, physical, occupational, aqua, and equine) and for trained respite care providers.
- Mental healthcare access was lower in Texas (86 percent) than in the US (89 percent).

- One in eight children (13 percent) failed to access needed equipment such as wheelchairs, ramps, or communication devices. While 13 percent is lower than the national benchmark of 15 percent, this is a negative finding.
- More than a quarter (26 percent) had services/supports reduced, suspended or terminated during this survey cycle, compared to 23 percent nationally; 80 percent of those with reduced services said service reductions had negatively affected their child.
- One of the primary negative results of these service reductions was an increase in out-of-pocket expenses for families to secure needed services. Seventy-nine percent had out-of-pocket expenses for their child's medical services, equipment/supplies, therapies, and other supports/ services.
  - Thirty-five percent of the families of children with disabilities in Texas reported annual incomes of $25,000 or less.
  - Annual out-of-pocket expenses for more than one-third (38 percent) of the Texas CF survey households exceeded $1,000; 6 percent paid over $10,000.
- Approximately one in seven children did not participate in community activities. The two most common reasons were lack of transportation and lack of support staff.
- Issues that impeded overall satisfaction included a lack of requested trained respite care providers, decreased access to therapy services (speech, occupational, etc.), long waiting lists for waiver programs like Community Living Assistance and Support Services (CLASS), and assistance with creating transition plans as their children age out of services.

Adults with IDD

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

finding a job are highly correlated services and were among the top four services requested.
- Overall, only 69 percent were usually or always satisfied with their services and supports.

Adults with Physical Disabilities

- Although 93 percent received Medicare, almost 1 in 5 adults with physical disabilities (19 percent) had not had an annual physical examination. Annual physicals are highly correlated with receiving other preventive healthcare, which in turn helps avoid debility, hospitalization, and institutionalization.
  - Approximately half had not received cancer screening for breast, cervical, prostate, and colorectal cancer. People age 50 and older are at increased risk of cancer.
  - Large percentages had not had recent dental (62 percent), hearing (62 percent), or vision (43 percent) examinations. Poor dental care can compromise overall health, and vision and hearing impairment become increasingly common with age. These individuals are at risk of further debility and disability as a result not receiving routine healthcare screening.
- More than one-third (35 percent) did not have control over their transportation, a critical issue for accessing medical care and community inclusion, which are key factors in keeping people out of nursing facilities.
- One in nine (12 percent) adults with physical disabilities had unmet needs. Approximately 34 percent of adults with physical disabilities had requested additional services, equipment, or household modifications, and 36 percent of this group (or 12 percent of the population) had been denied or were unsure if they would be receiving their requests.
  - The most commonly tendered requests were for equipment/ adaptations such as grab bars, roll-in showers, door widening, ramps, and ambulatory aids such as walkers, and wheelchairs.
  - Sixteen percent of the requests were for help with healthcare equipment, therapies, or supplies; 6 percent of requests were for additional provider assistance with ADLs, IADLs, and going to and from the doctors.
- Almost 1 in 6 adults with physical disabilities (16 percent) had services reduced, suspended or terminated during this survey cycle, and 71 percent said service reductions had negatively affected their lives.
- Adults with physical disabilities said that they were unable to accomplish ADL and instrumental ADL because no one was there to help them.

- People reported they missed meals because there was no one there to help them cook their meals (11 percent) or eat (11 percent); 23 percent did not get groceries.
- One in six people (16 percent) reported there were times they did not get out of or into bed or take a bath because they had no help.
- Eleven percent of respondents skipped taking medications because they did not have the help they needed. One of the primary service requests was for additional provider assistance, especially on weekends.

Of Note

- For all populations, DADS services and supports made a positive difference in respondents' lives.
- Children: In the comments section of the CF survey, the reduction of access to therapy services and years-long wait for enrollment in programs like CLASS and Home and Community Based Services (HCS) were a matter of anxiety and hardship for many families.
- Adults with IDD: Overall satisfaction rates for adults with IDD were much lower (69 percent) than satisfaction rates of the families of children (82 percent) and of adults with physical disabilities (92 percent).
- Adults with Physical Disabilities: A primary goal of HHSC services and supports for the physically disabled is to keep them out of nursing facilities. Ninety-three percent of adults with physical disabilities are enrolled in Medicare, and a significant percentage had not obtained the recommended routine and preventive healthcare. Associated debility from failure to receive routine and preventive healthcare could derail HHSC's goal of avoiding institutionalization.

Consumer Rights and Services Survey

Purpose

Consumer Rights and Services (CRS) receives complaints about the treatment of older adults and people with disabilities in Texas, as well as complaints about nursing homes, assisted living facilities, day activity and health service providers, and other long-term providers licensed/certified by HHSC. HHSC staff investigates these complaints and notifies the person who made the complaint about the findings. Additionally, the CRS staff provides information about HHSC services and supports through their website and hotline.

Offering call center surveys allows CRS to look at call center performance and overall customer satisfaction rates. Customer comments and suggestions provide

highly actionable information and insight for increasing and sustaining customer satisfaction. The survey results are used as a resource to identify areas of efficiencies and areas of opportunity for improvement.

The study population is comprised of callers who contacted the Complaint Intake Call Center September 1, 2015, through August 31, 2017.

Sample and Methods

This ongoing survey has been collected or distributed since May 2006. Prior to November 2012, the survey was conducted by sending survey requests by U.S. mail to individuals who filed complaints through the CRS hotline for the following facility types: nursing facilities, assisted living facilities, privately owned intermediate care facilities for people with intellectual and developmental disabilities, State Supported Living Centers, day activity and health service providers, and home and community support service agencies. Surveys were not sent to anonymous complainants or complainants who did not provide a mailing address.

To achieve business efficiencies, a survey link was added to the CRS website in November 2012, and CRS discontinued mailing the surveys via U.S. mail. Complainants were offered the option of providing an email address to receive the online survey link at the time of intake. If the client did not provide an email address, the intake specialist verbally provided the survey link. The survey was available in both English and Spanish. The email option was discontinued after SFY 2014.

In April 2015, CRS transitioned to an automated survey which replaced the previous survey option. Upon completion of intake, the caller is transferred to an automated phone survey system immediately after the call has concluded. Both versions of the survey instrument include six customer satisfaction questions with responses on a 5-point Likert scale of "strongly agree," "agree," "neutral," "disagree," and "strongly disagree."

The study sought responses from customers who contacted CRS or who requested contact from CRS as a result of the inquiry, voicemail or entry through the provider self-reported web-portal.

The study was conducted using the results from emailed surveys implemented in SFY 2014 and through the Avaya Phone automated survey system module, which

was implemented on April 15, 2015. The surveys/interviews were offered in English and Spanish.

During the period of September 1, 2013 – August 31, 2014, responses were completed via email. Effective April 2015, individuals provided their responses by independently completing the survey using phone options via touch tone.

Major Findings

The CRS received 4,865 completed surveys in SFY 2016 and 5,756 completed surveys in SFY 2017. The response rate is calculated by the number of callers transferred into the automated survey system. It is at the staff's discretion on which callers are transferred into survey module; the survey offer may be contingent upon the type of call and complainant.[1]

Customer satisfaction findings from the CRS Survey are presented in Table 39. Overall, 98 percent customers were satisfied with the services they received from CRS.

Table 39: SFY 2016 & 2017 Consumer Rights and Services Survey Selected Findings: Indicated Strongly Agreed or Agreed

Satisfaction Measure	SFY 2016 Proportion of Respondents* (N=4,865)	SFY 2017 Proportion of Respondents* (N=5,756)
Consumer Rights and Services hotline was easy to use	44%	51%
Person I spoke with explained the process for handling my complaint	13%	14%
Overall, satisfied with Consumer Rights and Services	97%	98%

* Proportions indicate respondents who chose responses "strongly agreed," or "agreed" rather than "neutral," "disagreed," or "strongly disagreed." Those who did not answer the survey question are not counted in these proportions.

Note: Staff members are instructed to use their discretion about whether to provide the customer satisfaction survey information. For example, in instances where the caller is emotional, distressed, or rushed, the survey may not be offered.

V. Legacy Department of Assistive and Rehabilitative Services Surveys

This report includes four customer service surveys from the legacy Department of Assistive and Rehabilitative Services (DARS) agency. The DARS administered numerous programs and services until September 1, 2016. At that time, DARS services and supports were transferred to HHSC and the Texas Workforce Commission.

This section describes the results of four DARS surveys: The Early Childhood Intervention Family Survey, the Independent Living Services Customer Satisfaction Survey, Blind Children's Vocational Discovery and Development Program (BCVDDP) Customer Satisfaction Survey, and Autism Program Satisfaction Survey. Together, they represent the views of 3,609 respondents.

Early Childhood Intervention Family Survey

Purpose

Early Childhood Intervention (ECI) serves children from birth to 36 months of age who have developmental delays or disabilities as well as their families. The program provides early intervention services to help families and caregivers strengthen their ability to improve the child's development through everyday activities in the home and community. Services are provided through a statewide system of community-based programs. The family survey is administered to a sample of parents or caregivers every year.

The purpose of the annual survey is to assess:

- Family perceptions of ECI services, including customer satisfaction
- Families' experiences with ECI services and service providers
- Families' recorded competencies in helping their children develop and learn

The survey is administered in compliance with the regulations for early intervention programs from the Office of Special Education Programs (OSEP) at the U.S. Department of Education. Statewide data are reported as part of ECI's Annual Performance Report to OSEP.

In SFY 2016, the survey was conducted by ECI through the 49 contracted agencies who deliver ECI services. Surveys were mailed and emailed to families by ECI. Contracted agencies delivered survey materials to families directly. In SFY 2017,

the survey was conducted by ECI through the 46 contracted agencies who deliver ECI services.

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

Sample and Methods

ECI used multiple methods to deliver surveys and select samples. Families were not included in more than one sample. Table 40 describes the sampling procedures and survey methods for each year.

Table 40: ECI Sampling and Survey Methods

Collection Period	Survey Distribution	Survey Administration	Sample Size/ Response Rate
April 2016 - July 2016	Email - families received an email from the ECI state office with a link to the survey. Mail - the state office sent letters with a survey link to the families in the sample who did not have an email address on file. Hand-Delivery - the local ECI contractors distributed a scantron survey and a letter that included a link to the survey to families who did not respond via options 1 or 2. Service coordinators handed the survey to families at the time of a home visit or IFSP meeting. Families returned the surveys directly to the ECI state office in a postage-paid envelope.	Surveys were offered online and by paper in English and Spanish. All versions contained the same questions and response options. If families requested assistance in completing the survey, ECI service coordinators were instructed to find another community resource for this assistance so ECI staff would not be involved in completing the survey.	A total of 5,144 families were randomly selected to respond to the survey; 3,790 families received it; 1,398 families returned the survey, resulting in a response rate of 37%.

Collection Period	Survey Distribution	Survey Administration	Sample Size/ Response Rate
April 2017 - July 2017	Online - the state office sent letters to families in the sample that included a link to the SurveyMonkey website with the FOS-R survey. Hand-Delivery - the local ECI contractors distributed a scantron survey. Program staff handed the survey to families at the time of a home visit or IFSP meeting. Families returned the surveys directly to the ECI State Office in a postage-paid envelope.	Surveys were offered online and by paper in English and Spanish. All versions contained the same questions and response options. If families requested assistance in completing the survey, ECI service coordinators were instructed to find another community resource for this assistance so ECI staff would not be involved in completing the survey.	A total of 6,140 families were randomly selected to respond to the survey; 3,540 families received it; 1,475 families returned the survey, resulting in a response rate of 42%.

Survey Results

Responses to survey questions were combined into composite scores for the three domains measured by the survey instrument, following federally recommended procedures. The percentage of respondents who agreed that early intervention services helped with each of the three domains, based on their composite scores, is shown below.

Family Experiences with Services - 2016

- Eighty-six percent responded that early intervention services helped the family members know their rights.
- Eighty-seven percent responded that early intervention services helped the family members effectively communicate their children's needs.
- Eighty-seven percent responded that early intervention services helped the family members help their children develop and learn.

Family Experiences with Services - 2017

- Eighty-nine percent responded that early intervention services helped the family members know their rights.

- Ninety percent responded that early intervention services helped the family members effectively communicate their children's needs.
- Eighty-nine percent responded that early intervention services helped the family members help their children develop and learn.

Independent Living Services Customer Satisfaction Survey

Purpose

The DARS administered two Independent Living programs in SFY 2016, one in the Division for Rehabilitation Services (DRS) for individuals with general disabilities (DRS ILS) and one in the Division for Blind Services (DBS) for individuals who are blind or visually impaired (DBS IL).

The Independent Living program was designed to help individuals with disabilities who face barriers that limit their choices for quality of life. The program promotes self-sufficiency for people with disabilities and offers supports related to mobility, communication, personal adjustment, and self-direction.

The program promotes individuals to live independently, engage in a self-directed lifestyle, decrease their dependence on family members, and improve their communication, mobility, and/or personal or social adjustment.

Services provided include:

- Counseling and guidance
- Training and tutorial services
- Orientation and mobility training
- Adult basic education
- Rehabilitation facility training
- Vehicle modifications
- Assistive devices such as low vision aids, artificial limbs, braces, wheelchairs and hearing aids to stabilize or improve function

DARS entered into a contract for a 2016 satisfaction survey for DRS ILS, the results of which are provided below. Due to issues with contract negotiation for a DBS IL satisfaction survey, no 2016 survey was conducted for the Independent Living program serving individuals who are blind or visually impaired. In SFY 2017, the DRS ILS and DBS IL programs merged, transitioned to HHSC and outsourced service delivery. Consequently, no satisfaction survey was conducted in SFY 2017. The 2016 DRS ILS survey was conducted by contractors.

This report provides feedback from customers in the DRS ILS program who received services from DARS and whose cases were closed within SFY 2016.

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

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

The DRS ILS customer satisfaction survey was conducted in compliance with the federal program requirements that DRS ILS program must have a survey mechanism in place to obtain satisfaction feedback from its customers. Additionally, this survey provides the State Independent Living Council data necessary to fulfill its obligation to review and analyze customer satisfaction with the DRS ILS program.

Sample and Methods

A contractor attempted to contact each customer in the sample by telephone to conduct an interview. The interviews were offered in English and in Spanish. Additionally, customers who spoke languages besides English or Spanish were offered the opportunity to complete the survey using a language translation hotline. The survey was offered to deaf customers using Relay Texas[11] or a written survey, depending on the preferences of the customer or, when applicable, the customer's guardian. The survey was conducted each month for customers served in the previous month.

An attempt was made to contact every DRS ILS customer who had reached the stage of developing and signing a plan and whose case was closed during the fiscal year. The contractor did not provide a response rate, but indicated that 194 individuals responded to all or part of the survey. The survey instrument consisted of thirteen close-ended questions and two open-ended questions.

Major Findings

Ninety-five percent of respondents said they were satisfied with their overall experience with DRS. Ninety-eight percent of respondents said they were treated with courtesy by the DRS staff.

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[11] Relay Texas is a service that provides telephone access for people with speech or hearing loss who find it challenging or impossible to use a traditional telephone. Additional information about Relay Texas can be found at: http://www.relaytexas.com/english.html.

Table 41: Independent Living Services Customer Satisfaction Survey

Survey Question	SFY 2016 Proportion of Respondents* (N = 194)
I was treated with courtesy by the DRS staff.	98%
The DRS Independent Living counselor took time to listen to my needs.	97%
I took part in planning the services I received.	97%
If I were ever treated unfairly, I believe my DRS Independent Living counselor would be a help to me.	96%
How would you rate your experience with the DRS Independent Living counselor?	96%
I was satisfied with the services I received from the providers.	95%
My DRS Independent Living counselor encouraged me to be more independent.	94%
As a result of the services I received, I can do more for myself.	94%
My DRS Independent Living counselor gave me choices.	90%
I took part in choosing who would provide services.	89%
As a result of the services I received, I can do more in the community, if I want to.	83%
I was satisfied with how long it took to provide the services.	78%
How would you rate your overall experience with DRS?	95%

*Refers to the proportion of "Yes," or "Satisfied" and "Very Satisfied" responses.

The survey also included an open-ended question: "What did you like most about your experience with DRS?" In SFY 2016, the most common responses to this question were that DRS treated customers courteously, the services were liked, DRS staff was helpful, DRS was responsive, and equipment was liked.

A second open-ended question on the survey was: "What did you dislike most about your experience with DRS?" In SFY 2016, the most common responses to this question concerned timeliness of services.

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

Purpose

The DARS administered the Blind Children's Vocational Discovery and Development Program (BCVDDP) in SFY 2016. The program works together with children who are blind or visually impaired and their families to offer resources so the children can achieve their full potential.

Blindness and severe visual impairments in childhood create unique learning and developmental barriers to employment and independence later in life. The BCVDDP helps children who are blind or permanently and severely visually impaired from birth to age 22 work toward achieving financial self-sufficiency and independent lives in their community.

Specialized case management services help eligible children and their families access the medical, social, educational, developmental and other appropriate services necessary to meet these goals. Direct habilitation services help children to develop the basic skills and confidence for independence in travel, communication, social skills, life skills, career awareness and community involvement that are needed to create a foundation for success as adults.

BCVDDP offers a wide range of services that can:

- Assist a child in developing the confidence needed to be an active part of the community.
- Provide support and training to help parents understand their rights and responsibilities throughout the educational process.
- Assist a child and his or her parents in the vocational discovery and development process.
- Provide training in areas such as food preparation, money management, recreational activities, and grooming.
- Provide valuable information to families for additional resources.

As BCVDDP staff members work with families, they help children develop the concepts and skills needed to reach their goals in life.

The DARS entered into a contract for a 2016 satisfaction survey for BCVDDP, the results of which are provided below. In SFY 2017, BCVDDP transitioned to HHSC and no satisfaction survey was conducted in SFY 2017. The 2016 BCVDDP survey was conducted by contractors.

This report provides feedback from parents of children in BCVDDP who had open cases with DARS in SFY 2016. Any families for whom BCVDDP received notification of a child's death were excluded from the survey.

The purpose of the BCVDDP parent satisfaction survey was to:

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

Sample and Methods

Surveys were mailed to all families with children served by BCVDDP in the prior year. Parents were given the choice of responding to the survey online or by mail. Surveys were made available in English and in Spanish. Online surveys met accessibility standards so that they could be completed by individuals with visual impairments.

The contractor reported that of the 4295 mailed, 452 responses were received resulting in an 11 percent response rate. (195 surveys were returned as undeliverable.) The survey instrument consisted of 10 close-ended questions.

Major Findings

Eighty-six percent of respondents indicated that they would encourage other parents to apply for services from the DBS. Over 80 percent of respondents indicated that the Blind Children's Specialist was available and responsive when needed and had the skills and abilities to meet their child's needs.

The first survey question asked respondents to indicate the areas in which the Blind Children's Specialist is a valuable resource. The majority (76 percent) of respondents reported that the specialists are valuable to them in the area of assistive technology and adaptive equipment.

Table 42: Blind Children's Vocational Discovery and Development Program Parent Satisfaction Survey

Survey Question	SFY 2016 Proportion of Respondents* (N = 452)
I have a good understanding of the services available from my Blind Children's Specialist and the DARS Division for Blind Services.	76%
My Blind Children's Specialist has the skills and abilities to meet the needs of my child.	82%
My Blind Children's Specialist is available and responsive when needed.	81%
My Blind Children's Specialist knows and works well with the other service professionals currently working with my child.	69%
I can count on my Blind Children's Specialist to do what they say they will do.	82%
My Blind Children's Specialist provides information and assists me in accessing services from other providers.	74%
My ability to assist my child towards independent and work is better due to the services from my Blind Children's Specialist.	70%
My Blind Children's Specialist has offered and/or is currently helping me plan for my child's future.	64%
I would encourage other parents to apply for services with the DARS Division for Blind Services.	86%

* Refers to the proportion of respondents who "Agree" or "Strongly Agree."

The survey also included an opportunity for respondents to comment about what they felt the DBS was doing well and what could be improved. The contractor noted that the majority of comments received were positive. Comments were made available to the program at the caseload level but were not summarized at the statewide level.

Autism Program Satisfaction Survey

Purpose

The Autism Program works in partnership with local community agencies through grant contracts to provide applied behavior analysis (ABA) services for children with autism spectrum disorder (ASD).

According to the U.S. Department of Health and Human Services, autism is more common than childhood cancer, juvenile diabetes, and pediatric AIDS combined. Boys are nearly five times more likely to be diagnosed with autism than girls.

Autism Program services include assessments and ABA treatment services in the home, community or clinic. To be eligible for these services, children 3 through 15 years of age, must have a diagnosis on the autism spectrum and be a Texas resident.

The purpose of the survey is to assess:

- Parent or caregiver satisfaction with Autism Program services and service providers
- Parent or caregiver satisfaction with their children's progress.

Sample and Methods

The survey population included families whose children had completed Autism Program services and exited the program, and families whose children had aged out of the Autism Program.

The service provider provides all families with a survey as the children exit the program. The surveys were offered in English and in Spanish. Individuals complete the survey themselves, either online or by mailing a paper survey to HHSC.

The survey consists of 7 questions related to areas of satisfaction with the services, and 12 questions related to the respondent's perception of their child's progress in specific behavioral domains (e.g., following directions, responding to requests).

There were 1,277 exits from the Autism Program in SFY 2016 and SFY 2017. Each time a child exited the program, the family was provided an opportunity to respond to the survey. Because children may re-enroll in the Autism Program, the 1,277 exits represent a total of 1,118 children. A total of 90 responses were received between August 1, 2016 and August 31, 2017, representing a return rate of 7 percent (90/1,277). The survey return rate is expected to be low because the

survey was not made available to families until the summer of 2016 and because some families may choose to respond only once even though they are provided the opportunity each time their child exits.

Major Findings

The majority of respondents to the survey were satisfied or very satisfied with the services their children received. The majority of the respondents to the survey reported their children made good or great progress in the behavioral domains specified.

Table 43: Parent or caregiver satisfaction with Autism Program services and service providers

Service Satisfaction	Number of Respondents (N=90)*	Proportion Satisfied or Very Satisfied
Services provided to your child in a clinical setting	82	100%
Services provided to your child in the home	35	89%
Parent training provided to your child in another setting such as in the school, at the park, or at the store	48	96%
Parent training provided to you	84	98%
Parent training provided on how to review data and evaluate your child's progress	77	97%
Transition planning received prior to exiting the DARS Autism Program	76	93%
Your child's service provider	86	99%

*Excludes respondents who indicated the survey item was not applicable.

Table 44: Parent or caregiver satisfaction with their children's progress

Behavioral Domain	Number of Total Respondents (N=90)*	Proportion Satisfied or Very Satisfied
Following directions	88	89%
Responding to requests	89	91%
Communicating with primary caregivers	87	87%
Communicating with others	88	83%
Interacting with primary caregivers	86	86%
Interacting with others	89	79%
Play skills, such as playing with toys and taking turns	85	80%
Completing daily tasks without assistance, such as toileting, eating, and dressing	84	69%
Completing daily tasks with assistance, such as toileting, eating, and dressing	81	81%
Reducing disruptive behaviors, such as aggression and tantrums	82	84%
Participating in family activities, such as going to church, the park, and the store	82	82%
Overall progress on the treatment plan goals	89	91%

*Excludes respondents who indicated the survey item was not applicable.

VI. Legacy Department of State Health Services Surveys

The four surveys included in this section were recently transferred from the Department of State Health Services (DSHS) to HHSC as part of system re-organization. Each survey below was administered by DSHS for the period covered in this report; in future years, these surveys will be conducted by HHSC. Three of the surveys originate from the Mental Health Statistics Improvement Program (MHSIP), and one is related to the Women, Infants, and Children (WIC) program. Altogether, these surveys represent the views of 12,068 respondents.

Mental Health Statistics Improvement Program Youth Services Survey for Families

Purpose

Since 1997, Texas has conducted an annual survey of customers who receive community-based mental health services about their perceptions of the services they receive. Prior to system reorganization, services were provided by the DSHS Mental Health and Substance Abuse Division; these services have now transferred to HHSC, Behavioral Health Services. When the customers receiving services are age 17 or younger, the parents or guardians receive the Youth Services Survey for Families (YSSF).

The purpose of the YSSF is to measure:

- Parental satisfaction with mental health services received through the state mental health system
- Parental perception of these services along multiple dimensions, including access to care and outcomes of services

Sample and Methods

The YSSF survey administered in SFY 2016 and SFY 2017 consisted of 26 items. Each question assessed information about a specific topic and was strongly related to a group of other questions about the same topic. The survey questions fell into seven of these groups of related questions, or domains. The domains that comprised the YSSF survey were:

- Satisfaction (with services)
- Participation in treatment
- Cultural sensitivity (of staff)
- Access (to services)
- Outcomes (of services)
- Social connectedness
- Functioning

The domains are described in more detail in the findings.

Parents/guardians of patients answered each survey question using a five-point Likert scale ranging from "strongly agree" to "strongly disagree." Survey results focus on the domain "agreement rates," which means the percentage of parents that reported "agree" or "strongly agree" to the items in a domain. The survey was administered in English and Spanish.

In both years, a random sample was identified to receive the survey requests. In SFY 2016, the sample was stratified by two groups: one for NorthSTAR and one for community mental health centers, local entities that contract with the state to deliver mental health services;[12] a total of 2,947 survey invitations were mailed out.[13] In SFY 2017, 2,356 survey invitations were mailed out.[14]

In SFY 2016, there were a total of 157 completed questionnaires. The survey had a response rate of 6 percent. In SFY 2017, there were a total of 392 completed questionnaires. The survey had a response rate of 19 percent.

Major Findings

The results of the most recent survey year (SFY 2017) are shown in Table 45. The percentages indicate the proportion of respondents who answered "agree" or "strongly agree" to questions in the stated domain.[15] For instance, 77 percent of respondents agreed or strongly agreed with the items in the Satisfaction domain.

[12] Community mental health centers are also called Local Mental Health Authorities. For more information, see http://www.dshs.state.tx.us/mhcommunity/default.shtm.

[13] There were of 2,947 children/adolescents in the sample and 276 surveys were undeliverable.

[14] There were 2,356 children/adolescents in the sample and 247 surveys were undeliverable.

[15] For each domain, only respondents who answered two-thirds or more of the items comprising that domain were included in the calculation.

Table 45: Mental Health Statistics Improvement Program Youth Services Survey for Families: Indicated Strongly Agree or Agree with Domains

Domain	Description of Domain	SFY 2017* Proportion of Respondents** (N=392)
Satisfaction (with services)	Would the parent choose these services for his/her child if there were other options available?	77%
Participation in Treatment Planning	Does the parent feel involved in treatment decisions?	88%
Cultural Sensitivity (of staff)	Does staff show respect for the family's race/ethnicity/ culture?	93%
Access (to services)	Are services available when and where needed?	78%
Outcomes (of services)	As a result of services, has the child's functioning at home and school improved and has he/she experienced fewer mental health symptoms?	84%
Social Connectedness	Does the child feel connected to friends, family, and community?	77%
Functioning	Has the child's overall well-being improved?	59%

*The SFY 2017 survey was conducted from September 2016 to September 2017.
** Proportions indicate respondents who selected answer choices "strongly agree" or "agree" rather than "neutral," disagree," or "strongly disagree."

The majority of domain agreement rates were similar between SFY 2016 and SFY 2017; however, a significantly higher proportion of respondents agreed with the outcomes (of services) domain in SFY 2017 (84 percent) than in SFY 2016 (53 percent). This increase was primarily due to a larger sample and a change in the sampling frame.

Mental Health Statistics Improvement Program Adult Mental Health Survey

Purpose

The Adult Mental Health (AMH) Survey asks customers who receive community-based mental health services about their perceptions of the services they receive. Prior to system reorganization, services were provided by the DSHS Mental Health

and Substance Abuse Division; these services have now transferred to HHSC, Behavioral Health Services. Adults age 18 years or older who recently received a mental health service beyond an intake assessment were eligible for inclusion in the survey.

The purpose of the survey is to measure:

- Customer satisfaction with mental health services received through the state mental health system
- Customer perception of these services along multiple dimensions, including access to care and outcomes of services.

Sample and Methods

The AMH survey, administered in both English and Spanish, consists of 36 questions about mental health services the customer received over the past 12 months.

Each question assesses information about a specific topic and is strongly related to a group of other questions about the same topic. The survey questions fall into seven of these groups, or domains. The domains that comprise the AMH survey are:

- Satisfaction (with services)
- Access
- Quality and Appropriateness (of services)
- Participation in Treatment Planning
- Outcomes (of services)
- Functioning
- Social Connectedness

The domains are described in more detail in the findings.

In both years, random sampling was used to identify the survey sample. In SFY 2016, the sample was stratified into two groups: one for NorthSTAR and one for community mental health centers; a total of 3,060 survey invitations were mailed out.[16] In SFY 2017, 1,469 survey invitations were mailed out.[17]

[16] 400 of 3,060 surveys were undeliverable.

[17] 113 of 1,469 surveys were undeliverable.

In SFY 2016, there were a total of 248 completed questionnaires. The survey had a response rate of 9 percent. In SFY 2017, there were a total of 354 completed questionnaires. The survey had a response rate of 26 percent.

Major Findings

The results of the most recent survey year (SFY 2017) are shown below. The percentages in Table 46 indicate the proportion of respondents who answered "agree" or "strongly agree" to questions in the stated domain.[18] For instance, 89 percent of respondents agreed or strongly agreed with the items in the Satisfaction domain.

Table 46: Mental Health Statistics Improvement Program Adult Mental Health Survey: Indicated Strongly Agree or Agree with Domains

Domain	Description of Domain	SFY 2017* Proportion of Respondents** (N=354)
Satisfaction (with services)	Would the consumer choose to receive these services if he or she had other options?	89%
Access (to services)	Are sufficient services available when and where needed?	80%
Quality and Appropriateness (of services)	Is staff competent and are the services professional?	82%
Participation in Treatment Planning	Does the consumer feel involved in treatment decisions?	73%
Outcomes (of services)	Has the consumer experienced improvement in work, housing, and relationships?	53%
Functioning	Has the consumer's overall well-being improved?	54%
Social Connectedness	Does the consumer feel connected to friends, family, and community?	61%

* The SFY 2017 survey was conducted from September 2016 to September 2017.
** Proportions indicate respondents who chose answer choices "strongly agree" or "agree" rather than "neutral," disagree," or "strongly disagree."

[18] For each domain, only respondents who answered two-thirds or more of the items comprising that domain were included in the calculation.

Domain agreement rates did not differ substantially between SFY 2016 and SFY 2017.

Mental Health Statistics Improvement Program Inpatient Consumer Survey

Purpose

State psychiatric hospitals located throughout Texas serve people with psychiatric disorders who need services provided in a residential environment. The usual length of stay for civil patients, accounting for about half of the patients in state hospitals, is short. Civil patients usually are treated for a few days or possibly weeks; the focus of services is stabilization and support of patients' return to the community. Forensic patients generally have a longer length of stay, which is determined by the court, and can vary from about 70 days for a patient on initial restoration commitment, to years for a patient commitment under the Not Guilty by Reason of Insanity commitment. State psychiatric hospitals provide assessment, evaluation, and treatment. Treatment involves a variety of services: psychiatry, nursing, social work, psychology, education/rehabilitation, nutrition, medical, and dental. These services are paid for through general revenue funds from the State of Texas, private payment, private third-party insurance, and Medicare and Medicaid programs.

The Inpatient Consumer Survey (ICS) is conducted in compliance with Mental Health Statistics Improvement Program (MHSIP) requirements. The ICS was distributed to every individual age 13 years old or older who was discharged from 1 of the 10 state psychiatric hospitals in SFY 2016 and SFY 2017. The purpose of this survey was to measure individuals':

- Experience in the state psychiatric hospital, including their experience with staff, treatment, and the facility
- Participation in their treatment
- Ability to function after leaving the hospital

Sample and Methods

This is an ongoing survey that started more than nine years ago. The data reported currently are from SFY 2016 and SFY 2017 (September 2015 to August 2017). These data were compared to the results from SFY 2014 and SFY 2015. During SFY 2016 and SFY 2017 combined, there were 15,596 discharges. The response rate varies widely according to setting. Patients in facilities with longer lengths of stay (especially forensic facilities) and more planned discharges have much higher

response rates than civil facilities where patients leave very quickly and are often discharged by court, leaving the day of the court decision. Averaging all of these facilities, the response rate has been between 36 and 38 percent over the past four years.

The survey population was adolescents and adults served in the state psychiatric hospitals. Data were collected at ten state psychiatric hospitals:

- Austin State Hospital
- Big Spring State Hospital
- El Paso Psychiatric Center
- Kerrville State Hospital
- Rio Grande State Center
- Rusk State Hospital
- San Antonio State Hospital
- Terrell State Hospital
- North Texas State Hospital
- Waco Center for Youth

The ICS was conducted using a convenience sampling method. When a decision was made to discharge a patient, the patient was given an opportunity to complete the survey. This process could begin as early as three or more days prior to discharge. Patients could also be given an envelope so that the completed survey could be mailed back to the quality assurance division of the facility after discharge. The likelihood of a returned survey is greater prior to the customer leaving the facility. Patients with hospital episodes greater than one year were given a survey to complete during each annual review. The survey was offered on paper, and was available in English and Spanish.

The total number of surveys received is an estimate due to the fact that not all facilities participate in all of the domains and duplicate surveys are removed at multiple points in the process. In SFY 2016, approximately 3,224 surveys were collected, and in SFY 2017, approximately 2,644 surveys were collected. The survey includes questions about five topics, or domains, as shown in Table 47 below.

Table 47: Domains Measured in Mental Health Statistics Improvement

Domain	Description of Domain
Outcome	Effect of the hospital stay on the customer's ability to deal with their illness and with social situations
Dignity	Quality of interactions between staff and customers that highlight a respectful relationship
Rights	Ability of customers to express disapproval with conditions or treatment and receive an appropriate response from the organization
Participation in Treatment	Customers' involvement in their hospital treatment as well as coordination with the customers' doctor or therapist from the community
Facility Environment	Feeling safe in the facility and the aesthetics of the facility

Major Findings

In general, high-level monitoring of adolescent and adult satisfaction with state psychiatric hospitals relies on an average overall score, which encompasses answers to survey questions in all five domains. In both SFY 2016 and SFY 2017, this annual average score target was exceeded by all ten state psychiatric hospitals and showed little change from the scores in SFY 2014 and SFY 2015. Client satisfaction is fairly consistent across all five domains. Patients' rights has a slightly lower score than the other domains, which typically reflects the high number of patients receiving treatment by court order and dynamics related to involuntary hospitalization. Results for SFY 2016 and SFY 2017 are provided in Table 48.

Table 48: Mental Health Statistics Improvement Program Inpatient Customer Survey: Positive Responses to Domains

Domain	SFY 2016* Proportion of Respondents** (N=3,224)***	SFY 2017* Proportion of Respondents** (N=2,644)***
Outcome	74.9%	74.5%
Dignity	75.5%	75.4%
Rights	73.7%	73.1%
Participation in Treatment	74.6%	74.1%
Facility Environment	74.5%	74.6%

* The SFY 2016 survey was conducted from September 2015 to August 2016. The SFY 2017 survey was conducted from September 2016 to August 2017.
** Each question in the ICS is evaluated on a Likert scale from "strongly disagree" to "strongly agree." For purposes of computing averages, a number value is given to the qualities of the scale from 1 for "strongly disagree" to 5 for "strongly agree." A client must respond to a minimum of 2 questions in a domain in order for an average rating to be computed for the domain. Since there are only 3 to 4 questions in a domain, missing values are not inserted when a client does not answer a question. When the average rating for the questions in the domain is greater than 3.5, the client is considered to have "responded positively" to the domain. The proportion of clients who responded positively to the domain is the percent of clients who responded positively out of all clients who responded to the domain.
*** Not all facilities ask questions for each domain. The N listed is the approximate number of surveys collected.

Women, Infants, and Children Nutrition Education Survey

Purpose

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a federally funded, state-administered program that serves low-income women, infants, and children up to the age of five that are at nutritional risk. Part of the program includes federally mandated nutrition education that is provided by 66 local agencies that contract with the state WIC agency.

The Texas WIC Nutrition Education Participant Survey, conducted by Texas WIC in cooperation with contracted local agencies, is administered every two years. The survey provides the state and local agencies with information about their clients to help agencies plan their nutrition offerings and assess client satisfaction with WIC program services. The Participant Survey also provides evidence for WIC initiatives at the state level and descriptive data that is used to inform subsequent

quantitative surveys and qualitative interviews. This report summarizes the aggregate data collected from local agencies across Texas.

The 2017 full report, as well as breakout reports by Public Health Region, are available at http://www.dshs.texas.gov/wichd/nut/nesurveyresults.shtm.

Sample and Methods

The WIC Nutrition Education Participant Survey is conducted every two years. The latest implementation was conducted in February 2017. There were 1,696 completed online surveys and 3,353 completed paper surveys.

Each local agency that contracts with the state to provide WIC nutrition education classes was provided with paper surveys and was asked to return a designated number of surveys calculated based on their number of clients. The contractors distributed the surveys in paper format in person with the WIC clients using a convenience sample. The survey was offered in English and Spanish. In addition, an online version of the survey offered in English and Spanish was also available during the month of February 2017 for clients on www.texaswic.org.

Major Findings

The results of the survey indicate that clients had favorable opinions about the WIC program's ability to meet their needs and high customer satisfaction. Table 49 shows how clients rated their agreement with statements about their last WIC visit.

Table 49: Client Satisfaction with Their Most Recent WIC Visit

Satisfaction Measures	Proportion who responded "yes"	
	Online survey	In clinic survey
I would come back to WIC in the future.	98.5%	99.2%
I would recommend WIC to a friend.	98.3%	99.0%
WIC staff were friendly.	95.3%	98.6%
WIC clinic was clean.	94.5%	98.2%
WIC appointment was offered at a good time of day.	94.3%	97.6%
WIC staff provided relevant and helpful information	93.9%	97.3%
When I had a question about nutrition, WIC staff could answer it.	92.7%	97.8%
WIC clinic atmosphere was welcoming.	92.1%	97.4%
When I left WIC, I felt like a great mom.	89.6%	96.2%
When I had a question about breastfeeding, WIC staff could answer it.*	77.6%	**
WIC clinic had things for my child to do while waiting.	73.9%	89.5%

*For 19.2 percent of participants, the response to this question was "not applicable."
**Data for this response is unavailable.

Clients rated the following WIC experiences shown in Table 50.

Table 50: Overall WIC Experience

Rate the following experiences:	Needs improvement		Okay		Great	
	Online survey	In clinic survey	Online survey	In clinic survey	Online survey	In clinic survey
Shopping for WIC foods	24.4%	5.4%	38.6%	22.9%	37.1%	71.7%
Customer service at the grocery store	18.7%	9.8%	45.0%	32.6%	36.3%	57.5%
Total wait time at the clinic	18.4%	5.7%	46.8%	33.6%	34.8%	60.7%
Customer service at the WIC clinic	6.1%	0.9%	32.9%	11.5%	61.0%	87.7%
Options available for nutrition education	5.5%	1.0%	47.6%	21.7%	46.9%	77.4%
Application process	5.2%	2.1%	44.5%	22.8%	50.3%	75.1%

Clients also rated how well WIC met their needs in each of the areas shown in Table 51.

Table 51: Nutrition Education and Breastfeeding Support

How well does WIC meet your needs:	Great		Okay		Not so great	
	Online Survey	In clinic Survey	Online Survey	In clinic Survey	Online Survey	In clinic Survey
Teaching me about healthy food choices	82.4%	88.7%	15.9%	10.5%	1.7%	0.8%
Learning how to feed my family	79.8%	86.5%	18.0%	12.7%	2.1%	0.8%
Learning how to shop for WIC foods	73.0%	82.4%	23.1%	15.7%	3.8%	1.8%
Learning how to prepare/ cook WIC foods	64.7%	73.1%	28.2%	23.5%	7.1%	3.4%
Learning how to breastfeed my baby*	53.5%	70.5%	17.3%	20.9%	1.8%	***
Providing support to breastfeed my baby longer**	51.9%	67.9%	17.6%	23.1%	2.4%	***
Helping me connect and share ideas with other parents	42.2%	48.8%	37.3%	39.2%	20.5%	11.9%

*For 27.4 percent of participants, "learning how to breastfeed my baby" was "not applicable."
**For 28.1 percent of participants, "providing support to breastfeed my baby longer" was "not applicable."
***Data for this response is unavailable.

5. Conclusion

This HHS system-wide 2018 Report on Customer Service describes the results of nearly 140,000 individual survey responses from 35 surveys conducted by the five Texas agencies belonging to the Texas Health and Human Services (HHS) system during the SFY 2016 and SFY 2017 reporting period. Individuals who were surveyed were primarily direct consumers of services and enrollees in health plans; other surveys solicited feedback from entities regulated or inspected by HHS, service providers contracted with HHS, entities receiving HHS laboratory services, and community stakeholders.

- Twenty projects surveyed customers of HHS services, including families of children with special needs, developmental delays, or disabilities; adults with disabilities; children and adults who received mental health services; elderly individuals residing in care facilities; young adults leaving foster care; clients attending immunization clinics; recipients of HIV medication; SNAP applicants; and customers of eligibility offices. The largest of these surveys, the YourTexasBenefits.com survey, collected over 5,000 responses per month, on average. Overall, most respondents provided positive feedback regarding the services and supports received through HHS programs.
- Enrollees in STAR, STAR Health, STAR+PLUS, and CHIP health plans were surveyed through six different surveys. Respondents included families or caregivers of enrolled children, as well as enrolled adults. Across all six member surveys, most quality components were rated positively. Respondents were most likely to give positive feedback on domains related to communication with doctors, shared decision making, and customer service; domains with opportunities for improvement include access to specialized services, behavioral health treatment, and advice on smoking cessation. Texas's external quality review organization provides more detailed findings and recommendations from member surveys in their annual Summary of Activities Report.
- Four surveys were conducted to obtain feedback from entities regulated or inspected by the state. A wide range of businesses, healthcare facilities, food service facilities, and other regulated organizations provided positive feedback on state services, including inspections, site reviews, and communication with staff.
- Four surveys collected responses from customers of state laboratory services, including submitters to the South Texas Laboratory and customers

of the Laboratory Courier Program. Surveys showed broad satisfaction related to transit time, staff responsiveness, and quality of service.

- One survey was conducted to obtain feedback from community stakeholders. Local law enforcement, members of the judiciary, and community organizations provided generally positive feedback regarding community engagement efforts undertaken by Adult Protective Services.

Overall, the HHS system of agencies has succeeded in obtaining feedback from a diverse group of customers. Most respondents provided positive feedback regarding the services and supports received through HHS programs. Feedback identifying opportunities for improvement is used to inform how services are provided in the future. For example, feedback collected from health plan enrollees is used to hold managed care organizations accountable through HHSC quality programs. These results support the HHS system mission of improving the health, safety, and well-being of Texans through good stewardship of public resources.

Appendix A. Customer Inventory for the Department of Family and Protective Services (DFPS)

Services Provided to Customers by Budget Strategy, as listed in HHS System Strategic Plan 2017–2021, Volume II, Schedule A

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 1.1.1. Provide System to Receive/Assign Reports of Abuse/Neglect/Exploitation. Provide a comprehensive system with automation support for receiving reports of persons suspected to be at risk of abuse/neglect/exploitation and assign for investigation those reports that meet Texas Family Code and Human Resource Code definitions.	**Children and Adults At Risk of Abuse and Neglect:** Statewide Intake provides central reporting and investigation assignments so that all children at risk of abuse and neglect and all elderly and adults with disabilities who have been abused, neglected, and exploited can be protected. **Citizens of Texas:** DFPS provides confidential access to services for all citizens of Texas. **External Partners:** In providing access to DFPS services through the Statewide Intake function, DFPS interacts with law enforcement agencies, the medical sector, schools, and the general reporting public.
Strategy 2.1.1. Provide Direct Delivery Staff for Child Protective Services. Provide caseworkers and related staff to conduct investigations and deliver family-based safety services, out-of-home care, and permanency planning for children who are at risk of abuse/neglect and their families. **Strategy 2.1.2. Provide Program Support for Child Protective Services.** Provide staff, training, automation, and special projects to support a comprehensive and consistent system for the delivery of child protective services.	**Children and Families:** DFPS protects children by investigating reports of abuse and neglect, working with children and families in their own homes to alleviate the effects of abuse/neglect, and providing services to prevent further abuse/neglect, and if necessary, placing children in substitute care until they can be safely returned home, to relatives, or until they are adopted. **External Partners:** Conducting investigations and providing casework for children in their own homes and children who have been removed from their homes involves many external partners, such as law enforcement agencies, the medical sector, schools, Child Welfare Boards, the judiciary, faith-based organizations, Child Advocacy Centers, children's advocate groups, domestic violence service providers, other HHSC system agencies, and state and national child welfare associations.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 2.1.3. Texas Workforce Commission (TWC) Contracted Day Care Purchased Services. Provide purchased day care services for foster children where both or the one foster parent works full-time; for relative and other designated caregivers who work full time; or for children living at home to control and reduce the risk of abuse/neglect and to provide stability while a family is working on changes to reduce risk.	**Children and Families:** DFPS protects children by purchasing day care to keep a child safe in their home or to assist working foster parents. **Other Agencies:** DFPS purchases day care under a contract with the Texas Workforce Commission. **Local Governments:** Through the contract with the Texas Workforce Commission, DFPS has access to the network of child care providers managed by local workforce boards.
Strategy 2.1.4. Adoption Purchased Services. Provide purchased adoption services with private child-placing agencies to facilitate the success of service plans for children who are legally free for adoption, including recruitment, screening, home study, placement, and support services.	**Children and Families:** DFPS increases permanency placement options for children awaiting adoption by contracting for adoption services, and helps ensure success of adoptions by providing post-adoption services.
Strategy 2.1.5. Post-Adoption / Post-Permanency Purchased Services. Provide purchased post-adoption services for families who adopt children in the conservatorship of DFPS, including casework, support groups, parent training, therapeutic counseling, respite care, and residential therapeutic care.	**Contracted Service Providers:** DFPS contracts with private child-placing agencies to recruit, train and verify adoptive homes, secure adoptive placements, provide post-placement supervision, and facilitate the consummation of the adoptions. DFPS also purchases post-adoption services from various service providers.
Strategy 2.1.6. Preparation for Adult Living Purchased Services. Provide purchased adult living services to help and support youth preparing for departure from DFPS substitute care, including life skills training, money management, education/training vouchers, room and board assistance, and case management.	**Youth in Substitute Care:** DFPS provides services to prepare youth in substitute care for adult life. Services are also available for youth who have aged out of the substitute care system to ensure a successful transition to adulthood. **Contracted Service Providers:** DFPS purchases these youth services from various service providers.
Strategy 2.1.7 Substance Abuse Purchased Services. Provide purchased residential chemical dependency treatment services for adolescents who are in the conservatorship of DFPS and/or parents who are referred to treatment by DFPS.	**Children and Families:** DFPS protects children by purchasing substance abuse treatment services and drug-testing services for children in the CPS system and their families. **Contracted Service Providers:** DFPS purchases these services from various service providers.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 2.1.8. Other Purchased Child Protective Services. Provide purchased services to treat children who have been abused or neglected, to enhance the safety and well-being of children at risk of abuse and neglect, and to enable families to provide safe and nurturing home environments for their children.	**Children and Families:** DFPS protects children by purchasing various types of services for children in the CPS system and their families. Services include evaluation of psychological and psychiatric functioning; individual, group, and family therapy, parenting, battering intervention, life skills, etc. **Contracted Service Providers:** DFPS purchases these services from various service providers.
Strategy 2.1.9. Foster Care Payments. Provide financial reimbursement for the care, maintenance, and support of children who have been removed from their homes and placed in licensed, verified childcare facilities.	**Children in Foster Care:** DFPS provides reimbursement for the care, maintenance, and treatment of children who have removed from their homes. **Contracted Service Providers:** DFPS purchases these services from DFPS foster homes, contracted child-placing agencies, and child care facilities. **External Partners:** The foster care program would not be possible without the 24-hour residential child care providers. DFPS works closely with provider groups and associations.
Strategy 2.1.10. Adoption Subsidy and Permanency Care Assistance Payments. Provide grant benefit payments for families that adopt foster children with special needs and for relatives that assume permanent managing conservatorship of foster children, and one-time payments for non-recurring costs.	**Children and Families:** DFPS helps ensure a permanent placement for children available for adoption with special needs by providing a monthly subsidy payment to assist with the cost of the child's special needs. DFPS also provides Permanency Care Assistance to relative caregivers that assume permanent managing conservatorship for a child.
Strategy 2.1.11. Relative Caregiver Monetary Assistance Payments. Provide monetary assistance for children in the state relative and other designated caregiver program.	**Relative and Other Designated Caregivers:** DFPS provides monetary assistance to relatives and other designated caregivers to help ensure successful, permanent placements for children removed from their homes.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 3.1.1. Services to At-Risk Youth (STAR) Program. Provide contracted prevention services for youth ages 10-17 who are in at-risk situations, runaways, Class C delinquents, and for youth under the age of 10 who have committed delinquent acts. **Strategy 3.1.2. CYD Program.** Provide funding and technical assistance to support collaboration by community groups to alleviate family and community conditions that lead to juvenile crime. **Strategy 3.1.3. Provide Child Abuse Prevention Grants to Community-Based Organizations.** Provide child abuse prevention grants to develop programs, public awareness, and respite care through community-based organizations. **Strategy 3.1.4. Provide Funding for Other At-Risk Prevention Programs.** Provide funding for community-based prevention programs to alleviate conditions that lead to child abuse/neglect and juvenile crime. **Strategy 3.1.5. Maternal and Child Home Visiting Programs.** Evidence-based, nurse home visiting model that works to improve pregnancy outcomes, child health and development outcomes, and families' self-sufficiency. **Strategy 3.1.6. Provide Program Support for At-Risk Prevention Services.** Provide program support for at-risk prevention services.	**Children and Families:** DFPS provides funding for community-based child abuse prevention and juvenile delinquency prevention services to at-risk children and for the families of those children. **Contracted Service Providers:** DFPS contracts with various community-based organizations across the state to deliver all prevention and early intervention services. **Other Agencies:** At-risk prevention services involve participation from the Texas Education Agency, Texas Juvenile Justice Department Local Governments: At-risk prevention services involve participation from local juvenile probation departments. Some prevention services are provided through contracts with local governments. **External Partners:** Overseeing prevention services involves many external partners such as law enforcement agencies, schools, and children's advocate groups.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 4.1.1. APS Direct Delivery Staff. Provide caseworkers and related staff to conduct investigations of reports of abuse, neglect, and exploitation of persons receiving services in community settings. **Strategy 4.1.2. Provide Program Support for Adult Protective Services.** Provide staff, training, automation, and special projects to support a comprehensive and consistent system for the delivery of adult protective services.	**Adults who are over 65 or who have disabilities:** DFPS protects adults who are over age 65 or who have disabilities from abuse, neglect, and exploitation, and providing services to remedy or prevent further abuse. Persons with mental illness (MI) and/or intellectual disabilities (ID) served by or through providers: DFPS protects persons who have MI and ID served by or through providers by investigating reports of abuse, neglect, and exploitation. Other Agencies: Adult protective services includes support and involvement from DADS, DARS and DSHS. **Local Governments:** Providing adult protective services involves support and participation from city and county health and social services departments, and the Area Agencies on Aging. Also includes, for persons served by providers, participation from Community Centers. **External Partners:** Conducting investigations and providing services involves many external partners, such as law enforcement agencies, the medical sector, the judiciary, faith-based organizations, non-profit social service agencies, advocate groups for adults who are over age 65 or who have disabilities, state and national associations on aging and care for the elderly, and family and friends of APS clients. Also includes many external partners, such as advocacy groups for persons with mental illness and intellectual disabilities, state and national associations for mental health, and family and friends of MI and ID clients.
Strategy 4.1.3. APS Purchased Emergency Client Services. In appropriate cases, APS provides or arranges for services for vulnerable adults to remedy underlying causes of abuse, neglect, or exploitation.	**Adults who are over 65 or who have disabilities:** DFPS protects adults who are over age 65 or who have disabilities from abuse, neglect, and exploitation, and providing services to remedy or prevent further abuse. **Contracted Service Providers:** DFPS contracts with various service providers to deliver necessary emergency services for APS clients.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 5.1.1. Central Administration. Central administration. **Strategy 5.1.2. Other Support Services.** Other support services. **Strategy 5.1.3.** Regional Administration. Regional administration. **Strategy 5.1.4.** IT Program Support. Information technology program support.	DFPS provides indirect administrative support for all programs. All stakeholder groups would be included for this group of strategies. Additionally, DFPS employees receive support services under these strategies.
Strategy 6.1.1. Agency-Wide Automated Systems (Capital Projects). Develop and enhance automated systems that serve multiple programs (capital projects).	DFPS provides information technology support for all programs. All stakeholder groups would be included for this strategy. Additionally, DFPS employees receive support services under this strategy.
Strategy 7.1.1. Regulate Child Day Care and Residential Child Care. Shows historical funding for child care regulation program. **Strategy 7.1.2. Adult Protective Services Facility/Provider Investigations.** Shows historical funding for programs transferring from DFPS to HHSC per SB 200, 84th Legislature.	Health and Human Services Commission (HHSC) Programs Historical Funding: Shows historical funding for programs transferring from Department of Family and Protective Services (DFPS) to HHSC per SB 200, 84th Legislature.

Appendix B. Customer Inventory for the Department of State Health Services (DSHS)

Services Provided to Customers by Budget Strategy, as listed in HHS System Strategic Plan 2017–2021, Volume II, Schedule A

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 1.1.1. Public Health Preparedness and Coordinated Services. Coordinate essential public health services through public health regions and affiliated local health departments. Plan and implement programs to ensure preparedness and rapid response to bioterrorism, natural epidemics, and other public health and environmental threats and emergencies.	**Citizens of Texas:** DSHS is responsible for public health and medical services during a disaster or public health emergency and ongoing surveillance for infectious disease outbreaks with statewide potential such as influenza and foodborne outbreaks. **Other Local, State, and Federal Agencies**: DSHS coordinates with local health departments (LHDs); Texas Division of Emergency Management; Regional Advisory Councils; laboratories and laboratory response networks; first responders; law enforcement; environmental, veterinary, and agricultural laboratories; hospitals; and healthcare systems. **Texas-Mexico Border Residents and Border Health Partners:** DSHS coordinates and promotes health issues between Texas and Mexico, and provides interagency coordination and assistance on public health issues with local border health partners referenced in *Strategy 1.1.4. Border Health and Colonias*. **Public Health Services:** DSHS Health Service Regions (HSR) are responsible for ensuring the provision of public health services to communities across Texas where no LHD has been established or the LHD does not have the capacity or wish to provide a full range of public health services. State and federal funds are used to support our Regions in the prevention of epidemics and spread of disease; protection against environmental hazards; prevention of injuries; promotion of healthy behaviors; and response to disasters. Through public health social workers; DSHS supports its statutory responsibility to link individuals who have a need for community and personal health services to appropriate community and private providers.
Strategy 1.1.2. Vital Statistics. Maintain a system for recording, certifying, and disseminating information about births, deaths, and other vital events in Texas.	**Citizens of Texas:** DSHS provides vital records needed to access benefits and services. **Local Governments:** DSHS provides vital records and health-related disease registry and hospital data for health planning and policy decisions. DSHS maintains and operates a statewide information system, Texas Electronic Registrar (TER), for use by statewide officials responsible for birth and death registration. DSHS receives information from district and county clerks responsible for registering vital event information associated with marriages, divorces, and suits affecting the family. **Funeral Directors, Funeral Home Staff, Medical Directors, and Facilities:** DSHS maintains and operates TER for use by funeral directors and funeral home staff that provide death certificates as part of funeral services and collect demographic data associated with registered deaths. Physicians, justices of the peace, medical examiners, hospitals, and hospices also contribute medical data associated with registration of death events. **Hospitals, Birthing Centers, and Midwives:** DSHS maintains TER for hospitals, birthing centers, and certified and non-certified midwives that are responsible for registration of birth events.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 1.1.3. Health Registries. Collect health information for public health research and information purposes that inform decisions regarding the health of Texans.	**Direct Consumers:** The Texas Healthcare Safety Network (TxHSN) Registry is used to collect and store Healthcare Associated Infection (HAI) and Preventable Adverse Event (PAE) data from healthcare facilities in Texas. Facility-specific reports are generated to display these data in order to promote patient empowerment and allow healthcare consumers to make informed decisions about their own healthcare. DSHS maintains the Texas Cancer Registry, Birth Defects Registry, Blood Lead Registry, Traumatic Brain Injury, Trauma and Emergency Medical Services Registries. DSHS collects, maintains, and disseminates data for all Texas residents. The aggregated data that is shared with a diverse group of users and stakeholders that contribute to prevention and control of diseases and conditions, and improve diagnoses, treatment, survival, and quality of life for all cancer patients.
Strategy 1.1.4. Border Health and Colonias. Promote health and address environmental issues between Texas and Mexico through border/binational coordination, maintaining border health data, and community-based healthy border initiatives.	**Texas-Mexico Border Residents:** DSHS coordinates and promotes health issues between Texas and Mexico and identifies resources and develops projects that support community efforts to improve border health. **Border Health Partners:** DSHS provides interagency coordination and assistance on public health issues with local border health partners; binational health councils; state border health offices in California, Arizona, and New Mexico; U.S.-Mexico Border Health Commission; U.S. Environmental Protection Agency (EPA) Border 2020 Program; U.S. Department of Health and Human Services (DHHS) Office of Global Affairs, U.S. DHHS Health Resources and Services Administration (HRSA) Office of Border Health; México Secretaria de Salud; and other state and federal agency border programs.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 1.1.5. Health Data and Statistics. Collect, analyze, and distribute information about health and healthcare.	**Citizens of Texas:** DSHS utilizes data to help address Texas residents' concerns regarding disease in their neighborhoods. DSHS posts facility-level data on the occurrence of healthcare-associated infections and preventable adverse events to a public website. DSHS provides data to researchers and for other public health purposes, including inclusion in national and international documents that discuss and/or report the burden of disease nationally and/or internationally. This data may also be used for community health assessments, public health planning, and making informed health care decisions. **Other External Partners:** DSHS coordinates with the Texas Medical Association (TMA), Texas Academy of Family Physicians, Texas Midwifery Association, Association of Texas Midwives, County Medical Societies, Texas and New Mexico Hospice Organization, Texas Justice Court Training Center, Texas County Commissioners Court, County and District Clerks' Association of Texas, Texas Hospital Association (THA, Texas Society of Infection Control and Prevention, local chapters of the Association for Professionals in Infection Control and Epidemiology, Texas Tumor Registrars Association, the National Program of Cancer Registries - part of the Centers for Disease Control and Prevention (CDC), and the North American Association of Central Cancer Registries (NAACCR). **Other State Agencies:** DSHS coordinates with the Office of Attorney General, DFPS, Texas Department of Transportation, Texas Workforce Commission, HHSC, Texas Commission on Environmental Quality, Cancer Prevention and Research Institute of Texas (CPRIT), Texas Department of Housing and Community Affairs, Texas Poison Center Network, Texas Medical Board, Texas Board of Nursing, Texas Department of Agriculture, and Texas State Commission on Judicial Conduct. **Federal Agencies:** DSHS coordinates with the CDC, National Center for Health Statistics, Social Security Administration, Federal Bureau of Investigations, Food and Drug Administration (FDA), National Institute of Occupational Safety and Health, Centers for Medicare & Medicaid Services (CMS), Agency for Healthcare Research and Quality, Agency for Toxic Substances and Disease Registries, Department of Veteran Affairs, and EPA.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 1.2.1. Immunize Children and Adults in Texas. Implement programs to immunize children and adults in Texas.	**Direct Consumers:** DSHS operates the Texas Vaccine for Children (TVFC) and Adult Safety Net (ASN) Program to provide immunizations for eligible children, adolescents, and adults. These programs also work to educate and perform quality assurance activities with healthcare providers vaccinating these groups. DSHS maintains an electronic vaccine inventory system that enables participating providers to order vaccine stock and report on vaccines administered. DSHS maintains a statewide immunization registry (ImmTrac) that contains millions of immunization records, mostly for children. Healthcare providers use ImmTrac to ensure timely administration of vaccines and to avoid over-vaccination. Parents may obtain immunization records for their children. DSHS also conducts surveillance, investigation, and mitigation of vaccine-preventable diseases. **Local Governments:** DSHS provides assistance to LHDs in conducting immunization programs at the local level, including providing immunizations for eligible children, adolescents, and adults; providing immunization education; and assisting with activities to increase immunization coverage levels across Texas. **Schools and Childcare Facilities:** DSHS provides education and technical assistance to school and childcare facilities on school immunization requirements. DSHS conducts an annual survey of private schools and public school districts to assess vaccination coverage. Additionally, DSHS conducts audits on schools and childcare facilities to ensure that the facilities comply with school immunization requirements. **External Partners:** DSHS works with the Texas Immunization Stakeholder Working Group, which includes representatives from TMA, Texas Pediatric Society, parents, schools, LHDs, pharmacists, nurses, vaccine manufacturers, immunization coalitions, and other organizations with a role in the statewide immunization system. **Other State Agencies:** DSHS works with Texas Education Agency, DFPS and HHSC in the delivery of immunization services.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 1.2.2. Human Immunodeficiency Virus / Sexually Transmitted Disease (HIV/STD) Prevention. Implement programs of prevention and intervention including preventive education, case identification and counseling, HIV/STD medication, and linkage to health and social service providers.	**Direct Consumers:** DSHS provides access to HIV treatment and care services, including life-enhancing medications, for low-income, uninsured or underinsured persons. DSHS also provides ambulatory health care and supportive services to persons with HIV disease through contracted providers. DSHS contracts to provide HIV counseling and testing, linkage to HIV related medical care and behavior change interventions to prevent the spread of HIV and other STDs. DSHS provides testing for HIV and STDs, medications for some STDs, and disease intervention and partner services to reduce the spread of STDs. **Local Governments:** DSHS provides assistance to local governments in the delivery of services to assure that persons diagnosed with HIV and high priority STDs are notified and linked to medical care and treatment. Assistance is provided to assure that partners of persons newly diagnosed with HIV and high priority STD are notified and offered testing services. DSHS provides capacity building and technical assistance/training services to LHDs providing HIV/STD prevention and treatment and care services. DSHS works with LHDs to promote HIV/STD as a health and prevention priority among medical providers and the community at large. DSHS provides local leaders and groups across Texas with information on the size and scope of HIV and STD cases in their communities, with HIV/STD-specific strategic planning tools, and with best risk reduction practices to support creation of HIV/STD prevention and services action plans. **Community-Based Organizations:** DSHS provides capacity building and technical assistance/training services to contracted providers providing HIV/STD prevention and treatment and care services. **Committee:** The Texas HIV Medication Advisory Committee advises DSHS about the Texas HIV Medication Program formulary and policies.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 1.2.3. Infectious Disease Prevention, Epidemiology and Surveillance. Conduct surveillance on infectious diseases, including respiratory, vaccine-preventable, bloodborne, foodborne, and zoonotic diseases and healthcare associated infections. Implement activities to prevent and control the spread of emerging and acute infectious and zoonotic diseases. Administer the Refugee Health Services program. Administer program activities to identify, treat, and provide services to persons with Hansen's disease.	**Citizens of Texas:** DSHS coordinates disease surveillance and outbreak investigations including information on the occurrence of disease, as well as prevention and control measures. DSHS conducts surveillance for and investigations of infectious diseases, recommends control measures in accordance with best practices, and implements interventions. In addition, DSHS provides information on infectious disease prevention and control to the public through the website and personal consultation. DSHS facilitates the distribution of rabies biologics to persons exposed to rabies, provides Animal Control Officer training opportunities, inspects animal rabies quarantine facilities, immunizes wildlife that can transmit rabies to humans, mobilizes community efforts such as pet neutering programs through the Animal Friendly grant, and maintains an investigative response team. **Local Governments:** DSHS coordinates infectious disease prevention, control, epidemiology, and surveillance activities with LHDs. **Other State and Federal Agencies:** DSHS collaborates daily with the CDC to maintain consistency with national guidance on infectious disease surveillance, investigation, and mitigation. DSHS serves as the lead on a cooperative project with U.S. Department of Agriculture and Texas Military Forces. Other stakeholders are THA, Texas Health Care Association, Texas Organization of Rural & Community Hospitals, Texas Ambulatory Surgery Center Society, End State Renal Disease (ESRD) Network of Texas, the Texas Animal Health Commission, Texas Parks and Wildlife Department, Texas Veterinary Medical Diagnostic Laboratory, U.S.-Mexico Border Health Commission, Rotary International, CDC, FDA, HRSA, schools of public health in Texas, voluntary agencies, HHSC, and federal Office of Refugee Resettlement. **Medical Community:** DSHS provides information and consultation to the human and veterinary medical communities, as well as to healthcare professionals through personal consultation and professional organizations, presentations and posters at scientific meetings, and peer-reviewed publications.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 1.2.4. TB Surveillance and Prevention. Implement activities to conduct TB surveillance, to prevent and control the spread of TB, and to treat TB infection.	**Direct Consumers:** DSHS establishes disease surveillance and outbreak investigations processes and provides information on the occurrence of TB disease in communities across Texas. DSHS implements TB disease control measures, including testing and diagnostic services and promoting adherence to treatment. DSHS also ensures that all residents of Texas who are diagnosed with TB or Hansen's disease receive treatment regardless of ability to pay for services. In addition, DSHS provides information to the public on TB prevention and control, Hansen's disease, and refugee health assessment services through its website. Phone consultations are also provided to the public on TB, Hansen's disease, and refugee health services. **Local Government:** DSHS contracts with LHDs to provide outpatient clinical and public health services for TB and Hansen's disease management. DSHS works with DSHS HSRs and LHDs' providers on TB binational projects and other special projects targeting individuals and groups at high risk for TB. DSHS provides laboratory services, capacity building, technical assistance, and training services to contracted providers on TB and Hansen's disease. DSHS works in collaboration with LHDs and HSRs to evaluate TB screening, reporting and case management activities conducted by 154 local jails statewide. **State Agencies:** DSHS collaborates with Texas Commission on Jail Standards to ensure jails meeting the criteria for developing and maintaining a TB screening program are upheld. DSHS collaborates with Texas Department of Criminal Justice on TB screening and reporting activities. **Federal Agencies:** DSHS collaborates with the CDC, the National Hansen's Disease Program, Bureau of Prisons, Immigration Customs Enforcement, U.S. Marshal's Office on disease surveillance, reporting and management. **Medical Community:** DSHS provides consultation services to healthcare professionals on TB and Hansen's disease. DSHS partners with Heartland National TB Center, a CDC Regional Training and Medical Consultation Center, to provide training to healthcare professionals and to maintain an educated TB workforce. DSHS also participates in professional organizations including conducting presentations and presenting posters at scientific meetings and submitting peer-reviewed publications.
Strategy 1.2.5 Texas Center for Infectious Disease. Provide medical treatment to persons with tuberculosis.	**Hospital Services:** Through the Texas Center for Infectious Disease—a 74-bed long-term care hospital—DSHS provides inpatient tuberculosis treatment and outpatient tuberculosis and Hansen's disease evaluation and treatment.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 1.3.1. Health Promotion and Chronic Disease Prevention. Develop, implement, and evaluate evidence-based interventions to reduce health risk behaviors that contribute to chronic disease. Conduct chronic disease surveillance.	**Citizens of Texas:** DSHS provides awareness and educational resources/materials for diabetes, Alzheimer's disease, cancer, asthma, and cardiovascular disease (CVD). DSHS provides child safety seats to low-income families with children less than eight years of age. DSHS provides support to communities for planning and implementing evidence-based obesity prevention interventions through policy and environmental change. **Councils, Task Forces, and Collaboratives:** DSHS provides administrative support to the Texas Diabetes Council, Texas Council on Alzheimer's Disease and Related Disorders, Texas Council on CVD and Stroke, Texas CVD and Stroke Partnership, Texas School Health Advisory Council, Stock Epinephrine Advisory Committee, Cancer Alliance of Texas, Public Health Funding and Policy Committee, Border Health Task Force, and Preparedness Coordinating Council. **Healthcare Professionals:** DSHS provides toolkits and information that include professional and patient education materials featuring self-management training, minimum standards of care, and evidence-based treatment algorithms. **Contracted entities:** DSHS contracts with various LHDs, universities, non-profits, private sector entities, and others to implement interventions and collect data to reduce the burden of chronic disease and related risk factors. **Community Diabetes Projects:** DSHS contracts with LHDs, community health centers, and grassroots organizations to establish programs for promoting wellness, physical activity, weight and blood pressure control, and smoking cessation for people with or at risk for diabetes. **Schools:** DSHS provides technical assistance on the care of students with or at risk for chronic disease. DSHS provides child safety seats and education to community partners that assist in the distribution of the safety seats to low-income families and trains nurses, police officers, and other community members to be nationally certified child passenger safety technicians. Through the Oral Health Program, DSHS provides dental surveillance, prevention, and referrals in schools. **State Agencies:** DSHS provides subject matter expertise, including research and data analysis, on topics related to chronic disease. DSHS also collaborates with the CPRIT on cancer-related activities. DSHS works with state agency worksite wellness coordinators to implement health promotion and wellness activities in Texas state agencies.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 1.3.2. Reducing the Use of Tobacco Products Statewide. Develop a statewide program to reduce the use of tobacco products.	**Citizens of Texas:** DSHS plays a leadership role in educating the public about the importance of tobacco prevention and cessation. DSHS also provides cessation counseling services to all Texas residents. **Healthcare Providers:** DSHS provides training and resources for healthcare providers to implement best practices for treating tobacco dependence in multiple healthcare settings. **External Partners:** DSHS works with the University of Texas at Austin, University of Texas at El Paso, University of Houston, The Council on Alcohol and Drug Abuse, Optum, Texas State University, Texas A&M University, MD Anderson, American Cancer Society, and American Lung Association. **Contracted Services:** DSHS contracts with a media firm; a national Quitline service provider; state institutions of higher education; and local coalitions to implement comprehensive tobacco prevention, cessation, and environmental change policies.
Strategy 1.3.3. Children with Special Health Care Needs (CSHCN). Administer service program for children with special health care needs, in conjunction with the Health and Human Services Commission.	**Direct Consumers:** HHSC/DSHS provides services to children with special health care needs and their families and people of any age with cystic fibrosis. Services are provided through entities that provide direct healthcare services and case management. Regional staff also provide case management, eligibility determination, and enrollment services. DSHS community-based initiatives for the CSHCN population include medical home, transition to adult care, and community integration through contractors. Through community-based contracts, case management is available for CSHCN who are not part of Medicaid. **External Partners:** HHSC/DSHS actively participates on a variety of advisory groups including but not limited to the Children's Policy Council and the Texas Council for Developmental Disabilities. HHSC/DSHS interacts with professional organizations, including Children's Hospital Association of Texas, THA, TMA, and Texas Pediatric Society, and advocacy/support groups, including Texas Parent to Parent, Every Child, Inc., and Disability Rights Texas. HHSC/DSHS facilitates the Medical Home Workgroup, Transition Workgroup, and participates in the STAR Kids Advisory Council, the Texas Respite Coalition, the statewide Community Resource Coordination Group (CRCG), and the ECI Advisory Committee.
Strategy 1.4.1. Laboratory Services. Provide analytical laboratory services in support of public health program activities.	**Citizens of Texas:** DSHS tests specimens for infectious diseases such as HIV, STD, and TB; screens for lead in children; tests bay water and milk samples for contamination; tests for rabies; screens every newborn for 53 disorders; and identifies organisms responsible for disease outbreaks throughout Texas. DSHS also provides testing for chemical and biological threats. **Other Local, State, and Federal Agencies:** DSHS coordinates with LHDs and their laboratories; laboratories that are part of CDC Laboratory Response Network; first responders; law enforcement; environmental, veterinary, and agricultural laboratories; vector control programs; and animal control programs. **Public Water Systems:** DSHS provides testing of water samples as part of the EPA Safe Drinking Water Act. **External Partners:** DSHS works with the Texas Newborn Screening Advisory Committee, THA, TMA, Texas Pediatric Society, and other professional associations.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 1.4.2. Laboratory (Austin) Bond Debt. Service bond debt on reference laboratory.	**Citizens of Texas:** DSHS provides testing at the Austin laboratory to diagnose and investigate community health problems and health hazards.
Strategy 2.1.1. Women and Children's Health Services. Provide easily accessible, quality, and community-based maternal and child health services to low-income women, infants, children, and adolescents.	**Direct Consumers:** DSHS provides contracted clinical, educational, and support services to Texas residents who meet specific eligibility requirements. DSHS provides preventive oral health services to children in low-income schools and provides training and certification for vision and hearing screening. In addition, DSHS makes audiometers available to schools and day care centers for their staff to conduct screenings. DSHS also provides preventive and primary care, medical and limited dental services, and case management to low-income pregnant women and children through contracts with Title V funds. Limited genetics services are also provided through contracts. DSHS notifies primary care physicians and families of newborns with out-of-range newborn screening results to ensure clinical care coordination to prevent development delays, intellectual disability, illness, or death. DSHS also provides education to providers and the public regarding genetics. **Contracted Providers:** DSHS provides professional education to dental, medical, and case management providers through online provider education and in-person training opportunities. DSHS contracts with nonprofit organizations including LHDs, hospital districts, university medical centers, federally qualified health centers (FQHCs), and other community-based organizations. **Certified Individuals:** DSHS provides oversight of the training and certification requirements for promoters/community health workers and training instructors. **Texas School Health Advisory Committee:** DSHS provides administrative support to this advisory committee. **Schools:** DSHS contracts with entities that provide primary and preventive services through school-based health centers. DSHS also provides training and technical assistance to school administrators, school nurses, and parents on the provision of health services within the school setting. **Other State Agencies:** DSHS provides subject matter expertise, including research and data analysis, on topics related to maternal and child health populations. DSHS also collaborates with the CPRIT on cancer-related activities. Under authority of Title XIX of the SSA, Chapters 22 and 32 of the Human Resource Code and an IAC with HHSC, DSHS provides for administrative functions related to periodic medical and dental checkups for Medicaid-eligible children 0 through 20 years of age and case management for children 0 through 20 years of age and pregnant women with health risks or health conditions. **External Partners:** DSHS interacts with the American Cancer Institute, Texas Pediatric Society, Texas Dental Association, TMA, March of Dimes, Children's Hospital Association of Texas, Head Start programs, independent school districts, and healthcare providers.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 2.1.2. Community Primary Care Services. Develop systems of primary and preventive healthcare delivery in underserved areas of Texas.	**Local Health Departments:** DSHS may recommend areas where local health entities operate for federal designation as Health Professional Shortage Areas and Medically Underserved Areas. **Schools of Public Health and Universities:** DSHS partners with these entities in recruitment activities for the National Health Service Corps and Texas Conrad 30 J-1 Visa Waiver Program. **Other Organizations:** DSHS works with communities and nonprofit organizations to develop and expand FQHCs in Texas.
Strategy 2.2.1. Emergency Medical Services (EMS) and Trauma Care Systems. Develop and enhance regionalized emergency healthcare systems.	**Citizens of Texas:** DSHS ensures a coordinated statewide trauma system and designates trauma and stroke facilities in Texas. DSHS regulates and sets standards for emergency medical professionals and providers.
Strategy 3.1.1. Food (Meat) and Drug Safety. Design and implement programs to ensure the safety of food, drugs, and medical devices.	**Citizens of Texas:** DSHS protects Texas residents from contaminated, adulterated, and misbranded foods by enforcing food safety laws and regulations and investigating foodborne illness outbreaks to identify sources of contamination. DSHS also protects Texas residents from unsafe drugs, medical devices, cosmetics, and tattoo and body-piercing procedures through regulation. DSHS protects school-age children by inspecting school cafeterias.
Strategy 3.1.2. Environmental Health. Design and implement risk assessment and risk management regulatory programs for consumer products, occupational and environmental health, and community sanitation.	**Citizens of Texas:** DSHS provides protection and handles compliance over a broad range of commonly used consumer items including automotive products, household cleaners, polishes and waxes, paints and glues, infant items, and children's toys. DSHS also protects and promotes the physical and environmental health of Texans from asbestos, mold, and lead. DSHS protects children attending private and university-based summer youth camps by requiring completion of certain trainings and inspections.
Strategy 3.1.3. Radiation Control. Design and implement a risk assessment and risk management regulatory program for all sources of radiation.	**Citizens of Texas:** DSHS prevents unnecessary radiation exposure to the public through effective licensing, registration, inspection, enforcement, and emergency response.
Strategy 3.1.5. Texas.Gov. Estimated and Nontransferable. Texas.Gov. Estimated and Nontransferable.	**Regulated Entities:** DSHS is statutorily permitted to increase license, permit, and registration fees imposed on licensees by an amount sufficient to cover the cost of the subscription fee charged by TexasOnline.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 4.1.1. Agency Wide Information Technology Projects. Provide data center services and a managed desktop computing environment for the agency.	**DSHS Employees:** DSHS provides information technology support for DSHS employees and programs.
Strategy 5.1.1. Central Administration. Central administration. **Strategy 5.1.2. Information Technology Program Support.** Information Technology program support. **Strategy 5.1.3. Other Support Services.** Other support services. **Strategy 5.1.4. Regional Administration.** Regional administration.	**DSHS Employees:** DSHS provides administrative support for DSHS employees and programs.
Strategies 6.1.1 through 6.1.18. Programs transferring to HHSC.	**Strategies for Health and Human Services Commission (HHSC) Programs Historical Funding.** Shows historical funding for programs transferring from the Department of State Health Services to HHSC pursuant to 84R SB 200. See the following page for the list of these strategies.

***Strategies for Health and Human Services Commission (HHSC) Programs Historical Funding.** Each of these strategies shows historical funding for a program that is transferring from the Department of State Health Services (DSHS) to HHSC pursuant to 84R SB 200.

Strategy 6.1.1. Abstinence Education. Shows historical funding for Abstinence Education program.

Strategy 6.1.2. Kidney Health Care. Shows historical funding for Kidney Health Care program.

Strategy 6.1.3. Additional Specialty Care. Shows historical funding for Additional Specialty Care programs (formerly Epilepsy and Hemophilia Services).

Strategy 6.1.4. Provide Women, Infants, and Children (WIC) Services. Shows historical funding for WIC program.

Strategy 6.1.5. Women's Health Program. Shows historical funding for the Women's Health Program.

Strategy 6.1.6. Community Mental Health Services - Adults. Shows historical funding for Community Mental Health Services for adults.

Strategy 6.1.7. Community Mental Health Services - Children. Shows historical funding for Community Mental Health Services for children.

Strategy 6.1.8. Community Mental Health Crisis Services. Shows historical funding for Community Mental Health Crisis Services.

Strategy 6.1.9. NorthSTAR Behavioral Health Waiver. Shows historical funding for NorthSTAR Behavioral Health Waiver program.

Strategy 6.1.10. Substance Abuse Prevention, Intervention, and Treatment. Shows historical funding for Substance Abuse Prevention, Intervention, and Treatment programs.

Strategy 6.1.11. Indigent Health Care Reimbursement. Shows historical funding for Indigent Health Care Reimbursement.

Strategy 6.1.12. County Indigent Health Care Services. Shows historical funding for County Indigent Health Care Services.

Strategy 6.1.13. Other Facilities. Shows historical funding for Other Facilities (Rio Grande State Center Outpatient Clinic).

Strategy 6.1.14. Mental Health State Hospitals. Shows historical funding for Mental Health State Hospitals.

Strategy 6.1.15. Mental Health Community Hospitals. Shows historical funding for Mental Health Community Hospitals.

Strategy 6.1.16. Facility/Community-Based Regulation. Shows historical funding for Facilities and Community-Based Regulation.

Strategy 6.1.17. Facility Capital Repairs and Renovations. Shows historical funding for Facility Capital Repairs and Renovations.

Strategy 6.1.18. Texas Civil Commitment Office. Shows historical funding for Texas Civil Commitment Office.

Appendix C. Customer Inventory for the Health and Human Services Commission (HHSC)

Services Provided to Customers by Budget Strategy, as listed in HHS System Strategic Plan 2017–2021, Volume II, Schedule A

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 1.1.1. Aged and Medicare-Related Eligibility Group. Provide medically necessary healthcare in the most appropriate, accessible, and cost-effective setting to aged and Medicare-related Medicaid-eligible persons.	**Medicaid Consumers:** HHSC Medicaid/CHIP division provides healthcare to Medicaid aged and Medicare-related persons. **Managed Care Organizations (MCO)/Providers:** The HHSC Medicaid/CHIP division contracts with MCOs for the provision of health services. The Medicaid/CHIP division sets policy and provides oversight for the program.
Strategy 1.1.2. Disability-Related Eligibility Group. Provide medically necessary healthcare in the most appropriate, accessible, and cost-effective setting for disability-related Medicaid-eligible adults and children.	**Medicaid Consumers:** HHSC Medicaid/CHIP division provides healthcare to eligible disability-related adults and children. **Managed Care Organizations (MCO)/Providers:** The HHSC Medicaid/CHIP division contracts with MCOs for the provision of health services. The Medicaid/CHIP division sets policy and provides oversight for the program.
Strategy 1.1.3. Pregnant Women Eligibility Group. Provide medically necessary healthcare in the most appropriate, accessible, and cost-effective setting for Medicaid-eligible pregnant women.	**Medicaid Consumers:** HHSC Medicaid/CHIP division provides healthcare to women who are pregnant and eligible for Medicaid. **Managed Care Organizations (MCO)/Providers:** The HHSC Medicaid/CHIP division contracts with MCOs for the provision of health services. The Medicaid/CHIP division sets policy and provides oversight for the program.
Strategy 1.1.4. Other Adults Eligibility Group. Provide medically-necessary healthcare in the most appropriate, accessible, and cost-effective setting to adults who are principally income-level eligible (non-pregnant, non-Medicare, non-disability-related).	**Medicaid Consumers:** HHSC Medicaid/CHIP division provides healthcare to eligible TANF-level adults, medically needy, and other adults who are principally income-level eligible. **Managed Care Organizations (MCO)/Providers:** The HHSC Medicaid/CHIP division contracts with MCOs for the provision of health services. The Medicaid/CHIP division sets policy and provides oversight for the program.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 1.1.5. Children Eligibility Group. Provide medically necessary healthcare in the most appropriate, accessible, and cost-effective setting to newborn infants and Medicaid-eligible children who are not receiving SSI disability-related payments.	**Medicaid Consumers:** HHSC Medicaid/CHIP division provides healthcare to Medicaid eligible child recipients.
Strategy 1.1.6. Medicaid Prescription Drugs. Provide prescription medication to Medicaid-eligible recipients as prescribed by their treating physician.	**Medicaid Consumers:** HHSC Medicaid/CHIP division provides prescription medication benefits to Medicaid recipients. **Managed Care Organizations (MCO)/Providers:** The HHSC Medicaid/CHIP division contracts with MCOs for the provision of health services. The Medicaid/CHIP division sets policy and provides oversight for the program.
Strategy 1.1.7. Texas Health Steps (THSteps) Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Dental. Provide dental care in accordance with all federal mandates.	**Medicaid Consumers:** HHSC Medicaid/CHIP division provides access to periodic dental exams, diagnosis, prevention and treatment of dental disease to Medicaid eligible children. **Managed Care Organizations (MCO)/Providers:** The HHSC Medicaid/CHIP division contracts with MCOs for the provision of health services. The Medicaid/CHIP division sets policy and provides oversight for the program.
Strategy 1.1.8. Medical Transportation. Support and reimburse for non-emergency transportation assistance to individuals receiving medical assistance.	**Medicaid Consumers:** HHSC provides transportation for Medicaid recipients. **Providers:** The Medical Transportation Program contracts with Managed Transportation Organizations (MTOs) and Full Risk Brokers (FRBs) for the provision of medical transportation services. The program sets policy and provides oversight for the services.
Strategy 1.2.1. Community Attendant Services. Provide attendant care services to Medicaid-reimbursed subgroup of Primary Home Care eligible individuals that must meet financial eligibility of total gross monthly income less than or equal to 300 percent of the SSI federal benefit rate.	Direct customer groups include: • Individuals of any age who meet specific eligibility requirements including income and resources, who have a practitioner's statement of medical need and meet functional assessment criteria.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 1.2.2. Primary Home Care. Provide Medicaid-reimbursed, non-technical, medically related personal care services prescribed by a physician to eligible individuals whose health problems limit their ability to perform activities of daily living.	Direct customer groups include: • Individuals 21 years of age and older; • Individuals who meet eligibility requirements including Medicaid eligibility; • Individuals who have a practitioner's statement of medical need; and • Individuals who meet functional assessment criteria.
Strategy 1.2.3. Day Activity and Health Services (DAHS). Provide daytime services five days a week to individuals residing in the community as an alternative to placement in nursing facilities or other institutions.	Direct customer groups include: • **Title XIX:** Individuals age 18 or older who receive Medicaid and meet eligibility requirements, which include having a functional disability related to a medical condition, a need for a personal care task, and a medical diagnosis and physician's orders requiring care or supervision by a licensed nurse. • **Title XX:** Individuals age 18 or older who meet specific eligibility requirements including income and resources and who have a functional disability related to a medical condition, a need for a personal care task, and a medical diagnosis and physician's orders requiring care or supervision by a licensed nurse.
Strategy 1.2.4. Nursing Facility Payments. Provide payments that will promote quality care for individuals with medical needs that require nursing facility care.	Direct customer groups include: • Individuals with medical needs meeting medical necessity requirements and are eligible for Medicaid. The individuals must reside in a nursing facility for 30 consecutive days.
Strategy 1.2.5. Medicare Skilled Nursing Facility. Provides payments for individuals in dually qualified certified facilities (certified for both Medicaid and Medicare).	Direct customer groups include: • Individuals who receive Medicaid and reside in Medicare (XVIII) skilled nursing facilities, • Medicaid/ QMB recipients and • Medicare only QMB recipients.
Strategy 1.2.6. Hospice. Provide palliative care consisting of medical, social, and support services for individuals.	Direct customer groups include: • Individuals eligible for Medicaid who are terminally ill and no longer desire curative treatment and who have a physician's prognosis of six months or less to live. • Individuals under the age of 21 may continue to receive curative treatments while receiving hospice services.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 1.2.7. Intermediate Care Facilities - for Individuals with Intellectual Disability (ICFs/IID). Provide or contract for residential facilities of four or more beds for 24-hour care for the intellectual and developmentally disabled residents.	Direct customer groups include: • Individuals with intellectual and/or developmental disabilities who would benefit or require 24-hour supervised living arrangements and qualify for Medicaid.
Strategy 1.3.1. Home and Community-Based Services (HCS). Provide individualized services to individuals with intellectual disability living in their family's home, their own homes, or other settings in the community.	Direct customer groups include: • Individuals of any age who have a determination/diagnosis of intellectual disability or related condition, who meet Medicaid eligibility, resource and level of care criteria, and who choose Home and Community-based Services (HCS) services instead of the ICF/IID program.
Strategy 1.3.2. Community Living Assistance and Support Services (CLASS). Provide home and community-based services to persons who have a "related condition" diagnosis qualifying them for placement in an Intermediate Care Facility. A related condition is a disability other than intellectual and/or developmental disability which originates before age 22 and which substantially limits life activity. Such disabilities, which may include cerebral palsy, epilepsy, spina bifida, head injuries, and other diagnoses, are said to be "related to" intellectual and/or developmental disability in their effect upon the individual's functioning.	Direct customer groups include: • Individuals of any age with a diagnosis of developmental disability other than intellectual disability who meet specific eligibility requirements including Medicaid eligibility and functional need and who choose waiver services instead of institutional services.
Strategy 1.3.3. Deaf-Blind Multiple Disabilities (DBMD). Provide home and community-based services to adult individuals diagnosed with deafness, blindness, and multiple disabilities.	Direct customer groups include: • Individuals of any age who are deaf, blind, and have a third disability, who meet specific eligibility requirements including Medicaid eligibility and functional need and who choose waiver services instead of institutional services.
Strategy 1.3.4. Texas Home Living (TxHmL) Waiver. Provide individualized services, not to exceed $17,000 per year, to individuals with an intellectual disability living in their family's home, their own homes, or other settings in the community.	Direct customer groups include: • Individuals of any age who have a determination/diagnosis of intellectual disability or related condition, who meet specific eligibility requirements including Medicaid eligibility, resource and level of care criteria, and who choose waiver services over ICF/IID.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 1.3.5. Program of All-Inclusive Care for the Elderly (PACE). Provide community-based services to frail and elderly individuals who qualify for nursing facility placement. Services include inpatient and outpatient medical care and social/community services at a capitated rate.	Direct customer groups include: • Individuals age 55 or older who qualify for nursing facility services and receive Medicare and/or Medicaid.
Strategy 1.3.6. Medically Dependent Children Program (MDCP). Provide home and community-based services to individuals under 21 years of age who qualify for nursing facility care. Services include respite, adjunct supports, adaptive aids, and minor home modification.	Direct customer groups include: • Individuals younger than age 21 who meet specific eligibility requirements including income, resource, and medical necessity criteria, and who choose waiver services instead of nursing facility services.
Strategy 1.4.1. Non-Full Benefit Payments. Provide payments for medically necessary healthcare to eligible recipients for certain services not covered under the insured arrangement, including undocumented persons, school health, and other related services.	**Medicaid Consumers:** HHSC Medicaid/CHIP division provides healthcare to Medicaid eligible recipients for specific services not covered. **Managed Care Organizations (MCO)/Providers**: The HHSC Medicaid/CHIP division contracts with MCOs for the provision of health services. The Medicaid/CHIP division sets policy and provides oversight for the program.
Strategy 1.4.2. For Clients Dually Eligible for Medicare and Medicaid. Provide accessible premium-based health services to certain Title XVIII Medicare-eligible recipients.	**Medicaid Consumers:** HHSC Medicaid/CHIP division provides premium-based health services to Medicaid-eligible aged and disability related persons who are also eligible for Title XVIII Medicare coverage. **Managed Care Organizations (MCO)/Providers:** The HHSC Medicaid/CHIP division contracts with MCOs for the provision of health services. The Medicaid/CHIP division sets policy and provides oversight for the program.
Strategy 1.4.3. Transformation Payments. Maximize federal funding to provide supplemental Medicaid reimbursement for uncompensated care and delivery system reform incentives under the 1115 waiver. Historically provided children's hospital UPL match.	**Hospitals/Providers:** States may receive federal funding to provide hospitals supplemental payments to cover inpatient and outpatient services that exceed regular Medicaid rates.
Strategy 2.1.1. Medicaid Contracts and Administration. Administer efficient and effective Medicaid program, set the overall policy direction of the state Medicaid program, and manage interagency initiatives to maximize federal dollars.	**Other HHS Agencies:** HHSC provides the leadership and policy planning for administration of the state Medicaid Office across the HHS system.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 2.1.2. CHIP Contracts and Administration. Administer efficient and effective CHIP program, including contracted administration, and set overall policy direction of CHIP programs. **Strategy 3.1.1. CHIP.** Provide healthcare to uninsured children who apply and are determined eligible for insurance through CHIP. **Strategy 3.1.2. CHIP Perinatal Services.** Provide healthcare to perinates whose mothers apply and are determined eligible for insurance through CHIP. **Strategy 3.1.3. CHIP Prescription Drugs.** Provide prescription medication to CHIP-eligible recipients (includes all CHIP programs), as provided by their treating physician. **Strategy 3.1.4. CHIP Dental Services.** Provide dental healthcare services to uninsured children who apply and are determined eligible for insurance through CHIP.	**Federal Government:** HHSC Medicaid/CHIP division provides direction, guidance, and policy making for the Children's Health Insurance Program, a federal program administered through states. **Managed Care Organizations:** The HHSC Medicaid/CHIP division contracts with Managed Care Organizations for the provision of the Children's Health Insurance Program. The Medicaid/CHIP division sets policy and provides oversight for the CHIP program. **Children and Families:** The CHIP program exists to serve Texas children and families, providing health insurance to children in families with incomes up to 200% of the federal poverty level.
Strategy 4.1.1. Women's Health Program. Women's Health Program.	**Non-Pregnant Low Income Women:** HHSC provides family planning services, related health screening, and birth control to low-income women who are 18 through 44 years of age. Providers are required to complete a TWHP certification every year they participate.
Strategy 4.1.2. Alternatives to Abortion. Nontransferable. Provide pregnancy support services that promote childbirth for women seeking alternatives to abortion.	**Pregnant Women and Children:** HHSC contracts for the delivery of pregnancy support services. These services include information regarding pregnancy and parenting (brochures, pamphlets, books, classes, and counseling), referrals to existing community services and social service programs (childcare services, transportation, low-rent housing, etc.), support groups in maternity homes, and mentoring programs (classes on life skills, budgeting, parenting, counseling, and obtaining a GED).
Strategy 4.1.3. Early Childhood Intervention Services. Administer a statewide comprehensive system of services to ensure that eligible infants, toddlers, and their families have access to the resources and support they need to reach their service plan goals.	**Children with Disabilities & Their Families:** HHSC serves families with children birth to 36 months with developmental disabilities or delays and must provide early childhood intervention services to all eligible children.
Strategy 4.1.4. Ensure ECI Respite Services and Quality ECI Services. Ensure that resources are identified and coordinated to provide respite service to help preserve the family unit and prevent costly out-of-home placements.	**Children with Disabilities & Their Families:** HHSC provides respite services to families served by the ECI program.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 4.1.5. Children's Blindness Services. Provide information and training for blind and visually impaired children and their families so these children have the skills and confidence to live as independently as possible.	**Blind or Visually Impaired Consumers & Their Families:** HHSC provides services necessary to assist blind children to achieve self-sufficiency and a fuller richer life.
Strategy 4.1.6. Autism Program. To provide services to Texas children ages 3-15 diagnosed with autism spectrum disorder.	**Children with Autism & Their Families:** HHSC provides treatment services to children with a diagnosis of autism.
Strategy 4.1.7. Children with Special Health Care Needs (CSHCN). Administer service program for children with special health care needs, in conjunction with DSHS.	**Direct Consumers:** HHSC/DSHS provides services to children with special health care needs and their families and people of any age with cystic fibrosis. Services are provided through community-based contractors, entities that provide direct healthcare services and case management. Staff also provides case management. **External Partners:** HHSC/DSHS actively participates on a variety of advisory groups including but not limited to the Children's Policy Council and the Texas Council for Developmental Disabilities. HHSC/DSHS interacts with professional organizations, including Children's Hospital Association of Texas, Texas Hospital Association (THA), TMA, and Texas Pediatric Society, and advocacy/support groups, including Texas Parent to Parent, Every Child, Inc., and Disability Rights Texas. HHSC/DSHS facilitates the Medical Home Workgroup, Transition Workgroup, and participates in the STAR Kids Advisory Council, the Texas Respite Coalition, the statewide Community Resource Coordination Group (CRCG), and the ECI Advisory Committee.
Strategy 4.1.8. Children's Dental Services. Provide easily accessible, quality and community-based dental services to low-income infants, children and adolescents.	**Children and Families:** HHSC provides dental services to children through contracts with Title V funds. Services are provided through community-based contractors, entities that provide direct healthcare services.
Strategy 4.1.9. Kidney Health Care. Administer service programs for kidney health care.	**Direct Consumers:** HHSC provides benefits to persons with end-stage renal disease who are receiving a regular course of renal dialysis treatments or have received a kidney transplant. **External Partners:** External partners include professional associations, including the End Stage Renal Disease Network and the Texas Kidney Foundation, to provide information and training and to receive information about the population served.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 4.1.10. Additional Specialty Care. Deliver specialty care services including service programs for epilepsy and hemophilia, as well as provide leadership and direction to the statewide umbilical cord blood bank and health information technology initiatives.	**Direct Consumers:** HHSC provides clinical and support services through contracted providers to Texas residents with epilepsy or seizure-like symptoms who meet specific eligibility requirements. HHSC provides financial assistance for people with hemophilia to pay for their blood factor replacement products. **Contracted Providers:** HHSC contracts with a university medical center, hospital district, and nonprofit organizations for epilepsy services. Local health entities, schools of public health, and universities may be contracted providers. HHSC contracts with pharmacies for hemophilia services. **External Partners:** HHSC interacts with professional organizations, including TMA, THA, and with statewide epilepsy entities. HHSC interacts with professional organizations, including hemophilia treatment centers, TMA, and THA, and with statewide hemophilia networks.
Strategy 4.1.11. Community Primary Care Services. Develop systems of primary and preventive healthcare delivery in underserved areas of Texas.	**Direct Consumers:** HHSC/DSHS provides clinical services through contracted providers to Texas residents who meet specific eligibility requirements. **Contracted Providers:** HHSC/DSHS contracts with nonprofit organizations such as LHDs, hospital districts, university medical centers, FQHCs, and other community-based organizations. **Local Health Departments:** HHSC/DSHS may recommend areas where local health entities operate for federal designation as Health Professional Shortage Areas and Medically Underserved Areas. **Schools of Public Health and Universities:** HHSC/DSHS partners with these entities in recruitment activities for the National Health Service Corps and Texas Conrad 30 J-1 Visa Waiver Program. **Other Organizations:** HHSC/DSHS works with communities and nonprofit organizations to develop and expand FQHCs in Texas.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 4.1.12. Abstinence Education. Increase abstinence education programs in Texas.	**Adolescents and Parents:** HHSC provides abstinence education in Spanish and English through brochures, toolkits, workbooks, curricula, and online as well as service learning opportunities and leadership summit opportunities for youth in grades 5-12, and resources for parents in Spanish and English online and through booklets and DVDs. **Contractors:** HHSC contracts with providers to provide abstinence education curricula and service learning projects during in-school and after-school interventions. **School Districts:** HHSC provides workshops, webinars, trainings, toolkits, brochures, and workbooks for school districts across Texas. **Community, Faith-based, and Health Organizations:** HHSC provides toolkits, brochures, and workbooks for organizations.
Strategy 4.2.1. Community Mental Health Services for Adults. Provide services and supports in the community for adults with serious mental illness.	**Contracted Services:** HHSC contracts with local mental health authorities to provide services to adults with diagnoses such as schizophrenia, bipolar disorder, major depression, post-traumatic stress disorder, schizoaffective disorder, obsessive-compulsive disorder, anxiety disorder, attention deficit disorder, delusional disorder, and eating disorders who are experiencing significant functional impairment. Additionally, HHSC contracts with community behavioral health providers to provide mental health services. Community services for adults may include: • psychiatric diagnosis; • pharmacological management; • training; and • support; • education and training; • case management; • supported housing and employment; • peer services; • therapy; • and rehabilitative services.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 4.2.2. Community Mental Health Services for Children. Provide services and supports for emotionally disturbed children and their families.	**Contracted Services:** HHSC contracts with local mental health authorities to provide services to children ages 3–17 with serious emotional disturbance (excluding a single diagnosis of substance use disorder, intellectual or developmental disability, or autism spectrum disorder) who have a serious functional impairment or who: 1) are at risk of disruption of a preferred living or child care environment due to psychiatric symptoms, or 2) are enrolled in special education because of a serious emotional disturbance. Additionally, HHSC contracts with community behavioral health providers to provide mental health services. Community services for children may include: • community-based assessments, including the development of inter-disciplinary, recovery-oriented treatment plans, diagnosis, and evaluation services; • family support services, including respite care; • case management services; • pharmacological management; • counseling; and • skills training and development.
Strategy 4.2.3. Community Mental Health Crisis Services (CMHCS). CMHCS.	**Contracted Services:** HHSC contracts with local mental health authorities to provide crisis services to persons whose crisis screening and/or assessment indicate that they are an extreme risk of harm to themselves or others in their immediate environment or to persons believed to present an immediate danger to self or others or their mental or physical health is at risk of serious deterioration. Additionally, HHSC contracts with community behavioral health providers to provide mental health services. Crisis services are designed to provide timely screening and assessment to individuals in crisis to divert them from unnecessary treatment in restrictive environments such as jails, emergency rooms, and state hospitals. Statewide crisis services include crisis hotlines, mobile crisis outreach teams and crisis facilities.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 4.2.4. Substance Abuse Prevention, Intervention, and Treatment. Implement prevention services to reduce the risk of substance use, abuse, and dependency. Implement intervention services to interrupt illegal substance use by youth and adults and reduce harmful use of legal substances by adults. Implement a continuum of community and family based treatment and related services for chemically dependent persons. Optimize performance quality and cost efficiency through the managing and monitoring of contracted services for substance abuse.	**Contracted Services:** HHSC contracts with local community providers to provide substance abuse prevention, intervention, and treatment services. Substance Abuse Prevention is targeted to school-age children and young adults. HIV Outreach and HIV Early Intervention programs provide information and education for substance-abusing adults at risk for HIV or who are HIV positive. Pregnant, Post-Partum Intervention Services provide case management, education, and support for pregnant and post-partum women at risk for substance abuse. HHSC contracts with state licensed programs to deliver treatment services to adolescents and adults who meet DSM-V criteria for substance abuse or dependence. Each region provides a continuum of care that includes outreach, screening, assessment, and referral; specialized services for females; residential and outpatient treatment for adults and youth; pharmacotherapy; and treatment for co-occurring disorders. HHSC also funds recovery support services such as housing, employment, and recovery coaching in order to develop long-term recovery in communities around the state.
Strategy 4.2.5. Behavioral Health Waivers. Provide intensive community-based services for emotionally disturbed children and their families and for adults with serious mental illness.	**Children and Families:** HHSC provides services to children in Medicaid age 3 to 18 who have serious emotional disturbance to prevent acute psychiatric hospitalization. To support long-term recovery and success in an individual's community of choice, HHSC also provides intensive services in the home or community to adults with a serious mental illness who have had long tenures in an inpatient psychiatric hospital, frequent discharges from correctional facilities, or numerous emergency department visits.
Strategy 4.3.1. Indigent Health Care Reimbursement (UTMB). Reimburse the provision of indigent health services through the deposit of funds in the State-owned Multicategorical Teaching Hospital Account.	**University of Texas Medical Branch at Galveston (UTMB):** HHSC transfers funds for unpaid healthcare services provided to indigent patients.
Strategy 4.3.2. County Indigent Health Care Services. Provide support to local governments that provide indigent healthcare services.	**Local Governments:** HHSC provides technical assistance to counties regarding program compliance and assistance with Supplemental Security Income and Medicaid claim submission.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 5.1.1. Temporary Assistance for Needy Families Grants. Provide Temporary Assistance for Needy Families grants to low-income Texans.	**Children and Families:** The TANF grants provide capped entitlement services, non-entitlement services, one-time payments, child support payments and payment support for grandparents to children and families.
Strategy 5.1.2. Provide Women, Infants, and Children (WIC) Services: Benefits, Nutrition Education, and Counseling. Provide WIC services including benefits, nutrition education, and counseling.	**Direct Consumers:** HHSC provides services to low-income pregnant and post-partum women, infants, and children up to age five who meet certain eligibility requirements. **Citizens of Texas:** HHSC provides funding and support to communities through a competitive process to implement population level, evidence-based approaches to obesity prevention. **Contracted Providers:** HHSC contracts with LHDs, public health districts, hospitals, and nonprofit organizations to provide the Women, Infants, and Children (WIC) Program. **External Partners, Healthcare Professionals, and Other State Agencies:** HHSC provides subject matter expertise to a variety of external partners.
Strategy 5.1.3. Refugee Assistance. Assist refugees in attaining self-sufficiency through financial, medical, and social services, and disseminate information to interested individuals.	**Children and Families:** HHSC's Office of Immigration and Refugee Affairs contracts with local agencies to provide refugee clients with services that assist refugees to attain self-sufficiency and integration to their new communities through six main programs. These programs are Refugee Cash Assistance, Refugee Medical Assistance, Refugee Social Services, Special Project Grants, Unaccompanied Refugee Minor, and the Refugee Health Screening programs.
Strategy 5.1.4. Disaster Assistance. Provide financial assistance to victims of federally declared natural disasters.	**Citizens of Texas Impacted by Disasters:** Emergency Services Program serves as the lead for the administration of federal-funded Other Needs Assistance and Disaster Case Management Programs.
Strategy 6.1.1. Guardianship. Provide full or limited authority over an incapacitated aging or disabled adult who is the victim of validated abuse, neglect, exploitation, or of an incapacitated minor in Child Protective Services' conservatorship.	Direct customer groups include: • Individuals with diminished capacity who are older and who meet specific eligibility requirements; • Individuals with diminished capacity who have a disability and who meet specific eligibility requirements; and • Individuals with diminished capacity who are aging out of CPS conservatorship.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 6.1.2. Non-Medicaid Services. Provide services to individuals ineligible for Medicaid services, in their own home or community. Services include family care, home-delivered meals, adult foster care, Day Activities and Health Services (XX), emergency response, and personal attendant services.	Direct customer groups include: • Non-Medicaid community (Title XX and general revenue funded) services are provided to individuals 18 years of age or older who meet specific eligibility requirements including income, resource, and functional assessment criteria. • Older Americans Act (OAA) services are provided to individuals age 60 or older, their family caregivers and other caregivers caring for an eligible person.
Strategy 6.1.3. Non-Medicaid Developmental Disability Community Services. Provide services, other than those provided through the Medicaid waiver programs, to individuals with intellectual or developmental disabilities who reside in the community, including independent living, employment services, day training, therapies, and respite services.	Direct customer groups include: • Individuals with a determination/diagnosis of intellectual disability who reside in the community.
Strategy 6.2.1. Independent Living Services (General, Blind, and Centers for Independent Living). Provide quality, statewide consumer-directed independent living services that focus on acquiring skills and confidence to live as independently as possible in the community for eligible people with significant disabilities. Work with the State Independent Living Council to develop the State Plan for Independent Living.	**Blind or Visually Impaired Consumers:** HHSC is responsible for providing services that assist Texans with visual disabilities to live as independently as possible. **Consumers with Disabilities Other than Blindness:** HHSC provides people with significant disabilities, who are not receiving vocational rehabilitation services, with services that will substantially improve their ability to function, continue functioning, or move toward functioning independently in the home, family, or community.
Strategy 6.2.2. Blindness Education, Screening, and Treatment (BEST) Program. Provide screening, education, and urgently needed eye-medical treatment to prevent blindness.	**Texans:** HHSC provides public education about blindness, screenings and eye exams to identify conditions that may cause blindness and treatment procedures necessary to prevent blindness.
Strategy 6.2.3. Provide Services to People with Spinal Cord/Traumatic Brain Injuries. Provide consumer-driven and counselor-supported Comprehensive Rehabilitation Services (CRS) for people with traumatic brain injuries or spinal cord injuries.	**Consumers with Traumatic Brain or Spinal Cord Injuries:** HHSC provides adults who have suffered a traumatic brain or spinal cord injury with comprehensive inpatient or outpatient rehabilitation and/or acute brain injury services.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 6.2.4. Provide Services to Persons Who Are Deaf or Hard of Hearing. Ensure continuity of services, foster coordination and cooperation among organizations, facilitate access to training and education programs, and support access to telephone systems to individuals who are deaf or hard of hearing. To increase the number of persons (who are deaf or hard of hearing) receiving quality services by 10 percent each biennium.	**Deaf or Hard of Hearing Consumers:** HHSC, through a network of local service providers at strategic locations throughout the state, provides communication access services including interpreter services and computer-assisted real-time transcription services, information and referral, hard of hearing services, and resource specialists' services.
Strategy 6.3.1. Family Violence Services. Provide emergency shelter and support services to victims of family violence and their children, educate the public, and provide training and prevention support to institutions and agencies.	**Children and Families:** HHSC's Family Violence Program contracts with local agencies to provide shelter, nonresidential, and special nonresidential services. Shelter centers' services include, but are not limited to, 24-hour emergency shelter, 24-hour crisis hotline services, referrals to existing community services, community education and training, emergency medical care and transportation, intervention, educational arrangements for children, cooperation with criminal justice officials, and information regarding training and job placement. Nonresidential centers provide the same services as shelter centers with the exception of the 24-hour emergency shelter component. Special nonresidential services address unmet needs or underserved populations such as immigrants or populations with limited English proficiency.
Strategy 6.3.2. Child Advocacy Programs. Train, provide technical assistance, and evaluate services for Children's Advocacy Centers of Texas, Inc. (CACTX) and Texas Court Appointed Special Advocates, Inc. (Texas CASA).	**Children:** HHSC contracts with a statewide organization to provide training, technical assistance, evaluation services, and funds administration to support local children's advocacy center programs and court-appointed volunteer advocate programs.
Strategy 6.3.3. Additional Advocacy Programs. Provide support services for interested individuals (Healthy Marriage, CRCG Adult/Child, TIFI, Office of Acquired Brain Injury, Faith and Community-Based Initiative, Center for the Elimination of Disproportionality).	**Children, Families and Adults:** HHSC helps connect couples to premarital education classes through the Healthy Marriage Program, provides education, awareness and prevention information for brain injury survivors, families and caregivers through the Office of Acquired Brain Injury, and provides education and outreach to prevent developmental disabilities in infants and young children through the Office of Disability Prevention for Children.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 7.1.1. SSLCs. Provide direct services and support to individuals living in state supported living centers. Provide 24-hour residential services for individuals who are medically fragile or severely physically impaired or have severe behavior problems, and who choose these services or cannot currently be served in the community.	Direct customer groups include: • Individuals who have a determination/diagnosis of intellectual disability who are medically fragile or who have behavioral problems.
Strategy 7.2.1. Mental Health State Hospitals. Provide specialized assessment, treatment, and medical services in state mental health facility programs.	**Direct Consumers:** HHSC directly provides statewide access to court-directed specialized inpatient services in nine state psychiatric hospitals (including a psychiatric unit at the Rio Grande State Center) for persons who are seriously mentally ill and are a risk to themselves or others or show a substantial risk of mental or physical deterioration of the person's ability to function independently. Individuals are on civil or forensic judicial commitments or are accepted on voluntary admissions. HHSC also provides services at the Waco Center for Youth, a psychiatric residential treatment center that admits children ages 13-17 who have a diagnosis of being emotionally disturbed, who have a history of behavior adjustment problems, and who need a structured treatment program in a psychiatric residential facility.
Strategy 7.2.2. Mental Health (MH) Community Hospitals. Provide inpatient treatment, crisis assessment, and medical services to adults and children served in community hospitals.	**Contracted Services:** HHSC contracts with local mental health authorities, county governments, and universities to provide specialized inpatient services in their communities for persons who are seriously mentally ill and are a risk to themselves or others or show a substantial risk of mental or physical deterioration of the person's ability to function independently. Individuals are on civil or forensic judicial commitments or are accepted on voluntary admissions.
Strategy 7.3.1. Other State Medical Facilities. Provide program support to State Supported Living Centers, State Mental Health Hospitals, and other facilities (Corpus Christi Bond Homes and Rio Grande State Center Outpatient Clinic). **Strategy 7.4.1. Facility Program Support.** Provide program support to SSLCs, State Mental Health Hospitals, and other facilities (Corpus Christi Bond Homes, TCID, and Rio Grande State Center Outpatient Clinic).	HHSC provides administrative support for contracted services and programs.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 7.4.2. Capital Repair and Renovation at SSLCs, State Hospitals, and Other. Conduct maintenance and construction projects critical to meeting accreditation/certification standards and to ensuring the safety of consumers and Master Lease Purchase Program.	**Direct Consumers:** HHSC funds projects. SSLCs, State Hospitals, and other facilities that are in need of ongoing repairs and maintenance. Projects include compliance with life safety and accessibility codes; physical plant changes that help prevent suicide; utility repairs; grounds upkeep; hazardous material remediation and abatement; and roofing, heating, ventilation, and air conditioning repairs.
Strategy 8.1.1. Health Care Facilities and Community-Based Regulation. Provide licensing, certification, contract enrollment services, financial monitoring, and complaint investigation to ensure that residential facilities and home and community support services agencies comply with state and federal standards and individuals receive high-quality services.	Direct customer groups include: • Providers of long-term care services that meet the definitions of a nursing facility, assisted living facility, day activity and health services facility, private intermediate care facility for persons with an intellectual disability, prescribed pediatric extended care center or home and community support services agency; • Persons receiving services in facilities or from agencies regulated under this strategy; • Persons eligible to receive services under TxHmL and HCS waiver contracts; and • Family and community members of persons receiving services in facilities or agencies regulated under this strategy who may obtain assurance that regulated facilities and agencies meet the minimum standard of care required by statute and regulation.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 8.1.2. Credentialing/Certification of Health Care Professionals and Others. Provide credentialing, training, and enforcement services to qualify individuals to provide services to long-term care facility and home health care agency individuals in compliance with applicable law and regulations.	Direct customer groups include: • Persons employed or seeking employment as nursing facility administrators, nurse aides and medication aides benefit from training and from assurance that people working in the field meet minimum standards; • Providers of long-term care services that meet the definitions of nursing facility, assisted living facility, day activity and health services facility, private intermediate care facility for persons with an intellectual disability, prescribed pediatric extended care center or home and community support services agency benefit from training programs for employees, from monitoring of certification of employees and from access to misconduct registry for unlicensed or unregistered employees; • Employers of nurse aides and medication aides, including long-term care service and related providers who benefit from public access to information in the Nurse Aide Registry (NAR) and Employee Misconduct Registry (EMR) to enhance pre-employment verification of employability; • Persons receiving services in facilities or from agencies regulated by HHSC benefit from having a more highly qualified workforce as caregivers and administrators; and • Family and community members of persons receiving services in facilities or agencies regulated under this strategy who may obtain assurance that caregivers meet minimum standards through licensing and credentialing.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 8.1.3. Child Care Regulation. Provide a comprehensive system of consultation, licensure, and regulation to ensure maintenance of minimum standards by day care and residential child care facilities, registered family homes, child-placing agencies, facility administrators, and child-placing agency administrators.	**Children and Families:** HHSC helps ensure the health, safety, and well-being of children in child day care and 24-hour residential child care settings by developing and regulating compliance with minimum standards and investigating reports of abuse and neglect in child care facilities. **Other State Agencies:** Child care regulation involves support and participation by Texas Workforce Commission, DSHS, DFPS, and other regulatory agencies. **Local Governments:** HHSC regulation of child care facilities involves the network of child care providers managed by local workforce boards. It also includes local health agencies and fire inspectors. **External Partners:** HHSC regulation of child care facilities includes listed family homes, registered child care homes, licensed child care centers and homes, licensed residential child care facilities, and licensed child placing agencies. Other external partners in ensuring safety of children in childcare settings include parents, schools, licensed child care administrators, and children's advocates.
Strategy 8.1.4. Long-Term Care Quality Outreach. Provide quality monitoring and rapid response team visits to assess quality and promote quality improvement in nursing facilities.	Direct customer groups include: Staff in nursing homes, SSLCs, ICFs, Assisted Living Facilities (ALFs) and the people who live in these settings. Quality Monitoring Program (QMP) staff provide in-services which are attended by the people who live there, as well as their family members.
Strategy 9.1.1. Integrated Financial Eligibility and Enrollment. Provide accurate and timely eligibility and issuance services for financial assistance, medical benefits, and Supplemental Nutrition Assistance Program (SNAP) benefits.	**Children & Families:** The functions involved in both centralizing and conducting eligibility determination for HHS programs will apply to children and families seeking to participate in the Medicaid, CHIP, TANF, SNAP, Texas Women's Health Program and other health and human services programs.
Strategy 9.2.1. Intake, Access, and Eligibility to Services and Supports. Determine functional eligibility for long-term care services, develop individual service plans based on individual needs and preferences, authorize service delivery, and monitor the delivery of services (Medicaid and non-Medicaid).	Direct customer groups include: • Individuals who are older who meet specific eligibility requirements; • Individuals with physical, intellectual and/or developmental disabilities who meet specific eligibility requirements; and • Family members and caregivers of individuals who are older and those with disabilities who meet specific eligibility criteria.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 9.3.1. Texas Integrated Eligibility Redesign System and Supporting Tech. Texas Integrated Eligibility Redesign System and eligibility supporting technologies capital. **Strategy 9.3.2. Texas Integrated Eligibility Redesign System Capital Projects.** Texas Integrated Eligibility Redesign System (TIERS) capital projects.	**Other HHS Agencies:** HHSC provides the leadership to assist the HHS agencies in developing the TIERS system. **Children & Families:** HHSC ensures the accessibility of TIERS to children and families across Texas.
Strategy 10.1.1. Determine Federal Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) Eligibility. Determine eligibility for federal SSI and SSDI benefits.	**Texans Applying for SSI or SSDI:** HHSC determines whether persons who apply for Social Security Administration (SSA) disability benefits meet the requirements for "disability" in accordance with federal law and regulations. **Federal Government:** HHSC assists SSA in making disability determination decisions for this federal program in a quick, accurate and cost-effective manner.
Strategy 11.1.1. Office of Inspector General. Office of Inspector General.	**Citizens of Texas/Taxpayers:** Office of Inspector General (OIG) serves as the lead agency for the investigation of fraud, abuse, and waste in health and human services; and administers the Medicaid Fraud and Abuse Detection System technology services contract, which uses technology to identify and deter fraud, abuse and waste in the Medicaid program throughout the state. **Medicaid Providers:** OIG provides training to Medicaid providers on how to detect, prevent and report Medicaid provider fraud; and provides training on Resource Utilization Group for nursing facilities. **Medicaid Consumers:** OIG investigates fraud, abuse, and waste in health and human services-related programs, ensuring integrity and efficiency in programs and the highest quality services for beneficiaries. **Residents of Facilities:** OIG monitors Utilization Review activities in Medicaid contract hospitals to ensure program integrity and improve the quality of services delivered to residents of Medicaid facilities.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy 12.1.1. Enterprise Oversight and Policy. Provide leadership and direction to achieve an efficient and effective Health and Human Services System.	**Oversight Agencies and Legislative Leadership:** HHSC coordinates and monitors the use of state and federal money received by HHS agencies; reviews state plans submitted to the federal government; monitors state health and human services agency budgets and programs, and makes recommendations for budget transfers; conducts research and analyses on demographics and caseload projections; and directs an integrated planning and budgeting process across five HHS agencies. **Other HHS Agencies:** HHSC provides the leadership to assist the HHS agencies in developing customer-focused programs and policy initiatives that are relevant, timely and cost-effective. **Citizens of Texas:** HHSC ensures that state and federal funds allocated to HHS agencies are coordinated and monitored, and spent in the most efficient manner.
Strategy 12.1.2. Information Technology Capital Projects Oversight and Program Support. Information Technology Capital Projects and program support.	HHSC provides information technology support for all programs. All stakeholder groups would be included for this strategy.
Strategy 12.2.1. Central Program Support. Central program support.	**HHS Employees:** HHSC provides central support services for HHS employees. Services include accounting, budget, and contract and grant administration, internal audit, external relations and legal.
Strategy 12.2.2. Regional Program Support. Regional program support.	**Other HHS Agencies:** HHSC provides the leadership to assist the HHS agencies in developing in providing to support to regional programs.
Strategy 13.1.1. Texas Civil Commitment Office. Texas Civil Commitment Office.	The civil commitment of sexually violent predators function was transferred to a new agency, the Texas Civil Commitment Office, effective September 1, 2015.
Strategies 14.1.1 through 14.1.26. Programs transferring from the Department of Aging and Disability Services (DADS) to HHSC.	**Department of Aging and Disability Services (DADS) Program Historical Funding.** Shows historical funding for programs transferring from DADS to the HHSC per SB 200, 84th Legislature. For a list of these strategies, see page C-21.
Strategies 14.2.1 through 14.2.12. Programs transferring from the Department of Assistive and Rehabilitative Services (DARS) to HHSC.	**Department of Assistive and Rehabilitative Services (DARS) Program Historical Funding.** Shows historical funding for programs transferring from DARS to the HHSC per SB200, 84th Legislature. For a list of these strategies, see page C-22.

***Strategies for Department of Aging and Disability Services (DADS) Program Historical Funding.** Each of these strategies shows historical funding for a program that is transferring from DADS to the HHSC per SB 200, 84th Legislature.

Strategy 14.1.1. Community Attendant Services. Shows historical funding for the Community Attendant Services program.

Strategy 14.1.2. Primary Home Care. Shows historical funding for the Primary Home Care program.

Strategy 14.1.3. Day Activity and Health Services. Shows historical funding for the Day Activity and Health Services program.

Strategy 14.1.4. Nursing Facility Payments. Shows historical funding for the Nursing Facility Payments program.

Strategy 14.1.5. Medicare Skilled Nursing Facility. Shows historical funding for the Medicare Skilled Nursing Facility program.

Strategy 14.1.6. Hospice. Shows historical funding for the Hospice program.

Strategy 14.1.7. Intermediate Care Facilities - for Individuals with Intellectual Disability (ICFs/IID). Shows historical funding for ICFs/IID.

Strategy 14.1.8. Home and Community-Based Services (HCS). Shows historical funding for HCS.

Strategy 14.1.9. Community Living Assistance and Support Services (CLASS). Shows historical funding for CLASS.

Strategy 14.1.10. Deaf-Blind Multiple Disabilities DBMD. Shows historical funding for the DBMD program.

Strategy 14.1.11. Texas Home Living Waiver. Shows historical funding for the Texas Home Living Waiver program.

Strategy 14.1.12. Program of All-Inclusive Care for the Elderly (PACE). Shows historical funding for PACE.

Strategy 14.1.13. Medically Dependent Children Program (MDCP). Shows historical funding for the MDCP.

Strategy 14.1.14. Guardianship. Shows historical funding for the Guardianship program.

Strategy 14.1.15. Non-Medicaid Services. Shows historical funding for the Non-Medicaid Services program.

Strategy 14.1.16. In-Home and Family Support. Shows historical funding for the In-Home and Family Support program.

Strategy 14.1.17. Non-Medicaid Developmental Disability Community Services. Shows historical funding for Non-Medicaid Developmental Disability Community Services.

Strategy 14.1.18. State Supported Living Centers (SSLCs). Shows historical funding for the SSLCs program.

Strategy 14.1.19. Capital Repairs and Renovations at SSLCs, State Hospitals, and Other. Shows historical funding for the Facility Capital Repairs and Renovations program.

Strategy 14.1.20. Health Care Facilities and Community-Based Regulation. Shows historical funding for the Health Care Facilities and Community-Based Regulation program.

Strategy 14.1.21. Credentialing/Certification. Shows historical funding for the Health Care Professionals Credentialing and Certification program.

Strategy 14.1.22. Intake, Access, and Eligibility to Services and Supports. Shows historical funding for the Intake, Access, and Eligibility to Services and Supports program.

Strategy 14.1.23. Long-Term Care Quality Outreach. Shows historical funding for the Long-Term Care Quality Outreach program.

Strategy 14.1.24. Long-Term Care Eligibility Determination and Enrollment. Shows historical funding for the Long-Term Care Eligibility Determination and Enrollment program.

Strategy 14.1.25. Information Technology Oversight and Program Support - DADS. Shows historical funding for DADS Information Technology Oversight and Program Support.

Strategy 14.1.26. Central Program Support - DADS. Shows historical funding for DADS Central Program Support.

****Strategies for Department of Assistive and Rehabilitative Services (DARS) Program Historical Funding.** Each of these strategies shows historical funding for a program that is transferring from DARS to the HHSC per SB200, 84th Legislature.

Strategy 14.2.1. Early Childhood Intervention (ECI) Services. Shows historical funding for the ECI Services program.

Strategy 14.2.2. ECI Respite and Quality Assurance. Shows historical funding for ECI Respite and Quality Assurance programs. Includes legacy ECI Respite and Ensure Quality ECI Services.

Strategy 14.2.3. Children's Blindness Services. Shows historical funding for the Children's Blindness Services program.

Strategy 14.2.4. Autism Program. Shows historical funding for the Autism Program.

Strategy 14.2.5. Independent Living Services. Shows historical funding for the Independent Living Services Program. Includes legacy Independent Living Services-Blind and Independent Living Services-General.

Strategy 14.2.6. Blindness Education, Screening, and Treatment (BEST) Program. Shows historical funding for the BEST Program.

Strategy 14.2.7. Provide Services to People with Spinal Cord/Traumatic Brain Injuries. Shows historical funding for the Comprehensive Rehabilitation Services Program.

Strategy 14.2.8. Provide Services to Persons Who Are Deaf or Hard of Hearing. Shows historical funding for the Deaf and Hard of Hearing Services Program. Includes legacy Contract Services-Deaf; Education, Training, Certification-Deaf; and Telephone Access Assistance.

Strategy 14.2.9. Disability Determination Services (DDS). Shows historical funding for DDS.

Strategy 14.2.10. Information Technology Oversight and Program Support - DARS. Shows historical funding for DARS Information Technology Oversight and Program Support.

Strategy 14.2.11. Central Program Support - DARS. Shows historical funding for DARS Central Program Support.

Strategy 14.2.12. Other Program Support - DARS. Shows historical funding for DARS Other Program Support.

Appendix D. List of Acronyms

Acronym	Full Name
ABA	Applied Behavior Analysis
ACF	Administration for Children and Families
ACIP	Advisory Committee on Immunization Practices
ADL	Activities of Daily Living
AHRQ	Agency for Healthcare Research and Quality
AMH	Adult Mental Health
APS	Adult Protective Services
ASD	Autism Spectrum Disorder
ASN	Adult Safety Net
BCVDDP	Blind Children's Vocational Discovery and Development Program
CADS	Center for Analytics and Decision Support
CAHPS®	Consumer Assessment of Healthcare Providers and Systems
CDC	Centers for Disease Control and Prevention
CF	Child Family Surveys
CFC	Community First Choice
CFCIP	John H. Chafee Foster Care Independence Program
CHIP	Children's Health Insurance Program
CLASS	Community Living Assistance and Support Services
CMS	Centers for Medicare and Medicaid Services
CPI	Community Partner Interview
CPRIT	Cancer Prevention and Research Institute of Texas
CPS	Child Protective Services
CPW	Children and Pregnant Women
CRS	Consumer Rights and Services
CSHCN	Children with Special Health Care Needs
CVD	Cardiovascular Disease
DADS	Department of Aging and Disability Services
DARS	Department of Assistive and Rehabilitative Services
DBS	Division for Blind Services
DBS IL	Division for Blind Services Independent Living

Acronym	Full Name
DFPS	Department of Family and Protective Services
DRS	Division for Rehabilitation Services
DRS ILS	Division for Rehabilitation Services Independent Living Services
DSHS	Department of State Health Services
ECI	Early Childhood Intervention
EMR	Employee Misconduct Registry
EMS	Emergency Medical Services
EPA	Environmental Protection Agency
FDA	Food and Drug Administration
FQHC	Federally Qualified Health Centers
FNS	Food and Nutrition Service
HCS	Home and Community-based Services
HHS	Health and Human Services
HHSC	Health and Human Services Commission
HRSA	Health Resources and Services Administration
HSR	Health Service Region
IADL	Instrumental Activities of Daily Living
ICF/IID	Intermediate Care Facilities for Individuals with an Intellectual Disability
ICHP	Institute for Child Health Policy
ICS	Inpatient Consumer Survey
ID	Intellectual Disabilities
IDD	Intellectual or Developmental Disabilities
ILS	Independent Living Services
LHD	Local Health Departments
LSDP	Lone Star Delivery and Process
LSS	Laboratory Services Section
LTSSQR	Long-Term Services and Supports Quality Review
MARs	Medication Administration Records
MCO	Managed Care Organization
MHSIP	Mental Health Statistics Improvement Program
MI	Mental Illness

Acronym	Full Name
MRSA	Medicaid Rural Service Area
NAR	Nurse Aide Registry
NFQR	Nursing Facility Quality Review
NORC	National Opinion Research Center
NYTD	National Youth in Transition Database
OCR	Office of Consumer Relations
OIG	Office of Inspector General
OSEP	Office of Special Education Programs
PACE	Program for All-Inclusive Care for the Elderly
PAL	Preparation for Adult Living
PCS	Personal Care Services
QMB	Qualified Medicare Beneficiary
SNAP	Supplemental Nutrition Assistance Program
SSA	Social Security Administration
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
SSLC	State Supported Living Centers
STL	South Texas Laboratory
TANF	Temporary Assistance for Needy Families
TB	Tuberculosis
TER	Texas Electronic Registrar
THA	Texas Hospital Association
THMP	Texas HIV Medication Program
TMA	Texas Medical Association
TVFC	Texas Vaccines for Children
TWC	Texas Workforce Commission
TxHml	Texas Home Living program
UFSRC	University of Florida Survey Research Center
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children
YSSF	Youth Services Survey for Families