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**TEXAS HEALTH AND HUMAN  
SERVICES SYSTEM**

**2014 REPORT ON CUSTOMER SERVICE**

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

**June 2014**

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# TEXAS HEALTH AND HUMAN SERVICES SYSTEM 2014 REPORT ON CUSTOMER SERVICE

## **EXECUTIVE SUMMARY**

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This “2014 Report on Customer Service” is prepared in response to §2114.002 of the Government Code, which requires that Texas state agencies biennially submit to the Governor’s Office of Budget, Planning, and Policy and the Legislative Budget Board information gathered from customers about the quality of agency services. This report reflects the cooperative efforts of the five Texas Health and Human Services (HHS) agencies that comprise the HHS system: the Department of Aging and Disability Services (DADS), the Department of Assistive and Rehabilitative Services (DARS), the Department of Family and Protective Services (DFPS), the Department of State Health Services (DSHS), and the Health and Human Services Commission (HHSC).

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

This report is evidence of HHS agencies’ continuing interest in the integration and consolidation of services and functions to improve the quality and efficiency of services provided to HHS customers in Texas. It includes the results of over 119,000 individual survey responses from 34 surveys conducted by individual HHS agencies. Many of the surveys reported here are recurring efforts; for the most part, responses are from surveys conducted during fiscal year 2012 and fiscal year 2013. HHS agencies are using this feedback to help improve customer service.

### **Individual Agency Surveys**

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

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<sup>1</sup> Health and Human Services System Strategic Plan 2013-2017.

## **Department of Aging and Disability Services**

- Nursing Facility Quality Review
- Long-Term Services and Supports Quality Review
- Consumer Rights and Services Survey
- Area Agency on Aging Consumer Assessment Survey

## **Department of Assistive and Rehabilitative Services**

- Early Childhood Intervention Family Survey
- Vocational Rehabilitation Newly Opened Case Customer Survey
- Vocational Rehabilitation In-Plan Customer Survey
- Vocational Rehabilitation Closed Case Customer Survey
- Independent Living Services Customer Survey
- Division for Blind Services Vocational Rehabilitation Active Case Customer Satisfaction Survey
- Division for Blind Services Vocational Rehabilitation Closed Case Customer Satisfaction Survey

## **Department of Family and Protective Services**

- Child Protective Services National Youth in Transition Database Survey
- Child Protective Services Foster Parent Exit Survey
- Adult Protective Services Community Satisfaction Survey

## **Department of State Health Services**

- Mental Health Statistics Improvement Program Youth Services Survey for Families
- Mental Health Statistics Improvement Program Adult Mental Health Survey
- Mental Health Statistics Improvement Program Inpatient Consumer Survey
- Laboratory Services Customer Satisfaction Survey
- Laboratory Services Courier Pilot Project Satisfaction Survey
- Regulatory Licensing Unit Customer Satisfaction Survey
- Professional Licensing and Certification Customer Satisfaction Survey
- Children with Special Health Care Needs Survey

- Women, Infants and Children Nutrition Education Survey

### **Health and Human Services Commission**

- STAR Children’s Services Survey
- STAR Children’s Behavioral Health Services Survey
- Children’s Health Insurance Program Survey
- STAR Health Survey
- STAR Adult Services Survey
- STAR Adult Behavioral Health Services Survey
- STAR+PLUS Services Survey
- Eligibility Office Customer Service Survey
- YourTexasBenefits.Com Survey
- SNAP Community Partner Interviewing Pilot Program Survey
- Texas Nurse-Family Partnership Satisfaction Survey

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

## **INTRODUCTION**

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This “2014 Report on Customer Service” is prepared in response to §2114.002 of the Government Code, which requires that Texas state agencies biennially submit to the Governor’s Office of Budget, Planning, and Policy and the Legislative Budget Board information gathered from customers about the quality of agency services. This report reflects the cooperative efforts of the five Texas Health and Human Services (HHS) agencies that comprise the HHS system: the Department of Aging and Disability Services (DADS), the Department of Assistive and Rehabilitative Services (DARS), the Department of Family and Protective Services (DFPS), the Department of State Health Services (DSHS), and the Health and Human Services Commission (HHSC).

The 2003 restructuring of HHS programs and services provided many opportunities for the HHS agencies to consolidate, integrate, and better coordinate an array of administrative and program services under the leadership and oversight of HHSC.<sup>2</sup> This report is evidence of HHS agencies’ continuing interest in integration and consolidation of services and functions to improve the quality and efficiency of services provided to HHS customers in Texas.

### **Ongoing Customer Service Activities and Functions**

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The HHS system vision is: a consumer-focused health and human services system that provides high quality, cost-effective services resulting in improved health, safety, and greater independence for Texans.<sup>3</sup> Three important processes help ensure that HHS agency operations are consistent with this vision: the strategic planning process, the activities of the HHSC Office of the Ombudsman, and each HHS agency’s Consumer and External Affairs department.

### **Strategic Planning Process**

The system-wide strategic plan, which is updated each biennium, facilitates the implementation of the HHS vision using strategic priorities for the HHS system. In the 2013-2017 strategic plan, HHS developed a strategic priority to “continue to enhance the service delivery system to be more coordinated, cost-effective, and customer-friendly.” The strategic plan also presented the strategies the system would use for achieving this strategic priority. Throughout fiscal year 2012 and fiscal year 2013 the HHS system agencies implemented these strategies and integrated the new priority into their standard operating policies and procedures.

The strategic planning process involves examining HHS services to ensure they are aligned with the vision and priorities of the system. The array of HHS services is based on the strategic plan. Five appendices to this report present a description of services provided to customers from each agency by strategic plan budget strategy.<sup>4</sup>

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<sup>2</sup> The restructuring was mandated by House Bill 2292, passed by the 78<sup>th</sup> Texas Legislature in 2003.

<sup>3</sup> Health and Human Services System Strategic Plan 2013-2017.

<sup>4</sup> See Appendix A through Appendix E of this document for Customer Inventories by Agency. This information is presented in accordance with Chapter 2113.002(a) of the Government Code.

## **HHSC Office of the Ombudsman**

HHSC's Office of the Ombudsman (OO) assists the public when the agency's normal complaint process cannot or does not satisfactorily resolve issues.<sup>5</sup> The mission of OO is to serve as an impartial and confidential resource, assisting consumers with health and human services-related complaints and issues.

## **Consumer and External Affairs**

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

## **Previous Reports on Customer Service**

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

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

For the 2012 Report on Customer Service, no system-wide survey was conducted. Each HHS agency provided the results of independent customer surveys for specific agency programs. HHS agencies independently conducted surveys that include questions about customer satisfaction with specific agency programs and services. Some surveys focused entirely on customer satisfaction while others included customer satisfaction as one of several service categories being assessed. The 2014 Report on Customer Service follows the same methodology used in the 2012 report.

## **Surveys Included in 2014 Report on Customer Service**

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The surveys included in the 2014 Report on Customer Service are briefly described in the pages that follow (see Tables 1, 2, 3, 4, and 5). Not all customer satisfaction surveys conducted by HHS agencies are included here; some that had research designs that did not hold up to scientific rigor, for instance those with very small response rates, are not included. There were 119,461 individual responses to the surveys that are reported here.

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<sup>5</sup> The HHSC Office of the Ombudsman was created by the 78th Texas Legislature and established in 2004.

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

<b>Name</b>	<b>Data Collection</b>	<b>Survey Population</b>
Nursing Facility Quality* Review	2/2010 – 5/2010 (N=2,172)	Individuals living in Medicaid-certified nursing facilities in Texas
Long-Term Services and Supports Quality Review**	10/2009 – 3/2010 (N=5,149)	People receiving services and supports through home and community-based and institutional programs offered by DADS
Consumer Rights and Services Survey	9/2011 – 8/2012 (N=799); 11/2012 – 8/2013 (N=1,252)	People who file complaints through the Consumer Rights and Services Complaint Intake Call Center
Area Agency on Aging Consumer Assessment Survey	4/2012 – 6/2012 (N=500)	Program participants who received services from Area Agencies on Aging
<b>Total</b>	<b>N=9,692</b>	

\* The large, legislatively mandated, recurring Nursing Facility Quality Review involves data collection and analysis that span a period of multiple years. Most data profiled in this report were collected between 9/2011 and 8/2013 (FY 2012 and FY 2013). The most recent Nursing Family Quality Review, published in January 2013, uses survey data collected in 2010.

\*\*The large, legislatively mandated, recurring Long-Term Services and Supports Quality Review also involves data collection and analysis that span multiple years. The most recent Long-Term Services and Supports Quality Review, published in January 2013, uses data collected in 2009-2010.

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

<b>Name</b>	<b>Data Collection</b>	<b>Survey Population</b>
Early Childhood Intervention Family Survey	2/2012 – 4/2012 (N=943)	Parents of children enrolled in the DARS Early Childhood Intervention (ECI) program, which serves children from birth to 36 months of age who have developmental delays or disabilities
Vocational Rehabilitation Newly Opened Case Customer Survey	10/2011 – 9/2012 (N=1,239); 10/2012 – 9/2013 (N=1,248)	People who applied for Vocational Rehabilitation (VR) services (employment support for people with disabilities) and were found eligible but had not yet received services
Vocational Rehabilitation In-Plan Customer Survey	10/2011 – 9/2012 (N=2,488); 10/2012 – 9/2013 (N=2,422);	People receiving VR services
Vocational Rehabilitation Closed Case Customer Survey	10/2011 – 9/2012 (N=3,687); 10/2012 – 9/2013 (N=3,728)	People who had received VR services in the previous fiscal year whose cases had been closed
Independent Living Services Customer Survey	10/2011 – 9/2012 (N=441); 10/2012 – 9/2013 (N=443)	People who had received Independent Living Services (support to help people with disabilities live independently) and whose cases had been closed
Division for Blind Services Vocational Rehabilitation Active Case Customer Satisfaction Survey	10/2011 – 9/2012 (N=440); 10/2012 – 9/2013 (N=481)	People who were blind or had other visual impairments and who were receiving VR services
Division for Blind Services Vocational Rehabilitation Closed Case Customer Satisfaction Survey	10/2011 – 9/2012 (N=917); 10/2012 – 9/2013 (N=1,024)	People who were blind or had other visual impairments, who had received VR services, and whose cases were closed
<b>Total</b>	<b>N=19,490</b>	

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

<b>Name</b>	<b>Data Collection</b>	<b>Survey Population</b>
Child Protective Services National Youth in Transition Database Survey	10/2012 – 9/2013 (N=256)	Young adults who have been involved with the foster care system
Child Protective Services Foster Parent Exit Survey	7/2012 – 8/2012 (N=125)	Participants in Foster and Adoptive Home Development program who voluntarily closed their foster homes
Adult Protective Services Community Satisfaction Survey	5/2013 (N=403)	Stakeholders of Adult Protective Services (members of the judiciary, law enforcement agencies, community organizations and resource groups, and Community Boards)
<b>Total</b>	<b>N=793</b>	

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

<b>Name</b>	<b>Data Collection</b>	<b>Survey Population</b>
Mental Health Statistics Improvement Program Youth Services Survey for Families	9/2011 – 8/2012 (N=546); 9/2012 – 8/2013 (N=800)	Parents of children/adolescents age 17 or younger who received community-based mental health services from the DSHS Mental Health and Substance Abuse Division
Mental Health Statistics Improvement Program Adult Mental Health Survey	9/2011 – 8/2012 (N=532); 9/2012 – 8/2013 (N=957)	Adults age 18 or older who received community-based mental health services from the DSHS Mental Health and Substance Abuse Division
Mental Health Statistics Improvement Program Inpatient Consumer Survey	9/2011 – 8/2013 (N=15,780)	Adolescents (ages 13-18) and adults who received services in state-run psychiatric hospitals
Laboratory Services Customer Satisfaction Survey	1/2012 – 6/2012 (N=1,351)	Medical providers who have submitted specimens or samples to the DSHS Laboratory
Laboratory Services Courier Pilot Project Satisfaction Survey	4/2011 – 5/2011 (N=149); 4/2013 – 5/2013 (N=120)	Submitters to DSHS Laboratory who participated in the Laboratory Services Courier Pilot Project
Regulatory Licensing Unit Customer Satisfaction Survey	9/2011 – 8/2012 (N=544); 9/2012 – 5/2013 (N=253)	Customers of Regulatory Licensing Unit (businesses and facilities regulated by the state)
Professional Licensing and Certification Customer Satisfaction Survey	9/2011 – 8/2012 (N=3,083); 9/2012 – 8/2013 (N=102)	Customers of Professional Licensing and Certification Unit (healthcare professionals licensed by the state)
Children with Special Health Care Needs (CSHCN) Survey	4/2013 – 8/2013 (N=385)	Adults or parents of children who are on the waiting list for or have received program benefits through the CSHCN services program
Women, Infants and Children Nutrition Education Survey	4/2012 (N=3,216)	Adults who received nutrition education through the Women, Infants and Children program
<b>Total</b>	<b>N=27,773</b>	

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

<b>Name</b>	<b>Data Collection</b>	<b>Survey Population</b>
STAR Children's Services Survey	6/2013 – 12/2013 (N=3,717)	Parents of children who received services funded through the Medicaid STAR program
STAR Children's Behavioral Health Services Survey	9/2010 – 8/2011 (N=937)	Parents of children who received behavioral health services through the Medicaid STAR program or NorthSTAR program
Children's Health Insurance Program Survey	6/2011 – 12/2011 (N=4,800); 5/2012 – 12/2013 (N=4,122)	Parents of children who received services through the Children's Health Insurance Program
STAR Health Survey	6/2012 – 8/2012 (N=414)	Caregivers of children/ youth involved with the foster care system who received services through STAR Health
STAR Adult Services Survey	2/2012 – 8/2012 (N=3,029)	Adults who received services through the STAR program
STAR Adult Behavioral Health Services Survey	6/2012 – 9/2012 (N=697)	Adults who received behavioral health services through the STAR program or NorthSTAR program
STAR+PLUS Services Survey	7/2011 – 12/2011 (N=3,432)	Adults with disabilities who received services through the STAR+PLUS program
Eligibility Office Customer Service Survey	6/2012 (N=10,420)	Customers who received in-person services in Office of Social Services local eligibility offices
YourTexasBenefits.Com Survey	1/2013 – 12/2013 (N=25,817)	Customers who managed their benefits using YourTexasBenefits.com
SNAP Community Partner Interviewing Pilot Program Survey	12/2012 (N=998); 7/2013 – 8/2013 (N=1,142)	Customers who were interviewed for SNAP benefits (formerly known as food stamps) in local food banks
Texas Nurse-Family Partnership Satisfaction Survey	5/2012 – 7/2012 (N=985); 6/2013 – 8/2013 (N=1,203)	Pregnant women who received home visitation services through the Nurse-Family Partnership program
<b>Total</b>	<b>N=61,713</b>	

## **Report Format**

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This 2014 Customer Satisfaction Report presents summaries of the results of customer surveys conducted by DADS, DARS, DFPS, DSHS, and HHSC. Each summary includes the sample and methodology of the survey, 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 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" to refer to service recipients.

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

## **DEPARTMENT OF AGING AND DISABILITY SERVICES**

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This report includes four customer service surveys from the Department of Aging and Disability Services (DADS). The two largest surveys are the Nursing Facility Quality Review (NFQR) and Long-Term Services and Supports Quality Review (LTSSQR). Both of these quality reviews are legislatively mandated and assess the satisfaction, quality of care, and quality of life of individuals who reside in nursing facilities and individuals who receive other long-term services and supports.<sup>6</sup> These large, recurring quality reviews involve data collection and analysis that span a period of multiple years. The most recent NFQR and LTSSQR, both published in January 2013, use survey data collected in 2009 and 2010.

Funds are appropriated for quality reviews every other year. Therefore, quality review reports are published every other year. The two reports discussed below are the two most current quality reviews: 2012 NFQR and 2012 LTSSQR. Together, they represent the views of over seven thousand individuals. Both of these quality reviews analyze data from surveys completed in 2010.

There are two smaller surveys that are also included in this report. One is a survey of individuals who contacted the DADS Consumer Rights and Services Complaint Intake Center. Consumer Rights and Services receives complaints about the treatment of older adults and people with disabilities in Texas, as well as complaints about nursing homes, assisted living facilities, adult day cares, and other long-term services and supports providers overseen by DADS. DADS also conducted a satisfaction survey of consumers of five types of Area Agencies on Aging (AAA) services.

Through the four surveys reported here, DADS collected nearly ten thousand survey responses during this period regarding customers' experiences and satisfaction with services.

### **Nursing Facility Quality Review**

#### **Purpose**

DADS collected data for the 2012 NFQR from February through May 2010 with individuals living in Medicaid-certified nursing facilities in Texas during those months. The NFQR consisted of in-person interviews and chart reviews of randomly selected people living in nursing facilities. The purpose of the NFQR was to assess the quality of care and the quality of life for individuals in the nursing facilities across the state. NFQR data collected over time helps DADS to:

- Track progress in quality improvement activities
- Formulate strategies to improve both the quality of long-term services and supports and clinical outcomes of individuals

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<sup>6</sup> For both 2010-2011 and 2012-2013 biennia: General Appropriations Act, Article II, Department of Aging and Disability Services, Rider 13.

This survey has been conducted since 2002. Between 2002 and 2010, the NFQR was completed on an annual basis. The funding mechanism for the NFQR was changed in 2011; for this reason, the survey is now completed every two years.

What follows is a summary of the results from the 2012 NFQR, which uses data from 2010. The full report is available at:

[http://www.dads.state.tx.us/news\\_info/publications/legislative/nfqr2012/nfqr2012.pdf](http://www.dads.state.tx.us/news_info/publications/legislative/nfqr2012/nfqr2012.pdf).

## **Sample and Methodology**

In order to assess the quality of life of older individuals who reside in nursing facilities, DADS adopted an instrument that was developed in 1998 by the University of Minnesota School of Public Health.<sup>7</sup> The survey emphasized the psychological and social aspects of quality of life. DADS modified the survey by including questions about physical health, quality of care, and quality of life.

DADS contracted with the Nurse Aide Competency Evaluation Service Plus Foundation, Inc. (NACES) to survey and assess clients at randomly selected nursing facility residents across the state. NACES completed 2,172 face-to-face interviews. The interviews were conducted in English, although interpreters were available to translate for individuals who spoke other primary languages.

## **Summary of Major Findings**

The NFQR assesses many clinical measures of well-being, but this report focuses on the quality of life and customer satisfaction findings, which are summarized in Table 6 and Table 7. The 2012 NFQR results show that nine out of ten residents surveyed were satisfied overall. This finding was not significantly different from the 2009 NFQR. Several of the specific satisfaction measures showed statistically significant improvements between 2009 and 2012 and no measures showed statistically significant decreases between 2009 and 2012.

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<sup>7</sup> Kane, R. A. (2003). Measures, indicators, & improvement of quality of life in nursing homes: Quality of life scales for nursing home residents. Retrieved from:

[http://www.hpm.umn.edu/ltrsourcecenter/research/QOL/QOL\\_of\\_Scales\\_and\\_how\\_to\\_use\\_them.pdf](http://www.hpm.umn.edu/ltrsourcecenter/research/QOL/QOL_of_Scales_and_how_to_use_them.pdf)

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

<b>Satisfaction Measure</b>	<b>2009 Proportion of Respondents* (N=2,164)</b>	<b>2012 Proportion of Respondents* (N=2,172)</b>	<b>p**</b>
Expressed satisfaction with their experience in the nursing facility	89%	90%	n.s.
Expressed satisfaction with the healthcare services they received	90%	90%	n.s.

\*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.

\*\*Statistically significant difference between 2009 and 2012 NFQR administrations.

**Table 7. 2012 NFQR Specific Satisfaction Findings:  
Indicated Always or Sometimes**

<b>Satisfaction Measure</b>	<b>2009 Proportion of Respondents* (N=2,164)</b>	<b>2012 Proportion of Respondents* (N=2,172)</b>	<b>p**</b>
Satisfied with their level of pain control	95%	92%	n.s
Enjoyed the organized activities at the nursing facility	62%	62%	n.s
Indicated that weekend activities (other than religious activities) were available	44%	49%	p<.01
Liked the food served at the facility	85%	85%	p<.01
Reported that they enjoy meal times at the facility	87%	89%	p<.01
Stated that their favorite foods were available at the facility	67%	71%	p<.01
Felt that their possessions were safe at the facility	89%	92%	p<.01
Felt safe and secure at the nursing facility	98%	98%	n.s

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

\*\*Statistically significant difference between 2009 and 2012 NFQR administrations.

## **Long-Term Services and Supports Quality Review**

### **Purpose**

The LTSSQR is a statewide survey of people receiving services and supports through home and community-based and institutional programs offered by DADS. The purpose of the LTSSQR is to:

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

The quality review process has been conducted since 2005 as a continued activity of a Real Choice Systems Change Grant awarded by the Centers for Medicare and Medicaid Services (CMS). People receiving services, or their family members and guardians, provide feedback about the services received through face-to-face and mailed surveys. The surveys and interviews also collect data about quality of life, which encompasses aspects of a person's life that are not necessarily related to the direct delivery of services or supports (e.g. whether a person has relationships or friends). The LTSSQR provides baseline information for continuous quality improvement, monitoring, and intervention. The survey also helps the agency build a quality management strategy, identify trends, develop innovations, and provide information to stakeholders and CMS.

What follows is a summary of the results from the 2012 LTSSQR. The full report is available at [http://www.dads.state.tx.us/news\\_info/publications/legislative/ltssqr2012/ltssqr2012.pdf](http://www.dads.state.tx.us/news_info/publications/legislative/ltssqr2012/ltssqr2012.pdf).

### **Sample and Methodology**

The 2012 LTSSQR was conducted from October 2009 to March 2010. Individuals eligible for inclusion included adults receiving long-term services and supports from DADS and/or their families or guardians, and families or guardians of children receiving services. There were three primary sub-groups within the survey population:

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

A random sample was drawn from the DADS population and stratified by Medicaid waiver or other long-term services and supports programs.

Adults in the following programs were interviewed face-to-face (4,532 completed interviews):

- Adult Foster Care
- Community Attendant Services
- Consumer Managed Personal Attendant Services

- Family Care
- Primary Home Care
- Programs of All-Inclusive Care for the Elderly
- Residential Care
- Special Services to Persons with Disabilities
- Special Services to Persons with Disabilities with 24-hour Shared Attendant Care
- State Supported Living Centers (SSLC)

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

Families of children enrolled in the following programs returned surveys (617 families):

- Community Living Assistance and Support (CLASS)
- CLASS using Consumer Directed Services option
- Home and Community-Based Services
- Medically Dependent Children program
- Texas Home Living Waiver

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

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

## **Summary of Major Findings**

General observations for the 2012 LTSSQR include:

### ***Access***

- Most respondents reported having access to services and supports with the help of staff paid to help them and their case manager.
- Most families reported that their children always or usually could access services, had good outcomes, and were treated with respect by providers, and had some choice about their services and supports.
- Some respondents had trouble getting equipment they needed to help them with everyday activities.

### ***Quality of Care***

- Most respondents reported that staff listened to them, were respectful, and had never hurt them or taken their things without asking.
- Most respondents reported that their long-term services and supports helped with their health and well-being and reaching their personal goals.
- Most families reported that services and information were only sometimes delivered.

### ***Employment***

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

### ***Quality of Life***

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

### ***Self-Determination***

- Most respondents felt like they could make decisions about taking risks and helping other people.
- About one in four respondents participated in self-advocacy activities.
- Among respondents who reside in SSLCs, most made decisions about where they live and how they spend their free-time and spending money. About half made decisions about their daily schedule and where they go during the day.

## **Consumer Rights and Services Survey**

### **Purpose**

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

The CRS Survey allows people who file complaints through the Complaint Intake Call Center to provide feedback about the customer service received from CRS intake staff.<sup>8</sup> The survey results are used for training purposes and to identify areas of strengths and opportunities for improvement.

### **Sample and Methodology**

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, privately owned intermediate care facilities for people with intellectual and developmental disabilities, SSLCs, and licensed or certified home health hospice centers. Surveys were not sent to addresses for anonymous complainants.

To achieve business efficiencies, the methodology for conducting surveys changed in November 2012. The survey link was added to the CRS website, and CRS discontinued mailing the surveys via U.S. mail. Complainants are now offered the option of providing an email address to receive the link to the online survey at the time of intake. If the client does not provide an email address, the intake specialist verbally provides the survey link.

The survey instrument includes six customer satisfaction questions with responses on a 5-point Likert scale of "strongly agree," "agree," "neutral," "disagree," and "strongly disagree." The survey is available in both English and Spanish. CRS received 799 completed surveys in SFY 2012 and 1,252 completed surveys in SFY 2013. Given the nature of the data collection methodology (e.g. through a link on the website) and the staff's discretion on which clients to invite to take the survey, the response rate could not be calculated.

### **Summary of Major Findings**

Customer satisfaction findings from the CRS Survey are presented in Table 8. Since the distribution methodology changed between SFY 2012 and SFY 2013 and may be partially responsible for differences between years in results, only the more recent year's survey results are presented.

Overall, most customers were satisfied with the services they received from CRS.

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<sup>8</sup> In instances in which individuals call CRS to report extreme trauma, such as rape, staff members are instructed to use their discretion about whether to provide the customer satisfaction survey information. The intake staff members may not provide the customer satisfaction link if they believe that doing so will further burden the complainants or make them feel that their experiences have been trivialized.

**Table 8. SFY 2013 Consumer Rights and Services Survey Selected Findings:  
Indicated Strongly Agreed or Agreed**

<b>Survey Question</b>	<b>Proportion of Respondents* (N=1,252)</b>
Consumer Rights and Services hotline was easy to use	92%
Person I spoke with explained the process for handling my complaint	92%
Overall, satisfied with Consumer Rights and Services	96%

\* 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.

### **Area Agency on Aging Consumer Assessment Survey**

#### **Purpose**

DADS serves as the State Unit of Aging (SUA), which is the designation for a single state entity responsible for administering services and programs funded through the federal Older Americans Act (OAA). To ensure the mandates of the OAA are met, DADS allocates funding and administers programs and services through performance contracts between DADS and AAAs, a network of 28 local entities AAAs.

In general, AAAs serve adults age 60 and over, although there are some variations in age eligibility for specific programs. AAAs target services to older individuals who are at risk of institutional placement, have the greatest economic need, or have the greatest social need. Based upon the local needs of older individuals within their service areas, AAAs provide nutrition, in-home and other support services, as well as services specifically targeted to informal caregivers.

The AAA section of the Access and Intake Division of DADS conducts the Consumer Assessment Survey (CAS) in accordance with the SUA State Plan. The purpose of CAS is to collect data regarding the delivery of OAA programs in Texas. The survey was conducted with a sample of program participants who received AAA services during the months of April through June 2012. DADS contracted with Clearwater Research, Inc. to implement the data collection and reporting of CAS.

The types of services provided by AAAs and their contractors vary from region to region. For this reason, DADS selected five types of AAA services for the research, prioritizing those used by the largest number of consumers and considered to have the greatest impact on an older individual's quality of life and ability to remain independent. The selected services were:

- Benefits counseling/legal assistance
- Care coordination
- Caregiver support coordination
- Congregate meals
- Home-delivered meals

Results of the consumer satisfaction survey were used to improve service delivery and will be included in DADS' strategic plan. The survey was also used in the development of a research methodology which will be used to assess satisfaction of the AAA customers on an ongoing basis.

The full report is available at

<http://www.dads.state.tx.us/PROVIDERS/AAA/2012CustomerSatisfactionSurvey.pdf>.

### **Sample and Methodology**

The survey was conducted by phone with program participants during the months of April through June 2012. The survey was conducted in English only.

The CAS survey instruments used were a modified version of the Performance Outcome Measurement Project (POMP) instruments the federal Administration on Community Living developed to measure performance for representative services funded by Title III. DADS selected the POMP tools because they had been tested by federal, state, and local stakeholders; were more in-depth than previously used survey instruments; and allowed for the Texas AAA to be compared with data collected by the federal government and other states.

Different questionnaires were used for each of the selected AAA services. For each of the services, 100 interviews were completed. Five hundred interviews were completed in total.

## Summary of Major Findings

Consumers of the five types of services addressed in the survey were asked satisfaction questions such as: "How would you rate the overall quality of the care coordination services you received?" The interviewers provided a five-point Likert scale of answer choices: "excellent," "very good," "good," "fair," and "poor." responses were aggregated combining responses of "excellent," "very good," and "good" to arrive at the percentages presented in Table 9.

**Table 9. Satisfaction with Five Types of AAA Services**

<b>Type of AAA Service</b>	<b>Proportion of Respondents* (N=500)</b>
Benefits Counseling/Legal Assistance Services	87%
Care Coordination Services	95%
Caregiver Support Coordination: Respite Care	94%
Caregiver Support Coordination: Caregiver Support	93%
Congregate Meals	93%
Home-Deliver Meals	89%

\* Proportions indicate respondents who chose responses "excellent," "very good" or "good" rather than "fair," or "poor." Responses of "I don't know" or "Refused to answer" were not counted in these percentages.

Respondents to the Congregate Meals and Home Delivered Meals questionnaires were also asked if the service "has helped" them. Ninety-nine percent of consumers of home delivered meals believed that services had helped them, and 91 percent of consumers of congregated meals believed that their meal program had helped them.

## **DEPARTMENT OF ASSISTIVE AND REHABILITATIVE SERVICES**

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The Department of Assistive and Rehabilitative Services (DARS) submitted seven reports containing customer satisfaction data for the current report. Over 19,000 responses were received in response to these surveys. The interviews solicited feedback from parents of young children who received Early Childhood Intervention (ECI) services and from adults and youth who received vocational rehabilitation and independent living services.

For readability, this chapter is organized in three sections:

- I. Early Childhood Intervention
- II. Division for Rehabilitation Services
- III. Division for Blind Services

### **I. Early Childhood Intervention**

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This section presents the results of a family survey conducted with the parents of children enrolled in the DARS ECI program. The ECI program serves children from birth to 36 months of age who have developmental delays or disabilities as well as their families. 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.

#### **Early Childhood Intervention Family Survey**

##### **Purpose**

The purpose of the ECI Family Survey was to assess:

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

The survey is also conducted to comply with the regulations for Early Intervention programs from the Office of Special Education Programs (OSEP) at the U.S. Department of Education. The statewide data are reported as part of DARS ECI's Annual Performance Report to OSEP.

The full report is available at:

[http://www.dars.state.tx.us/ecis/reports/ECI\\_MAY2013.htm#indicator4](http://www.dars.state.tx.us/ecis/reports/ECI_MAY2013.htm#indicator4).

## **Sample and Methodology**

To be eligible for inclusion in the sample, children had to be enrolled in the ECI program for at least six months. This criterion was established to ensure that the family had sufficient experience with the program to respond to the questions.

A multi-stage, stratified random sampling plan was used to select the sample. The 51 local ECI programs were stratified with respect to geographic region and size and 27 programs were randomly selected from the strata. Then, a random sample of families was proportionately selected from each of the 27 programs. The sample size was selected to provide a reasonable confidence interval for the survey responses.

The paper questionnaire was hand-delivered to each of the sampled families by the family's assigned service coordinator in a sealed envelope with a letter of explanation, a postage-paid return envelope, and a pencil. The family mailed the survey directly to the DARS ECI state office. The survey was available in English and Spanish.

The survey was conducted from February through April 2012. Of the 1,785 families who received the survey request, 943 returned the survey, yielding a response rate of 53 percent.

The survey instrument included questions in three domains, measuring the extent to which the customer believed the early intervention services:

- Helped the family members know their rights
- Helped the family members effectively communicate their children's needs
- Helped the family members help their children develop and learn

## **Summary of Major Findings**

For all questions, a majority of families indicated that ECI was very or extremely helpful. The highest proportion of agreement (96 percent of respondents) was for the survey item "We are able to tell when our child is making progress." The lowest proportion of agreement (67 percent) was the item "We are able to talk with other families who have a child with similar needs."

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

- 85 percent felt it helped the family members know their rights
- 87 percent felt it helped the family members effectively communicate their children's needs
- 84 percent felt it helped the family members help their children develop and learn

## II. Division for Rehabilitation Services

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

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

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

- *Newly opened case customers* are individuals who have applied for and been found eligible for VR services but have not yet developed an Individualized Plan for Employment, which is the basis for determining which services they will receive.
- *In-plan customers* are individuals who have an open case and are receiving services based on their Individualized Plan for Employment.
- *Closed case customers* are individuals who had vocational rehabilitation services cases that have been closed during the fiscal year.

The fourth survey solicited feedback from customers of the ILS program. The ILS program is designed to help individuals with disabilities who face barriers that limit their choices for quality of life. The ILS program helps people in this situation to live independently; engage in a self-directed lifestyle; decrease their dependence on family members; and improve their communication, mobility, and/or personal or social adjustment.

Services provided in the ILS program may include:

- Counseling and guidance
- Training and tutorial services
- Adult basic education
- Rehabilitation facility training
- Telecommunications, sensory and other technological aids for people who are deaf
- Vehicle modification

- Assistive devices such as artificial limbs, braces, wheelchairs and hearing aids to stabilize or improve function
- Other services as needed to achieve independent living objectives, such as transportation, interpreter services, and maintenance

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

## **Vocational Rehabilitation Newly Opened Case Customer Survey**

### **Purpose**

The Vocational Rehabilitation Newly Opened Case Customer Survey solicits feedback from individuals who have applied for VR services and been found eligible, but who have not yet developed and signed their Individualized Plans for Employment.<sup>9</sup> The Individualized Plan for Employment identifies the customer's employment goal and the services that will be provided to reach that goal.

The purpose of the VR newly opened case customer survey was to:

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

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

### **Sample and Methodology**

A randomly selected sample of customers, stratified by DRS Region, was drawn to receive the survey. A contractor attempted to contact each customer in the sample by telephone to conduct an interview. The interviews were offered in English and in Spanish. Additionally, customers who spoke languages besides English or Spanish were offered the opportunity to complete the survey using a language translation hotline. The survey was offered to deaf clients using Relay Texas<sup>10</sup> or a written survey, depending on the preferences of the customer or, when applicable,

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<sup>9</sup> Newly opened Vocational Rehabilitation cases are also referred to as "post-eligibility" cases in DRS, and this survey is elsewhere referred to as the "Post-Eligibility Vocational Rehabilitation Consumer Satisfaction Survey."

<sup>10</sup> "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." Relay Texas website. Retrieved from: <http://www.relaytexas.com/english.html>.

the customer's guardian. The contractor was asked to reach a "cap," or fixed number of telephone interviews. The response rates for the surveys were not provided.

This is the third year that the survey has been conducted. The survey instrument included ten closed-ended and one open-ended question.

The results discussed here are from surveys conducted from October 2011 to September 2012 for newly opened cases from fiscal year 2012 and from October 2012 to September 2013 for newly opened cases from fiscal year 2013.<sup>11</sup> There were 1,239 in fiscal year 2012 and 1,248 completed surveys in fiscal year 2013.

### **Summary of Major Findings**

Overall, over 80 percent of customers who had newly opened cases in both fiscal years 2012 and 2013 said they were satisfied with their overall experience with DARS (see Table 10). The percent of customers who responded positively to questions in 2012 and 2013 were within two percentage points, except for the question "How would you rate your satisfaction with your DRS counselor?" which increased from 82 percent to 86 percent positive responses and "Does the counselor maintain communication with you regarding the process of your case?" which increased from 71 percent to 76 percent.

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<sup>11</sup> The FY 2012 survey was conducted with customers who received services in FY 2012, and customers received the survey request in the month after they received services. In general, customers took the survey in FY 2012, except that some customers who were post-eligibility in the last month of FY 2012 took the survey in the first month of FY 2013.

**Table 10. Vocational Rehabilitation Newly Opened Case Customer Survey:  
Positive Responses**

<b>Survey Question</b>	<b>FY 2012 Proportion of Respondents* (N=1,239)</b>	<b>FY 2013 Proportion of Respondents* (N=1,248)</b>
1. Are you treated in a friendly, caring, respectful manner when you deal with DRS staff?	92%	94%
2. When you have a scheduled appointment, are you seen within 15 minutes of your scheduled appointment time?	85%	87%
3. Does the counselor maintain communication with you regarding the process of your case?	71%	76%
4. Do DRS staff demonstrate a can-do attitude when working with you?	86%	88%
5. Does someone on the DRS office return all of your calls no later than the next business day?	65%	67%
6. Do DRS staff explain when and why appointments are scheduled with them?	80%	79%
7. Do DRS staff provide you the guidance you need?	77%	79%
8. Have your services been interrupted because your counselor changed or your counselor was absent?["No" is considered the positive response to this item]	80%	78%
9. On a scale of 1 to 4, with 4 being Very Satisfied, how would you rate your satisfaction with your DRS counselor?	82%	86%
10. On the scale of 1 to 4, with 4 being Very Satisfied, how would you rate your overall experience with DRS?	81%	83%

\*The response patterns to the survey questions are presented in terms of the proportion of positive responses to the item. For "yes, sometimes, no" questions, the proportion answering in the direction of the desired outcomes is the proportion of positive responses. For the "very satisfied, satisfied, dissatisfied, and very dissatisfied" questions, the "very satisfied" and "satisfied" responses are combined as the positive responses to the questions.

There was a single open-ended question on the VR newly opened case customer survey: "Based on your experience, how can DRS be more helpful?" In fiscal year 2013, 45 percent of respondents answered this question with a specific suggestion or question. The most commonly given open-ended responses to the question of how DRS could be more helpful related to client contact issues, which included appointments, phone calls, and other client contact.

## **Vocational Rehabilitation In-Plan Customer Survey**

### **Purpose**

The Vocational Rehabilitation In-Plan Customer Survey solicits feedback from VR customers report whose Individualized Plans for Employment had been developed and signed and had an open case at the time of the survey.

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

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

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

### **Sample and Methodology**

This is the third year that the VR in-plan customer survey was conducted. The methodology of the telephone-based survey was the same used for the VR newly opened case customer survey. The survey instrument contained eighteen closed-ended questions and one open-ended question.

The results discussed here are from surveys conducted from October 2011 to September 2012 for in-plan customers from fiscal year 2012 and from October 2012 to September 2013 for in-plan customers from fiscal year 2013. There were 2,488 in fiscal year 2012 and 2,422 completed interviews in fiscal year 2013.

### **Summary of Findings**

Overall, the majority (87 percent) of in-plan customers in both fiscal year 2012 and 2013 said they were satisfied with their overall experience with DARS (see Table 11). The percent of customers who responded positively to questions in 2012 and 2013 were within three percentage points.

**Table 11. Vocational Rehabilitation In-Plan Customer Survey:  
Positive Responses**

<b>Survey Question</b>	<b>FY 2012 Proportion of Respondents* (N=2,488)</b>	<b>FY 2013 Proportion of Respondents* (N=2,422)</b>
1. Are you treated in a friendly, caring, respectful manner when you deal with DRS staff?	93%	93%
2. When you have a scheduled appointment, are you seen within 15 minutes of your scheduled appointment time?	88%	89%
3. Does the counselor maintain communication with you regarding the process of your case?	80%	80%
4. Do DRS staff demonstrate a can-do attitude when working with you?	88%	88%
5. Does someone from the DRS office return all of your calls no later than the next business day?	71%	73%
6. Do DRS staff explain when and why appointments are scheduled with them?	85%	85%
7. Do you and your counselor maintain contact as often as agreed upon while you are receiving services?	81%	82%
8. Are you satisfied with the explanation of services to help you reach your goal?	85%	84%
9. Do you have input (take part) in setting your employment goals?	83%	86%
10. Do you agree with the employment goal you and your counselor have chosen?	85%	86%
11. Do you have input (take part) in planning the services you received?	85%	86%
12. Do you and your counselor discuss when services will begin and end?	79%	79%

\*The response patterns to the survey questions are presented in terms of the proportion of positive responses to the item. For “yes, sometimes, no” questions, the proportion answering in the direction of the desired outcomes is the proportion of positive responses. For the “very satisfied, satisfied, dissatisfied, and very dissatisfied” questions, the “very satisfied” and “satisfied” responses are combined as the positive responses to the questions.

**Table 11. Vocational Rehabilitation In-Plan Customer Survey:  
Positive Responses (Continued)**

<b>Survey Question</b>	<b>FY 2012 Proportion of Respondents* (N=2,488)</b>	<b>FY 2013 Proportion of Respondents* (N=2,422)</b>
13. Do you have input (take part) in choosing who will provide the services?	75%	75%
14. Do DRS staff provide you the guidance you need?	84%	83%
15. Have your services been interrupted because your counselor changed or your counselor was absent? ["No" is considered the positive response to this item]	76%	78%
16. On a scale of 1 to 4, with 4 being Very Satisfied, how satisfied are you with the services you receive from service providers your counselor sent you to?	84%	83%
17. On the scale of 1 to 4, with 4 being Very Satisfied, how would you rate your satisfaction with your DRS counselor?	87%	87%
18. On a scale of 1 to 4, with 4 being Very Satisfied, how would you rate your overall experience with DRS?	87%	87%

\*The response patterns to the survey questions are presented in terms of the proportion of positive responses to the item. For "yes, sometimes, no" questions, the proportion answering in the direction of the desired outcomes is the proportion of positive responses. For the "very satisfied, satisfied, dissatisfied, and very dissatisfied" questions, the "very satisfied" and "satisfied" responses are combined as the positive responses to the questions.

There was a single open-ended question on the Vocational Rehabilitation In-Plan Customer Survey: "Based on your experience, how can DRS be more helpful?" In fiscal year 2013, forty percent of respondents answered this question with a specific suggestion or question. The most commonly given open-ended responses to the question of how DRS could be more helpful related to client contact issues, which included appointments, phone calls, and other client contact.

## **Vocational Rehabilitation Closed Case Customer Survey**

### **Purpose**

The Vocational Rehabilitation Closed Case Customer Survey solicits feedback from VR customers who have received VR services and whose cases have been closed.

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

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

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

### **Sample and Methodology**

The VR closed case customer survey has been conducted for decades, with periodic revisions. The methodology of the telephone-based survey was the same used for VR newly opened case customer survey. The survey instrument contained twenty closed-ended questions and one open-ended question.

The results discussed here are from interviews conducted for fiscal year 2012 (September 2011 to August 2012) and fiscal year 2013 (September 2012 to August 2013). There were 3,687 in fiscal year 2012 and 3,728 completed interviews in fiscal year 2013.

### **Summary of Major Findings**

Overall, the majority of customers who responded to the closed-case survey (87 percent in fiscal year 2012 and 88 percent in fiscal year 2013) said they were satisfied with their overall experience with DRS (see Table 12). The percent of customers who responded positively to questions in 2012 and 2013 were within two percentage points.

**Table 12. Vocational Rehabilitation Closed Case Customer Survey:  
Positive Responses**

<b>Survey Question</b>	<b>FY 2012 Proportion of Respondents* (N=3,687)</b>	<b>FY 2013 Proportion of Respondents* (N=3,728)</b>
1. Were you treated in a friendly, caring, and respectful manner when you dealt with DRS staff?	92%	94%
2. Did DRS staff demonstrate a “can-do” attitude while working with you?	88%	90%
3. Did someone from the DRS office return all your calls no later than the next business day?	77%	76%
4. Did DRS staff explain when and why appointments were scheduled with them?	88%	88%
5. Did you and your counselor maintain contact as often as agreed upon while you were receiving services?	85%	86%
6. Were you satisfied with the explanation of services to help you reach your goal?	85%	87%
7. Did you have in-put (take part) in setting your employment goals?	83%	84%
8. Did you have input (take part) in planning the services you received?	85%	85%
9. Did you and your counselor discuss when services would begin and end?	82%	83%
10. Did you have input (take part) in choosing who would provide the services (such as schools or colleges, doctors or hospitals, job coaches, etc.)?	73%	72%
11. Did DRS staff provide you the guidance you needed?	85%	86%
12. Were you services interrupted because your counselor changed or your counselor was absent? (Note: “No” is the positive response)	80%	81%

\*The response patterns to the survey questions are presented in terms of the proportion of positive responses to the item. For “yes, sometimes, no” questions, the proportion answering in the direction of the desired outcomes is the proportion of positive responses. For the “very satisfied, satisfied, dissatisfied, and very dissatisfied” questions, the “very satisfied” and “satisfied” responses are combined as the positive responses to the questions.

**Table 12. Vocational Rehabilitation Closed Case Customer Survey:  
Positive Responses (Continued)**

<b>Survey Question</b>	<b>FY 2012 Proportion of Respondents* (N=3,687)</b>	<b>FY 2013 Proportion of Respondents* (N=3,728)</b>
13. On a scale of 1 to 4, with 4 being Very Satisfied, how satisfied were you with the services you received from service providers your counselor sent you to?	85%	86%
14. On the same scale, how would you rate your satisfaction with your DRS counselor?	88%	89%
15. On the same scale, how would you rate your overall experience with DRS?	87%	88%
16. Are you working now?	71%	71%
17. On a scale of 1 to 4, with 4 being Very Satisfied, please rate your satisfaction with: Your wages.	78%	77%
18. On a scale of 1 to 4, with 4 being Very Satisfied, please rate your satisfaction with: Your employee benefits** (vacation, sick leave, health insurance).	81%	79%
19. On a scale of 1 to 4, with 4 being Very Satisfied, please rate your satisfaction with: Your chance for advancement.	70%	66%
20. On a scale of 1 to 4, with 4 being Very Satisfied, please rate your satisfaction with: Your job, overall.	87%	87%

\*The response patterns to the survey questions are presented in terms of the proportion of positive responses to the item. For “yes, sometimes, no” questions, the proportion answering in the direction of the desired outcomes is the proportion of positive responses. For the “very satisfied, satisfied, dissatisfied, and very dissatisfied” questions, the “very satisfied” and “satisfied” responses are combined as the positive responses to the questions.

\*\*For those that had benefits, the “no benefits” category was excluded from the question.

There was a single open-ended question on the Vocational Rehabilitation Closed Case Customer Survey: "Based on your experience, how can DRS be more helpful?" In fiscal year 2013, 63 percent of respondents answered this question with a specific suggestion or question. The most commonly given open-ended responses related to employment. Comments about employment issues included responses related to finding a job, finding a better job or better-paying job, and having more job alternatives.

## **Independent Living Services Customer Survey**

### **Purpose**

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

This report provides feedback from customers of the ILS program who received services and whose cases were closed within the fiscal year.

The purpose of the ongoing ILS customer survey was to:

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

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

### **Sample and Methodology**

The ILS customer survey was conducted using the same telephone interviewing protocol as the three VR customer satisfaction surveys. However, since the ILS population is small, an attempt was made to contact every ILS customer who had reached the stage of developing and signing a plan and whose cases were closed during the fiscal year. The survey instrument consisted of thirteen close-ended questions and two open-ended questions.

The results discussed here are from surveys conducted from October 2011 to September 2012 for closed cases from fiscal year 2012 and from October 2012 to September 2013 for closed cases from fiscal year 2013. There were 441 completed interviews in fiscal year 2012 and 443 in fiscal year 2013.

### **Summary of Major Findings**

Over 90 percent of respondents said they were satisfied with their overall experience with ILS (see Table 13). Ninety-eight percent of respondents said they were treated with courtesy by the

DRS staff. The percent of customers who responded positively to all questions in 2012 and 2013 were within two percentage points.

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

<b>Survey Question</b>	<b>FY 2012 Proportion of Respondents* (N=655)</b>	<b>FY 2013 Proportion of Respondents* (N=883)</b>
1. I was treated with courtesy and respect by DRS staff.	98%	99%
2. The DRS Independent Living counselor took time to listen to my needs.	96%	97%
3. I took part in planning the services I received.	94%	95%
4. My DRS Independent Living counselor encouraged me to be more independent.	92%	90%
5. My DRS Independent Living counselor gave me choices.	90%	88%
6. If I were ever treated unfairly, I believe my DRS Independent Living counselor would be a help to me.	93%	95%
7. As a result of the services I received, I can do more for myself.	90%	92%
8. As a result of the services I received, I can do more in the community, if I want to.	83%	83%
9. I took part in choosing who would provide services.	84%	82%
10. I was satisfied with how long it took to provide the services.	82%	80%
11. I was satisfied with the services I received from the providers.	93%	94%
12. How would you rate your experience with the DRS Independent Living counselor?	96%	97%
13. How would you rate your overall experience with DRS?	94%	96%

\*The response patterns to the survey questions are presented in terms of the proportion of positive responses to the item. For “yes, sometimes, no” questions, the proportion answering in the direction of the desired outcomes is the proportion of positive responses. For the “very satisfied, satisfied, dissatisfied, and very dissatisfied” questions, the “very satisfied” and “satisfied” responses are combined as the positive responses to the questions.

The survey also included an open-ended question. “What did you like most about your experience with DRS?” which 89 percent of survey respondents answered in fiscal year 2013. The most common responses to this question were that the customer completing the survey liked the services, DRS was helpful, and/or DRS treated the customer courteously. A second open-ended question on the survey was: “What did you dislike most about your experience with DRS?” which 84 percent of survey respondents answered in fiscal year 2013. The most common responses to this question had to do with timeliness of services. The issue of timeliness of services was also the most frequently mentioned specific issue disliked about services in fiscal year 2011 and fiscal year 2012.

### **III. Division for Blind Services**

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This section presents the results of two quarterly customer satisfaction surveys for the Division for Blind Services (DBS) VR program: one for active and one for closed cases.

The DBS surveys used the same methodology of soliciting feedback through telephone-based interviews as that used in the DRS surveys. The contractor was asked to reach a "cap," or fixed number of telephone interviews for each survey, and the response rates were not provided. In both cases, the interviews were conducted in English and Spanish, a language hotline was available to interview customers who spoke other languages, and deaf-blind clients had the opportunity to complete the survey through Relay Texas.

#### **Division for Blind Services Vocational Rehabilitation Active Case Customer Satisfaction Survey**

##### **Purpose**

The Division for Blind Services Vocational Rehabilitation Active Case Customer Survey solicits feedback from customers who have an open case at the time of the survey.

The purpose of the Division for Blind Services VR active case customer satisfaction survey was to:

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

##### **Sample and Methodology**

The methodology of the telephone-based survey was the same used for the DRS customer surveys. The survey instrument contained eight questions.

The results discussed here are from interviews conducted from October 2011 to September 2012 for active cases from fiscal year 2012 and from October 2012 to September 2013 for active cases in fiscal year 2013. There were 440 completed interviews in fiscal year 2012 and 481 in fiscal year 2013.

### Summary of Major Findings

In both fiscal year 2012 and fiscal year 2013 over 95 percent of respondents said their counselor did a good job explaining what was going on (see Table 14). The results were consistent between fiscal year 2012 and fiscal year 2013 for four questions and the results for four questions showed an increase in positive responses between four and seven percentage points.

**Table 14. VR Active Case Customer Satisfaction Survey:  
Positive Responses**

Survey Question	FY 2012 Proportion of Respondents* (N=440)	FY 2013 Proportion of Respondents* (N=481)
1. My counselor does a good job of explaining what's going on.	95%	96%
2. My counselor does a good job of staying in touch with me regarding the process of my case.	89%	90%
3. I agreed to the evaluations that were set up for me.	97%	96%
4. Evaluations and other services were provided on a timely basis.	89%	91%
5. I was actively involved in choosing my employment goal.	85%	89%
6. I was actively involved in choosing the services and service providers to help me achieve my employment goal.	82%	86%
7. My understanding of how my progress toward my employment goal will be evaluated is: (Clear and very clear combined)	76%	83%
8. My understanding of my responsibilities and the agency's responsibilities regarding my Individualized Plan for Employment (IPE) is: (Clear and very clear combined)	80%	87%

\*The response patterns to the survey questions are presented in terms of the proportion of positive responses to the item. For “yes, sometimes, no” questions, the proportion answering in the direction of the desired outcomes is the proportion of positive responses. For the “very satisfied, satisfied, dissatisfied, and very dissatisfied” questions, the “very satisfied” and “satisfied” responses are combined as the positive responses to the questions.

## **Division for Blind Services Vocational Rehabilitation Closed Case Customer Survey**

### **Purpose**

The Division for Blind Services Vocational Rehabilitation Closed Case Customer Survey solicits feedback from VR customers who have received VR services and whose cases have been closed.

The purpose of the Division for Blind Services Vocational Rehabilitation Program Closed Case Survey was to:

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

### **Sample and Methodology**

To be eligible for inclusion in the survey, the customer must have received services under a plan of services and the case must have been closed. Because of the relatively small size of these programs, attempts were made to contact every eligible customers rather than selecting a sample. In order to increase the response rate, phone interviews were conducted. This is particularly important to the specific population served by DBS since most customers have difficulty reading printed material and would be less likely to respond to a survey sent by mail. Customers were contacted by phone by an independent contractor between October 2011 and September 2012 for cases closed in fiscal year 2012 and between October 2012 and September 2013 for cases closed in fiscal year 2013. The survey instrument contained ten questions. The survey was administered in both English and Spanish.

Telephone interviews were completed by 917 clients in fiscal year 2012 and 1,024 clients in fiscal year 2013.

### **Summary of Major Findings**

In both fiscal year 2012 and fiscal year 2013 over 90 percent of respondents said their counselor listened to and considered their needs and concerns (see Table 15). The results were consistent between fiscal year 2012 and fiscal year 2013 for all ten questions.

**Table 15. VR Closed Cases Customer Satisfaction Survey:  
Positive Responses**

<b>Survey Question</b>	<b>FY 2012 Proportion of Respondents* (N=917)</b>	<b>FY 2013 Proportion of Respondents* (N=1,024)</b>
1. I have increased skills because of the services I received through DBS.	92%	92%
2. My counselor listened to and considered my needs and concerns.	93%	94%
3. I was an active partner in making decisions.	96%	95%
4. I was actively involved in choosing my employment goal and the services I received.	95%	93%
5. I received the services my counselor and I planned.	93%	92%
6. I received my planned services within a reasonable period of time.	90%	90%
7. The services I received through DBS helped me obtain or maintain my job.	88%	90%
8. My job is a good match for what I was looking for.	85%	88%
9. After I became employed my counselor contacted me at least one time before my case was closed. (Yes)	90%	89%
10. How would you rate your overall experience with the Division for Blind Services. (Very satisfied and satisfied combined)	93%	92%

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\*The response patterns to the survey questions are presented in terms of the proportion of positive responses to the item. For “yes, sometimes, no” questions, the proportion answering in the direction of the desired outcomes is the proportion of positive responses. For the “very satisfied, satisfied, dissatisfied, and very dissatisfied” questions, the “very satisfied” and “satisfied” responses are combined as the positive responses to the questions.

## **DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES**

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Surveys from two programs of the Texas Department of Family and Protective Services (DFPS) are presented in this report: Child Protective Services (CPS) and Adult Protective Services (APS). CPS submitted the results of two surveys that solicited the feedback of customers of the agency and APS submitted the results of one survey. CPS surveys collected data from a varied group of customers: young adults who were currently or formerly in foster care, and former foster care providers. The APS survey collected data from APS stakeholders. There were roughly 800 survey responses received by DFPS, and of those approximately half were from CPS and half from APS.

### **Child Protective Services National Youth in Transition Database Survey**

#### **Purpose**

Youth and young adults who have been involved in the foster care system are at high risk for difficult outcomes during the transition to adulthood. These difficult outcomes include homelessness, not finishing high school, early parenthood, unemployment, dependence on public benefits, and involvement in the criminal justice system.<sup>12</sup> 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 to collect data about persons involved in the foster care system.<sup>13</sup>

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.<sup>14</sup>

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

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<sup>12</sup> Cook, R. (1991). A national evaluation of Title IV-E foster care independent living programs for youth. Rockville, MD: Westat, Inc. Cited by Child Welfare League of America. Retrieved from: <http://www.cwla.org/programs/housing/youthfostercarestats.htm>.

<sup>13</sup> The John H. Chafee Foster Care Independence Program. Children's Bureau, Administration for Children and Families, United States Department of Health and Human Services. Retrieved from: <http://www.acf.hhs.gov/programs/cb/resource/chafee-foster-care-program>.

<sup>14</sup> The National Youth in Transition Database. National Data Archive on Child Abuse and Neglect, Cornell University. Retrieved from: <http://www.ndacan.cornell.edu/datasets/dataset-details.cfm?ID=174>.

surveyed again two years later, when they are age 21.<sup>15</sup> The data allow researchers to assess the outcomes these youth experience when they leave foster care and transition to adult living.

In federal fiscal year 2013, DFPS surveyed 19-year-old former foster care youth in Texas. Topics addressed in the survey included:

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

### **Sample and Methodology**

A random selection formula was provided by ACF which was used to determine which individuals who had been surveyed at age 17 in the baseline survey would be asked to take the follow-up survey at age 19. DFPS collected surveys between October 1, 2012 and September 30, 2013. There were 290 young adults identified for follow-up and DFPS Preparation for Adult Living (PAL) staff contacted them through multiple modes to complete the survey. The survey and survey request were distributed in several ways:

- Paper survey: in person and through the mail
- Online: through e-mail and posted on a website
- Phone
- Text

The survey was offered in English and in Spanish. Since the survey asked about sensitive topics, the young adults who were contacted for the survey were assured of their confidentiality.

A DFPS unit called the Family Inquiry Network/Database Research Center (previously called the Diligent Search Unit) provided locating information which helped DFPS PAL staff contact youth for the survey. The 19-year olds were offered \$50 as an incentive for survey completion. DFPS received 265 completed surveys, for a response rate of 91 percent. Eight percent of the sample could not take the survey because they could not be found or had died. One percent of the sample refused the survey.

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<sup>15</sup> Ibid the National Youth in Transition Database.

## **Summary of Findings**

The extended foster care program allows young adults to remain in foster care or return to extended foster care until they turn age 22 to complete either high school or a General Equivalency Diploma (GED), or to their 21st birthday to participate in higher education, employment, a program or activity that promotes or removes barriers to employment, or because they have a documented medical condition that prevents them from performing one of these activities. The survey results are organized according to whether the 19-year olds were still enrolled in foster care or had been discharged at the time of the survey.

Additionally, outcomes reported by survey participants are grouped into the following topics: connection to adults, educational attainment, financial self-sufficiency, high-risk behaviors, homelessness, and the use of public assistance. Results have been organized into protective factors and/or desired outcomes (Table 16), risk factors and/or concerning outcomes (Table 17), and use of public assistance (Table 18).

The results of the survey show that of those young adults who have been discharged from foster care, almost a third were currently working or had received employment related training in the past year, half have completed high school or received their GED, and 89 percent have a positive connection to an adult (see Table 16). For those youth still in foster care, 22 percent are employed, 78 percent are attending in school, and all have a positive connection to an adult.

**Table 16. 2012-2013 National Youth in Transition Database Survey:  
Protective Factors and/or Desired Outcomes**

<b>Topic</b>	<b>Reported by Survey Respondents</b>	<b>In Foster Care* (N=174)</b>	<b>Discharged from Foster Care (N=1,053)</b>
Financial self-sufficiency	Current part-time or full-time employment	22%	31%
	Receiving employment-related training in the past year	11%	34%
	Receiving financial aid for educational expenses	22%	16%
	Receiving financial support from another source	0%	7%
Educational attainment	Being enrolled in and attending school	78%	47%
	Having completed high school or GED	33%	51%
	Receiving a vocational license or certificate	11%	2%
	Receiving a college degree (e.g., Associate, Bachelor, or higher degree)	0%	0%
Connection to adults	Having a current positive connection to an adult	100%	89%
Health insurance	Having health insurance other than Medicaid	0%	5%

\*A small group of CPS foster care young adults remain in extended foster care until age 21 or 22.

An examination of the results related to risk factors and concerning outcomes reveals that among youth discharged from foster care, 30 percent have been incarcerated, 25 percent have been homeless at some point, and 13 percent have had a child (See Table 17). None of the youth still in foster care has had a substance abuse referral, has been incarcerated, has had children, or has been homeless.

**Table 17. 2012-2013 National Youth in Transition Database Survey:  
Risk Factors and Concerning Outcomes**

<b>Topic</b>	<b>Reported by Survey Respondents</b>	<b>In Foster Care* (N=174)</b>	<b>Discharged from Foster Care (N=1,053)</b>
High-risk behaviors (in prior 2 years)	Substance abuse referral	0%	10%
	Having been incarcerated	0%	30%
	Having children	0%	13%
Homelessness (in prior 2 years)	Having been homeless	0%	25%

\*A small group of CPS foster care young adults remain in extended foster care until age 21 or 22.

Finally, an analysis of the results of the survey related to the use of public assistance reveals that the majority of the current and former foster care youth are enrolled in Medicaid (see Table 18). A quarter of the youth discharged from foster care reported receiving public food assistance and a smaller proportion reported receiving social security payments and other public financial assistance.

**Table 18. 2012-2013 National Youth in Transition Database Survey:  
Public Assistance**

<b>Topic</b>	<b>Reported by Survey Respondents</b>	<b>In Foster Care* (N=174)</b>	<b>Discharged from Foster Care (N=1,053)</b>
Financial self-sufficiency (public aid)	Receiving social security payments	0%	17%
	Receiving public financial assistance**	-	9%
	Receiving public food assistance**	-	24%
	Receiving public housing assistance**	-	4%
Health insurance	Having Medicaid	89%	75%

\*A small group of CPS foster care young adults remain in extended foster care until age 21 or 22.

\*\*Survey questions related to public assistance are only required to be asked of young adults discharged from foster care.

## **Child Protective Services Foster Parent Exit Survey**

### **Purpose**

CPS has a Foster and Adoptive Home Development (FAD) program which recruits, develops, monitors, and supports foster and adoptive homes that are licensed by DFPS. At the request of Senator Jane Nelson, DFPS interviewed former FAD foster care providers to identify factors that influenced their decision to voluntarily close their foster homes.

DFPS developed a telephone-based interview questionnaire for these former foster care providers. The questionnaire covered the following topics:

- Planning
- Monitoring process
- Communication of results
- Overall satisfaction

### **Sample and Methodology**

Using information from the DFPS case management system, the DFPS Management Reporting and Statistics division developed a statewide list of foster homes that voluntarily closed between September 2010 and June 2012. In July and August of 2012, FAD staff attempted to contact 248 closed foster homes by telephone, leaving up to three messages asking individuals to complete the survey. In total, 125 interviews were completed and used for this analysis resulting in a 50 percent response rate.

### **Summary of Findings**

Most former foster care providers (54 percent) said that they were “satisfied” or “very satisfied” with their experience of being a CPS foster care provider and an additional 14 percent said that they felt “neutral”. The remaining 31 percent of former foster care providers reported they were “dissatisfied” or “very dissatisfied.”

The survey found general satisfaction with specific aspects of the foster care program with a large majority who “agreed” or “strongly agreed” that:

- 85 percent said the training received from CPS was relevant
- 75 percent said CPS staff was professional

The survey also brought to light the need for improvement in some areas, such as whether the CPS worker was responsive to the family's needs and whether foster parents were given adequate notice when a child was going to be removed from their home. While most respondents said they “agreed”, or “strongly agreed” about these statements, approximately a third of respondents said they “disagreed”, “strongly disagreed”, or felt “neutral” (see Table 19).

**Table 19. 2012 Foster Care Provider Exit Survey Selected Findings:  
Indicated Strongly Agreed or Agreed**

<b>Survey Questions</b>	<b>Proportion of Respondents* (N=125)</b>
Training received from CPS was relevant	85%
CPS staff was professional	75%
CPS assigned worker was responsive to our needs for assistance	67%
Given adequate notice before I was to receive a child	62%
Given adequate notice when a child was to be removed from my home	40%

\*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.

The survey also sought information about why former CPS foster care providers had voluntarily closed their foster homes. Respondents answered that:

- 37 percent had experienced a change in circumstances such as a loss of employment, change in health status, or change in family dynamics
- 36 percent primarily desired to adopt rather than foster, or completed an adoption
- 23 percent felt that CPS did not accept them as essential partners
- 11 percent had retired from foster parenting
- 10 percent chose to work with a different child-placing agency

**Adult Protective Services Community Satisfaction Survey**

**Purpose**

APS developed a biennial community satisfaction survey in accordance with Human Resources Code §48.006 which requires the agency to gather information on APS performance in providing investigative and adult protective services. Every other year, the survey is distributed to members of the judiciary, law enforcement agencies, community organizations and resource groups, and APS Community Boards. The 2013 survey is the seventh community satisfaction survey on APS services.

APS uses results of the survey to assess overall community engagement efforts. Results provide direction for sustaining community support and planning local community engagement initiatives, strengthening volunteer programs, and enhancing resource development in the community to benefit APS clients.

## **Sample and Methodology**

The survey respondents are identified in statute (Human Resources Code, §48.006) as:

- Stakeholders in the adult protective services system, including local law enforcement agencies and prosecutors' offices
- Protective services agencies, including nonprofit agencies
- Courts with jurisdiction over probate matters

Survey respondents include members of the judiciary, law enforcement agencies, community organizations and resource groups, and APS community board members.

The web-based survey was distributed to the entire population list for each stakeholder group, with survey requests disseminated by mail and e-mail to a total of 2,388 stakeholders. The survey was open for the entire month of May 2013. APS received responses from 403 stakeholders, yielding a response rate of 17 percent.

The 2013 questionnaire consisted of Likert scale statements and open-ended questions that measured the extent of respondent awareness of APS involvement in the community, and perceptions of APS staff capability, effectiveness, and professionalism. Response categories ranged from “strongly agree” to “strongly disagree” and included a “neutral” and “not applicable” category. The survey also included open-ended questions to solicit comments from respondents.

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

## **Summary of Findings**

The results show that the APS community engagement efforts are effective. The results reinforce the continued need for outreach efforts and continued collaborations with the local communities. 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 community groups.

Two questions were asked of all stakeholder groups. Questions specific to each stakeholder group constituted the remainder of the questionnaire.

Across all stakeholder groups, there was high level of agreement with the statement, “APS ensures the safety and dignity of vulnerable adults in this community.” Agreement with the statement ranged from 78 percent to 94 percent for the different stakeholder groups. There was also high agreement across all stakeholder groups with the statement, “There is a good working relationship between [the survey group] and APS in this community.” Agreement with the statement ranged from 82 percent to 96 percent.

Community board members, community organizations, and law enforcement representatives were asked to indicate their levels of agreement with the statement, “I understand APS’s mission, scope, and purpose.” Ninety-seven percent of community board members, 89 percent of community organization respondents, and 83 percent of law enforcement respondents agreed with the statement.

**Judiciary Results.** The majority of the judiciary respondents reported that APS cases “rarely” or “sometimes” appear before their court (39 percent and 13 percent, respectively). The data indicated the majority of judiciary respondents, approximately 85 percent, either “agreed” or “strongly agreed” with the survey statements “APS seeks appropriate court action” and “APS staff members are prepared when testifying in court.”

**Law Enforcement.** The majority of law enforcement respondents reported that they “rarely” or “sometimes” work with the local APS office (26 percent and 45 percent, respectively). Approximately, 81 percent of the respondents “agreed” or “strongly agreed” that “Referrals to law enforcement from APS are appropriate.” Additionally, approximately 84 percent of respondents “agreed” or “strongly agreed” with the statement “APS staff members are prepared with information and facts when working with law enforcement on APS cases.”

**Community Organizations.** The majority of community organization respondents reported that their agency “sometimes” or “often” interacts with APS (42 percent and 41 percent, respectively). A majority (87 percent) of respondents either “agreed” or “strongly agreed” with the statement “Referrals to my agency from APS are appropriate.” Approximately 94 percent of community organization respondents “agreed” or “strongly agreed” with the statement, “APS is an important component of my community’s resource and social service network.”

**Community Board Members.** Approximately, 96 percent of respondents reported that they “agreed” or “strongly agreed” with the statement, “APS is an important component of my community’s resource network.” Ninety-six percent of respondents reported that they “agreed” or “strongly agreed” with the statement “The board has a good working relationship with APS.”

## **DEPARTMENT OF STATE HEALTH SERVICES**

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This chapter reports the results of nine surveys that collected customer satisfaction data regarding Texas Department of State Health Services (DSHS) services. More than 27,000 responses were received in response to these surveys. Surveys included adults and the parents of children receiving mental health services, regulatory licensing customers, stakeholders, and providers.

For readability, this chapter is organized in four sections:

- I. Mental Health and Substance Abuse Services
- II. Laboratory Services
- III. Licensing and Regulatory Services
- IV. Other DSHS Services

### **I. Mental Health and Substance Abuse Services**

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This section describes three surveys conducted to measure customer satisfaction with mental health services funded by and/or administered by DSHS. All of them were designed by the Mental Health Statistics Improvement Program (MHSIP), which is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA administers the Community Mental Health Block grant to states and sets data collection requirements as part of a federal effort to evaluate the performance of the mental health system nationally. The surveys assess satisfaction with services in following populations:

- Community-based mental health services for children and adolescents
- Community-based mental health services for adults
- Psychiatric hospital services for adolescents and adults

#### **Mental Health Statistics Improvement Program Youth Services Survey for Families**

##### **Purpose**

Every year since 1997, Texas has surveyed customers who received community-based mental health services from the DSHS Mental Health and Substance Abuse Division about their perceptions of the mental health services they received. When the customers who received services are age 17 or younger, the parents or guardians receive the Youth Services Survey for Families (YSSF).

The purpose of the YSSF is to measure:

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

### **Sample and Methodology**

The YSSF survey administered in fiscal year 2012 and fiscal year 2013 consisted of 26 items. Each question assessed information about a specific topic and was strongly related to a group of other questions about the same topic. The survey questions fell into seven of these groups of related questions, or domains. The domains that comprised the YSSF survey were:

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

The domains are described in more detail in the Summary of Findings.

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

In both years, a random sample was identified to receive the survey requests. In fiscal year 2012, 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;<sup>16</sup> 4,671 received survey invitations.<sup>17</sup> In fiscal year 2013, the sample was not stratified; 2,943 received survey invitations.<sup>18</sup>

In fiscal year 2012, there were a total of 546 completed questionnaires. The survey had a response rate of 12 percent. In fiscal year 2013, there were a total of 800 completed questionnaires. The survey had a response rate of 27 percent.

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<sup>16</sup> Community mental health centers are also called Local Mental Health Authorities. For more information, see: <http://www.dshs.state.tx.us/mhcommunity/default.shtm>.

<sup>17</sup> There were 5,150 children/adolescents in the sample and 479 surveys were undeliverable.

<sup>18</sup> There were 3,142 children/adolescents in the sample and 199 surveys were undeliverable.

## Summary of Findings

The results of the most recent survey year (fiscal year 2013) are shown in Table 20. The percentages indicate the percent of respondents who answered “agree” or “strongly agree” to questions in the stated domain.<sup>19 20</sup> For instance, 81 percent of respondents agreed or strongly agreed with the items in the Satisfaction domain.

**Table 20. Mental Health Statistics Improvement Program Youth Services Survey for Families: Indicated Strongly Agree or Agree with Domains**

<b>Domain</b>	<b>Description of Domain</b>	<b>Fiscal Year 2013 Proportion of Respondents* (N=800)</b>
Satisfaction (with services)	<i>Would the parent choose these services for his/her child if there were other options available?</i>	81%
Participation in Treatment Planning	<i>Does the parent feel involved in treatment decisions?</i>	86%
Cultural Sensitivity (of staff)	<i>Does staff show respect for the family’s race/ethnicity/culture?</i>	92%
Access (to services)	<i>Are services available when and where needed?</i>	78%
Outcomes (of services)	<i>As a result of services, has the child’s functioning at home and school improved and has he/she experienced fewer mental health symptoms?</i>	56%
Social Connectedness	<i>Does the child feel connected to friends, family, and community?</i>	77%
Functioning	<i>Has the child’s overall well-being improved?</i>	55%

\*Proportions indicate respondents who chose answer choices “strongly agree” or “agree” rather than “neutral,” “disagree,” or “strongly disagree.”

<sup>19</sup> For 2012, results were adjusted by weighting the NorthSTAR and Community Mental Health strata to their population sizes to obtain domain agreement rates that can be generalized statewide.

<sup>20</sup> For each domain, only respondents who answered two-thirds of the items comprising that domain were included in the calculation.

Domain agreement rates did not differ substantially between fiscal year 2012 and fiscal year 2013.

## **Mental Health Statistics Improvement Program Adult Mental Health Survey**

### **Purpose**

The Adult Mental Health (AMH) survey asked customers who received community-based mental health services from the DSHS Mental Health and Substance Abuse Division about their perceptions of the mental health services they received. Adults age 18 years or older who recently received a mental health service beyond an intake assessment were eligible for inclusion in the survey. The purpose of the survey was to measure:

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

### **Sample and Methodology**

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

Each question assessed information about a specific topic and was strongly related to a group of other questions about the same topic. The survey questions fell into seven of these groups of related questions, or domains. The domains that comprised the AMH survey were:

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

The domains are described in more detail in the Summary of Findings.

In both years, DSHS used random sampling to identify a population to receive the survey requests. In fiscal year 2012, the sample was stratified into two groups: one for NorthSTAR and one for community mental health centers. In fiscal year 2012, 4,370 adults received survey invitations.<sup>21</sup> In fiscal year 2013, 2,957 adults received survey invitations.<sup>22</sup> In fiscal year 2012,

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<sup>21</sup> The sample drawn was of 4,854 individuals and 484 surveys were undeliverable.

there were a total of 532 completed questionnaires. The survey had a response rate of 12 percent. In fiscal year 2013, there were a total of 957 completed questionnaires. The survey had a response rate of 32 percent.

### Summary of Findings

The results of the most recent survey year (fiscal year 2013) are shown below. The percentages in Table 21 indicate the percent of respondents who answered “agree” or “strongly agree” to questions in the stated domain.<sup>23</sup> For instance, 84 percent of respondents agreed or strongly agreed with the items in the Satisfaction domain.

**Table 21. Mental Health Statistics Improvement Program Adult Mental Health Survey: Indicated Strongly Agree or Agree with Domains**

<b>Domain</b>	<b>Description of Domain</b>	<b>Fiscal Year 2013 Proportion of Respondents* (N=957)</b>
Satisfaction (with services)	<i>Would the consumer choose to receive these services if he or she had other options?</i>	84%
Access (to services)	<i>Are sufficient services available when and where needed?</i>	74%
Quality and Appropriateness (of services)	<i>Is staff competent and are the services professional?</i>	80%
Participation in Treatment Planning	<i>Does the consumer feel involved in treatment decisions?</i>	68%
Outcomes (of services)	<i>Has the consumer experienced improvement in work, housing, and relationships?</i>	52%
Functioning	<i>Has the consumer's overall well-being improved?</i>	54%
Social Connectedness	<i>Does the consumer feel connected to friends, family, and community?</i>	57%

\*Proportions indicate respondents who chose answer choices “strongly agree” or “agree” rather than “neutral,” “disagree,” or “strongly disagree.”

<sup>22</sup> The sample drawn was of 3,183 individuals and 226 surveys were undeliverable.

<sup>23</sup> For each domain, only respondents who answered two-thirds of the items comprising that domain were included in the calculation.

Domain agreement rates did not differ substantially between fiscal year 2012 and fiscal year 2013.

## **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 is short (a few days or possibly weeks); the focus of services is stabilization and support of patients' return to the community. State psychiatric hospitals provide assessment, evaluation, and treatment. Treatment involves a variety of services: psychiatry, nursing, social work, psychology, education/rehabilitation, nutrition, medical, and dental. These services are paid for through general revenue funds from the State of Texas, private payment, private third party insurance, and Medicare and Medicaid programs.

DSHS conducts the Inpatient Consumer Survey (ICS) in compliance with MHSIP requirements. The ICS was distributed to every individual age 13 years old or older who was discharged from one of the ten state psychiatric hospitals in fiscal year 2012 and fiscal year 2013. The purpose of this survey was to measure the 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 Methodology**

This is an ongoing survey that started more than five years ago. The data reported here are from fiscal year 2012 and fiscal year 2013 (September 2011 to August 2013). During the two fiscal years combined, there were 15,780 surveys completed out of 43,310 discharges, which yielded an overall response rate of 36 percent.

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 survey 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 survey includes questions about five topics, or domains, as shown in Table 22 below.

**Table 22. Domains Measured in Mental Health Statistics Improvement Program Inpatient Customer Survey**

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

### **Summary of Findings**

Overall, high-level monitoring of adolescent and adult satisfaction with state psychiatric hospitals uses an average overall score, which encompasses answers to survey questions in all five domains. In both fiscal year 2012 and fiscal year 2013, this annual average score target was exceeded by all ten state psychiatric hospitals.

## **II. Laboratory Services**

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The DSHS Laboratory Services Section (DSHS Laboratory) provides analysis of human, animal, and environmental specimens and samples for public health purposes, response to biological and chemical threats, and professional consultation. Medical providers submit specimens in compliance with public health reporting requirements related to several programs: newborn screening, blood lead screening, Texas Health Steps (Texas' Early and Periodic Screening, Diagnosis, and Treatment Medicaid service), tuberculosis elimination, and sexually transmitted diseases screening. The DSHS Laboratory has the largest testing-volume public health laboratory in the United States and the largest testing-volume newborn screening program in the world. The DSHS Laboratory Services Section receives and reports approximately 1.5 million samples/specimens a year.

### **Laboratory Services Customer Satisfaction Survey**

#### **Purpose**

The DSHS Laboratory Services Section Customer Satisfaction Survey is conducted annually to assess customer satisfaction with services provided by the DSHS Laboratory and to solicit information on any problems or needs of the customers. This survey is also a College of American Pathologists (CAP)<sup>24</sup> and The NELAC Institute (TNI)<sup>25</sup> licensing requirement.

#### **Sample and Methodology**

The survey was made available to all submitters who sent a specimen/sample to the DSHS Laboratory to be tested sometime between January 2012 and June 2012. There were 9,806 submitters who met these criteria.

DSHS sent survey requests through two modes and multiple dissemination methods.

A link to the web-based survey was provided in the following ways:

- Printed on submitters' test result reports
- Sent by e-mail group lists of laboratory submitters
- Posted on the website

A paper version of the survey was also mailed to the same group of submitters. The survey was offered in English.

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<sup>24</sup> Professional association of pathologists. For more information, see: <http://www.cap.org/apps/cap.portal>.

<sup>25</sup> National accreditation organization related to environmental monitoring organizations. For more information, see: <http://www.nelac-institute.org/aboutus.php>.

There were 1,351 surveys received between January and June 2012, which yielded a response rate of 14 percent.

## Summary of Findings

The survey results are presented in Table 23.

**Table 23. Laboratory Services Customer Satisfaction Survey:  
Indicated Very Satisfied or Satisfied**

<b>Survey Question</b>	<b>2012 Proportion of Respondents* (N=1,351)</b>
Are you satisfied with the available information regarding collection and shipping of samples to be tested by the DSHS facility?	85%
How would you rate your satisfaction with our response to problems or questions?	85%
How would you rate your satisfaction with accuracy and legibility of reports?	92%

\*The percentages presented in the table are the proportion of respondents presented who gave "very satisfied" and "satisfied" responses as opposed to "neutral," "dissatisfied," or "very dissatisfied." Those who did not answer the survey question are not counted in these proportions.

## Laboratory Services Courier Pilot Project Satisfaction Survey

### Purpose

The Laboratory Services Courier Pilot Project is an initiative of the DSHS Laboratory Services Section (Laboratory). Usually, submitters send specimens to the DSHS Laboratory by using bulk mail, delivery services such as FedEx, or a private courier hired by the facility, and the submitters bear the cost of the delivery. For the Laboratory courier services pilot project, DSHS contracted with Lone Star Delivery and Process to provide courier services to the submitters at no charge to them. The goals of the pilot project are to reduce transit time and better maintain the integrity of specimens submitted for testing.

The pilot project first started in April 2010 and was initially only open to Medicaid providers. Then in 2011 the pilot was opened to non-Medicaid submitters as well. Providers were selected to participate in this pilot project because of physical location in the state, the number of specimens routinely submitted to the DSHS Laboratory, and the number of specimens that had previously been rejected due to being too old to test upon arrival. The courier service was provided to select providers in the following metropolitan areas: Austin, San Antonio, Houston,

Dallas/Fort Worth, Corpus Christi, The Valley (McAllen to Brownsville), El Paso, Tyler, Lubbock/Amarillo, and Midland/Odessa.

The purpose of the survey was to assess the satisfaction of the customers that use the courier service to transport specimens to the lab for testing.

### **Sample and Methodology**

Survey requests were sent to all submitters that used the Laboratory courier services. When DSHS had e-mail addresses for the submitters (approximately half of them), the survey was sent by e-mail; for submitters that did not have a known e-mail address, a letter that included the link to the online survey was sent through the mail. Reminders about the online survey were also included in every laboratory test result that submitters received via fax or electronic delivery. The web-based version of the e-mail was also available on the DSHS website. The survey was offered in English.

The 2013 survey was conducted between April and May 2013. DSHS sent survey requests to 393 submitters and there were 120 completed surveys, yielding a response rate of 31 percent.

The 2011 survey was conducted between April and May 2011. There were 149 completed surveys during this implementation, but the number of survey requests sent out is unknown, so a response rate could not be calculated.

### **Summary of Findings**

The survey results indicated that the pilot project was successful in its primary goal of improving the proportion of submissions that yielded usable specimens or samples. In the more recent survey year (2013), over half (64 percent) of the submitters indicated that fewer of their specimens had been rejected due to being too old, and the other submitters were divided between those who said they didn't know (20 percent) and those who said no (16 percent).

The pilot project was very popular with submitters, with 95 percent of submitters indicating that they were satisfied or very satisfied overall with the courier service. Survey results relating to satisfaction from the 2013 implementation are shown in Table 24. The DSHS Laboratory plans to continue the pilot project in the future.

**Table 24. Laboratory Services Courier Pilot Project Satisfaction Survey:  
Indicated Very Satisfied or Satisfied**

<b>Survey Question</b>	<b>2013 Proportion of Respondents* (N=120)</b>
Overall satisfaction with courier	95%
Customer service experience	92%
On-time delivery of services	90%
Professionalism	94%
Quality of services	93%
Understanding customer needs	92%

\*The percentages presented in the table are the proportion of respondents presented who gave "very satisfied" and "satisfied" responses as opposed to "neutral," "dissatisfied," or "very dissatisfied." Those who did not answer the survey question are not counted in these proportions.

### **III. Licensing and Regulatory Services**

This section presents the results of two units within DSHS that serve licensing and regulation functions.

#### **Regulatory Licensing Unit Customer Service Satisfaction Survey**

##### **Purpose**

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

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

The unit provides customer services to the businesses and facilities to assist in the completion of their initial and renewal licensing applications.

The purpose of the survey was to measure customer satisfaction with the Regulatory Licensing Unit.

### **Sample and Methodology**

The fiscal year 2012 survey was conducted from September 2011 to August 2012. The fiscal year 2013 survey was conducted from September 2012 to August 2013, but due to a problem with data corruption, results are included for September 2012 to May 2013. There were 183,185 businesses and facilities licensed in fiscal year 2012, and 183,326 in fiscal year 2013.

The survey was available online on the DSHS website and was offered in English.

In fiscal year 2012, there were 544 completed surveys. In fiscal year 2013, survey results were available for analysis from 253 individuals. More surveys than this were completed, but, unfortunately, data from those completed during the fourth quarter of FY2013 became unusable due to data corruption.

### **Summary of Findings**

Overall, the majority of individuals completing the Regulatory Licensing Unit Customer Service Satisfaction Survey were satisfied with the level of customer service received. In the most recent survey year (fiscal year 2013), the survey results included:

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

## **Professional Licensing and Certification Customer Satisfaction Survey**

### **Purpose**

The Professional Licensing and Certification Unit (PLCU) issues licenses, certification, and other registrations of healthcare professionals, and ensures compliance with standards. The regulation of the unit's allied and mental health occupations is a means to protect and promote public health, safety, and welfare. The regulation is intended to ensure that consumers in Texas receive services from qualified and competent providers. PLCU administers the following programs under the authority of 11 independent boards: athletic trainers; audiologists and

speech-language pathologists; professional counselors; dietitians; fitters and dispensers of hearing instruments; marriage and family therapists; medical physicists; midwives and midwife training programs; orthotists, prosthetists, and related facilities; sex offender treatment providers; and social workers. The remaining 12 programs are administered directly by PLCU: chemical dependency counselors; code enforcement officers; contact lens dispensers; massage therapists, massage therapy training programs, and massage therapy establishments; medical radiologic technologists and medical radiologic technology training programs; offender education programs and instructors; opticians; perfusionists; personal emergency response system providers; respiratory care practitioners; sanitarians; and dyslexia practitioners and therapists.

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

This report details results from the Division for Regulatory Services Professional Licensing and Certification Unit's Customer Service Satisfaction survey. The purpose of this survey was to:

- Serve as a customer feedback tool
- Provide a mechanism for users to resolve any concerns with a Program Manager

## **Sample and Methodology**

The survey requests were disseminated as paper postcards included renewal notices sent to professionals who needed to renew their licenses or certifications. There were 75,547 renewal notices sent in fiscal year 2012, and 79,084 in fiscal year 2013. The survey was offered in English. There was a transition during this time period of the questionnaire itself being paper-based to being offered online only.

From September 1, 2012 through August 31, 2013, there were 102<sup>26</sup> completed surveys. From September 1, 2011 through August 31, 2012, there were 3,038 completed surveys.

## **Summary of Findings**

Overall, the majority of individuals completing the PLC Unit Customer Service Satisfaction Survey were satisfied with the level of customer service received. In the most recent survey year (fiscal year 2013), the survey results included:

- 89 percent of respondents found DSHS staff helpful, courteous, and knowledgeable.
- 86 percent of respondents found communicating with DSHS (via telephone, mail, or electronically) an efficient process.
- 86 percent of respondents found the DSHS website user-friendly and that it contains adequate information.

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<sup>26</sup> There was a period of time during which there were no paper surveys available before the survey was made online-only, which is why the number of returned surveys in fiscal year 2012 is so much lower than in fiscal year 2013.

- 87 percent of respondents reported that their application was easy to file and was processed in a timely manner.
- 92 percent of respondents found the forms, instructions, and other information provided by DSHS helpful and easy to understand.

#### **IV. Other DSHS Services**

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This section presents the results of two surveys, one about the Children with Special Health Care Needs Survey and one about the Women, Infants, and Children program.

##### **Children with Special Health Care Needs Survey**

###### **Purpose**

The Children with Special Health Care Needs (CSHCN) services program helps children with special health care needs and people of any age with cystic fibrosis secure health care and support services. The program is one of many funded in part under Title V of the Social Security Act. The state receives block grant funding for services to women and children. Title V pays for health care benefits and case management for children, and some types of public health services for all. The CSHCN services program strives to provide family-centered, community-based, culturally competent, coordinated health care and family support services. The survey was designed to assess satisfaction with services provided through the CSHCN services program.

The purpose of the survey was to assess:

- Overall satisfaction from customers receiving benefits
- Areas of difficulty with the program from customers receiving benefits
- The quality of customer service being provided over the telephone
- Whether clients have a case manager
- Emergency room use by program clients receiving program services
- Whether those clients receiving program services were being billed by their healthcare providers, and if so, what they were doing with the bills
- How program clients receiving services located providers

## Sample and Methodology

The survey population was all customers receiving services from the CSHCN services program and those who were on the waiting list. The survey was conducted as a convenience sample, with survey requests distributed in a number of ways:

- Regional and community based contractor staff were asked to distribute the survey on paper to program clients when they presented for services or assistance.
- A paper version of the survey was mailed in over 500 renewal packets to clients who could receive services and those on the waiting list.
- A copy of the survey was distributed via the quarterly newsletter, which went to all clients receiving services.
- The survey was also posted on the program's website.

The survey was collected from April through August 2013. There were 2,305 potential respondents (1,681 clients receiving program benefits and 624 who were on the waiting list). Of these, 385 clients returned their survey (320 respondents receiving benefits or short-term services and 65 on the wait list).

## Summary of Findings

When asked if the respondent had contacted the CSHCN services program in the last 12 months, 286 clients/respondents (including clients who were receiving full services, had received time-limited services, and were on the waiting list) said yes. These clients were asked about their satisfaction with services they received from one of the program's call centers. Findings included:

- 88 percent of the respondents said the staff was knowledgeable
- 90 percent of respondents said the staff was nice and helpful

Survey questions pertaining to specific benefits and overall satisfaction with the program were only asked of the 320 clients who were either receiving full services or who has received time-limited services. The questions were not applicable to clients on the waiting list who had never received program benefits. Findings from these questions included:

- 93 percent said they were satisfied with the program
- When asked what some of the benefits of the CSHCN services program had been (with the option to choose more than one benefit), clients indicated the following:
  - 75 percent: all healthcare needs were met
  - 75 percent: help with medicines
  - 60 percent: better health

- 55 percent: a case manager
- 51 percent: help with finding a primary care doctor or provider

## **Women, Infants, and Children Nutrition Education Survey**

### **Purpose**

Special Supplemental Program for Women, Infants, and Children (WIC) is a federally funded, state-administered program that serves low income women, infants, and children up to the age of five that are at nutritional risk.<sup>27</sup> Part of the program includes federally mandated nutrition education that is provided by local agencies who are contracted with the state.

The WIC Nutrition Education Survey, administered every two years, collects responses from adult WIC clients. Clients responded to 28 questions examining their opinions about WIC, technology usage, family meals and activity habits, and demographics. The survey helps the state WIC program and local contractors assess customer satisfaction and improve their nutrition classes.

The 2012 full report is available at: <http://www.dshs.state.tx.us/wichd/nut/nesurveyresults.shtm>.

### **Sample and Methodology**

The WIC Nutrition Education Survey is conducted every two years. The latest implementation was conducted in April 2012. There were 3,216 completed surveys.

Each local agency that contracts with the state to provide WIC nutrition education classes was provided with paper surveys (Scantron forms) and was asked to return a designated number of surveys calculated based on their number of clients. The contractors distributed the surveys in paper format in person with the WIC clients using a convenience sample. The survey was offered in English and Spanish. Participants were offered nutrition class credit as an incentive for completion of the survey.

### **Summary of Findings**

The results of the survey indicate that clients had favorable opinions about the WIC program's ability to meet their needs and high customer satisfaction. Clients rated the following statements about their WIC clinic as shown in Table 25.

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<sup>27</sup> Women, Infants and Children homepage. U.S. Department of Agriculture Food and Nutrition Service website. Retrieved from: <http://www.fns.usda.gov/wic/women-infants-and-children-wic>.

**Table 25. Women, Infants, and Children Program Nutrition Education Survey: Indicated Almost Always**

<b>Survey Question</b>	<b>2012 Proportion of Respondents* (N=3,216)</b>
I am treated respectfully by WIC staff.	93%
The amount of time I waited for service in the clinic was acceptable.	74%
Appointment times that meet my needs are available.	89%
I can easily find transportation to my WIC appointments.	78%
It is easy to shop for WIC foods.	75%
I can shop for WIC foods at my favorite store.	82%
I like the food choices WIC provides.	81%
The benefits of the WIC program are worth the time and effort.	93%

\*The percentages presented in the table are the proportion of respondents presented who gave the response “almost always” as opposed to “sometimes” or “almost never.”

Clients rated their agreement with the following statements about their last WIC nutrition group class as shown in Table 26.

**Table 26. Women, Infants, and Children Program Nutrition Education Survey: Indicated Strongly Agreed or Agreed**

<b>Survey Question</b>	<b>2012 Proportion of Respondents* (N=3,216)</b>
I was able to talk about my nutrition questions and interests.	84%
I had the chance to learn from other caregivers.	76%
I learned an idea I tried at home.	76%
I felt comfortable sharing my ideas.	80%
I felt respected.	87%
We had fun and it was worth my time.	84%

\*The percentages presented in the table are the proportion of respondents presented who gave the responses “strongly agreed” or “agreed” as opposed to “disagree,” “strongly disagree,” or “don’t remember.”

## **HEALTH AND HUMAN SERVICES COMMISSION**

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Eleven surveys captured customer satisfaction information from Texas Health and Human Services Commission (HHSC) customers since the last Report on Customer Service. The surveys summarized in this chapter, which were administered between the summer of 2011 and the summer of 2013, collect the feedback from over 61,000 survey respondents.

For readability, this chapter is organized in three sections:

- I. Children's Healthcare Coverage
- II. Adult Healthcare Coverage
- III. Other HHSC Services

The first 8 of the 11 surveys discussed here relate to Medicaid or Texas Children's Health Insurance Program (CHIP) services and were conducted by the Institute for Child Health Policy (IHP) at the University of Florida. Federal law requires state Medicaid programs to contract with external entities to help evaluate services. HHSC contracts with IHP for this purpose. These surveys are conducted on a recurring basis. The questions on the surveys are primarily taken from validated and nationally used survey instruments.

The additional three surveys discussed in this chapter were conducted by HHSC's Strategic Decision Support unit. These address the satisfaction of customers who, respectively:

- Visited an HHSC eligibility office in order to manage their benefits
- Used the HHSC online portal to manage their benefits
- Received services through the Nurse Family Partnership home visitation program

### **I. Children's Healthcare Coverage**

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Four surveys were conducted with caregivers of children who received Medicaid or CHIP services. Two surveys were conducted to assess caregivers' perceptions of, respectively, the health or behavioral health services received by children enrolled in the State of Texas Access Reform (STAR) program. The third survey assessed caregiver perceptions of CHIP, 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 fourth survey assessed caregiver perceptions of STAR Health, which provides health insurance for children and youth in foster care. The populations served by the programs and the services addressed in the related surveys are summarized in Table 27.

**Table 27. Medicaid/CHIP Programs for Children and Associated Customer Satisfaction Surveys**

<b>Health Insurance Program</b>	<b>Population Served by Program</b>	<b>Services Addressed in Surveys</b>
STAR	Children in families that fall below specific income criteria	Health Services Behavioral Health Services
CHIP	Children in families whose income falls below a set threshold but above the eligibility level for Medicaid	Health Services
STAR Health	Children and youth in foster care	Health Services

ICHP used the same survey protocol for all four telephone-based surveys. Evaluators sent advance notification letters written in English and Spanish to caregivers of sampled children in STAR, requesting their participation in the survey. Then they telephoned parents and caregivers of the sampled children seven days a week in both day-time and evening hours (generally between 9:00 a.m. and 9:00 p.m. Central Time) to complete the survey. Multiple attempts (generally up to 25) 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.

**STAR Children's Services Survey**

**Purpose**

ICHP conducted the STAR Children's Services Survey between June and December 2013 with children who received services funded through the Medicaid STAR program. STAR serves adults as well as children in low-income families; a separate survey, discussed later, assessed the satisfaction of adult enrollees.

The purpose of this survey was to:

- Describe the demographic and household characteristics of child members and their families
- Assess the health status of the population
- Document caregiver experiences and general satisfaction with the care their children receive through STAR across four domains of care:
  - Utilization of services
  - Utilization of emergency department services
  - Access to care

- Timeliness of care

## Sample and Methodology

Survey participants for the fiscal year 2013 STAR Children's Services Survey were selected from a stratified random sample of beneficiaries age 17 years or younger who were enrolled in the STAR program for six continuous months between October 2012 and March 2013. The sample was stratified to include representation from the 18 Managed Care Organizations (MCOs) in STAR as well as children in Medicaid fee-for-service (FFS). The sample was drawn from the beneficiaries (children) but the survey was conducted with their parents/caregivers.

There were 3,717 completed surveys.<sup>28</sup> The response rate (people interviewed out of all members for whom contact was attempted) was 37 percent, and the cooperation rate (people interviewed out of those who were actually contacted) was 63 percent.

The STAR Children's Services Survey included questions from the following sources:

- The Agency for Healthcare Research and Quality's (AHRQ) Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey instruments, which assess consumer experiences with their or their child's health plan and providers<sup>29</sup>
- The Family Strain Index, which measures the level of strain or stress within a family related to a child's mental health or behavioral health condition<sup>30</sup>
- Items developed by ICHP pertaining to caregiver and member demographic and household characteristics

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

## Summary of Major Findings

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

HHSC had set benchmarks (HHSC Performance Indicators) for the agency's performance in several key domains, and the relevant results of the STAR Children's Services Survey are also reported relative to these performance indicator benchmarks (see Table 30). Unlike the

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<sup>28</sup> "Completed surveys" indicates both fully completed surveys and partial surveys that were deemed to be sufficiently completed to include in analysis.

<sup>29</sup> CAHPS® (Consumer Assessment of Healthcare Providers and Systems). Agency for Healthcare Research and Quality. Retrieved from: <https://www.cahps.ahrq.gov/>.

<sup>30</sup> Riley, Anne, et al. (2006) The Family Strain Index: Reliability, validity, and the factor structure of a brief questionnaire for families of children with Attention Deficit Hyperactivity Disorder. *European Child and Adolescent Psychology* 15:1.

composite scores shown in Table 28, the indicators in Table 29 are taken from individual survey questions. The scores from the survey exceeded the HHSC benchmarks in two domains and fell below them in five domains (those below the dotted line in the table below).

**Table 28. STAR Children's Services Survey Scores on CAHPS® Composite Measures**

<b>CAHPS® Composites</b>	<b>Proportion of Respondents* (N=3,717)</b>
Getting needed care	71%
Getting care quickly	88%
How well doctors communicate	88%
Customer service	83%
Shared decision-making	55%
Getting specialized services	66%
Personal doctor	89%
Care coordination	72%
Getting needed information	94%
Prescription medicines	85%

\*Proportions indicate respondents who said they had positive experiences in this domain. Those who did not answer the survey question are not counted in these proportions.

**Table 29. STAR Children's Services Survey Scores Relative to HHSC Performance Indicators Benchmarks**

<b>HHSC Performance Indicator</b>	<b>STAR Children's Services Score* (N=3,717)</b>		<b>Benchmark</b>
Access to routine care	87%	>	84%
Rated child's personal doctor a "9" or "10"	77%	>	75%
Access to urgent care	90%	<	91%
Experiences with doctors' communication	88%	<	92%
Rated their child's health plan a "9" or "10"	78%	<	81%
Access to specialist referral	73%	<	74%
Access to behavioral health treatment or counseling	57%	<	76%

\*Proportions indicate respondents who said they had positive experiences in this domain. Those who did not answer the survey question are not counted in these proportions.

**STAR Children's Behavioral Health Services Survey**

**Purpose**

The STAR Children's Behavioral Health Services Survey was conducted with parents whose children received behavioral health (BH) services through the Medicaid STAR program or NorthSTAR program. In North Texas, behavioral health services are "carved out," or coordinated and paid for separately, and in this area, the program that manages the behavioral health services is called NorthSTAR.

The purpose of this survey was to:

- Describe the demographic and household characteristics of child members and their families
- Document the overall health status and well-being of child members
- Document caregiver experiences and satisfaction with the BH services their child receives in STAR across five domains of care:
  - Utilization of BH counseling and treatment
  - Access to and timeliness of BH care
  - Health plan benefits, information, and assistance
  - Experiences in the clinician's office

- Perceived outcomes of counseling and treatment
- Assess caregivers' perceived improvement of their child's BH symptoms, and the relationship of health service delivery factors on perceived improvement
- Compare caregiver experiences and satisfaction across programs and age groups, and between the fiscal years 2010 and 2011 surveys

## **Sample and Methodology**

Survey participants for the fiscal year 2011 survey were selected from a stratified random sample of children enrolled in STAR/NorthSTAR for six months or longer between December 2009 and November 2010. The sample included only children with a record of one or more behavioral health diagnoses during the study enrollment period. The sample was stratified into four groups: members in STAR sampled separately from members in NorthSTAR, and within each managed care model, two different age groups – children younger than 13 years old, and adolescents 13 to 17 years old.

Nine hundred and thirty seven survey responses were collected from the caregivers of children who received BH services through STAR or NorthSTAR. The response rate (people interviewed out of all members for whom contact was attempted) for this survey was 74 percent and the cooperation rate (people interviewed out of those who were actually contacted) was 99 percent.

The fiscal year 2011 STAR Children's Behavioral Health Services Survey included questions from:

- CAHPS® survey tools that assess patients' experiences and satisfaction with different aspects of their behavioral health care
- The Family Strain Index, which measures the level of strain or stress within a family related to a child's mental health or behavioral health condition.<sup>31</sup>
- Items developed by ICHP pertaining to parent and member demographic and household characteristics

## **Summary of Major Findings**

ICHP communicated the following findings to HHSC, organized into positive and negative findings. Although the findings for some of the other evaluations performed by ICHP were presented in comparison to HHSC Performance Indicators, those of the children's behavioral health services survey were not.

### ***Positive Findings***

- 73 percent of respondents reported usually or always having timely access to routine counseling or treatment.

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<sup>31</sup> Ibid Riley, Anne, et al.

- Fifty-five percent of respondents said their child was usually or always seen within 15 minutes of his or her appointment.
- Three out of four respondents reported that they did not experience problems with their child’s health plan in getting the counseling or treatment their child needed (75 percent). Seventy percent did not have problems finding or understanding health plan information (70 percent), and 96 percent reported no problems in completing health plan paperwork.
- Most respondents said their child’s clinician gave them information regarding their child’s rights as a patient (88 percent), treatment goals and options (90 percent), managing their child’s condition (77 percent), and potential medication side effects (85 percent).
- A slight majority of respondents believed their child had been helped a lot by the treatment or counseling he or she received (54 percent).
- Most respondents reported their child had experienced improved symptoms and functioning compared to 12 months ago (between 72 and 78 percent).
- About half of respondents of children with Attention Deficit Hyperactivity Disorder (47 percent), children with anxiety disorders (51 percent), and children with adjustment disorders (56 percent) reported having very low family strain related to their child’s health conditions.
- There were no significant differences between the STAR and NorthSTAR programs on the survey items, suggesting that both BH delivery models can result in positive care experiences for the parent and child.

### ***Improvement Areas – Access to Care***

- Access to BH care for children in STAR was lowest for professional counseling over the phone. Only one in four caregivers who tried to get professional counseling for their child over the phone said they usually or always got the counseling they needed (27 percent).
- Thirty-one percent of respondents stated their child needed emergency counseling or treatment. Among these caregivers, more than one in four said their child “never” or “sometimes” saw someone as soon as they wanted (27 percent), suggesting a low level of access to urgent BH care for these members. The percentage of members with low access was considerably higher among STAR adolescents (38 percent) and NorthSTAR adolescents (43 percent) than among younger children.
- Among the 22 percent of respondents reporting their child had used up all his or her benefits for counseling or treatment, nearly three out of four said their child was still in need of counseling or treatment (70 percent), and more than half said their child’s BH provider requested that the health plan approve additional treatment (54 percent). Among those who said their providers requested approval for additional treatment, 61 percent said the health plan approved the request.

## **Children's Health Insurance Program Survey**

### **Purpose**

ICHIP also conducted a survey of caregivers whose children had received health services through CHIP. The CHIP Survey, like the STAR surveys discussed above, is an ongoing assessment of services.

The purpose of the CHIP Survey is to:

- Describe the demographic and household characteristics of child members and their families
- Assess the health status of the population, including children with special health care needs
- Document caregiver experiences and general satisfaction with the care their children receive through CHIP across four domains of care:
  - Utilization of health services, particularly emergency department use
  - Access to and timeliness of care
  - Patient-centered medical home
  - Health plan information and customer service
- Test the influence of domains of care on member emergency department use, controlling for demographic and health status variables

### **Sample and Methodology**

Since the 2012 Customer Service Report, the CHIP survey has been conducted twice: June-December 2011 (with 4,800 surveys completed) and May-December 2013 (with 4,122 surveys completed). Only the more recent survey is profiled here.

Survey participants for the CHIP Survey were selected from a stratified random sample of beneficiaries age 17 years or younger who were enrolled in CHIP for 6 continuous months between September 2012 and February 2013. Children enrolled were used to determine the random sample, but the interviews were conducted with the caregivers of the children. The sample was stratified to include representation from the 17 MCOs in CHIP and 2 in the CHIP Rural Service Area. The response rate (people interviewed out of all members for whom contact was attempted) was 49 percent and the cooperation rate (people interviewed out of those who were actually contacted) was 72 percent.

The CHIP Survey included questions from the following sources:

- CAHPS® survey tools, which assessed consumers' experiences with their or their children's health plans and providers

- The Family Strain Index, which measures the level of strain or stress within a family related to a child's mental health or behavioral health condition.<sup>32</sup>
- Items developed by ICHP pertaining to caregiver and member demographic and household characteristics

### Summary of Major Findings

As in previously discussed surveys, ICHP presented its results by the CAHPS® according to CAHPS® composite scores (see Table 30). In cases in which the survey results were in the same domain as a benchmark the agency had set for itself (HHSC Performance Indicators), these are reported in Table 31. Unlike the composite scores shown in Table 30, the indicators in Table 31 are taken from individual survey questions. CHIP exceeded the HHSC Performance Indicator benchmarks in two domains and fell below them in five domains (those below the dotted line in Table 31).

**Table 30. CHIP Survey Scores on CAHPS® Composite Measures**

CAHPS® Composites	Proportion of Respondents* (N=4,122)
Getting needed care	68%
Getting care quickly	87%
How well doctors communicate	89%
Customer service	81%
Shared decision-making	54%
Getting specialized services	64%
Personal doctor	87%
Care coordination	69%
Getting needed information	90%
Prescription medicines	85%

\*Proportions indicate respondents who said they had positive experiences in this domain. Those who did not answer the survey question are not counted in these proportions.

<sup>32</sup> Ibid Riley, Anne, et al.

**Table 31. CHIP Survey Scores Relative to HHSC Performance Indicators  
Benchmarks**

<b>HHSC Performance Indicator</b>	<b>Proportion of Respondents* (N=4,122)</b>		<b>Benchmark</b>
Access to routine care	87%	>	86%
Rating their child's health plan a "9" or "10"	72%	=	72%
Experiences with doctors' communication	89%	<	93%
Access to urgent care	86%	<	89%
Rating child's personal doctor a "9" or "10"	71%	<	72%
Access to specialist referral	70%	<	77%
Access to behavioral health treatment or counseling	62%	<	76%

\*Proportions indicate respondents who said they had positive experiences in this domain. Those who did not answer the survey question are not counted in these proportions.

## **STAR Health Survey**

### **Purpose**

ICHP evaluates the health care experiences and satisfaction of caregivers of STAR Health members every two years. STAR Health is a Texas Medicaid managed care program that serves children and youth in foster care.

The purpose of the STAR Health Survey is to:

- Describe the socio-demographic characteristics of children in foster care enrolled in STAR Health and their caregivers
- Describe the health status of children in STAR Health
- Document caregivers' experiences and satisfaction with the child's health care
- Use Consumer Assessment of Healthcare Providers and Systems (CAHPS®) composites, caregiver ratings, and HHSC Performance Dashboard Indicators to evaluate STAR Health across the following domains:
  - Access to and timeliness of care
  - Patient-centered medical home
  - Service coordination
  - Health plan information and customer service

- Identify disparities in caregiver experiences and satisfaction of care across member characteristics

## Sample and Methodology

For the fiscal year 2012 survey, participants were selected based on a simple random sample of members enrolled in STAR Health between December 2011 and May 2012 who had at least six months of continuous enrollment. The telephone surveys were conducted between June 2012 and August 2012 with caregivers of the sampled STAR Health members.

Four hundred and fourteen surveys were completed and used in the analysis. The response rate (people interviewed out of all members for whom contact was attempted) was 73 percent, and the cooperation rate (people interviewed out of those who were actually contacted) was 91 percent.

The STAR Health Caregiver Survey is comprised of:

- CAHPS<sup>®</sup> survey tools, which assessed consumers' experiences with their or their children's health plans and providers
- The Children With Special Health Care Needs Screener<sup>®</sup>,<sup>33</sup> which assesses whether children have "special needs" relating to health or mental health care
- Items from the National Survey of Children with Special Health Care Needs,<sup>34</sup> which addresses issues of transition to adult care
- Items developed by the Texas Department of Family and Protective Services pertaining to service management
- Items developed by ICHP pertaining to member and caregiver demographics and household characteristics

## Summary of Major Findings

ICHP organized the results of the survey into positive findings and areas for improvement.

### *Positive Findings*

- **Member Ratings.** A majority of caregivers provided high ratings of their child's health care, doctors, and health plan, indicated by a rating of 9 or 10 on a 10-point scale.
- **Getting Care Quickly.** Ninety percent of caregivers usually or always had positive experiences with Getting Care Quickly as measured by CAHPS<sup>®</sup>.

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<sup>33</sup> The Child and Adolescent Health Measurement Initiative. 2008. *Children with Special Health Care Needs Screener*. Available at <http://cahmi.org>.

<sup>34</sup> National Survey of Children with Special Health Care Needs. Centers for Disease Control and Prevention, United States Department of Health and Human Services. Retrieved from: <http://www.cdc.gov/nchs/slait/cshcn.htm>.

- ***Access to Urgent Care.*** A vast majority of caregivers reported that their child usually or always received care for an illness, injury, or condition as soon as they thought their child needed (96 percent). This percentage exceeds the HHSC Performance Indicator benchmark of 88 percent.
- ***Access to Routine Care.*** Eighty-four percent of caregivers reported that they usually or always were able to make a routine appointment as soon as they thought their child needed. This percentage is greater than the HHSC Performance Indicator benchmark of 76 percent.
- ***Access to Specialist Referral.*** Eighty-four percent of caregivers reported it was usually or always easy to get a referral to a specialist for their child, which is higher than the HHSC Performance Indicator benchmark of 75 percent.

### ***Improvement Areas***

- ***Preparing Caregivers and Children with Special Health Care Needs for Transition to Adulthood.*** Among children 11 years of age and older, only 13 percent of providers spoke with caregivers about their child having to eventually see providers who treat adults.
- ***Service Management.*** Approximately one-third of caregivers said they received a call asking whether their child needed service management (38 percent). However, when service management was recommended by the service manager, nearly all caregivers agreed to participate in the program (96 percent).
- ***Health Plan Information and Customer Service.*** Seventy-five percent of caregivers usually or always had positive experiences on the CAHPS® composite Health Plan Information and Customer Service (75 percent).

## **II. Adult Healthcare Coverage**

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Three surveys were conducted regarding Medicaid services for adults, two with STAR enrollees and one with STAR+PLUS enrollees.

STAR primarily serves:

- Pregnant women
- Low-income families who qualify for Temporary Aid for Needy Families (TANF) benefits

This section will discuss the STAR Adult Services and the STAR Adult Behavioral Health Services surveys, which are the corollary to the STAR Children's Services and STAR Children's Behavioral Health Services surveys discussed in section I of this chapter. The third survey discussed here was of STAR+PLUS members.

STAR+PLUS serves two groups:

1. Adults under age 65 who have disabilities that meet the qualification criteria for Supplemental Security Income (SSI) benefits
2. Adults who are age 65 and over and have disabilities as gauged by somewhat different criteria

The populations served by STAR and STAR+PLUS and the services addressed in the surveys are described in Table 32 below.

**Table 32. Medicaid Programs for Adults and Associated Customer Satisfaction Surveys**

<b>Medicaid Program</b>	<b>Population Served by Program</b>	<b>Services Addressed in Surveys</b>
STAR	Adults without disabilities* (pregnant women and low-income adults)	Health Services Behavioral Health Services
STAR+PLUS	Adults and older adults with disabilities**	Health Services

\*STAR primarily serves pregnant women and low-income families who qualify for Temporary Aid for Needy Families (TANF) benefits.

\*\*STAR+PLUS serves two groups: 1) Adults under age 65 who have disabilities that meet the qualification criteria for Supplemental Security Income (SSI) benefits, and 2) Adults who are age 65 and over and have disabilities as gauged by somewhat different criteria.

ICHP used the same protocol for the three telephone-based surveys discussed here as was used with the similar surveys regarding services for children. Evaluators sent advance notification letters written in English and Spanish to the targeted survey sample requesting their participation in the survey. Then they telephoned sample members seven days a week during both day-time and evening hours to complete the survey. Multiple attempts (generally up to 25) 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.

## **STAR Adult Services Survey**

### **Purpose**

The fiscal year 2012 STAR Adult Services Survey, a telephone-based survey, was conducted with adult members of the STAR program (primarily pregnant women and adults who qualify for TANF benefits). STAR is administered through 14 MCOs, which provide members with access to a primary care provider, unlimited medically-necessary prescriptions, and additional benefits. The purpose of this survey is to evaluate members' experiences and satisfaction with the health care they received while enrolled in the STAR program.

The Adult Services Survey gathers information regarding:

- Demographic and health characteristics of adults enrolled in STAR
- Members' experiences and satisfaction across four domains of care:
  - Access and timeliness of care
  - Patient-centered medical home
  - Care coordination
  - Health plan information and customer service

### **Sample and Methodology**

Survey participants were selected from a stratified random sample of adults 18 to 64 years old who were enrolled in the same STAR MCO in Texas for six months or longer between July 2011 and December 2011. Evaluators called members who had been selected in the sample and completed 3,029 interviews between February 2012 and August 2012. The response rate (people interviewed out of all members for whom contact was attempted) was 43 percent and the cooperation rate (people interviewed out of those who were actually contacted) was 67 percent.

The STAR Adult Services Survey included questions from the following sources:

- CAHPS® survey instruments, which assess consumer experiences with their or their child's health plan and providers
- Items developed by ICHP pertaining to caregiver and member demographic and household characteristics

### **Summary of Major Findings**

ICHP organized its major findings into two groups: positive findings and improvement areas. When applicable, ICHP also compared the results of the survey to HHSC Performance Indicators.

### *Positive Findings*

- **Member Ratings.** Greater than half of survey respondents rated the service of their health care, personal doctor, specialist, and health plan as a 9 or 10 on a 10-point scale.
- **Access to Special Therapies.** Approximately two out of three members who needed special therapies said that it was usually or always easy to get the therapy they needed (62 percent). This rate exceeds the HHSC Performance Indicator benchmark of 47 percent.
- **Access to Prescription Medicines.** Approximately half of members reported that they got new prescription medicines or refilled a medication during the past six months (53 percent). Among these members, 84 percent reported that it was usually or always easy to get the medicine they needed from their health plan.
- **Shared Decision-Making.** Nearly four out of five members said that they were usually or always involved as much as they wanted in their health care (79 percent) and that they usually or always felt that it was easy to get their doctors to agree on how to manage their health care problems (79 percent).
- **Care Coordination.** Nearly two out of three members reported that they had someone helping to coordinate their health care (61 percent). Among these members, a vast majority reported that they were satisfied or very satisfied with the assistance they received (93 percent).

### *Improvement Areas*

- **Getting Care Quickly.** Seventy percent of members usually or always had positive experiences with the survey domain Getting Care Quickly.
- **Access to Routine Care.** Approximately two-thirds of members reported that they had good access to routine care (67 percent). This rate is lower than that of the HHSC Performance Indicator benchmark (78 percent).
- **Office Wait.** Most members had to wait more than 15 minutes before being taken to the exam room at least once; only about one in five members had not had this experience (21 percent). The HHSC Performance Indicator benchmark was for 42 percent of members or more to be taken to the exam room with no wait greater than 15 minutes.
- **Getting Needed Care.** Sixty-six percent of members usually or always had positive experiences with Getting Needed Care.
- **Having a Personal Doctor.** Sixty-eight percent of members reported that they had a personal doctor.
- **Emergency Department Utilization.** Thirty-eight percent of members visited the emergency department at least once in the past six months. Among these members, 70 percent said they did *not* contact their personal doctor before going to the emergency department. Lack of after-hours access to their personal doctor was one of the most important reasons why they did not contact their personal doctor.

## ***HHSC Performance Indicators***

ICHP summarized the findings from the survey relative to the HHSC Performance Indicators benchmarks (see Table 33). STAR adult services exceeded the HHSC benchmarks in three domains and fell below them in four domains (those below the dotted line in the table below).

**Table 33. STAR Adult Services Survey Scores Relative to HHSC Performance Indicators Benchmarks**

<b>HHSC Performance Indicator</b>	<b>Proportion of Respondents* (N=3,029)</b>		<b>Benchmark</b>
Access to specialist referral	65%	>	62%
Access to special therapies	61%	>	47%
Advising smokers to quit	51%	>	28%
<hr/>			
Access to urgent care	74%	<	76%
Access to routine care	68%	<	78%
No delays for an approval	52%	<	57%
No wait to be taken to the exam room greater than 15 minutes	21%	<	42%

\*Proportions indicate respondents who said they had positive experiences in this domain. Those who did not answer the survey question are not counted in these proportions.

## **STAR Adult Behavioral Health Services Survey**

### **Purpose**

ICHP also conducted a telephone-based satisfaction survey of adults who received behavioral health services in the prior six months through the Medicaid STAR program or NorthSTAR program (for North Texas). The survey was conducted from June 2012 to September 2012. Individuals received these services through one of three MCO/behavioral health organization (BHO) models.

The purpose of the Adult Behavioral Health Survey is to:

- Describe the demographic and health profile of adult members with behavioral health conditions
- Document member experiences and satisfaction with the behavioral health care they received through their STAR MCO or BHO across five domains of care:
  - Utilization of behavioral health care
  - Access to and timeliness of behavioral health care

- Patient-centered care
- Perceived outcomes of behavioral health care
- Behavioral health treatment benefits and assistance
- Compare the performance of the three managed care/behavioral health organization models

### **Sample and Methodology**

Survey participants were selected from a stratified random sample of adults 18 to 64 years old. Members were considered for inclusion in this survey if they met the following criteria:

1. Continuous STAR/NorthSTAR enrollment for six months (allowing for a 30-day gap in enrollment) between July 2011 and December 2011
2. Having a record of one or more mental health or chemical dependency diagnoses

Evaluators conducted the telephone surveys between June 2012 and September 2012. Interviews were completed with 697 STAR/NorthSTAR adult members. The response rate (people interviewed out of all members for whom contact was attempted) was 64 percent and the cooperation rate (people interviewed out of members who were actually contacted) was 87 percent.

The fiscal year 2012 STAR Adult Services Survey included questions from the following sources:

- CAHPS® survey tools which assess patients' experiences and satisfaction with different aspects of their behavioral health care
- Items developed by ICHP pertaining to member demographic and household characteristics

### **Summary of Major Findings**

ICHP organized the results of the surveys into positive findings and areas for improvement. Although the findings for some of the other evaluations performed by ICHP were presented in comparison to HHSC Performance Indicators benchmarks, those of the children's behavioral health services survey were not.

#### ***Positive Findings:***

- ***Ratings of Clinician.*** Members were satisfied with their primary clinicians, giving them a mean rating of 8.7 out of 10, with 68 percent of members giving a rating of 9 or 10.
- ***Getting Treatment, Information, and Assistance.*** The vast majority of members that talked with office staff said that they were treated with courtesy and respect.
- ***Perceived Improvement.*** About half of members said they were helped a lot by their care.

- ***Patient Information about Treatment and Management of their Condition.*** Seventy-six percent of members felt they could refuse a medicine or treatment suggested by their clinician.

***Areas for Improvement:***

- ***Getting Timely Telephone Counseling.*** Timeliness of care for phone counseling was low. Among members who reported they tried to get counseling on the phone, only 37 percent said they usually or always got phone counseling in a timely manner, with a full 30 percent of members saying that they never got phone counseling when needed.
- ***Benefits.*** Twenty-one percent of members indicated that they used up all of their benefits; of this group, 68 percent said that they still needed counseling or treatment services, and less than half reported being told of other ways to receive counseling or treatment (41 percent).
- ***Getting Treatment, Information, and Assistance.*** Among members who reported they needed approval for counseling or treatment in the last six months, over a third said that they had a “big problem” with delays in treatment while they awaited approval (37 percent).

**STAR+PLUS Services Survey**

**Purpose**

ICHP annually evaluates STAR+PLUS members’ health care experiences and satisfaction using a member telephone survey. STAR+PLUS is a Medicaid managed care program that serves adults and older adults with disabilities.

The purpose of the fiscal year 2012 STAR+PLUS Services Survey was to:

- Describe the demographic, household, and health characteristics of adults enrolled in STAR+PLUS
- Assess members’ experiences and satisfaction with their health care across the following domains:
  - Access to and timeliness of care
  - Patient-centered medical home
  - Service coordination
  - Health plan information and customer service
- Identify disparities in member experiences and satisfaction of care across member characteristics, MCOs, and service areas
- Assess relative predictors of and discrepancies in access to care, timeliness of care, and whether providers discussed health goals with members

## Sample and Methodology

The fiscal year 2012 survey was conducted between September 2011 and August 2012 with a stratified random sample of members enrolled in STAR+PLUS for six months or longer. The survey was conducted with Medicaid-only members who were enrolled in 1 of the 14 STAR+PLUS managed care organization service area groups between July 2011 and December 2011. Members enrolled in STAR+PLUS as a result of the expansion to the El Paso, Lubbock, and Hidalgo service areas, as well as to the Jefferson service area, did not meet the six-month enrollment criteria and were therefore not included in this report.

Evaluators completed 3,432 interviews across all 14 MCO service area groups in STAR+PLUS. The response rate (people interviewed out of all members for whom contact was attempted) for this survey was 55 percent and the cooperation rate (people interviewed out of those who were actually contacted) was 81 percent.

The STAR+PLUS Member Survey included questions from the following sources:

- CAHPS® survey tools, which assess consumers' experiences with their health plans and providers
- RAND® 36-Item Health Survey that assesses emotional health<sup>35</sup>
- Items developed by ICHP pertaining to member demographic and household characteristics, and member experiences and satisfaction with service coordination

## Summary of Major Findings

ICHP summarized the results of the survey, organized into positive findings and improvement areas. ICHP also summarized the results of the survey compared to the HHSC Performance Indicators benchmarks.

### *Positive Findings*

- **Member Ratings.** A majority of members provided high ratings of their health care, doctors, and health plan, indicated by a rating of 9 or 10 on a 10-point scale.
- **Access to Urgent Care.** Seventy-seven percent of members reported that they usually or always received urgent care as soon as they needed. Nine MCO service areas performed at or above the HHSC Performance Indicator benchmark of 76 percent.
- **Access to Prescription Medicines.** Eighty-two percent of members who received prescription medication (new or refill) said it was usually or always easy to get prescription medications.
- **Preventive Care and Health Promotion.** Among members who reported that they smoke cigarettes, nearly three-quarters said that their doctor advised them to quit smoking during at least one office visit in the last six months (69 percent). This is substantially higher than the HHSC Performance Indicator benchmark of 28 percent for advice on quitting smoking.

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<sup>35</sup> RAND® Health. 2009. "Medical Outcomes Study: 36-Item Short Form Survey." Retrieved from: [http://www.rand.org/health/surveys\\_tools/mos/mos\\_core\\_36item.html](http://www.rand.org/health/surveys_tools/mos/mos_core_36item.html).

- **Shared Decision-Making.** A majority of members reported they usually or always were involved as much as they wanted in decisions about their health care (81 percent). Seventy-three percent of members reported that it was usually or always easy to get their doctors to agree on how to manage their health care problems.

### ***Improvement Areas***

- **Access to Routine Care.** Approximately three in four members reported that they usually or always received an appointment for routine care as soon as it was needed (73 percent). Only three of the 14 MCO-SA groups met the HHSC Performance Indicator benchmark of 78 percent.
- **Getting Needed Care.** Only sixty percent of members usually or always had positive experiences on the CAHPS® composite Getting Needed Care. Scores for Getting Needed Care were found to vary by service area, with the lowest scores in the Bexar and Dallas service areas.

In its full report, ICHP recommended specific strategies for improvement in the areas of patient-centered care, getting needed care, and health plan approval.

### ***HHSC Performance Indicators***

ICHP summarized the findings from the survey relative to the HHSC Performance Indicator benchmarks (see Table 34). The STAR+PLUS program exceeded the HHSC benchmarks in three domains and fell below them in four domains (those below the dotted line in the table). One domain in the HHSC Performance Indicators did not have a benchmark to reference.

**Table 34. STAR+PLUS Services Survey Scores Relative to HHSC  
Performance Indicators Benchmarks**

<b>HHSC Performance Indicators</b>	<b>Proportion of Respondents* (N=3,432)</b>		<b>Benchmark</b>
Access to urgent care	77%	>	76%
Advising smokers to quit	69%	>	28%
Access to special therapies	52%	>	47%
Access to service coordination	67%	N/A	-
Access to routine care	73%	<	78%
Access to specialist referral	61%	<	62%
No delays for an approval	38%	<	57%
No wait to be taken to the exam room greater than 15 minutes	27%	<	42%

\*Proportions indicate respondents who said they had positive experiences in this domain. Those who did not answer the survey question are not counted in these proportions.

### **III. Other HHSC Services**

#### **Eligibility Office Customer Service Survey**

##### **Purpose**

The fourth implementation of the Eligibility Office Customer Service Survey was conducted in June 2012. The purpose of this survey is to assess the level of satisfaction among clients who received in-person services in HHSC Office of Social Services (OSS, formerly Office of Eligibility Services) local eligibility offices. Clients visit eligibility offices primarily to apply for or renew benefits such as Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps), TANF, Medicaid, or CHIP. Applications for some of these benefits require interviews with OSS staff that also take place at the eligibility offices.

The survey questions examine:

- How customers felt about how they were treated
- The wait times
- The overall service received at the eligibility office

## Sample and Methodology

To implement the survey, staff members in each local eligibility office were requested to hand a postage-paid survey postcard to each OSS customer receiving in-person services. The postcard was available in English and Spanish. Clients could submit their completed postcard either by putting it in a collection box at the office or by placing it in the mail. Offices were instructed to distribute the postcards through the end of the survey period or until they ran out of cards. The survey time period was one week (June 25 through June 29, 2012).

Across the state, 10,420 OSS customers returned a completed postcard in the June 2012 survey period. It is not possible to calculate a response rate due to the distribution method.

The survey instrument consisted of six closed-ended questions asking customers for information about themselves and their satisfaction with services received that day. There was also an area on the postcard for written comments.

## Summary of Major Findings

Results were calculated on the state-wide level as well as at the HHSC region level and individual office level. The state-wide results for three pertinent questions are provided in Table 35. The response options were “very good,” “good,” “ok,” and “bad.” the majority of respondents were satisfied with OSS services and thought that staff treated them well. Fewer respondents felt that the wait time was good.

**Table 35. Customer Service Questions on Eligibility Office Survey**

<b>Survey Questions</b>	<b>Proportion of Respondents* (N=10,420)</b>
Overall, how was the service?	94%
How did staff treat you?	95%
How was the wait time?	84%

\*Proportions indicate respondents who chose responses "very good" or "good" rather than "ok" or "bad" to the survey questions. Those who did not answer the survey question are not counted in these proportions.

Additionally, customers were asked about satisfaction with the service on the day that they were taking the survey compared to previous experiences in that office. The large majority said that services were either the same (54 percent) or better (32 percent). Very few (one percent) said that services were worse. Some clients (13 percent) could not comment because it was their first time in that eligibility office.

## **YourTexasBenefits.Com Survey**

### **Purpose**

Historically, Texans who have wanted to apply for public benefits such as Medicaid, CHIP, or SNAP have done so by visiting eligibility offices and working with clerks and other HHSC staff, as discussed in the passage above. However, in recent years, HHSC created a website, YourTexasBenefits.com, which gives customers the opportunity to manage their benefits online rather than going in to an eligibility office. Customers use the website to apply for and renew benefits, view their case statuses, report changes to their cases, and upload documents needed for their applications. In 2012 and 2013, HHSC has increasingly promoted the website, and customers who come into offices in person may be asked to use the website to perform tasks that they can complete themselves. Most eligibility offices have computers that clients may use to access the website.

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

The questionnaire collects data about:

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

### **Sample and Methodology**

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

In 2013, there were 25,817 completed surveys – an average of 2,184 responses per month. The number of people who received the survey request is not known with precision, so a response rate cannot be calculated.

### **Summary of Major Findings**

Most respondents were satisfied with their experiences using the YourTexasBenefits.com website in 2013.

## ***Positive Findings***

Positive findings of the YourTexasBenefits.com survey include:

- The majority of respondents indicated that it was easy or very easy to find what they were looking for (79 percent), apply for benefits (80 percent), renew benefits (83 percent), or report a change (79 percent).
- 82 percent of respondents said they would recommend the website to a friend.
- The majority of respondents reported that the time it took to apply for benefits (72 percent), renew benefits (77 percent), and report a change (75 percent) was just right.
- 86 percent of respondents reported that they expected to use YourTexasBenefits.com again in the future.

## ***Opportunities for Improvement***

- Of those who applied online, about four of ten (38 percent) found the questions on the application confusing or hard to answer. Customers reported that the questions that were more confusing or hard to answer on the applications were:
  - 41 percent said things owned/property/cars/valuables
  - 39 percent said people on their case or people living in their home
  - 39 percent said money that people in their home make or get
  - 40 percent said other
- Of those who renewed their benefits online, about three out of ten (30 percent) found the questions on renewal forms confusing or hard to answer. Customers generally reported the same categories being confusing as those reported for new applications.
- There was an open-text comment area included in the survey. Among customers who discussed problems with using the website, more commonly cited issues were:
  - Not knowing which documents they needed to upload
  - Not being able to see the status of their cases
  - Having difficulties with scrolling up and down the pages
  - Not being able to explain their specific application/renewal form responses using comment boxes

## **SNAP Community Partner Interviewing Pilot Program Survey**

### **Purpose**

In an effort to make it easier and more efficient for Texans to apply for and manage their state benefits, HHSC has begun partnering with community-based organizations to help people access benefits. HHSC piloted a model, Community Partner Interviewing (CPI), in which community

partners may become trained to interview clients applying for SNAP benefits. In the past, this task has exclusively been done by eligible workers at a local office. OSS conducted the pilot program since March 2010 to test the CPI model, partnering with a few food banks in the community. In the ongoing pilot program, staff members of five participating food banks (Tarrant Area, San Antonio, Houston, North Texas, and South Plains) interview food bank clients for SNAP benefits.

## **Sample and Methodology**

HHSC distributed a brief customer satisfaction survey to all households interviewed by food bank staff between July 22, 2013 and August 30, 2013 in order to assess customer perceptions of the CPI pilot program. The survey was distributed as a one-page paper questionnaire written in English on one side with a Spanish translation on the reverse. The questions assessed convenience and satisfaction with the interview process, overall customer service, the application process, the HHSC benefits website, and whether the customer had previously applied for SNAP benefits. The survey also included an opportunity for the customer to provide additional comments. Each food bank was sent a unique questionnaire with the food banks' name at the bottom so evaluators could identify the related food bank.

Customer satisfaction surveys were distributed to 2,120 food bank customers interviewed for SNAP benefits during the survey window, and 1,142 completed surveys were returned to HHSC. The overall response rate for the project was 54 percent.

As part of the pilot, food bank staff conducted SNAP interviews at several sites within their service area, including food banks, affiliated food pantries, shelters, customers' homes, and community events and fairs. At 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 and then seal it in the return envelope. Surveys were submitted to HHSC via designated drop boxes and U.S. mail.

This summary profiles the survey conducted in 2013. An earlier survey was conducted between December 5, 2011 and December 16, 2011 with 998 completed interviews.

## **Summary of Major Findings**

Overall, results of the 2013 survey indicated that customers were pleased with the SNAP eligibility interviews provided through the participating food banks. They found it convenient to be interviewed for SNAP benefits by the food bank, thought the customer service provided by the food bank staff was good, and were satisfied with the interview process.

### ***Convenience of Interview by Food Bank Staff***

Customers were asked how convenient it was to be interviewed for SNAP benefits by food bank staff. Overall, 98 percent of customers found it "very convenient" or "somewhat convenient" to be interviewed for SNAP benefits by food bank staff. Only two percent of customers found it "somewhat inconvenient" or "very inconvenient" to be interviewed by food bank staff.

### ***Service Received from the Food Bank***

Customers were asked to rate the service received from the food bank at which they applied for SNAP benefits. Overall, 99 percent of customers rated the service as “very good” or “good” (see Table 36). Less than one percent of customers rated the service as “OK” and no customers rated the services as “bad.”

### ***Overall Satisfaction with Interview***

Finally, customers were asked how satisfied they were overall with being interviewed by food bank staff. Almost all of the customers who completed surveys were “very” or “somewhat” satisfied with being interviewed by food bank staff. Less than one percent of customers said they were “somewhat dissatisfied” or “very dissatisfied” with their experience being interviewed by food bank staff for SNAP food benefits (see Table 36).

**Table 36. SNAP Community Partner Interviewing Pilot Program**

<b>Survey Questions</b>	<b>Proportion of Respondents* (N=1,142)</b>
How convenient was it for you to be interviewed for SNAP food benefits at the food bank?	98%
Overall, how would you rate the services you received from the food bank when you applied for SNAP benefits?	99%
Overall, how satisfied were you with being interviewed by food bank staff?	100%**

\*Percentages indicate respondents who chose responses of “very convenient” or “somewhat convenient” rather than “somewhat inconvenient” or “very inconvenient.” Those who did not answer the survey question are not counted in these proportions.

\*\*0.4% of customers said they were “somewhat dissatisfied” or “very dissatisfied.”

### **Texas Nurse-Family Partnership Client Satisfaction Survey**

#### **Purpose**

The Texas Nurse-Family Partnership (TNFP) competitive grant program, through which HHSC awards grants to public and private entities to implement or expand TNFP programs and operate those programs for at least two years, was established by §531.651 – 531.660, Texas Government Code. Nurse-Family Partnership (NFP) is a voluntary, evidence-based home visitation program shown to improve the health and well-being of low-income first-time mothers and their children. Specially trained registered nurses regularly visit the homes of participating mothers to provide NFP services including education about prenatal health and good parenting practices, assistance locating resources and setting life development goals, and healthcare advice. TNFP follows the three-goal national NFP model, and a fourth goal was added by the Texas legislature and codified in the Government Code. As such, TNFP works with participants to achieve the following four goals:

- Improve pregnancy outcomes
- Improve child health and development
- Improve family economic self-sufficiency and stability
- Reduce the incidence of child abuse and neglect

In order to gather information on the experiences of the clients participating in the TNFP program, clients were given the opportunity to complete a brief survey. The client satisfaction survey was administered in 2012 (with 985 completed surveys) and 2013 (with 1,203 completed surveys). Only the more recent survey is profiled for this report.

## **Sample and Methodology**

All clients enrolled in TNFP who had visits with their nurse home visitors between June 15 and August 15, 2013 were provided an opportunity to complete the survey. During this time period, nurse home visitors made home visits to 1,635 unique clients.

HHSC Strategic Decision Support worked in collaboration with HHSC Office of Health Coordination and Consumer Services to create a one page English/Spanish survey assessing client satisfaction with the program, the program's usefulness, public service program use, and whether the client would recommend the program to others.

The satisfaction surveys were distributed by TNFP nurse home visitors. TNFP nurse home visitors were instructed to distribute only one survey per client, to allow the client some privacy in order to complete the survey, and to seal the survey in the postage paid envelope provided. The nurse home visitors then mailed the surveys for the clients. At some sites, clients that were newly enrolled during the survey time frame were not surveyed since they had only been in the program at the most two months. The survey had two versions: one for current clients and one for clients who would graduate from TNFP services in May through September of 2013.

In total, 1,258 clients completed either the current client or graduated client survey. Of the 1,635 clients visited between June 15 and August 15, 2013, 77 percent completed the survey.

## **Summary of Major Findings**

### ***Current Client Survey***

Current clients were asked four questions related to satisfaction with the program. There were 1,203 responses to the current client survey for a 77 percent response rate.

- When asked how satisfied they were with the TNFP program, 1,200 of the 1,203 respondents across all phases of the program were somewhat or very satisfied. Only one client reported any level of dissatisfaction, and two clients did not answer this question.
- Of the 1,203 respondents, 1,196 felt that the nurse home visitor talked about things that were important to the client. Only three clients answered that the nurse home visitor did not talk about things that were important to them, and four clients declined to answer this question.

- Clients were asked how helpful TNFP has been to them. Of the 1,203 respondents, 1,198 responded that the program has been somewhat or very helpful. Three clients answered the program had been a little helpful, and two clients did not answer this question.
- Finally, clients were asked if they would recommend TNFP to their family or friends. Of the 1,203 respondents, 1,188 answered that they would recommend the program. One client answered that he or she would not recommend the program, and 14 clients did not answer this question.
- Respondents were asked whether the nurse home visitor helped them access services they weren't already receiving. Eighty-four percent of respondents indicated the nurse home visitor had helped them access new services. Not all of the services are available in all areas serviced by the TNFP program. Special Supplemental Program for Women, Infants, and Children (WIC), Medicaid, and SNAP were the most common services accessed by women in the program.

### ***Graduated Client Survey***

Clients who were about to graduate from the program were given a different satisfaction survey to complete. There were 55 responses to the graduated client survey. Overall there were very high levels of client satisfaction among graduated clients.

- When asked how satisfied they were with TNFP, all graduated clients who answered this question were very satisfied. Three respondents did not answer this question.
- When asked if they would recommend the TNFP to their family or friends, 100 percent of responding graduated clients who answered this question indicated they would recommend the program. Three respondents did not answer this question.
- Graduated clients were asked how helpful TNFP has been to them. Of the graduated client respondents who answered this question, 100 percent thought that the program was very helpful. Three respondents did not answer this question.
- Graduated clients were also asked a series of questions about how the program helped them in a number of specific ways.
  - All graduated clients felt the program had prepared them to care for their children, with 100 percent agreeing or strongly agreeing.
  - All of the graduated clients agreed or strongly agreed that the program provided them with the resources needed to become self-sufficient.
  - When asked if the program helped them improve their physical health, 98 percent agreed or strongly agreed.
  - All responding graduated clients agreed or strongly agreed that the program helped them reach their goals.
- Finally, graduated clients were asked if the program helped them access programs and services, to which 100 percent agreed or strongly agreed.

## CONCLUSION

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This HHS system-wide 2014 Report on Customer Service describes the results of 119,461 individual survey responses from 34 surveys conducted by the five HHS agencies. Not all customer satisfaction surveys conducted by HHS agencies are included here; some that had research designs that did not hold up to scientific rigor, for instance those with very small response rates, are not included. Individuals who were surveyed were primarily direct consumers of services and enrollees in health plans; other surveys solicited feedback from entities licensed or regulated by HHS, service providers contracted with HHS, and community stakeholders.

- Twenty-three projects surveyed consumers of HHS services, including families of children with special needs, adults with disabilities, children and adults who received mental health and/or substance abuse services, elderly individuals residing in care facilities, and customers of eligibility offices. The largest of these surveys, the YourTexasBenefits.com survey, collected responses of over two thousand customers *per month* on average. Overall, most respondents provided positive feedback regarding the services and supports they received through HHS programs.
- Enrollees in the STAR, NorthSTAR, STAR Health, STAR+PLUS, and CHIP health plans were surveyed through seven different surveys. Respondents included families or caregivers of enrolled children as well as enrolled adults. Across all surveys, many quality components were rated positively, meeting or exceeding dashboard benchmarks. Components that did not meet benchmarks or other standards were addressed as areas for improvement in each survey report.
- Two surveys were conducted to receive feedback from entities regulated by the state –one of businesses and facilities that applied for regulatory licenses and another of healthcare professionals who applied for professional licenses. Results of both surveys showed satisfaction among licensees.
- Providers of services were surveyed in one survey projects. The survey of foster parents who had voluntarily closed their foster homes indicated that the large majority did so for reasons unrelated to the agency.
- One survey was conducted to obtain feedback from community stakeholders. Generally positive feedback was provided by community stakeholders regarding Adult Protective Services.

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

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

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**DESCRIPTION OF SERVICES PROVIDED TO CUSTOMERS BY BUDGET STRATEGY**

STRATEGY (ABEST 2011)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
<p><b>Strategy A.1.1.: The Intake, Access and Eligibility to Services and Supports strategy</b> provides functional eligibility determination, development of individual service plans that are based on consumer needs and preferences, assistance in obtaining information, and authorizing appropriate services and supports through effective and efficient management of DADS staff, and contracts with the Area Agencies on Aging (AAAs) and Local Authorities (LAs).</p>	<p><b>Direct customer groups include:</b></p> <ul style="list-style-type: none"> <li>• Individuals who are older who meet specific eligibility requirements;</li> <li>• Individuals with physical, intellectual and/or developmental disabilities who meet specific eligibility requirements; and</li> <li>• Family members and caregivers of individuals who are older and those with disabilities who meet specific eligibility criteria.</li> </ul>
<p><b>Strategy A.1.2.: The DADS Guardianship strategy</b> provides guardianship services, either directly or through contracts with local guardianship programs, to individuals referred to the program by DFPS after a validated incident of abuse, neglect or exploitation.</p>	<p><b>Direct customer groups include:</b></p> <ul style="list-style-type: none"> <li>• Individuals with diminished capacity who are older and who meet specific eligibility requirements;</li> <li>• Individuals with diminished capacity who have a disability and who meet specific eligibility requirements; and</li> <li>• Individuals with diminished capacity who are aging out of CPS conservatorship.</li> </ul>
<p><b>Strategy A.2.1.: The Primary Home Care (PHC) strategy</b> provides non-skilled, personal care services for individuals whose chronic health problems impair their ability to perform activities of daily living (ADLs). Personal attendants assist individuals in performing ADLs, such as arranging or accompanying individuals on trips to receive medical treatment, bathing, dressing, grooming, preparing meals, housekeeping and shopping. On average, individuals are authorized to receive approximately 16.6 hours of assistance per week.</p>	<p><b>Direct customer groups include:</b></p> <p>Individuals 21 years of age and older who meet eligibility requirements including Medicaid eligibility, have a practitioner’s statement of medical need, and meet functional assessment criteria.</p>

STRATEGY (ABEST 2011)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
<p><b>Strategy A.2.2.: The Community Attendant Services (CAS)</b> strategy provides non-skilled personal care services for individuals whose chronic health problems impair their ability to perform ADLs and whose income makes them ineligible for PHC. Personal attendants provide services to assist individuals in performing ADLs, such as arranging or accompanying the individual on trips to receive medical treatment, bathing, dressing, grooming, preparing meals, housekeeping and shopping. On average, individuals are authorized to receive approximately 16.4 hours of assistance per week. (Note: The term Frail Elderly is still used in federal language to refer to the law where the Federal legal authority can be located as part of the Social Security Act).</p>	<p><b>Direct customer groups include:</b></p> <p>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.</p>
<p><b>Strategy A.2.3.: The Day Activity and Health Services (DAHS)</b> strategy provides licensed adult day care facility daytime services five days a week (Monday-Friday). Services are designed to address the physical, mental, medical and social needs of individuals, and must be provided or supervised by a licensed nurse. Services include nursing and personal care, noontime meal, snacks, transportation, and social, educational, and recreational activities. Individuals receive services based on half-day (three to six hours) units of service; an individual may receive a maximum of 10 units of service a week, depending on the physician's orders and related requirements.</p>	<p><b>Direct customer groups include:</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>
<p><b>Strategy A.2.4: The Habilitation Services</b> strategy provides entitlement attendant care and habilitation services for persons with IDD who are eligible for Medicaid with incomes at or below 150 percent of the federal poverty level.</p>	<p><b>Direct customer groups include:</b></p> <p>Individuals of all ages who meet specific eligibility requirements, including diagnosis of an intellectual disability or related condition and mild to extreme deficits in adaptive behavior.</p>

STRATEGY (ABEST 2011)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
<p><b>Strategy A.3.1: The Community-Based Alternatives</b> strategy provides services and supports to persons who are aged or with a disability as an alternative to residing in a nursing facility. Services include case management, adaptive aids, medical supplies, dental, adult foster care, assisted living/residential care, emergency response, nursing, minor home modifications, occupational therapy, personal assistance, home delivered meals, physical therapy, respite care, speech pathology and transition assistance services.</p>	<p><b>Direct customer groups include:</b> Individuals 21 years of age or older who meet specific eligibility requirements including income, resource, and medical necessity requirements and who choose waiver services instead of nursing facility services.</p>
<p><b>Strategy A.3.2.: The Home and Community-Based Services</b> strategy provides services and supports for individuals with intellectual or developmental disabilities as an alternative to an ICF/IID. Individuals may live in their own or family home, in a foster/companion care setting or in a residence with no more than four individuals who receive similar services. Services include case management, and as appropriate, residential assistance, supported employment, day habilitation, respite, dental treatment, adaptive aids, minor home modifications, and/or specialized therapies such as social work, behavioral support, occupational therapy, physical therapy, audiology, speech/language pathology, dietary services and licensed nursing services.</p>	<p><b>Direct customer groups include:</b> 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 HCS services instead of the ICF/IID program.</p>
<p><b>Strategy A.3.3.: The Community Living Assistance and Support Services</b> strategy provides services and supports for individuals with related conditions as an alternative to residing in an ICF/IID. Individuals may live in their own or family home. Services include adaptive aids and medical supplies, case management, consumer directed services, habilitation, minor home modifications, nursing services, occupational and physical therapy, behavioral support services, respite, specialized therapies, speech pathology, pre-vocational services, supported employment, support family services and transition assistance services.</p>	<p><b>Direct customer groups include:</b> 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.</p>

STRATEGY (ABEST 2011)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
<p><b>Strategy A.3.4.: The Deaf, Blind and Multiple Disabilities</b> strategy provides services and supports for individuals with deaf blindness and one or more other disabilities as an alternative to residing in an ICF/IID. Individuals may reside in their own or family home or in small group homes. Services include adaptive aids and medical supplies, dental services, assisted living, behavioral support services, case management, chore services, minor home modifications, residential habilitation, day habilitation, intervener, nursing services, occupational therapy, physical therapy, orientation and mobility, respite, speech, hearing and language therapy, supported employment, employment assistance, dietary services, financial management services for the consumer directed services option and transition assistance services.</p>	<p><b>Direct customer groups include:</b> 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.</p>
<p><b>Strategy A.3.5.: The Medically Dependent Children Program</b> strategy provides a variety of services and supports for families caring for children who are medically dependent as an alternative to residing in a nursing facility. Specific services include adaptive aids, adjunct support services, minor home modifications, respite, financial management services and transition assistance services.</p>	<p><b>Direct customer groups include:</b> 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.</p>
<p><b>Strategy A.3.6. (New Number): The Texas Home Living Waiver</b> strategy provides essential services and supports for individuals with intellectual or developmental disabilities as an alternative to residing in an ICF/IID. Individuals must live in their own or family homes. Service components are comprised of the CLS category and the Technical and Professional Supports Services category. The CLS category includes community support, day habilitation, employment assistance, supported employment and respite services. The Technical and Professional Supports Services category includes skilled nursing, behavioral support, adaptive aids, minor home modifications, dental treatment and specialized therapies. Coordination of services is provided by the local intellectual disability authority service coordinator.</p>	<p><b>Direct customer groups include:</b> 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.</p>

STRATEGY (ABEST 2011)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
<p><b>Strategy A.4.1.: The Non-Medicaid Services</b> strategy provides services and supports in community settings to enable individuals who are aging and those with disabilities to remain in the community, maintain their independence and avoid institutionalization.</p> <p>Services included in this strategy are Adult Foster Care, Consumer Managed Personal Attendant Services, Day Activity and Health Services, Emergency Response Services, Family Care, Home-Delivered Meals, Residential Services and Special Services for Persons with Disabilities.</p>	<p><b>Direct customer groups include:</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Older Americans Act (OAA) services are provided to individuals age 60 or older, their family caregivers and other caregivers caring for an eligible person.</li> </ul>
<p><b>Strategy A.4.2.: The Intellectual Disability Community Services</b> strategy implements the Health and Safety Code, §533.035, in which the LA provides individuals access to publicly funded services for individuals with intellectual and developmental disabilities. The strategy provides for the determination of eligibility and services and supports for individuals in the intellectual and developmental disabilities priority population who reside in the community, other than services provided through ICF/IID and Medicaid waiver programs. These services include service coordination, community support to assist individuals to participate in age-appropriate activities and services; employment services to assist individuals in securing and maintaining employment; day training services to help individuals develop and refine skills needed to live and work in the community; various therapies that are provided by licensed or certified professionals and respite services for the individual's primary caregiver.</p>	<p><b>Direct customer groups include:</b></p> <p>Individuals with a determination/diagnosis of intellectual disability who reside in the community.</p>
<p><b>Strategy A.4.3.:</b> This strategy implements the <b>Texas Promoting Independence Plan</b>, developed in response to the U.S. Supreme Court ruling in <i>Olmstead v. L.C.</i> and two Executive Orders, GWB99-2 and RP13. The Promoting Independence Plan includes community outreach and awareness and relocation services. Community outreach and awareness is a program of public information developed to target groups that are most likely to be involved in decisions regarding long-term services</p>	<p><b>Direct customer groups include:</b></p> <p>Nursing Facility residents who have indicated a desire to relocate back into a community setting through either a personal request or through the Minimum Data Set 3.0 Section Q process.</p> <p>Contractors who provide relocation services and who provide Transition Assistance Services and Transition to Life</p>

STRATEGY (ABEST 2011)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
<p>and supports. Relocation services involve assessment and case management to assist individuals in nursing facilities who choose to relocate to community-based services and supports. It includes funding for Transition to Living in the Community services to cover establishing and moving to a community residence.</p>	<p>in the Community.</p>
<p><b>Strategy A.4.4.: The In-Home and Family Support)</b> strategy is a grant program that provides financial assistance to eligible persons and families for the purpose of purchasing items that meet a need that exists solely because of the person's intellectual disability or co-occurring physical disability. The program directly supports the person to live in his or her natural home, integrates the person into the community, or promotes the person's self-sufficiency. Funds may be used for services such as respite care, specialized therapies, home care, counseling and training, such as in-home parent training, special equipment, such as therapy equipment assistive technology, home modifications, transportation and other items that meet the program's criteria.</p> <p>There is a limit of \$1,200 per year, with the amount granted dependent upon on the individual's needs.</p>	<p><b>Direct customer groups include:</b></p> <p>Individuals with physical disabilities who need to purchase items above and beyond the scope of usual needs necessitated by the person's disability and directly supporting the individual's ability to live in his/her own home.</p>
<p><b>Strategy A.5.1.: The Program for All-Inclusive Care for the Elderly (PACE)</b> strategy is an integrated managed care system for individuals who are aged or disabled. PACE provides community-based services in El Paso, Lubbock and Amarillo for individuals age 55 or older who qualify for nursing facility admission. PACE uses a comprehensive care approach, providing an array of services for a capitated monthly fee. PACE provides all health-related services for an individual, including in-patient and out-patient medical care, and specialty services, including dentistry, podiatry, social services, in-home care, meals, transportation, day activities and housing assistance.</p>	<p><b>Direct customer groups include:</b></p> <p>Individuals age 55 or older who qualify for nursing facility services, and receive Medicare and/or Medicaid.</p>

STRATEGY (ABEST 2011)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
<p><b>Strategy A.6.1: The Nursing Facility Payments</b> strategy provides payments to promote quality of care for individuals with medical problems that require nursing facility or hospice care. The types of payments include Nursing Facility Care, Medicaid Swing Bed Program, Augmented Communication Device Systems, Customized Power Wheelchairs, Emergency Dental Services, Specialized and Rehabilitative Services.</p> <p>The Nursing Facility Payments provides institutional nursing care for individuals whose medical condition requires the skills of a licensed nurse on a regular basis. The nursing facility must provide for the medical, nursing, and psychosocial needs of each individual, to include room and board, social services, over-the-counter drugs (prescription drugs are covered through the Medicaid Vendor Drug program or Medicare Part D), medical supplies and equipment, personal needs items and rehabilitative therapies.</p>	<p><b>Direct customer groups include:</b></p> <p>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.</p>
<p><b>Strategy A.6.2.: The Medicare Skilled Nursing Facility (SNF)</b> strategy covers the payment of Medicare SNF co-insurance for Medicaid recipients in Medicare (XVIII) facilities. Medicaid also pays the co-payment for Medicaid Qualified Medicare Beneficiary (QMB) recipients, and for "Pure" (i.e., Medicare-only) QMB recipients. For recipients in dually certified facilities (certified for both Medicaid and Medicare), Medicaid pays the coinsurance less the applied income amount for both Medicaid only and Medicaid QMB recipients. For "Pure" QMB recipients, the entire coinsurance amount is paid. The amount of Medicare co-insurance per day is set by the federal government at one-eighth of the hospital deductible.</p>	<p><b>Direct customer groups include:</b></p> <p>Individuals who receive Medicaid and reside in Medicare (XVIII) skilled nursing facilities, Medicaid/ QMB recipients and Medicare only QMB recipients.</p>
<p><b>Strategy A.6.3.: The Medicaid Hospice</b> strategy provides services to Medicaid individuals who have a physician's prognosis of six months or less to live and who no longer desire curative treatments. Individuals under the age of 21 may continue to receive curative treatments while receiving hospice services. Available services include physician and nursing care; medical social services; counseling; home health aide; personal care, homemaker and household services;</p>	<p><b>Direct customer groups include:</b></p> <p>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.</p>

STRATEGY (ABEST 2011)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
<p>physical, occupational, or speech language pathology services; bereavement counseling; medical appliances and supplies; drugs and biologicals; volunteer services; general inpatient care (short-term); and respite care. Service settings can be in the home, community settings, or in long-term-care facilities.</p> <p>Medicaid rates for community-based Hospice are based on Medicare rates set by the Center for Medicare and Medicaid Services (CMS). For individuals residing in a nursing facility or an ICF/IID and receiving hospice services, the facility also receives a payment of 95% of the established nursing facility rate for that individual.</p>	
<p><b>Strategy A.6.4.: The Promote Independence by Providing Community-based Services</b> strategy supports "the Money Follows the Person" provisions which allow a Medicaid-eligible nursing facility resident to relocate back into the community and to receive long-term services and supports. Dollars from this strategy specifically fund the community-based services which support the individual while he/she resides in the community setting. Services may include 1915(c) waiver or other community services and do not impact funding supported by the other community-based services.</p> <p>Assistance is available from DADS contracted relocation specialists who provide outreach, facilitation and coordination with nursing facility relocation for individuals with complex needs. In addition, the AAA provide information about community options such as housing, health care, transportation, daily living and social activities that can help individuals and their families make a decision from the planning phase to actual relocation in the community.</p>	<p><b>Direct customer groups include:</b></p> <p>Nursing Facility (NF) residents, who are Medicaid eligible, who have indicated their desire to relocate back into a community setting, who have been in the NF for 30 days and who meet community based waiver functional eligibility requirements.</p>

STRATEGY (ABEST 2011)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
<p><b>Strategy A.7.1.: The ICFs/IID</b> strategy funds residential facilities serving four or more individuals with intellectual and developmental disabilities. Section 1905(d) of the Social Security Act created this optional Medicaid benefit to certify and fund these facilities. Each private or public facility must comply with federal and state standards, laws and regulations. These facilities provide active treatment, including diagnosis, treatment, rehabilitation, ongoing evaluation, planning, 24-hour supervision, coordination and integration of health or rehabilitative services to help each individual function at their greatest ability.</p>	<p><b>Direct customer groups include:</b> Individuals with intellectual and/or developmental disabilities who would benefit or require 24-hour supervised living arrangements and qualify for Medicaid.</p>
<p><b>Strategy A.8.1.: The State Supported Living Centers (SSLC)</b> strategy provides direct services and support for individuals admitted to the twelve state-supported living centers and one state center providing intellectual and developmental disability residential services. SSLCs are located in Abilene, Austin, Brenham, Corpus Christi, Denton, El Paso, Lubbock, Lufkin, Mexia, Richmond, San Angelo and San Antonio. The Rio Grande State Center is in Harlingen and is operated by DSHS through a contract with DADS.</p> <p>Each center is certified as a Medicaid-funded ICF/IID. Approximately 60% of the operating funds are received from the federal government and 40% from State General Revenue or third-party sources.</p> <p>The SSLCs and the Rio Grande State Center provide 24-hour residential services, comprehensive behavioral treatment and health care services including physician, nursing and dental services. Other services include skills training; occupational, physical and speech therapies; vocational programs, employment; and services to maintain connections between residents and their families/natural support systems.</p>	<p><b>Direct customer groups include:</b> Individuals who have a determination/diagnosis of intellectual disability who are medically fragile or who have behavioral problems.</p>
<p><b>Strategy A.9.1: The Capital Repairs and Renovations</b> strategy funds the construction and renovation of facilities at the SSLCs and State-owned bond homes for individuals with intellectual and developmental disabilities. The vast majority of</p>	<p><b>Direct customer groups include:</b> Individuals who have a determination/diagnosis of intellectual disability who are medically fragile or</p>

STRATEGY (ABEST 2011)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
<p>projects currently funded and underway are to bring existing facilities into compliance with the requirements in the Life Safety Code and/or other critical repairs and renovations, including fire sprinkler systems, fire alarm systems, emergency generators, fire/smoke walls, roofing, air conditioning, heating, electrical, plumbing, etc.</p> <p>The large number of buildings on site at the SSLCs and the age of many of these buildings necessitates ongoing capital investments to ensure that the buildings are functional, safe, and in compliance with all pertinent standards. Compliance with such standards is mandatory to avoid the loss of federal funding for the state facilities.</p>	<p>who have behavioral problems.</p>
<p><b>Strategy A.10.1: The Balancing Incentive Program</b> strategy utilizes funding from an enhanced federal match rate to pursue initiatives that would increase access to community-based long-term services and supports, increase wages in community-based long-term services and supports, and any other projects to improve the effectiveness and quality of, and access to community-based long-term services and supports.</p>	<p><b>Direct customer groups include:</b></p> <ul style="list-style-type: none"> <li>• Individuals seeking information regarding Medicaid long-term services and supports</li> <li>• Individuals eligible for Medicaid seeking to relocate from Medicaid certified institutions</li> <li>• Individuals eligible for Medicaid who are in the community and seeking community-based waiver services</li> <li>• Individuals who require acquired brain injury services</li> <li>• Individuals requiring targeted case management</li> <li>• Direct service workers who received an increase in their wages</li> <li>• Children with special needs</li> <li>• Providers of Medicaid long-term services and supports</li> <li>• Individuals living in state supported living centers</li> <li>• Individuals being serviced in community-based waiver programs</li> </ul>
<p><b>Strategy B.1.1.: The Facility and Community-based Regulation</b> strategy covers the licensing and regulation of all long-term care facilities/agencies that meet the definition of nursing homes, assisted living facilities, adult day-care facilities, privately owned</p>	<p><b>Direct customer groups include:</b></p> <ul style="list-style-type: none"> <li>• Providers of long-term care services that meet the definitions of nursing facility, assisted living facility, adult</li> </ul>

<b>STRATEGY (ABEST 2011)</b>	<b>STAKEHOLDER GROUPS/ SERVICES PROVIDED</b>
<p>ICFs/IID and Home and Community Support Services Agencies (HCSSAs). Licensed facilities/agencies wishing to participate in Medicare and/or Medicaid programs must be certified and maintain compliance with certification regulations according to Titles XVIII and/or XIX of the Social Security Act. Government-operated ICFs/IID and skilled nursing units within an acute care hospital are also required to be certified in order to participate in Medicare and/or Medicaid.</p> <p>In addition to licensing these long-term care facilities and agencies, DADS responsibilities for these regulated programs include investigating complaints and self-reported incidents; monitoring facilities for compliance with state and/or federal regulations; certification review of HCS waiver contracts and TxHmL waiver contracts; investigating complaints related to HCS and TxHmL services; and receiving and following up on DFPS findings related to abuse, neglect, or exploitation investigations of persons who receive HCS or TxHmL services.</p>	<p>day care facility, private intermediate care facility for persons with an intellectual disability or home and community support agency;</p> <ul style="list-style-type: none"> <li>• Persons receiving services in facilities or from agencies regulated under this strategy;</li> <li>• Persons eligible to receive services under TxHmL and HCS waiver contracts; and</li> <li>• 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.</li> </ul>

STRATEGY (ABEST 2011)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
<p><b>Strategy B.1.2.: The Credentialing/Certification</b> strategy covers DADS licensing, certification, permitting and monitoring of individuals for the purpose of employability in facilities and agencies regulated by DADS through four credentialing programs.</p> <p><b>Nursing Facility Administrator Licensing and Enforcement</b> responsibilities include licensing and continuing education activities; investigating complaints or referrals; coordinating sanction recommendations and other licensure activities; imposing and monitoring sanctions and due process considerations; and developing educational, training, and testing curricula.</p> <p><b>Nurse Aide Registry (NAR) and Nurse Aide Training and Competency Evaluation Program (NATCEP)</b> responsibilities include nurse aide certification and sanction activities; approving, renewing or withdrawing approval of NATCEPs; and due process considerations and determination of nurse aide employability in DADS regulated facilities via the NAR.</p> <p><b>Employee Misconduct Registry (EMR)</b> responsibilities include due process considerations and determination of unlicensed staff employability in DADS regulated facilities/agencies via the EMR. Medication Aide Program responsibilities include medication aide permit issuance and renewal; imposing and monitoring sanctions; due process considerations; approving and monitoring medication aide training programs in educational institutions; and coordinating/administering examinations.</p>	<p><b>Direct customer groups include:</b></p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• Providers of long-term care services that meet the definitions of nursing facility, assisted living facility, adult day care facility, private intermediate care facility for persons with an intellectual disability or home and community support agency benefit from training programs for employees, from monitoring of certification of employees and from access to misconduct registry for unlicensed employees;</li> <li>• Persons receiving services in facilities or from agencies regulated by DADS benefit from having a more highly qualified workforce as caregivers and administrators; and</li> <li>• 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.</li> </ul>

STRATEGY (ABEST 2011)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
<p><b>Strategy B.1.3.: The Long-Term Care Quality Outreach</b> strategy performs a variety of functions designed to enhance the quality of services and supports. Quality monitors, who are nurses, pharmacists, and dietitians, provide technical assistance to long-term facility staff. The quality monitors perform structured assessments to promote best practice in service delivery. In addition, quality monitors provide in-service education programs. Quality Monitoring Team visits are also provided to facilities and may include more than one discipline during the same visit. The technical assistance visits focus on specific, statewide quality improvement priorities for which evidence-based best practice can be identified from published clinical research.</p> <p>The program works to improve clinical outcomes for individuals, such as pain assessment, pain management, infection control, appropriate use of psychoactive medications, risk management for falls, improving nutritional practices, use of artificial nutrition and hydration, and advance care planning. The purpose of the program is to increase positive outcomes and to improve the quality of services for individuals served in these settings. A related website, <a href="http://www.TexasQualityMatters.org">http://www.TexasQualityMatters.org</a>, supports the program by providing online access to best-practice information and links to related research.</p>	<p><b>Direct customer groups include:</b></p> <p>Staff in nursing homes, SSLCs, ICFs, ALFs and the people who live in these settings. QMP staff provide in-services which are attended by the people who live there, as well as their family members.</p>

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

**DESCRIPTION OF SERVICES PROVIDED TO CUSTOMERS BY BUDGET STRATEGY**

<b>STRATEGY (ABEST 2014)</b>	<b>STAKEHOLDER GROUPS/ SERVICES PROVIDED</b>
<b>Strategy A.1.1.: Early Childhood Intervention Services.</b> 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.	<b>Children with Disabilities &amp; Their Families:</b> DARS serves families with children birth to 36 months with developmental disabilities or delays and must provide early childhood intervention services to all eligible children.
<b>Strategy A.1.2.: ECI Respite Services.</b> Ensure that resources are identified and coordinated to provide respite service to help preserve the family unit and prevent costly out-of-home placements.	<b>Children with Disabilities &amp; Their Families:</b> DARS provides respite services to families served by the ECI program.
<b>Strategy A.1.3.: Ensure Quality ECI Services.</b> Ensure the quality of early intervention services by offering training and technical assistance, establishing service and personnel standards, and evaluating consumer satisfaction and program performance.	<b>Children with Disabilities &amp; Their Families:</b> DARS carries out activities required under the federal Individuals with Disabilities Education Act (IDEA), including ensuring the availability of qualified personnel to serve all eligible children, involving families and stakeholders in policy development, evaluating services, providing impartial opportunities for resolution of disputes, and guaranteeing the rights of the children and families are protected.
<b>Strategy A.2.1.: Habilitative Services For Blind and Visually Impaired Children.</b> 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.	<b>Blind or Visually Impaired Consumers &amp; Their Families:</b> DARS provides services necessary to assist blind children to achieve self-sufficiency and a fuller richer life.
<b>Strategy A.3.1.: Autism Program. To provide services to Texas children ages 3-8 diagnosed with autism spectrum disorder.</b>	<b>Children with Autism &amp; Their Families:</b> DARS provides treatment services to children with a diagnosis of autism.
<b>Strategy B.1.1.: Independent Living Services – Blind.</b> Provide quality, consumer-directed independent living services that focus on acquiring skills and confidence to live as independently as possible in the community for eligible persons who	<b>Blind or Visually Impaired Consumers:</b> DARS is responsible for providing services that assist Texans with visual disabilities to live as independently as

STRATEGY (ABEST 2014)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
are blind or visually impaired.	possible.
<b>Strategy B.1.2.: Blindness Education, Screening and Treatment (BEST) Program.</b> Provide screening, education, and urgently needed eye-medical treatment to prevent blindness.	<b>Texans:</b> DARS provides public education about blindness, screenings and eye exams to identify conditions that may cause blindness and treatment procedures necessary to prevent blindness.
<b>Strategy B.1.3.: Vocational Rehabilitation - Blind.</b> Rehabilitate and place persons who are blind or visually impaired in competitive employment or other appropriate settings, consistent with informed choice and abilities.	<b>Blind or Visually Impaired Consumers:</b> DARS provides services designed to assess, plan, develop and use vocational rehabilitation services for individuals who are blind consistent with their strengths, resources, priorities, concerns and abilities so that they may prepare for and engage in gainful employment.  <b>Texans/Taxpayers:</b> DARS promotes employment, often reducing dependence on state-funded programs and increasing tax revenue for the state.  <b>Employers:</b> DARS work with people with disabilities and employers to identify appropriate job placements for these individuals.
<b>Strategy B.1.4.: Business Enterprises of Texas.</b> Provide employment opportunities in the food service industry for persons who are blind or visually impaired.	<b>Blind or Visually Impaired Consumers:</b> DARS provides training and employment opportunities in the food service industry for Texans who are blind or visually impaired.
<b>Strategy B.1.5.: Business Enterprises of Texas Trust Fund.</b> Administer trust funds for retirement and benefits program for individuals licensed to operate vending machines under Business Enterprises of Texas (estimated and nontransferable).	<b>Blind or Visually Impaired Consumers in the Business Enterprise of Texas program:</b> DARS has established and maintains a retirement and benefit plan for blind or visually impaired individuals who are licensed managers in the Business Enterprise of Texas program.

STRATEGY (ABEST 2014)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
<p><b>Strategy B.2.1.: Contract Services- Deaf.</b> Develop and implement a statewide program to ensure continuity of services to persons who are deaf or hard of hearing. Ensure more effective coordination and cooperation among public and nonprofit organizations providing social and educational services to individuals who are deaf or hard of hearing.</p>	<p><b>Deaf or Hard of Hearing Consumers:</b> DARS, through a network of local service providers at strategic locations throughout the state, provides communication access services including interpreter services and computer assisted real-time transcription services, information and referral, hard of hearing services, and resource specialists' services.</p>
<p><b>Strategy B.2.2.: Educ, Training, Certification-Deaf.</b> Facilitate communication access activities through training and educational programs to enable individuals who are deaf or hard of hearing to attain equal opportunities to participate in society to their potential and reduce their isolation regardless of location, socioeconomic status, or degree of disability. To test interpreters for the deaf and hard of hearing to determine skill level and certify accordingly, and to regulate interpreters to ensure adherence to interpreter ethics.</p>	<p><b>Deaf or Hard of Hearing Consumers;</b> DARS provides services through a statewide program of advocacy and education on topics such as ADA, hard of hearing issues and interpreter training.</p> <p><b>Higher Education Institutions and Students:</b> DARS assists institutions of higher education in initiating training programs for interpreters.</p> <p><b>Current and Potential Interpreters:</b> DARS provides skills building and training opportunities for interpreters and coordinates training sponsored by other entities.</p> <p><b>Current and Potential Interpreters:</b> DARS administers a system to determine the varying levels of proficiency of interpreters and maintains a certification program for interpreters.</p> <p><b>Texans who are Deaf:</b> DARS ensures that interpreters are able to adequately assist in the communication facilitation process for people who are deaf or hard of hearing.</p>
<p><b>Strategy B.2.3.: Telephone Access Assistance.</b> Ensure equal access to the telephone system for persons with a disability (estimated and nontransferable).</p>	<p><b>Consumers with Disabilities:</b> DARS provides vouchers for the purchase of specialized telecommunications equipment for access to the telephone network for eligible persons with disabilities.</p>

STRATEGY (ABEST 2014)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
<p><b>Strategy B.3.1.: Vocational Rehabilitation - General.</b> Rehabilitate and place people with general disabilities in competitive employment or other appropriate settings, consistent with informed consumer choice and abilities.</p>	<p><b>Consumers with Disabilities Other than Blindness:</b> DARS provides services leading to employment consistent with consumer choice and abilities for eligible persons with disabilities.</p> <p><b>Texans/Taxpayers:</b> The VR program promotes employment, often reducing dependence on state-funded programs and increasing tax revenue for the state.</p> <p><b>Employers:</b> DARS works with people with disabilities and employers to identify appropriate job placements for these individuals.</p>
<p><b>Strategy B.3.2.: Independent Living Centers.</b> Work with independent living centers and the State Independent Living Council (SILC) to establish the centers as financially and programmatically independent from the Department of Assistive and Rehabilitative Services and financially and programmatically accountable for achieving independent living outcomes with their clients.</p>	<p><b>Consumers with Disabilities:</b> Centers for Independent Living offer services to eligible consumers with significant disabilities who are interested and can benefit, regardless of vocational potential. Centers provide, at the minimum, the following core services: advocacy, peer counseling, independent living skills training, and information and referral.</p>
<p><b>Strategy B.3.3.: Independent Living Services - General.</b> Provide consumer-driven and DARS counselor-supported independent living services to people with significant disabilities statewide.</p>	<p><b>Consumers with Disabilities Other than Blindness:</b> DARS provides people with significant disabilities, who are not receiving vocational rehabilitation services, with services that will substantially improve their ability to function, continue functioning, or move toward functioning independently in the home, family, or community.</p>
<p><b>Strategy B.3.4.: Comprehensive Rehabilitation.</b> Provide consumer-driven and counselor-supported Comprehensive Rehabilitation Services for people with traumatic brain injuries or spinal cord injuries.</p>	<p><b>Consumers with Traumatic Brain or Spinal Cord Injuries:</b> DARS provides adults who have suffered a traumatic brain or spinal cord injury with comprehensive inpatient or outpatient rehabilitation and/or acute brain injury services.</p>

STRATEGY (ABEST 2014)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
<p><b>Strategy C.1.1.: Disability Determination Services (DDS).</b> Determine eligibility for federal Supplemental Security Income and Social Security Disability Insurance (SSDI) benefits.</p>	<p><b>Texans Applying for SSI or SSDI:</b> DARS determines whether persons who apply for Social Security Administration (SSA) disability benefits meet the requirements for “disability” in accordance with federal law and regulations.</p> <p><b>Federal government:</b> DARS assists SSA in making disability determination decisions for this federal program in a quick, accurate and cost-effective manner.</p>
<p><b>Strategy D.1.1.: Central Program Support.</b></p>	<p><b>DARS Employees:</b> DARS provides central support services for DARS employees.</p>
<p><b>Strategy D.1.2.: Regional Program Support.</b></p>	<p><b>DARS Employees:</b> DARS provides central support services for DARS employees.</p>
<p><b>Strategy D.1.3.: Other Program Support.</b></p>	<p><b>DARS Employees:</b> DARS provides central support services for DARS employees.</p>
<p><b>Strategy D.1.4.: IT Program Support Information.</b></p>	<p><b>DARS Employees:</b> DARS provides central support services for DARS employees.</p>

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

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**DESCRIPTION OF SERVICES PROVIDED TO CUSTOMERS BY BUDGET STRATEGY**

STRATEGY (ABEST 2014)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
<p><b>Strategy A.1.1: Statewide Intake Services.</b> Provide a comprehensive system with automation support for receiving reports of persons suspected to be at risk of abuse/neglect/exploitation and assign for investigation those reports that meet Texas Family Code and Human Resources Code definitions.</p>	<p><b>Children and Adults At Risk of Abuse and Neglect:</b> 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.</p> <p><b>Citizens of Texas:</b> DFPS provides confidential access to services for all citizens of Texas.</p> <p><b>External Partners:</b> 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.</p>

STRATEGY (ABEST 2014)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
<p><b>Strategy B.1.1: CPS Direct Delivery Staff.</b> 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.</p> <p><b>Strategy B.1.2: CPS Program Support.</b> Provide staff, training, automation, and special projects to support a comprehensive and consistent system for the delivery of child protective services.</p>	<p><b>Children and Families:</b> 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.</p> <p><b>External Partners:</b> 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.</p>
<p><b>Strategy B.1.3: TWC Contracted Day Care.</b> Provide purchased day care services for foster children where both or the one foster parent works full-time and provide purchased day care services for children living at home to control and reduce the risk of abuse/neglect and to provide stability while a family is working on changes to reduce the risk.</p>	<p><b>Children and Families:</b> DFPS protects children by purchasing day care to keep a child safe in their home or to assist working foster parents.</p> <p><b>Other Agencies:</b> DFPS purchases day care under a contract with the Texas Workforce Commission.</p> <p><b>Local Governments:</b> Through the contract with the Texas Workforce Commission, DFPS has access to the network of child care providers managed by local workforce boards.</p>
<p><b>Strategy B.1.4: Adoption Purchased Services.</b> 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.</p>	<p><b>Children and Families:</b> 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.</p>

STRATEGY (ABEST 2014)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
<p><b>Strategy B.1.5: Post-Adoption Purchased Services.</b> 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.</p>	<p><b>Contracted Service Providers:</b> 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.</p>
<p><b>Strategy B.1.6: Preparation for Adult Living Purchased Services.</b> 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.</p>	<p><b>Youth in Substitute Care:</b> 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.</p> <p><b>Contracted Service Providers:</b> DFPS purchases these youth services from various service providers.</p>
<p><b>Strategy B.1.7: Substance Abuse Purchased Services.</b> 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.</p>	<p><b>Children and Families:</b> DFPS protects children by purchasing substance abuse treatment services and drug-testing services for children in the CPS system and their families.</p> <p><b>Contracted Service Providers:</b> DFPS purchases these services from various service providers.</p>
<p><b>Strategy B.1.8: Other CPS Purchased Services.</b> Provide purchased services to treat children who have been abuse or neglected, to enhance the safety and well-being of children at risk of abuse and neglect, and to enable families to provide safe and nurturing home environments for their children.</p>	<p><b>Children and Families:</b> 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.</p> <p><b>Contracted Service Providers:</b> DFPS purchases these services from various service providers.</p>

STRATEGY (ABEST 2014)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
<p><b>Strategy B.1.9: Foster Care Payments.</b> Provide financial reimbursement for the care, maintenance, and support of children who have been removed from their homes and placed in licensed, verified child care facilities.</p>	<p><b>Children in Foster Care:</b> DFPS provides reimbursement for the care, maintenance, and treatment of children who have removed from their homes.</p> <p><b>Kinship and Other Designated Caregivers:</b> DFPS provides monetary assistance to kinship and other designated caregivers to help ensure successful placements for children removed from their homes.</p> <p><b>Contracted Service Providers:</b> DFPS purchases these services from DFPS foster homes, contracted child-placing agencies, and child care facilities.</p> <p><b>Other Agencies:</b> DFPS provides federal Title IV-E funding for eligible children in the custody of the Texas Juvenile Justice Department, as well as their administrative costs for reasonable candidates for foster care.</p> <p><b>Local Governments:</b> DFPS provides federal Title IV-E funding to participating counties for allowable expenses for foster care maintenance and administration.</p> <p><b>External Partners:</b> The foster care program would not be possible without the 24-hour residential child care providers. DFPS works closely with provider groups and associations.</p>
<p><b>Strategy B.1.10: Adoption/PCA Payments.</b> 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.</p>	<p><b>Children and Families:</b> 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.</p>
<p><b>Strategy B.1.11: Relative Caregiver Payments.</b> Provide monetary assistance for children in the state relative and other designated caregiver program.</p>	<p><b>Kinship and Other Designated Caregivers:</b> DFPS provides monetary assistance to kinship and other designated</p>

STRATEGY (ABEST 2014)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
	caregivers to help ensure successful placements for children removed from their homes.
<p><b>Strategy C.1.1: Services to At-Risk Youth Program.</b> Provide contracted prevention services for youth ages 10-17 who are in at-risk situations, runaways, or Class C delinquents, and for youth under the age of 10 who have committed delinquent acts.</p> <p><b>Strategy C.1.2: Community Youth Development Program.</b> Provide funding and technical assistance to support collaboration by community groups to alleviate family and community conditions that lead to juvenile crime.</p> <p><b>Strategy C.1.3: Texas Families Program.</b> Provide community-based prevention services to alleviate stress and promote parental competencies and behaviors that will increase the ability of families to successfully nurture their children.</p> <p><b>Strategy C.1.4: Child Abuse Prevention Grants.</b> Provide child abuse prevention grants to develop programs, public awareness, and respite care through community-based organizations.</p> <p><b>Strategy C.1.5: Other At-Risk Prevention Programs.</b> Provide funding for community-based prevention programs to alleviate conditions that lead to child abuse/neglect and juvenile crime.</p> <p><b>Strategy C.1.6: At-Risk Prevention Program Support.</b> Provide program support for at-risk prevention services.</p>	<p><b>Children and Families:</b> 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.</p> <p><b>Contracted Service Providers:</b> DFPS contracts with various community-based organizations across the state to deliver all the prevention and early intervention services described in A.2.12 through A.2.17.</p> <p><b>Other Agencies:</b> At-risk prevention services involve participation from the Texas Education Agency, Texas Juvenile Probation Commission, and Texas Youth Commission.</p> <p><b>Local Governments:</b> At-risk prevention services involve participation from local juvenile probation departments. Some prevention services are provided through contracts with local governments.</p> <p><b>External Partners:</b> Overseeing prevention services involves many external partners such as law enforcement agencies, schools, and children’s advocate groups.</p>
<p><b>Strategy D.1.1: APS Direct Delivery Staff.</b> Provide caseworkers and related staff to conduct investigations and provide or arrange for services for vulnerable adults.</p> <p><b>Strategy D.1.2: APS Program Support.</b> Provide staff, training, automation, and special projects to support a comprehensive and consistent system for the delivery of adult protective services.</p>	<p><b>Adults who are over 65 or who have disabilities:</b> 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. <b>Persons with mental illness (MI) and/or intellectual disabilities (ID) served by or through facility settings:</b> DFPS protects persons who have MI and ID served by or through MH and MR settings by investigating</p>

STRATEGY (ABEST 2014)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
	<p>reports of abuse, neglect, and exploitation.</p> <p><b>Other Agencies:</b> Adult protective services includes support and involvement from DADS, DARS and DSHS.</p> <p><b>Local Governments:</b> 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 in facility settings, participation from Community MHIDD Centers.</p> <p><b>External Partners:</b> 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, providing adult protective services for persons served in these settings involves 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 MH and ID clients.</p>
	<p><b>Adults who are over 65 or who have disabilities:</b> 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.</p> <p><b>Contracted Service Providers:</b> DFPS contracts with various service providers to</p>

STRATEGY (ABEST 2014)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
<p><b>Strategy D.1.3: APS Purchased Emergency Client Services.</b> Provides funds for emergency purchased client services for clients over age 65 or who have disabilities in confirmed cases of abuse, neglect or exploitation.</p>	<p>deliver necessary emergency services for APS clients.</p>
<p><b>Strategy E.1.1: Child Care Regulation.</b> Provide a comprehensive system of consultation, licensure, and regulation to ensure maintenance of minimum standards by day care and residential child care facilities, registered family homes, child-placing agencies, and facility administrators, and child-placing agency administrators.</p>	<p><b>Children and Families:</b> DFPS helps ensure the health, safety, and well-being of children in child day care and 24-hour residential child care settings by developing and regulating compliance with minimum standards and investigating reports of abuse and neglect in child care facilities.</p> <p><b>Other State Agencies:</b> Child care regulation involves support and participation by Texas Workforce Commission, DSHS, and other regulatory agencies.</p> <p><b>Local Governments:</b> DFPS regulation of child care facilities involves the network of child care providers managed by local workforce boards. It also includes local health agencies and fire inspectors.</p> <p><b>External Partners:</b> DFPS regulation of child care facilities includes listed family homes, registered child care homes, licensed child care centers and homes, licensed residential child care facilities, and licensed child placing agencies. Other external partners in ensuring safety of children in childcare settings include parents, schools, licensed child care</p>

STRATEGY (ABEST 2014)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
	administrators, and children’s advocates.
<p><b>Strategy F.1.1:</b> Central Administration.</p> <p><b>Strategy F.1.2:</b> Other Support Services.</p> <p><b>Strategy F.1.3:</b> Regional Administration.</p> <p><b>Strategy F.1.4:</b> IT Program Support.</p>	<p>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.</p>
<p><b>Strategy G.1.1:</b> Agency-wide Automated System.</p> <p>Develop and enhance automated systems that service multiple programs (capital projects).</p>	<p>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.</p>

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

**DESCRIPTION OF SERVICES PROVIDED TO CUSTOMERS BY BUDGET STRATEGY**

STRATEGY (ABEST 2013)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
<p><b>A.1.1. Public Health Preparedness and Coordinated Services.</b> Provides a strong, flexible public health system necessary to be prepared for and respond to any large scale public health disaster.</p>	<p><b>Citizens of Texas:</b> DSHS is responsible for public health and medical services during a disaster or public health emergency.</p> <p><b>Other Local, State, and Federal Agencies:</b> 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.</p> <p><b>Texas-Mexico Border Residents:</b> DSHS coordinates and promotes health issues between Texas and Mexico and identifies resources and develops projects that support community efforts to improve border health.</p> <p><b>Border Health Partners:</b> 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.</p>

STRATEGY (ABEST 2013)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
<p><b>A.1.2. Health Registries, Information, and Vital Records.</b> Concerns the collection, analysis, and dissemination of health data to aid in monitoring, evaluating, and improving public health. Also includes the maintenance of the basic identity documents pertaining to all Texans, along with the registries that collect health information for research purposes.</p>	<p><b>Citizens of Texas:</b> DSHS provides vital records needed to access benefits and services. DSHS provides case-coordination activities for children identified with elevated blood lead levels. DSHS utilizes data to help address citizen concerns regarding disease in their neighborhoods.</p> <p><b>Local Governments:</b> 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.</p> <p><b>Funeral Directors, Funeral Home Staff, Medical Directors, and Facilities:</b> 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.</p> <p><b>Hospitals, Birthing Centers, and Midwives:</b> DSHS maintains TER for hospitals, birthing centers, and certified and non-certified midwives that are responsible for registration of birth events.</p>

STRATEGY (ABEST 2013)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
	<p><b>Schools of Public Health and Universities:</b> DSHS provides statistical data to researchers to understand causes of diseases and develop prevention and control strategies.</p> <p><b>Other External Partners:</b> DSHS coordinates with the Texas Funeral Directors Association, Texas Medical Association (TMA), Texas Academy of Family Physicians, Texas Midwifery Association, Association of Texas Midwives, County Medical Societies, Texas and New Mexico Hospice Organization, Texas Justice Court Training Center, Texas County Commissioners Court, County and District Clerks' Association of Texas, and Commonwealth Institute of Funeral Service.</p> <p><b>Other State Agencies:</b> DSHS coordinates with the Office of Attorney General, Department of Family and Protective Services (DFPS), Texas Department of Transportation, Texas Workforce Commission, Department of Assistive and Rehabilitative Services, Health and Human Services 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 Funeral Service Commission, Texas Medical Board, Texas Board of Nursing, Texas Department of Agriculture, and Texas State Commission on Judicial Conduct.</p> <p><b>Federal Agencies:</b> DSHS coordinates with the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Social Security Administration,</p>

STRATEGY (ABEST 2013)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
	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.
<p><b>A.2.1. Immunize Children and Adults in Texas.</b> Provides services to prevent, control, reduce, and eliminate vaccine-preventable diseases in children and adults, with emphasis on children under 36 months of age.</p>	<p><b>Direct Consumers:</b> DSHS provides immunizations for eligible children, adolescents, and adults, and educates and performs quality assurance activities with healthcare providers vaccinating these groups. DSHS maintains an electronic vaccine inventory system that enables participating providers to order vaccine stock and report on vaccines administered. DSHS maintains a statewide immunization registry (ImmTrac) that contains millions of immunization records, mostly for children. Healthcare providers use ImmTrac to ensure timely administration of vaccines and to avoid over vaccination. Parents may obtain immunization records for their children.</p> <p><b>Local Governments:</b> 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.</p> <p><b>Schools and Childcare Facilities:</b> DSHS provides education and technical assistance to school and childcare facilities on school</p>

STRATEGY (ABEST 2013)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
	<p>immunization requirements. Additionally, DSHS conducts audits on schools and childcare facilities to ensure that the facilities comply with school immunization requirements.</p> <p><b>External Partners:</b> DSHS works with the Texas Immunization Stakeholder Working Group, which includes representatives from TMA, Texas Pediatric Society, parents, schools, LHDs, pharmacists, nurses, manufacturers, and other organizations with a role in the statewide immunization system.</p> <p><b>Other State Agencies:</b> DSHS works with DFPS and HHSC in the delivery of immunization services.</p>
<p><b>A.2.2. HIV/STD Prevention.</b> Provides human immunodeficiency virus (HIV)/sexually transmitted disease (STD) surveillance, prevention and service programs, and public education about HIV/STD disease prevention.</p>	<p><b>Direct Consumers:</b> DSHS provides access to HIV treatment and care services, including life-enhancing medications, for low-income, uninsured persons. DSHS also provides ambulatory medical care and supportive services to persons with HIV disease through contracted providers. DSHS contracts to provide DSHS HIV testing and behavior change interventions to prevent the spread of HIV and other STDs. DSHS provides testing for STDs, medications for some STDs, and disease intervention and partner services to reduce the spread of STDs.</p> <p><b>Local Governments:</b> DSHS provides assistance to local governments in the delivery of services 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</p>

STRATEGY (ABEST 2013)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
	<p>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.</p> <p><b>Community Based Organizations:</b> DSHS provides capacity building and technical assistance/training services to contracted providers providing HIV/STD prevention and treatment and care services.</p> <p><b>Committee:</b> The Texas HIV Medication Advisory Committee advises DSHS about the HIV Medication Program formulary and policies.</p>
<p><b>A.2.3. Infectious Disease Prevention, Epidemiology and Surveillance.</b> Plays a vital role in defining, maintaining, and improving public health response to disasters, disease outbreaks, or healthcare-associated infections and in creating plans for effective disease prevention.</p>	<p><b>Citizens of Texas:</b> DSHS coordinates disease surveillance and outbreak investigations and provides information on the occurrence of disease and prevention and control measures. DSHS conducts surveillance for and investigations of infectious diseases, recommends control measures, and implements interventions. In addition, DSHS provides information on infectious disease prevention and control to the public through the website and personal consultation. DSHS facilitates the distribution of rabies biologics to persons exposed to rabies, provides Animal Control Officer training opportunities,</p>

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	<p>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.</p> <p>DSHS provides tuberculosis (TB) screening, prevention, investigation, and treatment activities through LHDs. DSHS also provides medical care and other services to persons with Hansen’s disease and refugees. DSHS purchases, orders, and distributes TB and Hansen’s disease medications and supplies. DSHS tracks cases of drug-resistant TB to ensure that full courses of treatment are provided.</p> <p><b>Local Governments:</b> DSHS coordinates infectious disease prevention, control, epidemiology, and surveillance activities with LHDs. DSHS works with regional and LHD providers on the TB binational projects and other special projects targeting individuals and groups at high risk for TB.</p> <p>DSHS provides capacity building, technical assistance, and training services to contracted providers providing TB prevention and control services.</p> <p><b>Other State and Federal Agencies:</b> DSHS serves as the lead on a cooperative project with U.S. Department of Agriculture and Texas Military Forces. Other stakeholders are the Texas Animal Health Commission, Texas Parks and Wildlife Department, Texas Veterinary Medical Diagnostic Laboratory, U.S.-Mexico Border Health Commission,</p>

STRATEGY (ABEST 2013)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
	<p>Rotary International, CDC, FDA, HRSA, schools of public health in Texas, voluntary agencies, HHSC, and federal Office of Refugee Resettlement. DSHS oversees TB screening activities at 154 correctional facilities that are mandated to implement screening activities to prevent and control the spread of TB. DSHS occasionally works with agencies of Homeland Security to test and treat immigrants with multi-drug resistant TB.</p> <p><b>Medical Community:</b> DSHS provides information and consultation to the human and veterinary medical communities and to healthcare professionals personally and through professional organizations, presentations and posters at scientific meetings, and peer-reviewed publications.</p>
<p><b>A.3.1. Health Promotion and Chronic Disease Prevention.</b> Provides health promotion and wellness activities for the elimination of health disparities and the reduction of primary/secondary risk factors for certain common, disabling chronic conditions that place a large burden on Texas healthcare resources.</p>	<p><b>Citizens of Texas:</b> DSHS provides awareness and educational resources/materials for diabetes, Alzheimer’s disease, cancer, asthma, kidney disease and cardiovascular disease (CVD). DSHS provides child safety seats to low income families with children less than eight years of age. DSHS provides support to communities for planning and implementing evidence-based obesity prevention interventions through policy and environmental change.</p> <p><b>Councils, Task Forces, and Collaboratives:</b> DSHS provides administrative support to the Texas Diabetes Council, Chronic Disease Task Force, Texas Council on Alzheimer’s Disease and Related Disorders, Texas Council on CVD and Stroke, Texas CVD and Stroke Partnership, Texas School Health Advisory</p>

STRATEGY (ABEST 2013)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
	<p>Council, and Cancer Alliance of Texas.</p> <p><b>Healthcare Professionals:</b> DSHS provides toolkits that include professional and patient education materials featuring self-management training, minimum standards of care, and evidence-based treatment algorithms.</p> <p><b>Community Diabetes Projects:</b> 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.</p> <p><b>Schools and Communities:</b> DSHS provides technical assistance on the care of students with diabetes. 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.</p> <p><b>State Agencies:</b> DSHS works with state agency worksite wellness coordinators and the Worksite Wellness Advisory Board.</p>
<p><b>A.3.2. Abstinence Education.</b> Provides abstinence education to priority populations to decrease the birth rate among teens, decrease the proportion of adolescents engaged in sex, decrease the incidence of sexually transmitted infections in adolescents, and increase adolescents’ interest in further education.</p>	<p><b>Adolescents and Parents:</b> DSHS provides abstinence education in Spanish and English through brochures, toolkits, workbooks, curricula, and online as well as service learning opportunities and leadership summit opportunities for youth in grades 5-12, and resources for parents in Spanish and English online and through booklets and DVDs.</p>

STRATEGY (ABEST 2013)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
	<p><b>Contractors:</b> DSHS contracts with providers to provide abstinence education curricula and service learning projects during in-school and after-school interventions.</p> <p><b>School Districts:</b> DSHS provides workshops, webinars, trainings, toolkits, brochures, and workbooks for school districts across Texas.</p> <p><b>Community, Faith-based, and Health Organizations:</b> DSHS provides toolkits, brochures, and workbooks for organizations.</p>
<p><b>A.3.3. Kidney Health Care.</b> Provides healthcare specialty services and the infrastructure required to determine client eligibility and to process claims.</p>	<p><b>Direct Consumers:</b> DSHS provides services to 1) persons with end-stage renal disease who are receiving a regular course of renal dialysis treatments or have received a kidney transplant and 2) entities that directly provide services.</p> <p><b>External Partners:</b> DSHS interacts with 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.</p>
<p><b>A.3.4. Children with Special Health Care Needs.</b> Provides services to eligible children with special healthcare needs in the areas of early identification, diagnosis, rehabilitation, family support, case management, and quality assurance.</p>	<p><b>Direct Consumers:</b> DSHS provides services to children with special health care needs and their families and people of any age with cystic fibrosis. Services are provided through community-based contractors, entities that provide direct healthcare services and case management. DSHS staff also provides case management.</p> <p><b>External Partners:</b> DSHS actively participates on the Children’s Policy Council, Consumer Direction Workgroup, Texas Council for Developmental Disabilities,</p>

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	<p>Promoting Independence Advisory Committee, and Interagency Task Force for Children with Special Needs.</p> <p>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.</p>
<p><b>A.3.5. Epilepsy and Hemophilia Services.</b> Provides treatment support and/or referral assistance to reduce disability and premature death related to epilepsy and hemophilia.</p>	<p><b>Direct Consumers:</b> DSHS provides clinical and support services through contracted providers to Texas residents with epilepsy who meet specific eligibility requirements. DSHS provides financial assistance for people with hemophilia to pay for their blood factor products.</p> <p><b>Contracted Providers:</b> DSHS contracts with a university medical center, hospital district, and nonprofit organizations for epilepsy services and pharmacies for hemophilia services. Local health entities, schools of public health, and universities may be contracted providers.</p> <p><b>External Partners:</b> DSHS provides support for the Texas Bleeding Disorders Advisory Council. DSHS interacts with professional organizations, including hemophilia treatment centers, TMA, and THA, and with statewide hemophilia networks.</p>
<p><b>A.4.1. Laboratory Services.</b> Provides laboratory testing to diagnose and investigate community health problems and health hazards.</p>	<p><b>Citizens of Texas:</b> DSHS screens pregnant women for infectious diseases; tests for HIV, STD, and tuberculosis (TB); screens for lead</p>

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	<p>in children; tests bay water and milk samples for contamination; tests for rabies; screens every newborn for 30 disorders; and identifies organisms responsible for disease outbreaks throughout Texas.</p> <p><b>Other Local, State, and Federal Agencies:</b> 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.</p> <p><b>Public Water Systems:</b> DSHS provides testing of water samples as part of the EPA Safe Drinking Water Act.</p>
<p><b>B.1.1. Provide WIC Services: Benefits, Nutrition Education &amp; Counseling.</b> Provides nutrition education and food assistance to eligible infants, children, and women and provides breastfeeding promotion and support. Also provides nutrition, physical activity, and obesity prevention; public health surveillance; planning and policy development; funding for community-based interventions; facilitation of state/local coalitions to promote nutrition; training for medical and public health professionals; and public education.</p>	<p><b>Direct Consumers:</b> DSHS provides services to low-income pregnant and post-partum women, infants, and children up to age five who meet certain eligibility requirements.</p> <p><b>Citizens of Texas:</b> DSHS provides funding and support to communities through a competitive process to implement population level, evidence-based approaches to obesity prevention.</p> <p><b>Contracted Providers:</b> DSHS contracts with LHDs, public health districts, hospitals, and nonprofit organizations to provide the Women, Infants, and Children (WIC) Program.</p> <p><b>External Partners, Healthcare Professionals, and Other State Agencies:</b> DSHS provides subject matter expertise to a</p>

STRATEGY (ABEST 2013)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
	variety of external partners.
<p><b>B.1.2. Women and Children's Health Services.</b> Provides direct, enabling, population-based, and infrastructure-building services for women and children.</p>	<p><b>Direct Consumers:</b> DSHS provides contracted clinical, educational, and support services to Texas residents who meet specific eligibility requirements for breast and cervical cancer services.</p> <p>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.</p> <p>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.</p> <p><b>Contracted Providers:</b> 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 for breast and</p>

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	<p>cervical cancer services.</p> <p><b>Certified Individuals:</b> DSHS provides oversight of the training and certification requirements for promotores/community health workers and training instructors.</p> <p><b>Texas School Health Advisory Council:</b> DSHS provides administrative support to this council.</p> <p><b>Schools:</b> 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.</p> <p><b>Other State Agencies:</b> DSHS provides subject matter expertise, including research and data analysis, on topics related to maternal and child health populations. DSHS provides initial clinical screening for all Medicaid for Breast and Cervical Cancer client applications. DSHS also collaborates with the CPRIT on cancer-related activities.</p> <p><b>External Partners:</b> DSHS interacts with the American Cancer Institute, Susan G. Komen Foundation, LIVESTRONG Foundation, Texas Pediatric Society, Texas Dental Association, TMA, March of Dimes, Children’s Hospital Association of Texas, Head Start programs, independent school districts, and healthcare providers.</p>

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<p><b>B.1.3. Family Planning Services.</b> Provides direct family planning services for women, men, and adolescents, and population-based activities.</p>	<p><b>Direct Consumers:</b> DSHS provides clinical, educational, and support services through contracted providers to clients who meet specific eligibility requirements.</p> <p><b>Contracted Providers:</b> DSHS contracts with nonprofit organizations such as LHDs, hospital districts, university medical centers, FQHCs, and other community-based organizations.</p>
<p><b>B.1.4. Community Primary Care Services.</b> Provides services to the medically uninsured, underinsured, and indigent persons who are not eligible to receive services from other funding sources; assesses the need for health care; designates parts of the state as health professional shortage areas; recruits and retains providers to work in underserved areas; identifies areas that are medically underserved; and provides funding to communities for improved access to primary medical/dental/behavioral health care.</p>	<p><b>Direct Consumers:</b> DSHS provides clinical services through contracted providers to Texas residents who meet specific eligibility requirements.</p> <p><b>Contracted providers:</b> DSHS contracts with nonprofit organizations such as LHDs, hospital districts, university medical centers, FQHCs, and other community-based organizations.</p> <p><b>Local Health Departments:</b> DSHS may recommend areas where local health entities operate for federal designation as Health Professional Shortage Areas and Medically Underserved Areas.</p> <p><b>Schools of Public Health and Universities:</b> DSHS partners with these entities in recruitment activities for the National Health Service Corps and Texas Conrad 30 J-1 Visa Waiver Program.</p> <p><b>Other Organizations:</b> DSHS works with communities and nonprofit organizations to develop and expand FQHCs in Texas.</p>

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<p><b>B.2.1. Mental Health Services for Adults.</b> Provides community services designed to allow adults with mental illness to attain the most independent lifestyle possible.</p>	<p><b>Contracted Services:</b> DSHS contracts with local mental health centers to provide services to adults who have severe and persistent mental illnesses such as schizophrenia, major depression, bipolar disorder, or other severely disabling mental disorders that require crisis resolution or ongoing and long-term support and treatment.</p>
<p><b>B.2.2. Mental Health Services for Children.</b> Provides community services for children and adolescents ages 3-17.</p>	<p><b>Contracted Services:</b> DSHS contracts with local mental health centers to provide services to children who exhibit serious emotional, behavioral, or mental disturbances and who: 1) have a serious functional impairment, 2) are at risk of disruption of a preferred living or child care environment due to psychiatric symptoms, or 3) are enrolled in a school system's special education program because of a serious emotional disturbance.</p>
<p><b>B.2.3. Community Mental Health Crisis Services.</b> Ensures statewide access to competent rapid response services, avoidance of hospitalization, and reduction in the need for transportation.</p>	<p><b>Contracted Services:</b> DSHS contracts with local mental health centers 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.</p>
<p><b>B.2.4. NorthSTAR Behavioral Health Waiver.</b> Provides managed behavioral healthcare services to persons residing in Collin, Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwell counties.</p>	<p><b>Contracted Services:</b> NorthSTAR is a collaborative effort between mental health and substance abuse programs to provide a seamless system of care to persons with mental illness and/or chemical dependency by integrating diverse funding streams at the state and local level into a single managed system of care.</p>

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<p><b>B.2.5. Substance Abuse Prevention, Intervention and Treatment.</b> Establishes, develops, and implements coordinated and integrated prevention, treatment, and recovery substance abuse services.</p>	<p><b>Contracted Services:</b> DSHS contracts with local community providers to provide substance abuse prevention, intervention, and treatment services. Substance Abuse Prevention is targeted to school age children. HIV Outreach and HIV Early Intervention programs provide information and education for substance abusing adults at risk for HIV or who are HIV positive. Pregnant, Post-Partum Intervention Services provide case management, education, and support for pregnant and post-partum women at risk for substance abuse. DSHS contracts with state licensed programs to deliver treatment services to adolescents and adults who meet DSM-V criteria for substance abuse or dependence.</p> <p>Each region provides a continuum of care that includes outreach, screening, assessment, and referral; specialized services for females; residential and outpatient treatment for adults and youth; pharmacotherapy; and treatment for co-occurring disorders. DSHS also funds recovery support services such as housing, employment, and recovery coaching in order to develop long-term recovery in communities around the state.</p>
<p><b>B.2.6. Develop a Statewide Program to Reduce the Use of Tobacco Products.</b> Provides comprehensive tobacco prevention and control activities.</p>	<p><b>Citizens of Texas:</b> 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.</p> <p><b>Healthcare Providers:</b> DSHS provides training and resources for healthcare providers to implement best practices for</p>

STRATEGY (ABEST 2013)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
	<p>treating tobacco dependence in multiple healthcare settings.</p> <p><b>Contracted Services:</b> 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.</p>
<p><b>B.3.1. EMS and Trauma Care Systems.</b> Develops a statewide emergency medical services (EMS) and trauma care system that is fully coordinated with all EMS providers and hospitals.</p>	<p><b>Citizens of Texas:</b> DSHS insures a coordinated statewide trauma system and designates trauma and stroke facilities in Texas.</p>
<p><b>B.3.2. FQHC Infrastructure Grants.</b></p>	<p>Not funded.</p>
<p><b>B.3.3. Indigent Health Care Reimbursement (UTMB).</b> Provides funds for unpaid healthcare services to expand access to healthcare.</p>	<p><b>University of Texas Medical Branch at Galveston:</b> DSHS transfers funds for unpaid healthcare services provided to indigent patients.</p>
<p><b>B.3.4. County Indigent Health Care Services.</b> Provides reimbursement upon request to counties not fully served by a public hospital or a hospital district once they have expended 8% of their General Revenue Tax Levy on indigent health care.</p>	<p><b>Local Governments:</b> DSHS provides technical assistance to counties regarding program compliance and assistance with Supplemental Security Income and Medicaid claim submission.</p>
<p><b>C.1.1. Texas Center for Infectious Disease.</b> Provides for more than one level of inpatient and outpatient care, education, and other services for patients with TB or Hansen’s disease.</p>	<p><b>Direct Consumers:</b> DSHS directly provides inpatient and outpatient care, education, and other services for patients with TB or Hansen’s disease. Patients are admitted by court order or clinical referral for TB, Hansen’s disease, or other diseases that are too severe for treatment elsewhere.</p>
<p><b>C.1.2. South Texas Health Care System.</b> Provides for more than one level of care of tuberculosis, Hansen’s disease and other services</p>	<p><b>Direct Consumers:</b> DSHS offers one triple health service facility in the state. This facility directly provides inpatient and outpatient care</p>

STRATEGY (ABEST 2013)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
through the South Texas Health Care Center.	and services in the Lower Rio Grande Valley for persons who are seriously mentally ill, diagnosed with a severe intellectual developmental disability, or who otherwise cannot obtain primary medical treatment.
<b>C.1.3. Mental Health State Hospitals.</b> Provides specialized inpatient services in state psychiatric facilities.	<b>Direct Consumers:</b> DSHS directly provides specialized inpatient services in ten state psychiatric facilities for persons who are seriously mentally ill and are a risk to themselves or others. Individuals are on civil or forensic commitments or are voluntary admissions.
<b>C.2.1. Mental Health Community Hospitals.</b> Provides inpatient services in response to local needs through small psychiatric hospitals.	<b>Contracted Services:</b> DSHS funds four local mental health authorities and one county to provide specialized inpatient services in their communities for persons who are seriously mentally ill and are a risk to themselves or others. Individuals are on civil or forensic commitments or are voluntary admissions.
<b>D.1.1. Food (Meat) and Drug Safety.</b> Licenses, inspects, and regulates manufacturers, producers, wholesale distributors, food managers and workers, harvest areas, meat and poultry processors, rendering facilities, and retailers of foods, drugs, and medical devices.	<b>Citizens of Texas:</b> DSHS protects citizens from contaminated, adulterated, and misbranded foods by enforcing food safety laws and regulations. DSHS also protects citizens from unsafe drugs, medical devices, cosmetics, indoor tanning practices, and tattoo and body-piercing procedures through regulation. DSHS protects school age children by inspecting school cafeterias.
<b>D.1.2. Environmental Health.</b> Protects the public from exposure to asbestos, lead-based paints, hazardous chemicals and other agents through various means including licensing, inspection, investigation, collection and dissemination of data, enforcement, and consultation.	<b>Citizens of Texas:</b> 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

STRATEGY (ABEST 2013)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
	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.
<b>D.1.3. Radiation Control.</b> Ensures the effective regulation of all sources of radiation.	<b>Citizens of Texas:</b> DSHS prevents unnecessary radiation exposure to the public through effective licensing, registration, inspection, enforcement, and emergency response.
<b>D.1.4. Health Care Professionals.</b> Ensures timely, accurate issuance of licenses, registrations, certifications, permits, or documentations and investigates complaints and takes enforcement action as necessary to protect the public.	<b>Citizens of Texas:</b> DSHS regulates and sets standards for allied health professions, including counselors, emergency medical professionals, social workers, midwives, massage therapists, sanitarians, athletic trainers, medical radiologic technologists, and fitters and dispensers of hearing instruments.
<b>D.1.5. Health Care Facilities.</b> Assures quality healthcare delivery by regulating health facilities/entities and organizations that provide care and services to the Texas consumers.	<b>Citizens of Texas:</b> DSHS monitors the healthcare delivery in regulated healthcare facilities through licensing and inspection activities to assure high quality care is provided in hospitals, abortion facilities, birthing centers, psychiatric facilities, ambulatory surgical centers, end stage renal disease facilities, and free standing emergency medical care facilities.
<b>D.1.6. TexasOnline Estimated and Nontransferable.</b> Establishes a common electronic infrastructure through which Texas citizens, state agencies, and local governments are able to register and renew licenses.	<b>Regulated Entities:</b> DSHS is statutorily permitted to increase occupational license, permit, and registration fees imposed on licensees by an amount sufficient to cover the cost of the subscription fee charged by TexasOnline.
<b>E.1.1. Central Administration</b>	<b>DSHS Employees:</b> DSHS provides

STRATEGY (ABEST 2013)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
<b>E.1.2. Information Technology Program Support</b>	administrative support for DSHS employees and programs.
<b>E.1.3. Other Support Services</b>	
<b>E.1.4. Regional Administration</b>	
<b>F.1.1. Laboratory (Austin) Bond Debt.</b> Pays debt service on special revenue bonds issued to build a laboratory and parking structure.	<b>Citizens of Texas:</b> DSHS provides testing at the Austin laboratory to diagnose and investigate community health problems and health hazards.
<b>F.1.2. Capital Repair and Renovation: Mental Health Facilities.</b> Funds the necessary repair, renovation, and construction projects required to maintain the state’s psychiatric hospitals at acceptable levels of effectiveness and safety.	<b>Direct Consumers:</b> DSHS spends general obligation bond funds on state mental hospital buildings that are in need of ongoing repairs and maintenance. Projects include compliance with life safety and accessibility codes; physical plant changes that help prevent suicide; utility repairs; grounds upkeep; hazardous material remediation and abatement; and roofing, heating, ventilation, and air conditioning repairs.
<b>G.1.1. Office of Violent Sex Offender Management.</b> Performs the duties related to the sexually violent predator civil commitment program.	The civil commitment of sexually violent predators function was transferred to a new agency, the Office of Violent Sex Offender Management effective September 1, 2011.

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

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**DESCRIPTION OF SERVICES PROVIDED TO CUSTOMERS BY BUDGET STRATEGY**

<p style="text-align: center;"><b>STRATEGY (ABEST 2014)</b></p>	<p style="text-align: center;"><b>STAKEHOLDER GROUPS/ SERVICES PROVIDED</b></p>
<p><b>Strategy A.1.1 Enterprise Oversight and Policy.</b> Provide leadership and direction to achieve an efficient and effective health and human services system.</p>	<p><b>Oversight agencies and Legislative Leadership:</b> 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.</p> <p><b>Other HHS Agencies:</b> HHSC provides the leadership to assist the HHS agencies in developing customer-focused programs and policy initiatives that are relevant, timely and cost-effective.</p> <p><b>Citizens of Texas:</b> HHSC ensures that state and federal funds allocated to HHS agencies are coordinated and monitored, and spent in the most efficient manner.</p>

<p style="text-align: center;"><b>STRATEGY (ABEST 2014)</b></p>	<p style="text-align: center;"><b>STAKEHOLDER GROUPS/ SERVICES PROVIDED</b></p>
<p><b>Strategy A.1.2. Integrated Eligibility and Enrollment</b> Provide accurate and timely eligibility and issuance services for financial assistance, medical benefits, and food stamps.</p>	<p><b>Children &amp; Families:</b> 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, Temporary Assistance for Needy Families (TANF), Food Stamp, Texas Women’s Health Program and other health and human services programs.</p>
<p><b>Strategy A.2.1. Consolidated System Support.</b> Improve the operations of health and human service agencies through coordinated efficiencies in business support functions.</p>	<p><b>Other HHS Agencies.</b> HHSC provides the leadership for consolidating across the system the functions of: information technology, human resources, civil rights, procurement, ombudsman and other services, e.g. facility management and leasing and regional operations.</p>
<p><b>Strategy B.1.1. Aged and Medicare-Related.</b> Provide medically necessary health care in the most appropriate, accessible, and cost effective setting to aged and Medicare-related Medicaid-eligible persons.</p>	<p><b>Medicaid Consumers:</b> HHSC Medicaid/CHIP division provides health care to Medicaid aged and Medicare-related persons.</p> <p><b>Managed Care Organizations (MCO)/Providers:</b> 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.</p>
<p><b>Strategy B.1.2. Disability-Related.</b> Provide medically necessary health care in the most appropriate, accessible, and cost effective setting to disability-related Medicaid-eligible adults and children.</p>	<p><b>Medicaid Consumers:</b> HHSC Medicaid/CHIP division provides health care to eligible disability-related adults and children.</p> <p><b>Managed Care Organizations (MCO)/Providers:</b> The HHSC Medicaid/CHIP division contracts with MCOs for the provision of health services.</p>

STRATEGY (ABEST 2014)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
	The Medicaid/CHIP division sets policy and provides oversight for the program.
<b>Strategy B.1.3. Pregnant Women.</b> Provide medically necessary health care in the most appropriate, accessible, and cost effective setting to Medicaid-eligible pregnant women.	<p><b>Medicaid Consumers:</b> HHSC Medicaid/CHIP division provides health care to women who are pregnant and eligible for Medicaid.</p> <p><b>Managed Care Organizations (MCO)/Providers:</b> 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.</p>
<b>Strategy B.1.4. Other Adults.</b> Provide medically necessary health care in the most appropriate, accessible, and cost-effective setting to eligible TANF-level adults, medically needy, and other adults who are principally income-level eligible (non-pregnant, non-Medicare, non-disability-related).	<p><b>Medicaid Consumers:</b> HHSC Medicaid/CHIP division provides health care to eligible TANF-level adults, medically needy, and other adults who are principally income-level eligible.</p> <p><b>Managed Care Organizations (MCO)/Providers:</b> 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.</p>
<b>Strategy B.1.5. Children.</b> Provide medically necessary health care in the most appropriate, accessible, and cost effective setting to newborn infants and Medicaid eligible children who are neither disability-related nor Medicare eligible.	<b>Medicaid Consumers:</b> HHSC Medicaid/CHIP division provides health care to Medicaid eligible child recipients.
<b>Strategy B.2.1. Non-Full Benefit Payments.</b> Provide medically necessary health care to Medicaid eligible recipients for certain services not covered under the insured arrangement including: federally qualified health centers, undocumented persons,	<b>Medicaid Consumers:</b> HHSC Medicaid/CHIP division provides health care to Medicaid eligible recipients for specific services not covered.

STRATEGY (ABEST 2014)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
school health, and related services.	<p><b>Managed Care Organizations (MCO)/Providers:</b> 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.</p>
<p><b>Strategy B.2.2. Medicaid Prescription Drugs.</b> Provide prescription medications to Medicaid-eligible recipients as prescribed by their treating physician.</p>	<p><b>Medicaid Consumers:</b> HHSC Medicaid/CHIP division provides prescription medication benefits to Medicaid recipients.</p> <p><b>Managed Care Organizations (MCO)/Providers:</b> 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.</p>
<p><b>Strategy B.2.3. Medical Transportation.</b> Support and reimburse for non-emergency transportation assistance to individuals receiving medical assistance.</p>	<p><b>Medicaid Consumers:</b> HHSC provides transportation for Medicaid recipients.</p> <p><b>Providers:</b> 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.</p>
<p><b>Strategy B.2.4. Health Steps (EPSDT) Dental.</b> Provide dental care in accordance with federal mandates to Medicaid eligible children.</p>	<p><b>Medicaid Consumers:</b> HHSC Medicaid/CHIP division provides access to periodic dental exams, diagnosis, prevention and treatment of dental disease to Medicaid eligible children.</p> <p><b>Managed Care Organizations (MCO)/Providers:</b> The HHSC Medicaid/CHIP division contracts with</p>

STRATEGY (ABEST 2014)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
	MCOs for the provision of health services. The Medicaid/CHIP division sets policy and provides oversight for the program.
<p><b>Strategy B.2.5. Medicare Payments.</b> Provide accessible premium-based health services to Medicaid-eligible aged and disability related persons who are also eligible for Title XVIII Medicare coverage.</p>	<p><b>Medicaid Consumers:</b> 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.</p> <p><b>Managed Care Organizations (MCO)/Providers:</b> 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.</p>
<p><b>Strategy B.2.6. Transformation Payments.</b> Maximize federal funding to provide supplemental Medicaid reimbursement for uncompensated care and delivery system reform incentives under the 1115 waiver. Historically, provide children’s hospital Upper Payment Limit match..</p>	<p><b>Hospitals/Providers:</b> States may receive federal funding to provide hospitals supplemental payments to cover inpatient and outpatient services that exceed regular Medicaid rates.</p>
<p><b>Strategy B.3.1. Medicaid Contracts and Administration.</b> Administer efficient and effective Medicaid program, set the overall policy direction of the state Medicaid program, manage interagency initiatives to maximize federal dollars, and provide resources for client services delivered by other HHS agencies.</p>	<p><b>Other HHS Agencies.</b> HHSC provides the leadership and policy planning for administration of the state Medicaid Office across the HHS system.</p>
<p><b>Strategy C.1.1. CHIP.</b> Provide health care to uninsured children who apply and are determined eligible for insurance through CHIP.</p>	<p><b>Federal Government:</b> HHSC Medicaid/CHIP division provides direction, guidance, and policy making for the Children’s Health Insurance Program, a federal program administered through</p>

STRATEGY (ABEST 2014)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
<p><b>Strategy C.1.2. CHIP Perinatal Services</b> Provide health care to perinates whose mothers apply and are determined eligible for insurance through CHIP.</p> <p><b>Strategy C.1.3. CHIP Prescription Drugs .</b> Provide prescription medication to CHIP-eligible recipients (includes all CHIP programs as their recipients), as provided by the treating physician.</p> <p><b>Strategy C.1.4. CHIP Contracts and Administration.</b> Administer efficient and effective CHIP program, including contracted administration, and set overall policy direction of CHIP programs.</p>	<p>states.</p> <p><b>Managed Care Organizations:</b> 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.</p> <p><b>Children and Families:</b> 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.</p>
<p><b>Strategy D.1.1. TANF (Cash Assistance) Grants.</b> Provide TANF grants to low-income Texans.</p>	<p><b>Children and Families.</b> 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.</p>
<p><b>Strategy D.1.2. Refugee Assistance.</b> Assist refugees in attaining self-sufficiency through financial, medical, and social services, and disseminate information to interested individuals.</p>	<p><b>Children and Families.</b> 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.</p>
<p><b>D.1.3. Disaster Assistance.</b> Provide disaster assistance to victims of federally-declared natural disasters.</p>	<p><b>Citizens of Texas impacted by disasters:</b> Emergency Services Program serves as the lead for the administration of federal-funded Other Needs Assistance and Disaster Case Management Programs.</p>
<p><b>Strategy D.2.1. Family Violence Services.</b> Provide emergency shelter and support services to victims of</p>	<p><b>Children and Families.</b> HHSC’s Family Violence Program contracts with local agencies to provide shelter,</p>

STRATEGY (ABEST 2014)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
family violence and their children, educate the public, and provide training and prevention support to institutions and agencies.	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.
<b>Strategy D.2.2. Alternatives to Abortion.</b> Provide pregnancy support services that promote childbirth for women seeking alternatives to abortion.	<b>Pregnant Women and Children:</b> 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).
<b>Strategy D.2.3. Texas Women's Health Program.</b> Provide low-income women with family planning services, related health screenings, and birth control	<b>Non-Pregnant Low Income Women:</b> HHSC provides family planning services, related health screening, and birth control.
<b>Strategy E.1.1. Central Program Support.</b>	<b>HHS Employees.</b> HHSC provides central support services for HHS employees.
<b>Strategy E.1.2. IT Program Support.</b>	<b>HHS Employees.</b> HHSC provides central support services for HHS employees.

STRATEGY (ABEST 2014)	STAKEHOLDER GROUPS/ SERVICES PROVIDED
<b>Strategy E.1.3. Regional Program Support.</b>	<p><b>Other HHS Agencies:</b> HHSC provides the leadership to assist the HHS agencies in developing in providing to support to regional programs.</p> <p><b>Citizens of Texas:</b> HHSC ensures that state and federal funds allocated to HHS agencies are coordinated and monitored, and spent in the most efficient manner.</p>
<b>Strategy F.1.1. Texas Integrated Eligibility Redesign System (TIERS) and Eligibility Technologies.</b> Texas TIERS re-design system and eligibility supporting technology capital.	<p><b>Other HHS Agencies:</b> HHSC provides the leadership to assist the HHS agencies in developing the TIERS system.</p> <p><b>Children &amp; Families:</b> HHSC ensures the accessibility of TIERS to children and families across Texas.</p>
<b>Strategy G.1.1. Office of Inspector General (OIG).</b>	<p><b>Citizens of Texas/Taxpayers:</b> 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.</p> <p><b>Medicaid Providers:</b> 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.</p> <p><b>Medicaid Consumers:</b> 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.</p> <p><b>Residents of Facilities:</b> OIG monitors</p>

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<b>STRATEGY (ABEST 2014)</b>	<b>STAKEHOLDER GROUPS/ SERVICES PROVIDED</b>
	Utilization Review activities in Medicaid contract hospitals to ensure program integrity and improve the quality of services delivered to residents of Medicaid facilities.

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## **APPENDIX F: GLOSSARY OF ACRONYMS**

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AAA – Area Agency on Aging

ACF – Administration for Children and Families

AHRQ – Agency for Healthcare Research and Quality

AMH – Adult Mental Health

APS – Adult Protective Services

BH – Behavioral Health

BHO – Behavioral Health Organization

CAHPS® – Consumer Assessment of Healthcare Providers and Systems

CAS – Consumer Assessment Survey

CEA – Consumer and External Affairs

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 Interviewing

CPS – Child Protective Services

CRS – Consumer Rights and Services

CSHCN – Children with Special Health Care Needs

DADS – Department of Aging and Disability Services

DARS – Department of Assistive and Rehabilitative Services

DBS – Division for Blind Services

DFPS – Department of Family and Protective Services

DRS – Division for Rehabilitation Services

DSHS – Department of State Health Services

ECI – Early Childhood Intervention

FAD – Foster and Adoptive Home Development

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FFS – Fee-for-Service

HHS – Health and Human Services

HHSC – Health and Human Services Commission

ICHP – Institute for Child Health Policy

ICS – Inpatient Consumer Survey

IDD –Intellectual or Developmental Disabilities

ILS – Independent Living Services

LTSSQR – Long-Term Services and Supports Quality Review

MCO – Managed Care Organization

MHSIP –Mental Health Statistics Improvement Program

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

NCI – National Core Indicators

NFQR – Nursing Facility Quality Review

NYTD – National Youth in Transition Database

OAA – Older Americans Act

OO – HHSC Office of the Ombudsman

OSS – HHSC Office of Social Services, formerly Office of Eligibility Services

PLCU – Regulatory Services Professional Licensing and Certification Unit

POMP – Performance Outcome Measurement Project

RLU – Regulatory Licensing Unit

SAMHSA – Substance Abuse and Mental Health Services Administration

SNAP – Supplemental Nutrition Assistance Program

SSLC – State Supported Living Centers

STAR – State of Texas Access Reform

SUA – State Unit on Aging

TANF – Temporary Assistance for Needy Families

TNFP – Texas Nurse-Family Partnership

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NELAC Institute (TNI) – National accreditation organization related to environmental monitoring organizations

VR – Vocational Rehabilitation

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

YSSF – Youth Services Survey for Families