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# **TEXAS HEALTH AND HUMAN SERVICES SYSTEM**

## **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 1, 2006**

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# TABLE OF CONTENTS

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<b>TABLE OF CONTENTS</b> .....	<b>I</b>
<b>LIST OF FIGURES</b> .....	<b>II</b>
<b>LIST OF TABLES</b> .....	<b>III</b>
<b>EXECUTIVE SUMMARY</b> .....	<b>1</b>
<b>I. INTRODUCTION</b> .....	<b>3</b>
<b>II. SURVEY METHODOLOGY</b> .....	<b>6</b>
APPROACH.....	6
SURVEY DEVELOPMENT .....	6
SAMPLING PROCEDURE .....	7
DATA COLLECTION .....	7
RESPONSE RATE.....	7
MARGINS OF ERROR.....	8
<b>III. DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS</b> .....	<b>9</b>
<b>IV. FINDINGS: HHS SYSTEM-WIDE SURVEY FINDINGS AND RESULTS</b> .....	<b>15</b>
INTRODUCTION .....	15
OVERALL SATISFACTION WITH SERVICES RECEIVED .....	15
SYSTEM RESULTS .....	16
OPEN-ENDED RESPONSES .....	17
<b>V. INDIVIDUAL HHS AGENCY FINDINGS AND RESULTS</b> .....	<b>18</b>
HHSC - TANF AND FOOD STAMP RECIPIENTS .....	18
DFPS ADULT AND CHILD PROTECTIVE SERVICES .....	25
DFPS CHILD PROTECTIVE SERVICES - UNLICENSED KINSHIP SERVICES RECIPIENTS .....	32
DADS - COMMUNITY SERVICES RECIPIENTS.....	38
DSHS - WIC NUTRITION SERVICES RECIPIENTS.....	57
<b>VI. CONCLUSIONS AND RECOMMENDATIONS</b> .....	<b>65</b>
<b>APPENDICES</b> .....	<b>66</b>
<b>APPENDIX A – CUSTOMER INVENTORIES BY AGENCIES (EXCEPT DSHS)</b> .....	<b>67</b>
HEALTH AND HUMAN SERVICES COMMISSION .....	69
DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES.....	75
DEPARTMENT OF AGING AND DISABILITY SERVICES .....	81
DEPARTMENT OF ASSISTIVE AND REHABILITATIVE SERVICES .....	86
<b>APPENDIX B: SURVEY INSTRUMENTS</b> .....	<b>90</b>
<b>APPENDIX C – CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP) AND MEDICAID CUSTOMER ASSESSMENTS</b> .....	<b>97</b>
CHIP ESTABLISHED ENROLLEE CAHPS SURVEY .....	97
STAR MCO PROGRAM AND PCCM CAREGIVER (CHILD) CAHPS SURVEY REPORT .....	98
STAR MCO PROGRAM AND PCCM ADULT CAHPS SURVEY REPORT .....	99

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## LIST OF FIGURES

---

Figure 1	
Overall Satisfaction with Texas HHS Services Received .....	15
Figure 2	
Overall Satisfaction with HHSC TANF and Food Stamps Services Received .....	19
Figure 3	
Overall Satisfaction with DFPS APS Services for Older and Disabled Adults Received .....	26
Figure 4	
Overall Satisfaction with DFPS CPS Unlicensed Kinship Services Received .....	32
Figure 5	
Overall Satisfaction with DADS Non-Waiver Community Services Received .....	39
Figure 6	
Overall Satisfaction with DARS Vocational Rehabilitation Services Received .....	51
Figure 7	
Overall Satisfaction with DSHS Women's Infant and Children (WIC) Services Received .....	57

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## LIST OF TABLES

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Table 1 Response Rate .....	8
Table 2 HHSC Demographic Characteristics for TANF/Food Stamps Respondents.....	9
Table 3 DFPS APS Demographic Characteristics for Elderly and Disabled Adults.....	10
Table 4 DFPS CPS Demographic Characteristics Unlicensed Kinship Services.....	11
Table 5 DADS Demographic Characteristics Community Services Respondents.....	12
Table 6 DARS Demographic Characteristics Vocational Rehabilitation Respondents .....	13
Table 7 DSHS Demographic Characteristics for WIC’s Program Respondents .....	14
Table 8 Summary of Service Questions .....	16
Table 9 Benefits and Services Ratings .....	20
Table 10 Staff Ratings .....	22
Table 11 Complaint Handling Ratings .....	23
Table 12 Internet Ratings.....	23
Table 13 Suggested Improvements (Open-ended).....	24
Table 14 Benefits and Services Ratings .....	27
Table 15 Staff Ratings .....	28
Table 16 Complaint Handling Ratings .....	29
Table 17 Internet Ratings.....	30
Table 18 Suggested Improvements (Open-ended).....	30
Table 19 Benefits and Services Ratings .....	33
Table 20 Staff Ratings .....	34
Table 21 Complaint Handling Ratings .....	35
Table 22 Internet Ratings.....	36
Table 23 Suggested Improvements (Open-ended).....	37
Table 24 Benefits and Services Ratings .....	40
Table 25 Staff Ratings .....	41
Table 26 Complaint Handling Ratings .....	42
Table 27 Internet Ratings.....	42
Table 28 Suggested Improvements (Open-ended).....	43
Table 29 Additional Questions for DADS Community Services .....	45
Table 30 In-Home Attendant Ratings.....	47
Table 31 Adult Day Care Center Ratings.....	48
Table 32 Desired Activities Not Currently Engaged In (Open-ended) .....	49
Table 33 Benefits and Services Ratings .....	52

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Table 34 Staff Ratings .....	53
Table 35 Complaint Handling Ratings .....	54
Table 36 Internet Ratings.....	55
Table 37 Suggested Improvements (Open-ended).....	56
Table 38 Benefits and Services Ratings .....	58
Table 39 Staff Ratings .....	59
Table 40 Complaint Handling Ratings .....	60
Table 41 Internet Ratings.....	61
Table 42 Suggested Improvements (Open-ended).....	62
Table 43 WIC Ratings – Additional Questions.....	63

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**Texas Health and Human Services System  
2006 Report on Customer Service**

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**EXECUTIVE SUMMARY**

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

A common survey was conducted with customer groups of each HHS agency. The survey covered areas such as service access and choice, staff knowledge and courtesy, complaint handling, quality of information and communication, and Internet use. To ensure the objectivity of the survey, HHSC contracted with the Survey Research Center at the University of North Texas to conduct a scientifically valid, five-stage mail survey to a random sample of customers active in the following HHS programs from September 1, 2004 through June 30, 2005:

HHSC: Temporary Assistance to Needy Families (TANF) and Food Stamps programs under the Health and Human Services Commission

DFPS APS: Adult Protective Services under the Department of Family and Protective Services

DFPS CPS: Child Protective Services Unlicensed Kinship Services under the Department of Family and Protective Services.

DADS: Community Services Long-Term Care Medicaid programs under the Department of Aging and Disability Services

DARS: Vocational Rehabilitation program under the Department of Assistive and Rehabilitative Services

DSHS: The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program under the Department of State Health Services.

Overall response rate was 37.2 percent. Over 1,956 customers or 45.7 percent of the 4,276 respondents offered open-ended comments to help improve the quality and effectiveness of HHS services.

Overall ratings demonstrated large majorities of respondents who agreed or somewhat agreed that the available benefit or service choices were clearly explained (87.3 percent). Ninety-two percent agreed or somewhat agreed that staff treated them with respect and 90.7 percent said staff members were able to answer their questions. HHS materials were easy to understand for 86.9 percent of the respondents. Eighty-eight percent indicated that they knew how to make a complaint against an HHS agency if needed. Fifty-eight percent of the respondents agreed or somewhat agreed that they had a way to get information on the Internet, but 73.9 percent disagreed that they had used the Internet to learn about the benefits or services provided by the HHS program in which they participated. Eighty-nine percent of the respondents agreed or somewhat agreed that the benefits or services they received helped them.

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While the overall results were generally favorable, areas for improvement were identified for each program area. One area of particular interest for further study system-wide is Internet access and use. There are clear indications that many HHS customers need better access to and/or better understanding of how to use the Internet to learn about benefits and services.

The results for the HHS system as a whole and by program/agency are described in detail in this report, along with relevant demographic information. The findings and the direct customer comments together provide important insights into how the HHS system performed for its customers during the early stages of agency consolidations effective at the beginning of fiscal year 2005. These results also provide a valuable baseline for future customer service assessments. The HHS agencies will further analyze detailed survey results to better understand the implications for the system and individual agencies in order to identify specific actions that can improve customer service for HHS clients in the future.

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## I. INTRODUCTION

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

The restructuring of Health and Human Services programs and services under House Bill 2292 (H.B. 2292), passed by the 78<sup>th</sup> Texas Legislature in 2003, provided many opportunities for Health and Human Services (HHS) agencies to consolidate, integrate, and better coordinate an array of administrative and program services under the leadership and oversight of HHSC. 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.

In the June 2004 “Report on Customer Service”, HHSC committed to a system-wide approach to assessing customer service during the next biennium. This report is a product of that commitment. For the first time, a common survey was conducted with customer groups from each agency. The survey was generic in nature, and covered areas such as service access and choice, staff knowledge and courtesy, complaint handling, quality of information and communications, and Internet use.

The survey responses represent the views of customers active in the system from September 1, 2004 through June 30, 2005, the first three quarters following full consolidation under H.B. 2292. Major client populations from each agency were selected for this initial survey, with the intention of broadening the survey to other populations in the future. Many customer comments were also received through open-ended responses to questions of how services can be improved; it is clear from customer comments that many of the respondents remain HHS clients. The tabulated results and the direct customer comments together provide important insights into how the newly formed HHS system performed for its customers during the early stages following agency consolidations effective at the beginning of fiscal year 2005. These results also provide a valuable baseline for future customer service assessments. The HHS agencies will further analyze the information presented herein in order to understand in depth the implications for the HHS system as a whole and for individual agency programs.

In accordance with Chapter 2114.002(a) of the Government Code, a description of services provided to customers from each agency is presented by budget strategy in Appendix A. Appendix C provides descriptions of customer service assessments that were outside the scope of this initial survey but address key client populations and customer assessment efforts conducted by individual HHS agencies.



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## On-Going Customer Services Activities and Functions

Created by the 78th Texas Legislature, HHSC's Office of the Ombudsman (OO), established in 2004, assists the public when the agency's normal complaint process cannot or does not satisfactorily resolve issues. The mission of OO is to serve as an impartial and confidential resource, assisting consumers with health and human services-related complaints and issues. Working closely with HHS agencies' leadership, management and program staff, OO services include:

- Conducting independent reviews of complaints concerning policies or practices.
- Ensuring policies and practices are consistent with the goals of HHSC.
- Making referrals to other agencies as appropriate.
- Performing informal dispute resolution reviews for certain long-term care facilities.
- Serving as a central point of assistance in identifying appropriate programs or departments for problems and complaints.
- Working to ensure adherence to Customer Service Principles and Standards as defined in the Compact with Texans.

Centers for Consumer and External Affairs (CCEA) exist at each agency to handle customer service functions and ensure the involvement of consumers and stakeholders in improving agency services and communications. The CCEA offices work closely with the HHSC OO in an effort to ensure close coordination of on-going customer service efforts among HHS agencies.

The Office of the Ombudsman is committed to ensuring outstanding service to customers. In 2005, OO led an initiative to align all HHS departments, working with representatives and leadership from each, to collaboratively develop system wide customer service principles and standards. Each HHS agency will consistently strive to meet these objectives by mutually promoting these principles and standards:

### ***Principles***

As a Texas Health and Human Services department, we are committed to providing high quality services in a professional and ethical manner. In order to do so, we will:

- Treat our customers with courtesy and respect;
- Ensure access to and provision of services is fair and equitable;
- Implement new and creative approaches to improve quality of services;
- Operate based on our customers' overall needs and feedback;
- Provide understandable information in a variety of formats;
- Ensure sound management of programs and funds;
- Work in cooperation with customers;
- Protect private information and share public information in accordance with applicable laws.

### ***Standards***

Texans can expect to receive high quality services from all Texas Health and Human Services departments. To meet this expectation, we will:

- Process applications and respond to contacts accurately and within required timeframes;
- Employ courteous and knowledgeable staff;
- Respond appropriately to language or other special needs;

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- Expand access to information and services, such as by Internet and phone;
  - Provide services in safe facilities and comply with the Americans with Disabilities Act (ADA).

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## II. SURVEY METHODOLOGY

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### Approach

The Texas Health and Human Services Commission (HHSC) contracted with the Survey Research Center (SRC) at the University of North Texas to conduct a mail survey of a random sample of customers from six programs within the Texas Health and Human Services (HHS) system. Visually impaired customers from DARS Vocational Rehabilitation program were contacted by phone. The purpose of the survey, which was developed by designated staff in each of the five agencies, was to obtain customer opinions of their interactions with Texas HHS departments. The objectives of the survey were to measure:

- Overall Satisfaction with Services Received
- Quality of Benefits and Services
- Staff Quality and Treatment by Staff
- Extent of Internet Access and Use
- Suggested Improvements

Six groups of customers were surveyed for this project, with one group selected from four agencies, and two from one agency (DFPS). Both DADS and DSHS elected to add program specific questions of interest to the agency. A workgroup of agency representatives convened by HHSC worked with their respective leadership teams to identify client populations based on factors including size of program and client population, whether the population had been recently surveyed or assessed, and the suitability of the population for the identified survey activity. The six programs and total population sizes are listed below:

HHSC: Temporary Assistance to Needy Families (TANF) and Food Stamps programs under the Health and Human Services Commission (1,758,657 clients)

DFPS APS: Adult Protective Services under the Department of Family and Protective Services (28,653 clients).

DFPS CPS: Child Protective Services Unlicensed Kinship Services under the Department of Family and Protective Services (6,755 clients).

DADS: Community Services Long-Term Care Medicaid programs under the Department of Aging and Disability Services (143,698 clients).

DARS: Vocational Rehabilitation program under the Department of Assistive and Rehabilitative Services (92,181 clients).

DSHS: The Women, Infants, and Children (WIC) program under the Department of State Health Services (1,137,250 clients).

### Survey Development

The survey instrument was developed by an interagency workgroup of staff based on the authorizing legislation and instructions from the LBB and GOBPP. The resulting one-page survey instrument was printed in English on one side and Spanish on the other. A copy of the survey, including the program specific questions for DADS and DSHS populations, is attached (Appendix B) to this report.

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## Sampling Procedure

A random sample was drawn from clients active from September 1, 2004 through June 30, 2005 in the six HHS programs listed above. A total of 11,550, 1,925 clients from each program, comprised the original sample population. The address information for the participants in the sample was verified to minimize non-participation due to wrong addresses. Records (752) without a valid forwarding address were removed from the sampling file resulting in a final sample of 10,798 clients.

The 10,798 total includes 171 visually impaired respondents from the DARS group who were surveyed by telephone rather than by mail. For the visually impaired DARS group, up to 15 calls were made to each available phone number during afternoon and evening hours.

## Data Collection

Data was collected in “waves” through a five-stage mail process. A personalized initial contact letter written in both English and Spanish was sent to all 10,627 mail clients informing them that they had been selected to provide feedback on their experiences regarding HHS services. One week later, an English-Spanish cover letter and questionnaire were sent to each client with a business reply envelope. A reminder postcard, in both English and Spanish, was mailed several days later to all clients. Within a period of two weeks, clients who did not respond to the first questionnaire received a second questionnaire. A third mailing was sent by certified mail to 5,600 of the (6,613) clients who had not yet responded. All mailings were sent first class. Throughout the mailing process, a bilingual SRC staff member fielded phone calls on a toll-free number from respondents who had questions about the survey.

## Response Rate

A total of 4,276 surveys were returned and 28 phone surveys were completed for an overall response rate of 37.2 percent. The response rate for the survey was calculated using the total sample of 11,550. Table 1 below shows response rate by agency and program.

**Table 1**  
**Response Rate**

	Sample Size	Final Count Surveys Completed	Adjusted Response Rate
HHSC TANF/Food Stamps <sup>1</sup>	1,925	735	38.2%
DFPS APS Aged and Disabled	1,925	460	23.9%
DFPS CPS Kinship Care	1,925	850	44.2%
DADS Community Care	1,925	934	48.5%
DARS Vocational Rehabilitation	1,925	706	36.7%
DSHS Women, Infants, and Children	1,925	616	32.0%
Total	11,550	4,301	37.2%

### Margins of Error

Margins of error for the surveyed populations were +/- 3.6 percent for HHSC TANF/Food Stamps, +/- 4.5 percent for DFPS APS, +/- 3.1 percent for DFPS CPS Kinship Care, +/-3.2 percent for DADS Community Care, +/-3.7 percent for DARS Vocational Rehabilitation, and +/- 3.7 percent for the DSHS WIC program.

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<sup>1</sup> The TANF/Food Stamp sample includes some Medicaid-only participants in the Children and Pregnant Women categories, the majority of whom meet Food Stamp and TANF income criteria.

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### III. DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

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Demographic information for each of the respondent groups was collected and used for analysis of survey results. Demographic information by individual program and agency is presented below.

**Table 2**  
**HHSC Demographic Characteristics for TANF/Food Stamps Respondents**

Demographic Groups	All Respondents	
	Count	Percentage
Age		
25 and under	111	15.9
26 to 35	205	29.4
36 to 45	160	22.9
46 to 55	81	11.6
56 to 65	50	7.2
66 to 75	57	8.2
76 to 85	28	4.0
86 and over	6	0.9
Gender		
Female	599	85.8
Male	99	14.2
Race/Ethnicity		
Caucasian	197	28.2
Hispanic	370	53.0
African American	108	15.5
Other	23	3.3
Language of respondent		
English	497	71.2
Spanish	201	28.8
Person who completed questionnaire		
Client	491	92.8
Representative of client	38	7.2

- Sixty-eight percent of all respondents were age 45 or younger.
- Eighty-six percent of respondents were female.
- Respondents were predominantly Hispanic (53.0 percent), with 28.2 percent Caucasian, and 15.5 percent African American.
- Seventy-one percent of all respondents completed the English questionnaire while 28.8 percent completed the Spanish questionnaire.
- A greater percentage of clients (92.8 percent) completed the questionnaire than representatives of the client (7.2 percent). Twenty-four percent or 169 respondents did not answer this question.

**Table 3**  
**DFPS APS Demographic Characteristics for Elderly and Disabled Adult Respondents**

Demographic Groups	All Respondents	
	Count	Percentage
Age		
25 and under	7	1.6
26 to 35	12	2.7
36 to 45	41	9.3
46 to 55	69	15.7
56 to 65	103	23.4
66 to 75	92	20.9
76 to 85	83	18.9
86 and over	33	7.5
Gender		
Female	266	60.7
Male	172	39.3
Race/Ethnicity		
Caucasian	187	47.2
Hispanic	106	26.8
African American	102	25.8
Other	1	0.3
Language of respondent		
English	410	93.2
Spanish	30	6.8
Person who completed questionnaire		
Client	219	72.0
Representative of client	85	28.0

- Seventy-one percent of all respondents were age 56 or older.
- Sixty-one percent of all respondents were female.
- Respondents were predominantly Caucasian (47.2 percent), with 26.8 percent Hispanic, and 25.8 percent African American.
- Ninety-three percent of all respondents completed the English questionnaire while 6.8 percent completed the Spanish questionnaire.
- A greater percentage of clients (72.0 percent) completed the questionnaire than representatives of the client (28.0 percent).

**Table 4**  
**DFPS CPS Demographic Characteristics for Unlicensed Kinship Services Respondents**

Demographic Groups	All Respondents	
	Count	Percentage
Age		
25 and under	13	1.6
26 to 35	112	14.0
36 to 45	202	25.2
46 to 55	258	32.2
56 to 65	163	20.3
66 to 75	48	6.0
76 to 85	4	0.5
86 and over	2	0.2
Gender		
Female	690	84.4
Male	128	15.6
Race/Ethnicity		
Caucasian	367	44.8
Hispanic	219	26.7
African American	216	26.4
Other	17	2.1
Language of respondent		
English	782	95.5
Spanish	37	4.5
Person who completed questionnaire		
Client	615	95.3
Representative of client	30	4.7

- Fifty-seven percent of all respondents were between 36 and 55 years of age.
- Eighty-four percent of all respondents were female.
- Respondents were predominantly Caucasian (44.8 percent), with 26.7 percent Hispanic, and 26.4 percent African American.
- Ninety-six percent of all respondents completed the English questionnaire while 4.5 percent completed the Spanish questionnaire.
- A greater percentage of clients (95.3 percent) completed the questionnaire than representatives of the client (4.7 percent). Twenty-one percent or 174 respondents did not answer the question.



**Table 5**  
**DADS Demographic Characteristics for Community Services Respondents**

Demographic Groups	All Respondents	
	Count	Percentage
Age		
25 and under	17	2.1
26 to 35	11	1.3
36 to 45	38	4.6
46 to 55	69	8.4
56 to 65	130	15.9
66 to 75	223	27.3
76 to 85	235	28.7
86 and over	95	11.6
Gender		
Female	586	71.6
Male	233	28.4
Race/Ethnicity		
Caucasian	299	37.8
Hispanic	345	43.6
African American	141	17.8
Other	6	0.8
Language of respondent		
English	591	71.4
Spanish	237	28.6
Person who completed questionnaire		
Client	368	61.4
Representative of client	231	38.6

- Sixty-eight percent of all respondents were age 66 or older. Five respondents removed the tracking labels from their questionnaires; consequently five responses cannot be designated by age, gender or race/ethnicity.
- Seventy-two percent of all respondents were female.
- Respondents were predominantly Hispanic (43.6 percent), with 37.8 Caucasian, and 17.8 percent African American.
- Nearly three-quarters (71.4 percent) of all respondents completed the English questionnaire while 28.6 percent completed the Spanish questionnaire.
- A greater percentage of clients (61.4 percent) completed the questionnaire than representatives of the client (38.6 percent). Twenty-eight percent or 231 respondents did not answer this question.

**Table 6**  
**DARS Demographic Characteristics for Vocational Rehabilitation Respondents**

Demographic Groups	All Respondents	
	Count	Percentage
Age		
25 and under	135	20.3
26 to 35	111	16.7
36 to 45	135	20.3
46 to 55	172	25.8
56 to 65	95	14.3
66 to 75	16	2.4
76 to 85	2	0.3
86 and over	0	0.0
Gender		
Female	362	54.4
Male	304	45.6
Race/Ethnicity		
Caucasian	353	53.0
Hispanic	155	23.3
African American	144	21.6
Other	14	2.1
Language of respondent		
English	636	94.9
Spanish	34	5.1
Visually impaired		
Yes	28	4.2
No	642	95.8
Person who completed questionnaire		
Client	464	93.9
Representative of client	30	6.1

- Fifty-seven percent of all respondents were age 45 or younger.
- Over half (54.4 percent) of all respondents were female.
- Respondents were predominantly Caucasian (53.0 percent), with 23.3 percent Hispanic, and 21.6 percent African American.
- Ninety-five percent of all respondents completed the English questionnaire while 5.1 percent completed the Spanish questionnaire.
- Four percent of the respondents were visually impaired. (These questionnaires were administered by telephone.)
- A greater percentage of clients (93.9 percent) completed the questionnaire than representatives of the client (6.1 percent). Twenty-six percent or 176 respondents did not answer this question.

**Table 7**  
**DSHS Demographic Characteristics for WIC Program Respondents**

Demographic Groups	All Respondents	
	Count	Percentage
Gender		
Female	383	62.2
Male	233	37.8
Race/Ethnicity		
Caucasian	117	19.0
Hispanic	435	70.6
African American	56	9.1
Other	8	1.3
Language of respondent		
English	390	63.0
Spanish	229	37.0
Person who completed questionnaire		
Client	496	99.0
Representative of client	5	1.0

- Sixty-two percent of all respondents were female.
- Respondents were predominantly Hispanic (70.6 percent), with 19.0 percent Caucasian, and 9.1 percent African American.
- Sixty-three percent of all respondents completed the English questionnaire while 37.0 percent completed the Spanish questionnaire. Since three respondents removed the tracking labels from their questionnaires, three responses are reflected in the “all respondents” column that cannot be distinguished by gender or race/ethnicity. The same circumstance applies to the “person who completed the questionnaire” question.
- Nearly all of the clients (99.0 percent) completed the questionnaire rather than representatives of the client (1.0 percent).

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## IV. FINDINGS: HHS SYSTEM-WIDE SURVEY FINDINGS AND RESULTS

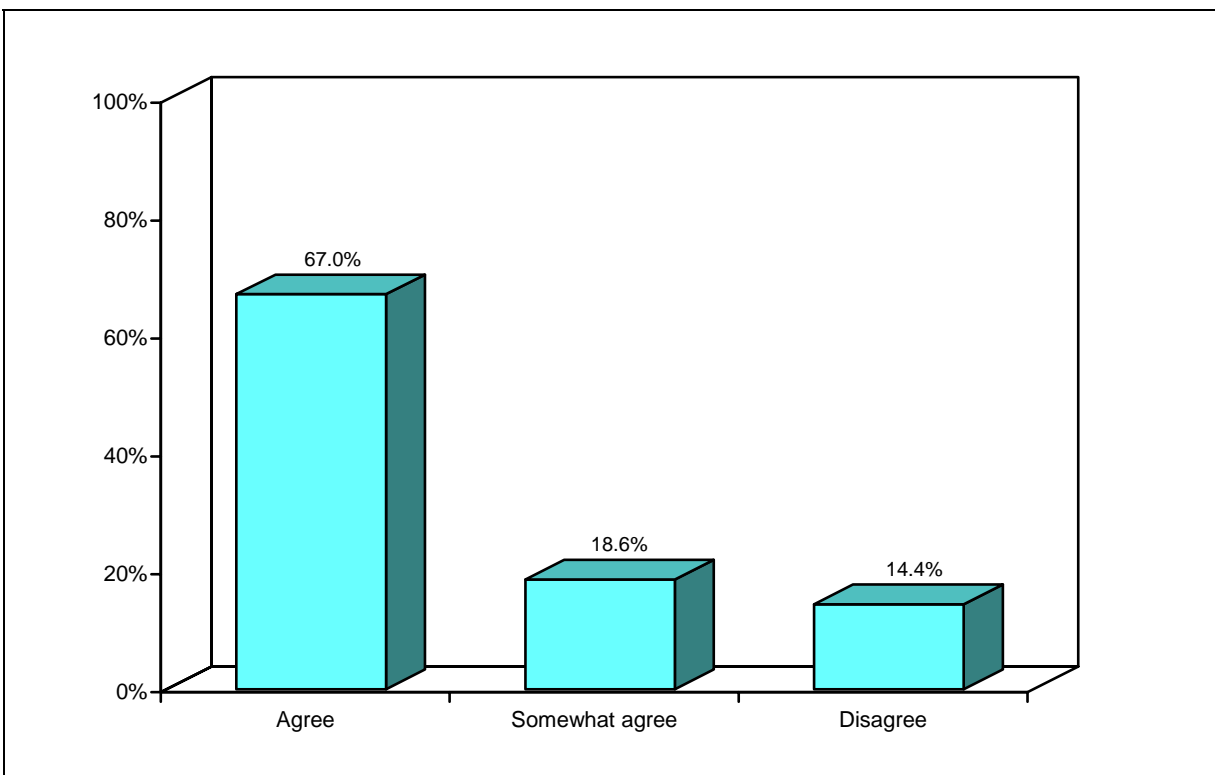
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### Introduction

Findings in this section represent the findings for the six customer groups participating in the survey. This section provides a summary for the performance of the HHS system as a whole on questions that were common across all customer groups. Each customer group has an equal weight in the summary statistics in this section. More detailed analysis is provided by agency program in the sections that follow.

### Overall Satisfaction with Services Received

**Figure 1**  
**Overall Satisfaction with Texas HHS Services Received**  
**(n=3,882)\***



All respondents were asked if they agreed with the statement, "Overall, I am satisfied with the benefits or services I received." Eighty-six percent of the respondents either agreed (67.0 percent) or somewhat agreed (18.6 percent) that they were satisfied.

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\* A total of 3,882 respondents, or 95.0 percent of all respondents, answered this question. Of the remaining respondents, 3.6 percent answered "don't know" and 1.4 percent did not mark a response.

## System Results

All respondents were asked 12 questions about HHS services, staff, complaint handling, and Internet access. A summary of their responses is presented in Table 8.

**Table 8**  
**Summary of Service Questions**

Service Questions	Count	Agree	Somewhat agree	Disagree
The benefit or service choices available to me were clearly explained. <sup>1</sup>	3,867	66.6	20.7	12.7
I had a chance to say what benefits or services I wanted to receive. <sup>2</sup>	3,793	64.0	19.3	16.7
It was easy for me to get the benefits or services I needed. <sup>3</sup>	3,843	54.4	24.2	21.5
The length of time I waited to receive benefits or services was reasonable. <sup>4</sup>	3,811	56.7	22.5	20.7
Staff members treated me with respect. <sup>5</sup>	3,943	76.8	15.1	8.2
Staff members were able to answer my questions. <sup>6</sup>	3,904	69.3	21.4	9.2
I understood what I needed to know about the benefits or services. <sup>7</sup>	3,869	64.8	22.1	13.1
I would be able to make a complaint about the benefits or services if I needed to make one. <sup>8</sup>	3,556	72.6	15.5	11.8
If I complained, I believe my complaint would be addressed fairly. <sup>1</sup>	3,474	64.6	21.5	13.9

- A large majority of respondents agreed or somewhat agreed with the statements with the exception of the two questions about use of the Internet. Forty-two percent disagreed that they had a way to get information on the Internet and three-quarters (73.9 percent) disagreed that they had used the Internet to learn about program benefits or services.
- Findings, including a summary of open-ended responses to a question regarding how to improve benefits and services for individual programs, can be found in Section V. The individual program sections provide overall findings for each survey question, and narrative information on any relevant demographic findings. Demographic tables for each question were excluded in order to keep the report to a reasonable length.

<sup>1</sup> A total of 3,867 respondents, or 94.7 percent of all respondents, answered this question. Of the remaining respondents, 3.8 percent answered "don't know" and 1.5 percent did not mark a response.

<sup>2</sup> A total of 3,793 respondents, or 93.0 percent of all respondents, answered this question. Of the remaining respondents, 5.6 percent answered "don't know" and 1.4 percent did not mark a response.

<sup>3</sup> A total of 3,843 respondents, or 94.1 percent of all respondents, answered this question. Of the remaining respondents, 4.2 percent answered "don't know" and 1.7 percent did not mark a response.

<sup>4</sup> A total of 3,811 respondents, or 93.5 percent of all respondents, answered this question. Of the remaining respondents, 4.7 percent answered "don't know" and 1.8 percent did not mark a response.

<sup>5</sup> A total of 3,943 respondents, or 96.7 percent of all respondents, answered this question. Of the remaining respondents, 2.5 percent answered "don't know" and 0.8 percent did not mark a response.

<sup>6</sup> A total of 3,904 respondents, or 95.6 percent of all respondents, answered this question. Of the remaining respondents, 3.1 percent answered "don't know" and 1.3 percent did not mark a response.

<sup>7</sup> A total of 3,869 respondents, or 95.3 percent of all respondents, answered this question. Of the remaining respondents, 3.6 percent answered "don't know" and 1.1 percent did not mark a response.

<sup>8</sup> A total of 3,556 respondents, or 86.9 percent of all respondents, answered this question. Of the remaining respondents, 11.6 percent answered "don't know" and 1.5 percent did not mark a response.

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I have a way to get information on the Internet. <sup>2</sup>	2,804	46.4	11.5	42.2
I have used the Internet to learn about the benefits or services provided by this program. <sup>3</sup>	2,841	17.5	8.7	73.9
The benefits or services I received helped me. <sup>4</sup>	3,765	74.0	14.5	11.6

## Open-Ended Responses

The survey process yielded 1,956 open-ended responses (45.7% of the 4,276 respondents) to the question of how services could be improved. Open-ended responses are discussed by program in the sections that follow.

---

<sup>1</sup> A total of 3,474 respondents, or 85.2 percent of all respondents, answered this question. Of the remaining respondents, 13.2 percent answered "don't know" and 1.6 percent did not mark a response.

<sup>2</sup> A total of 2,804 respondents, or 71.6 percent of all respondents, answered this question. Of the remaining respondents, 24.7 percent answered "don't know" and 3.7 percent did not mark a response.

<sup>3</sup> A total of 2,841 respondents, or 69.8 percent of all respondents, answered this question. Of the remaining respondents, 30.2 percent answered "don't know" and 5.7 percent did not mark a response.

<sup>4</sup> A total of 3,765 respondents, or 92.3 percent of all respondents, answered this question. Of the remaining respondents, 5.0 percent answered "don't know" and 2.7 percent did not mark a response.

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## V. INDIVIDUAL HHS AGENCY FINDINGS AND RESULTS

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### **HHSC - TANF and Food Stamp Recipients**

The Health and Human Services Commission elected to survey a sample of TANF and Food Stamp recipients for the purposes of this survey. The total population from which the sample was drawn included 1,798,657 low-income clients who were receiving Food Stamps and/or TANF cash assistance benefits. The timeframe of September 30, 2004 through June 30, 2005 reflects the first three quarters in which the TANF and Food Stamp programs were transferred from the legacy Department of Human Services to the Health and Human Services Commission under H.B. 2292. The recipients during this time were still receiving benefits through the traditional state office structure; call center technology was only implemented in a few areas and were only used for processing applications for Children's Medicaid and changes in eligibility such as changed address, income, or family size, rather than new applications for services.

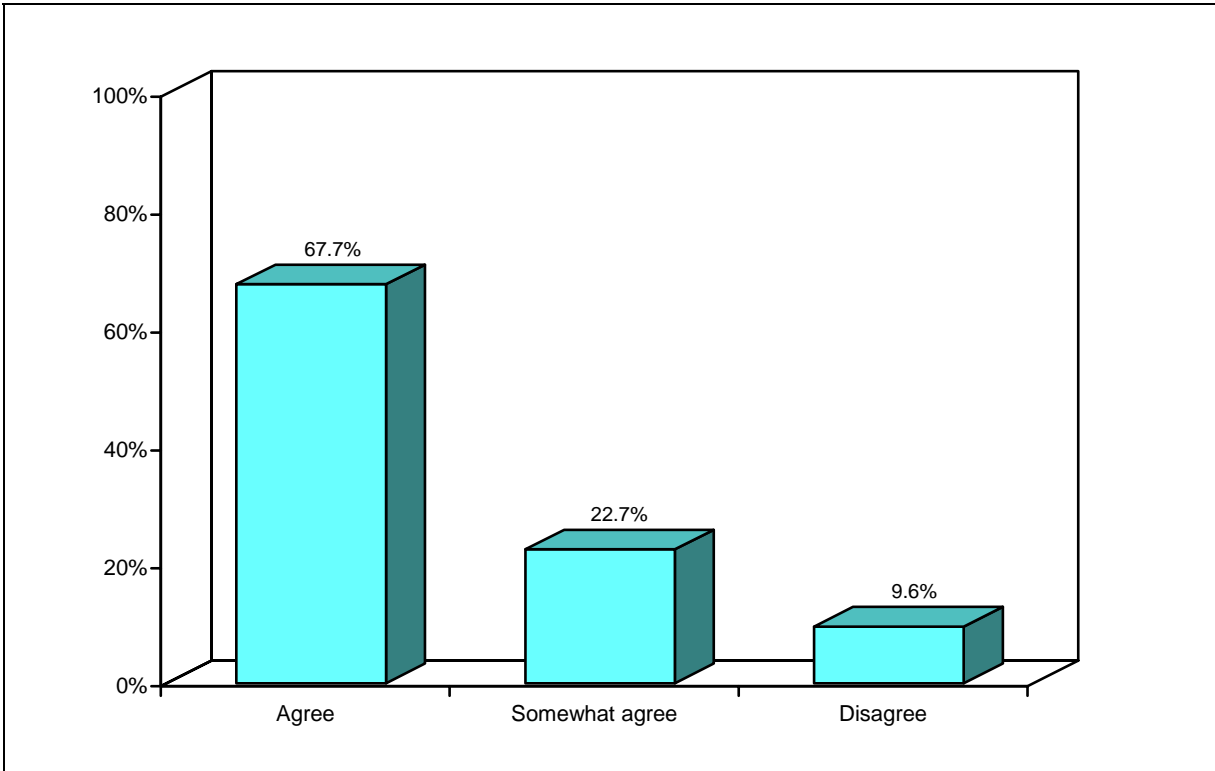
HHSC also conducted extensive surveys of Medicaid and Children's Health Insurance Program (CHIP) recipients since the 2004 Report on Customer Service. The experience of these populations is also a key indicator of HHSC's success in providing quality services to other key groups of customers.

A description of Medicaid and CHIP results are included in Appendix C.

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## Overall Satisfaction with Services Received

**Figure 2**  
**Overall Satisfaction with HHSC TANF and Food Stamps Services Received**  
**(n=678)\***



Respondents were asked if they agreed with the statement, "Overall, I am satisfied with the benefits or services I received." As shown in Figure 2, 90.4 percent of the respondents either agreed (67.7 percent) or somewhat agreed (22.7 percent) that they were satisfied.

- Hispanic (92.7 percent) and Caucasian respondents (91.3 percent) were more likely to agree or somewhat agree they were satisfied with benefits or services received followed by other respondents (87.0 percent), and African American respondents (81.9 percent).
- Ninety-five percent of the respondents who completed the Spanish questionnaire agreed or somewhat agreed they were satisfied with HHSC benefits or services compared to 88.6 percent of the respondents who completed the English questionnaire.

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\* A total of 678 respondents, or 97.1 percent of all respondents, answered this question. Of the remaining respondents, 17 respondents (2.4 percent) answered "don't know" and 3 (0.4 percent) did not mark a response.



## Quality of Benefits and Services

**Table 9**  
**Benefits and Services Ratings**

	Count	Agree	Somewhat agree	Disagree
The benefit or service choices available to me were clearly explained. <sup>1</sup>	664	67.9	23.0	9.0
I had a chance to say what benefits or services I wanted to receive. <sup>2</sup>	664	72.3	18.5	9.2
It was easy for me to get the benefits or services I needed. <sup>3</sup>	672	50.1	29.2	20.7
The length of time I waited to receive benefits or services was reasonable. <sup>4</sup>	672	56.5	25.0	18.5
The benefits or services I received helped me. <sup>5</sup>	664	81.2	14.2	4.7

HHSC respondents were asked about their experience with learning about and receiving benefits and services.

### Available choices were clearly explained

- Respondents were asked if they agreed that the benefit or service choices available to them were clearly explained. Ninety-one percent of the respondents either agreed (67.9 percent) or somewhat agreed (23.0 percent) with that statement.
- Ninety-four percent of the respondents who completed the Spanish questionnaire agreed or somewhat agreed that available benefit or service choices were clearly explained to them compared to 89.7 percent of the respondents who completed the English questionnaire.

### Chance to say what benefits and services I wanted to receive

- Respondents were asked if they agreed that they had a chance to say what benefits or services they wanted to receive. Ninety-one percent of the respondents either agreed (72.3 percent) or somewhat agreed (18.5 percent) that they had that opportunity.
- Differences varied by race/ethnicity. Hispanic respondents (93.7 percent) were more likely to agree or somewhat agree they had a chance to say what benefits or services they wanted to receive followed by Caucasian respondents (91.1 percent), African American respondents (83.6 percent), and Other respondents (76.2 percent).

### Easy to get needed benefits or services

<sup>1</sup> A total of 664 respondents, or 95.1 percent of all respondents, answered this question. Of the remaining respondents, 3.6 percent answered “don’t know” and 1.3 percent did not mark an answer.

<sup>2</sup> A total of 664 respondents, or 95.1 percent of all respondents, answered this question. Of the remaining respondents, 4.4 percent answered “don’t know” and 0.4 percent did not mark an answer.

<sup>3</sup> A total of 672 respondents, or 96.3 percent of all respondents, answered this question. Of the remaining respondents, 2.6 percent answered “don’t know” and 1.1 percent did not mark an answer.

<sup>4</sup> A total of 672 respondents, or 96.3 percent of all respondents, answered this question. Of the remaining respondents, 2.9 percent answered “don’t know” and 0.9 percent did not mark an answer.

<sup>5</sup> A total of 664 respondents, or 95.1 percent of all respondents, answered this question. Of the remaining respondents, 3.4 percent answered “don’t know” and 1.4 percent did not mark an answer.

- 
- Respondents were asked if it was easy for them to get the benefits or services they needed. Seventy-nine percent of the respondents either agreed (50.1 percent) or somewhat agreed (29.2 percent) that it was easy to get needed benefits or services.
  - Differences varied by race/ethnicity and language. Hispanic respondents (81.6 percent) were more likely to agree or somewhat agree that it was easy to get needed benefits or services followed by Caucasian respondents (77.9 percent), African American respondents (76.5 percent), and Other respondents (68.2 percent). Eighty-four percent of the respondents who completed the Spanish questionnaire agreed or somewhat agreed compared to 77.4 percent of the respondents who completed the English questionnaire.

#### Time waited to get benefits or services was reasonable

- When asked if they agreed that the length of time they waited to receive benefits or services was reasonable, 81.5 percent either agreed (56.5 percent) or somewhat agreed (25.0 percent).
- Differences in agreement varied with the age of the respondent, ranging from 75.5 percent (agree or somewhat agree) of respondents age 25 and under to 100.0 percent of respondents age 86 and over. Female respondents (82.1 percent) were more likely to agree or somewhat agree that the time they waited was reasonable compared to male respondents (78.0 percent). Agreement varied with ethnicity and was highest among African American respondents (85.1 percent). Ninety-one percent of respondents completing the Spanish questionnaire and 77.8 percent of those completing the English questionnaire agreed or somewhat agreed that the length of time waited to receive benefits or services was reasonable.

#### Benefits or services received helped me

- Respondents were asked if they agreed that the benefits or services they received had helped them. Ninety-five percent of the respondents either agreed (81.2 percent) or somewhat agreed (14.2 percent).
- Respondents who completed the Spanish questionnaire (98.9 percent) were more likely than those who completed the English questionnaire (94.0 percent) to agree or somewhat agree that the benefits or services they received helped them.

## Staff Quality and Treatment by Staff

**Table 10**  
**Staff Ratings**

	Count	Agree	Somewhat agree	Disagree
Staff members treated me with respect. <sup>1</sup>	676	66.6	22.0	11.4
Staff members were able to answer my questions. <sup>2</sup>	670	67.6	24.2	8.2
I understood what I needed to know about the benefits or services. <sup>3</sup>	670	69.1	23.4	7.5

Respondents were asked about their experience dealing with HHSC staff.

### Staff members treated me with respect

- Respondents were asked if they agreed that staff members had treated them with respect. Eighty-nine percent of the respondents either agreed (66.6 percent) or somewhat agreed (22.0 percent) that they were treated with respect.
- Agreement with the statement generally increased as the age of the respondent increased and was greater among respondents who completed the Spanish questionnaire.

### Staff members were able to answer questions

- Respondents were asked if they agreed that staff members were able to answer their questions. Ninety-two percent of the respondents indicated that they either agreed (67.6 percent) or somewhat agreed (24.2 percent) with that statement.
- Seventy-eight percent of respondents who completed the Spanish questionnaire and 63.7 percent of those who completed the English questionnaire agreed that staff members were able to answer their questions.

### I understood about benefits or services

- Respondents were asked if they agreed with the statement, "I understood what I needed to know about the benefits or services." Ninety-three percent either agreed (69.1 percent) or somewhat agreed (23.4 percent) that they understood.
- Agreement varied with ethnicity and was highest among other respondents (95.4 percent). Ninety-seven percent of respondents completing the Spanish questionnaire and 90.8 percent of those completing the English questionnaire agreed or somewhat agreed with the statement.

<sup>1</sup> A total of 676 respondents, or 96.8 percent of all respondents, answered this question. Of the remaining respondents, 2.1 percent answered "don't know" and 1.0 percent did not mark an answer.

<sup>2</sup> A total of 670 respondents, or 96.0 percent of all respondents, answered this question. Of the remaining respondents, 2.9 percent answered "don't know" and 1.1 percent did not mark an answer.

<sup>3</sup> A total of 670 respondents, or 96.0 percent of all respondents, answered this question. Of the remaining respondents, 3.4 percent answered "don't know" and 0.6 percent did not mark an answer.

**Table 11  
Complaint Handling Ratings**

	Count	Agree	Somewhat agree	Disagree
I would be able to make a complaint about the benefits or services if I needed to make one. <sup>1</sup>	598	71.4	17.4	11.2
If I complained, I believe my complaint would be addressed fairly. <sup>2</sup>	576	57.3	27.6	15.1

Respondents were asked about the HHSC complaint process.

Able to make a complaint if needed

- Respondents were asked if they agreed that they would be able to make a complaint about benefits or services if they needed to make one. Eighty-nine percent of the respondents either agreed (71.4 percent) or somewhat agreed (17.4 percent) that they would be able to make a complaint if they needed to make one.

Complaint would be fairly addressed

- Respondents were asked if they agreed with the statement, “If I complained, I believe my complaint would be addressed fairly.” Eighty-five percent of the respondents indicated that they either agreed (57.3 percent) or somewhat agreed (27.6 percent) with that statement.
- Agreement generally increased as the age of the respondent increased and varied with ethnicity. Ninety-three percent of respondents completing the Spanish questionnaire and 82.0 percent of those completing the English questionnaire agreed or somewhat agreed that their complaint, if made, would be addressed fairly.

**Extent of Internet Access and Use**

**Table 12  
Internet Ratings**

	Count	Agree	Somewhat agree	Disagree
I have a way to get information on the Internet. <sup>3</sup>	460	47.4	10.7	42.0
I have used the Internet to learn about the benefits or services provided by this program. <sup>4</sup>	465	17.0	8.0	75.1

<sup>1</sup> A total of 598 respondents, or 85.7 percent of all respondents, answered this question. Of the remaining respondents, 12.9 percent answered “don’t know” and 1.4 percent did not mark an answer.

<sup>2</sup> A total of 576 respondents, or 82.5 percent of all respondents, answered this question. Of the remaining respondents, 15.5 percent answered “don’t know” and 2.0 percent did not mark an answer.

<sup>3</sup> A total of 460 respondents, or 65.9 percent of all respondents, answered this question. Of the remaining respondents, 29.7 percent answered “don’t know” and 4.4 percent did not mark an answer.

<sup>4</sup> A total of 465 respondents, or 66.6 percent of all respondents, answered this question. Of the remaining respondents, 28.5 percent answered “don’t know” and 4.9 percent did not mark an answer.

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Respondents were asked about their access to and use of the Internet to learn about the HHSC program.

Have a way to get information on the Internet

- Respondents were asked if they agreed that they had a way to get information on the Internet. Fifty-eight percent of the respondents either agreed (47.4 percent) or somewhat agreed (10.7 percent) that they had a way to access the Internet.
- Eighty-one percent of respondents completing the Spanish questionnaire and 52.8 percent of those completing the English questionnaire agreed or somewhat agreed that they had a way to get information on the Internet.

Used Internet to learn about benefits or services

- Respondents were asked if they agreed with the statement, “I have used the Internet to learn about the benefits or services provided by this program.” Seventy-five percent of the respondents disagreed with this statement. Twenty-five percent of the respondents indicated that they either agreed (17.0 percent) or somewhat agreed (8.0 percent).
- Forty percent of respondents completing the Spanish questionnaire and 22.6 percent of those completing the English questionnaire agreed or somewhat agreed that they had used the Internet to learn about program benefits or services.

## **Suggested Improvements**

**Table 13**  
**Suggested Improvements (Open-ended)**  
**(n=279)**

	Percentage responding
Staff performance	26.5
Satisfied/no improvement needed	16.8
Assistance needed/decreased/denied	14.7
Specific programs	14.3
Process	10.8
Income requirements	4.3
Appointments	3.6
Communication	3.6
Other	5.4

Two hundred and seventy-nine of the 678 respondents (41.2 percent) provided responses to the open-ended questions of how HHSC could improve the benefits or services they received or needed. After categorizing the comments, 26.5 percent commented on staff performance, and 16.8 percent of the respondents who gave an answer were satisfied and offered no suggestions for improvement. Fifteen percent commented on needed assistance. Other areas for improvement included specific programs (14.3 percent), and the process (10.8 percent).

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## DFPS Adult and Child Protective Services

The Texas Department of Family and Protective Services (DFPS) serves the state's children, youth, families, the elderly, and people with disabilities.

DFPS chose client populations from Adult Protective Services (APS) and Children Protective Services (CPS) for the purposes of this report because they comprise the agency's largest client bases:

- APS - Elders and disabled adults who are in confirmed investigations that progress to service delivery
- CPS - Unlicensed Kinship includes relatives of foster children who care for one or more child but have not been formally licensed as foster parents by the state.

The populations surveyed in this report consist of active clients who received DFPS services from September 1, 2004 through June 30, 2005. The majority of these clients received services prior to the implementation of agency renewal efforts addressed in Senate Bill 6, passed by the 79<sup>th</sup> Legislature, in May 2005.

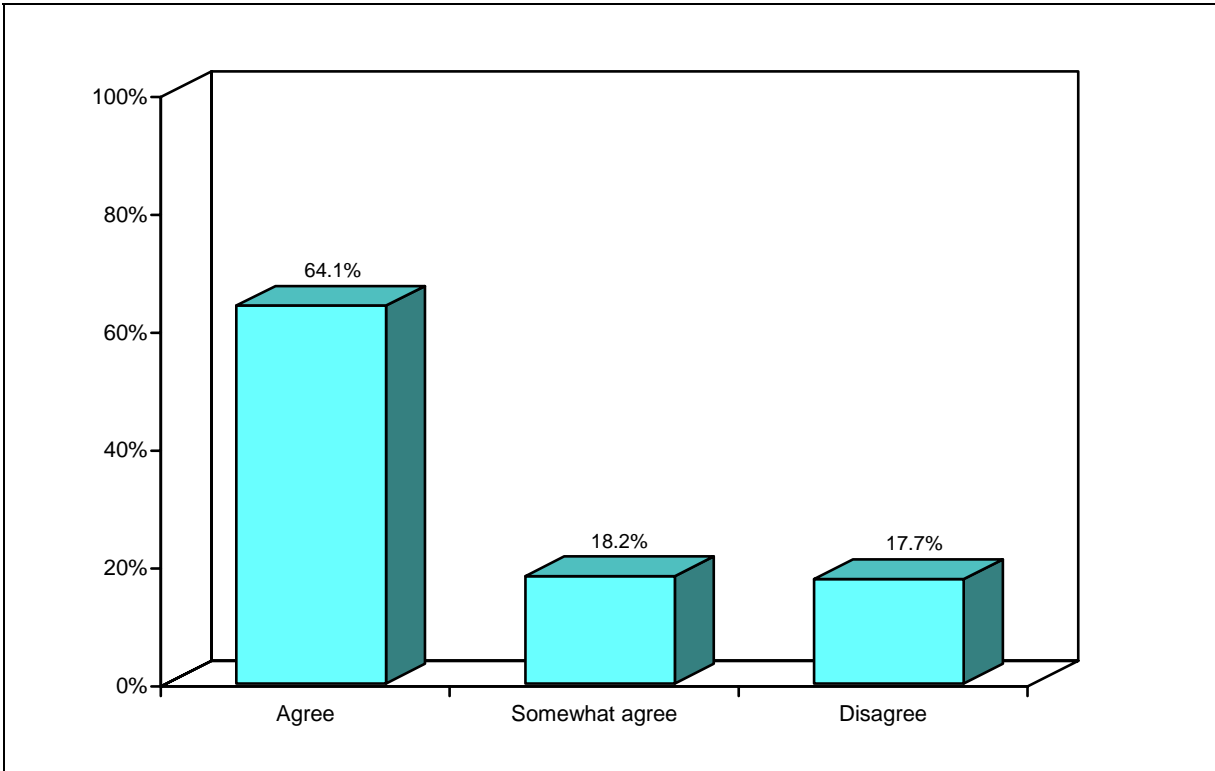
Client outcomes have enhanced as a result of the systemic reform of the APS program. New assessment tools, clinical expertise, and quality assurance provisions help ensure client safety and well-being. Other key components of APS reform include enhanced caseworker training, transference of the Guardianship program to the Texas Department of Aging and Disability Services, hiring additional staff, technological advances, increase community engagement, and improved performance and caseload management.

One of main initiatives of CPS reform is to improve the services to parents, children and extended family members involved in the foster care system. As a result, CPS expanded its kinship care program statewide, with a legislatively mandated completion date of March 1, 2006. Kinship Care services include caregiver training and support groups; case management while DFPS has legal responsibility; information and referral; counseling services; child care to eligible children and families; referral to and assistance in applying for public assistance benefits; and limited financial assistance as funding is available. The information below shows results of both DFPS populations surveyed.

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## Overall Satisfaction with Services Received

**Figure 3**  
**Overall Satisfaction with DFPS APS Services for Elders and Disabled Adults**  
**(n=407)\***



Respondents were asked if they agreed with the statement, "Overall, I am satisfied with the benefits or services I received." As shown in Figure 3, 82.3 percent of the respondents reported being satisfied.

- There were no significant differences among demographic groups.

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\* A total of 407 respondents, or 92.5 percent of all respondents, answered this question. Of the remaining respondents, 25 (5.7 percent) answered "don't know" and 8 (1.8 percent) did not mark a response.

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## Quality of Benefits and Services

**Table 14**  
**Benefits and Services Ratings**

	Count	Agree	Somewhat agree	Disagree
The benefit or service choices available to me were clearly explained. <sup>1</sup>	398	60.3	20.9	18.8
I had a chance to say what benefits or services I wanted to receive. <sup>2</sup>	393	60.6	21.1	18.3
It was easy for me to get the benefits or services I needed. <sup>3</sup>	394	50.3	24.9	24.9
The length of time I waited to receive benefits or services was reasonable. <sup>4</sup>	396	58.6	19.7	21.7
The benefits or services I received helped me. <sup>5</sup>	391	69.6	14.8	15.6

APS respondents were asked about their experience with learning about and receiving benefits and services.

### Available choices were clearly explained

- Respondents were asked if they agreed that the benefit or service choices available to them were clearly explained. Eighty-one percent of the respondents either agreed (60.3 percent) or somewhat agreed (20.9 percent) with that statement.

### Chance to say what benefits and services I wanted to receive

- Respondents were asked if they agreed that they had a chance to say what benefits or services they wanted to receive. Eighty-two percent of the respondents either agreed (60.6 percent) or somewhat agreed (21.1 percent) that they had that opportunity.
- Eighty-nine percent of respondents completing the Spanish questionnaire and 81.1 percent of those completing the English questionnaire agreed or somewhat agreed that they had a chance to say what benefits and services they wanted to receive.

---

<sup>1</sup> A total of 398 respondents, or 90.5 percent of all respondents, answered this question. Of the remaining respondents, 7.5 percent answered “don’t know” and 2.0 percent did not mark an answer.

<sup>2</sup> A total of 393 respondents, or 89.3 percent of all respondents, answered this question. Of the remaining respondents, 9.3 percent answered “don’t know” and 1.4 percent did not mark an answer.

<sup>3</sup> A total of 394 respondents, or 89.5 percent of all respondents, answered this question. Of the remaining respondents, 8.0 percent answered “don’t know” and 2.5 percent did not mark an answer.

<sup>4</sup> A total of 396 respondents, or 90.0 percent of all respondents, answered this question. Of the remaining respondents, 8.0 percent answered “don’t know” and 2.0 percent did not mark an answer.

<sup>5</sup> A total of 391 respondents, or 88.9 percent of all respondents, answered this question. Of the remaining respondents, 7.5 percent answered “don’t know” and 3.6 percent did not mark an answer.



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### Easy to get needed benefits or services

- Respondents were asked if it was easy for them to get the benefits or services they needed. Seventy-five percent of the respondents either agreed (50.3 percent) or somewhat agreed (24.9 percent) that it was easy to get needed benefits or services.

### Time waited to get benefits or services was reasonable

- When asked if they agreed that the length of time they waited to receive benefits or services was reasonable, 78.3 percent either agreed (58.6 percent) or somewhat agreed (19.7 percent).

### Benefits or services received helped me

- Respondents were asked if they agreed that the benefits or services they received helped them. Eighty-four percent of the respondents either agreed (69.6 percent) or somewhat agreed (14.8 percent).
- African American respondents (75.5 percent) were more likely than Hispanic respondents (73.7 percent), Caucasian respondents (66.3 percent) or Other respondents (0.0 percent) to agree that the benefits or services they received helped them.

## **Staff Quality and Treatment by Staff**

**Table 15**  
**Staff Ratings**

	Count	Agree	Somewhat agree	Disagree
Staff members treated me with respect. <sup>1</sup>	416	80.3	8.7	11.1
Staff members were able to answer my questions. <sup>2</sup>	407	66.6	20.4	13.0
I understood what I needed to know about the benefits or services. <sup>3</sup>	403	57.6	23.8	18.6

Respondents were asked about their experience dealing with APS staff.

### Staff members treated me with respect

- Respondents were asked if they agreed that staff members had treated them with respect. Eighty-nine percent of the respondents either agreed (80.3 percent) or somewhat agreed (8.7 percent) that they were treated with respect.

### Staff members were able to answer questions

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<sup>1</sup> A total of 416 respondents, or 94.5 percent of all respondents, answered this question. Of the remaining respondents, 5.0 percent answered “don’t know” and 0.5 percent did not mark an answer.

<sup>2</sup> A total of 407 respondents, or 92.5 percent of all respondents, answered this question. Of the remaining respondents, 6.1 percent answered “don’t know” and 1.4 percent did not mark an answer.

<sup>3</sup> A total of 403 respondents, or 91.6 percent of all respondents, answered this question. Of the remaining respondents, 6.6 percent answered “don’t know” and 1.8 percent did not mark an answer.

- Respondents were asked if they agreed that staff members were able to answer their questions. Eighty-seven percent of the respondents indicated that they either agreed (66.6 percent) or somewhat agreed (20.4 percent) with that statement.
- Female respondents (90.4 percent) were more likely than male respondents (81.5 percent) to agree or somewhat agree that staff members were able to answer their questions.

I understood about benefits or services

- Respondents were asked if they agreed with the statement, “I understood what I needed to know about the benefits or services.” Eighty-one percent either agreed (57.6 percent) or somewhat agreed (23.8 percent) that they understood.

**Table 16**  
**Complaint Handling Ratings**

	Count	Agree	Somewhat agree	Disagree
I would be able to make a complaint about the benefits or services if I needed to make one. <sup>1</sup>	365	72.1	14.2	13.7
If I complained, I believe my complaint would be addressed fairly. <sup>2</sup>	378	65.3	20.1	14.6

Respondents were asked about the APS complaint process.

Able to make a complaint if needed

- Respondents were asked if they agreed that they would be able to make a complaint about benefits or services if they needed to make one. Eighty-six percent of the respondents either agreed (72.1 percent) or somewhat agreed (14.2 percent) that they would be able to make a complaint if they needed to make one.

Complaint would be fairly addressed

- Respondents were asked if they agreed with the statement, “If I complained, I believe my complaint would be addressed fairly.” Eighty-five percent of the respondents indicated that they either agreed (65.3 percent) or somewhat agreed (20.1 percent) with that statement.

<sup>1</sup> A total of 365 respondents, or 83.0 percent of all respondents, answered this question. Of the remaining respondents, 15.2 percent answered “don’t know” and 1.8 percent did not mark an answer.

<sup>2</sup> A total of 378 respondents, or 85.9 percent of all respondents, answered this question. Of the remaining respondents, 12.3 percent answered “don’t know” and 1.8 percent did not mark an answer.

## Extent of Internet Access and Use

**Table 17**  
**Internet Ratings**

	Count	Agree	Somewhat agree	Disagree
I have a way to get information on the Internet. <sup>1</sup>	310	30.0	7.7	62.3
I have used the Internet to learn about the benefits or services provided by this program. <sup>2</sup>	311	14.1	5.8	80.1

Respondents were asked about their access to and use of the Internet to learn about the APS program.

### Have a way to get information on the Internet

- Respondents were asked if they agreed that they had a way to get information on the Internet. Sixty-two percent of the respondents disagreed with the statement. Thirty-eight percent either agreed (30.0 percent) or somewhat agreed (7.7 percent) that they had a way to access the Internet.
- Sixty-seven percent of respondents completing the Spanish questionnaire and 36.0 percent of those completing the English questionnaire agreed or somewhat agreed that they had a way to get information on the Internet.

### Used Internet to learn about benefits or services

- Respondents were asked if they agreed with the statement, “I have used the Internet to learn about the benefits or services provided by this program.” Eighty percent of the respondents disagreed with this statement. Twenty percent of the respondents indicated that they either agreed (14.1 percent) or somewhat agreed (5.8 percent).

## Suggested Improvements

**Table 18**  
**Suggested Improvements (Open-ended)**  
**(n=202)**

	Percentage responding
Satisfied/no improvement needed	25.8
Staff performance	19.8
Assistance needed/decreased/denied	16.8
Communication	12.4

<sup>1</sup> A total of 310 respondents, or 70.5 percent of all respondents, answered this question. Of the remaining respondents, 12.3 percent answered “don’t know” and 1.8 percent did not mark an answer.

<sup>2</sup> A total of 311 respondents, or 70.7 percent of all respondents, answered this question. Of the remaining respondents, 21.1 percent answered “don’t know” and 8.2 percent did not mark an answer.

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Process	8.4
Specific programs	5.9
Home visits	1.5
Dissatisfied	1.5
Other	7.9

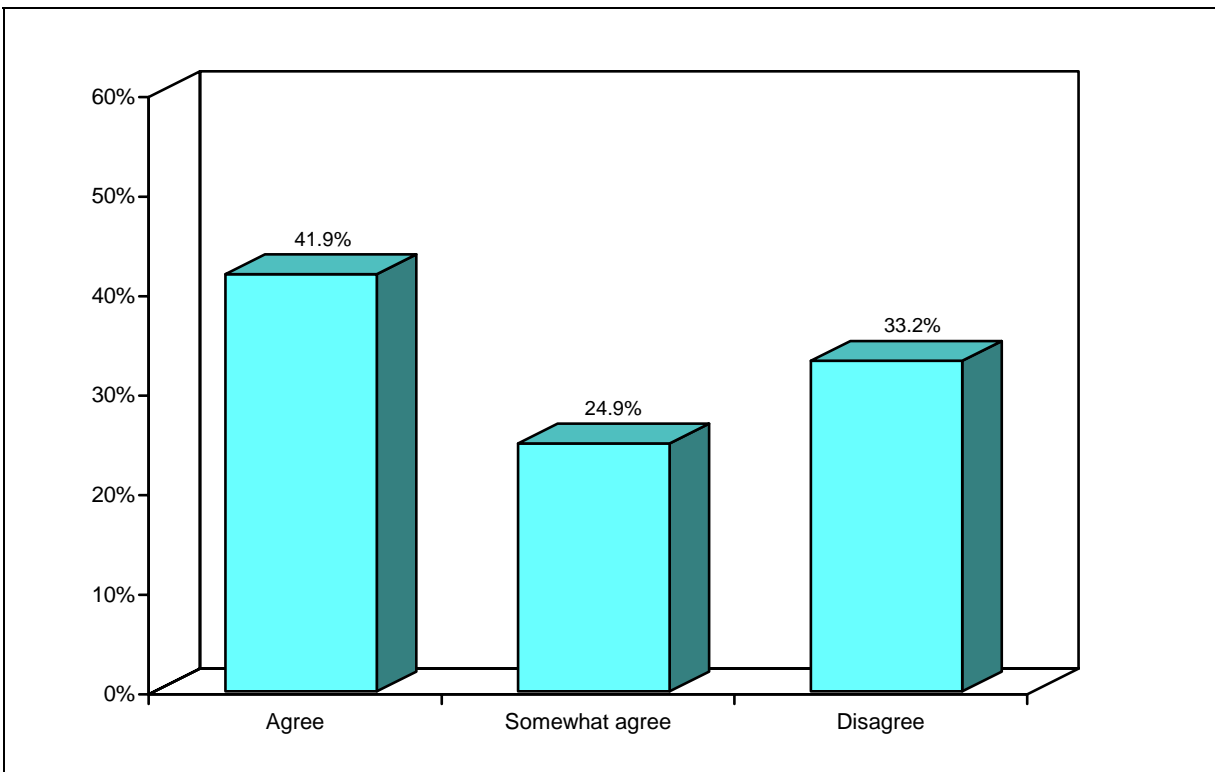
Two hundred and two of the 407 respondents (49.6 percent) provided responses to the open-ended questions of how APS could improve the benefits or services they received or needed. After categorizing the comments, 25.8 percent of the respondents who gave an answer were satisfied and offered no suggestions for improvement. Twenty percent mentioned staff performance, while 16.8 percent wanted attendant assistance or more assistance than they already receive. Other areas for improvement included communication (12.4 percent), the process (8.4 percent), and specific programs (5.9 percent).

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## DFPS Child Protective Services - Unlicensed Kinship Services Recipients

### Overall Satisfaction with Services Received

**Figure 4**  
**Overall Satisfaction with DFPS CPS Unlicensed Kinship Services Received**  
**(n=768)\***



Respondents were asked if they agreed with the statement, "Overall, I am satisfied with the benefits or services I received." Two-thirds (66.8 percent) of the respondents either agreed (41.9 percent) or somewhat agreed (24.9 percent) that they were satisfied (see Figure 4).

- Hispanic respondents (75.1 percent) were most likely to report they were satisfied with the benefits or services they received followed by African American respondents (67.4 percent), Caucasian respondents (61.9 percent), and Other respondents (58.8 percent).

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\* A total of 768 respondents, or 93.8 percent of all respondents, answered this question. Of the remaining respondents, 37 (4.5 percent) answered "don't know" and 14 (1.7 percent) did not mark a response.

## Quality of Benefits and Services

**Table 19**  
**Benefits and Services Ratings**

	Count	Agree	Somewhat agree	Disagree
The benefit or service choices available to me were clearly explained. <sup>1</sup>	776	43.8	25.1	31.1
I had a chance to say what benefits or services I wanted to receive. <sup>2</sup>	750	36.0	20.7	43.3
It was easy for me to get the benefits or services I needed. <sup>3</sup>	758	31.9	25.5	42.6
The length of time I waited to receive benefits or services was reasonable. <sup>4</sup>	736	36.7	23.6	39.7
The benefits or services I received helped me. <sup>5</sup>	749	48.1	25.8	26.2

CPS respondents were asked about their experience with learning about and receiving benefits and services.

### Available choices were clearly explained

- Respondents were asked if they agreed that the benefit or service choices available to them were clearly explained. Sixty-nine percent of the respondents either agreed (43.8 percent) or somewhat agreed (25.1 percent) with that statement.

### Chance to say what benefits and services I wanted to receive

- Respondents were asked if they agreed that they had a chance to say what benefits or services they wanted to receive. Fifty-seven percent of the respondents either agreed (36.0 percent) or somewhat agreed (20.7 percent) that they had that opportunity.
- Hispanic respondents (68.1 percent) were most likely to agree or somewhat agree that they had a chance to say what benefits and services they wanted to receive followed by African American respondents (55.4 percent), Other respondents (53.0 percent), and Caucasian respondents (50.7 percent). Eighty-four percent of respondents completing the Spanish questionnaire and 55.4 percent of those completing the English questionnaire agreed or somewhat agreed.

<sup>1</sup> A total of 776 respondents, or 94.7 percent of all respondents, answered this question. Of the remaining respondents, 3.8 percent answered “don’t know” and 1.5 percent did not mark an answer.

<sup>2</sup> A total of 750 respondents, or 91.6 percent of all respondents, answered this question. Of the remaining respondents, 6.3 percent answered “don’t know” and 2.1 percent did not mark an answer.

<sup>3</sup> A total of 758 respondents, or 92.6 percent of all respondents, answered this question. Of the remaining respondents, 5.3 percent answered “don’t know” and 2.2 percent did not mark an answer.

<sup>4</sup> A total of 736 respondents, or 89.9 percent of all respondents, answered this question. Of the remaining respondents, 7.0 percent answered “don’t know” and 3.2 percent did not mark an answer.

<sup>5</sup> A total of 749 respondents, or 91.5 percent of all respondents, answered this question. Of the remaining respondents, 6.2 percent answered “don’t know” and 2.3 percent did not mark an answer.

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### Easy to get needed benefits or services

- Respondents were asked if it was easy for them to get the benefits or services they needed. Fifty-seven percent of the respondents either agreed (31.9 percent) or somewhat agreed (25.5 percent) that it was easy to get needed benefits or services.
- Seventy-six percent of the respondents completing a Spanish questionnaire and 56.6 percent of those completing an English questionnaire either agreed or somewhat agreed that it was easy to get the benefits or services they needed.

### Time waited to get benefits or services was reasonable

- When asked if they agreed that the length of time they waited to receive benefits or services was reasonable, 60.3 percent either agreed (36.7 percent) or somewhat agreed (23.6 percent).
- Agreement with the statement varied with race/ethnicity and was higher among Hispanic respondents (72.0 percent). Respondents completing a Spanish questionnaire (82.4 percent) were more likely to agree or somewhat agree that the time they waited for benefits or services was reasonable compared to respondents completing an English questionnaire (59.3 percent).

### Benefits or services received helped me

- Respondents were asked if they agreed that the benefits or services they received had helped them. Seventy-four percent of the respondents either agreed (48.1 percent) or somewhat agreed (25.8 percent).
- Hispanic respondents (82.5 percent) were more likely to agree or somewhat agree that the benefits or services they received helped them compared to African American respondents (74.5 percent), Other respondents (68.8 percent) and Caucasian respondents (68.4 percent).

## **Staff Quality and Treatment by Staff**

**Table 20**  
**Staff Ratings**

	Count	Agree	Somewhat agree	Disagree
Staff members treated me with respect. <sup>1</sup>	797	66.6	21.0	12.4
Staff members were able to answer my questions. <sup>2</sup>	789	48.0	32.1	19.9
I understood what I needed to know about the benefits or services. <sup>1</sup>	768	40.5	27.7	31.8

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<sup>1</sup> A total of 797 respondents, or 97.3 percent of all respondents, answered this question. Of the remaining respondents, 2.1 percent answered “don’t know” and 0.6 percent did not mark an answer.

<sup>2</sup> A total of 789 respondents, or 96.3 percent of all respondents, answered this question. Of the remaining respondents, 2.8 percent answered “don’t know” and 0.9 percent did not mark an answer.

Respondents were asked about their experience dealing with CPS staff.

Staff members treated me with respect

- Respondents were asked if they agreed that staff members had treated them with respect. Eighty-eight percent of the respondents either agreed (66.6 percent) or somewhat agreed (21.0 percent) that they were treated with respect.
- Agreement with the statement was higher among African American respondents (95.2 percent) compared to Hispanic respondents (89.8 percent), Caucasian respondents (82.7 percent) and Other respondents (68.8 percent).

Staff members were able to answer questions

- Respondents were asked if they agreed that staff members were able to answer their questions. Eighty percent of the respondents indicated that they either agreed (48.0 percent) or somewhat agreed (32.1 percent) with that statement.
- Agreement with the statement varied with race/ethnicity and was higher among Hispanic respondents (86.1 percent) followed by African American respondents (83.5 percent), Caucasian respondents (75.2 percent) and Other respondents (64.7 percent). Eighty-six percent of respondents who completed the Spanish questionnaire and 79.9 percent of those who completed the English questionnaire agreed that staff members were able to answer their questions.

I understood about benefits or services

- Respondents were asked if they agreed with the statement, “I understood what I needed to know about the benefits or services.” Sixty-eight percent either agreed (40.5 percent) or somewhat agreed (27.7 percent) that they understood.
- Agreement varied with ethnicity and was highest among Hispanic respondents (80.1 percent). Eighty-eight percent of respondents completing the Spanish questionnaire and 67.4 percent of those completing the English questionnaire agreed or somewhat agreed with the statement.

**Table 21  
Complaint Handling Ratings**

	Count	Agree	Somewhat agree	Disagree
I would be able to make a complaint about the benefits or services if I needed to make one. <sup>2</sup>	708	54.5	20.9	24.6
If I complained, I believe my complaint would be addressed fairly. <sup>3</sup>	692	44.8	26.4	28.8

Respondents were asked about the CPS complaint process.

<sup>1</sup> A total of 768 respondents, or 93.8 percent of all respondents, answered this question. Of the remaining respondents, 4.6 percent answered “don’t know” and 1.6 percent did not mark an answer.

<sup>2</sup> A total of 708 respondents, or 86.4 percent of all respondents, answered this question. Of the remaining respondents, 12.6 percent answered “don’t know” and 1.0 percent did not mark an answer.

<sup>3</sup> A total of 692 respondents, or 84.5 percent of all respondents, answered this question. Of the remaining respondents, 14.2 percent answered “don’t know” and 1.3 percent did not mark an answer.



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### Able to make a complaint if needed

- Respondents were asked if they agreed that they would be able to make a complaint about benefits or services if they needed to make one. Three-quarters (75.4 percent) of the respondents either agreed (54.5 percent) or somewhat agreed (20.9 percent) that they would be able to make a complaint if they needed to make one.
- Agreement varied with race/ethnicity and was higher among Hispanic respondents (86.8 percent). Eighty-eight percent of respondents completing a Spanish questionnaire agreed or somewhat agreed that they would be able to make a complaint if needed compared to 74.8 percent of those completing an English questionnaire.

### Complaint would be fairly addressed

- Respondents were asked if they agreed with the statement, “If I complained, I believe my complaint would be addressed fairly.” Seventy-one percent of the respondents indicated that they either agreed (44.8 percent) or somewhat agreed (26.4 percent) with that statement.
- Agreement with the statement varied with race/ethnicity and was higher among African American respondents (78.9 percent) and Hispanic respondents (78.0 percent). Eighty-three percent of respondents completing the Spanish questionnaire and 70.7 percent of those completing the English questionnaire agreed or somewhat agreed that their complaint, if made, would be addressed fairly.

## **Extent of Internet Access and Use**

**Table 22**  
**Internet Ratings**

	Count	Agree	Somewhat agree	Disagree
I have a way to get information on the Internet. <sup>1</sup>	591	51.6	13.9	34.5
I have used the Internet to learn about the benefits or services provided by this program. <sup>2</sup>	629	18.0	11.8	70.3

Respondents were asked about their access to and use of the Internet to learn about the CPS program.

### Have a way to get information on the Internet

- Respondents were asked if they agreed that they had a way to get information on the Internet. Sixty-six percent of the respondents either agreed (51.6 percent) or somewhat agreed (13.9 percent) that they had a way to access the Internet.

### Used Internet to learn about benefits or services

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<sup>1</sup> A total of 591 respondents, or 72.2 percent of all respondents, answered this question. Of the remaining respondents, 25.6 percent answered “don’t know” and 2.2 percent did not mark an answer.

<sup>2</sup> A total of 629 respondents, or 89.1 percent of all respondents, answered this question. Of the remaining respondents, 18.7 percent answered “don’t know” and 4.5 percent did not mark an answer.

- Respondents were asked if they agreed with the statement, “I have used the Internet to learn about the benefits or services provided by this program.” Seventy percent of the respondents disagreed with this statement. Thirty percent of the respondents indicated that they either agreed (18.0 percent) or somewhat agreed (11.8 percent).

## **Suggested Improvements**

**Table 23**  
**Suggested Improvements (Open-ended)**  
**(n=483)**

	Percentage responding
Communication	18.6
Assistance needed/decreased/denied	15.5
Assistance for foster/adoptive parents	15.5
Staff performance	15.1
Satisfied/no improvement needed	12.8
Process	10.8
Specific programs	2.7
Dissatisfied	2.3
Home visits	0.5
Other	6.0

Four hundred and eighty-three of the 768 respondents (62.9 percent) provided responses of how CPS could improve the benefits or services they received or needed. After categorizing the comments, 18.6 percent of the respondents who gave an answer mentioned communication. Communication was followed by assistance needed/decreased/denied (15.5 percent), assistance for foster/adoptive parents (15.5 percent), and staff performance (15.1 percent). Thirteen percent of the respondents were satisfied and offered no suggestions for improvement. Other areas for improvement included the process (10.8 percent), and specific programs (2.7 percent).

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## DADS - Community Services Recipients

Customers receiving personal assistance in their homes and those attending adult day care centers were selected as potential participants in the 2006 Client Satisfaction Survey. Information on over 143,000 individuals, who received these DADS services between September 1, 2004 and June 30, 2005, was provided to the University of North Texas for this survey. DADS also elected to ask several additional questions of participants in the survey to identify areas of special interest for different program types within the Community Services program; these results are presented in Tables 29 through 32. The program types are Primary Home Care (PHC), Community Attendant Services (CAS) and Day Activity Health Services (DAHS).

- **Primary Home Care (PHC)** is a Medicaid-reimbursed, non-technical, medically related personal services and supports service prescribed by a physician, available to eligible individuals whose health problems cause them to be limited in performing activities of daily living.
- **Community Attendant Services (CAS)** is a Medicaid-reimbursed, non-technical personal assistance service for individuals who meet financial eligibility of total gross monthly income of less than that equal to 300% of the SSI federal benefit rate.
- **Day Activity & Health Services (DAHS)** provides daytime service five days a week (Mon-Fri) to individuals residing in the community, offering an alternative to placement in nursing facilities or other institutions. Participants are transported to the DAHS centers (referred to as 'adult day care centers'), receive meals and snacks, participate in individual or group activities, and have access to nursing consultation. These services are available to those who are financially eligible and have a functional need for assistance in performing activities of daily living.

DADS conducts other consumer satisfaction and quality of life survey projects that provide additional information about DADS efforts to measure individual experiences and outcomes that lead to improved services quality for DADS consumers. These projects include surveys and interviews of individuals in various DADS programs and can be located at the identified websites:

- Individuals who reside in Intermediate Care Facilities for Persons with Mental Retardation and Related Conditions (See Link 1);
- Individuals in homes and community settings who receive Medicaid long term waiver services in Community Based Alternative (CBA), Home and Community Services (HCS), Community Living Assistance Services and Supports (CLASS), Consolidated Waiver Program (CWP), Medically Dependent Children's Program (MDCP), Texas Home Living (TxHmLv), and Deaf Blind Multiple Disabilities (DBMD) (See Link 1);
- Individuals who reside in Nursing Facilities (See Link 2); and
- Individuals, age 60 and over, who are receiving services funded under the Older Americans Act through Area Agencies on Aging (AAA). (See Link 3).

Link1 -

[http://www.dads.state.tx.us/services/dads\\_help/mental\\_retardation/qaqi/MeasuringQualitySummaryReport\\_v1.pdf](http://www.dads.state.tx.us/services/dads_help/mental_retardation/qaqi/MeasuringQualitySummaryReport_v1.pdf)

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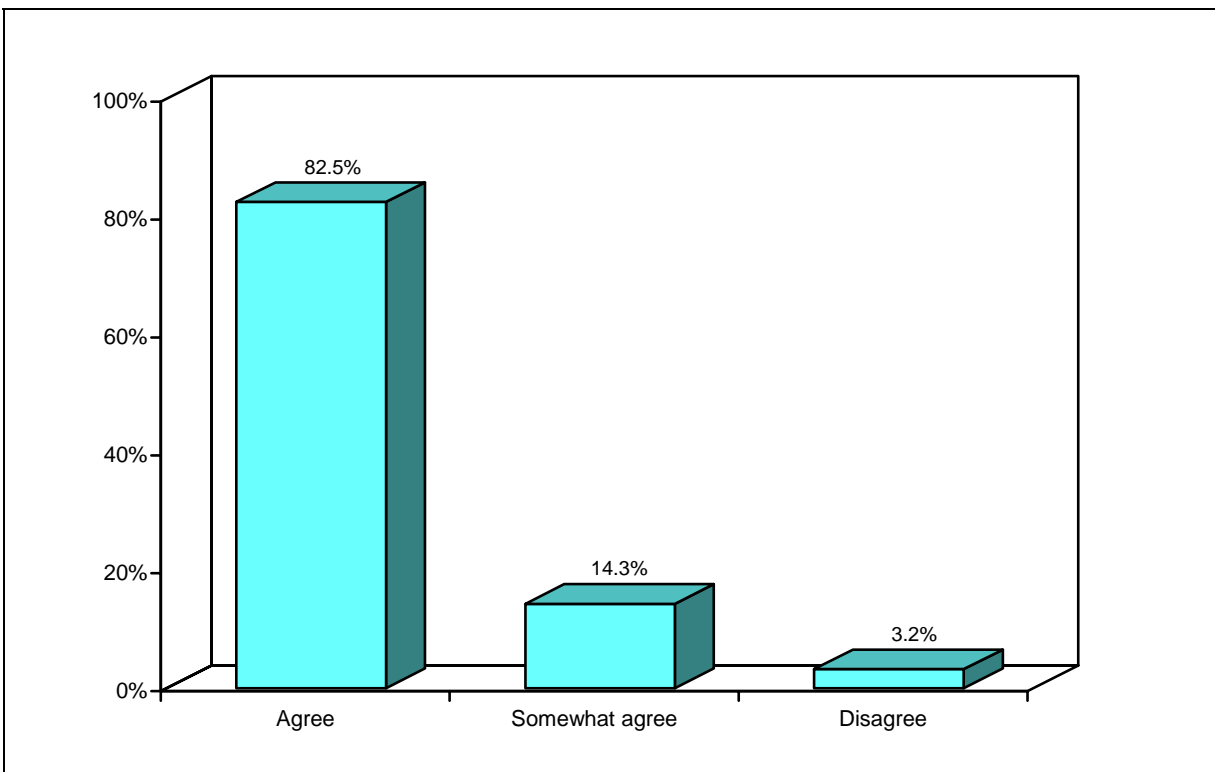
Link 2 - [http://mqa.dhs.state.tx.us/qmweb/Reports/2005\\_LTCQR\\_Report\\_final.pdf](http://mqa.dhs.state.tx.us/qmweb/Reports/2005_LTCQR_Report_final.pdf)

Link 3 - <http://www.dads.state.tx.us/business/aging/aaa/>

DADS has developed and is continuing to expand systems to use data to measure client satisfaction, measure individual outcomes and experiences, and improve quality of services provided in consumers' homes and various long-term care settings.

## **Overall Satisfaction with Services Received**

**Figure 5**  
**Overall Satisfaction with DADS Non-Waiver Community Services Received**  
**(n=783)\***



Respondents were asked if they agreed with the statement, "Overall, I am satisfied with the benefits or services I received." As shown in Figure 5, 96.8 percent of the respondents reported being satisfied.

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\* A total of 783 respondents, or 94.3 percent of all respondents, answered this question. Of the remaining respondents, 24 or 2.9 percent answered "don't know" and 23 or 2.8 percent did not mark a response.

## Quality of Benefits and Services

**Table 24**  
**Benefits and Services Ratings**

	Count	Agree	Somewhat agree	Disagree
The benefit or service choices available to me were clearly explained. <sup>1</sup>	775	83.1	13.3	3.6
I had a chance to say what benefits or services I wanted to receive. <sup>2</sup>	756	74.7	17.2	8.1
It was easy for me to get the benefits or services I needed. <sup>3</sup>	776	70.1	20.2	9.7
The length of time I waited to receive benefits or services was reasonable. <sup>4</sup>	771	71.9	18.0	10.1
The benefits or services I received helped me. <sup>5</sup>	745	87.1	8.6	4.3

DADS' respondents were asked about their experience with learning about and receiving benefits and services.

### Available choices were clearly explained

- Respondents were asked if they agreed that the benefit or service choices available to them were clearly explained. Ninety-six percent of the respondents either agreed (83.1 percent) or somewhat agreed (13.3 percent) with that statement.

### Chance to say what benefits and services I wanted to receive

- Respondents were asked if they agreed that they had a chance to say what benefits or services they wanted to receive. Ninety-two percent of the respondents either agreed (74.7 percent) or somewhat agreed (17.2 percent) that they had that opportunity.
- Eighty-three percent of the respondents who completed the Spanish questionnaire agreed they had a chance to say what benefits and services they wanted to receive compared to 71.6 percent of the respondents who completed the English questionnaire.

### Easy to get needed benefits or services

- Respondents were asked if it was easy for them to get the benefits or services they needed. Ninety percent of the respondents either agreed (70.1 percent) or somewhat agreed (20.2 percent) that it was easy to get needed benefits or services.

<sup>1</sup> A total of 775 respondents, or 93.4 percent of all respondents, answered this question. Of the remaining respondents, 4.1 percent answered "don't know" and 2.5 percent did not mark an answer.

<sup>2</sup> A total of 756 respondents, or 91.1 percent of all respondents, answered this question. Of the remaining respondents, 6.1 percent answered "don't know" and 2.8 percent did not mark an answer.

<sup>3</sup> A total of 776 respondents, or 93.5 percent of all respondents, answered this question. Of the remaining respondents, 3.7 percent answered "don't know" and 2.8 percent did not mark an answer.

<sup>4</sup> A total of 771 respondents, or 92.9 percent of all respondents, answered this question. Of the remaining respondents, 4.3 percent answered "don't know" and 2.8 percent did not mark an answer.

<sup>5</sup> A total of 745 respondents, or 89.8 percent of all respondents, answered this question. Of the remaining respondents, 5.1 percent answered "don't know" and 5.2 percent did not mark an answer.

- Agreement generally increased as the age of the respondent increased. Seventy-eight percent of the respondents who completed the Spanish questionnaire agreed compared to 67.0 percent of the respondents who completed the English questionnaire.

Time waited to get benefits or services was reasonable

- When asked if they agreed that the length of time they waited to receive benefits or services was reasonable, 89.9 percent either agreed (71.9 percent) or somewhat agreed (18.0 percent).
- Differences in agreement generally increased as the age of the respondent increased. Seventy-eight percent of respondents completing the Spanish questionnaire and 69.5 percent of those completing the English questionnaire agreed that the length of time they waited to receive benefits or services was reasonable.

Benefits or services received helped me

- Respondents were asked if they agreed that the benefits or services they received had helped them. Ninety-six percent of the respondents either agreed (87.1 percent) or somewhat agreed (8.6 percent).

## **Staff Quality and Treatment by Staff**

**Table 25  
Staff Ratings**

	Count	Agree	Somewhat agree	Disagree
Staff members treated me with respect. <sup>1</sup>	788	91.5	7.2	1.3
Staff members were able to answer my questions. <sup>2</sup>	777	84.4	14.0	1.5
I understood what I needed to know about the benefits or services. <sup>3</sup>	776	75.5	20.2	4.3

Respondents were asked about their experience dealing with DADS staff.

Staff members treated me with respect

- Respondents were asked if they agreed that staff members had treated them with respect. Ninety-nine percent of the respondents either agreed (91.5 percent) or somewhat agreed (7.2 percent) that they were treated with respect.

Staff members were able to answer questions

- Respondents were asked if they agreed that staff members were able to answer their questions. Ninety-eight percent of the respondents indicated that they either agreed (84.4 percent) or somewhat agreed (14.0 percent) with that statement.

<sup>1</sup> A total of 788 respondents, or 94.9 percent of all respondents, answered this question. Of the remaining respondents, 3.1 percent answered “don’t know” and 1.9 percent did not mark an answer.

<sup>2</sup> A total of 777 respondents, or 93.6 percent of all respondents, answered this question. Of the remaining respondents, 3.5 percent answered “don’t know” and 2.9 percent did not mark an answer.

<sup>3</sup> A total of 776 respondents, or 93.5 percent of all respondents, answered this question. Of the remaining respondents, 4.1 percent answered “don’t know” and 2.4 percent did not mark an answer.

- Ninety percent of respondents who completed the Spanish questionnaire and 82.2 percent of those who completed the English questionnaire agreed that staff members were able to answer their questions.

I understood about benefits or services

- Respondents were asked if they agreed with the statement, “I understood what I needed to know about the benefits or services.” Ninety-six percent either agreed (75.5 percent) or somewhat agreed (20.2 percent) that they understood.

**Table 26  
Complaint Handling Ratings**

	Count	Agree	Somewhat agree	Disagree
I would be able to make a complaint about the benefits or services if I needed to make one. <sup>1</sup>	752	86.4	9.8	3.7
If I complained, I believe my complaint would be addressed fairly. <sup>2</sup>	733	81.3	14.7	4.0

Respondents were asked about the DADS complaint process.

Able to make a complaint if needed

- Respondents were asked if they agreed that they would be able to make a complaint about benefits or services if they needed to make one. Ninety-six percent of the respondents either agreed (86.4 percent) or somewhat agreed (9.8 percent) that they would be able to make a complaint if they needed to make one.

Complaint would be fairly addressed

- Respondents were asked if they agreed with the statement, “If I complained, I believe my complaint would be addressed fairly.” Ninety-six percent of the respondents indicated that they either agreed (81.3 percent) or somewhat agreed (14.7 percent) with that statement.

**Extent of Internet Access and Use**

**Table 27  
Internet Ratings**

	Count	Agree	Somewhat agree	Disagree
I have a way to get information on the Internet. <sup>3</sup>	515	31.8	8.2	60.0

<sup>1</sup> A total of 752 respondents, or 90.6 percent of all respondents, answered this question. Of the remaining respondents, 6.7 percent answered “don’t know” and 2.7 percent did not mark an answer.

<sup>2</sup> A total of 733 respondents, or 88.3 percent of all respondents, answered this question. Of the remaining respondents, 9.2 percent answered “don’t know” and 2.5 percent did not mark an answer.

<sup>3</sup> A total of 515 respondents, or 62.0 percent of all respondents, answered this question. Of the remaining respondents, 29.4 percent answered “don’t know” and 8.6 percent did not mark an answer.

I have used the Internet to learn about the benefits or services provided by this program. <sup>1</sup>	502	11.4	5.8	82.9
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Respondents were asked about their access to and use of the Internet to learn about the DADS program.

Have a way to get information on the Internet

- Respondents were asked if they agreed that they had a way to get information on the Internet. Forty percent of the respondents either agreed (31.8 percent) or somewhat agreed (8.2 percent) that they had a way to access the Internet. Sixty percent disagreed.
- Two-thirds (66.6 percent) of the female respondents and 45.1 percent of the male respondents disagreed with the statement. African American respondents (73.1 percent) were more likely to disagree with the statement than Caucasian respondents (64.9 percent), Hispanic respondents (52.8 percent) or Other respondents (0.0 percent). Sixty-seven percent of respondents completing the English questionnaire and 38.2 percent of those completing the Spanish questionnaire disagreed that they had a way to get information on the Internet.

Used Internet to learn about benefits or services

- Respondents were asked if they agreed with the statement, “I have used the Internet to learn about the benefits or services provided by this program.” Eighty-three percent of the respondents disagreed with this statement. Seventeen percent of the respondents indicated that they either agreed (11.4 percent) or somewhat agreed (5.8 percent).
- Eighty-six percent of the female respondents and 75.7 percent of the male respondents disagreed with the statement. Eighty-six percent of respondents completing the English questionnaire and 71.0 percent of those completing the Spanish questionnaire disagreed that they had used the Internet to learn about program benefits or services.

**Suggested Improvements**

**Table 28**  
**Suggested Improvements (Open-ended)**  
**(n=327)**

	Percentage responding
Satisfied	39.1
Attendant assistance	24.1
Information availability	6.1
Staff performance	5.8
Response time	5.5
Attendant performance	4.9
Transportation	2.8
Attendant pay	2.4
Medicaid	2.1
Language problems	1.8
Doctors	1.2

<sup>1</sup> A total of 502 respondents, or 60.5 percent of all respondents, answered this question. Of the remaining respondents, 30.1 percent answered “don’t know” and 9.4 percent did not mark an answer.



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Internet	1.2
Other	2.8

Three hundred and twenty-seven of the 768 (42.6 percent) respondents provided responses to the open-ended question of how DADS could improve the benefits or services they received or needed. After categorizing the comments, 39.1 percent of the respondents who gave an answer were satisfied and offered no suggestions for improvement. One-quarter (24.1 percent) wanted attendant assistance or more assistance than they already receive. Other areas for improvement included information availability (6.1 percent), staff performance (5.8 percent), response time (5.5 percent), and attendant performance (4.9 percent).

**Table 29**  
**Additional Questions for DADS Community Services**

	Count	Agree	Somewhat agree	Disagree
The information I receive about my benefits or services is easy to understand. <sup>1</sup>	760	68.9	25.8	5.3
Frequent changes in people who are paid to help me are a problem for my family or me. <sup>2</sup>	669	26.8	17.6	55.6
I get the right amount of services I need. <sup>3</sup>	751	69.1	19.2	11.7
I am afraid or scared of the people who are paid to help me. <sup>4</sup>	715	12.4	6.0	81.5
People who are paid to help me are generally respectful and courteous to me. <sup>5</sup>	776	92.3	6.6	1.2
People who are paid to help me speak or communicate with me in my preferred language. <sup>6</sup>	767	92.8	4.6	2.6

Respondents were asked about their experiences with DADS services.

Information about benefits or services is easy to understand

- Respondents were asked if they agreed that the information they received about their benefits or services was easy to understand. Ninety-five percent of the respondents either agreed (68.9 percent) or somewhat agreed (25.8 percent) with the statement.

Frequent changes in people who are paid to help are problematic

- Respondents were asked if they agreed with the statement, “Frequent changes in people who are paid to help me are a problem for my family and me.” Fifty-six percent of the respondents disagreed with this statement. Forty-four percent of the respondents indicated that they either agreed (26.8 percent) or somewhat agreed (17.6 percent).
- Other respondents (83.3 percent) were more likely than Hispanic respondents (47.6 percent), Caucasian respondents (45.5 percent), and African American respondents (31.6 percent) to agree or somewhat agree that frequent changes were problematic. About half (49.2 percent) of the client's representatives agreed that frequent changes were problematic compared to 38.8 percent of the clients.

<sup>1</sup> A total of 760 respondents, or 91.6 percent of all respondents, answered this question. Of the remaining respondents, 4.2 percent answered “don’t know” and 4.2 percent did not mark an answer.

<sup>2</sup> A total of 669 respondents, or 80.6 percent of all respondents, answered this question. Of the remaining respondents, 12.2 percent answered “don’t know” and 7.2 percent did not mark an answer.

<sup>3</sup> A total of 751 respondents, or 90.5 percent of all respondents, answered this question. Of the remaining respondents, 4.3 percent answered “don’t know” and 5.2 percent did not mark an answer.

<sup>4</sup> A total of 715 respondents, or 86.1 percent of all respondents, answered this question. Of the remaining respondents, 8.0 percent answered “don’t know” and 5.9 percent did not mark an answer.

<sup>5</sup> A total of 776 respondents, or 93.5 percent of all respondents, answered this question. Of the remaining respondents, 2.7 percent answered “don’t know” and 3.9 percent did not mark an answer.

<sup>6</sup> A total of 767 respondents, or 92.4 percent of all respondents, answered this question. Of the remaining respondents, 3.5 percent answered “don’t know” and 4.1 percent did not mark an answer.

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### Get the right amount of needed services

- When asked if they got the right amount of needed services, 88.3 percent of the respondents either agreed (69.1 percent) or somewhat agreed (19.2 percent) that they did.
- Other respondents (100.0 percent) were more likely than Hispanic respondents (89.8 percent), Caucasian respondents (89.0 percent), and African American respondents (83.5 percent) to agree or somewhat agree that they get the right amount of needed services.

### Afraid or scared of people paid to help me

- Respondents were asked if they agreed with the statement, "I am afraid or scared of the people who are paid to help me." Eighty-two percent of the respondents disagreed with the statement. Eighteen percent either agreed (12.4 percent) or somewhat agreed (6.0 percent).
- Other respondents (50.0 percent) were more likely than Hispanic respondents (23.2 percent), Caucasian respondents (15.7 percent), and African American respondents (12.7 percent) to agree or somewhat agree that they are "afraid or scared of the people who are paid to help me."

### People paid to help are respectful and courteous

- Respondents were asked if they agreed that the people who are paid to help them are generally respectful and courteous to them. Nearly all (98.8 percent) of the respondents either agreed (92.3 percent) or somewhat agreed (6.6 percent) that they received respectful and courteous treatment.

### People paid to help speak preferred language

- Respondents were asked if they agreed with the statement, "People who are paid to help me speak or communicate with me in my preferred language." Ninety-seven percent either agreed (92.8 percent) or somewhat agreed (4.6 percent) with the statement.

**Table 30**  
**In-Home Attendant Ratings**

	Count	Agree	Somewhat agree	Disagree
I go without personal care when I need to because there is no one there to help me. <sup>1</sup>	690	15.4	8.0	76.7
The people paid to help me spend all the time with me they are supposed to. <sup>2</sup>	728	86.3	7.7	6.0
I know I can change the people who are paid to help me if I want to. <sup>3</sup>	696	85.9	6.3	7.8
I want to hire, train and manage the people who are paid to help me. <sup>4</sup>	591	31.0	15.2	53.8

Respondents were asked about their experiences with in-home attendant services.

Go without personal care because no one is there to help me

- Respondents were asked if they agreed that they go without personal care like bathing, eating, dressing, or taking my medications when they need to because there is no one there to help them. Seventy-seven percent of the respondents disagreed with the statement. Twenty-three percent of the respondents either agreed (15.4 percent) or somewhat agreed (8.0 percent) with the statement.
- Hispanic respondents (28.2 percent) were more likely than Caucasian (24.4 percent), Other respondents (20.0 percent) and African American respondents (11.8 percent) to agree or somewhat agree that they go without personal care because there is no one there to help.

People paid to help spend all the time with me they are supposed to

- Respondents were asked if they agreed with the statement, "The people paid to help me spend all the time with me they are supposed to." Ninety-four percent of the respondents either agreed (86.3 percent) or somewhat agreed (7.7 percent) with the statement.

I know I can change the people who are paid to help if I want to

- When asked if they knew they could change the people who are paid to help them if they wanted to, 92.2 percent either agreed (85.9 percent) or somewhat agreed (6.3 percent) that they knew they could make changes.

Want to hire, train and manage the people paid to help

- Respondents were asked if they agreed with the statement, "I want to hire, train and manage the people who are paid to help me." Over half (53.8 percent) disagreed with the statement, while 31.0 percent agreed and 15.2 percent somewhat agreed.
- Hispanic respondents (55.5 percent) were more likely than other respondents (50.0 percent), Caucasian (44.2 percent) and African American respondents (35.8 percent) to agree or somewhat agree that they want to hire, train and manage people paid to help them.

<sup>1</sup> A total of 690 respondents, or 83.1 percent of all respondents, answered this question. Of the remaining respondents, 4.2 percent answered "don't know" and 12.7 percent did not mark an answer.

<sup>2</sup> A total of 728 respondents, or 87.7 percent of all respondents, answered this question. Of the remaining respondents, 2.5 percent answered "don't know" and 12.3 percent did not mark an answer.

<sup>3</sup> A total of 696 respondents, or 83.9 percent of all respondents, answered this question. Of the remaining respondents, 5.8 percent answered "don't know" and 10.4 percent did not mark an answer.

<sup>4</sup> A total of 591 respondents, or 71.2 percent of all respondents, answered this question. Of the remaining respondents, 13.6 percent answered "don't know" and 15.2 percent did not mark an answer.

**Table 31**  
**Day Activity Health Services, Adult Day Care Center Ratings**

	Count	Agree	Somewhat agree	Disagree
I get to choose the Adult Day Care Center I go to. <sup>1</sup>	237	79.3	5.1	15.6
I have to be picked up and taken home at the same time because I do not have control over transportation to and from the Adult Day Care. <sup>2</sup>	222	51.8	11.7	36.5
I am able to go to medical appointments during the day if I want to. <sup>3</sup>	293	84.6	7.5	7.8
There are some things I want to do outside my house that I don't do now. <sup>4</sup>	241	49.4	13.7	36.9

Respondents were asked about their experiences with adult day care center services.

Get to choose Adult Day Care Center I go to

- Respondents were asked if they agreed that they got to choose the Adult Day Care Center they go to. Eighty-four percent of the respondents either agreed (79.3 percent) or somewhat agreed (5.1 percent) that they got to choose the center.

No control over transportation to and from center

- Respondents were asked if they agreed with the statement, "I have to be picked up and taken home at the same time because I do not have control over transportation to and from the Adult Day Care." Sixty-four percent of the respondents either agreed (51.8 percent) or agreed somewhat (11.7 percent) with the statement. Thirty-seven percent disagreed.

Able to go to medical appointments during the day

- Respondents were asked if they agreed that they were able to go to medical appointments during the day if they wanted to. Ninety-two percent of the respondents either agreed (84.6 percent) or agreed somewhat (7.5 percent) that they were able to go to medical appointments during the day.

Some things I want to do that I don't do now

- Respondents were asked if they agreed with the statement, "There are some things I want to do outside my house that I don't do now." Nearly one-third (63.1 percent) of the respondents either agreed (49.4 percent) or agreed somewhat (13.7 percent) that there were things they wanted to do. Thirty-seven percent disagreed with the statement.

<sup>1</sup> A total of 237 respondents, or 28.6 percent of all respondents, answered this question. Of the remaining respondents, 8.6 percent answered "don't know" and 62.9 percent did not mark an answer.

<sup>2</sup> A total of 222 respondents, or 26.7 percent of all respondents, answered this question. Of the remaining respondents, 8.7 percent answered "don't know" and 64.6 percent did not mark an answer.

<sup>3</sup> A total of 293 respondents, or 35.3 percent of all respondents, answered this question. Of the remaining respondents, 3.4 percent answered "don't know" and 61.3 percent did not mark an answer.

<sup>4</sup> A total of 241 respondents, or 29.0 percent of all respondents, answered this question. Of the remaining respondents, 8.2 percent answered "don't know" and 62.8 percent did not mark an answer.

**Table 32**  
**Desired Activities Not Currently Engaged In (Open-ended)**  
**(n=78)**

	Percentage responding
Transportation	25.6
Better health	19.2
Socializing	16.7
Home maintenance/improvement	11.5
Additional attendant assistance	6.4
Travel	6.4
Exercise	5.1
Other	9.0

DADS' respondents were asked what things they wanted to do outside their home that they do not do currently and what would they need to make that happen. The comments were categorized and the findings are shown in Table 32. Twenty-six percent of the respondents who answered the question needed transportation to go shopping or run errands. Nineteen percent indicated they needed better health in order to do things such as working, walking and going to therapy. Seventeen percent wanted to socialize with others at church, a friend's home or the Senior Center. Some wanted to improve their homes or work in their yards (11.5 percent).

---

## DARS - Vocational Rehabilitation Services Recipients

The Department of Assistive and Rehabilitative Services elected to survey Vocational Rehabilitation services recipients. The total population from which the survey sample was drawn included VR 92,181 clients. The random sample for the survey included customers who are visually impaired, and they were surveyed by telephone.

The Vocational Rehabilitation (VR) program is a state-federal partnership that assists people with disabilities to prepare for, find, and keep jobs. Work-related services are individualized and may include counseling, training, medical treatment, assistive devices, job placement assistance, and other services. Additionally, this program helps students with disabilities plan the transition from school to work. By gaining skills needed for a career, learning how to prepare for a job interview, or getting the accommodations needed to stay employed, people with disabilities increase their productivity and independence.

The Vocational Rehabilitation Program serves people with a wide variety of disabilities, including, but not limited to:

- visual impairment,
- mental illness,
- hearing impairment,
- impaired functioning of arms or legs,
- back injury,
- alcoholism or drug addiction,
- mental retardation,
- learning disability,
- traumatic brain injury, and
- other physical or mental disabilities that prevent the person from finding and keeping a job.

The counselor and consumer work together to decide on an assessment process, an employment goal and to develop a plan of vocational rehabilitation services to achieve the goal. Services are based on individual needs, which are determined through informed consumer choice.

Some of the services provided include:

- medical, psychological, and vocational evaluation to determine the nature and degree of the disability and the consumer's job capabilities;
- counseling and guidance to help the consumer and family plan vocational goals and adjust to the working world;
- training to learn job skills in trade school, college, university, on the job, or at home;
- orientation and mobility services;
- hearing examinations, hearing aids, and other communication equipment, aural rehabilitation and interpreter services for the deaf and hearing impaired;
- medical treatment and/or therapy to lessen or accommodate the effects of the disability;
- assistive and technological devices such as artificial limbs, wheelchairs, and computer screen magnification to stabilize or improve functioning on the job or at home;
- rehabilitation technology devices and services to improve job functioning;
- training in appropriate work behaviors and other skills to meet employer expectations;
- job placement assistance to find jobs compatible with the person's physical and mental ability; and
- follow-up after job placement to ensure job success.

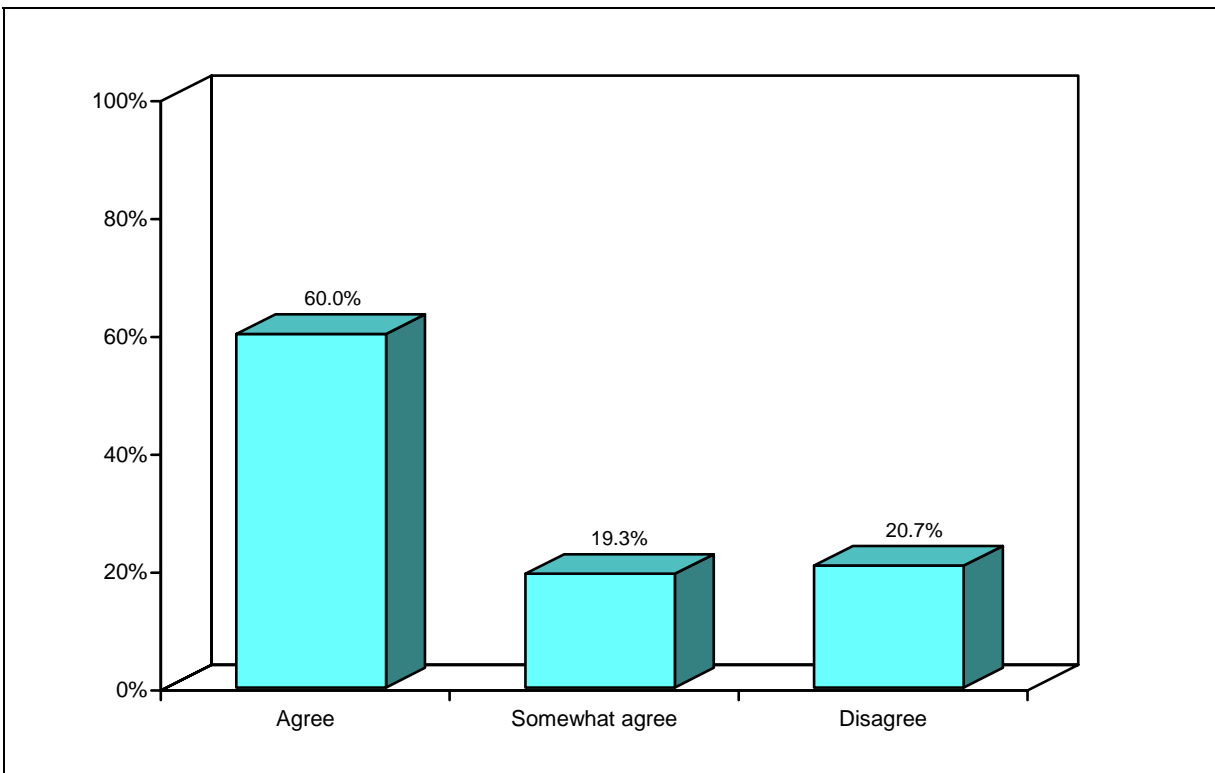
A person may be eligible for Vocational Rehabilitation services if:

- the person has a disability that results in substantial problems in obtaining employment;

- vocational rehabilitation services from DARS are required by the individual to prepare for, obtain or keep a job; and
- the person can be expected to obtain or keep a job after receiving services.

## **Overall Satisfaction with Services Received**

**Figure 6**  
**Overall Satisfaction with DARS Vocational Rehabilitation Services Received**  
**(n=642)\***



Respondents were asked if they agreed with the statement, "Overall, I am satisfied with the benefits or services I received." Seventy-nine percent of the respondents reported being satisfied.

- Ninety-seven percent of the respondents who completed the Spanish questionnaire either agreed or somewhat agreed that they were satisfied with the benefits or services they received compared to 78.4 percent of the respondents who completed the English questionnaire.

\* A total of 642 respondents, or 9.8 percent of all respondents, answered this question. Of the remaining respondents, 23 (3.4 percent) answered "don't know" and 5 (0.7 percent) did not mark a response. For the visually impaired respondents, 28 respondents, or 100.0 percent, answered this question. Responses for the visually impaired respondents were: agree (50.0 percent), somewhat agree (21.4 percent), and disagree (28.6 percent).



## Quality of Benefits and Services

**Table 33**  
**Benefits and Services Ratings**

	Count	Agree	Somewhat agree	Disagree
The benefit or service choices available to me were clearly explained. <sup>1</sup>	648	63.9	24.1	12.0
I had a chance to say what benefits or services I wanted to receive. <sup>2</sup>	648	63.0	21.9	15.1
It was easy for me to get the benefits or services I needed. <sup>3</sup>	637	49.0	25.1	25.9
The length of time I waited to receive benefits or services was reasonable. <sup>4</sup>	627	54.1	22.5	23.4
The benefits or services I received helped me. <sup>5</sup>	627	65.1	17.4	17.5

DARS respondents were asked about their experience with learning about and receiving benefits and services.

### Available choices were clearly explained

- Respondents were asked if they agreed that the benefit or service choices available to them were clearly explained. Eighty-eight percent of the respondents either agreed (63.9 percent) or somewhat agreed (24.1 percent) with that statement.
- One hundred percent of the respondents who completed the Spanish questionnaire agreed or somewhat agreed that available benefit or service choices were clearly explained to them compared to 87.4 percent of the respondents who completed the English questionnaire.

### Chance to say what benefits and services I wanted to receive

- Respondents were asked if they agreed that they had a chance to say what benefits or services they wanted to receive. Eighty-five percent of the respondents either agreed (63.0 percent) or somewhat agreed (21.9 percent) that they had that opportunity.
- One hundred percent of the respondents who completed the Spanish questionnaire agreed or somewhat agreed with the statement compared to 84.1 percent of the respondents who completed the English questionnaire.

<sup>1</sup> A total of 648 respondents, or 96.7 percent of all respondents, answered this question. Of the remaining respondents, 2.7 percent answered “don’t know” and 0.6 percent did not mark an answer.

<sup>2</sup> A total of 648 respondents, or 96.7 percent of all respondents, answered this question. Of the remaining respondents, 2.8 percent answered “don’t know” and 0.4 percent did not mark an answer.

<sup>3</sup> A total of 637 respondents, or 95.1 percent of all respondents, answered this question. Of the remaining respondents, 3.9 percent answered “don’t know” and 1.0 percent did not mark an answer.

<sup>4</sup> A total of 627 respondents, or 93.6 percent of all respondents, answered this question. Of the remaining respondents, 5.1 percent answered “don’t know” and 1.3 percent did not mark an answer.

<sup>5</sup> A total of 627 respondents, or 93.6 percent of all respondents, answered this question. Of the remaining respondents, 5.2 percent answered “don’t know” and 1.2 percent did not mark an answer.

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### Easy to get needed benefits or services

- Respondents were asked if it was easy for them to get the benefits or services they needed. Seventy-four percent of the respondents either agreed (49.0 percent) or somewhat agreed (25.1 percent) that it was easy to get needed benefits or services.
- Ninety percent of the respondents who completed the Spanish questionnaire agreed or somewhat agreed compared to 73.4 percent of the respondents who completed the English questionnaire.

### Time waited to get benefits or services was reasonable

- When asked if they agreed that the length of time they waited to receive benefits or services was reasonable, 76.6 percent either agreed (54.1 percent) or somewhat agreed (22.5 percent).
- Ninety percent of respondents completing the Spanish questionnaire and 75.9 percent of those completing the English questionnaire agreed or somewhat agreed that the length of time they waited to receive benefits or services was reasonable.

### Benefits or services received helped me

- Respondents were asked if they agreed that the benefits or services they received had helped them. Eighty-three percent of the respondents either agreed (65.1 percent) or somewhat agreed (17.4 percent).
- Respondents who completed the Spanish questionnaire (96.5 percent) were more likely than those who completed the English questionnaire (81.8 percent) to agree or somewhat agree that the benefits or services they received helped them.

## **Staff Quality and Treatment by Staff**

**Table 34**  
**Staff Ratings**

	Count	Agree	Somewhat agree	Disagree
Staff members treated me with respect. <sup>1</sup>	658	77.7	14.3	8.1
Staff members were able to answer my questions. <sup>2</sup>	654	67.4	21.4	11.2
I understood what I needed to know about the benefits or services. <sup>3</sup>	643	60.8	24.1	15.1

Respondents were asked about their experience dealing with DARS staff.

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<sup>1</sup> A total of 658 respondents, or 98.2 percent of all respondents, answered this question. Of the remaining respondents, 1.5 percent answered “don’t know” and 0.3 percent did not mark an answer.

<sup>2</sup> A total of 654 respondents, or 97.6 percent of all respondents, answered this question. Of the remaining respondents, 2.2 percent answered “don’t know” and 0.1 percent did not mark an answer.

<sup>3</sup> A total of 643 respondents, or 96.0 percent of all respondents, answered this question. Of the remaining respondents, 3.6 percent answered “don’t know” and 0.4 percent did not mark an answer.

---

Staff members treated me with respect

- Respondents were asked if they agreed that staff members had treated them with respect. Ninety-two percent of the respondents either agreed (77.7 percent) or somewhat agreed (14.3 percent) that they were treated with respect.

Staff members were able to answer questions

- Respondents were asked if they agreed that staff members were able to answer their questions. Eighty-nine percent of the respondents indicated that they either agreed (67.4 percent) or somewhat agreed (21.1 percent) with that statement.

I understood about benefits or services

- Respondents were asked if they agreed with the statement, “I understood what I needed to know about the benefits or services.” Eighty-five percent either agreed (60.8 percent) or somewhat agreed (24.1 percent) that they understood.
- Ninety-seven percent of respondents completing the Spanish questionnaire and 84.4 percent of those completing the English questionnaire agreed or somewhat agreed with the statement.

**Table 35**  
**Complaint Handling Ratings**

	Count	Agree	Somewhat agree	Disagree
I would be able to make a complaint about the benefits or services if I needed to make one. <sup>1</sup>	588	71.3	17.3	11.4
If I complained, I believe my complaint would be addressed fairly. <sup>2</sup>	579	66.7	20.0	13.3

Respondents were asked about the DARS complaint process.

Able to make a complaint if needed

- Respondents were asked if they agreed that they would be able to make a complaint about benefits or services if they needed to make one. Eighty-nine percent of the respondents either agreed (71.3 percent) or somewhat agreed (17.3 percent) that they would be able to make a complaint if they needed to make one.

Complaint would be fairly addressed

- Respondents were asked if they agreed with the statement, “If I complained, I believe my complaint would be addressed fairly.” Eighty-seven percent of the respondents indicated that they either agreed (66.7 percent) or somewhat agreed (20.0 percent) with that statement.
- One hundred percent of respondents completing the Spanish questionnaire and 86.0 percent of those completing the English questionnaire agreed or somewhat agreed that their complaint, if made, would be addressed fairly.

---

<sup>1</sup> A total of 588 respondents, or 87.8 percent of all respondents, answered this question. Of the remaining respondents, 11.9 percent answered “don’t know” and 0.3 percent did not mark an answer.

<sup>2</sup> A total of 579 respondents, or 86.4 percent of all respondents, answered this question. Of the remaining respondents, 12.8 percent answered “don’t know” and 0.7 percent did not mark an answer.

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## **Extent of Internet Access and Use**

**Table 36**  
**Internet Ratings**

	Count	Agree	Somewhat agree	Disagree
I have a way to get information on the Internet. <sup>1</sup>	516	56.4	15.5	28.1
I have used the Internet to learn about the benefits or services provided by this program. <sup>2</sup>	538	22.5	12.8	64.7

Respondents were asked about their access to and use of the Internet to learn about the DARS program.

### **Have a way to get information on the Internet**

- Respondents were asked if they agreed that they had a way to get information on the Internet. Seventy-two percent of the respondents either agreed (56.4 percent) or somewhat agreed (15.5 percent) that they had a way to access the Internet. Twenty-eight percent disagreed.
- The percentages of the respondents who agreed or somewhat agreed with the statement varied with the age of the respondent.

### **Used Internet to learn about benefits or services**

- Respondents were asked if they agreed with the statement, “I have used the Internet to learn about the benefits or services provided by this program.” Sixty-five percent of the respondents disagreed with this statement. Thirty-five percent of the respondents indicated that they either agreed (22.5 percent) or somewhat agreed (12.8 percent).
- Male respondents (39.9 percent) were more likely than female respondents (31.0 percent) to agree or somewhat agree that they used the Internet to learn about program benefits or services.

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<sup>1</sup> A total of 516 respondents, or 77.0 percent of all respondents, answered this question. Of the remaining respondents, 21.0 percent answered “don’t know” and 1.9 percent did not mark an answer.

<sup>2</sup> A total of 538 respondents, or 80.3 percent of all respondents, answered this question. Of the remaining respondents, 16.6 percent answered “don’t know” and 3.1 percent did not mark an answer.

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## **Suggested Improvements**

**Table 37**  
**Suggested Improvements (Open-ended)**  
**(n=345)**

	Percentage responding
Satisfied/no improvement needed	28.4
Staff performance	20.6
Assistance needed/decreased/denied	9.6
Communication	9.6
Job placement/training	9.0
Education	7.0
Process	4.6
Medical staff/treatment/equipment	3.7
Dissatisfied	1.7
Specific programs	1.2
Other	4.6

Three hundred and forty-five of the 642 (53.7 percent) respondents provided responses to the open-ended question of how DARS could improve the benefits or services they received or needed. After categorizing the comments, 28.4 percent of the respondents who gave an answer were satisfied and offered no suggestions for improvement. Twenty-one percent mentioned staff performance. Staff performance was followed by assistance needed/decreased/denied (9.6 percent), communication (9.6 percent), and job placement/training (7.0 percent). Other areas for improvement included the process (4.6 percent) and medical staff/treatment/equipment (3.7 percent).

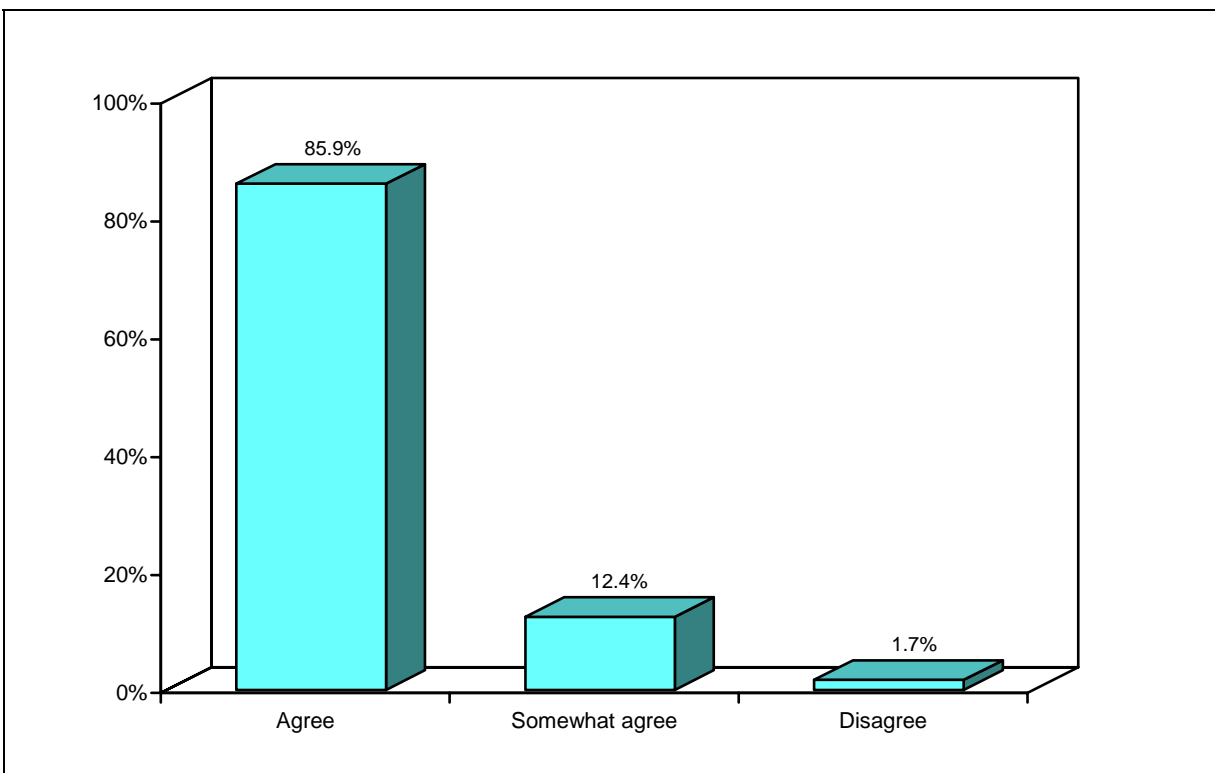
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## DSHS - WIC Nutrition Services Recipients

The Special Supplemental Nutrition Program for Women, Infants, and Children, popularly known as the WIC Program, is a nutrition services program that helps pregnant women, new mothers, infants, and young children under age five eat well, learn about nutrition, and stay healthy. Nutrition education and counseling, nutritious foods, breastfeeding support, and help accessing health care are provided to low-income clients who are at risk for poor nutrition. The total WIC population from which the sample survey was drawn sample included 1,137,250 recipients.

### Overall Satisfaction with Services Received

**Figure 7**  
**Overall Satisfaction with DSHS WIC Services Received**  
**(n=604)\***



Respondents were asked if they agreed with the statement, "Overall, I am satisfied with the benefits or services I received." Ninety-eight percent of the respondents agreed or somewhat agreed they were satisfied.

- Ninety-one percent of the respondents who completed the Spanish questionnaire agreed that they were satisfied with the benefits or services they received compared to 83.1 percent of the respondents who completed the English questionnaire.

## Quality of Benefits and Services

**Table 38**  
**Benefits and Services Ratings**

	Count	Agree	Somewhat agree	Disagree
The benefit or service choices available to me were clearly explained. <sup>1</sup>	606	80.7	17.5	1.8
I had a chance to say what benefits or services I wanted to receive. <sup>2</sup>	582	77.3	16.3	6.4
It was easy for me to get the benefits or services I needed. <sup>3</sup>	606	74.8	20.1	5.1
The length of time I waited to receive benefits or services was reasonable. <sup>4</sup>	609	62.6	26.4	11.0
The benefits or services I received helped me. <sup>5</sup>	589	92.7	5.9	1.4

DSHS respondents were asked about their experience with learning about and receiving benefits and services.

### Available choices were clearly explained

- Respondents were asked if they agreed that the benefit or service choices available to them were clearly explained. Ninety-eight percent of the respondents either agreed (80.7 percent) or somewhat agreed (17.5 percent) with that statement.
- Eighty-nine percent of the respondents who completed the Spanish questionnaire agreed that available benefit or service choices were clearly explained to them compared to 76.1 percent of the respondents who completed the English questionnaire.

### Chance to say what benefits and services I wanted to receive

- Respondents were asked if they agreed that they had a chance to say what benefits or services they wanted to receive. Ninety-four percent of the respondents either agreed (77.3 percent) or somewhat agreed (16.3 percent) that they had that opportunity.
- Agreement varied by race/ethnicity and language. Other respondents (100.0 percent) were more likely to agree or somewhat agree they had a chance to say what benefits or services they wanted to receive followed by Hispanic respondents (96.3 percent), Caucasian respondents (88.4 percent), and African American respondents (83.3 percent).

\* A total of 604 respondents, or 97.4 percent of all respondents, answered "yes" or "no" to this question. Of the remaining respondents, 17 (2.7 percent) answered "don't know" and 7 (1.1 percent) did not mark a response.

<sup>1</sup> A total of 606 respondents, or 97.7 percent of all respondents, answered this question. Of the remaining respondents, 1.3 percent answered "don't know" and 1.0 percent did not mark an answer.

<sup>2</sup> A total of 582 respondents, or 93.9 percent of all respondents, answered this question. Of the remaining respondents, 4.7 percent answered "don't know" and 1.5 percent did not mark an answer.

<sup>3</sup> A total of 606 respondents, or 97.7 percent of all respondents, answered this question. Of the remaining respondents, 1.5 percent answered "don't know" and 0.8 percent did not mark an answer.

<sup>4</sup> A total of 609 respondents, or 98.2 percent of all respondents, answered this question. Of the remaining respondents, 1.1 percent answered "don't know" and 0.6 percent did not mark an answer.

<sup>5</sup> A total of 589 respondents, or 95.0 percent of all respondents, answered this question. Of the remaining respondents, 2.7 percent answered "don't know" and 2.3 percent did not mark an answer.

---

### Easy to get needed benefits or services

- Respondents were asked if it was easy for them to get the benefits or services they needed. Ninety-five percent of the respondents either agreed (74.8 percent) or somewhat agreed (20.1 percent) that it was easy to get needed benefits or services.
- Differences varied by race/ethnicity and language. African American respondents (96.3 percent) were more likely to agree or somewhat agree that it was easy to get needed benefits or services followed by Hispanic respondents (95.5 percent), Caucasian respondents (92.2 percent), and Other respondents (87.5 percent). Eighty-five percent of the respondents who completed the Spanish questionnaire agreed compared to 69.2 percent of the respondents who completed the English questionnaire.

### Time waited to get benefits or services was reasonable

- When asked if they agreed that the length of time they waited to receive benefits or services was reasonable, 89.0 percent either agreed (62.6 percent) or somewhat agreed (26.4 percent).
- Agreement varied with ethnicity and was highest among Hispanic respondents (90.8 percent). Ninety-six percent of respondents completing the Spanish questionnaire and 85.2 percent of those completing the English questionnaire agreed or somewhat agreed that the length of time they waited to receive benefits or services was reasonable.

### Benefits or services received helped me

- Respondents were asked if they agreed that the benefits or services they received had helped them. Ninety-nine percent of the respondents either agreed (92.7 percent) or somewhat agreed (5.9 percent).

## **Staff Quality and Treatment by Staff**

**Table 39**  
**Staff Ratings**

	Count	Agree	Somewhat agree	Disagree
Staff members treated me with respect. <sup>1</sup>	608	77.8	17.4	4.8
Staff members were able to answer my questions. <sup>2</sup>	607	81.9	16.5	1.6
I understood what I needed to know about the benefits or services. <sup>3</sup>	609	85.1	13.6	1.3

Respondents were asked about their experience dealing with DSHS staff.

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<sup>1</sup> A total of 608 respondents, or 98.1 percent of all respondents, answered this question. Of the remaining respondents, 1.3 percent answered “don’t know” and 0.6 percent did not mark an answer.

<sup>2</sup> A total of 607 respondents, or 97.9 percent of all respondents, answered this question. Of the remaining respondents, 1.0 percent answered “don’t know” and 1.1 percent did not mark an answer.

<sup>3</sup> A total of 609 respondents, or 98.2 percent of all respondents, answered this question. Of the remaining respondents, 1.3 percent answered “don’t know” and 0.5 percent did not mark an answer.



---

### Staff members treated me with respect

Respondents were asked if they agreed that staff members had treated them with respect. Ninety-five percent of the respondents either agreed (77.8 percent) or somewhat agreed (17.4 percent) that they were treated with respect.

- Other respondents (100.0 percent) were more likely to agree or somewhat agree that staff members treated them with respect than Hispanic respondents (96.3 percent), African American respondents (96.3 percent), and Caucasian respondents (90.5 percent). Agreement with the statement generally increased as the age of the respondent increased and was greater among respondents who completed the Spanish questionnaire.

### Staff members were able to answer questions

- Respondents were asked if they agreed that staff members were able to answer their questions. Ninety-eight percent of the respondents indicated that they either agreed (81.9 percent) or somewhat agreed (16.5 percent) with that statement.
- Eighty-seven percent of respondents who completed the Spanish questionnaire and 79.0 percent of those who completed the English questionnaire agreed that staff members were able to answer their questions.

### I understood about benefits or services

- Respondents were asked if they agreed with the statement, “I understood what I needed to know about the benefits or services.” Ninety-eight percent either agreed (85.1 percent) or somewhat agreed (13.6 percent) that they understood.
- Ninety percent of respondents completing the Spanish questionnaire and 82.2 percent of those completing the English questionnaire agreed with the statement.

**Table 40**  
**Complaint Handling Ratings**

	Count	Agree	Somewhat agree	Disagree
I would be able to make a complaint about the benefits or services if I needed to make one. <sup>1</sup>	545	80.0	13.6	6.4
If I complained, I believe my complaint would be addressed fairly. <sup>2</sup>	516	72.1	20.2	7.8

Respondents were asked about the DSHS complaint process.

### Able to make a complaint if needed

- Respondents were asked if they agreed that they would be able to make a complaint about benefits or services if they needed to make one. Ninety-four percent of the respondents either agreed (80.0 percent) or somewhat agreed (13.6 percent) that they would be able to make a complaint if they needed to make one.

### Complaint would be fairly addressed

---

<sup>1</sup> A total of 545 respondents, or 87.9 percent of all respondents, answered this question. Of the remaining respondents, 10.3 percent answered “don’t know” and 1.8 percent did not mark an answer.

<sup>2</sup> A total of 516 respondents, or 83.2 percent of all respondents, answered this question. Of the remaining respondents, 15.3 percent answered “don’t know” and 1.5 percent did not mark an answer.

- Respondents were asked if they agreed with the statement, “If I complained, I believe my complaint would be addressed fairly.” Ninety-two percent of the respondents indicated that they either agreed (72.1 percent) or somewhat agreed (20.2 percent) with that statement.
- Agreement varied with ethnicity and was highest among other respondents (100.0 percent). Ninety-seven percent of respondents completing the Spanish questionnaire and 90.0 percent of those completing the English questionnaire agreed or somewhat agreed that their complaint, if made, would be addressed fairly.

## **Extent of Internet Access and Use**

**Table 41**  
**Internet Ratings**

	Count	Agree	Somewhat agree	Disagree
I have a way to get information on the Internet. <sup>1</sup>	412	61.2	12.9	26.0
I have used the Internet to learn about the benefits or services provided by this program. <sup>2</sup>	396	21.7	7.8	70.5

Respondents were asked about their access to and use of the Internet to learn about the DSHS program.

### **Have a way to get information on the Internet**

- Respondents were asked if they agreed that they had a way to get information on the Internet. Seventy-four percent of the respondents either agreed (61.2 percent) or somewhat agreed (12.9 percent) that they had a way to access the Internet.
- Sixty-eight percent of male respondents and 56.5 percent of female respondents agreed that they had a way to get information on the Internet.

### **Used Internet to learn about benefits or services**

- Respondents were asked if they agreed with the statement, “I have used the Internet to learn about the benefits or services provided by this program.” Seventy-one percent of the respondents disagreed with this statement. Thirty percent of the respondents indicated that they either agreed (21.7 percent) or somewhat agreed (7.8 percent).

<sup>1</sup> A total of 412 respondents, or 66.5 percent of all respondents, answered this question. Of the remaining respondents, 30.0 percent answered “don’t know” and 3.5 percent did not mark an answer.

<sup>2</sup> A total of 396 respondents, or 63.9 percent of all respondents, answered this question. Of the remaining respondents, 31.9 percent answered “don’t know” and 4.2 percent did not mark an answer.

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## **Suggested Improvements**

**Table 42**  
**Suggested Improvements (Open-ended)**  
**(n=320)**

	Percentage responding
Satisfied/no improvement needed	39.7
Response time	15.0
Staff performance	11.9
Eligibility requirements/benefits	8.1
Medical/dental	4.4
DSHS offices	4.4
WIC	4.1
Communication	3.8
Language problems	2.8
Other	5.9

Three hundred and twenty of the 604 (53.0 percent) respondents provided responses to the open-ended question of how DSHS could improve the benefits or services they received or needed. After categorizing the comments, 39.7 percent of the respondents who gave an answer were satisfied and offered no suggestions for improvement. Fifteen percent mentioned response time. Response time was followed by staff performance (11.9 percent), eligibility requirements/benefits (8.1 percent). Other areas for improvement were mentioned by less than 5 percent of the respondents.

**Table 43**  
**WIC Ratings – Additional Questions**

	Count	Agree	Somewhat agree	Disagree
WIC appointments are offered at days and times that are convenient to me. <sup>1</sup>	606	80.4	13.0	6.6
I am interested in completing my WIC classes on the Internet, on my own time. <sup>2</sup>	460	55.0	12.2	32.8
WIC staff has provided me with information about other helpful programs and services. <sup>3</sup>	581	77.8	10.5	11.7
I trust the WIC program to provide accurate, helpful information about feeding infants and children. <sup>4</sup>	562	92.0	7.2	0.8
I trust the WIC program to provide accurate, helpful information about breastfeeding. <sup>5</sup>	590	93.2	5.8	1.0
I would recommend the WIC program to friends and family with children under 5 years of age. <sup>6</sup>	612	97.1	2.6	0.3

DSHS respondents were asked questions about their experiences with the WIC program.

WIC appointments are offered at convenient times

Respondents were asked if they agreed with the statement, "WIC appointments are offered at days and times that are convenient to me." Ninety-three percent of the respondents either agreed (80.4 percent) or somewhat agreed (13.0 percent) that appointments are convenient.

- A greater percentage of Hispanic respondents (93.9 percent) agreed or somewhat agreed that WIC appointments are offered at convenient days and times compared to Caucasian respondents (93.0 percent), African American respondents (90.6 percent) and Other respondents (87.5 percent). Ninety-six percent of respondents completing the Spanish questionnaire and 91.7 percent of those completing the English questionnaire agreed or somewhat agreed that WIC appointments are convenient.

<sup>1</sup> A total of 412 respondents, or 66.5 percent of all respondents, answered this question. Of the remaining respondents, 30.0 percent answered "don't know" and 3.5 percent did not mark an answer.

<sup>2</sup> A total of 412 respondents, or 66.5 percent of all respondents, answered this question. Of the remaining respondents, 30.0 percent answered "don't know" and 3.5 percent did not mark an answer.

<sup>3</sup> A total of 412 respondents, or 66.5 percent of all respondents, answered this question. Of the remaining respondents, 30.0 percent answered "don't know" and 3.5 percent did not mark an answer.

<sup>4</sup> A total of 412 respondents, or 66.5 percent of all respondents, answered this question. Of the remaining respondents, 30.0 percent answered "don't know" and 3.5 percent did not mark an answer.

<sup>5</sup> A total of 412 respondents, or 66.5 percent of all respondents, answered this question. Of the remaining respondents, 30.0 percent answered "don't know" and 3.5 percent did not mark an answer.

<sup>6</sup> A total of 412 respondents, or 66.5 percent of all respondents, answered this question. Of the remaining respondents, 30.0 percent answered "don't know" and 3.5 percent did not mark an answer.

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#### Interested in completing WIC classes on the Internet

- When respondents were asked if they agreed with the statement, "I am interested in completing my WIC classes on the Internet, on my own time," 67.2 percent of the respondents either agreed (55.0 percent) or somewhat agreed (12.2 percent).

#### WIC staff has provided information about other programs and services

- Respondents were asked if they agreed that WIC staff has provided them with information about other helpful programs and services (e.g. immunizations, Medicaid, Food Stamps, etc.). Eighty-eight percent of the respondents either agreed (77.8 percent) or somewhat agreed (10.5 percent).

#### Program provides accurate information about feeding infants and children

- Respondents were asked if they agreed with the statement, "I trust the WIC program to provide accurate, helpful information about feeding infants and children." Ninety-nine percent of the respondents either agreed (92.0 percent) or somewhat agreed (7.2 percent) with the statement.

#### Program provides accurate information about breastfeeding

- Respondents were asked if they agreed with the statement, "I trust the WIC program to provide accurate, helpful information about breastfeeding." Ninety-nine percent of the respondents either agreed (93.2 percent) or somewhat agreed (5.8 percent) with the statement.

#### Would recommend WIC program to friends and family

- When asked if they agreed with the statement, "I would recommend the WIC program to friends and family with children under 5 years of age," 99.7 percent of the respondents either agreed (97.1 percent) or somewhat agreed (2.6 percent).

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## VI. CONCLUSIONS AND RECOMMENDATIONS

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The findings for this first system-wide assessment of HHS services were generally favorable. However, there are clearly identified areas for improvement in every program area.

Overall ratings demonstrated large majorities of respondents who agreed or somewhat agreed that the available benefit or service choices were clearly explained (87.3 percent). Ninety-two percent agreed or somewhat agreed that staff treated them with respect and 90.7 percent said staff members were able to answer their questions. HHS materials were easy to understand for 86.9 percent of the respondents. Eighty-eight percent indicated that they knew how to make a complaint against an HHS agency if needed. Fifty-eight percent of the respondents agreed or somewhat agreed that they had a way to get information on the Internet, but 73.9 percent disagreed that they had used the Internet to learn about the benefits or services provided by the program in which they participated. Eighty-nine percent of the respondents agreed or somewhat agreed that the benefits or services they received helped them.

Agencies will further analyze results and comments, sharing the insights gained throughout their respective organizations for use in improving customer service. One area of particular interest for further study system-wide is Internet access and use. There are clear indications that many HHS customers need better access to and/or better understanding of how to use the Internet to learn about benefits and services.

These results also revealed some ambivalence in perceptions given the relatively large numbers of “somewhat agree” responses. The HHS system and individual HHS agencies will work to ensure that all customers can firmly agree with positive statements about the quality of HHS services and staff in the future.

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## APPENDICES

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**APPENDIX A – CUSTOMER INVENTORIES BY AGENCIES  
(EXCEPT DSHS)**

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## Health and Human Services Commission

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

STRATEGY	STAKEHOLDER GROUPS
<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 12 HHS agencies.</p> <p><b>Other HHS Agencies:</b> HHSC provides the leadership to assist the HHS agencies in developing client focused programs and policy initiatives that are relevant, timely and cost efficient.</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><b>Local Governments:</b> HHSC provides assistance to local governments in obtaining federal funds.</p> <p><b>Children &amp; Families:</b> HHSC oversees interagency Community Resource Coordination Groups (CRCGs) for Texas children and adolescents with complex needs; and provides a forum to improve the service delivery system for children and youth through overarching planning, coordination, and integration across education, juvenile justice, and health and human services agencies.</p>
<p><b>Strategy A.1.2. Integrated Eligibility and Enrollment Provide</b> 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, TANF, Food Stamp and other health and human services programs.</p>
<p><b>Strategy A.1.3. Long Term Care Financial Eligibility Determination.</b> Provide accurate and timely financial eligibility determination for all individuals who apply for long-term services.</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 long-term care programs.</p>
<p><b>Strategy A.1.4. Developmental Disabilities Council.</b> Ensure that all Texans with developmental disabilities have the opportunity to be independent, productive and valued members of their communities.</p>	<p><b>Other HHS Agencies:</b> HHSC provides the leadership to assist the HHS agencies in working with the Developmental Disabilities Council to plan for the delivery of services and programs to persons with disabilities.</p> <p><b>Children's HHS Agencies:</b> HHSC provides the leadership to assist the HHS agencies in working with the Developmental Disabilities Council to plan for the delivery of services and programs to persons with disabilities.</p>
<p><b>Strategy A.2.1. Office of</b></p>	<p><b>Citizens of Texas/Taxpayers:</b> OIG serves as the lead agency</p>

STRATEGY	STAKEHOLDER GROUPS
<p><b>Inspector General (OIG).</b> Investigate fraud, waste, and abuse in the provision of all health and human services, enforce state law relating to the provision of those services, and provide utilization assessment and review of both clients and providers.</p>	<p>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 Texas Index level of Effort (TILE) 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 Utilization Review activities in Medicaid contract hospitals to ensure program integrity and improve the quality of services delivered to residents of Medicaid facilities.</p>
<p><b>Strategy A.3.1. 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 enterprise the functions of: information technology, human resources, civil rights, procurement, ombudsman and other services.</p>
<p><b>Strategy B.1.1. Aged and Disabled.</b> Provide medically necessary health care in the most appropriate accessible and cost effective setting to Medicaid-aged and Medicare-related persons and Medicaid disabled and blind persons.</p>	<p><b>Medicaid Consumers:</b> HHSC Medicaid/CHIP division provides health care to Medicaid aged and Medicare related persons and persons who are disabled or blind.</p>
<p><b>Strategy B.1.2. TANF Adults and Children.</b> Provide medically necessary health care in the most appropriate, accessible, and cost effective setting to Temporary Assistance for Needy Families (TANF) eligible adults and children.</p>	<p><b>Medicaid Consumers:</b> HHSC Medicaid/CHIP division provides health care to adults and children who are eligible for TANF.</p>
<p><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>	<p><b>Medicaid Consumers:</b> HHSC Medicaid/CHIP division provides health care to women who are pregnant and eligible for Medicaid.</p>
<p><b>Strategy B.1.4. Children and Medically Needy.</b> Provide medically necessary health care in the most appropriate, accessible and cost effective</p>	<p><b>Medicaid Consumers:</b> HHSC Medicaid/CHIP division provides health care to infants and children who are above the TANF eligibility criteria and medically needy persons.</p>

STRATEGY	STAKEHOLDER GROUPS
setting to newborn infants and Medicaid-eligible children above the TANF income eligibility criteria, and to medically needy persons.	
<b>Strategy B.1.5. Medicare Payments.</b> Provide accessible premium-based health services to certain Title XVIII Medicare-eligible recipients.	<b>Medicaid Consumers:</b> HHSC Medicaid/CHIP division provides premium-based health services to certain Title XVIII Medicare eligible recipients.
<b>Strategy B.1.6. STAR+PLUS.</b> Promote the development of integrated managed care systems for aged and disabled clients.	<b>Medicaid Managed-care Consumers.</b> HHSC Medicaid/CHIP division provides acute and long-term health care to consumers who are disabled and blind and older persons who need long-term care services through Medicare.
<b>Strategy B.2.1. Cost Reimbursed Services:</b> Provide medically necessary health care to Medicaid eligible recipients for services not covered under the insured arrangement including federally qualified health centers, undocumented persons, school health and related services.	<b>Medicaid Consumers:</b> HHSC Medicaid/CHIP division provides health care to Medicaid eligible recipients for specific services not covered.
<b>Strategy B.2.2. Medicaid Vendor Drug.</b> Provide prescription medication to Medicaid eligible recipients as prescribed by their treating physician.	<b>Medicaid Consumers:</b> HHSC Medicaid/CHIP division provides prescription medication benefits to Medicaid recipients.
<b>Strategy B.2.3. Medicare Federal Give Back Provision.</b> Provide the federal government with a phased-down state contribution as required by Sec. 103 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 related to the federal assumption of the cost of prescription drugs for full-benefit dual eligible Medicare and Medicaid clients.	<b>Medicare Consumers:</b> HHSC Medicaid/CHIP division administers this provision for Medicare consumers who are also eligible for Medicaid.
<b>Strategy B.2.4. Medical Transportation.</b> Provide federal funding to TXDoT for non-ambulance transportation for eligible Medicaid recipients to and from providers of Medicaid services.	<b>Medicaid Consumers:</b> TXDoT provides transportation for Medicaid recipients.
<b>Strategy B.2.5. Family Planning. Provide family</b>	<b>Medicaid Consumers:</b> HHSC Medicaid/CHIP division provides family planning services for Medicaid recipients.

STRATEGY	STAKEHOLDER GROUPS
<p><b>planning services throughout Texas for adolescents and women,</b></p>	
<p><b>Strategy B.3.1. EPSDT: Texas Health Steps-Medical.</b> Provide access to comprehensive diagnostic/treatment services for eligible clients by maximizing the use of primary prevention, early detection and management of health care in accordance with all federal mandates.</p>	<p><b>Medicaid Consumers:</b> HHSC Medicaid/CHIP division provides diagnostic/treatment services to Medicaid-eligible children.</p>
<p><b>Strategy B.3.2. EPSDT: Texas Health Steps-Dental.</b> Provide dental care in accordance with all federal mandates.</p>	<p><b>Medicaid Consumers:</b> HHSC Medicaid/CHIP division provides dental services to Medicaid-eligible children.</p>
<p><b>Strategy B.3.3. EPSDT-Comprehensive Care:</b> Provide diagnostic/treatment services for federally allowable Medicaid services for conditions identified through an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) screen or other health care encounter but not covered or provided under the State Medicaid Plan.</p>	<p><b>Medicaid Consumers:</b> HHSC Medicaid/CHIP division provides diagnostic/treatment services to Medicaid-eligible children.</p>
<p><b>Strategy B.4.1. Medicaid State Office.</b> Set the overall policy direction of the state Medicaid program and manage interagency initiatives to maximize federal dollars.</p>	<p><b>Other HHS Agencies.</b> HHSC provides the leadership and policy planning for administration of the state Medicaid Office across the HHS enterprise.</p>
<p><b>Strategy C.1.1. CHIP.</b> Provide health care to uninsured children who apply for insurance through CHIP.</p> <p><b>Strategy C.1.2. Immigrant Children Health Insurance.</b> Provide health care to certain uninsured, legal, immigrant children who apply for insurance through CHIP.</p> <p><b>Strategy C.1.3. School Employee CHIP.</b> Augment the state's contributions for dependent health insurance coverage for certain school employees.</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 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>

STRATEGY	STAKEHOLDER GROUPS
<p><b>Strategy C.1.4. CHIP Vendor Drug Program.</b> Provide prescription medication to CHIP eligible recipients as prescribed by their treating physician.</p> <p><b>Strategy C.1.5. State Employee Children Insurance:</b> Augment the state's contributions for dependent health insurance coverage for certain state employees through the State Employee Children Insurance (SKIP) program.</p>	
<p><b>Strategy D.1.1. TANF 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. Nutrition Assistance.</b> Increase the availability of federal nutrition assistance by providing reimbursement for nutritious meals, food distribution, and nutrition education.</p>	<p><b>Children and Families.</b> HHSC's division of Family Services provides nutrition assistance to children and families.</p>
<p><b>Strategy D.1.3. 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 division of Family Services provides refugee assistance to immigrants coming into Texas.</p>
<p><b>Strategy D.1.4. Disaster Assistance.</b> Provide financial assistance to victims of federally declared natural disasters.</p>	<p><b>Children and Families.</b> HHSC's division of Family Services provides disaster assistance to children and families.</p>
<p><b>Strategy D.2.1. Family Violence Services.</b> Provide emergency shelter and support services to victims of family violence and their children, educate the public, and provide training and prevention support to institutions and agencies.</p>	<p><b>Children and Families.</b> HHSC's division of Family Services provides family violence services to children and families.</p>
<p><b>Strategy E.1.1. Central Program Support.</b></p>	<p><b>HHS Employees.</b> HHSC provides central support services for HHS employees.</p>
<p><b>Strategy E.1.2. IT Program Support.</b></p>	<p><b>HHS Employees.</b> HHSC provides central support services for HHS employees.</p>
<p><b>Strategy E.1.3. Other Support</b></p>	<p><b>HHS Employees.</b> HHSC provides central support services for</p>

STRATEGY	STAKEHOLDER GROUPS
<b>Services.</b>	HHS employees.
<b>Strategy E.1.4. 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. TIERS.</b>	<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 F.1.2. HHSAS.</b>	<b>Other HHS Agencies:</b> HHSC provides the leadership to assist the HHS agencies in using the Health and Human Services Administrative System.

## Department of Family and Protective Services

### Description of Services Provided to Customers by Budget Strategy

STRATEGY	STAKEHOLDER GROUPS
<p><b>Strategy A.1.1 Statewide Intake Services.</b> Provide professionals and the public 24-hours 7 days per week, the ability to report abuse/neglect/exploitation and to access information on services offered by DFPS programs via phone, fax, emails, or the Internet.</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 at risk of abuse, neglect, and exploitation 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, and schools.</p>
<p><b>Strategy A.2.1 CPS Direct Delivery Staff.</b> Provide caseworkers and related staff to conduct investigations and deliver family preservation/reunification services, out of home care, and permanency planning for children who are at risk of abuse/neglect and their families.</p> <p><b>Strategy A.2.2 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, and if necessary, placing them in substitute care until they can be safely returned home 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, and state and national child welfare associations.</p>
<p><b>Strategy A.2.3 TWC Foster Day Care.</b> Provide purchased day care services for foster children when one or both foster parents work full-time.</p> <p><b>Strategy A.2.4 TWC Protective Day Care.</b> 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 A.2.5 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</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> <p><b>Contracted Service Providers:</b> DFPS contracts with private child-placing agencies to recruit, train and verify adoptive</p>



STRATEGY	STAKEHOLDER GROUPS
<p>free for adoption, including recruitment, screening, home study, placement, and support services.</p> <p><b>Strategy A.2.6 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>homes, handle 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 A.2.7 Preparation for Adult Living Purchased Services.</b> Provide purchased preparation for adult living services to help and support youth preparing for departure from DFPS substitute care, including life skills training, money management, vocational support, 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 A.2.8 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 A.2.9 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.</p> <p><b>Contracted Service Providers:</b> DFPS purchases these services from various service providers.</p>
<p><b>Strategy A.2.10 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</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</p>

STRATEGY	STAKEHOLDER GROUPS
<p>licensed, verified child care facilities.</p>	<p>their homes.  <b>Contracted Service Providers:</b> DFPS purchases these services from DFPS foster homes, contracted child-placing agencies, and child care facilities.  <b>Other Agencies:</b> DFPS provides federal Title IV-E funding for eligible children in the custody of the Texas Youth Commission and the Texas Juvenile Probation Commission, as well as their administrative costs for reasonable candidates for foster care.  <b>Local Governments:</b> DFPS provides federal Title IV-E funding to participating counties for allowable expenses for foster care maintenance and administration.  <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 A.2.11 Adoption Subsidy Payments.</b> Provide grant benefit payments for families that adopt foster children with special needs who could not be placed in adoption without financial assistance.</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.</p>
<p><b>Strategy A.2.12 Services to At-Risk Youth (STAR) 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 younger than age of 10 who have committed delinquent acts.</p> <p><b>Strategy A.2.13 Community Youth Development (CYD) 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 A.2.14 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 A.2.15 Child Abuse Prevention Grants.</b> Provide child</p>	<p><b>Children and Families:</b> DFPS provides funding for community-based 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 prevention and early intervention services  <b>Other Agencies:</b> At-risk prevention services involve participation from the Texas Education Agency, Texas Juvenile Probation Commission, and Texas Youth Commission.  <b>Local Governments:</b> At-risk prevention services involve participation from Local Juvenile Probation Departments.  <b>External Partners:</b> Overseeing prevention services involves many external partners such as law enforcement agencies, schools, and children’s advocate groups.</p>

STRATEGY	STAKEHOLDER GROUPS
<p>abuse prevention grants to develop programs, public awareness, and respite care through community-based organization.</p> <p><b>Strategy A.2.16 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 A.2.17 At-Risk Prevention Program Support.</b> Provide program support for at-risk prevention services.</p>	
<p><b>Strategy A.3.1 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 A.3.2 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>Aged and Disabled Victims:</b> DFPS protects elderly persons and adults with disabilities by investigating reports of 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 deliver necessary emergency services for APS clients.</p> <p><b>Other Agencies:</b> Adult protective services include support and involvement from the Texas Department of Aging and Disability Services (DADS) and the Texas Department of Assistive and Rehabilitative Services (DARS).</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.</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, advocate groups for elderly persons and adults with disabilities, state and national associations on aging and care for the elderly, and family and friends of APS clients.</p>
<p><b>Strategy A.3.3 MH and MR Investigations.</b> Provide a comprehensive and consistent system for the investigation of reports of abuse, neglect, and exploitation of persons receiving services in mental health and mental retardation settings.</p>	<p><b>Persons Served by or through MH and MR Settings:</b> DFPS protects persons served by or through MH and MR settings by investigating reports of abuse, neglect, and exploitation.</p> <p><b>Other Agencies:</b> Adult protective services for persons served in these settings include support and involvement from the Texas Department of Aging and Disability Services (DADS), the Texas Department of State Health Services (DSHS), and the Texas Department of Assistive and Rehabilitative Services (DARS).</p> <p><b>Local Governments:</b> Providing adult protective services for persons served in these settings involves support and participation from Community MHMR Centers.</p> <p><b>External Partners:</b> Providing adult protective services for</p>

STRATEGY	STAKEHOLDER GROUPS
	<p>persons served in these settings involves many external partners, such as advocate groups for persons with mental illness and mental retardation, state and national associations for mental health, and family and friends of MH and MR patients.</p>
<p><b>Strategy A.4.1 Child Care Regulation.</b> Provide a comprehensive system of consultations, 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.</p>	<p><b>Children and Families:</b> DFPS helps ensure the safety and well-being of children in day care and 24-hour care settings by enforcement of 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, Texas Department of State Health Services (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 family homes, maternity homes, licensed residential child care facilities, and licensed day care facilities. Other external partners in ensuring safety of children in child care settings include schools, child care administrators, children’s advocates, and parents.</p>
<p><b>Strategy B.1.1. Central Administration.</b></p> <p><b>Strategy B.1.2 Other Support Services.</b></p> <p><b>Strategy B.1.3 Regional Administration.</b></p> <p><b>Strategy B.1.4 IT Program Support.</b></p> <p><b>Strategy B.1.5 Agency-wide Automated System.</b> Develop and enhance automated systems that service multiple programs, including the Information Management Protecting Adults and Children of Texas (IMPACT) system.</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 C.1.1 CPS Reform.</b></p>	<p><b>Children and Families:</b> DFPS protects children by investigating reports of abuse and neglect, and if necessary, placing them in substitute care until they can be safely returned home or until they are adopted.</p> <p><b>External Partners:</b> Conducting investigations and providing casework for children in their own homes involves many external partners, such as law enforcement agencies, the</p>

STRATEGY	STAKEHOLDER GROUPS
	<p>medical sector, schools, Child Welfare Boards, the judiciary, faith based organizations, Child Advocacy Centers, children's advocate groups, and state and national child welfare associations.</p> <p><b>Contracted Service Providers:</b> DFPS purchases necessary services for children in the CPS system and their families from various service providers.</p>

## Department Of Aging and Disability Services

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

<b>STRATEGY</b>	<b>STAKEHOLDER GROUPS</b>
<p><b>A.1.1. Strategy:</b> Intake, Access and Eligibility to Services and Supports. Provide functional eligibility determination, development of individual service plans based on client needs and preferences, assistance in obtaining information, and authorization of appropriate services and supports through the effective and efficient management of DADS staff and contracts with the Area Agencies on Aging (AAAs) and local Mental Retardation Authorities (MRAs).</p>	<p><b>Direct customer groups include:</b>                      Elderly individuals who meet specific eligibility requirements.                      Individuals with cognitive and physical disabilities who meet specific eligibility requirements.                      Family members and caregivers of the elderly and individuals with disabilities who meet specific eligibility criteria.</p>
<p><b>A.1.2. Strategy:</b> Guardianship. Provide full or limited authority, only as a last resort, over an incapacitated elderly or disabled adult who is the victim of validated abuse, neglect exploitation in a non-institutional setting or of an incapacitated minor in CPS conservatorship, as directed by the court, including such responsibilities as managing estates, making medical decisions and arranging placement and care.</p>	<p><b>Direct customer groups include:</b>                      Legally incompetent elderly adults who meet specific eligibility requirements.                      Legally incompetent adults with disabilities who meet specific eligibility requirements.                      Legally incompetent minors in CPS conservatorship.</p>
<p><b>A.2.1. Strategy:</b> Primary Home Care: Primary Home Care (PHC) is a Medicaid-reimbursed, non-technical, medically related personal services and supports service prescribed by a physician, available to eligible clients whose health problems cause them to be limited in performing activities of daily living.</p>	<p><b>Direct customer groups include:</b>                      Individuals 21 years of age and older who meet specific eligibility requirements including income, resource, and functional assessment criteria.</p>
<p><b>A.2.2. Strategy:</b> Community Attendant Services. Medicaid-reimbursed subgroup of PHC eligible's that must meet financial eligibility of total gross monthly income of less than that equal to 300% of the SSI federal benefit rate.</p>	<p><b>Direct customer groups include:</b>                      Individuals of any age who meet specific eligibility requirements including income, resource, and functional assessment criteria.</p>

<p><b>A.2.3. Strategy:</b> Day Activity &amp; Health Services. DAHS provide daytime service five days a week (Mon-Fri) to clients residing in the community in order to provide an alternative to placement in nursing facilities or other institutions.</p>	<p><b>Direct customer groups include:</b> Individuals of any age who meet specific eligibility requirements including income, resource, and functional assessment criteria.</p>
<p><b>1.3.1. Strategy:</b> Community Based Alternatives (CBA). CBA program is a Medicaid (Title XIX) Home and Community-based services waiver and provides services to aged and disabled adults as a cost-effective alternative to institutionalization.</p>	<p><b>Direct customer groups include:</b> Individuals age 21 or older who meet specific income, resource, and medical necessity requirements and who choose waiver services instead of nursing facility services.</p>
<p><b>A.3.2. Strategy:</b> Home and Community Based Services (HCS). The Home and Community Based waiver program under Section 1915 (c) of Title XIX of the Social Security Act provides individualized services to consumers living in their family's home, their own homes, or other settings in the community.</p>	<p><b>Direct customer groups include:</b> Individuals of any age who have a determination/diagnosis of mental retardation or related condition, who meet specific income, resource and level of care criteria and who choose HCS services instead of the ICF/MR program.</p>
<p><b>A.3.3. Strategy:</b> Community Living Assistance &amp; Support Services (CLASS). Provides home and community-based services to persons who have a "related" condition diagnosis qualifying them for placement in an Intermediate Care Facility for persons who have a disability, other than mental retardation originating before age 22.</p>	<p><b>Direct customer groups include:</b> Individuals of any age that have been diagnosed with a developmental disability other than mental retardation who meet specific eligibility requirements including income, resource, and functional need, and who choose waiver services instead of institutional services.</p>
<p><b>A.3.4. Strategy:</b> Deaf-Blind Multiple Disabilities (DBMD). Provides home and community-based services to adult individuals diagnosed with deaf, blind, and multiple disabilities.</p>	<p><b>Direct customer groups include:</b> Individuals age 18 or older who are deaf, blind and have a third disability, who meet specific eligibility requirements including income, resources and functional need and who choose waiver services instead of institutional services</p>
<p><b>A.3.5. Strategy:</b> Medically Dependent Children Program (MDCP). Provides home and community-based services to clients less than 21 years of age. Services include respite, adjunct supports, adaptive aids, and minor home modification.</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>A.3.6. Strategy:</b> Consolidated Waiver Program: This pilot 1915c waiver consolidates CBA, MDCP, CLASS, HCS, and DBMD waivers. Community Services and Supports case managers develop individualized service plans based on the participant's needs.</p>	<p><b>Direct customer groups include:</b> Individuals of any age who meet specific eligibility requirements including income, resource and functional need, who choose waiver services instead of institutional services, and who are on the interest list in Bexar county for CBA, CLASS, DBMD HCS or MDCP waiver services.</p>
<p><b>A.3.7. Strategy:</b> Texas Home Living Waiver. The Texas Home and Living waiver program under Section 1915 (c) of Title XIX of the Social Security Act provide individualized services not to exceed \$10,000 per year to consumers living in their family's home, their own homes, or other settings in the community.</p>	<p><b>Direct customer groups include:</b> Individuals of any age who have a determination/diagnosis of mental retardation or related condition, who meet specific eligibility requirements including income, resource and level of care criteria, and who choose waiver services over ICF/MR.</p>
<p><b>A.4.1. Strategy:</b> Non-Medicaid Services. Provide a wide range of home and community-based social and supportive services to elderly and disabled persons who are not eligible for Medicaid that will assist these individuals to live independently, including family care, adult foster care, day activity and health services (XX), emergency response, personal attendant services, home delivered and congregate meals, homemaker assistance, chore maintenance, personal assistance, transportation, residential repair, health maintenance, health screening, instruction and training, respite, hospice and senior center operations.</p>	<p><b>Direct customer groups include:</b> <i>Individuals who are age 60 or older.</i> Individuals who have cognitive and/or physically disabilities Family members and caregivers of elderly and individuals with disabilities.</p>
<p><b>A.4.2. Strategy:</b> Mental Retardation Community Services. Provide services, other than those provided through the Medicaid waiver programs, to persons with mental retardation who reside in the community including independent living, employment services, day training, therapies, and respite services as well as community residential services that include an array of 24-hour residential arrangements for persons who do not live independently or with their families.</p>	<p><b>Direct customer groups include:</b> Individuals with mental retardation who reside in the community.</p>



<p><b>A.4.3. Strategy:</b> Promoting Independence Plan. Provide public information, outreach, and awareness activities to individuals and groups who are involved in long term care relocation decisions, care assessments and intense case management of nursing facility residents that choose to transition to community-based care.</p>	<p><b>Direct customer groups include:</b> Individuals who are covered by Medicaid and living in an institution but wish to relocate from an institution back into the community.</p>
<p><b>A.4.4. Strategy:</b> In-Home and Family Support. Provide cash subsidy and provide reimbursement for capital improvements, purchase of equipment, and other expenses to enable elderly persons and persons with disabilities to maintain their independence and prevent institutionalization.</p>	<p><b>Direct customer groups include:</b> Elderly individuals and individuals with disabilities who need to purchase items that are above and beyond the scope of usual needs that are necessitated by the person's disability and that directly support that person to live in his/her natural home. Family members and caregivers of the elderly and individuals with physical disabilities.</p>
<p><b>A.4.5. Strategy:</b> MR In-Home Services. The mental retardation portion of the In-Home and Family Support (IHFS) program. Provides financial assistance to adults or children with a mental disability or to their family for the purpose of purchasing items that are above and beyond the scope of usual needs, that are necessitated by the person's disability and that directly support that person to live in his/her natural home.</p>	<p><b>Direct customer groups include:</b> Adults or children with a mental/cognitive disability who need to purchase items that are above and beyond the scope of usual needs, that are necessitated by the person's disability and that directly support that person to live in his/her natural home. Family members and caregivers of the elderly and individuals with mental/cognitive disabilities.</p>
<p><b>A.5.1. Strategy:</b> Program of All-Inclusive Care for the Elderly (PACE). The PACE program provides community-based services to frail and elderly people who qualify for nursing facility placement. Services may include in-patient and outpatient medical care at a capitated rate.</p>	<p><b>Direct customer groups include:</b> Elderly individuals who are frail, who qualify for nursing facility services, and receive Medicare.</p>
<p><b>A.6.1. Strategy:</b> Nursing Facility Payments. The nursing facility program offers institutional nursing and rehabilitation care to Medicaid-eligible recipients who demonstrate a medical condition requiring the skills of a licensed nurse on a regular basis.</p>	<p><b>Direct customer groups include:</b> Individuals with medical needs who reside in nursing facilities.</p>

<p><b>A.6.2. Strategy:</b> Medicare Skilled Nursing Facility. Provide co-insure payments for Medicaid recipients residing in Medicare (XVIII) skilled nursing facilities, for Medicaid/Qualified Medicare Beneficiary (QMB) recipients and for Medicare only QMB recipients.</p>	<p><b>Direct customer groups include:</b> Individuals who receive Medicaid and reside in Medicare (XVIII) skilled nursing facilities, Medicaid/Qualified Medicare Beneficiary (QMB) recipients and Medicare only QMB recipients.</p>
<p><b>A.6.3. Strategy:</b> Hospice. Provide short term palliative care in the home or in community settings, long-term care facilities or in hospital settings to terminally ill Medicaid clients for whom curative treatment is no longer desired and who have a physician's prognosis of six months or less to live.</p>	<p><b>Direct customer groups include:</b> Individuals eligible for Medicaid who are terminally ill for whom curative treatment is no longer desired and who have a physician's prognosis of six months or less to live.</p>
<p><b>A.6.4. Strategy:</b> Promoting Independence Services. Provide community-based services that enable nursing facility clients to relocate from nursing facilities back into community settings.</p>	<p><b>Direct customer groups include:</b> Individuals eligible for Medicaid residing in a nursing facility who are relocating into community settings.</p>
<p><b>A.7.1. Strategy:</b> Intermediate Care Facilities - Mental Retardation (ICF/MR): The Intermediate Care Facilities for Mental Retardation (ICF/MR) are residential facilities of four or more beds providing 24-hour care. Funding for ICF/MR services is authorized through Title XIX of the Social Security Act (Medicaid) and includes both the federal portion and state required match.</p>	<p><b>Direct customer groups include:</b> Individuals with mental retardation and related conditions living in intermediate care facilities (ICFs/MR).</p>
<p><b>A.8.1. Strategy:</b> MR State Schools Services. Provides direct services and support to persons living in state schools. State schools provide 24-hour residential services for persons with mental retardation who are medically fragile or severely physically impaired or have severe behavior problems and who choose these services or cannot currently be served in the community.</p>	<p><b>Direct customer groups include:</b> Individuals with mental retardation who are medically fragile or have severe physical impairments or severe behavioral problems, have chosen to live in a state school, or cannot currently be served in the community.</p>

## Department of Assistive and Rehabilitative Services

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

<b>STRATEGY</b>	<b>STAKEHOLDER GROUPS</b>
<p><b>A.1.1. Strategy:</b> Early Childhood Intervention (ECI) Eligibility Awareness. Conduct statewide activities which ensure that eligible infants, toddlers and their families are identified and families have access to information about the importance of early intervention and how to receive the resources and supports they need to reach their service plan goals.</p>	<p><b>Children &amp; Families:</b> DARS is responsible for ensuring that all Texans have information about developmental delays, know the importance of early intervention, recognize the state's early intervention program and know how to get services.</p> <p><b>Physicians, State &amp; Local Health &amp; Human Services Organizations &amp; Educational Entities:</b> If developmental delays are suspected or confirmed at birth, or before age 3, many families will contact these entities for information and referral.</p>
<p><b>A.1.2. Strategy:</b> ECI Eligibility Determination Services. Provide eligibility determination services to all referred children and determine eligibility for comprehensive and follow along services.</p>	<p><b>Children &amp; Families:</b> DARS has the responsibility for identifying and determining the eligibility of all children under age three with developmental disabilities or delays in Texas.</p>
<p><b>A.1.3. Strategy:</b> Comprehensive Services. Administer a statewide comprehensive system of services to ensure that eligible infants, toddlers and their families have access to the resources and support they need to reach their service plan goals.</p>	<p><b>Children &amp; Families:</b> DARS is responsible for providing early intervention services to families with infants and toddlers under age three with developmental disabilities or delays in Texas.</p>
<p><b>A.1.4. Strategy:</b> Respite Services. Ensure that resources are identified and coordinated to provide respite service to help preserve the family unit and prevent costly out-of-home placements.</p>	<p><b>Children &amp; Families:</b> DARS provides respite services to families served by the ECI program.</p>
<p><b>A.1.5. Strategy:</b> Ensure Quality Services. Ensure the quality of early intervention services by offering training and technical assistance, establishing service and personnel standards, and evaluating consumer satisfaction and program performance.</p>	<p><b>Children &amp; Families:</b> DARS carries out activities required under the 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.</p>

<p><b>A.2.1. Strategy:</b> Habilitative Services For Children. 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.</p>	<p><b>Blind or Visually Impaired Consumers &amp; Their Families:</b> DARS provides services necessary to assist blind children to achieve financial self-sufficiency and a fuller richer life.</p>
<p><b>B.1.1. Strategy:</b> Independent Living Services – Blind. 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 are blind or visually impaired.</p>	<p><b>Blind or Visually Impaired Consumers:</b> DARS is responsible for providing services that assist Texans with visual disabilities to live as independently as possible.</p>
<p><b>B.1.2. Strategy:</b> Blindness Education. Provide screening, education, and urgently needed eye-medical treatment to prevent blindness.</p>	<p><b>Citizens of Texas:</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.</p>
<p><b>B.1.3. Strategy:</b> Vocational Rehabilitation - Blind. Rehabilitate and place persons who are blind or visually impaired in competitive employment or other appropriate settings, consistent with informed choice and abilities.</p>	<p><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.</p> <p><b>Citizens of Texans/Taxpayers: The VR program:</b> DARS promotes employment, reducing dependence on state-funded programs and increasing tax revenue for the state.</p> <p><b>Employers:</b> DARS work with people with disabilities and employers to identify appropriate job placements for these individuals.</p>
<p><b>B.1.4. Strategy:</b> Business Enterprises of Texas. Provide employment opportunities in the food service industry for persons who are blind or visually impaired.</p>	<p><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.</p>
<p><b>B.1.5. Strategy:</b> Business Enterprises of Texas Trust Fund. Administer trust funds for retirement and benefits program for individuals licensed to operate vending machines under Business Enterprises of Texas (estimated and nontransferable).</p>	<p><b>Blind or Visually Impaired Consumers:</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.</p>

<p><b>B.2.1. Strategy:</b> Contract Services. 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 regional specialists' services.</p>
<p><b>B.2.2. Strategy:</b> Consumer and Interpreter Education. 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.</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>B.2.3. Strategy:</b> Interpreters Certification. 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>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>Deaf or Hard of Hearing Consumers:</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>B.2.4. Strategy:</b> Telephone Access Assistance. Ensure equal access to the telephone system for persons with a disability (estimated and nontransferable).</p>	<p><b>Deaf or Hard of Hearing Consumers:</b> DARS works to ensure the elimination of communication barriers and to guarantee equal access for people who are deaf or hard of hearing.</p>
<p><b>B.3.1. Strategy:</b> Vocational Rehabilitation - General. Rehabilitate and place people with general disabilities in competitive employment or other appropriate settings, consistent with informed consumer choice and abilities.</p>	<p><b>Vocational Rehabilitation Consumers:</b> DARS provides services leading to employment consistent with consumer choice and abilities for eligible persons with disabilities.</p> <p><b>Citizens of Texans/Taxpayers:</b> The VR program promotes employment, reducing dependence on state-funded programs and increasing tax revenue for the state.</p> <p><b>Employers:</b> DARS work with people with disabilities and employers to identify appropriate job placements for these individuals.</p>

<p><b>B.3.2. Strategy:</b> Independent Living Centers. 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 one or more disability who are interested and can benefit, regardless of vocational potential.</p>
<p><b>B.3.3. Strategy:</b> Independent Living Services - General. Provide consumer-driven and DARS counselor-supported independent living services to people with significant disabilities statewide.</p>	<p><b>Consumers with Disabilities:</b> DARS provides people with disabilities, who are not receiving vocational rehabilitation services, with services that increase their independence in daily activities.</p>
<p><b>B.3.4. Strategy:</b> Comprehensive Rehabilitation. 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 if other resources are not available.</p>
<p><b>C.1.1. Strategy:</b> Disability Determination Services (DDS). Determine eligibility for federal Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) benefits.</p>	<p><b>Texas Citizens 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. <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>D.1.1. Strategy:</b> Central Program Support.</p>	<p><b>DARS Employees:</b> DARS provides central support services for DARS employees.</p>
<p><b>D.1.2. Strategy:</b> Regional Program Support.</p>	<p><b>DARS Employees:</b> DARS provides central support services for DARS employees.</p>
<p><b>D.1.3. Strategy:</b> Other Program Support.</p>	<p><b>DARS Employees:</b> DARS provides central support services for DARS employees.</p>
<p><b>D.1.4. Strategy:</b> IT Program Support Information. Technology Program Support.</p>	<p><b>DARS Employees:</b> DARS provides central support services for DARS employees.</p>

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## **APPENDIX B: SURVEY INSTRUMENTS**

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**Questionnaire (Reduced to fit page)****Preguntas de servicio al cliente**

← For English, see other side.

Por favor, **trace un círculo** alrededor de la respuesta que mejor describa su opinión.

1.	Me explicaron claramente los beneficios y las opciones de servicios.	Estoy de acuerdo	Estoy un poco de acuerdo	No estoy de acuerdo	No sé
2.	Tuve la oportunidad de indicar cuáles beneficios o servicios quería recibir.	Estoy de acuerdo	Estoy un poco de acuerdo	No estoy de acuerdo	No sé
3.	Fue fácil obtener los beneficios o servicios que necesitaba.	Estoy de acuerdo	Estoy un poco de acuerdo	No estoy de acuerdo	No sé
4.	El tiempo que esperé para recibir los beneficios o servicios fue razonable.	Estoy de acuerdo	Estoy un poco de acuerdo	No estoy de acuerdo	No sé
5.	El personal me trató con respeto.	Estoy de acuerdo	Estoy un poco de acuerdo	No estoy de acuerdo	No sé
6.	El personal pudo contestar mis preguntas.	Estoy de acuerdo	Estoy un poco de acuerdo	No estoy de acuerdo	No sé
7.	Entendí lo que debía saber acerca de los beneficios o servicios.	Estoy de acuerdo	Estoy un poco de acuerdo	No estoy de acuerdo	No sé
8.	Podría quejarme sobre los beneficios o servicios si fuera necesario.	Estoy de acuerdo	Estoy un poco de acuerdo	No estoy de acuerdo	No sé
9.	Si me quejara, creo que atenderían mi queja justamente.	Estoy de acuerdo	Estoy un poco de acuerdo	No estoy de acuerdo	No sé
10.	Tengo manera de encontrar información en Internet.	Estoy de acuerdo	Estoy un poco de acuerdo	No estoy de acuerdo	No sé
11.	He usado Internet para aprender sobre los beneficios o servicios que proporciona este programa.	Estoy de acuerdo	Estoy un poco de acuerdo	No estoy de acuerdo	No sé
12.	Los beneficios o servicios que recibí me ayudaron.	Estoy de acuerdo	Estoy un poco de acuerdo	No estoy de acuerdo	No sé
13.	En general, estoy satisfecho con los beneficios o servicios que recibí.	Estoy de acuerdo	Estoy un poco de acuerdo	No estoy de acuerdo	No sé
14.	Por favor, explique en el espacio a continuación cómo podemos mejorar los beneficios o servicios que usted recibe o necesita.				
15.	La persona que llenó esta forma fue:	La persona a quien estaba dirigida.		Un representante de la persona a la que estaba dirigida.	

**¡Gracias por participar!**  
**Por favor, devuelva el cuestionario en el sobre de envío.**

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## DADS Customer Service Questions

Please **circle** the answer that best describes your opinion.

- |   |       |                   |          |               |
|---|-------|-------------------|----------|---------------|
| 16. The information I receive about my benefits or services is easy to understand.        | Agree | Somewhat<br>Agree | Disagree | Don't<br>know |
| 17. Frequent changes in people who are paid to help me are a problem for my family or me. | Agree | Somewhat<br>Agree | Disagree | Don't<br>know |
| 18. I get the right amount of services I need.  | Agree | Somewhat<br>Agree | Disagree | Don't<br>know |
| 19. I am afraid or scared of the people who are paid to help me.                          | Agree | Somewhat<br>Agree | Disagree | Don't<br>know |
| 20. People who are paid to help me are generally respectful and courteous to me.          | Agree | Somewhat<br>Agree | Disagree | Don't<br>know |
| 21. People who are paid to help me speak or communicate with me in my preferred language. | Agree | Somewhat<br>Agree | Disagree | Don't<br>know |

**Please answer the following questions, if you have attendants who are paid to help you in your home.**

- |  |       |                   |          |               |
|--|-------|-------------------|----------|---------------|
| 22. I go without personal care like bathing, eating, dressing, or taking my medications when I need to because there is no one there to help me. | Agree | Somewhat<br>Agree | Disagree | Don't<br>know |
| 23. The people paid to help me spend all the time with me they are supposed to.  | Agree | Somewhat<br>Agree | Disagree | Don't<br>know |
| 24. I know I can change the people who are paid to help me if I want to.   | Agree | Somewhat<br>Agree | Disagree | Don't<br>know |
| 25. I <u>want</u> to hire, train and manage the people who are paid to help me.  | Agree | Somewhat<br>Agree | Disagree | Don't<br>know |

**Please answer the following questions, if you go to an Adult Day Care Center.**

- |  |       |                   |          |               |
|--|-------|-------------------|----------|---------------|
| 26. I get to choose the Adult Day Care Center I go to.   | Agree | Somewhat<br>Agree | Disagree | Don't<br>know |
| 27. I have to be picked up and taken home at the same time because I do not have control over the transportation to and from the Adult Day Care. | Agree | Somewhat<br>Agree | Disagree | Don't<br>know |
| 28. I am able to go to medical appointments during the day if I want to.   | Agree | Somewhat<br>Agree | Disagree | Don't<br>know |
| 29. There are some things I want to do outside my home that I don't do now.  | Agree | Somewhat<br>Agree | Disagree | Don't<br>know |
| 30. What would you like to do? What do you need to make this happen?   |       |                   |          |               |

***Thank you for your participation!  
Please return the questionnaire in the business reply envelope.***

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## DSHS Customer Service Questions

Please **circle** the answer that best describes your opinion.

16. WIC appointments are offered at days and times that are convenient to me.	Agree	Somewhat Agree	Disagree	Don't Know
17. I am interested in completing my WIC classes on the internet, on my own time.	Agree	Somewhat Agree	Disagree	Don't Know
18. WIC staff has provided me with information about other helpful programs and services (e.g. immunizations, Medicaid, Food Stamps, etc.).	Agree	Somewhat Agree	Disagree	Don't Know
19. I trust the WIC program to provide accurate, helpful information about feeding infants and children.	Agree	Somewhat Agree	Disagree	Don't Know
20. I trust the WIC program to provide accurate, helpful information about breastfeeding.	Agree	Somewhat Agree	Disagree	Don't Know
21. I would recommend the WIC program to friends and family with children under 5 years of age.	Agree	Somewhat Agree	Disagree	Don't Know

***Thank you for your participation!***  
***Please return the questionnaire in the business reply envelope.***

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## Preguntas de servicio al cliente del DADS

Por favor, **trace un círculo** alrededor de la respuesta que mejor describa su opinión.

16. La información que recibo sobre mis beneficios o servicios es fácil de entender.	Estoy de acuerdo	Estoy un poco de acuerdo	No estoy de acuerdo	No sé
17. Los cambios frecuentes del personal a quien le pagan por ayudarme son problemáticos para mí o para mi familia.	Estoy de acuerdo	Estoy un poco de acuerdo	No estoy de acuerdo	No sé
18. Recibo justo la cantidad de servicios que necesito.	Estoy de acuerdo	Estoy un poco de acuerdo	No estoy de acuerdo	No sé
19. Tengo miedo o temor de las personas a quienes les pagan por ayudarme.	Estoy de acuerdo	Estoy un poco de acuerdo	No estoy de acuerdo	No sé
20. Las personas a quienes les pagan por ayudarme me tratan con respeto y cortesía.	Estoy de acuerdo	Estoy un poco de acuerdo	No estoy de acuerdo	No sé
21. Las personas a quienes les pagan por ayudarme se comunican conmigo en el idioma de mi preferencia.	Estoy de acuerdo	Estoy un poco de acuerdo	No estoy de acuerdo	No sé

**Por favor, conteste las siguientes preguntas si tiene ayudantes a quienes les pagan por atenderlo en su casa.**

22. Muchas veces no puedo bañarme, comer, vestirme o tomar mis medicamentos cuando los necesito porque no hay nadie quien me ayude.	Estoy de acuerdo	Estoy un poco de acuerdo	No estoy de acuerdo	No sé
23. Los ayudantes pasan todo el tiempo que deben pasar conmigo.	Estoy de acuerdo	Estoy un poco de acuerdo	No estoy de acuerdo	No sé
24. Sé que puedo cambiar de ayudante si así lo deseo.	Estoy de acuerdo	Estoy un poco de acuerdo	No estoy de acuerdo	No sé
25. <u>Quiero</u> contratar, capacitar y administrar a los ayudantes.	Estoy de acuerdo	Estoy un poco de acuerdo	No estoy de acuerdo	No sé

**Por favor, conteste las siguientes preguntas si asiste a un centro de cuidado de adultos durante el día.**

26. Puedo escoger el centro de cuidado de adultos durante el día al que asisto.	Estoy de acuerdo	Estoy un poco de acuerdo	No estoy de acuerdo	No sé
27. Tienen que recogerme y llevarme a casa a la misma hora pues no tengo control sobre el transporte de ida y vuelta al centro de cuidado de adultos durante el día.	Estoy de acuerdo	Estoy un poco de acuerdo	No estoy de acuerdo	No sé
28. Puedo ir a las citas médicas durante el día si así lo deseo.	Estoy de acuerdo	Estoy un poco de acuerdo	No estoy de acuerdo	No sé
29. Hay algunas cosas que me gustaría hacer fuera de casa que ahora no hago.	Estoy de acuerdo	Estoy un poco de acuerdo	No estoy de acuerdo	No sé
30. ¿Qué es lo que le gustaría hacer? ¿Qué necesita para lograrlo?				

**¡Gracias por participar!**  
**Por favor, devuelva el cuestionario en el sobre de envío.**

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## DSHS Preguntas de servicio al cliente

Por favor, **trace un círculo** alrededor de la respuesta que mejor describa su opinión.

16. Las citas de WIC se ofrecen en días y horarios que me convienen.	Estoy de acuerdo	Estoy un poco de acuerdo	No estoy de acuerdo	No sé
17. Me interesa tomar las clases de WIC en Internet, a la hora que más me convenga.	Estoy de acuerdo	Estoy un poco de acuerdo	No estoy de acuerdo	No sé
18. El personal de WIC me ha dado información sobre otros programas y servicios útiles (como inmunizaciones, Medicaid, Estampillas para Comida, etc.).	Estoy de acuerdo	Estoy un poco de acuerdo	No estoy de acuerdo	No sé
19. Confío en que el programa WIC ofrece información útil y correcta sobre cómo alimentar a los bebés y niños.	Estoy de acuerdo	Estoy un poco de acuerdo	No estoy de acuerdo	No sé
20. Confío en que el programa WIC ofrece información útil y correcta sobre cómo amamantar.	Estoy de acuerdo	Estoy un poco de acuerdo	No estoy de acuerdo	No sé
21. Recomendaría el programa WIC a mis amigas y familiares que tienen hijos menores de 5 años.	Estoy de acuerdo	Estoy un poco de acuerdo	No estoy de acuerdo	No sé

***¡Gracias por participar!***  
***Por favor, devuelva el cuestionario en el sobre de envío.***

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## APPENDIX C – CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP) AND MEDICAID CUSTOMER ASSESSMENTS

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### CHIP Established Enrollee CAHPS Survey SFY 2005 – final submission by ICHP May 2005

#### **Purpose:**

The purpose of this report is to present the results of telephone surveys conducted from April through September 2004 with the parents of children enrolled in the Children’s Health Insurance Program (CHIP) in Texas during State Fiscal Year 2004 (SFY 04). More specifically, the intent of this report is to:

- describe the socio-demographic characteristics and health status of children enrolled in CHIP for 12 months or longer,
- document the presence of a usual source of care,
- describe parental satisfaction with their children’s health care,
- describe the need and availability of specialty care for established enrollees, and
- compare the parental satisfaction scores of managed care organizations (MCO) participating in CHIP.

#### **Sample:**

Attempts were made to contact 13,531 families. Using the contact information provided, 79% of families were located and 32% refused to participate. The response rate was 52% and the cooperation rate was 62%. These contact, refusal, response, and participation rates are comparable to those obtained with other low-income families in Medicaid and in State Children’s Health and Human Services Commission

#### **Summary of Major Findings:**

- Fifty-nine percent of the established enrollees were Hispanic, indicating that CHIP continues to be an important resource for minority families.
- Among established enrollees, 20% had special health care needs based on information reported by the parent using the Children with Special Health Care Needs (CSHCN) Screener, which is higher than the general population estimate of 12% in Texas (also obtained using the CSHCN Screener on the National Survey of CSHCN).
- Overall, 81% of respondents reported their child had a specific person - a personal doctor or nurse – who provided health care for their child. Eighty-seven percent of respondents reported there is a particular person or place, such as a specific doctor’s office or clinic health center, where they can take their child if they need health care.
- Overall, 25% of respondents reported their child needed to see a specialist in the past 12 months. Twenty-seven percent of those who needed specialty care reported experiencing either a “small problem” (15%) or a “big problem” (12%) in obtaining that care.
- Overall, a small percentage of respondents reported that their child needed to access specialized medical treatment, therapy or equipment. The percentage of enrollees who needed specialized services ranged from seven percent needing behavioral health care to less than one percent needing home health care.
- Seventeen percent of respondents reported that their children needed approval from their MCO for care tests or treatment. Of those who needed approval, 67% reported that obtaining needed care was not a problem, 24% reported that obtaining approval was a “small” problem and nine percent reported that obtaining approval was a “big” problem.
- While there are no specific standards about what would constitute an acceptable score for the Consumer Assessment of Health Plans Survey (CAHPS) clusters, a score of 75% was used to

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indicate that families “usually” or “always” had positive experiences with a particular cluster. Using this criterion, overall CHIP performed well in the areas of Getting Needed Care (86%), Doctor’s Communication (89%), Doctor’s Office Staff (88%), Health Plan Customer Service (90%), and Obtaining Prescription Medication (95%). However, improvement is needed in the areas of Getting Care Quickly (66%), Obtaining Specialty Care (71%), Family Centered Care (72%), and Care Coordination (69%).

## **STAR MCO Program and PCCM Caregiver (Child) CAHPS Survey Report** SFY 2005 – final submission by ICHP October 2005

### **Purpose:**

The purpose of this report is to present the results of telephone surveys conducted with caregivers of children enrolled in two Texas Medicaid Programs: (1) the Texas Medicaid Managed Care Program that is known as the STAR MCO Program and (2) the Texas Medicaid Managed Care Program that is known as the Primary Care Case Management (PCCM) Program. This report provides results from surveys fielded from April 2005 through July 2005 and focuses on children enrolled during State Fiscal Year 2005 (SFY 05). Specifically, the intent of this report is to:

- describe the socio-demographic characteristics and health status of children enrolled in the STAR MCO and PCCM Programs for 9 months or longer,
- document the presence of a usual source of care,
- describe caregiver satisfaction with their child’s health care,
- describe the need and availability of specialty care for enrollees, and
- compare the enrollee satisfaction scores of caregivers with children enrolled in the PCCM Program and those with children enrolled in the managed care organizations (MCOs) participating in the STAR MCO Program.

### **Sample:**

A total of 8,713 families were identified whose children were participating in the STAR MCO Program. Using the contact information provided, 3,606 surveys were completed. For the PCCM Program, 964 families were contacted, and a total of 400 surveys were completed.

### **Summary of Major Findings:**

- The majority of children in both programs whose families responded to the survey were Hispanic – 68% for STAR and 67% for PCCM.
- Eighteen percent of children enrolled in the STAR MCO Program and 22% of children enrolled in the PCCM Program were identified as having a special health care need using the Children with Special Health Care Needs (CSHCN) Screener, which is higher than the general population estimate of 12% in Texas (also obtained using the CSHCN Screener on the National Survey of CSHCN).
- Overall, 83% of PCCM Program respondents and 80% of STAR MCO Program respondents reported their child had a specific person—a personal doctor or nurse—who provided health care for their child. Ninety-three percent of respondents with children enrolled in the STAR MCO Program and 95% of respondents with children enrolled in the PCCM Program reported there is a particular person or place, such as a particular doctor’s office or clinic health center, where they can take their children if they need health care.
- Overall, 20% of respondents with children enrolled in the STAR MCO Program and 24% of respondents with children enrolled in the PCCM Program reported their child needed to see a specialist in the past 6 months. Twenty-eight percent of STAR respondents and 17% of PCCM respondents reported they had a small problem obtaining care; and, 17% of STAR respondents and 18% of PCCM respondents reported experiencing a “big problem” when trying to obtain a needed specialist for their child.
- Fifteen percent of STAR MCO Program respondents and 17% of PCCM Program

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respondents reported their children needed approval from their MCO for care tests or treatment. Of those who needed approval, the majority (63% for STAR, 70% for PCCM) reported that obtaining needed care was not a problem.

- While there are no specific standards or national data for what would constitute an acceptable score for the CAHPS composites, a score of 75% was used to indicate that families “usually” or “always” had positive experiences with a particular composite. Using this criterion, overall, STAR MCOs performed well in eight of the nine CAHPS composites. However, improvement is needed in the area of Getting Care Quickly (54%) for the STAR MCO Program. Overall, the PCCM Program performed well in seven of the nine CAHPS composites. Improvement is needed in the areas of Getting Care Quickly (51%) and Family-Centered Care (72%).
- There were some significant differences between the MCOs in their performance on the CAHPS composites, after controlling for child enrollee health status and race/ethnicity and respondent education status. In the multivariate analyses, Amerigroup serving the Dallas, Harris and Tarrant Service Delivery Areas (SDAs), Parkland, and Community First performed significantly worse than the reference MCO (the MCO with the highest score for the cluster) in at least three of the nine CAHPS composites.

## **STAR MCO Program and PCCM Adult CAHPS Survey Report**

### **SFY 2005 – final submission by ICHP October 2005**

#### **Purpose:**

The purpose of this report is to present the results of telephone surveys with adults enrolled in two Texas Medicaid Programs: (1) the Texas Medicaid Managed Care Program that is known as the STAR Managed Care Organization (MCO) Program and (2) the Texas Medicaid Managed Care Program that is known as the Primary Care Case Management (PCCM) Program. The telephone survey included the Consumer Assessment of Health Plans Survey (CAHPS) Version 3.0, which is designed to gather information from Medicaid beneficiaries about their satisfaction with their health care. This report provides results from surveys fielded from April 2005 through July 2005 and focuses on adults enrolled during State Fiscal Year 2005 (SFY 05). Specifically, the intent of this report is to:

- describe the socio-demographic characteristics and health status of adults enrolled in the STAR MCO Program and the PCCM Program for 9 months or longer,
- document the presence of a usual source of care,
- describe enrollee’s satisfaction with their health care,
- describe the need for and availability of specialty care for enrollees,
- compare the satisfaction scores of adults enrolled in the PCCM Program and the MCOs participating in the STAR MCO Program, and
- describe smoking behaviors of adult enrollees and smoking cessation strategies offered by physicians.

#### **Sample:**

For the STAR MCO Program, a target was set of 2,400 completed telephone surveys. There were 2,361 completed surveys for STAR respondents. The target for the PCCM Program was 400. There were 401 completed surveys for PCCM respondents. This sample size was selected to (1) provide a reasonable confidence interval for the survey responses and (2) to ensure that there was a sufficient sample size to allow for comparisons between MCOs and with the PCCM Program.

#### **Summary of Major Findings:**

- Both STAR MCO Program and PCCM Program enrollees are racially and ethnically diverse. The racial and ethnic breakdown of respondents from both programs is similar. Forty-seven percent of STAR MCO Program enrollees were Hispanic compared to 50% of PCCM Program enrollees.



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For STAR, the next largest racial/ethnic group was White, non-Hispanic, followed by Black, non-Hispanic and other, non-Hispanic. For PCCM, the next largest racial/ethnic group was Black, non-Hispanic, followed by White, non-Hispanic and other, non-Hispanic.

- The SF-36 scores for the STAR MCO Program adult participants and PCCM Program adult participants are significantly lower than national norms for all eight physical and mental health domains. Also, the SF-36 scores for PCCM Program adult participants were significantly lower than those for STAR MCO Program participants, indicating that PCCM Program enrollees are less healthy overall than STAR MCO Program participants.
- Overall, 74% of PCCM respondents and 67% of STAR respondents reported they had a specific person—personal doctor or nurse—who provided health care for them. Seventy-eight percent of STAR respondents and 84% of PCCM respondents reported they had a particular place to go if they are sick and need health care.
- Overall, 43% of respondents enrolled in the STAR MCO Program and 53% of respondents enrolled in the PCCM Program reported they needed to see a specialist in the past six months. Almost one-quarter (24%) of STAR MCO Program enrollees and one-fifth (19%) of PCCM Program enrollees who stated they needed specialty care reported experiencing a “big problem” when trying to obtain specialty care.
- For both the PCCM and the STAR MCO Programs, a significant percentage of respondents who required specialized services reported problems obtaining needed care. Between 35% and 51% of enrollees in both programs needing home health, special equipment or specialized therapies reported problems accessing such care.
- Overall, 31% of respondents enrolled in the STAR MCO Program needed approval from their MCO for selected services. Thirty-eight percent of respondents enrolled in the PCCM Program needed approval. A significant number of respondents indicated there were problems obtaining approval for care. Twenty-two percent of STAR MCO Program enrollees and 24% of PCCM Program enrollees who needed approval reported obtaining approval was a “big problem.”
- The overall CAHPS scores for both PCCM Program and STAR MCO Program enrollees were higher than the Medicaid national mean for the getting needed care and customer service composites. However, scores for the getting care quickly, communication with doctors, and courtesy of office staff composites were lower among the STAR MCO Program and PCCM Program enrollees when compared to Medicaid health plans reporting to the National Commission on Quality Assurance (NCQA). Overall, there were only small levels of variation in satisfaction ratings between PCCM Program and STAR MCO Program enrollees.
- There were few significant differences between the MCOs in their performance on the CAHPS composite scores, after controlling for enrollee health status, race/ethnicity and education.
- The majority of survey respondents (62% STAR enrollees; 59% PCCM enrollees) reported that they had never been smokers or had quit smoking (13% STAR enrollees; 12% PCCM enrollees). The majority of those who did smoke reported they were advised during at least one visit with their doctor to quit smoking (61% in the STAR MCO Program and 67% in the PCCM Program); however, fewer than half reported their doctor provided them with specific strategies to stop smoking. Twenty-seven percent of STAR MCO Program smokers and 32% of PCCM Program smokers reported that their doctor discussed smoking cessation programs and 22% of STAR MCO Program smokers and 21% of PCCM smokers reported that their doctor recommended a medication to assist in smoking cessation.

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## **CHIP New Enrollee Survey**

### **Report for SFY 2004 Final Report March 2005**

#### **Purpose:**

The purpose of this report is to provide an analysis of families' experiences in applying to and enrolling in the Children's Health Insurance Program (CHIP) in Texas during State Fiscal Year 2004 (SFY 04). More specifically the intent of this report is to:

- Identify the socio-demographic characteristics of those who enroll in CHIP,
- Ascertain the experiences of those involved in the enrollment process,
- Determine the usual source of health care before enrollment and immediately upon entering, and
- Identify the unmet health care needs of those newly enrolled.

#### **Sample:**

A random sample of families with children enrolled in CHIP in Texas was selected to participate in the new enrollee survey using the following criteria:

- 1) the child had to have been enrolled in CHIP in Texas for three months or less and
- 2) the child was not enrolled in CHIP in Texas in the previous fiscal year.

A target was set of 500 completed telephone surveys with families of new enrollees. This sample size was selected to provide a reasonable confidence interval for the survey responses. The new enrollee survey is comprised of many different types of questions and the confidence interval information provided is based on selected items with uniformly distributed responses.

In order to complete the targeted number of surveys, attempts were made to contact 1450 families. Using the contact information provided, 35% could not be located and of those located, 15% refused to participate. The response rate was 66% and the cooperation rate was 84%. These contact, refusal, response and participation rates are comparable to those obtained by other states and surveys of low-income families in Medicaid and in SCHIP. There were 500 completed surveys.

#### **Summary of Findings:**

- Fifty-four percent of the new enrollees were Hispanic, indicating that CHIP continues to be an important resource for minority families.
- Eighteen percent of children newly enrolled had special health care needs, which is higher than expected based on general population estimates (about 12% of the general childhood population in Texas). The population estimate is based on parent report using the Children with Special Health Care Needs (CSHCN) Screener.
- Ninety-five percent of families thought the application process was convenient and easy to understand.
- Twenty-two percent of respondents indicated that their children's applications took over three months to process; however, over 71% of families stated they were kept informed of the status of their child's application while awaiting coverage.
- About 25% of families reported they would frequently have problems paying the premium.
- Post enrollment, eighty-one percent of families reported their children had a usual source of care compared to an average of about 74% of uninsured children nationally. Pre-enrollment 82% of families reported their children had a usual source of care.
- Parents of newly enrolled children reported the highest rates of unmet need at the time of enrollment for behavioral health care (28%) and dental care (27%). During the 12 months prior to enrollment in CHIP in Texas, the majority of children who required preventive care, treatment for minor illnesses, medical or surgical care or specialty care did receive these services. The percentage of those who received care ranged from 85% of those who required care from a specialist to 97% of those who required treatment for a minor illness. However, between 16%

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and 35% of families experienced difficulties in trying to obtain these services for their children.

- While waiting to hear if their child had received CHIP in Texas coverage, 19% of families reported that they did not seek medical care for their child because of the money they would have to pay at the time of the visit.
- Ninety-two percent of newly enrolled families indicated that they were satisfied with the benefits offered through CHIP in Texas.
- Fourteen percent of new enrollees have access to employer-sponsored family health insurance; however, the cost of such coverage exceeds Federal cost-sharing limits for the premium alone.

## **5. Currently in process:**

- **CHIP Enrollee, New enrollee, and Caregiver CAHPS Surveys** – report expected July 2006.
- **Medicaid and CHIP Special Renewal and Non-renewal CAHPS Surveys** – report expected May 2006.