
TEXAS HEALTH AND HUMAN SERVICES SYSTEM

2008 REPORT ON CUSTOMER SERVICE

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

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**Texas Health and Human Services System
2008 Report on Customer Service**

EXECUTIVE SUMMARY

This “Report on Customer Service” 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 Family and Protective Services (DFPS), the Department of Aging and Disability Services (DADS), the Department of Assistive and Rehabilitative Services (DARS), and the Department of State Health Services (DSHS).

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, 2006 through June 30, 2007:

DFPS APS: Adult Protective Services program (25,168 customers served)

DFPS CPS: Child Protective Services Unlicensed Kinship Services program (11,686 customers served)

DADS: Community Medicaid Entitlement Long-Term Services and Supports program (141,878 customers served)

DARS: Vocational Rehabilitation program (54,367 customers served)

DSHS: The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program (1,451,771 customers served)

Findings from the HHSC customer satisfaction survey are not included in this report due to a sampling error by the Survey Research Center. Initially customers under the age of 25 were omitted from the HHSC populations sampled and therefore not represented in the final sample. Because of the omission, the average length of time customers in the sample participated in the TANF, Food Stamp, or Medicaid Children, Pregnant Women, and Medically Needy (Medicaid CPW) programs was longer than the average for these three populations and therefore not representative. The Survey Research Center is re-sampling the HHSC population, and the finalized report including HHS system-wide findings and the HHSC findings will be reissued October 1, 2008.

After adjusting for returned mail due to undeliverable addresses, the overall response rate for the four HHS agencies was 39.7 percent. The response rate was higher for DADS (45.4 percent) and DFPS CPS (47.2 percent) and lower for DSHS (32.4 percent). Overall, 1,054 customers or 56.6 percent of the 1,863 respondents offered open-ended comments to help improve the quality and effectiveness of HHS services. In general, across the four HHS agencies surveyed in this report, there was good demographic representation. Twenty-three percent of customers were aged 25 and under, 41.0 percent between the ages of 26 and 55, and those customers over the age of 55 comprised 36.2 percent of the sample. In addition, 41.2 percent of the sample was Caucasian, 36.2 percent was Hispanic, and 19.1 percent of the sample was African American. Finally, 66.2 percent of the sample was female.

The majority of customers indicated that they were generally satisfied with the benefits or services provided by DFPS, DADS, DARS, and DSHS. Large majorities of customers agreed or somewhat agreed the available benefit or service choices were clearly explained and they were helped by the benefits or services they received. Over 90 percent of customers agreed or somewhat agreed that staff treated them with respect, and said staff members were able to answer their questions. The majority of customers indicated they knew how to make a complaint against an HHS agency if needed, and over 80 percent of customers felt their complaints would be addressed fairly.

DFPS Adult Protective Services

An analysis of the survey results for customers utilizing Department of Family Protective Services – Adult Protective Services (DFPS APS) revealed that, in general, customers were satisfied with the benefits they received from DFPS APS. Seventy-eight percent of customers favorably endorsed the statement, “Overall, I am satisfied with the benefits or services I received.” In addition, most of those who included suggestions for improvement indicated they were satisfied with the services provided by DFPS APS. Caucasian customers reported the highest levels of dissatisfaction (27.3 percent).

Customers, in general, thought DFPS APS did a good job explaining choices, providing benefits and services, and allowing the client to have a say in what benefits they wanted to receive. Eighty-two percent of respondents felt the benefits or services they received helped them. One in four customers disagreed with the statement, “It was easy for me to get the benefits or services I needed.”

Finally, customers were asked about the customer service the DFPS APS staff provided. In general, customers found the staff members treated them with respect (89.5 percent), and were able to answer their questions (86.8 percent). Eighty-nine percent of customers felt they would be able to make a complaint about the benefits or services if they needed to, and 86.1 percent of DFPS APS customers felt if they filed a complaint, it would be addressed fairly. Lastly, 43.8 percent of DFPS APS customers reported having a way to get information on the Internet.

DFPS Child Protective Services Unlicensed Kinship Services Program

The analysis of customers utilizing Department of Family Protective Services (DFPS) Child Protective Services Unlicensed Kinship Services Program revealed that the majority of customers were satisfied with the benefits they received from DFPS CPS. Almost two-thirds of respondents indicated that they either agreed (35.9 percent) or somewhat agreed (29.7 percent) with the statement, “Overall, I am satisfied with the benefits or services I received.” No significant difference in level of satisfaction was found for individuals of different ages, genders, or ethnic groups.

When asked to rate the benefits and services provided by DFPS CPS, customers reported feeling the choices available to them were clearly explained and the benefits or services they received were helpful. Areas where customers indicated there was a need for improvement included the ease in getting the needed benefits or services, the length of wait time before receiving benefits or services, and whether they had a chance to say what benefits or services they wanted to receive. In general, respondents indicated they felt staff members treated them with respect (87.7 percent), and were able to answer their questions (78.6 percent). Finally, the majority (72.5 percent) of customers felt they could make a complaint about the benefits or services if needed, and 68.4 percent of customers felt their complaint would be addressed fairly.

Of greatest concern in the open-ended comments was a greater need of financial assistance for kinship services. Several customers indicated that they would appreciate the same benefits that are given to foster care parents. In addition, customers commented on a greater need for information and a smoother process for obtaining services. Almost thirty-two percent of DFPS CPS customers did not have a way to access information on the Internet, and 59.5 percent of customers have not used the Internet to learn about DFPS CPS programs and services.

DADS Community Medicaid Entitlement Long-Term Services and Support Program

An analysis of the survey results for customers utilizing Department of Aging and Disability Services (DADS) Community Medicaid Entitlement Long-Term Services and Support Program revealed that an overwhelming number of customers were satisfied with the benefits they received from DADS. Ninety-six percent of customers favorably endorsed the statement, "Overall, I am satisfied with the benefits or services I received." No significant difference in level of satisfaction was found for individuals of different ages, genders, or ethnic groups.

This high level of satisfaction was also reflected in customers open ended comments. Of the customers who provided open ended comments the greatest number indicated that they were satisfied with the DADS benefits and services. Department of Aging and Disability Services customers overwhelmingly felt the benefits and services available to them were clearly described (95 percent), they had a chance to say what benefits or services they needed (90.5 percent), it was easy to get the benefits and services they needed (90.1 percent), and the length of time they waited to receive the benefits and services (91.2 percent) was reasonable. In addition, 99.1 percent of customers indicated the benefits or services they received were helpful.

Customers were asked about the customer service that DADS staff provided. Customers reported that the staff members treated them with respect (98.2 percent), and were able to answer their questions (96.9 percent). Ninety-five percent of customers felt they would be able to make a complaint about the benefits or services if they needed to, and 95.7 percent of DADS customers felt if they filed a complaint, it would be addressed fairly. Forty-two percent of DADS customers reported having a way to get information from the Internet. Finally, customers were also asked about their experiences with DADS services. In general, customers felt the information they received about the benefits and services were easy to understand and they got the right amount of information.

Supplemental Questionnaire

As part of the bi-annual survey, DADS included supplemental questions asking customers to rate their experiences with *paid* caregivers. When asked about their paid caregivers, DADS customers indicated they are respectful and courteous. They also indicated that paid caregivers speak or communicate in their preferred language. When asked about their in-home attendant, 21 percent of customers reported they go without personal care because there is no one to help them. In addition, 39.8 percent of customers indicated they would like to hire, train, and manage the people hired to help them.

DARS Vocational Rehabilitation Program

In general, Department of Assistive and Rehabilitative Services (DARS) customers in the Vocational Rehabilitation Program indicated they were satisfied with the services received. Specifically, 83.8 percent of customers surveyed indicated they either agreed or somewhat agreed with the statement, "Overall, I am satisfied with the services I received." This level of satisfaction was also reflected in customers' open ended comments. Most of those respondents

who provided suggestions for improvement were satisfied with the services provided by DARS. Two demographic trends emerged on level of satisfaction. First, the survey results suggest that Hispanic customers reported a significantly higher level of satisfaction when compared to Caucasian, African American, and other ethnicities. Second, there was a statistically significant difference between levels of satisfaction reported by women and men. Specifically, women reported a higher level of satisfaction (88.7 percent) compared to men (78.6 percent).

Nineteen percent of DARS customers found it was not easy to get the services they needed, and 18 percent of customers felt that they had to wait too long before receiving services. However, 88.4 percent of customers felt the benefits or services were helpful.

When asked about the service the DARS staff provided, 96 percent of customers found the staff members treated them with respect, and 92.7 percent of customers indicated the staff members they worked with were able to answer their questions. Ninety-one percent of customers felt they would be able to make a complaint about the benefits or services if they needed to, and 86.5 percent of DARS customers felt if they filed a complaint, it would be addressed fairly. Over 75 percent of those DARS customers surveyed reported having a way to get information on the Internet.

DSHS Women, Infants, and Children (WIC) Program

An analysis of the survey results for those customers utilizing Department of State Health Services (DSHS) Women, Infants, and Children (WIC) program services revealed that an overwhelming number of customers were satisfied with the benefits they received from DSHS. Ninety-seven percent of customers favorably endorsed the statement, "Overall, I am satisfied with the benefits or services I received." This high level of satisfaction also reflected in client comments. Most of the customers who provided suggestions for improvement indicated they were satisfied with the DSHS benefits and services. Department of State Health Services customers overwhelmingly felt the benefits and services available to them were clearly described (97.8 percent), they had a chance to say what benefits or services they needed (93.8 percent), it was easy to get the benefits and services they needed (93.8 percent), and the length of time they waited to receive the benefits and services (87.7 percent) was reasonable. In addition, 99.3 percent of customers indicated that the benefits or services they received were helpful.

Customers were asked about the customer service the DSHS staff provided. Customers found the staff members treated them with respect (94.8 percent), and were able to answer their questions (97.4 percent). Ninety-five percent of customers felt they would be able to make a complaint about the benefits or services if they needed to, and 92.9 percent of DSHS customers felt if they filed a complaint, it would be addressed fairly. Almost 80 percent of DSHS customers surveyed reported having a way to get information on the Internet, and 50 percent reported using the Internet to learn about the benefits or services provided by DSHS.

Supplemental Questionnaire

As part of the bi-annual survey, DSHS included supplemental questions about the WIC program. Survey results indicate that customers rate the WIC program highly. All 100 percent of WIC customers agreed or somewhat agreed with the statement, "I would recommend the WIC program to friends and family with children under 5 years of age." In addition, customers felt WIC appointments were offered at a time convenient to them, staff was able to speak to them in their preferred language, and staff was knowledgeable about other HHS programs. Customers also reported feeling they could trust the WIC program to provide accurate information about breastfeeding and feeding infants and children.

Conclusion

The results, along with relevant demographic information, for four of the HHS program/agencies are described in detail in this report. The findings and direct customer comments together provide important insight into how the HHS system performed for its customers two years after the reorganization of health and human services agencies. 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 customers in the future.

The Survey Research Center at the University of North Texas plans to deliver individual presentations to each of the four agencies that participated in the survey. The presentations will include a comparison of the 2006 and 2008 survey. Once the HHSC survey is completed, an additional presentation will cover HHS system and HHSC program results.

I. INTRODUCTION

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 Family and Protective Services (DFPS), the Department of Aging and Disability Services (DADS), the Department of Assistive and Rehabilitative Services (DARS), and the Department of State Health Services (DSHS).

Findings from the HHSC customer satisfaction survey are not included in this report due to a sampling error by the Survey Research Center. Initially customers under the age of 25 were omitted from the population sampled and therefore not represented in the final sample. Because of the omission, the average length of time customers in the sample participated in the TANF, Food Stamp, or Medicaid Children, Pregnant Women, and Medically Needy (Medicaid CPW) programs was longer than the average for these three populations and therefore not representative. The Survey Research Center is re-sampling the complete HHSC population and the finalized report including HHS system-wide findings and the HHSC findings will be reissued October 1, 2008.

The restructuring of Health and Human Services (HHS) programs and services under House Bill 2292 (H.B. 2292), passed by the 78th Texas Legislature in 2003, provided many opportunities for Health and Human Services 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 2006, shortly after Texas HHS agencies were consolidated, the HHS agencies conducted the first enterprise level survey of its customers. 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.

In 2008, HHS agencies convened and decided to replicate the 2006 survey in order to compare the results of 2006 and 2008. The 2006 survey responses represented 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. The 2008 survey queried customers active in HHS programs from September 1, 2006 through June 30, 2007. For both the 2006 and 2008 surveys, the same major groups of people from each agency were selected. 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 customers of HHS. The tabulated results and the direct customer comments together provide important insights into how the newly formed HHS system performed for its customers over the last two biennia. 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 2113.002(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 for Children's Health Insurance Program (CHIP) and customers who receive Medicaid. These assessments were conducted by the Texas External Quality Review Organization, the Institute for Child Health Policy at the University of Florida in Gainesville, Florida, using the national Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys.

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; and
- 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. These principles and standards were re-affirmed in the fall of 2007 as HHS agencies began planning for this report.

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

The following 2008 Report on Customer Service provide the findings and analysis of HHS agency performance in relation to the above principles and standards. The following Report sections are an abridged version (prepared by HHSC staff) of the original report provided by the Survey Research Center at the University of North Texas.

II. METHODOLOGY

Population

Five groups of customers were identified by Texas HHS agencies for this Customer Satisfaction Survey:

- DFPS APS: Adult Protective Services program (25,168 customers served)
- DFPS CPS: Child Protective Services Unlicensed Kinship Services program (11,686 customers served)
- DADS: Community Medicaid Entitlement Long-Term Services and Supports program (141,878 customers served)
- DARS: Vocational Rehabilitation program (54,367 customers served)
- DSHS: The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program (1,451,771 customers served)

Sampling Procedure

The Survey Research Center (SRC) at the University of North Texas used SPSS for Windows 14.0 to draw five random samples of various numbers of customers from each of the programs.¹ Together these 6,438 customers comprised the final sample.

The address information from the final sample was sent to a database processing company, FXdirect Inc. in Dallas, Texas, where it was compared to the National Change of Address (NCOA) database. Overall, 14.1 percent of the sample had moved, the NCOA process identified 535 (8.3 percent) that had a forwarding address and 373 (5.8 percent) that did not have a forwarding address. Records without a valid forwarding address were removed from the sampling file.

Survey Instrument

The survey instrument used in 2006 received a few minor adjustments and was used in 2008. Customers were asked to give their opinions on different aspects of their experience with HHS and provide basic demographic information. The surveys were translated into Spanish by SRC staff and examined by HHSC translation staff. After several revisions, both English and Spanish survey instruments were approved by HHSC staff for use in the mail survey. A one-page survey instrument was presented in English on one side and Spanish on the other. Additional questions in both English and Spanish were included for the DADS and DSHS samples regarding their respective programs.

A tracking number was included on each instrument so that responses could be tracked and then linked to other demographic data associated with each customer. Appendix B includes a copy of the survey instrument and initial cover letters used in the mailing. For visually impaired respondents in the DARS population, SRC converted the questionnaire into a telephone script and conducted interviews by phone.

¹ SPSS uses a pseudo-random number generator. The default random number seed value is 2,000,000. SRC set the random number seed based on selection from a random numbers table. The seeds are as follows: DFPS-APS (98420), DFPS-CPS (58492), DADS (71945), DARS non-visually impaired (21216), and DSHS (05944). The seed for the DARS visually impaired sample was 48663.

Mail Processing

Data were collected by means of a five-step mailing process. On January 9, 2008, a personalized initial contact letter written in both English and Spanish was sent to all 5,877 customers informing them that they had been selected to provide feedback on their experiences regarding HHS services. One week later, on January 16, 2008, an English-Spanish cover letter, questionnaire and business reply envelope was sent to each customer in a number 10 window envelope. A golf pencil was also included in each questionnaire mailing as a means of facilitating completion of the questionnaire and was intended to serve as a small incentive to complete the questionnaire. A reminder postcard, in both English and Spanish, was mailed on January 24 to all customers.

Incoming surveys from the first questionnaire mailing were tracked in order to update the list for a second questionnaire mailing. On February 13, a second questionnaire mailing that included a revised cover letter, a copy of the survey instrument, a business reply envelope, and a golf pencil was sent to the 4,071 respondents who did not respond to the first questionnaire mailing and reminder card. On March 5, a third questionnaire mailing was sent in a box mailer to 3,569 of the (5,877) customers who had not yet responded. All third questionnaire mailers included a new version of the cover letter, a survey instrument, a business reply envelope, and a golf pencil.

All mailings were sent first class. Throughout the mailing process, a bilingual SRC staff member fielded phone calls on SRC's 1-800 number from respondents who had questions about the survey.

Visually-impaired respondents from the DARS group were surveyed by telephone rather than by mail. A random sample of 200 customers was selected from the larger population of 6,222 visually impaired customers. After being processed through NCOA, 188 records remained. Telephone numbers were provided in the sample file. Completed telephone interviews were conducted with 66 respondents for a pre-NCOA response rate of 33.0 percent (35.1 percent response rate when adjusting for NCOA results, and 49.6 percent when adjusting further for unobtainable phone numbers, deceased, disconnected phone numbers and wrong phone numbers).

Returned Mail

Over the course of the project, some mail was returned to SRC as undeliverable. Mail was returned for a variety of reasons: moved and left no forwarding address, insufficient address (lacking an apartment number or other information), deceased, unknown, and no mail receptacle. A total of 1,178 pieces (20.0 percent of 5,877) to unique individuals were returned.

Returned mail varied by customer group. The largest amount of returned mail came from the DFPS APS mailing list (34.5 percent). Over one-third (35.1 percent) of those DFPS APS envelopes were returned mail due to an insufficient address. DADS (10.0 percent) and DARS (11.7 percent) had the fewest pieces of returned mail.

Response Rate

The full sample of 6,438 is used as the base for calculating the response rate for the survey. A total of 1,863 surveys were returned for an unadjusted response rate of 28.9 percent. The response rate was higher for DADS (39.7 percent) and DFPS CPS (38.6 percent) and lower for DFPS APS (20.1 percent). The total number of pieces returned by wave does not include approximately 20 duplicate surveys that were ultimately removed from the final data files.

Adjusted response rates by program are presented in Table A. The adjusted response rate was calculated by dividing the number of completed surveys by the total count of pieces mailed and then subtracting all returned mail by program. The highest response rates were for DFPS CPS (47.2 percent) and DADS (45.4 percent) and lowest for DSHS (32.4 percent). Margins of error ranged from a low of 4.5 for DARS to a high of 5.5 for DSHS (see Table B).

Table A
Adjusted Response Rate

	Final Count Pieces Mailed, Not Returned	Final Count Surveys Returned	Adjusted Response Rate (percent)
DFPS APS	1,141	381	33.4
DFPS CPS	760	359	47.2
DADS	746	339	45.4
DARS ¹	1,070	466	43.6
DSHS	980	318	32.4
Total	4,697	1,863	39.7

Table B
Margins of Error

	Margin of Error
DFPS APS	± 5.0%
DFPS CPS	± 5.1%
DADS	± 5.3%
DARS	± 4.5%
DSHS	± 5.5%

¹ With telephone surveys, the adjusted response rate for DARS is slightly higher at 44.3 percent and the total is 42.4 percent.

Non-Response Analysis

A non-response analysis of the survey was conducted to examine differences in the distribution of several demographic categories between those who responded to the survey and those who did not for each of the HHS agencies. Demographic characteristics examined included age, gender and race/ethnicity.

DFPS Adult Protective Services

- For the DFPS APS sample, the average age of respondents was 64.6 years old and the average age of non-respondents was 64.7 years old ($F=.005$, $df=1$, 1,894).
- Statistically significant differences were observed for the gender variable ($X^2=5.001^*$, $df=1$). Of those who responded, 65.8 percent were female and 34.2 percent were male. In contrast 59.5 percent of those who did not respond were female and 40.5 percent were male. So in examining the differences, a greater proportion of males did not respond to the survey when compared to the proportion of males who did respond to the survey.
- The non-response analysis yielded no statistical difference between individuals of different ages or respondents of different ethnicities.

DFPS Child Protective Services Unlicensed Kinship Services Program

- For the DFPS CPS sample, the average age of respondents was 48.6 years old and the average age of non-respondents was 43.1 years old ($F=44.523$, $df=1$, 841).
- Statistically significant differences were observed for the age ($X^2=47.240^{***}$, $df=6$) and race/ethnicity ($X^2=10.504^*$, $df=3$) variables. Specifically, the greatest response rate was among those customers aged 46 to 55, whereas the greatest non-response rate was among customers aged 36 to 45. In addition, the response rate for Caucasian customers was significantly greater than that of Hispanic, Asian, or African American customers. This pattern did not replicate for non-responders in that no group had a significantly greater non-response rate.
- The non-response analysis yielded no statistical difference between male and female respondents.

DADS Community Medicaid Entitlement Long-Term Services and Support Program

- For the DADS sample, the average age of respondents was 67.8 years old and the average age of non-respondents was 68.2 years old ($F=0.104$, $df=1$, 851). Statistically significant differences were observed for the age variable ($X^2=16.816^*$, $df=7$). Specifically, the greatest response rate and non-response rate was among those customers aged 76 to 85.
- The non-response analysis yielded no statistical difference between male and female respondents or respondents of different ethnicities.

DARS Vocational Rehabilitation Program

- For the DARS sample, the average age of respondents was 38.0 years old and the average age of non-respondents was 33.5 years old ($F=33.431^{***}$, $df=1$, 1,475). Statistically significant differences were observed for the age ($X^2=32.358^{***}$, $df=6$) variable. Specifically, the greatest response rate and non-response rate was among those customers aged 25 and below.

- The non-response analysis yielded no statistical difference between male and female respondents, respondents of different ethnicities or respondents with a visual impairment.

DSHS Women, Infants, and Children (WIC) Program

- For the DSHS sample, the average age of respondents was 9.6 years old and the average age of non-respondents was 9.4 years old ($F=.145$, $df=1, 1,281$). For 70.2 percent of the DSHS sample, the age of the respondent corresponds to the child served and not the parent. Statistically significant differences were observed for the age ($X^2=8.020^*$, $df=3$) variable. Overwhelmingly, the greatest response rate and non-response rate was among those customers between zero and six years old.
- Parents completed the survey for those respondents between the ages of zero and six.
- The non-response analysis yielded no statistical difference between male and female respondents or respondents of different ethnicities.

Report Format

The remainder of the report is presented in four sections: “Respondent Characteristics,” “Findings: Individual Programs,” and “Conclusions.” Appendices are included at the end of the report.

Survey data are presented and, where appropriate, were cross-tabulated by demographic characteristics contained on the questionnaire and in the sample data file. The characteristics that were collected through the questionnaire included preferred language (English or Spanish) and whether the person who completed the questionnaire was the customer or a representative of the customer. Other characteristics were gathered from the population data file and included gender, age, and ethnicity. For each agency, the characteristics were cross tabulated with the overall satisfaction variable only.

Tables are presented for all cross-tabulated variables. For all cross-tabulations, a test of significance (Chi-Square) was run to compare responses between groups. Statistically significant differences were indicated with the following symbols: * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$. If no asterisk is present, the cross-tabulation was not statistically significant and was not discussed in the text.

III. FINDINGS: RESPONDENT CHARACTERISTICS

Table 1
DFPS Adult Protective Services
Demographic Characteristics

Demographic Groups	All Respondents	
	Count	Percentage
Age		
25 and under	9	2.4
26 to 35	15	3.9
36 to 45	22	5.8
46 to 55	64	16.8
56 to 65	69	18.1
66 to 75	81	21.3
76 to 85	86	22.6
86 and over	35	9.2
Gender		
Female	250	65.8
Male	130	34.2
Race/Ethnicity		
Caucasian	170	44.6
Hispanic	86	22.6
African American	84	22.0
Other	41	10.8
Language of respondent		
English	355	93.7
Spanish	24	6.3
Person who completed questionnaire		
Customer	201	67.4
Representative of customer	97	32.6

- As shown in Table 1, 71.2 percent of all respondents were age 56 or older.
- Sixty-six percent of all respondents were female.
- Respondents were predominantly Caucasian (44.6 percent), with 22.6 percent Hispanic, and 22.0 percent African American.
- Ninety-four percent of all respondents completed the English questionnaire while 6.3 percent completed the Spanish questionnaire.

Table 2
DFPS Child Protective Services Unlicensed Kinship Services Program
Demographic Characteristics

Demographic Groups	All Respondents	
	Count	Percentage
Age		
25 and under	3	0.9
26 to 35	44	13.4
36 to 45	74	22.6
46 to 55	123	37.5
56 to 65	63	19.2
66 to 75	19	5.8
76 to 85	2	0.6
86 and over	0	0.0
Gender		
Female	303	85.3
Male	52	14.6
Race/Ethnicity		
Caucasian	171	47.9
Hispanic	98	27.6
African American	81	22.0
Other	9	2.5
Language of respondent		
English	353	98.3
Spanish	6	1.7
Person who completed questionnaire		
Customer	301	95.6
Representative of customer	14	4.4

- As shown in Table 2, 60.1 percent of all respondents were between 36 and 55 years of age. Age was unknown for 27 respondents.
- Eighty-five percent of all respondents were female.
- Respondents were predominantly Caucasian (47.9 percent), with 27.6 percent Hispanic, and 22.0 percent African American.
- Ninety-eight percent of all respondents completed the English questionnaire while 1.7 percent completed the Spanish questionnaire.

Table 3
DADS Community Medicaid Entitlement Long-Term Services and Support Program
Demographic Characteristics

Demographic Groups	All Respondents	
	Count	Percentage
Age		
25 and under	9	2.7
26 to 35	10	3.0
36 to 45	16	4.7
46 to 55	27	8.0
56 to 65	67	19.9
66 to 75	86	25.5
76 to 85	89	26.4
86 and over	33	9.8
Gender		
Female	238	70.6
Male	99	29.4
Race/Ethnicity		
Caucasian	127	38.5
Hispanic	156	47.3
African American	45	13.6
Other	2	0.6
Language of respondent		
English	241	71.1
Spanish	98	28.9
Person who completed questionnaire		
Customer	166	59.3
Representative of customer	114	40.7
Service group		
CAS	126	37.4
DAHS	58	17.2
PHC	153	45.4

- As shown in Table 3, 61.7 percent of all respondents were age 66 or older.
- Seventy-one percent of all respondents were female.
- Respondents were predominantly Hispanic (47.3 percent), with 38.5 percent Caucasian, and 13.6 percent African American. Race/ethnicity was unknown for 7 respondents as these data were missing from the population data file.
- Nearly three-quarters (71.1 percent) of all respondents completed the English questionnaire while 28.9 percent completed the Spanish questionnaire.
- Forty-five percent of these respondents participated in the Primary Home Care program; 17.2 percent in the Day Activity and Health Services program; and 37.4 percent in the Community Attendant Services program.

Table 4
DARS Vocational Rehabilitation Program
Demographic Characteristics

Demographic Groups	All Respondents	
	Count	Percentage
Age		
25 and under	146	27.4
26 to 35	79	14.8
36 to 45	116	21.8
46 to 55	134	25.2
56 to 65	48	9.0
66 to 75	6	1.1
76 to 85	3	0.6
86 and over	0	0.0
Gender		
Female	273	51.3
Male	259	48.7
Race/Ethnicity		
Caucasian	276	51.9
Hispanic	127	23.9
African American	119	22.4
Other	10	1.9
Language of respondent		
English	498	93.6
Spanish	34	6.4
Visually impaired		
Yes	66	12.4
No	466	87.6
Person who completed questionnaire		
Customer	416	90.4
Representative of customer	44	9.6

- As shown in Table 4, 64.0 percent of all respondents were age 45 or younger.
- Over half (51.3 percent) of all respondents were female.
- Respondents were predominantly Caucasian (51.9 percent), with 23.9 percent Hispanic, and 22.4 percent African American.
- Almost ninety-four percent of all respondents completed the English questionnaire while 6.4 percent completed the Spanish questionnaire.
- Twelve percent of the respondents were visually impaired. (These questionnaires were administered by telephone.)

Table 5
DSHS Women, Infants, and Children (WIC) Program
Demographic Characteristics

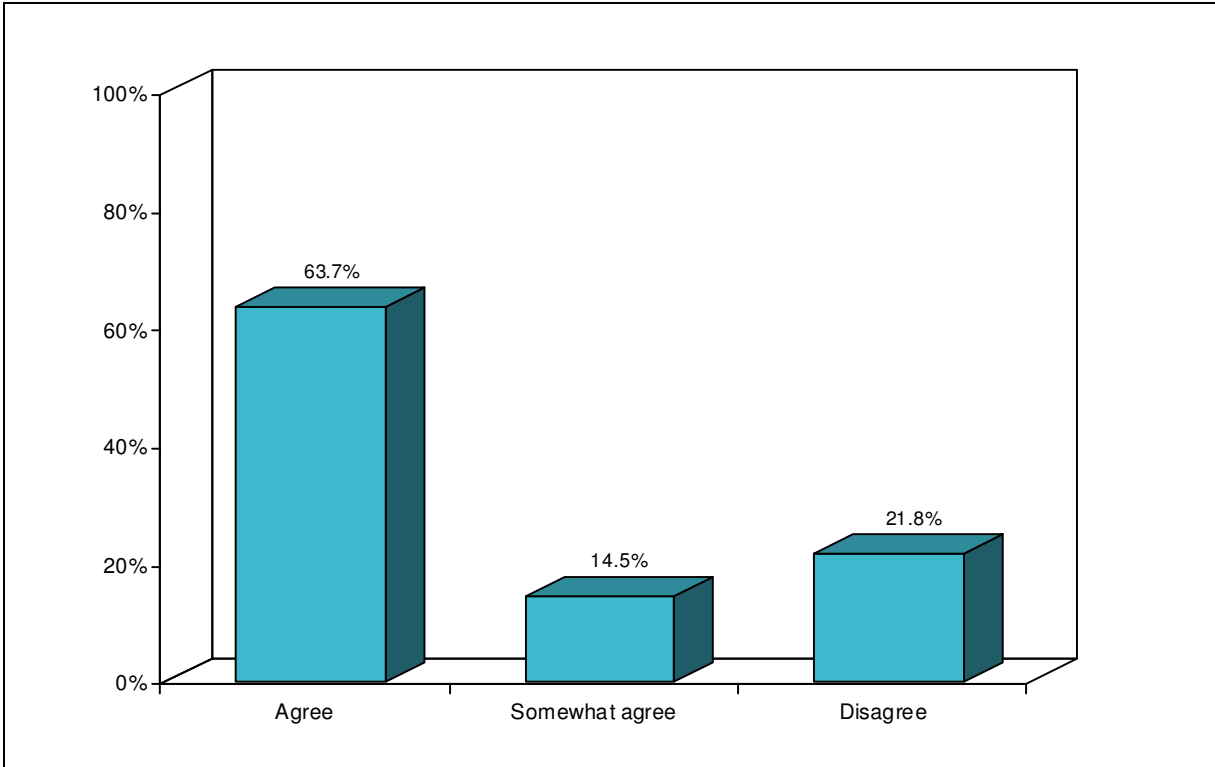
Demographic Groups	All Respondents	
	Count	Percentage
Age		
0 to 6	226	71.1
7 to 25	38	11.9
26 to 35	41	12.9
36 to 45	13	4.1
Gender		
Female	209	65.7
Male	109	34.3
Race/Ethnicity		
Caucasian	47	14.8
Hispanic	228	71.7
African American	37	11.6
Other	6	1.9
Language of respondent		
English	184	57.5
Spanish	136	42.5
Person who completed questionnaire		
Customer	72	24.0
Representative of customer	228	76.0

- As shown in Table 5, 71.1 percent of the respondents' children were age 6 or younger. Parents completed the survey for those respondents between the ages of zero and six.
- Sixty-six percent of all respondents were female.
- Respondents were predominantly Hispanic (71.7 percent), with 14.8 percent Caucasian, and 11.6 percent African American.
- Almost fifty-eight percent of all respondents completed the English questionnaire while 42.5 percent completed the Spanish questionnaire.

VI. FINDINGS: INDIVIDUAL PROGRAMS

DFPS Adult Protective Services - Older and Disabled Adult Recipients

Figure 1
Overall Satisfaction with DFPS APS Services for Older and Disabled Adults Received (n=344)*



- 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, 78.2 percent of the respondents reported being satisfied.
- While not statistically significant, cross-tabulations by age, race/ethnicity and gender are shown in Table 6.

* A total of 344 respondents, or 90.3 percent of all respondents, answered this question. Of the remaining respondents, 23 (6.0 percent) answered "don't know" and 14 (3.6 percent) did not mark a response.

Table 6
Overall Satisfaction with DFPS Adult Protective Services Received
By Selected Demographics

Demographic Groups	Count	Percentage responding		
		Agree	Somewhat agree	Disagree
Age				
0 to 6	0	-	-	-
25 and under	8	50.0	12.5	37.5
26 to 35	14	64.3	14.3	21.4
36 to 45	20	60.0	15.0	25.0
46 to 55	61	55.7	14.8	29.5
56 to 65	62	67.7	9.7	22.6
66 to 75	73	64.4	16.4	19.2
76 to 85	75	68.0	18.7	13.3
86 and over	31	64.5	9.7	25.8
Race/Ethnicity				
Caucasian	150	57.3	15.3	27.3
Hispanic	76	63.2	17.1	19.7
African American	81	72.8	11.1	16.0
Other	37	70.3	13.5	16.2
Gender				
Female	228	61.4	13.2	25.4
Male	115	68.7	16.5	14.8

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Table 7
DFPS Adult Protective Services
Benefits and Services Ratings

	Count	Agree	Somewhat agree	Disagree
The benefit or service choices available to me were clearly explained. ¹	345	63.2	20.0	16.8
I had a chance to say what benefits or services I wanted to receive. ²	339	62.5	16.5	20.9
It was easy for me to get the benefits or services I needed. ³	343	54.8	19.8	25.4
The length of time I waited to receive benefits or services was reasonable. ⁴	331	56.2	20.2	23.6
The benefits or services I received helped me. ⁵	332	66.6	15.7	17.8

Available choices were clearly explained

- Respondents were asked if they agreed that the benefit or service choices available to them were clearly explained. As shown in Table 7, 83.2 percent of the respondents either agreed (63.2 percent) or somewhat agreed (20.0 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. Seventy-nine percent of the respondents either agreed (62.5 percent) or somewhat agreed (16.5 percent) that they had that opportunity.

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 (54.8 percent) or somewhat agreed (19.8 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 were reasonable, 76.4 percent either agreed (56.2 percent) or somewhat agreed (20.2 percent).

Benefits or services received helped me

- Respondents were asked if they agreed that the benefits or services they received helped them. Eighty-two percent of the respondents either agreed (66.6 percent) or somewhat agreed (15.7 percent).

¹ A total of 345 respondents, or 90.6 percent of all respondents, answered this question. Of the remaining respondents, 6.8 percent answered “don’t know” and 2.6 percent did not mark an answer.

² A total of 339 respondents, or 89.0 percent of all respondents, answered this question. Of the remaining respondents, 7.1 percent answered “don’t know” and 3.9 percent did not mark an answer.

³ A total of 343 respondents, or 90.0 percent of all respondents, answered this question. Of the remaining respondents, 6.6 percent answered “don’t know” and 3.4 percent did not mark an answer.

⁴ A total of 331 respondents, or 86.9 percent of all respondents, answered this question. Of the remaining respondents, 10.0 percent answered “don’t know” and 3.1 percent did not mark an answer.

⁵ A total of 332 respondents, or 87.1 percent of all respondents, answered this question. Of the remaining respondents, 8.1 percent answered “don’t know” and 4.7 percent did not mark an answer.

Table 8
DFPS Adult Protective Services
Staff Ratings

	Count	Agree	Somewhat agree	Disagree
Staff members treated me with respect. ¹	351	78.6	10.8	10.5
Staff members were able to answer my questions. ²	340	67.4	19.4	13.2
I understood what I needed to know about the benefits or services. ³	344	58.4	23.8	17.7

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. As shown in Table 8, 89.4 percent of the respondents either agreed (78.6 percent) or somewhat agreed (10.8 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-seven percent of the respondents indicated that they either agreed (67.4 percent) or somewhat agreed (19.4 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-two percent either agreed (58.4 percent) or somewhat agreed (23.8 percent) that they understood.

¹ A total of 351 respondents, or 92.1 percent of all respondents, answered this question. Of the remaining respondents, 3.7 percent answered “don’t know” and 4.2 percent did not mark an answer.

² A total of 340 respondents, or 89.2 percent of all respondents, answered this question. Of the remaining respondents, 6.8 percent answered “don’t know” and 3.9 percent did not mark an answer.

³ A total of 344 respondents, or 90.3 percent of all respondents, answered this question. Of the remaining respondents, 7.1 percent answered “don’t know” and 2.6 percent did not mark an answer.

Table 9
DFPS Adult Protective Services
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. ¹	320	75.3	13.8	10.9
If I complained, I believe my complaint would be addressed fairly. ²	323	70.6	15.5	13.9

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. As shown in Table 9, 89.1 percent of the respondents either agreed (75.3 percent) or somewhat agreed (13.8 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.” Eighty-six percent of the respondents indicated that they either agreed (70.6 percent) or somewhat agreed (15.5 percent) with that statement.

¹ A total of 320 respondents, or 84.0 percent of all respondents, answered this question. Of the remaining respondents, 11.5 percent answered “don’t know” and 4.4 percent did not mark an answer.

² A total of 323 respondents, or 84.8 percent of all respondents, answered this question. Of the remaining respondents, 11.8 percent answered “don’t know” and 3.4 percent did not mark an answer.

Table 10
DFPS Adult Protective Services
Internet Ratings

	Count	Agree	Somewhat agree	Disagree
I have a way to get information on the Internet. ¹	249	35.3	8.4	56.2
I have used the Internet to learn about the benefits or services provided by this program. ²	249	16.1	4.8	79.1

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. As shown in Table 10, 56.2 percent of the respondents disagreed with the statement. Forty-four percent either agreed (35.3 percent) or somewhat agreed (8.4 percent) that they had a way to access 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-nine percent of the respondents disagreed with this statement. Twenty-one percent of the respondents indicated that they either agreed (16.1 percent) or somewhat agreed (4.8 percent).

¹ A total of 249 respondents, or 65.4 percent of all respondents, answered this question. Of the remaining respondents, 24.4 percent answered “don’t know” and 10.2 percent did not mark an answer.

² A total of 249 respondents, or 65.4 percent of all respondents, answered this question. Of the remaining respondents, 22.0 percent answered “don’t know” and 12.6 percent did not mark an answer.

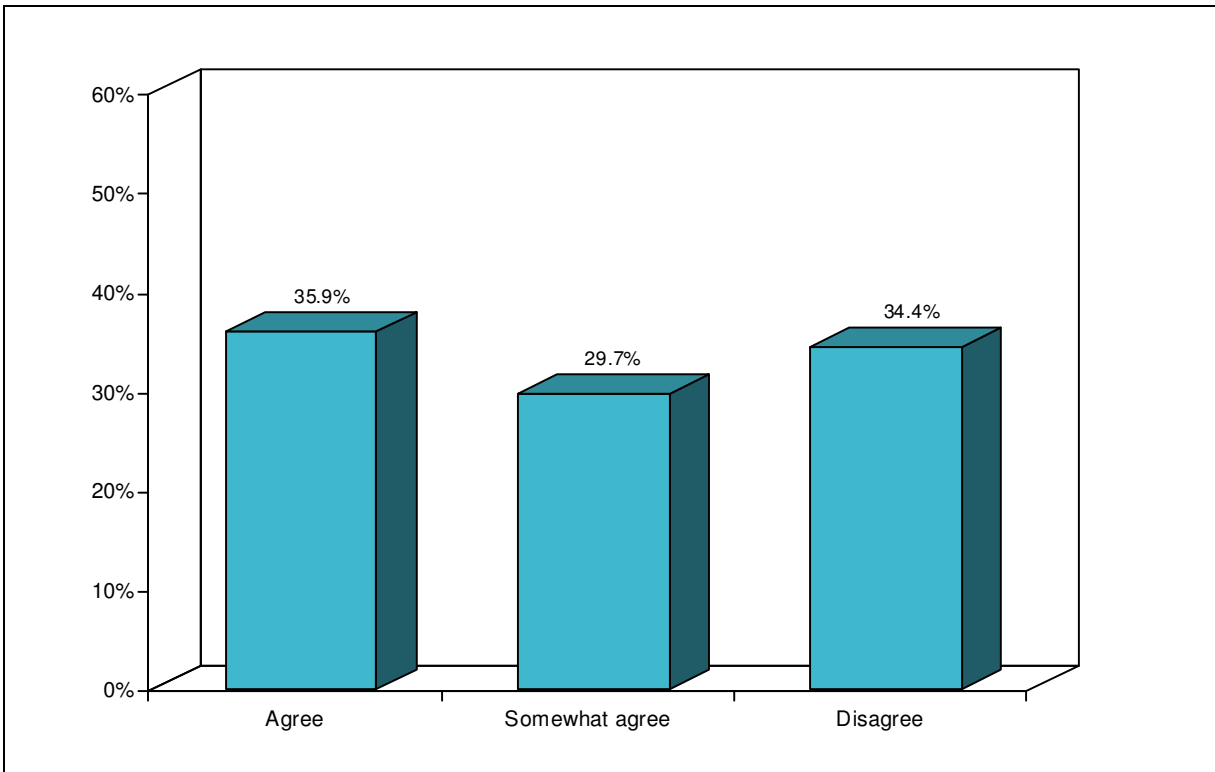
Table 11
Suggested Improvements (Open-ended)
(n=218)

	Percentage responding
Satisfied/no improvement needed	23.4
Assistance needed/decreased/denied	21.6
Staff performance	10.6
Information availability	8.7
Communication	8.3
Process	6.0
Staff courtesy	5.5
Dissatisfied	3.2
Eligibility requirements/benefits	2.3
Customer service/response time	1.8
Other	8.7

- Respondents were asked how APS could improve the benefits or services they received or needed. After categorizing the comments, 23.4 percent of the respondents who gave an answer were satisfied and offered no suggestions for improvement (see Table 11). Twenty-two percent mentioned assistance needed/decreased/denied, and 10.6 percent mentioned staff performance. Other areas for improvement included information availability (8.7 percent), communication (8.3 percent), the process (6.0 percent), and staff courtesy (5.5 percent).

DFPS Child Protective Services - Unlicensed Kinship Services Recipients

Figure 2
Overall Satisfaction with DFPS CPS Unlicensed Kinship Services Received
(n=340)*



- Respondents were asked if they agreed with the statement, "Overall, I am satisfied with the benefits or services I received." About two-thirds (65.6 percent) of the respondents either agreed (35.9 percent) or somewhat agreed (29.7 percent) that they were satisfied (see Figure 2).
- While not statistically significant, cross-tabulations by age, race/ethnicity and gender are shown in Table 12.

* A total of 340 respondents, or 94.7 percent of all respondents, answered this question. Of the remaining respondents, 9 (2.5 percent) answered "don't know" and 10 (2.8 percent) did not mark a response.

Table 12
Overall Satisfaction with DFPS Child Protective Services Unlicensed Kinship Services
Received By Selected Demographics

Demographic Groups	Count	Percentage responding		
		Agree	Somewhat agree	Disagree
Age				
0 to 6	0	-	-	-
25 and under	3	0.0	66.7	33.3
26 to 35	44	20.5	36.4	43.2
36 to 45	72	31.9	31.9	36.1
46 to 55	116	39.7	29.3	31.0
56 to 65	60	33.3	30.0	36.7
66 to 75	18	61.1	16.7	22.2
76 to 85	2	50.0	0.0	50.0
86 and over	0	-	-	-
Race/Ethnicity				
Caucasian	161	34.2	28.0	37.9
Hispanic	92	46.7	28.3	25.0
African American	78	25.6	35.9	38.5
Other	9	44.4	22.2	33.3
Gender				
Female	291	37.5	29.2	33.3
Male	49	26.5	32.7	40.8

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Table 13
DFPS Child Protective Services Unlicensed Kinship Services Program
Benefits and Services Ratings

	Count	Agree	Somewhat agree	Disagree
The benefit or service choices available to me were clearly explained. ¹	346	41.6	26.3	32.1
I had a chance to say what benefits or services I wanted to receive. ²	336	31.3	24.4	44.3
It was easy for me to get the benefits or services I needed. ³	347	25.6	24.5	49.9
The length of time I waited to receive benefits or services was reasonable. ⁴	344	30.8	23.3	45.9
The benefits or services I received helped me. ¹	331	48.3	26.3	25.4

Available choices were clearly explained

- Respondents were asked if they agreed that the benefit or service choices available to them were clearly explained. As shown in Table 13, 67.9 percent of the respondents either agreed (41.6 percent) or somewhat agreed (26.3 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. Fifty-six percent of the respondents either agreed (31.3 percent) or somewhat agreed (24.4 percent) that they had that opportunity.

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 percent of the respondents either agreed (25.6 percent) or somewhat agreed (24.5 percent) that it was easy to get needed benefits or services. Fifty percent disagreed.

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 were reasonable, 54.1 percent either agreed (30.8 percent) or somewhat agreed (23.3 percent).

Benefits or services received helped me

- Respondents were asked if they agreed that the benefits or services they received had helped them. Seventy-five percent of the respondents either agreed (48.3 percent) or somewhat agreed (26.3 percent).

¹ A total of 346 respondents, or 96.4 percent of all respondents, answered this question. Of the remaining respondents, 2.8 percent answered “don’t know” and 0.8 percent did not mark an answer.

² A total of 336 respondents, or 93.6 percent of all respondents, answered this question. Of the remaining respondents, 5.6 percent answered “don’t know” and 0.8 percent did not mark an answer.

³ A total of 347 respondents, or 96.7 percent of all respondents, answered this question. Of the remaining respondents, 2.2 percent answered “don’t know” and 1.1 percent did not mark an answer.

⁴ A total of 344 respondents, or 95.8 percent of all respondents, answered this question. Of the remaining respondents, 3.1 percent answered “don’t know” and 1.1 percent did not mark an answer.

Table 14
DFPS Child Protective Services Unlicensed Kinship Services Program
Staff Ratings

	Count	Agree	Somewhat agree	Disagree
Staff members treated me with respect. ²	350	65.7	22.0	12.3
Staff members were able to answer my questions. ³	346	43.1	35.5	21.4
I understood what I needed to know about the benefits or services. ⁴	341	36.7	31.1	32.3

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 (65.7 percent) or somewhat agreed (22.0 percent) that they were treated with respect (see Table 14).

Staff members were able to answer questions

- Respondents were asked if they agreed that staff members were able to answer their questions. Seventy-nine percent of the respondents indicated that they either agreed (43.1 percent) or somewhat agreed (35.5 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.” Sixty-eight percent either agreed (36.7 percent) or somewhat agreed (31.1 percent) that they understood.

¹ A total of 331 respondents, or 92.2 percent of all respondents, answered this question. Of the remaining respondents, 2.5 percent answered “don’t know” and 5.3 percent did not mark an answer.

² A total of 350 respondents, or 97.5 percent of all respondents, answered this question. Of the remaining respondents, 1.7 percent answered “don’t know” and 0.8 percent did not mark an answer.

³ A total of 346 respondents, or 96.4 percent of all respondents, answered this question. Of the remaining respondents, 2.5 percent answered “don’t know” and 1.1 percent did not mark an answer.

⁴ A total of 341 respondents, or 95.0 percent of all respondents, answered this question. Of the remaining respondents, 3.3 percent answered “don’t know” and 1.7 percent did not mark an answer.

Table 15
DFPS Child Protective Services Unlicensed Kinship Services Program
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. ¹	309	48.2	24.3	27.5
If I complained, I believe my complaint would be addressed fairly. ²	301	41.9	26.6	31.6

Respondents were asked about the CPS 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. Seventy-three percent of the respondents either agreed (48.2 percent) or somewhat agreed (24.3 percent) that they would be able to make a complaint if they needed to make one (see Table 15).

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.” Sixty-nine percent of the respondents indicated that they either agreed (41.9 percent) or somewhat agreed (26.6 percent) with that statement.

¹ A total of 309 respondents, or 86.1 percent of all respondents, answered this question. Of the remaining respondents, 12.3 percent answered “don’t know” and 1.7 percent did not mark an answer.

² A total of 301 respondents, or 83.8 percent of all respondents, answered this question. Of the remaining respondents, 14.5 percent answered “don’t know” and 1.7 percent did not mark an answer.

Table 16
DFPS Child Protective Services Unlicensed Kinship Services Program
Internet Ratings

	Count	Agree	Somewhat agree	Disagree
I have a way to get information on the Internet. ¹	268	46.3	22.0	31.7
I have used the Internet to learn about the benefits or services provided by this program. ²	289	21.1	19.4	59.5

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. As shown in Table 16, 68.3 percent of the respondents either agreed (46.3 percent) or somewhat agreed (22.0 percent) that they had a way to access 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.” Sixty percent of the respondents disagreed with this statement. Forty-one percent of the respondents indicated that they either agreed (21.1 percent) or somewhat agreed (19.4 percent).

¹ A total of 268 respondents, or 74.7 percent of all respondents, answered this question. Of the remaining respondents, 23.1 percent answered “don’t know” and 2.2 percent did not mark an answer.

² A total of 289 respondents, or 80.5 percent of all respondents, answered this question. Of the remaining respondents, 15.6 percent answered “don’t know” and 3.9 percent did not mark an answer.

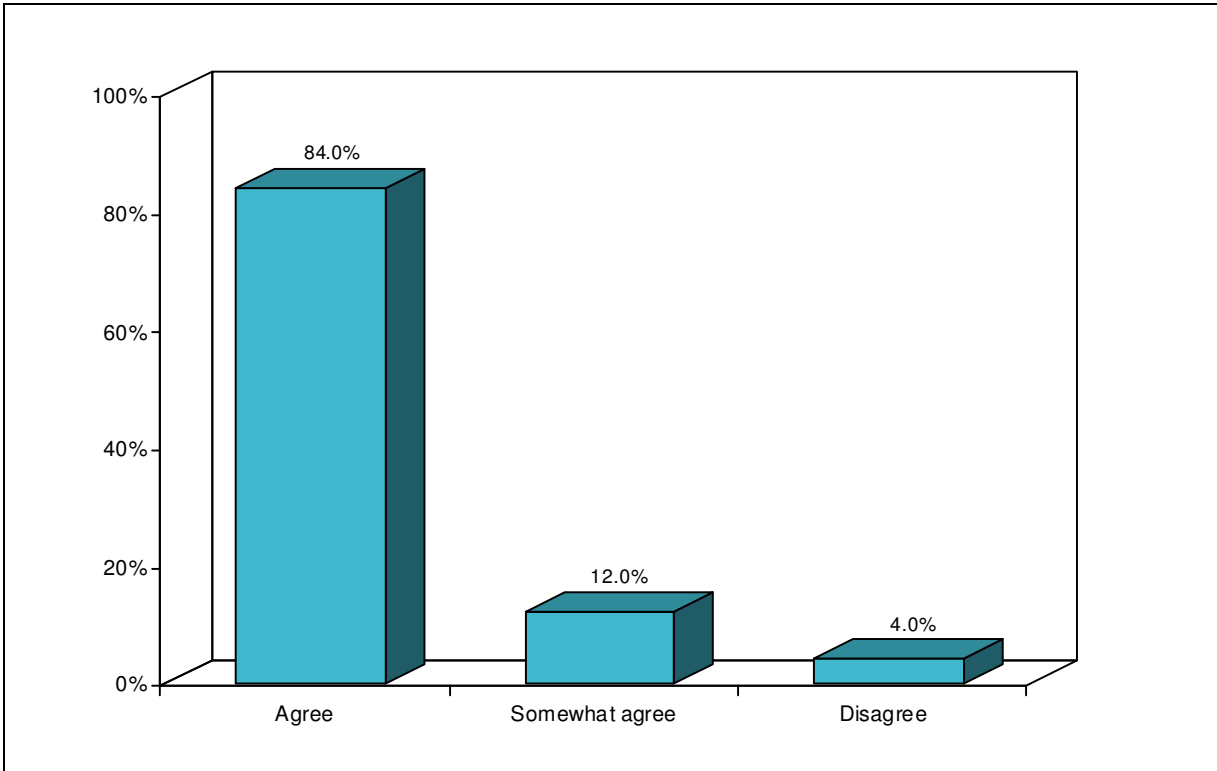
Table 17
DFPS Child Protective Services Unlicensed Kinship Services Program
Suggested Improvements (Open-ended)
(n=255)

	Percentage responding
Assistance similar to that offered to foster/adoptive parents	17.6
Information availability	15.7
Process	14.9
Staff performance	12.9
Eligibility requirements/benefits	12.5
Satisfied/no improvement needed	11.0
Communication	7.5
Dissatisfied	1.6
Customer service/response time	1.6
Assistance needed/decreased/denied	0.8
Language problems	0.4
Medicaid	0.4
Other	3.1

- Respondents were asked how CPS could improve the benefits or services they received or needed. After categorizing the comments, 17.6 percent of the respondents mentioned the need for the same assistance offered to foster/adoptive parents (see Table 17). This was followed by information availability (15.7 percent), and process (14.9 percent). Thirteen percent mentioned staff performance and eligibility requirements/benefits. Eleven percent of the respondents were satisfied and offered no suggestions for improvement. Other areas for improvement included the communication (7.5 percent), and customer service/response time (1.6 percent).

DADS - Community Care Services Recipients

Figure 3
Overall Satisfaction with DADS Community Medicaid Entitlement Long-Term Services and Support Received
(n=326)*



- 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, 96.0 percent of the respondents reported being satisfied.
- While not statistically significant, cross-tabulations by age, race/ethnicity and gender are shown in Table 18.

* A total of 326 respondents, or 94.5 percent of all respondents, answered this question. Of the remaining respondents, 26 or 2.7 percent answered "don't know" and 27 or 2.8 percent did not mark a response.

Table 18
Overall Satisfaction with DADS Community Medicaid Entitlement Long-Term Services
and Support Program Received By Selected Demographics

Demographic Groups	Count	Percentage responding		
		Agree	Somewhat agree	Disagree
Age				
0 to 6	0	-	-	-
25 and under	9	77.8	22.2	0.0
26 to 35	9	88.9	11.1	0.0
36 to 45	14	78.6	14.3	7.1
46 to 55	27	85.2	14.8	0.0
56 to 65	66	81.8	15.2	3.0
66 to 75	79	84.8	8.9	6.3
76 to 85	88	88.6	6.8	4.5
86 and over	32	78.1	18.8	3.1
Race/Ethnicity				
Caucasian	124	80.6	12.1	7.3
Hispanic	148	88.5	9.5	2.0
African American	44	79.5	18.2	2.3
Other	2	100.0	0.0	0.0
Gender				
Female	230	83.0	11.7	5.2
Male	94	87.2	11.7	1.1

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Table 19
DADS Community Medicaid Entitlement Long-Term Services and Support Program
Benefits and Services Ratings

	Count	Agree	Somewhat agree	Disagree
The benefit or service choices available to me were clearly explained. ¹	322	83.2	11.8	5.0
I had a chance to say what benefits or services I wanted to receive. ²	315	76.2	14.3	9.5
It was easy for me to get the benefits or services I needed. ³	324	70.7	19.4	9.9
The length of time I waited to receive benefits or services was reasonable. ⁴	320	73.8	17.5	8.8
The benefits or services I received helped me. ¹	317	89.3	9.8	0.9

Available choices were clearly explained

- Respondents were asked if they agreed that the benefit or service choices available to them were clearly explained. As shown in Table 19, 95.0 percent of the respondents either agreed (83.2 percent) or somewhat agreed (11.8 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-one percent of the respondents either agreed (76.2 percent) or somewhat agreed (14.3 percent) that they had that opportunity.

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 (70.7 percent) or somewhat agreed (19.4 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 were reasonable, 91.3 percent either agreed (73.8 percent) or somewhat agreed (17.5 percent).

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 (89.3 percent) or somewhat agreed (9.8 percent).

¹ A total of 322 respondents, or 95.0 percent of all respondents, answered this question. Of the remaining respondents, 3.8 percent answered “don’t know” and 1.2 percent did not mark an answer.

² A total of 315 respondents, or 92.9 percent of all respondents, answered this question. Of the remaining respondents, 4.1 percent answered “don’t know” and 2.9 percent did not mark an answer.

³ A total of 324 respondents, or 95.6 percent of all respondents, answered this question. Of the remaining respondents, 2.4 percent answered “don’t know” and 2.1 percent did not mark an answer.

⁴ A total of 320 respondents, or 94.4 percent of all respondents, answered this question. Of the remaining respondents, 1.8 percent answered “don’t know” and 3.8 percent did not mark an answer.

Table 20
DADS Community Medicaid Entitlement Long-Term Services and Support Program
Staff Ratings

	Count	Agree	Somewhat agree	Disagree
Staff members treated me with respect. ²	328	91.2	7.0	1.8
Staff members were able to answer my questions. ³	320	81.6	15.3	3.1
I understood what I needed to know about the benefits or services. ⁴	316	76.9	17.4	5.7

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. As shown in Table 20, 98.2 percent of the respondents either agreed (91.2 percent) or somewhat agreed (7.0 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-seven percent of the respondents indicated that they either agreed (81.6 percent) or somewhat agreed (15.3 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.” Ninety-four percent either agreed (76.9 percent) or somewhat agreed (17.4 percent) that they understood.

¹ A total of 317 respondents, or 93.5 percent of all respondents, answered this question. Of the remaining respondents, 1.8 percent answered “don’t know” and 4.7 percent did not mark an answer.

² A total of 328 respondents, or 96.8 percent of all respondents, answered this question. Of the remaining respondents, 1.5 percent answered “don’t know” and 1.8 percent did not mark an answer.

³ A total of 320 respondents, or 94.4 percent of all respondents, answered this question. Of the remaining respondents, 2.7 percent answered “don’t know” and 2.9 percent did not mark an answer.

⁴ A total of 316 respondents, or 93.2 percent of all respondents, answered this question. Of the remaining respondents, 2.9 percent answered “don’t know” and 3.8 percent did not mark an answer.

Table 21
DADS Community Medicaid Entitlement Long-Term Services and Support Program
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. ¹	313	87.2	8.0	4.8
If I complained, I believe my complaint would be addressed fairly. ²	302	82.1	13.6	4.3

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. As shown in Table 21, 95.2 percent of the respondents either agreed (87.2 percent) or somewhat agreed (8.0 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 (82.1 percent) or somewhat agreed (13.6 percent) with that statement.

¹ A total of 313 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 an answer.

² A total of 302 respondents, or 89.1 percent of all respondents, answered this question. Of the remaining respondents, 8.0 percent answered “don’t know” and 2.9 percent did not mark an answer.

Table 22
DADS Community Medicaid Entitlement Long-Term Services and Support Program
Internet Ratings

	Count	Agree	Somewhat agree	Disagree
I have a way to get information on the Internet. ¹	210	31.9	10.0	58.1
I have used the Internet to learn about the benefits or services provided by this program. ²	213	13.6	6.6	79.8

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-two percent of the respondents either agreed (31.9 percent) or somewhat agreed (10.0 percent) that they had a way to access the Internet. Fifty-eight percent disagreed (see Table 22).

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 (13.6 percent) or somewhat agreed (6.6 percent).

¹ A total of 210 respondents, or 61.9 percent of all respondents, answered this question. Of the remaining respondents, 28.9 percent answered “don’t know” and 9.1 percent did not mark an answer.

² A total of 213 respondents, or 62.8 percent of all respondents, answered this question. Of the remaining respondents, 27.1 percent answered “don’t know” and 10.0 percent did not mark an answer.

Table 23
Suggested Improvements (Open-ended)
(n=149)

	Percentage responding
Satisfied	41.6
Staff performance	13.4
Assistance needed/decreased/denied	9.4
Attendant assistance/hours	8.1
Customer service/response time	6.0
Medical/dental	3.4
Eligibility requirements/benefits	3.4
Transportation	2.7
Information availability/clarity	2.0
Medical staff/treatment/equipment	2.0
Communication	2.0
Repairs needed	1.3
Attendant pay	1.3
Other	3.4

- Respondents were asked how DADS could improve the benefits or services they received or needed. After categorizing the comments, 41.6 percent of the respondents were satisfied and offered no suggestions for improvement (see Table 23). Areas for improvement included staff performance (13.4 percent); assistance needed/decreased/denied (9.4 percent), attendant assistance/hours (8.1 percent), and customer service/response time (6.0 percent).

Table 24
DADS Community Medicaid Entitlement Long-Term Services and Support Program
Caregiver Satisfaction Ratings

	Count	Agree	Somewhat agree	Disagree
The information I receive about my benefits or services is easy to understand. ¹	309	75.4	18.4	6.1
Frequent changes in people who are paid to help me are a problem for my family or me. ²	280	22.5	15.0	62.5
I get the right amount of services I need. ³	305	73.1	16.4	10.5
I am afraid or scared of the people who are paid to help me. ⁴	300	11.3	5.7	83.0
People who are paid to help me are generally respectful and courteous to me. ⁵	316	91.8	6.0	2.2
People who are paid to help me speak or communicate with me in my preferred language. ⁶	317	96.2	3.2	0.6

Information about benefits or services are easy to understand

- Respondents were asked if they agreed that the information they received about their benefits or services was easy to understand. As shown in Table 24, 93.8 percent of the respondents either agreed (75.4 percent) or somewhat agreed (18.4 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.” Sixty-three percent of the respondents disagreed with this statement. Thirty-eight percent of the respondents indicated that they either agreed (22.5 percent) or somewhat agreed (15.0 percent).

Get the right amount of needed services

- When asked if they got the right amount of needed services, 89.5 percent of the respondents either agreed (73.1 percent) or somewhat agreed (16.4 percent) that they did.

¹ A total of 309 respondents, or 91.2 percent of all respondents, answered this question. Of the remaining respondents, 3.8 percent answered “don’t know” and 5.0 percent did not mark an answer.

² A total of 280 respondents, or 82.6 percent of all respondents, answered this question. Of the remaining respondents, 9.1 percent answered “don’t know” and 8.3 percent did not mark an answer.

³ A total of 305 respondents, or 90.0 percent of all respondents, answered this question. Of the remaining respondents, 3.2 percent answered “don’t know” and 6.8 percent did not mark an answer.

⁴ A total of 300 respondents, or 88.5 percent of all respondents, answered this question. Of the remaining respondents, 5.9 percent answered “don’t know” and 5.6 percent did not mark an answer.

⁵ A total of 316 respondents, or 93.2 percent of all respondents, answered this question. Of the remaining respondents, 2.4 percent answered “don’t know” and 4.4 percent did not mark an answer.

⁶ A total of 317 respondents, or 93.5 percent of all respondents, answered this question. Of the remaining respondents, 1.8 percent answered “don’t know” and 4.7 percent did not mark an answer.

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-three percent of the respondents disagreed with the statement. Seventeen percent either agreed (11.3 percent) or somewhat agreed (5.7 percent).

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 (97.8 percent) of the respondents either agreed (91.8 percent) or somewhat agreed (6.0 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-nine percent either agreed (96.2 percent) or somewhat agreed (3.2 percent) with the statement.

Table 25
DADS Community Medicaid Entitlement Long-Term Services and Support Program
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. ¹	291	14.1	6.9	79.0
The people paid to help me spend all the time with me they are supposed to. ²	298	86.6	6.4	7.0
I know I can change the people who are paid to help me if I want to. ³	286	89.5	2.8	7.7
I want to hire, train and manage the people who are paid to help me. ⁴	241	32.0	7.9	60.2

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 their medications when they need to because there is no one there to help them. Seventy-nine percent of the respondents disagreed with the statement. Twenty-one percent of the respondents either agreed (14.1 percent) or somewhat agreed (6.9 percent) with the statement (see Table 25).

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-three percent of the respondents either agreed (86.6 percent) or somewhat agreed (6.4 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, 92.3 percent either agreed (89.5 percent) or somewhat agreed (2.8 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." Sixty percent disagreed with the statement, while 32.0 percent agreed and 7.9 percent somewhat agreed.

¹ A total of 291 respondents, or 85.8 percent of all respondents, answered this question. Of the remaining respondents, 1.8 percent answered "don't know" and 12.4 percent did not mark an answer.

² A total of 298 respondents, or 87.9 percent of all respondents, answered this question. Of the remaining respondents, 2.1 percent answered "don't know" and 10.0 percent did not mark an answer.

³ A total of 286 respondents, or 84.4 percent of all respondents, answered this question. Of the remaining respondents, 5.0 percent answered "don't know" and 10.6 percent did not mark an answer.

⁴ A total of 241 respondents, or 71.1 percent of all respondents, answered this question. Of the remaining respondents, 13.6 percent answered "don't know" and 15.3 percent did not mark an answer.

Table 26
DADS Community Medicaid Entitlement Long-Term Services and Support Program
Adult Day Care Center Ratings

	Count	Agree	Somewhat agree	Disagree
I get to choose the Adult Day Care Center I go to. ¹	104	75.0	5.8	19.2
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. ²	98	43.9	9.2	46.9
I am able to go to medical appointments during the day if I want to. ³	130	86.2	5.4	8.5
There are some things I want to do outside my house that I don't do now. ⁴	106	46.2	16.0	37.7

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. As shown in Table 26, 80.8 percent of the respondents either agreed (75.0 percent) or somewhat agreed (5.8 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." Fifty-three percent of the respondents either agreed (43.9 percent) or agreed somewhat (9.2 percent) with the statement. Forty-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 (86.2 percent) or agreed somewhat (5.4 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." Sixty-two percent of the respondents either agreed (46.2 percent) or agreed somewhat (16.0 percent) that there were things they wanted to do. Thirty-eight percent disagreed with the statement.

¹ A total of 104 respondents, or 30.7 percent of all respondents, answered this question. Of the remaining respondents, 5.3 percent answered "don't know" and 64.0 percent did not mark an answer.

² A total of 98 respondents, or 28.9 percent of all respondents, answered this question. Of the remaining respondents, 5.6 percent answered "don't know" and 65.5 percent did not mark an answer.

³ A total of 130 respondents, or 38.3 percent of all respondents, answered this question. Of the remaining respondents, 2.4 percent answered "don't know" and 59.3 percent did not mark an answer.

⁴ A total of 106 respondents, or 31.3 percent of all respondents, answered this question. Of the remaining respondents, 5.9 percent answered "don't know" and 62.8 percent did not mark an answer.

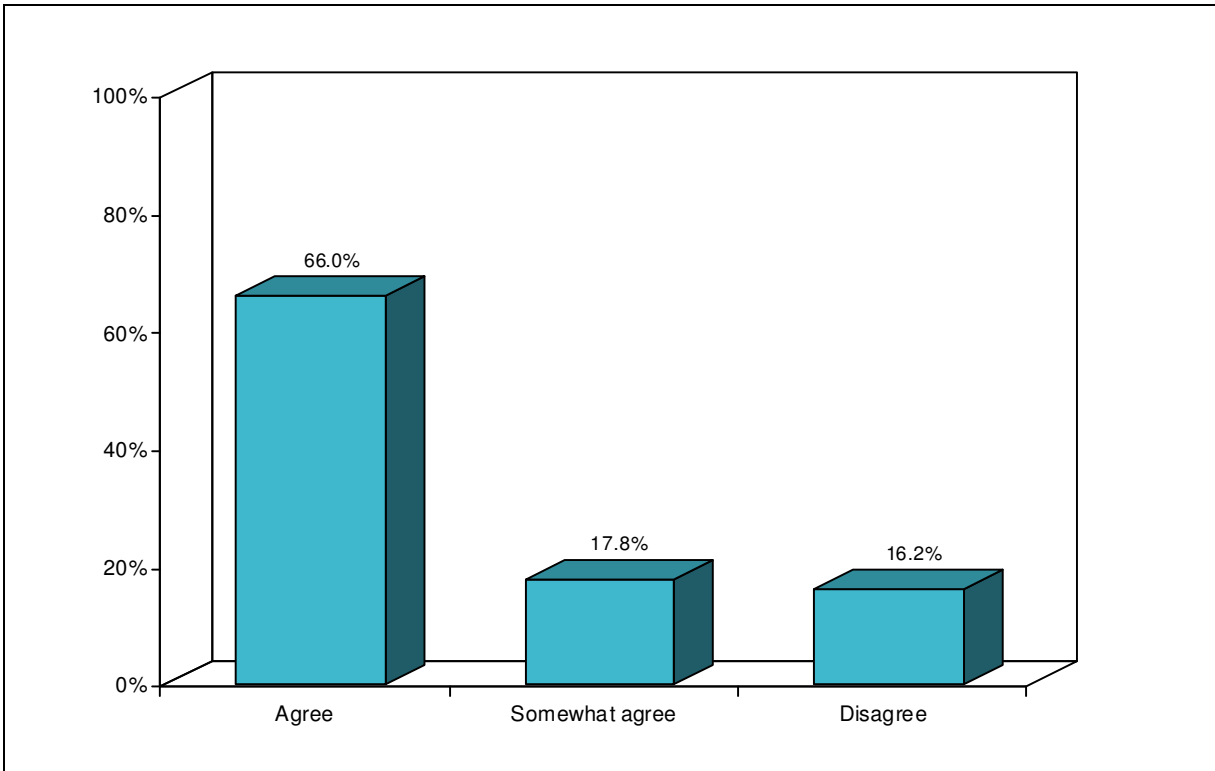
Table 27
DADS Community Medicaid Entitlement Long-Term Services and Support Program
Desired Activities Not Currently Engaged In (Open-ended)
(n=51)

	Percentage responding
Satisfied/nothing is required	27.5
Transportation	17.6
Better health	11.8
Travel	9.8
Additional attendant assistance	7.8
Exercise	5.9
Socializing	3.9
Home maintenance/improvement	3.9
Other	11.8

- DAD's 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 27. Twenty-eight percent of the respondents were satisfied with their circumstances and did not desire any additional activities. Eighteen needed transportation to go shopping or run errands. Twelve percent indicated they wished they were in better health so that they might engage in activities such as walking. Some wanted to travel (9.8 percent), have additional attendant assistance (7.8 percent), exercise (5.9 percent), or socialize (3.9 percent).

DARS - Vocational Rehabilitation Services Recipients

Figure 4
Overall Satisfaction with DARS Vocational Rehabilitation Services Received
(n=518)*



- Respondents were asked if they agreed with the statement, "Overall, I am satisfied with the benefits or services I received." As shown in Figure 6, 83.8 percent of the respondents reported being satisfied.
- As shown in Table 28, agreement was higher among Hispanic respondents and female respondents.

* A total of 518 respondents, or 97.4 percent of all respondents, answered this question. Of the remaining respondents, 12 (2.3 percent) answered "don't know" and 1 (0.2 percent) did not mark a response. For the visually impaired respondents, 66 respondents, or 100.0 percent, answered this question. Responses for the visually impaired respondents were: agree (72.7 percent), somewhat agree (18.2 percent), and disagree (9.1 percent).

Table 28
Overall Satisfaction with DARS Vocational Rehabilitation
Program Services Received
By Selected Demographics

Demographic Groups	Count	Percentage responding		
		Agree	Somewhat agree	Disagree
Age				
0 to 6	0	-	-	-
25 and under	143	68.5	16.1	15.4
26 to 35	74	73.0	14.9	12.2
36 to 45	114	60.5	21.1	18.4
46 to 55	132	59.8	19.7	20.5
56 to 65	47	74.5	14.9	10.6
66 to 75	6	83.3	16.7	0.0
76 to 85	2	100.0	0.0	0.0
86 and over	0	-	-	
Race/Ethnicity *				
Caucasian	270	62.2	18.1	19.6
Hispanic	121	79.3	9.9	10.7
African American	117	61.5	24.8	13.7
Other	10	60.0	20.0	20.0
Gender **				
Female	266	69.5	19.2	11.3
Male	252	62.3	16.3	21.4

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Table 29
DARS Vocational Rehabilitation Program
Benefits and Services Ratings

	Count	Agree	Somewhat agree	Disagree
The benefit or service choices available to me were clearly explained. ¹	522	71.3	19.5	9.2
I had a chance to say what benefits or services I wanted to receive. ²	510	66.9	19.6	13.5
It was easy for me to get the benefits or services I needed. ³	520	53.7	26.9	19.4
The length of time I waited to receive benefits or services was reasonable. ⁴	510	61.6	20.4	18.0
The benefits or services I received helped me. ¹	510	70.4	18.0	11.6

Available choices were clearly explained

- Respondents were asked if they agreed that the benefit or service choices available to them were clearly explained. As shown in Table 29, 90.8 percent of the respondents either agreed (71.3 percent) or somewhat agreed (19.5 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-seven percent of the respondents either agreed (66.9 percent) or somewhat agreed (19.6 percent) that they had that opportunity.

Easy to get needed benefits or services

- Respondents were asked if it was easy for them to get the benefits or services they needed. Eighty-one percent of the respondents either agreed (53.7 percent) or somewhat agreed (26.9 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 were reasonable, 82.0 percent either agreed (61.6 percent) or somewhat agreed (20.4 percent).

Benefits or services received helped me

- Respondents were asked if they agreed that the benefits or services they received had helped them. Eighty-eight percent of the respondents either agreed (70.4 percent) or somewhat agreed (18.0 percent).

¹ A total of 522 respondents, or 98.1 percent of all respondents, answered this question. Of the remaining respondents, 1.5 percent answered “don’t know” and 0.4 percent did not mark an answer.

² A total of 510 respondents, or 95.9 percent of all respondents, answered this question. Of the remaining respondents, 3.8 percent answered “don’t know” and 0.4 percent did not mark an answer.

³ A total of 520 respondents, or 97.7 percent of all respondents, answered this question. Of the remaining respondents, 1.9 percent answered “don’t know” and 0.4 percent did not mark an answer.

⁴ A total of 510 respondents, or 95.9 percent of all respondents, answered this question. Of the remaining respondents, 3.6 percent answered “don’t know” and 0.6 percent did not mark an answer.

Table 30
DARS Vocational Rehabilitation Program
Staff Ratings

	Count	Agree	Somewhat agree	Disagree
Staff members treated me with respect. ²	524	84.4	11.6	4.0
Staff members were able to answer my questions. ³	523	73.6	19.1	7.3
I understood what I needed to know about the benefits or services. ⁴	520	66.3	22.9	10.8

Respondents were asked about their experience dealing with DARS staff.

Staff members treated me with respect

- Respondents were asked if they agreed that staff members had treated them with respect. As shown in Table 30, 96.0 percent of the respondents either agreed (84.4 percent) or somewhat agreed (11.6 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-three percent of the respondents indicated that they either agreed (73.6 percent) or somewhat agreed (19.1 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-nine percent either agreed (66.3 percent) or somewhat agreed (22.9 percent) that they understood.

¹ A total of 510 respondents, or 95.9 percent of all respondents, answered this question. Of the remaining respondents, 3.0 percent answered “don’t know” and 1.1 percent did not mark an answer.

² A total of 524 respondents, or 98.5 percent of all respondents, answered this question. Of the remaining respondents, 0.9 percent answered “don’t know” and 0.6 percent did not mark an answer.

³ A total of 523 respondents, or 98.3 percent of all respondents, answered this question. Of the remaining respondents, 1.3 percent answered “don’t know” and 0.4 percent did not mark an answer.

⁴ A total of 520 respondents, or 97.7 percent of all respondents, answered this question. Of the remaining respondents, 1.9 percent answered “don’t know” and 0.4 percent did not mark an answer.

Table 31
DARS Vocational Rehabilitation Program
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. ¹	471	73.5	17.2	9.3
If I complained, I believe my complaint would be addressed fairly. ²	467	67.5	19.1	13.5

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. As shown in Table 31, 90.7 percent of the respondents either agreed (73.5 percent) or somewhat agreed (17.2 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-seven percent of the respondents indicated that they either agreed (67.5 percent) or somewhat agreed (19.1 percent) with that statement.

¹ A total of 471 respondents, or 88.5 percent of all respondents, answered this question. Of the remaining respondents, 10.5 percent answered “don’t know” and 0.9 percent did not mark an answer.

² A total of 467 respondents, or 87.8 percent of all respondents, answered this question. Of the remaining respondents, 11.7 percent answered “don’t know” and 0.6 percent did not mark an answer.

Table 32
DARS Vocational Rehabilitation Program
Internet Ratings

	Count	Agree	Somewhat agree	Disagree
I have a way to get information on the Internet. ¹	415	59.0	17.1	23.9
I have used the Internet to learn about the benefits or services provided by this program. ²	447	24.6	17.4	57.9

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. As shown in Table 32, 76.1 percent of the respondents either agreed (59.0 percent) or somewhat agreed (17.1 percent) that they had a way to access the Internet. Twenty-four percent disagreed.

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.” Fifty-eight percent of the respondents disagreed with this statement. Forty-two percent of the respondents indicated that they either agreed (24.6 percent) or somewhat agreed (17.4 percent).

¹ A total of 415 respondents, or 78.0 percent of all respondents, answered this question. Of the remaining respondents, 20.1 percent answered “don’t know” and 1.9 percent did not mark an answer.

² A total of 447 respondents, or 84.0 percent of all respondents, answered this question. Of the remaining respondents, 13.7 percent answered “don’t know” and 2.3 percent did not mark an answer.

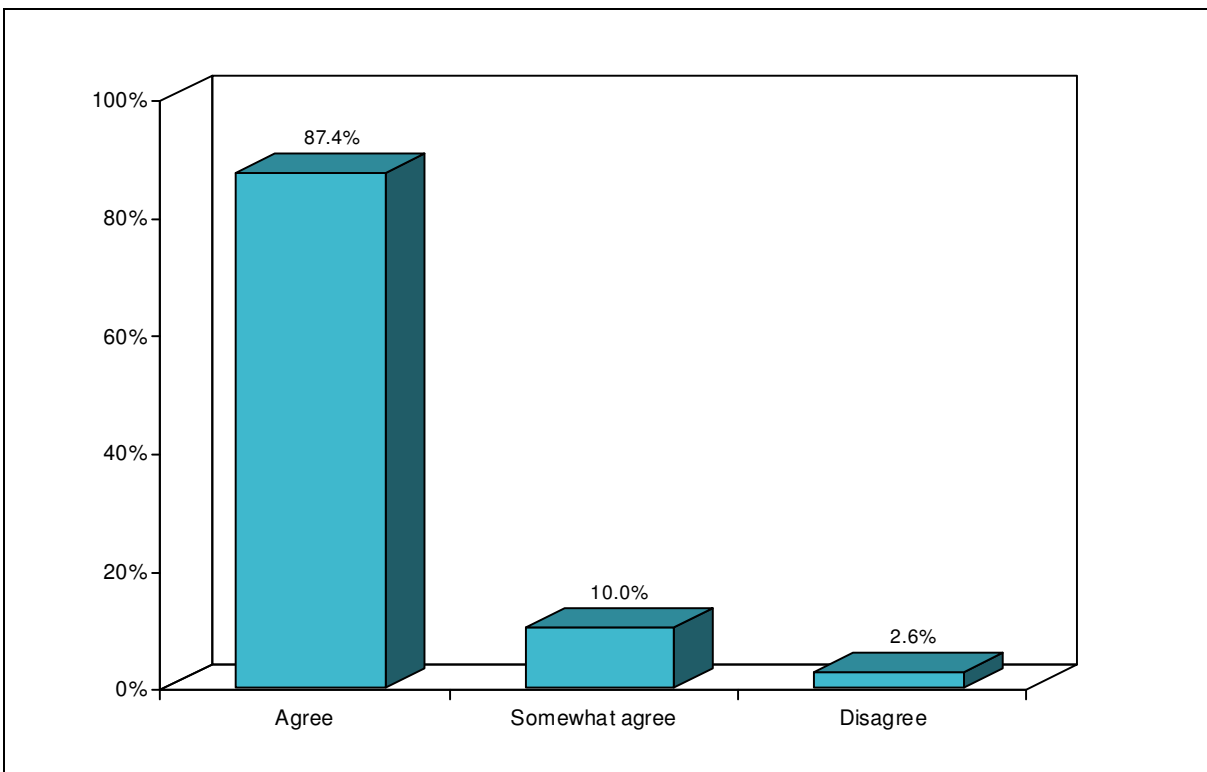
Table 33
Suggested Improvements (Open-ended)
(n=272)

	Percentage responding
Satisfied/no improvement needed	24.6
Job placement/training	14.3
Staff performance	10.3
Information availability	7.7
Process	6.3
Communication	6.3
Education	5.9
Medical staff/treatment/equipment	4.8
Eligibility requirements/benefits	4.8
Customer service/response time	4.4
Assistance needed/decreased/denied	2.6
Staff courtesy	2.6
Dissatisfied	1.8
Transportation	1.5
Other	2.2

- Respondents were asked how DARS could improve the benefits or services they received or needed. After categorizing the comments, 24.6 percent of the respondents were satisfied and offered no suggestions for improvement (see Table 33). Fourteen percent mentioned job placement/ training. Job placement/training was followed by staff performance (10.3 percent), information availability (7.7 percent), the process (6.3 percent), communication (6.3 percent), and education (5.9 percent). Other areas for improvement included medical staff/ treatment/equipment (4.8 percent), eligibility requirements (4.8 percent), and customer service/response time (4.4 percent).

DSHS - Women, Infants, and Children's Nutrition Services Recipients

Figure 5
Overall Satisfaction with DSHS Women's Infant and Children (WIC) Services Received
(n=309)*



- Respondents were asked if they agreed with the statement, "Overall, I am satisfied with the benefits or services I received." As shown in Figure 7, 97.4 percent of the respondents agreed (87.4 percent) or somewhat agreed (10.0 percent) they were satisfied.
- While not statistically significant, cross-tabulations for age, race/ethnicity and gender are shown in Table 34.

* A total of 309 respondents, or 96.6 percent of all respondents, answered "yes" or "no" to this question. Of the remaining respondents, 6 (1.9 percent) answered "don't know" and 5 (1.6 percent) did not mark a response.

Table 34
Overall Satisfaction with DSHS Women, Infants, and Children (WIC)
Program Services Received
By Selected Demographics

Demographic Groups	Count	Percentage responding		
		Agree	Somewhat agree	Disagree
Age				
0 to 6 ¹	218	85.3	12.8	1.8
25 and under	38	92.1	0.0	7.9
26 to 35	40	90.0	7.5	2.5
36 to 45	12	100.0	0.0	0.0
46 to 55	0	-	-	-
56 to 65	0	-	-	-
66 to 75	0	-	-	-
76 to 85	0	-	-	-
86 and over	0	-	-	-
Race/Ethnicity				
Caucasian	47	89.4	8.5	2.1
Hispanic	219	88.1	9.6	2.3
African American	36	77.8	16.7	5.6
Other	6	100.0	0.0	0.0
Gender				
Female	202	87.1	9.4	3.5
Male	106	87.7	11.3	0.9

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

¹ Parents completed the survey for those respondents between the ages of zero and six.

Table 35
DSHS Women, Infants, and Children (WIC) Program
Benefits and Services Ratings

	Count	Agree	Somewhat agree	Disagree
The benefit or service choices available to me were clearly explained. ¹	311	80.1	17.7	2.3
I had a chance to say what benefits or services I wanted to receive. ²	305	77.4	16.4	6.2
It was easy for me to get the benefits or services I needed. ³	310	73.5	20.3	6.1
The length of time I waited to receive benefits or services was reasonable. ⁴	308	67.9	19.8	12.3
The benefits or services I received helped me. ⁵	299	93.0	6.4	0.7

Available choices were clearly explained

- Respondents were asked if they agreed that the benefit or service choices available to them were clearly explained. As shown in Table 35, 97.8 percent of the respondents either agreed (80.1 percent) or somewhat agreed (17.7 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-four percent of the respondents either agreed (77.4 percent) or somewhat agreed (16.4 percent) that they had that opportunity.

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-four percent of the respondents either agreed (73.5 percent) or somewhat agreed (20.3 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 were reasonable, 87.7 percent either agreed (67.9 percent) or somewhat agreed (19.8 percent).

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 (93.0 percent) or somewhat agreed (6.4 percent).

¹ A total of 311 respondents, or 97.2 percent of all respondents, answered this question. Of the remaining respondents, 1.3 percent answered “don’t know” and 1.6 percent did not mark an answer.

² A total of 305 respondents, or 95.3 percent of all respondents, answered this question. Of the remaining respondents, 2.5 percent answered “don’t know” and 2.2 percent did not mark an answer.

³ A total of 310 respondents, or 96.9 percent of all respondents, answered this question. Of the remaining respondents, 0.9 percent answered “don’t know” and 2.2 percent did not mark an answer.

⁴ A total of 308 respondents, or 96.3 percent of all respondents, answered this question. Of the remaining respondents, 1.6 percent answered “don’t know” and 2.2 percent did not mark an answer.

⁵ A total of 299 respondents, or 93.4 percent of all respondents, answered this question. Of the remaining respondents, 2.5 percent answered “don’t know” and 4.1 percent did not mark an answer.

Table 36
DSHS Women, Infants, and Children (WIC) Program
Staff Ratings

	Count	Agree	Somewhat agree	Disagree
Staff members treated me with respect. ¹	310	76.5	18.4	5.2
Staff members were able to answer my questions. ²	311	85.5	11.9	2.6
I understood what I needed to know about the benefits or services. ³	310	84.5	13.5	1.9

Respondents were asked about their experience dealing with DSHS staff.

Staff members treated me with respect

- Respondents were asked if they agreed that staff members had treated them with respect. As shown in Table 36, 94.9 percent of the respondents either agreed (76.5 percent) or somewhat agreed (18.4 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-seven percent of the respondents indicated that they either agreed (85.5 percent) or somewhat agreed (11.9 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.” Ninety-eight percent either agreed (84.5 percent) or somewhat agreed (13.5 percent) that they understood.

¹ A total of 310 respondents, or 96.9 percent of all respondents, answered this question. Of the remaining respondents, 1.6 percent answered “don’t know” and 1.6 percent did not mark an answer.

² A total of 311 respondents, or 97.2 percent of all respondents, answered this question. Of the remaining respondents, 1.9 percent answered “don’t know” and 0.9 percent did not mark an answer.

³ A total of 310 respondents, or 96.9 percent of all respondents, answered this question. Of the remaining respondents, 1.3 percent answered “don’t know” and 1.9 percent did not mark an answer.

Table 37
DSHS Women, Infants, and Children (WIC) Program
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. ¹	291	79.4	15.5	5.2
If I complained, I believe my complaint would be addressed fairly. ²	280	68.6	24.3	7.1

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. As shown in Table 37, 94.9 percent of the respondents either agreed (79.4 percent) or somewhat agreed (15.5 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-three percent of the respondents indicated that they either agreed (68.6 percent) or somewhat agreed (24.3 percent) with that statement.

¹ A total of 291 respondents, or 90.9 percent of all respondents, answered this question. Of the remaining respondents, 6.6 percent answered “don’t know” and 2.5 percent did not mark an answer.

² A total of 280 respondents, or 87.5 percent of all respondents, answered this question. Of the remaining respondents, 10.6 percent answered “don’t know” and 1.9 percent did not mark an answer.

Table 38
DSHS Women, Infants, and Children (WIC) Program
Internet Ratings

	Count	Agree	Somewhat agree	Disagree
I have a way to get information on the Internet. ¹	231	67.5	12.1	20.3
I have used the Internet to learn about the benefits or services provided by this program. ²	209	37.3	12.9	49.8

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. As shown in Table 38, 79.6 percent of the respondents either agreed (67.5 percent) or somewhat agreed (12.1 percent) that they had a way to access 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.” Half (49.8 percent) of the respondents disagreed with this statement. Fifty percent of the respondents indicated that they either agreed (37.3 percent) or somewhat agreed (12.9 percent).

¹ A total of 231 respondents, or 72.2 percent of all respondents, answered this question. Of the remaining respondents, 24.4 percent answered “don’t know” and 3.4 percent did not mark an answer.

² A total of 209 respondents, or 65.3 percent of all respondents, answered this question. Of the remaining respondents, 29.7 percent answered “don’t know” and 5.0 percent did not mark an answer.

Table 39
Suggested Improvements (Open-ended)
(n=160)

	Percentage responding
Satisfied/no improvement needed	33.8
WIC	11.3
Appointments	9.4
Process	8.8
Information availability	8.1
Customer service/response time	8.1
Staff courtesy	6.3
Staff performance	5.0
Eligibility requirements/benefits	4.4
Language problems	2.5
Medical/dental	1.9
Other	0.6

- Respondents were asked how DSHS could improve the benefits or services they received or needed. After categorizing the comments, 33.8 percent of the respondents were satisfied and offered no suggestions for improvement (see Table 39). Eleven percent mentioned WIC. WIC was followed by appointments (9.4 percent), the process (8.8 percent), information availability (8.1 percent), customer service/response time (8.1 percent), staff courtesy (6.3 percent) and staff performance (5.0 percent). Eligibility requirements/benefits were mentioned by 4.4 percent of the respondents. Other areas for improvement were mentioned by less than 3 percent of the respondents.

**Table 40
WIC Ratings**

	Count	Agree	Somewhat agree	Disagree
WIC appointments are offered at days and times that are convenient to me. ¹	310	83.9	11.0	5.2
WIC staff are able to speak to me in my preferred language. ²	309	95.1	3.6	1.3
WIC staff has provided me with information about other helpful programs and services. ³	294	77.9	10.2	11.9
I trust the WIC program to provide accurate, helpful information about feeding infants and children. ⁴	311	91.6	7.7	0.6
I trust the WIC program to provide accurate, helpful information about breastfeeding. ⁵	302	93.0	6.0	1.0
I would recommend the WIC program to friends and family with children under 5 years of age. ⁶	309	96.4	3.6	0.0

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-five percent of the respondents either agreed (83.9 percent) or somewhat agreed (11.0 percent) that appointments are convenient (see Table 40).

WIC staff are able to speak to me in my preferred language

- When respondents were asked if they agreed with the statement, "WIC staff are able to speak to me in my preferred language," 98.7 percent of the respondents either agreed (95.1 percent) or somewhat agreed (3.6 percent).

¹ A total of 310 respondents, or 96.9 percent of all respondents, answered this question. Of the remaining respondents, 1.6 percent answered "don't know" and 1.6 percent did not mark an answer.

² A total of 309 respondents, or 96.6 percent of all respondents, answered this question. Of the remaining respondents, 2.2 percent answered "don't know" and 1.3 percent did not mark an answer.

³ A total of 294 respondents, or 91.9 percent of all respondents, answered this question. Of the remaining respondents, 5.9 percent answered "don't know" and 2.2 percent did not mark an answer.

⁴ A total of 311 respondents, or 97.2 percent of all respondents, answered this question. Of the remaining respondents, 1.6 percent answered "don't know" and 1.3 percent did not mark an answer.

⁵ A total of 302 respondents, or 94.4 percent of all respondents, answered this question. Of the remaining respondents, 4.1 percent answered "don't know" and 1.6 percent did not mark an answer.

⁶ A total of 309 respondents, or 96.6 percent of all respondents, answered this question. Of the remaining respondents, 2.5 percent answered "don't know" and 0.9 percent did not mark an answer.

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 (77.9 percent) or somewhat agreed (10.2 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 (91.6 percent) or somewhat agreed (7.7 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 (93.0 percent) or somewhat agreed (6.0 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," 100.0 percent of the respondents either agreed (96.4 percent) or somewhat agreed (3.6 percent).

VII. COMPARISON OF 2006 AND 2008

The Survey Research Center at the University of North Texas plans to deliver individual presentations to each of the agencies who participated in the survey. The presentations will include a comparison of the 2006 and 2008 survey results for each agency and the HHS system as a whole.

VIII. CONCLUSIONS

The Texas Health and Human Services Commission (HHSC) contracted with the Survey Research Center (SRC) at the University of North Texas to conduct a customer satisfaction survey of five customer groups from the four Texas Health and Human Services agencies. The survey findings were generally favorable.

The results of the four agencies taken together suggests that large majorities of respondents agreed or somewhat agreed that the available benefit or service choices were clearly explained. Most agreed or somewhat agreed that staff treated them with respect and a majority of customers said staff members were able to answer their questions.

HHS benefits and services were understood by over 80 percent of the respondents, and almost 90 percent of respondents indicated that they knew how to make a complaint against HHS if needed.

Over 60 percent of the respondents agreed or somewhat agreed that they had a way to get information on the Internet, but less than 70 percent disagreed that they had used the Internet to learn about the benefits or services provided by the program in which they participated.

Finally, over 90 percent of the respondents agreed or somewhat agreed that the benefits or services they received helped them, and over eighty percent agreed or somewhat agreed they were satisfied with the benefits or services they received.

A complete summary of the findings including HHSC results will be included in the reissued report due October 1, 2008.

APPENDIX A: CUSTOMER INVENTORIES BY AGENCIES (EXCEPT DSHS)

Department of Family and Protective Services

Description of Services Provided to Customers by 2008-2009 Budget Strategy

STRATEGY	STAKEHOLDER GROUPS
<p>Strategy A.1.1 Statewide Intake Services. 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>Children and Adults At Risk of Abuse and Neglect: Statewide Intake provides central reporting and investigation assignments so that all children at risk of abuse and neglect and all elderly and adults with disabilities at risk of abuse, neglect, and exploitation can be protected.</p> <p>Citizens of Texas: DFPS provides confidential access to services for all citizens of Texas.</p> <p>External Partners: In providing access to DFPS services through the Statewide Intake function, DFPS interacts with law enforcement agencies, the medical sector, and schools.</p>
<p>Strategy A.2.1 CPS Direct Delivery Staff. 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>Strategy A.2.2 CPS Program Support. Provide staff, training, automation, and special projects to support a comprehensive and consistent system for the delivery of child protective services.</p>	<p>Children and Families: 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>External Partners: Conducting investigations and providing casework for children in their own homes and children who have been removed from their homes involves many external partners, such as law enforcement agencies, the medical sector, schools, Child Welfare Boards, the judiciary, faith based organizations, Child Advocacy Centers, children’s advocate groups, and state and national child welfare associations.</p>
<p>Strategy A.2.3 TWC Foster Day Care. Provide purchased day care services for foster children when one or both foster parents work full-time.</p> <p>Strategy A.2.4 TWC Protective Day Care. 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>Children and Families: DFPS protects children by purchasing day care to keep a child safe in their home or to assist working foster parents.</p> <p>Other Agencies: DFPS purchases day care under a contract with the Texas Workforce Commission.</p> <p>Local Governments: Through the contract with the Texas Workforce Commission, DFPS has access to the network of child care providers managed by local workforce boards.</p>
<p>Strategy A.2.5 Adoption Purchased Services. Provide purchased adoption services with private child-placing agencies to</p>	<p>Children and Families: DFPS increases permanency placement options for children awaiting adoption by contracting for adoption services, and helps ensure success of adoptions</p>

STRATEGY	STAKEHOLDER GROUPS
<p>facilitate the success of service plans for children who are legally free for adoption, including recruitment, screening, home study, placement, and support services.</p> <p>Strategy A.2.6 Post-Adoption Purchased Services. Provide purchased post-adoption services for families who adopt children in the conservatorship of DFPS, including casework, support groups, parent training, therapeutic counseling, respite care, and residential therapeutic care.</p>	<p>by providing post-adoption services.</p> <p>Contracted Service Providers: DFPS contracts with private child-placing agencies to recruit, train and verify adoptive 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>Strategy A.2.7 Preparation for Adult Living Purchased Services. 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>Youth in Substitute Care: DFPS provides services to prepare youth in substitute care for adult life. Services are also available for youth who have aged out of the substitute care system to ensure a successful transition to adulthood.</p> <p>Contracted Service Providers: DFPS purchases these youth services from various service providers.</p>
<p>Strategy A.2.8 Substance Abuse Purchased Services. Provide purchased residential chemical dependency treatment services for adolescents who are in the conservatorship of DFPS and/or parents who are referred to treatment by DFPS.</p>	<p>Children and Families: DFPS protects children by purchasing substance abuse treatment services and drug-testing services for children in the CPS system and their families.</p> <p>Contracted Service Providers: DFPS purchases these services from various service providers.</p>
<p>Strategy A.2.9 Other CPS Purchased Services. Provide purchased services to treat children who have been abuse or neglected, to enhance the safety and well-being of children at risk of abuse and neglect, and to enable families to provide safe and nurturing home environments for their children.</p>	<p>Children and Families: DFPS protects children by purchasing various types of services for children in the CPS system and their families.</p> <p>Contracted Service Providers: DFPS purchases these services from various service providers.</p>

STRATEGY	STAKEHOLDER GROUPS
<p>Strategy A.2.10 Foster Care Payments. Provide financial reimbursement for the care, maintenance, and support of children who have been removed from their homes and placed in licensed, verified child care facilities.</p>	<p>Children in Foster Care: DFPS provides reimbursement for the care, maintenance, and treatment of children who have removed from their homes.</p> <p>Kinship and Other Designated Caregivers: DFPS provides monetary assistance to kinship and other designated caregivers to help ensure successful placements for children removed from their homes.</p> <p>Contracted Service Providers: DFPS purchases these services from DFPS foster homes, contracted child-placing agencies, and child care facilities.</p> <p>Other Agencies: 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.</p> <p>Local Governments: DFPS provides federal Title IV-E funding to participating counties for allowable expenses for foster care maintenance and administration.</p> <p>External Partners: The foster care program would not be possible without the 24-hour residential child care providers. DFPS works closely with provider groups and associations.</p>
<p>Strategy A.2.11 Adoption Subsidy Payments. 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>Children and Families: DFPS helps ensure a permanent placement for children available for adoption with special needs by providing a monthly subsidy payment to assist with the cost of the child's special needs.</p>
<p>Strategy A.2.12 Services to At-Risk Youth (STAR) Program. 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>Strategy A.2.13 Community Youth Development (CYD) Program. Provide funding and technical assistance to support collaboration by Community Groups to alleviate family and community conditions that lead to juvenile crime.</p> <p>Strategy A.2.14 Texas Families Program. Provide community-based prevention services to alleviate stress and promote</p>	<p>Children and Families: DFPS provides funding for community-based prevention services to at-risk children and for the families of those children.</p> <p>Contracted Service Providers: DFPS contracts with various community-based organizations across the state to deliver prevention and early intervention services</p> <p>Other Agencies: At-risk prevention services involve participation from the Texas Education Agency, Texas Juvenile Probation Commission, and Texas Youth Commission.</p> <p>Local Governments: At-risk prevention services involve participation from Local Juvenile Probation Departments.</p> <p>External Partners: Overseeing prevention services involves many external partners such as law enforcement agencies, schools, and children's advocate groups.</p>

STRATEGY	STAKEHOLDER GROUPS
<p>parental competencies and behaviors that will increase the ability of families to successfully nurture their children.</p> <p>Strategy A.2.15 Child Abuse Prevention Grants. Provide child abuse prevention grants to develop programs, public awareness, and respite care through community-based organization.</p> <p>Strategy A.2.16 Other At-Risk Prevention Programs. Provide funding for community-based prevention programs to alleviate conditions that lead to child abuse/neglect and juvenile crime.</p> <p>Strategy A.2.17 At-Risk Prevention Program Support. Provide program support for at-risk prevention services.</p>	
<p>Strategy A.3.1 APS Direct Delivery Staff. Provide caseworkers and related staff to conduct investigations and provide or arrange for services for vulnerable adults.</p> <p>Strategy A.3.2 APS Program Support. Provide staff, training, automation, and special projects to support a comprehensive and consistent system for the delivery of adult protective services.</p>	<p>Aged and Disabled Victims: 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>Contracted Service Providers: DFPS contracts with various service providers to deliver necessary emergency services for APS customers.</p> <p>Other Agencies: 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>Local Governments: Providing adult protective services involves support and participation from city and county health and social services departments, and the Area Agencies on Aging.</p> <p>External Partners: 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 customers.</p>

STRATEGY	STAKEHOLDER GROUPS
<p>Strategy A.3.3 MH and MR Investigations. 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>Persons Served by or through MH and MR Settings: DFPS protects persons served by or through MH and MR settings by investigating reports of abuse, neglect, and exploitation.</p> <p>Other Agencies: 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>Local Governments: Providing adult protective services for persons served in these settings involves support and participation from Community MHMR Centers.</p> <p>External Partners: Providing adult protective services for 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>Strategy A.4.1 Child Care Regulation. 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>Children and Families: 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>Other State Agencies: Child care regulation involves support and participation by Texas Workforce Commission, Texas Department of State Health Services (DSHS), and other regulatory agencies.</p> <p>Local Governments: DFPS regulation of child care facilities involves the network of child care providers managed by local workforce boards. It also includes local health agencies and fire inspectors.</p> <p>External Partners: 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 childcare settings include schools, child care administrators, children’s advocates, and parents.</p>
<p>Strategy B.1.1. Central Administration.</p> <p>Strategy B.1.2 Other Support Services.</p> <p>Strategy B.1.3 Regional Administration.</p> <p>Strategy B.1.4 IT Program Support.</p> <p>Strategy B.1.5 Agency-wide</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>

STRATEGY	STAKEHOLDER GROUPS
<p>Automated System. Develop and enhance automated systems that service multiple programs, including the Information Management Protecting Adults and Children of Texas (IMPACT) system.</p>	
<p>Strategy C.1.1 CPS Reform.</p>	<p>Children and Families: 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>External Partners: Conducting investigations and providing casework for children in their own 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>Contracted Service Providers: 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

STRATEGY	STAKEHOLDER GROUPS
<p>A.1.1. Strategy: Intake, Access and Eligibility to Services and Supports. Provide functional eligibility determination, development of individual service plans based on customer 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>Direct customer groups include: 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>A.1.2. Strategy: 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>Direct customer groups include: 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>A.2.1. Strategy: 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 customers whose health problems cause them to be limited in performing activities of daily living.</p>	<p>Direct customer groups include: Individuals 21 years of age and older who meet specific eligibility requirements including income, resource, and functional assessment criteria.</p>

<p>A.2.2. Strategy: 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>Direct customer groups include: Individuals of any age who meet specific eligibility requirements including income, resource, and functional assessment criteria.</p>
<p>A.2.3. Strategy: Day Activity & Health Services. DAHS provide daytime service five days a week (Mon-Fri) to customers residing in the community in order to provide an alternative to placement in nursing facilities or other institutions.</p>	<p>Direct customer groups include: Individuals of any age who meet specific eligibility requirements including income, resource, and functional assessment criteria.</p>
<p>1.3.1. Strategy: 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>Direct customer groups include: 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>A.3.2. Strategy: 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>Direct customer groups include: 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>A.3.3. Strategy: Community Living Assistance & 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>Direct customer groups include: 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>A.3.4. Strategy: Deaf-Blind Multiple Disabilities (DBMD). Provides home and community-based services to adult individuals diagnosed with deaf, blind, and multiple disabilities.</p>	<p>Direct customer groups include: 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>A.3.5. Strategy: Medically Dependent Children Program (MDCP). Provides home and community-based services to customers less than 21 years of age. Services include respite, adjunct supports, adaptive aids, and minor home modification.</p>	<p>Direct customer groups include: Individuals younger than age 21 who meet specific eligibility requirements including income, resource, and medical necessity criteria and who choose waiver services instead of nursing facility services.</p>
<p>A.3.6. Strategy: 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>Direct customer groups include: 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>A.3.7. Strategy: 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 \$13,000 per year to consumers living in their family's home, their own homes, or other settings in the community.</p>	<p>Direct customer groups include: 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>A.4.1. Strategy: 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>Direct customer groups include: <i>For the Non-Medicaid community (XX and GR funded) services</i> <i>Individuals who are 18 years of age or older who meet specific eligibility requirements including income, resource, and functional assessment criteria.</i></p> <p><i>For the OAA services:</i> Individuals who are age 60 or older. Individuals who have cognitive and/or physically disabilities Family members and caregivers of elderly and individuals with disabilities.</p>

<p>A.4.2. Strategy: 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>Direct customer groups include: Individuals with mental retardation who reside in the community.</p>
<p>A.4.3. Strategy: 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>Direct customer groups include: Individuals who are covered by Medicaid and living in an institution but wish to relocate from an institution back into the community.</p>
<p>A.4.4. Strategy: 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>Direct customer groups include: 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>A.4.5. Strategy: 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>Direct customer groups include: 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>A.5.1. Strategy: 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>Direct customer groups include: Elderly individuals who are frail, who qualify for nursing facility services, and receive Medicare.</p>
<p>A.6.1. Strategy: 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>Direct customer groups include: Individuals with medical needs meeting medical necessity requirements and are eligible for Medicaid. The individuals must reside in a nursing facility for 30 consecutive days.</p>
<p>A.6.2. Strategy: 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>Direct customer groups include: 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>A.6.3. Strategy: 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 customers for whom curative treatment is no longer desired and who have a physician's prognosis of six months or less to live.</p>	<p>Direct customer groups include: 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>A.6.4. Strategy: Promoting Independence Services. Provide community-based services that enable nursing facility customers to relocate from nursing facilities back into community settings.</p>	<p>Direct customer groups include: Individuals eligible for Medicaid residing in a nursing facility or ICF/MR who are relocating into community settings.</p>
<p>A.7.1. Strategy: 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).</p>	<p>Direct customer groups include: Individuals with mental retardation and related conditions who would benefit or require 24-hour supervised living arrangements and qualify for Medicaid.</p>

<p>A.8.1. Strategy: 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>Direct customer groups include: 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>
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Department of Assistive and Rehabilitative Services

DESCRIPTION OF SERVICES PROVIDED TO CUSTOMERS BY BUDGET STRATEGY

STRATEGY	STAKEHOLDER GROUPS
<p>A.1.1. Strategy: 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>Children & Families: 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>Physicians, State & Local Health & Human Services Organizations & Educational Entities: 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>A.1.2. Strategy: ECI Eligibility Determination Services. Provide eligibility determination services to all referred children and determine eligibility for comprehensive and follow along services.</p>	<p>Children & Families: 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>A.1.3. Strategy: 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>Children & Families: 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>A.1.4. Strategy: 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>Children & Families: DARS provides respite services to families served by the ECI program.</p>
<p>A.1.5. Strategy: 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>Children & Families: 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>A.2.1. Strategy: 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>Blind or Visually Impaired Consumers & Their Families: DARS provides services necessary to assist blind children to achieve financial self-sufficiency and a fuller richer life.</p>
<p>B.1.1. Strategy: 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>Blind or Visually Impaired Consumers: DARS is responsible for providing services that assist Texans with visual disabilities to live as independently as possible.</p>
<p>B.1.2. Strategy: Blindness Education. Provide screening, education, and urgently needed eye-medical treatment to prevent blindness.</p>	<p>Citizens of Texas: 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.1.3. Strategy: 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>Blind or Visually Impaired Consumers: DARS provides services designed to assess, plan, develop and use vocational rehabilitation services for individuals who are blind consistent with their strengths, resources, priorities, concerns and abilities so that they may prepare for and engage in gainful employment. Citizens of Texans/Taxpayers: The VR program: DARS promotes employment, reducing dependence on state-funded programs and increasing tax revenue for the state. Employers: DARS work with people with disabilities and employers to identify appropriate job placements for these individuals.</p>
<p>B.1.4. Strategy: Business Enterprises of Texas. Provide employment opportunities in the food service industry for persons who are blind or visually impaired.</p>	<p>Blind or Visually Impaired Consumers: DARS provides training and employment opportunities in the food service industry for Texans who are blind or visually impaired.</p>
<p>B.1.5. Strategy: 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>Blind or Visually Impaired Consumers: 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.2.1. Strategy: 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>Deaf or Hard of Hearing Consumers: DARS, through a network of local service providers at strategic locations throughout the state, provides communication access services including interpreter services and computer assisted real-time transcription services, information and referral, hard of hearing services, and regional specialists' services.</p>
<p>B.2.2. Strategy: 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>Deaf or Hard of Hearing Consumers; DARS provides services through a statewide program of advocacy and education on topics such as ADA, hard of hearing issues and interpreter training.</p> <p>Higher Education Institutions and Students: DARS assists institutions of higher education in initiating training programs for interpreters.</p> <p>Current and Potential Interpreters: DARS provides skills building and training opportunities for interpreters and coordinates training sponsored by other entities.</p>
<p>B.2.3. Strategy: 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>Current and Potential Interpreters: DARS administers a system to determine the varying levels of proficiency of interpreters and maintains a certification program for interpreters.</p> <p>Deaf or Hard of Hearing Consumers: 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.2.4. Strategy: Telephone Access Assistance. Ensure equal access to the telephone system for persons with a disability (estimated and nontransferable).</p>	<p>Deaf or Hard of Hearing Consumers: 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.3.1. Strategy: 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>Vocational Rehabilitation Consumers: DARS provides services leading to employment consistent with consumer choice and abilities for eligible persons with disabilities.</p> <p>Citizens of Texans/Taxpayers: The VR program promotes employment, reducing dependence on state-funded programs and increasing tax revenue for the state.</p> <p>Employers: DARS work with people with disabilities and employers to identify appropriate job placements for these individuals.</p>

<p>B.3.2. Strategy: 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 customers.</p>	<p>Consumers with Disabilities: 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.3.3. Strategy: Independent Living Services - General. Provide consumer-driven and DARS counselor-supported independent living services to people with significant disabilities statewide.</p>	<p>Consumers with Disabilities: DARS provides people with disabilities, who are not receiving vocational rehabilitation services, with services that increase their independence in daily activities.</p>
<p>B.3.4. Strategy: Comprehensive Rehabilitation. Provide consumer-driven and counselor-supported Comprehensive Rehabilitation Services for people with traumatic brain injuries or spinal cord injuries.</p>	<p>Consumers with Traumatic Brain or Spinal Cord Injuries: DARS provides adults who have suffered a traumatic brain or spinal cord injury with comprehensive inpatient or outpatient rehabilitation and/or acute brain injury services if other resources are not available.</p>
<p>C.1.1. Strategy: Disability Determination Services (DDS). Determine eligibility for federal Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) benefits.</p>	<p>Texas Citizens Applying for SSI or SSDI: DARS determines whether persons who apply for Social Security Administration (SSA) disability benefits meet the requirements for “disability” in accordance with federal law and regulations. Federal government: DARS assists SSA in making disability determination decisions for this federal program in a quick, accurate and cost-effective manner.</p>
<p>D.1.1. Strategy: Central Program Support.</p>	<p>DARS Employees: DARS provides central support services for DARS employees.</p>
<p>D.1.2. Strategy: Regional Program Support.</p>	<p>DARS Employees: DARS provides central support services for DARS employees.</p>
<p>D.1.3. Strategy: Other Program Support.</p>	<p>DARS Employees: DARS provides central support services for DARS employees.</p>
<p>D.1.4. Strategy: IT Program Support Information. Technology Program Support.</p>	<p>DARS Employees: DARS provides central support services for DARS employees.</p>

APPENDIX B: SURVEY INSTRUMENTS AND SAMPLE CORRESPONDENCE

English Versions

Questionnaire (Reduced to fit page)

Customer Service Questions

← Para la versión en español, vea al dorso.

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

1. The benefit or service choices available to me were clearly explained.	Agree	Somewhat Agree	Disagree	Don't Know
2. I had a chance to say what benefits or services I wanted to receive.	Agree	Somewhat Agree	Disagree	Don't Know
3. It was easy for me to get the benefits or services I needed.	Agree	Somewhat Agree	Disagree	Don't Know
4. The length of time I waited to receive benefits or services was reasonable.	Agree	Somewhat Agree	Disagree	Don't Know
5. Staff members treated me with respect.	Agree	Somewhat Agree	Disagree	Don't Know
6. Staff members were able to answer my questions.	Agree	Somewhat Agree	Disagree	Don't Know
7. I understood what I needed to know about the benefits or services.	Agree	Somewhat Agree	Disagree	Don't Know
8. I would be able to make a complaint about the benefits or services if I needed to make one.	Agree	Somewhat Agree	Disagree	Don't Know
9. If I complained, I believe my complaint would be addressed fairly.	Agree	Somewhat Agree	Disagree	Don't Know
10. I have a way to get information on the Internet.	Agree	Somewhat Agree	Disagree	Don't Know
11. I have used the Internet to learn about the benefits or services provided by this program.	Agree	Somewhat Agree	Disagree	Don't Know
12. The benefits or services I received helped me.	Agree	Somewhat Agree	Disagree	Don't Know
13. Overall, I am satisfied with the benefits or services I received.	Agree	Somewhat Agree	Disagree	Don't Know
14. Please tell us in the space below how we could improve the benefits or services you receive or need.				
15. The person who filled out this form was:	The person it was addressed to.		A representative of the person it was addressed to.	

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

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
Agree | Disagree | Don't
know |
| 17. Frequent changes in people who are paid to help me are a problem for my family or me. | Agree | Somewhat
Agree | Disagree | Don't
know |
| 18. I get the right amount of services I need. | Agree | Somewhat
Agree | Disagree | Don't
know |
| 19. I am afraid or scared of the people who are paid to help me. | Agree | Somewhat
Agree | Disagree | Don't
know |
| 20. People who are paid to help me are generally respectful and courteous to me. | Agree | Somewhat
Agree | Disagree | Don't
know |
| 21. People who are paid to help me speak or communicate with me in my preferred language. | Agree | Somewhat
Agree | Disagree | Don't
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
Agree | Disagree | Don't
know |
| 23. The people paid to help me spend all the time with me they are supposed to. | Agree | Somewhat
Agree | Disagree | Don't
know |
| 24. I know I can change the people who are paid to help me if I want to. | Agree | Somewhat
Agree | Disagree | Don't
know |
| 25. I <u>want</u> to hire, train and manage the people who are paid to help me. | Agree | Somewhat
Agree | Disagree | Don't
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
Agree | Disagree | Don't
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
Agree | Disagree | Don't
know |
| 28. I am able to go to medical appointments during the day if I want to. | Agree | Somewhat
Agree | Disagree | Don't
know |
| 29. There are some things I want to do outside my home that I don't do now. | Agree | Somewhat
Agree | Disagree | Don't
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.***

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. WIC staff are able to speak to me in my preferred language.	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.*

Initial Contact Letter

January 9, 2008

«ID»
«fstrname» «lstrname»
«ADDRESS_1»
«ADDRESS_2»
«CITY» «STATE» «ZIP»

Dear «fstrname» «lstrname»:


The State of Texas provides financial, health, and human services for its customers in Texas. Determining what customers think of the quality of the services they receive is an excellent way for Texas Health and Human Services (HHS) agencies to improve the services they provide. As an individual or family who has used one of the state's health or human service programs, you have been selected to give us your opinion about the services you received «source program/agency»¹.

In about one week we will contact you again by mail so that you can tell us what you think. Your participation is voluntary. However, we need information from everyone selected so that we can get a better understanding of the quality of the services provided. The survey should take about 5 to 10 minutes to complete. Your help is important.

You will be contacted by the Survey Research Center (SRC) of the University of North Texas. SRC will collect all the information and prepare a written report on what customers think. The information will be reported to HHS as percentages so all of the information you provide will be kept confidential.

Again, we really need your help in this project. This project has been reviewed by the UNT Committee for the Protection of Human Subjects. If you have any questions, please call 1-800-687-7055.

Sincerely,



Paul Ruggiere
Director

¹ Source program/agency options: (1) the Primary Home Care program under the Department of Aging and Disability Services, (2) the Community Attendant Services program under the Department of Aging and Disability Services, (3) the Day Activity and Health Services program under the Department of Aging and Disability Services, (4) the Vocational Rehabilitation program under the Department of Assistive and Rehabilitative Services, (5) the Women, Infants, and Children program under the Department of State Health Services, (6) Adult Protective Services under the Department of Family and Protective Services, (7) Child Protective Services Unlicensed Kinship Services under the Department of Family and Protective Services, and (8) the Health and Human Services Commission's Temporary Assistance to Needy Families (TANF) or Food Stamp programs.

Spanish Versions

Questionnaire (Reduced to fit page)

Preguntas de servicio al customer

← 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.

Preguntas de servicio al customer 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.

DSHS Preguntas de servicio al customer

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. El personal de WIC puede hablarme en mi lengua/idioma preferida.	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.

Spanish Initial Contact Letter

Enero 9, 2008

«ID»
«fstrname» «lstrname»
«ADDRESS_1»
«ADDRESS_2»
«CITY» «STATE» «ZIP»

Estimado(a) «fstrname» «lstrname»:

El estado de Texas proporciona servicios humanos, económicos y de salud a los customeres de Texas. Determinar la opinión de los customeres acerca de la calidad de los servicios que reciben es una magnífica manera en que los departamentos de Salud y Servicios Humanos (HHSC) de Texas pueden mejorar los servicios que prestan. Como persona o familia que ha participado en alguno de los programas de salud y servicios humanos del estado, ha sido seleccionado para darnos su opinión sobre los servicios que recibió «source program/agency»¹.

En aproximadamente una semana nos comunicaremos otra vez con usted por correo para que nos dé su opinión. Su participación es voluntaria. Sin embargo, necesitamos información de todas las personas seleccionadas para poder entender mejor la calidad de los servicios prestados. Llenar la encuesta le tomará de 5 a 10 minutos. Su ayuda es importante.

El Centro de Investigación por Encuesta (SRC) de la Universidad del Norte de Texas (UNT) se comunicará con usted. El SRC recopilará toda la información y preparará un informe escrito de las opiniones de los customeres. La información se entregará a los departamentos de HHSC en forma de porcentajes, de manera que toda la información que nos dé se mantendrá de manera confidencial.

Le repetimos que realmente necesitamos su ayuda en este proyecto. Este proyecto ha sido evaluado por el Comité para la Protección de Sujetos Humanos de la UNT. Si tiene alguna pregunta, favor de llamar al 1-800-687-7055.

Atentamente



Paul Ruggiere
Director

¹ Source program/agency: (1) el programa de Atención Escencial en Casa bajo el Departamento de Servicios para Adultos Mayores y Personas Discapacitadas, (2) el programa de Servicios de Ayudante en la Comunidad bajo el Departamento de Servicios para Adultos Mayores y Personas Discapacitadas, (3) el programa de Actividades Durante el Día y Servicios de Salud bajo el Departamento de Servicios para Adultos Mayores y Personas Discapacitadas, (4) el programa de Rehabilitación Vocacional bajo el Departamento de Servicios Auxiliares y de Rehabilitación, (5) el Programa de Mujeres, Bebés y Niños bajo el Departamento Estatal de Servicios de Salud, (6) Servicios de Protección al Adulto bajo el Departamento de Servicios para la Familia y de Protección, (7) los Servicios de Parente como Cuidador sin Licencia de Servicios de Protección al Menor del Departamento de Servicios para la Familia y de Protección, (8) los programas de Asistencia Temporal a Familias Necesitadas (TANF) o de Estampillas para Comida de la Comisión de Salud y Servicios Humanos.

APPENDIX C – CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP) AND MEDICAID CUSTOMER ASSESSMENTS¹

The Children’s Health Insurance Program (CHIP) in Texas: The Established Enrollee Survey Report

SFY 2006 – Final submission by Institute for Child Health Policy (IHP) November 2006

Purpose:

The purpose of this report is to present the results of telephone-based consumer satisfaction surveys conducted from December 2005 through April 2006 with the parents of children enrolled in the Children’s Health Insurance Program (CHIP) in Texas during fiscal year 2006. More specifically, the intent of this report is to:

- describe the socio-demographic characteristics and health statuses 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;
- compare the parental satisfaction scores of managed care organizations (MCOs) participating in CHIP; and
- identify the impact of policy changes implemented since fiscal year 2004 on families’ satisfaction levels with CHIP in Texas.

Sample:

To be eligible for inclusion in the sample, the child had to be enrolled in CHIP in Texas for 12 continuous months in the past year. This criterion was chosen to ensure that the family had sufficient experience with the program to respond to the questions.

A target was set of 3,900 completed telephone surveys. This sample size was selected to (1) provide a reasonable confidence interval for the survey responses and (2) to ensure there was a sufficient sample size to allow for comparisons between MCOs.

Attempts were made to contact 9,504 families. Using the contact information provided, 78 percent of families were located and 20 percent refused to participate. The response rate was 68 percent and the cooperation rate was 78 percent. 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 Insurance Programs. There were 3,904 completed surveys.

Summary of Major Findings:

There are some specific areas in which the results of the fiscal year 2006 established enrollee survey are very similar to those of the fiscal year 2004 survey. Areas of similarity include the following:

- As in the fiscal year 2004 survey, overall reported need for specialized therapies was low. Less than one percent of respondents reported their child needed home health care, three percent reported their child needed specialized medical equipment, four percent reported that their child needed physical, occupational, or speech therapy, and seven percent reported that their child needed mental health therapy.

¹ All assessments described were conducted by the Texas External Quality Review Organization, the Institute for Child Health Policy at the University of Florida.

- Overall, 40 percent of children needed care, tests, or treatment. This is similar to the 41 percent of children who were reported to need care, tests, or treatment in the fiscal year 2004 survey.
- While there are no specific standards about what would constitute an acceptable score for the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey composite scores, a score of 75 points was used to indicate that families “usually” or “always” had positive experiences with a particular composite. Using this criterion, overall, CHIP performed well in the areas of Getting Needed Care (85 points), Doctor’s Communication (89 points), Doctor’s Office Staff (88 points), Health Plan Customer Service (90 points), Obtaining Prescription Medication (94 points), Obtaining Specialized Services (78 points), Shared Decision Making (81 points), and Getting Needed Information (82 points). However, improvement is needed in the areas of Getting Care Quickly (66 points), Relationship with a Personal Doctor or Nurse (68 points), and Care Coordination (70 points). Results are very similar to those in the fiscal year 2004 report with the exception of one score - Obtaining Specialized Services. There was an overall improvement in respondent rating with the score increasing from 71 points in 2004 to 78 points in 2006.
- The CAHPS® Health Plan Survey composite results for children with special health care needs (CSHCN) and children without special health care needs are very similar and within four points for seven of the 11 composite scores, including Getting Needed Care, Doctor’s Communication, Office Staff, Prescription Medication, Specialized Services, Shared Decision Making, and Getting Needed Information. Since these analyses were not conducted for the fiscal year 2004 survey report, there is no comparative data.
- There was some variation in the CAHPS® Health Plan Survey composite scores among the four racial/ethnic groups. Caregivers who were categorized as Other, non-Hispanic had the lowest scores for seven of the 11 composite scores. Since these analyses were not conducted for the fiscal year 2004 survey report, there is no comparative data.
- In both fiscal year 2004 and fiscal year 2006, there were significant differences between the MCOs in their performance on the CAHPS® Health Plan Survey clusters after controlling for enrollee health status and race/ethnicity. For fiscal year 2006, Amerigroup, Parkland, and Community First performed significantly worse than the reference MCO (the MCO with the highest score for the cluster) in at least ten of the 11 CAHPS® Health Plan Survey clusters in the multivariate analyses. In fiscal year 2004, Amerigroup, Parkland, El Paso First, and Superior (in CSA 7 and CSA 11) performed significantly worse than the reference MCO in at least six of the nine CAHPS® clusters.

There are some specific areas in which the results of the fiscal year 2006 survey differ from that of the fiscal year 2004 survey. These areas include the following:

- Sixty-five percent of the children in families who responded to the Established Enrollee Survey were Hispanic. This is larger than the 59 percent of Hispanic families who responded to the survey in fiscal year 2004.
- Twenty-two percent of children were identified as having a special health care need based on the CSHCN Screener. This figure is two percentage points higher than the 20 percent of children identified as having a special health care need in the fiscal year 2004 survey; however, the difference is not statistically significant.
- Overall, 86 percent of respondents reported their child has a personal doctor or nurse. This is higher than the 81 percent of respondents who reported their child had a usual source of care in the fiscal year 2004 survey.

- Overall, 22 percent of respondents reported their child needed to see a specialist in the past six months. This is slightly lower than the 25 percent of respondents to the 2004 survey who reported their child needed to see a specialist.
- Of those children who needed to see a specialist, 66 percent of respondents reported obtaining a referral to specialty care was not a problem. This is lower than the 72 percent who indicated obtaining a referral was not a problem in the fiscal year 2004 survey.

**The Children's Health Insurance Program (CHIP) in Texas: The New Enrollee Survey
Report
SFY 2006 – Final submission by Institute for Child Health Policy (IHP) December 2006**

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 fiscal year 2006. More specifically, the intent of this report is to:

- identify the socio-demographic and health characteristics of those newly enrolled in CHIP;
- ascertain the experiences of those involved in the enrollment process;
- discover new enrollees' opinions and attitudes regarding insurance premiums;
- determine the usual source of health care immediately upon entering; and
- identify the impact of policy changes implemented since fiscal year 2004 on families' experiences applying to and enrolling in CHIP in Texas.

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 400 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 1,224 families with children who were newly enrolled in CHIP in Texas. Twenty-five percent of families could not be located, and of those located, 17 percent refused to participate. The response rate was 69 percent and the cooperation rate was 80 percent. 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 400 completed surveys.

Summary of Findings:

- Fifty-six percent of the new enrollees were Hispanic, indicating CHIP continues to be an important resource for minority families.
- There are some specific areas in which the results of the fiscal year 2006 new enrollee survey are very similar to those of the fiscal year 2004 survey. Areas in which fiscal year 2006 and fiscal year 2004 results are similar include:
 - In fiscal year 2006, 95 percent of families thought the application process was convenient, and 94 percent reported the application was easy to understand. In fiscal year 2004, 95 percent of families thought the application process was convenient and easy to understand.
 - In fiscal year 2006, about 23 percent of families reported they would have problems paying the premium at least "every couple of months." In the survey for

fiscal year 2004, about 25 percent of families reported problems paying the premium with a similar frequency.

- In fiscal year 2006, 83 percent of respondents reported their child had a personal doctor or nurse. This is similar to the 82 percent of respondents who reported their child had a usual source of care in fiscal year 2004. In fiscal year 2006, 59 percent reported their child had the same personal doctor or nurse before they enrolled in CHIP in Texas, indicating a high rate of continuity of care.
- There are some specific areas in which the results of the fiscal year 2006 new enrollee survey differ from that of the fiscal year 2004 survey. These areas include:
 - Almost 25 percent of newly enrolled children had special health care needs. This is higher than the 18 percent identified in the fiscal year 2004 new enrollee survey and is also higher than expected, based on general population estimates (about 12 percent of the general childhood population in Texas have special health care needs). The population estimate is based on parent report using the Children with Special Health Care Needs (CSHCN) Screener.
 - Twelve percent of respondents indicated that from the time they submitted their children's applications up until the time they received coverage was over three months, and 68 percent of families stated they were kept informed of the status of their children's applications while awaiting coverage. This is a substantial improvement over the 22 percent of respondents in the fiscal year 2004 survey who reported their application took over three months to process.
 - For fiscal year 2006, 96 percent of newly enrolled families indicated they were either "satisfied" or "very satisfied" with the benefits offered through CHIP in Texas. While this is only four percent higher than the 92 percent of respondents who reported satisfaction with benefits in the survey conducted in fiscal year 2004, the improvement is significant.

**The Texas STAR Managed Care Organization and
Primary Care Case Management Child Enrollee CAHPS[®] Health Plan Survey Report
SFY 2007 – Revised final submission by Institute for Child Health Policy (IHP) August
2007**

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 STAR Managed Care Organization (MCO) Program and (2) the Primary Care Case Management (PCCM) Program. This report provides results from surveys fielded from December 2006 through April 2007 and focuses on children enrolled during fiscal year 2006. 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,
- document the presence of a personal doctor,
- describe caregivers' satisfaction with their child's health care,
- describe the need and availability of specialty care for enrollees,
- document counseling for issues related to the transition from pediatric to adult care for adolescents with special health care needs, and
- compare the satisfaction scores of caregivers with children enrolled in the PCCM Program and caregivers with children enrolled in the managed care organizations (MCOs) participating in the STAR MCO Program.

Sample:

To be eligible for inclusion in the sample, the child had to be enrolled in either the Texas STAR MCO Program or the PCCM Program September 2005 expansion area for nine continuous months in the past year. This criterion was chosen to ensure the family had sufficient experience with the program to respond to the questions.

For the STAR MCO Program, a target was set to complete 3,900 telephone surveys. There were 3,906 completed surveys for STAR respondents. The target for the PCCM Program was 600 telephone surveys and 600 surveys were completed. This sample size was selected to (1) provide a reasonable confidence interval for the survey responses and (2) to ensure the sample was sufficiently large to allow for comparisons between MCOs and with the PCCM Program.

For the STAR MCO Program, an average of 6.21 attempts was made per phone number to contact the enrollees. The response rate was 60 percent and the cooperation rate was 72 percent. These response and cooperation rates are comparable to those obtained with other low-income families in Medicaid. For the PCCM Program enrollees, there was an average of 6.87 attempts made per phone number to contact the enrollees. The response rate was 53 percent and the cooperation rate was 63 percent.

Summary of Major Findings:

- The majority of children in both programs whose families responded to the survey were Hispanic—54 percent for STAR and 58 percent for PCCM Program enrollees.
- Sixteen percent of children enrolled in the STAR MCO Program and 17 percent 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 percent in Texas (also obtained using the CSHCN Screener on the National Survey of CSHCN).

- Overall, 84 percent of STAR MCO Program respondents and 87 percent of PCCM Program respondents reported their child had a specific person—a personal doctor or nurse—who provided their child’s health care. This person was most often a general doctor (79 percent in both programs).
- While there are no specific standards or national data for what would constitute an acceptable score for the CAHPS® Health Plan Survey composites, a score of 75 points was used to indicate that families “usually” or “always” had positive experiences with a particular composite. Using this criterion, overall the STAR MCO Program and the PCCM Program performed well in 7 of the 11 CAHPS® Health Plan Survey composites. However, improvements are needed in the areas of *Getting Needed Care* (65 points in STAR and 69 points in PCCM), *Getting Care Quickly* (63 points in STAR and 67 points in PCCM), *Personal Doctor or Nurse* (48 points in STAR and 61 points in PCCM), and *Care Coordination* (66 points in STAR and 67 points in PCCM). In general, composite scores for the PCCM Program were higher than the scores for the STAR MCO Program. The only exception to this is the *Obtaining Prescription Medicine* composite where the STAR MCO Program’s score was 0.4 points higher than the score for the PCCM Program.
- There were some significant differences between the MCOs in their performance on the CAHPS® Health Plan Survey composites after controlling for child enrollee health status, race/ethnicity, and respondent education status. In the multivariate analyses, Parkland Community had significantly lower scores in six of the seven CAHPS® Health Plan Survey domains with significant results in the regressions. Superior – Travis and Community First had significantly lower scores in five of the seven CAHPS® Health Plan Survey domains with significant results in the regressions.
- Overall, 19 percent of respondents with children enrolled in the STAR MCO Program and 20 percent of respondents with children enrolled in the PCCM Program reported their child needed to see a specialist in the past six months. Twenty-seven percent of STAR respondents and 24 percent of PCCM respondents reported they had a “small” problem obtaining care, and 13 percent of STAR respondents and 10 percent of PCCM respondents reported experiencing a “big” problem when trying to obtain a needed specialist for their child.
- Overall reported need for specialized services—such as home health care, medical equipment, physical therapy, or mental health services—was very low. The need for such services ranged from two to seven percent in the STAR MCO Program and from one to eight percent in the PCCM Program. The majority of respondents reported obtaining these specialized services was “not a problem.”
- Sixteen percent of STAR MCO Program respondents and 11 percent of PCCM Program respondents reported their children needed approval from their MCO for care, tests, or treatment. Of those who needed approval, the majority (65 percent for STAR and 58 percent for PCCM) reported that obtaining needed care was “not a problem”.
- Families of adolescents with a special health care need often received care from doctors who only treat children (58 percent in the STAR MCO Program and 52 percent in the PCCM Program). Parents indicated that although doctors and other health care providers rarely discussed issues relating to their child’s transition to adult care, they would have found this type of discussion helpful.

**The Texas STAR Managed Care Organization and Primary Care Case Management
Adult Enrollee CAHPS® Health Plan Survey Report
SFY 2007 – Revised final submission by Institute for Child Health Policy (IHP) August
2007**

Purpose:

The purpose of this report is to present the results of telephone surveys conducted with adults enrolled in two Texas Medicaid Managed Care Programs: (1) the STAR Managed Care Organization (MCO) Program and (2) the Primary Care Case Management (PCCM) Program. The telephone survey included the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 4.0, which is designed to gather information from Medicaid beneficiaries about their satisfaction with their health care. This report provides results from surveys fielded from January 2007 through April 2007 and focuses on adults enrolled during Fiscal Year 2006. 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,
- document the presence of a personal doctor,
- describe enrollees' 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 to those enrolled in the MCOs participating in the STAR MCO Program, and
- describe smoking behaviors of adult enrollees and smoking cessation strategies offered by physicians.

Sample:

To be eligible for inclusion in the sample, the enrollee had to be over the age of 18 and enrolled in the STAR MCO Program or in the PCCM Program September 2005 expansion areas for nine continuous months in 2006. The continuous enrollment criterion was chosen to ensure enrollees had sufficient experience to respond to the questions about the STAR MCO Program or the PCCM Program.

For the STAR MCO Program, a target was set to complete 2,600 telephone surveys. There were 2,237 completed surveys for STAR respondents. The target for the PCCM Program was 600 telephone surveys and 600 surveys were completed. This sample size was selected to (1) provide a reasonable confidence interval for the survey responses and (2) to ensure there was a large enough sample to allow for comparisons between MCOs and with the PCCM Program.

For the STAR MCO Program, an average of 8.59 attempts was made per phone number to contact the enrollees. The response rate was 48 percent and the cooperation rate was 68 percent. These response and cooperation rates are comparable to those obtained with other low-income families in Medicaid. For the PCCM Program enrollees, there was an average of 6.33 attempts made per phone number to contact the enrollees. The response rate was 54 percent and the cooperation rate was 71 percent.

Summary of Major Findings:

- Both STAR MCO Program and PCCM Program enrollees are racially and ethnically diverse. The racial and ethnic breakdowns of respondents from both programs are similar. Forty percent of STAR MCO Program enrollees and 41 percent of PCCM Program enrollees were Hispanic. Twenty-seven percent of STAR enrollees were Black, non-Hispanic and 27 percent were White, non-Hispanic. In the PCCM Program, 38 percent of the enrollees were White, non-Hispanic and 14 percent were Black, 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. Further, 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, 77 percent of PCCM respondents and 68 percent of STAR respondents reported they had a specific person—a personal doctor or nurse—from whom they received healthcare. PCCM enrollees were much more likely to have a personal doctor who was up-to-date on the care received from other providers when compared to STAR enrollees. Sixty-six percent of PCCM respondents reported their personal doctor was always up-to-date on care received from other providers compared to 46 percent of STAR MCO respondents.
- Overall, 29 percent of respondents enrolled in the STAR MCO Program and 35 percent of respondents enrolled in the PCCM Program reported they tried to make an appointment to see a specialist in the past six months. STAR MCO Program enrollees had more difficulties securing appointments for specialty care than PCCM Program enrollees.
- Seventeen percent of STAR MCO respondents reported that it was never easy to get an appointment with a specialist compared to only five percent of PCCM respondents.
- For both the PCCM and the STAR MCO Programs, a significant percentage of respondents who required specialized services reported problems obtaining needed care. Between 20 and 25 percent of enrollees in the PCCM Program needing home health, special equipment, or specialized therapies reported that it was never easy to obtain these services. In the STAR MCO Program, 20 to 36 percent of the enrollees reported that it was never easy to obtain specialized therapies, special equipment, or home health services.
- Of those who needed care, tests, or treatment, the majority of respondents reported that obtaining needed care was always or usually easy. More enrollees in the PCCM Program indicated that getting needed care was always or usually easy than in the STAR MCO Program (71 percent and 67 percent, respectively).

- The overall CAHPS[®] Health Plan Survey composite scores for STAR MCO Program enrollees and the PCCM Program enrollees were higher than the Medicaid national mean score for the communication with doctors and customer service. The PCCM Program and STAR MCO Program enrollees' ratings for the remaining domains – getting needed care and getting care quickly – showed some variation when compared to those of Medicaid plans reporting to the National Committee for Quality Assurance (NCQA). The variation in the getting care quickly domain was not pronounced. Specifically, the NCQA average rating for getting care quickly was 77.3; the rating in the PCCM Program was 76.9; and in the STAR MCO Program, the rating was 73.3. The greatest variance among these domains was in getting needed care. Although the PCCM Program rating of 73.3 was close to the NCQA average of 75.6, the STAR MCO Program rating for this domain was lower at 65.3.
- There were some significant differences among the MCOs in their performance on the CAHPS[®] Health Plan Survey composite scores after controlling for enrollee health status, race/ethnicity, and education. FIRSTCARE had the highest score in three (i.e., getting needed care, doctor's communication, and health plan customer service) of the four CAHPS[®] Health Plan Survey domains. Texas Children's had the highest score in the getting care quickly domain. Amerigroup serving Travis SDA had significantly lower scores in all of the four CAHPS[®] Health Plan Survey domains. Amerigroup – Dallas and Superior – Travis had significantly lower scores in three of the four CAHPS[®] Health Plan Survey domains (getting needed care, getting care quickly, and doctor's communication and getting needed care, getting care quickly, and customer service, respectively). Superior – El Paso had significantly lower scores in two of the four CAHPS[®] Health Plan Survey domains (getting needed care and customer service). Amerigroup serving Harris and Tarrant SDAs and Community First had significantly lower scores in one of the four CAHPS[®] Health Plan Survey domains (getting care quickly for Amerigroup – Harris and getting needed care for Amerigroup – Tarrant and Community First).
- Obesity was a major problem among respondents in both the STAR MCO and PCCM Programs. Based on their body mass index (BMI) scores, almost half are considered obese (43 percent of STAR enrollees and 44 percent of PCCM enrollees). These rates are higher than the overall national average, which is estimated to be 32 percent by the National Center for Health Statistics. There was some variation between the MCOs in obesity rates. FIRSTCARE had the smallest percentage of enrollees that were considered to be obese (30 percent) and Texas Children's had the largest percentage of obese enrollees (50 percent).
- The majority of survey respondents reported that they were not current smokers (73 percent of STAR MCO enrollees and 71 percent of PCCM enrollees). Many enrollees who currently smoke were advised during at least one visit to quit smoking (50 percent in the STAR MCO Program and 63 percent in the PCCM Program); however, few reported that their doctors provided smoking cessation strategies. Twenty-four percent of STAR MCO Program smokers and 30 percent of PCCM Program smokers reported that their doctor discussed smoking cessation programs; 20 percent of STAR MCO Program smokers and 26 percent of PCCM smokers reported that their doctor recommended a medication to assist in smoking cessation.

The Texas STAR+PLUS Adult Enrollee CAHPS[®] Health Plan Survey Report
SFY 2007 – Final submission by Institute for Child Health Policy (ICHP) November 2007

Purpose:

This report presents the results of telephone surveys conducted with adults enrolled in the STAR+PLUS Program in Texas. The telephone survey included the Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]) Health Plan Survey 4.0, which is designed to gather information from Medicaid beneficiaries about their satisfaction with their health care. The surveys were fielded from May 2007 through July 2007 and focus on adults enrolled during Fiscal Year 2006. Specifically, the intent of this report is to:

- describe the socio-demographic characteristics and health status of adults enrolled in the STAR+PLUS Program for nine months or longer,
- document the presence of a personal doctor,
- describe enrollees' 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 two health plans participating in the STAR+PLUS Program (Amerigroup and Evercare),
- describe enrollees' experiences with care coordination, and
- describe smoking behaviors of adult enrollees and smoking cessation strategies offered by physicians.

Sample:

To be eligible for inclusion in the sample, the enrollee had to be over the age of 18 and enrolled in the STAR+PLUS Program for nine continuous months in 2006. The continuous enrollment criterion was chosen to ensure enrollees had sufficient experience to respond to the questions about the STAR+PLUS Program. Dual eligibles - enrollees who are eligible for both Medicaid and Medicare - were excluded.

A target was set to complete 600 telephone surveys with STAR+PLUS respondents, which was achieved. This sample size was selected to (1) provide a reasonable confidence interval for the survey responses and (2) to ensure there was a large enough sample to allow for comparisons between the two MCOs.

An average of 6.76 attempts was made per phone number to contact the enrollees. The response rate was 45 percent and the cooperation rate was 60 percent. These response and cooperation rates are comparable to those obtained with other low-income families in Medicaid.

Summary of Major Findings:

- STAR+PLUS Program enrollees are racially and ethnically diverse. The most frequently reported race/ethnicity was Black, Non-Hispanic (54 percent) followed by White, Non-Hispanic (17 percent) and Hispanic (16 percent). The average age was 46 years.
- The majority of respondents had less than a high school education (52 percent) or a GED or high school diploma (26 percent). Very few respondents reported having a college degree.
- The RAND[®] SF-36 scores for the STAR+PLUS Program adult participants were significantly lower than national norms for all eight physical and mental health domains. STAR+PLUS enrollees scored an average of 34 points lower than the overall U.S. population. Scores are out of a total of 100 points. The largest difference is in the

category of “role limitations due to physical health” (U.S. norm=81.0, STAR+PLUS mean estimate=30.4). Lower health status scores are expected for STAR+PLUS Program enrollees due to the fact that the program serves disabled and chronically ill Medicaid members.

- Overall, 82 percent of enrollees had a specific person—a personal doctor or nurse—from whom they received health care. Enrollees’ personal doctors were most often general doctors rather than specialists. The majority of enrollees had been seeing their personal doctor for at least one year, which may indicate greater continuity of care. Only 24 percent of enrollees were with their personal doctor for less than one year and 27 percent of enrollees had the same personal doctor for 5 years or more.
- Fifty-three percent of respondents with a personal doctor needed care from other health providers in the last six months. Communication between respondents’ personal doctors and other providers was good. The majority of respondents (56 percent) felt their personal doctor was always up-to-date on care received from other providers.
- Overall, 47 percent of respondents enrolled in the STAR+PLUS Program reported they tried to make an appointment with a specialist in the past six months. Of those who needed to see a specialist, 60 percent of respondents reported obtaining a referral from their health plan for specialty care was “always” or “usually” easy although 15 percent felt it was “never” easy to get a referral for a specialist. Fifty-seven percent of enrollees reported that getting an appointment with a specialist was “always” or “usually” easy, but 14 percent felt that it was “never” easy to get an appointment with a specialist.
- A significant percentage of respondents who required specialized services reported problems obtaining needed care. Between 18 and 28 percent of enrollees in the STAR+PLUS Program who needed home health care, special medical equipment, or specialized therapies reported it was never easy to obtain these services.
- Thirty-one percent of respondents overall indicated they had a care coordinator from their health plan. Evercare had a higher percentage of enrollees with a care coordinator (38 percent) compared to Amerigroup (24 percent). Although more Evercare enrollees had a care coordinator, Amerigroup enrollees tended to report higher rates of satisfaction with their care coordinator’s services.
- Overall, 47 percent of STAR+PLUS Program enrollees needed to get some kind of care, tests, or treatment through their health plan. Of those who needed these services, the majority of respondents reported obtaining needed care was “always” easy (47 percent) or “usually” easy (15 percent). However, 14 percent of respondents felt it was “never” easy to get needed care through their health plan.

- The overall scores for STAR+PLUS Program enrollees were lower than the Medicaid national mean for all four domains. However, the STAR+PLUS scores were nearly equal to the national mean for three out of the four domains: (1) *Getting Care Quickly* (less than one point difference), (2) *Doctor's Communication* (three points lower than the national mean), and (3) *Health Plan Customer Service* (two points lower than the national average). STAR+PLUS enrollees' scores for *Getting Needed Care* were much lower (13 points) than the national mean. Logistic regression models were used to compare the scores of the two MCOs; however, the models in these analyses were not significant overall for any domain except *Getting Needed Care*. After controlling for enrollee health status, race/ethnicity, and education level, there was no statistically significant difference between Amerigroup and Evercare in scores for *Getting Needed Care*.
- The majority of STAR+PLUS survey respondents reported they were not current smokers (64 percent). Most smokers were advised during at least one visit to quit smoking (67 percent); however, few reported their doctors provided them with strategies to cease smoking. Forty-one percent of smokers reported their doctors or health providers discussed methods to assist with smoking cessation. Even fewer respondents reported their doctors advised them to use a nicotine replacement medication. Twenty-eight percent of smokers reported their doctors or health providers recommended medication such as nicotine gum or a nicotine patch to assist in smoking cessation.

TEXAS HEALTH AND HUMAN SERVICES SYSTEM

2008 REPORT ON CUSTOMER SERVICE

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

June 2, 2008

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**Texas Health and Human Services System
2008 Report on Customer Service**

EXECUTIVE SUMMARY

This “Report on Customer Service” 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 Family and Protective Services (DFPS), the Department of Aging and Disability Services (DADS), the Department of Assistive and Rehabilitative Services (DARS), and the Department of State Health Services (DSHS).

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, 2006 through June 30, 2007:

DFPS APS: Adult Protective Services program (25,168 customers served)

DFPS CPS: Child Protective Services Unlicensed Kinship Services program (11,686 customers served)

DADS: Community Medicaid Entitlement Long-Term Services and Supports program (141,878 customers served)

DARS: Vocational Rehabilitation program (54,367 customers served)

DSHS: The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program (1,451,771 customers served)

Findings from the HHSC customer satisfaction survey are not included in this report due to a sampling error by the Survey Research Center. Initially customers under the age of 25 were omitted from the HHSC populations sampled and therefore not represented in the final sample. Because of the omission, the average length of time customers in the sample participated in the TANF, Food Stamp, or Medicaid Children, Pregnant Women, and Medically Needy (Medicaid CPW) programs was longer than the average for these three populations and therefore not representative. The Survey Research Center is re-sampling the HHSC population, and the finalized report including HHS system-wide findings and the HHSC findings will be reissued October 1, 2008.

After adjusting for returned mail due to undeliverable addresses, the overall response rate for the four HHS agencies was 39.7 percent. The response rate was higher for DADS (45.4 percent) and DFPS CPS (47.2 percent) and lower for DSHS (32.4 percent). Overall, 1,054 customers or 56.6 percent of the 1,863 respondents offered open-ended comments to help improve the quality and effectiveness of HHS services. In general, across the four HHS agencies surveyed in this report, there was good demographic representation. Twenty-three percent of customers were aged 25 and under, 41.0 percent between the ages of 26 and 55, and those customers over the age of 55 comprised 36.2 percent of the sample. In addition, 41.2 percent of the sample was Caucasian, 36.2 percent was Hispanic, and 19.1 percent of the sample was African American. Finally, 66.2 percent of the sample was female.

The majority of customers indicated that they were generally satisfied with the benefits or services provided by DFPS, DADS, DARS, and DSHS. Large majorities of customers agreed or somewhat agreed the available benefit or service choices were clearly explained and they were helped by the benefits or services they received. Over 90 percent of customers agreed or somewhat agreed that staff treated them with respect, and said staff members were able to answer their questions. The majority of customers indicated they knew how to make a complaint against an HHS agency if needed, and over 80 percent of customers felt their complaints would be addressed fairly.

DFPS Adult Protective Services

An analysis of the survey results for customers utilizing Department of Family Protective Services – Adult Protective Services (DFPS APS) revealed that, in general, customers were satisfied with the benefits they received from DFPS APS. Seventy-eight percent of customers favorably endorsed the statement, “Overall, I am satisfied with the benefits or services I received.” In addition, most of those who included suggestions for improvement indicated they were satisfied with the services provided by DFPS APS. Caucasian customers reported the highest levels of dissatisfaction (27.3 percent).

Customers, in general, thought DFPS APS did a good job explaining choices, providing benefits and services, and allowing the client to have a say in what benefits they wanted to receive. Eighty-two percent of respondents felt the benefits or services they received helped them. One in four customers disagreed with the statement, “It was easy for me to get the benefits or services I needed.”

Finally, customers were asked about the customer service the DFPS APS staff provided. In general, customers found the staff members treated them with respect (89.5 percent), and were able to answer their questions (86.8 percent). Eighty-nine percent of customers felt they would be able to make a complaint about the benefits or services if they needed to, and 86.1 percent of DFPS APS customers felt if they filed a complaint, it would be addressed fairly. Lastly, 43.8 percent of DFPS APS customers reported having a way to get information on the Internet.

DFPS Child Protective Services Unlicensed Kinship Services Program

The analysis of customers utilizing Department of Family Protective Services (DFPS) Child Protective Services Unlicensed Kinship Services Program revealed that the majority of customers were satisfied with the benefits they received from DFPS CPS. Almost two-thirds of respondents indicated that they either agreed (35.9 percent) or somewhat agreed (29.7 percent) with the statement, “Overall, I am satisfied with the benefits or services I received.” No significant difference in level of satisfaction was found for individuals of different ages, genders, or ethnic groups.

When asked to rate the benefits and services provided by DFPS CPS, customers reported feeling the choices available to them were clearly explained and the benefits or services they received were helpful. Areas where customers indicated there was a need for improvement included the ease in getting the needed benefits or services, the length of wait time before receiving benefits or services, and whether they had a chance to say what benefits or services they wanted to receive. In general, respondents indicated they felt staff members treated them with respect (87.7 percent), and were able to answer their questions (78.6 percent). Finally, the majority (72.5 percent) of customers felt they could make a complaint about the benefits or services if needed, and 68.4 percent of customers felt their complaint would be addressed fairly.

Of greatest concern in the open-ended comments was a greater need of financial assistance for kinship services. Several customers indicated that they would appreciate the same benefits that are given to foster care parents. In addition, customers commented on a greater need for information and a smoother process for obtaining services. Almost thirty-two percent of DFPS CPS customers did not have a way to access information on the Internet, and 59.5 percent of customers have not used the Internet to learn about DFPS CPS programs and services.

DADS Community Medicaid Entitlement Long-Term Services and Support Program

An analysis of the survey results for customers utilizing Department of Aging and Disability Services (DADS) Community Medicaid Entitlement Long-Term Services and Support Program revealed that an overwhelming number of customers were satisfied with the benefits they received from DADS. Ninety-six percent of customers favorably endorsed the statement, "Overall, I am satisfied with the benefits or services I received." No significant difference in level of satisfaction was found for individuals of different ages, genders, or ethnic groups.

This high level of satisfaction was also reflected in customers open ended comments. Of the customers who provided open ended comments the greatest number indicated that they were satisfied with the DADS benefits and services. Department of Aging and Disability Services customers overwhelmingly felt the benefits and services available to them were clearly described (95 percent), they had a chance to say what benefits or services they needed (90.5 percent), it was easy to get the benefits and services they needed (90.1 percent), and the length of time they waited to receive the benefits and services (91.2 percent) was reasonable. In addition, 99.1 percent of customers indicated the benefits or services they received were helpful.

Customers were asked about the customer service that DADS staff provided. Customers reported that the staff members treated them with respect (98.2 percent), and were able to answer their questions (96.9 percent). Ninety-five percent of customers felt they would be able to make a complaint about the benefits or services if they needed to, and 95.7 percent of DADS customers felt if they filed a complaint, it would be addressed fairly. Forty-two percent of DADS customers reported having a way to get information from the Internet. Finally, customers were also asked about their experiences with DADS services. In general, customers felt the information they received about the benefits and services were easy to understand and they got the right amount of information.

Supplemental Questionnaire

As part of the bi-annual survey, DADS included supplemental questions asking customers to rate their experiences with *paid* caregivers. When asked about their paid caregivers, DADS customers indicated they are respectful and courteous. They also indicated that paid caregivers speak or communicate in their preferred language. When asked about their in-home attendant, 21 percent of customers reported they go without personal care because there is no one to help them. In addition, 39.8 percent of customers indicated they would like to hire, train, and manage the people hired to help them.

DARS Vocational Rehabilitation Program

In general, Department of Assistive and Rehabilitative Services (DARS) customers in the Vocational Rehabilitation Program indicated they were satisfied with the services received. Specifically, 83.8 percent of customers surveyed indicated they either agreed or somewhat agreed with the statement, "Overall, I am satisfied with the services I received." This level of satisfaction was also reflected in customers' open ended comments. Most of those respondents

who provided suggestions for improvement were satisfied with the services provided by DARS. Two demographic trends emerged on level of satisfaction. First, the survey results suggest that Hispanic customers reported a significantly higher level of satisfaction when compared to Caucasian, African American, and other ethnicities. Second, there was a statistically significant difference between levels of satisfaction reported by women and men. Specifically, women reported a higher level of satisfaction (88.7 percent) compared to men (78.6 percent).

Nineteen percent of DARS customers found it was not easy to get the services they needed, and 18 percent of customers felt that they had to wait too long before receiving services. However, 88.4 percent of customers felt the benefits or services were helpful.

When asked about the service the DARS staff provided, 96 percent of customers found the staff members treated them with respect, and 92.7 percent of customers indicated the staff members they worked with were able to answer their questions. Ninety-one percent of customers felt they would be able to make a complaint about the benefits or services if they needed to, and 86.5 percent of DARS customers felt if they filed a complaint, it would be addressed fairly. Over 75 percent of those DARS customers surveyed reported having a way to get information on the Internet.

DSHS Women, Infants, and Children (WIC) Program

An analysis of the survey results for those customers utilizing Department of State Health Services (DSHS) Women, Infants, and Children (WIC) program services revealed that an overwhelming number of customers were satisfied with the benefits they received from DSHS. Ninety-seven percent of customers favorably endorsed the statement, "Overall, I am satisfied with the benefits or services I received." This high level of satisfaction also reflected in client comments. Most of the customers who provided suggestions for improvement indicated they were satisfied with the DSHS benefits and services. Department of State Health Services customers overwhelmingly felt the benefits and services available to them were clearly described (97.8 percent), they had a chance to say what benefits or services they needed (93.8 percent), it was easy to get the benefits and services they needed (93.8 percent), and the length of time they waited to receive the benefits and services (87.7 percent) was reasonable. In addition, 99.3 percent of customers indicated that the benefits or services they received were helpful.

Customers were asked about the customer service the DSHS staff provided. Customers found the staff members treated them with respect (94.8 percent), and were able to answer their questions (97.4 percent). Ninety-five percent of customers felt they would be able to make a complaint about the benefits or services if they needed to, and 92.9 percent of DSHS customers felt if they filed a complaint, it would be addressed fairly. Almost 80 percent of DSHS customers surveyed reported having a way to get information on the Internet, and 50 percent reported using the Internet to learn about the benefits or services provided by DSHS.

Supplemental Questionnaire

As part of the bi-annual survey, DSHS included supplemental questions about the WIC program. Survey results indicate that customers rate the WIC program highly. All 100 percent of WIC customers agreed or somewhat agreed with the statement, "I would recommend the WIC program to friends and family with children under 5 years of age." In addition, customers felt WIC appointments were offered at a time convenient to them, staff was able to speak to them in their preferred language, and staff was knowledgeable about other HHS programs. Customers also reported feeling they could trust the WIC program to provide accurate information about breastfeeding and feeding infants and children.

Conclusion

The results, along with relevant demographic information, for four of the HHS program/agencies are described in detail in this report. The findings and direct customer comments together provide important insight into how the HHS system performed for its customers two years after the reorganization of health and human services agencies. 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 customers in the future.

The Survey Research Center at the University of North Texas plans to deliver individual presentations to each of the four agencies that participated in the survey. The presentations will include a comparison of the 2006 and 2008 survey. Once the HHSC survey is completed, an additional presentation will cover HHS system and HHSC program results.

I. INTRODUCTION

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 Family and Protective Services (DFPS), the Department of Aging and Disability Services (DADS), the Department of Assistive and Rehabilitative Services (DARS), and the Department of State Health Services (DSHS).

Findings from the HHSC customer satisfaction survey are not included in this report due to a sampling error by the Survey Research Center. Initially customers under the age of 25 were omitted from the population sampled and therefore not represented in the final sample. Because of the omission, the average length of time customers in the sample participated in the TANF, Food Stamp, or Medicaid Children, Pregnant Women, and Medically Needy (Medicaid CPW) programs was longer than the average for these three populations and therefore not representative. The Survey Research Center is re-sampling the complete HHSC population and the finalized report including HHS system-wide findings and the HHSC findings will be reissued October 1, 2008.

The restructuring of Health and Human Services (HHS) programs and services under House Bill 2292 (H.B. 2292), passed by the 78th Texas Legislature in 2003, provided many opportunities for Health and Human Services 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 2006, shortly after Texas HHS agencies were consolidated, the HHS agencies conducted the first enterprise level survey of its customers. 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.

In 2008, HHS agencies convened and decided to replicate the 2006 survey in order to compare the results of 2006 and 2008. The 2006 survey responses represented 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. The 2008 survey queried customers active in HHS programs from September 1, 2006 through June 30, 2007. For both the 2006 and 2008 surveys, the same major groups of people from each agency were selected. 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 customers of HHS. The tabulated results and the direct customer comments together provide important insights into how the newly formed HHS system performed for its customers over the last two biennia. 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 2113.002(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 for Children's Health Insurance Program (CHIP) and customers who receive Medicaid. These assessments were conducted by the Texas External Quality Review Organization, the Institute for Child Health Policy at the University of Florida in Gainesville, Florida, using the national Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys.

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; and
- 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. These principles and standards were re-affirmed in the fall of 2007 as HHS agencies began planning for this report.

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

The following 2008 Report on Customer Service provide the findings and analysis of HHS agency performance in relation to the above principles and standards. The following Report sections are an abridged version (prepared by HHSC staff) of the original report provided by the Survey Research Center at the University of North Texas.

II. METHODOLOGY

Population

Five groups of customers were identified by Texas HHS agencies for this Customer Satisfaction Survey:

- DFPS APS: Adult Protective Services program (25,168 customers served)
- DFPS CPS: Child Protective Services Unlicensed Kinship Services program (11,686 customers served)
- DADS: Community Medicaid Entitlement Long-Term Services and Supports program (141,878 customers served)
- DARS: Vocational Rehabilitation program (54,367 customers served)
- DSHS: The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program (1,451,771 customers served)

Sampling Procedure

The Survey Research Center (SRC) at the University of North Texas used SPSS for Windows 14.0 to draw five random samples of various numbers of customers from each of the programs.¹ Together these 6,438 customers comprised the final sample.

The address information from the final sample was sent to a database processing company, FXdirect Inc. in Dallas, Texas, where it was compared to the National Change of Address (NCOA) database. Overall, 14.1 percent of the sample had moved, the NCOA process identified 535 (8.3 percent) that had a forwarding address and 373 (5.8 percent) that did not have a forwarding address. Records without a valid forwarding address were removed from the sampling file.

Survey Instrument

The survey instrument used in 2006 received a few minor adjustments and was used in 2008. Customers were asked to give their opinions on different aspects of their experience with HHS and provide basic demographic information. The surveys were translated into Spanish by SRC staff and examined by HHSC translation staff. After several revisions, both English and Spanish survey instruments were approved by HHSC staff for use in the mail survey. A one-page survey instrument was presented in English on one side and Spanish on the other. Additional questions in both English and Spanish were included for the DADS and DSHS samples regarding their respective programs.

A tracking number was included on each instrument so that responses could be tracked and then linked to other demographic data associated with each customer. Appendix B includes a copy of the survey instrument and initial cover letters used in the mailing. For visually impaired respondents in the DARS population, SRC converted the questionnaire into a telephone script and conducted interviews by phone.

¹ SPSS uses a pseudo-random number generator. The default random number seed value is 2,000,000. SRC set the random number seed based on selection from a random numbers table. The seeds are as follows: DFPS-APS (98420), DFPS-CPS (58492), DADS (71945), DARS non-visually impaired (21216), and DSHS (05944). The seed for the DARS visually impaired sample was 48663.

Mail Processing

Data were collected by means of a five-step mailing process. On January 9, 2008, a personalized initial contact letter written in both English and Spanish was sent to all 5,877 customers informing them that they had been selected to provide feedback on their experiences regarding HHS services. One week later, on January 16, 2008, an English-Spanish cover letter, questionnaire and business reply envelope was sent to each customer in a number 10 window envelope. A golf pencil was also included in each questionnaire mailing as a means of facilitating completion of the questionnaire and was intended to serve as a small incentive to complete the questionnaire. A reminder postcard, in both English and Spanish, was mailed on January 24 to all customers.

Incoming surveys from the first questionnaire mailing were tracked in order to update the list for a second questionnaire mailing. On February 13, a second questionnaire mailing that included a revised cover letter, a copy of the survey instrument, a business reply envelope, and a golf pencil was sent to the 4,071 respondents who did not respond to the first questionnaire mailing and reminder card. On March 5, a third questionnaire mailing was sent in a box mailer to 3,569 of the (5,877) customers who had not yet responded. All third questionnaire mailers included a new version of the cover letter, a survey instrument, a business reply envelope, and a golf pencil.

All mailings were sent first class. Throughout the mailing process, a bilingual SRC staff member fielded phone calls on SRC's 1-800 number from respondents who had questions about the survey.

Visually-impaired respondents from the DARS group were surveyed by telephone rather than by mail. A random sample of 200 customers was selected from the larger population of 6,222 visually impaired customers. After being processed through NCOA, 188 records remained. Telephone numbers were provided in the sample file. Completed telephone interviews were conducted with 66 respondents for a pre-NCOA response rate of 33.0 percent (35.1 percent response rate when adjusting for NCOA results, and 49.6 percent when adjusting further for unobtainable phone numbers, deceased, disconnected phone numbers and wrong phone numbers).

Returned Mail

Over the course of the project, some mail was returned to SRC as undeliverable. Mail was returned for a variety of reasons: moved and left no forwarding address, insufficient address (lacking an apartment number or other information), deceased, unknown, and no mail receptacle. A total of 1,178 pieces (20.0 percent of 5,877) to unique individuals were returned.

Returned mail varied by customer group. The largest amount of returned mail came from the DFPS APS mailing list (34.5 percent). Over one-third (35.1 percent) of those DFPS APS envelopes were returned mail due to an insufficient address. DADS (10.0 percent) and DARS (11.7 percent) had the fewest pieces of returned mail.

Response Rate

The full sample of 6,438 is used as the base for calculating the response rate for the survey. A total of 1,863 surveys were returned for an unadjusted response rate of 28.9 percent. The response rate was higher for DADS (39.7 percent) and DFPS CPS (38.6 percent) and lower for DFPS APS (20.1 percent). The total number of pieces returned by wave does not include approximately 20 duplicate surveys that were ultimately removed from the final data files.

Adjusted response rates by program are presented in Table A. The adjusted response rate was calculated by dividing the number of completed surveys by the total count of pieces mailed and then subtracting all returned mail by program. The highest response rates were for DFPS CPS (47.2 percent) and DADS (45.4 percent) and lowest for DSHS (32.4 percent). Margins of error ranged from a low of 4.5 for DARS to a high of 5.5 for DSHS (see Table B).

Table A
Adjusted Response Rate

	Final Count Pieces Mailed, Not Returned	Final Count Surveys Returned	Adjusted Response Rate (percent)
DFPS APS	1,141	381	33.4
DFPS CPS	760	359	47.2
DADS	746	339	45.4
DARS ¹	1,070	466	43.6
DSHS	980	318	32.4
Total	4,697	1,863	39.7

Table B
Margins of Error

	Margin of Error
DFPS APS	± 5.0%
DFPS CPS	± 5.1%
DADS	± 5.3%
DARS	± 4.5%
DSHS	± 5.5%

¹ With telephone surveys, the adjusted response rate for DARS is slightly higher at 44.3 percent and the total is 42.4 percent.

Non-Response Analysis

A non-response analysis of the survey was conducted to examine differences in the distribution of several demographic categories between those who responded to the survey and those who did not for each of the HHS agencies. Demographic characteristics examined included age, gender and race/ethnicity.

DFPS Adult Protective Services

- For the DFPS APS sample, the average age of respondents was 64.6 years old and the average age of non-respondents was 64.7 years old ($F=.005$, $df=1$, 1,894).
- Statistically significant differences were observed for the gender variable ($X^2=5.001^*$, $df=1$). Of those who responded, 65.8 percent were female and 34.2 percent were male. In contrast 59.5 percent of those who did not respond were female and 40.5 percent were male. So in examining the differences, a greater proportion of males did not respond to the survey when compared to the proportion of males who did respond to the survey.
- The non-response analysis yielded no statistical difference between individuals of different ages or respondents of different ethnicities.

DFPS Child Protective Services Unlicensed Kinship Services Program

- For the DFPS CPS sample, the average age of respondents was 48.6 years old and the average age of non-respondents was 43.1 years old ($F=44.523$, $df=1$, 841).
- Statistically significant differences were observed for the age ($X^2=47.240^{***}$, $df=6$) and race/ethnicity ($X^2=10.504^*$, $df=3$) variables. Specifically, the greatest response rate was among those customers aged 46 to 55, whereas the greatest non-response rate was among customers aged 36 to 45. In addition, the response rate for Caucasian customers was significantly greater than that of Hispanic, Asian, or African American customers. This pattern did not replicate for non-responders in that no group had a significantly greater non-response rate.
- The non-response analysis yielded no statistical difference between male and female respondents.

DADS Community Medicaid Entitlement Long-Term Services and Support Program

- For the DADS sample, the average age of respondents was 67.8 years old and the average age of non-respondents was 68.2 years old ($F=0.104$, $df=1$, 851). Statistically significant differences were observed for the age variable ($X^2=16.816^*$, $df=7$). Specifically, the greatest response rate and non-response rate was among those customers aged 76 to 85.
- The non-response analysis yielded no statistical difference between male and female respondents or respondents of different ethnicities.

DARS Vocational Rehabilitation Program

- For the DARS sample, the average age of respondents was 38.0 years old and the average age of non-respondents was 33.5 years old ($F=33.431^{***}$, $df=1$, 1,475). Statistically significant differences were observed for the age ($X^2=32.358^{***}$, $df=6$) variable. Specifically, the greatest response rate and non-response rate was among those customers aged 25 and below.

- The non-response analysis yielded no statistical difference between male and female respondents, respondents of different ethnicities or respondents with a visual impairment.

DSHS Women, Infants, and Children (WIC) Program

- For the DSHS sample, the average age of respondents was 9.6 years old and the average age of non-respondents was 9.4 years old ($F=.145$, $df=1, 1,281$). For 70.2 percent of the DSHS sample, the age of the respondent corresponds to the child served and not the parent. Statistically significant differences were observed for the age ($X^2=8.020^*$, $df=3$) variable. Overwhelmingly, the greatest response rate and non-response rate was among those customers between zero and six years old.
- Parents completed the survey for those respondents between the ages of zero and six.
- The non-response analysis yielded no statistical difference between male and female respondents or respondents of different ethnicities.

Report Format

The remainder of the report is presented in four sections: “Respondent Characteristics,” “Findings: Individual Programs,” and “Conclusions.” Appendices are included at the end of the report.

Survey data are presented and, where appropriate, were cross-tabulated by demographic characteristics contained on the questionnaire and in the sample data file. The characteristics that were collected through the questionnaire included preferred language (English or Spanish) and whether the person who completed the questionnaire was the customer or a representative of the customer. Other characteristics were gathered from the population data file and included gender, age, and ethnicity. For each agency, the characteristics were cross tabulated with the overall satisfaction variable only.

Tables are presented for all cross-tabulated variables. For all cross-tabulations, a test of significance (Chi-Square) was run to compare responses between groups. Statistically significant differences were indicated with the following symbols: * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$. If no asterisk is present, the cross-tabulation was not statistically significant and was not discussed in the text.

III. FINDINGS: RESPONDENT CHARACTERISTICS

Table 1
DFPS Adult Protective Services
Demographic Characteristics

Demographic Groups	All Respondents	
	Count	Percentage
Age		
25 and under	9	2.4
26 to 35	15	3.9
36 to 45	22	5.8
46 to 55	64	16.8
56 to 65	69	18.1
66 to 75	81	21.3
76 to 85	86	22.6
86 and over	35	9.2
Gender		
Female	250	65.8
Male	130	34.2
Race/Ethnicity		
Caucasian	170	44.6
Hispanic	86	22.6
African American	84	22.0
Other	41	10.8
Language of respondent		
English	355	93.7
Spanish	24	6.3
Person who completed questionnaire		
Customer	201	67.4
Representative of customer	97	32.6

- As shown in Table 1, 71.2 percent of all respondents were age 56 or older.
- Sixty-six percent of all respondents were female.
- Respondents were predominantly Caucasian (44.6 percent), with 22.6 percent Hispanic, and 22.0 percent African American.
- Ninety-four percent of all respondents completed the English questionnaire while 6.3 percent completed the Spanish questionnaire.

Table 2
DFPS Child Protective Services Unlicensed Kinship Services Program
Demographic Characteristics

Demographic Groups	All Respondents	
	Count	Percentage
Age		
25 and under	3	0.9
26 to 35	44	13.4
36 to 45	74	22.6
46 to 55	123	37.5
56 to 65	63	19.2
66 to 75	19	5.8
76 to 85	2	0.6
86 and over	0	0.0
Gender		
Female	303	85.3
Male	52	14.6
Race/Ethnicity		
Caucasian	171	47.9
Hispanic	98	27.6
African American	81	22.0
Other	9	2.5
Language of respondent		
English	353	98.3
Spanish	6	1.7
Person who completed questionnaire		
Customer	301	95.6
Representative of customer	14	4.4

- As shown in Table 2, 60.1 percent of all respondents were between 36 and 55 years of age. Age was unknown for 27 respondents.
- Eighty-five percent of all respondents were female.
- Respondents were predominantly Caucasian (47.9 percent), with 27.6 percent Hispanic, and 22.0 percent African American.
- Ninety-eight percent of all respondents completed the English questionnaire while 1.7 percent completed the Spanish questionnaire.

Table 3
DADS Community Medicaid Entitlement Long-Term Services and Support Program
Demographic Characteristics

Demographic Groups	All Respondents	
	Count	Percentage
Age		
25 and under	9	2.7
26 to 35	10	3.0
36 to 45	16	4.7
46 to 55	27	8.0
56 to 65	67	19.9
66 to 75	86	25.5
76 to 85	89	26.4
86 and over	33	9.8
Gender		
Female	238	70.6
Male	99	29.4
Race/Ethnicity		
Caucasian	127	38.5
Hispanic	156	47.3
African American	45	13.6
Other	2	0.6
Language of respondent		
English	241	71.1
Spanish	98	28.9
Person who completed questionnaire		
Customer	166	59.3
Representative of customer	114	40.7
Service group		
CAS	126	37.4
DAHS	58	17.2
PHC	153	45.4

- As shown in Table 3, 61.7 percent of all respondents were age 66 or older.
- Seventy-one percent of all respondents were female.
- Respondents were predominantly Hispanic (47.3 percent), with 38.5 percent Caucasian, and 13.6 percent African American. Race/ethnicity was unknown for 7 respondents as these data were missing from the population data file.
- Nearly three-quarters (71.1 percent) of all respondents completed the English questionnaire while 28.9 percent completed the Spanish questionnaire.
- Forty-five percent of these respondents participated in the Primary Home Care program; 17.2 percent in the Day Activity and Health Services program; and 37.4 percent in the Community Attendant Services program.

Table 4
DARS Vocational Rehabilitation Program
Demographic Characteristics

Demographic Groups	All Respondents	
	Count	Percentage
Age		
25 and under	146	27.4
26 to 35	79	14.8
36 to 45	116	21.8
46 to 55	134	25.2
56 to 65	48	9.0
66 to 75	6	1.1
76 to 85	3	0.6
86 and over	0	0.0
Gender		
Female	273	51.3
Male	259	48.7
Race/Ethnicity		
Caucasian	276	51.9
Hispanic	127	23.9
African American	119	22.4
Other	10	1.9
Language of respondent		
English	498	93.6
Spanish	34	6.4
Visually impaired		
Yes	66	12.4
No	466	87.6
Person who completed questionnaire		
Customer	416	90.4
Representative of customer	44	9.6

- As shown in Table 4, 64.0 percent of all respondents were age 45 or younger.
- Over half (51.3 percent) of all respondents were female.
- Respondents were predominantly Caucasian (51.9 percent), with 23.9 percent Hispanic, and 22.4 percent African American.
- Almost ninety-four percent of all respondents completed the English questionnaire while 6.4 percent completed the Spanish questionnaire.
- Twelve percent of the respondents were visually impaired. (These questionnaires were administered by telephone.)

Table 5
DSHS Women, Infants, and Children (WIC) Program
Demographic Characteristics

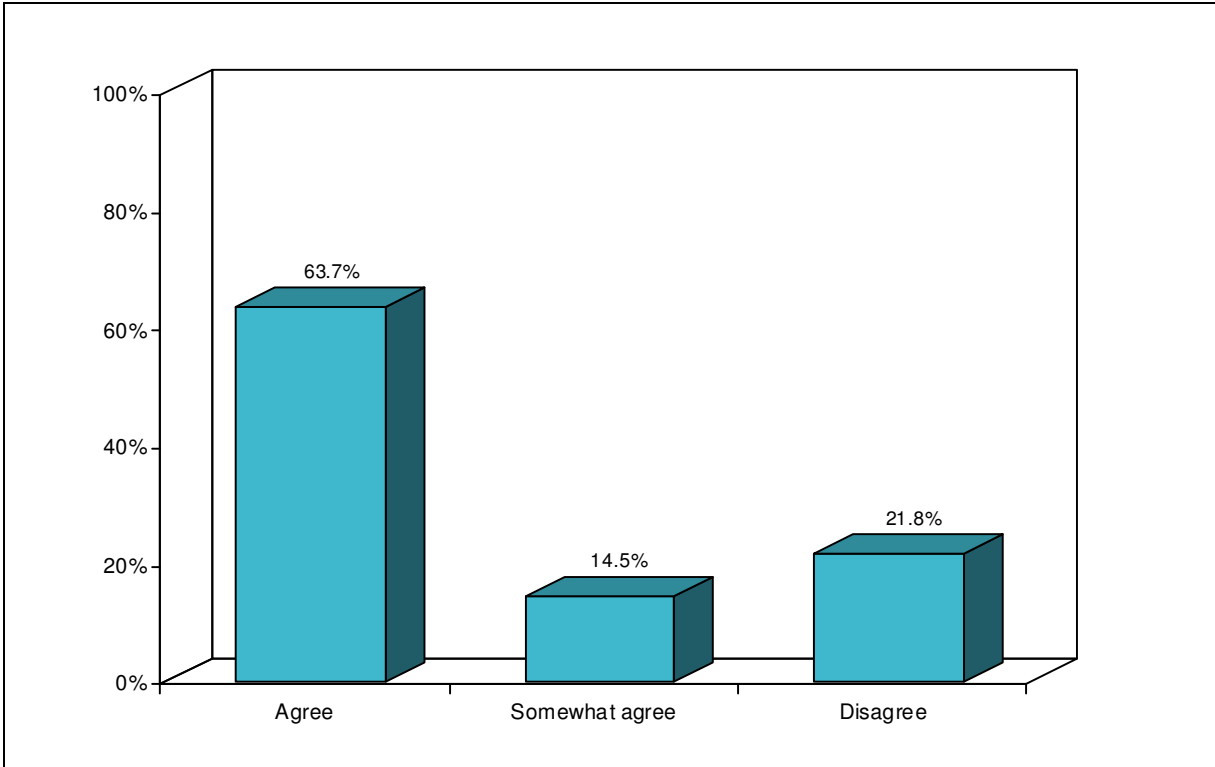
Demographic Groups	All Respondents	
	Count	Percentage
Age		
0 to 6	226	71.1
7 to 25	38	11.9
26 to 35	41	12.9
36 to 45	13	4.1
Gender		
Female	209	65.7
Male	109	34.3
Race/Ethnicity		
Caucasian	47	14.8
Hispanic	228	71.7
African American	37	11.6
Other	6	1.9
Language of respondent		
English	184	57.5
Spanish	136	42.5
Person who completed questionnaire		
Customer	72	24.0
Representative of customer	228	76.0

- As shown in Table 5, 71.1 percent of the respondents' children were age 6 or younger. Parents completed the survey for those respondents between the ages of zero and six.
- Sixty-six percent of all respondents were female.
- Respondents were predominantly Hispanic (71.7 percent), with 14.8 percent Caucasian, and 11.6 percent African American.
- Almost fifty-eight percent of all respondents completed the English questionnaire while 42.5 percent completed the Spanish questionnaire.

VI. FINDINGS: INDIVIDUAL PROGRAMS

DFPS Adult Protective Services - Older and Disabled Adult Recipients

Figure 1
Overall Satisfaction with DFPS APS Services for Older and Disabled Adults Received (n=344)*



- 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, 78.2 percent of the respondents reported being satisfied.
- While not statistically significant, cross-tabulations by age, race/ethnicity and gender are shown in Table 6.

* A total of 344 respondents, or 90.3 percent of all respondents, answered this question. Of the remaining respondents, 23 (6.0 percent) answered "don't know" and 14 (3.6 percent) did not mark a response.

Table 6
Overall Satisfaction with DFPS Adult Protective Services Received
By Selected Demographics

Demographic Groups	Count	Percentage responding		
		Agree	Somewhat agree	Disagree
Age				
0 to 6	0	-	-	-
25 and under	8	50.0	12.5	37.5
26 to 35	14	64.3	14.3	21.4
36 to 45	20	60.0	15.0	25.0
46 to 55	61	55.7	14.8	29.5
56 to 65	62	67.7	9.7	22.6
66 to 75	73	64.4	16.4	19.2
76 to 85	75	68.0	18.7	13.3
86 and over	31	64.5	9.7	25.8
Race/Ethnicity				
Caucasian	150	57.3	15.3	27.3
Hispanic	76	63.2	17.1	19.7
African American	81	72.8	11.1	16.0
Other	37	70.3	13.5	16.2
Gender				
Female	228	61.4	13.2	25.4
Male	115	68.7	16.5	14.8

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Table 7
DFPS Adult Protective Services
Benefits and Services Ratings

	Count	Agree	Somewhat agree	Disagree
The benefit or service choices available to me were clearly explained. ¹	345	63.2	20.0	16.8
I had a chance to say what benefits or services I wanted to receive. ²	339	62.5	16.5	20.9
It was easy for me to get the benefits or services I needed. ³	343	54.8	19.8	25.4
The length of time I waited to receive benefits or services was reasonable. ⁴	331	56.2	20.2	23.6
The benefits or services I received helped me. ⁵	332	66.6	15.7	17.8

Available choices were clearly explained

- Respondents were asked if they agreed that the benefit or service choices available to them were clearly explained. As shown in Table 7, 83.2 percent of the respondents either agreed (63.2 percent) or somewhat agreed (20.0 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. Seventy-nine percent of the respondents either agreed (62.5 percent) or somewhat agreed (16.5 percent) that they had that opportunity.

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 (54.8 percent) or somewhat agreed (19.8 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 were reasonable, 76.4 percent either agreed (56.2 percent) or somewhat agreed (20.2 percent).

Benefits or services received helped me

- Respondents were asked if they agreed that the benefits or services they received helped them. Eighty-two percent of the respondents either agreed (66.6 percent) or somewhat agreed (15.7 percent).

¹ A total of 345 respondents, or 90.6 percent of all respondents, answered this question. Of the remaining respondents, 6.8 percent answered “don’t know” and 2.6 percent did not mark an answer.

² A total of 339 respondents, or 89.0 percent of all respondents, answered this question. Of the remaining respondents, 7.1 percent answered “don’t know” and 3.9 percent did not mark an answer.

³ A total of 343 respondents, or 90.0 percent of all respondents, answered this question. Of the remaining respondents, 6.6 percent answered “don’t know” and 3.4 percent did not mark an answer.

⁴ A total of 331 respondents, or 86.9 percent of all respondents, answered this question. Of the remaining respondents, 10.0 percent answered “don’t know” and 3.1 percent did not mark an answer.

⁵ A total of 332 respondents, or 87.1 percent of all respondents, answered this question. Of the remaining respondents, 8.1 percent answered “don’t know” and 4.7 percent did not mark an answer.

Table 8
DFPS Adult Protective Services
Staff Ratings

	Count	Agree	Somewhat agree	Disagree
Staff members treated me with respect. ¹	351	78.6	10.8	10.5
Staff members were able to answer my questions. ²	340	67.4	19.4	13.2
I understood what I needed to know about the benefits or services. ³	344	58.4	23.8	17.7

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. As shown in Table 8, 89.4 percent of the respondents either agreed (78.6 percent) or somewhat agreed (10.8 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-seven percent of the respondents indicated that they either agreed (67.4 percent) or somewhat agreed (19.4 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-two percent either agreed (58.4 percent) or somewhat agreed (23.8 percent) that they understood.

¹ A total of 351 respondents, or 92.1 percent of all respondents, answered this question. Of the remaining respondents, 3.7 percent answered “don’t know” and 4.2 percent did not mark an answer.

² A total of 340 respondents, or 89.2 percent of all respondents, answered this question. Of the remaining respondents, 6.8 percent answered “don’t know” and 3.9 percent did not mark an answer.

³ A total of 344 respondents, or 90.3 percent of all respondents, answered this question. Of the remaining respondents, 7.1 percent answered “don’t know” and 2.6 percent did not mark an answer.

Table 9
DFPS Adult Protective Services
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. ¹	320	75.3	13.8	10.9
If I complained, I believe my complaint would be addressed fairly. ²	323	70.6	15.5	13.9

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. As shown in Table 9, 89.1 percent of the respondents either agreed (75.3 percent) or somewhat agreed (13.8 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.” Eighty-six percent of the respondents indicated that they either agreed (70.6 percent) or somewhat agreed (15.5 percent) with that statement.

¹ A total of 320 respondents, or 84.0 percent of all respondents, answered this question. Of the remaining respondents, 11.5 percent answered “don’t know” and 4.4 percent did not mark an answer.

² A total of 323 respondents, or 84.8 percent of all respondents, answered this question. Of the remaining respondents, 11.8 percent answered “don’t know” and 3.4 percent did not mark an answer.

Table 10
DFPS Adult Protective Services
Internet Ratings

	Count	Agree	Somewhat agree	Disagree
I have a way to get information on the Internet. ¹	249	35.3	8.4	56.2
I have used the Internet to learn about the benefits or services provided by this program. ²	249	16.1	4.8	79.1

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. As shown in Table 10, 56.2 percent of the respondents disagreed with the statement. Forty-four percent either agreed (35.3 percent) or somewhat agreed (8.4 percent) that they had a way to access 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-nine percent of the respondents disagreed with this statement. Twenty-one percent of the respondents indicated that they either agreed (16.1 percent) or somewhat agreed (4.8 percent).

¹ A total of 249 respondents, or 65.4 percent of all respondents, answered this question. Of the remaining respondents, 24.4 percent answered “don’t know” and 10.2 percent did not mark an answer.

² A total of 249 respondents, or 65.4 percent of all respondents, answered this question. Of the remaining respondents, 22.0 percent answered “don’t know” and 12.6 percent did not mark an answer.

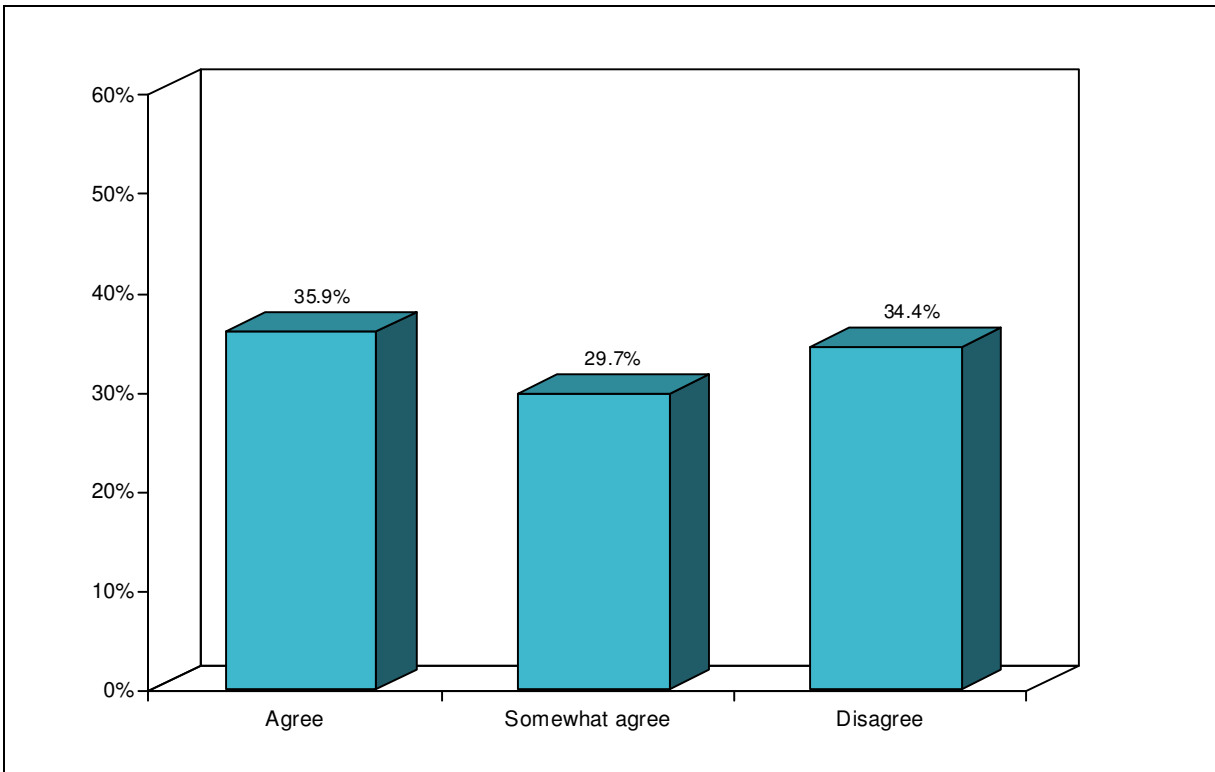
Table 11
Suggested Improvements (Open-ended)
(n=218)

	Percentage responding
Satisfied/no improvement needed	23.4
Assistance needed/decreased/denied	21.6
Staff performance	10.6
Information availability	8.7
Communication	8.3
Process	6.0
Staff courtesy	5.5
Dissatisfied	3.2
Eligibility requirements/benefits	2.3
Customer service/response time	1.8
Other	8.7

- Respondents were asked how APS could improve the benefits or services they received or needed. After categorizing the comments, 23.4 percent of the respondents who gave an answer were satisfied and offered no suggestions for improvement (see Table 11). Twenty-two percent mentioned assistance needed/decreased/denied, and 10.6 percent mentioned staff performance. Other areas for improvement included information availability (8.7 percent), communication (8.3 percent), the process (6.0 percent), and staff courtesy (5.5 percent).

DFPS Child Protective Services - Unlicensed Kinship Services Recipients

Figure 2
Overall Satisfaction with DFPS CPS Unlicensed Kinship Services Received
(n=340)*



- Respondents were asked if they agreed with the statement, "Overall, I am satisfied with the benefits or services I received." About two-thirds (65.6 percent) of the respondents either agreed (35.9 percent) or somewhat agreed (29.7 percent) that they were satisfied (see Figure 2).
- While not statistically significant, cross-tabulations by age, race/ethnicity and gender are shown in Table 12.

* A total of 340 respondents, or 94.7 percent of all respondents, answered this question. Of the remaining respondents, 9 (2.5 percent) answered "don't know" and 10 (2.8 percent) did not mark a response.

Table 12
Overall Satisfaction with DFPS Child Protective Services Unlicensed Kinship Services
Received By Selected Demographics

Demographic Groups	Count	Percentage responding		
		Agree	Somewhat agree	Disagree
Age				
0 to 6	0	-	-	-
25 and under	3	0.0	66.7	33.3
26 to 35	44	20.5	36.4	43.2
36 to 45	72	31.9	31.9	36.1
46 to 55	116	39.7	29.3	31.0
56 to 65	60	33.3	30.0	36.7
66 to 75	18	61.1	16.7	22.2
76 to 85	2	50.0	0.0	50.0
86 and over	0	-	-	-
Race/Ethnicity				
Caucasian	161	34.2	28.0	37.9
Hispanic	92	46.7	28.3	25.0
African American	78	25.6	35.9	38.5
Other	9	44.4	22.2	33.3
Gender				
Female	291	37.5	29.2	33.3
Male	49	26.5	32.7	40.8

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Table 13
DFPS Child Protective Services Unlicensed Kinship Services Program
Benefits and Services Ratings

	Count	Agree	Somewhat agree	Disagree
The benefit or service choices available to me were clearly explained. ¹	346	41.6	26.3	32.1
I had a chance to say what benefits or services I wanted to receive. ²	336	31.3	24.4	44.3
It was easy for me to get the benefits or services I needed. ³	347	25.6	24.5	49.9
The length of time I waited to receive benefits or services was reasonable. ⁴	344	30.8	23.3	45.9
The benefits or services I received helped me. ¹	331	48.3	26.3	25.4

Available choices were clearly explained

- Respondents were asked if they agreed that the benefit or service choices available to them were clearly explained. As shown in Table 13, 67.9 percent of the respondents either agreed (41.6 percent) or somewhat agreed (26.3 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. Fifty-six percent of the respondents either agreed (31.3 percent) or somewhat agreed (24.4 percent) that they had that opportunity.

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 percent of the respondents either agreed (25.6 percent) or somewhat agreed (24.5 percent) that it was easy to get needed benefits or services. Fifty percent disagreed.

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 were reasonable, 54.1 percent either agreed (30.8 percent) or somewhat agreed (23.3 percent).

Benefits or services received helped me

- Respondents were asked if they agreed that the benefits or services they received had helped them. Seventy-five percent of the respondents either agreed (48.3 percent) or somewhat agreed (26.3 percent).

¹ A total of 346 respondents, or 96.4 percent of all respondents, answered this question. Of the remaining respondents, 2.8 percent answered “don’t know” and 0.8 percent did not mark an answer.

² A total of 336 respondents, or 93.6 percent of all respondents, answered this question. Of the remaining respondents, 5.6 percent answered “don’t know” and 0.8 percent did not mark an answer.

³ A total of 347 respondents, or 96.7 percent of all respondents, answered this question. Of the remaining respondents, 2.2 percent answered “don’t know” and 1.1 percent did not mark an answer.

⁴ A total of 344 respondents, or 95.8 percent of all respondents, answered this question. Of the remaining respondents, 3.1 percent answered “don’t know” and 1.1 percent did not mark an answer.

Table 14
DFPS Child Protective Services Unlicensed Kinship Services Program
Staff Ratings

	Count	Agree	Somewhat agree	Disagree
Staff members treated me with respect. ²	350	65.7	22.0	12.3
Staff members were able to answer my questions. ³	346	43.1	35.5	21.4
I understood what I needed to know about the benefits or services. ⁴	341	36.7	31.1	32.3

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 (65.7 percent) or somewhat agreed (22.0 percent) that they were treated with respect (see Table 14).

Staff members were able to answer questions

- Respondents were asked if they agreed that staff members were able to answer their questions. Seventy-nine percent of the respondents indicated that they either agreed (43.1 percent) or somewhat agreed (35.5 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.” Sixty-eight percent either agreed (36.7 percent) or somewhat agreed (31.1 percent) that they understood.

¹ A total of 331 respondents, or 92.2 percent of all respondents, answered this question. Of the remaining respondents, 2.5 percent answered “don’t know” and 5.3 percent did not mark an answer.

² A total of 350 respondents, or 97.5 percent of all respondents, answered this question. Of the remaining respondents, 1.7 percent answered “don’t know” and 0.8 percent did not mark an answer.

³ A total of 346 respondents, or 96.4 percent of all respondents, answered this question. Of the remaining respondents, 2.5 percent answered “don’t know” and 1.1 percent did not mark an answer.

⁴ A total of 341 respondents, or 95.0 percent of all respondents, answered this question. Of the remaining respondents, 3.3 percent answered “don’t know” and 1.7 percent did not mark an answer.

Table 15
DFPS Child Protective Services Unlicensed Kinship Services Program
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. ¹	309	48.2	24.3	27.5
If I complained, I believe my complaint would be addressed fairly. ²	301	41.9	26.6	31.6

Respondents were asked about the CPS 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. Seventy-three percent of the respondents either agreed (48.2 percent) or somewhat agreed (24.3 percent) that they would be able to make a complaint if they needed to make one (see Table 15).

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.” Sixty-nine percent of the respondents indicated that they either agreed (41.9 percent) or somewhat agreed (26.6 percent) with that statement.

¹ A total of 309 respondents, or 86.1 percent of all respondents, answered this question. Of the remaining respondents, 12.3 percent answered “don’t know” and 1.7 percent did not mark an answer.

² A total of 301 respondents, or 83.8 percent of all respondents, answered this question. Of the remaining respondents, 14.5 percent answered “don’t know” and 1.7 percent did not mark an answer.

Table 16
DFPS Child Protective Services Unlicensed Kinship Services Program
Internet Ratings

	Count	Agree	Somewhat agree	Disagree
I have a way to get information on the Internet. ¹	268	46.3	22.0	31.7
I have used the Internet to learn about the benefits or services provided by this program. ²	289	21.1	19.4	59.5

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. As shown in Table 16, 68.3 percent of the respondents either agreed (46.3 percent) or somewhat agreed (22.0 percent) that they had a way to access 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.” Sixty percent of the respondents disagreed with this statement. Forty-one percent of the respondents indicated that they either agreed (21.1 percent) or somewhat agreed (19.4 percent).

¹ A total of 268 respondents, or 74.7 percent of all respondents, answered this question. Of the remaining respondents, 23.1 percent answered “don’t know” and 2.2 percent did not mark an answer.

² A total of 289 respondents, or 80.5 percent of all respondents, answered this question. Of the remaining respondents, 15.6 percent answered “don’t know” and 3.9 percent did not mark an answer.

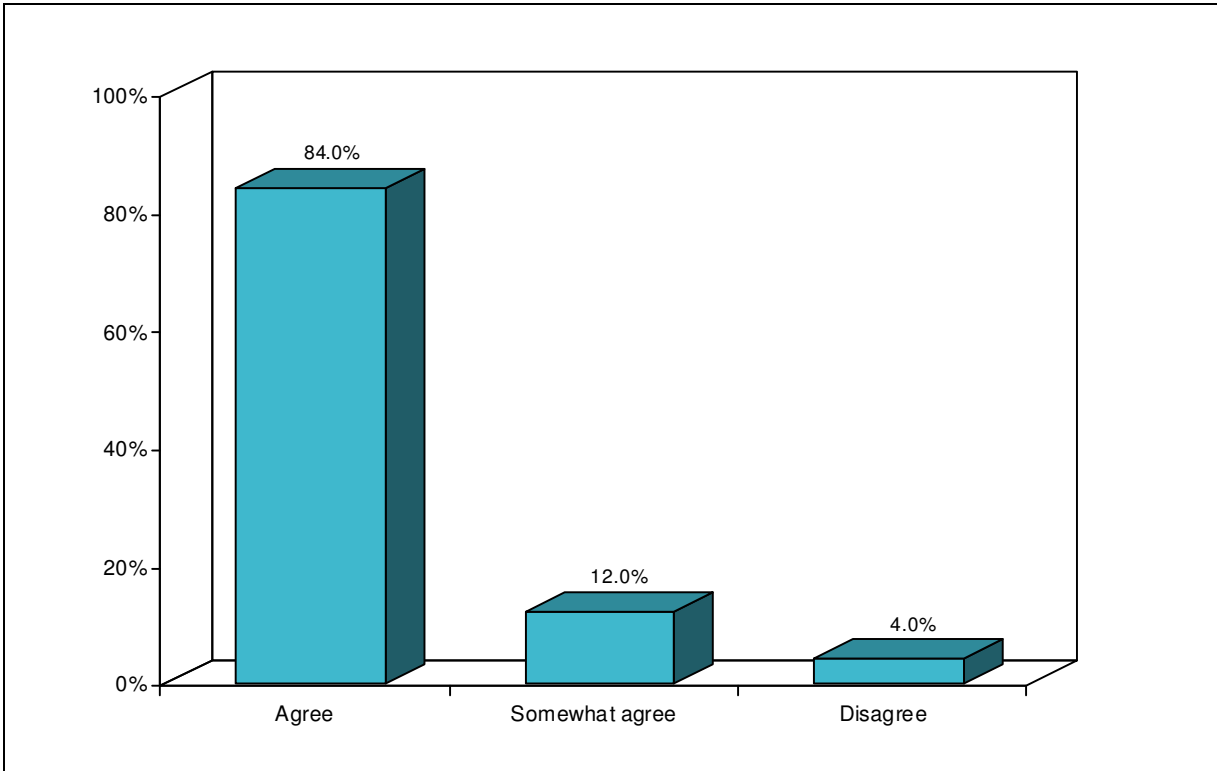
Table 17
DFPS Child Protective Services Unlicensed Kinship Services Program
Suggested Improvements (Open-ended)
(n=255)

	Percentage responding
Assistance similar to that offered to foster/adoptive parents	17.6
Information availability	15.7
Process	14.9
Staff performance	12.9
Eligibility requirements/benefits	12.5
Satisfied/no improvement needed	11.0
Communication	7.5
Dissatisfied	1.6
Customer service/response time	1.6
Assistance needed/decreased/denied	0.8
Language problems	0.4
Medicaid	0.4
Other	3.1

- Respondents were asked how CPS could improve the benefits or services they received or needed. After categorizing the comments, 17.6 percent of the respondents mentioned the need for the same assistance offered to foster/adoptive parents (see Table 17). This was followed by information availability (15.7 percent), and process (14.9 percent). Thirteen percent mentioned staff performance and eligibility requirements/benefits. Eleven percent of the respondents were satisfied and offered no suggestions for improvement. Other areas for improvement included the communication (7.5 percent), and customer service/response time (1.6 percent).

DADS - Community Care Services Recipients

Figure 3
Overall Satisfaction with DADS Community Medicaid Entitlement Long-Term Services and Support Received
(n=326)*



- 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, 96.0 percent of the respondents reported being satisfied.
- While not statistically significant, cross-tabulations by age, race/ethnicity and gender are shown in Table 18.

* A total of 326 respondents, or 94.5 percent of all respondents, answered this question. Of the remaining respondents, 26 or 2.7 percent answered "don't know" and 27 or 2.8 percent did not mark a response.

Table 18
Overall Satisfaction with DADS Community Medicaid Entitlement Long-Term Services
and Support Program Received By Selected Demographics

Demographic Groups	Count	Percentage responding		
		Agree	Somewhat agree	Disagree
Age				
0 to 6	0	-	-	-
25 and under	9	77.8	22.2	0.0
26 to 35	9	88.9	11.1	0.0
36 to 45	14	78.6	14.3	7.1
46 to 55	27	85.2	14.8	0.0
56 to 65	66	81.8	15.2	3.0
66 to 75	79	84.8	8.9	6.3
76 to 85	88	88.6	6.8	4.5
86 and over	32	78.1	18.8	3.1
Race/Ethnicity				
Caucasian	124	80.6	12.1	7.3
Hispanic	148	88.5	9.5	2.0
African American	44	79.5	18.2	2.3
Other	2	100.0	0.0	0.0
Gender				
Female	230	83.0	11.7	5.2
Male	94	87.2	11.7	1.1

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Table 19
DADS Community Medicaid Entitlement Long-Term Services and Support Program
Benefits and Services Ratings

	Count	Agree	Somewhat agree	Disagree
The benefit or service choices available to me were clearly explained. ¹	322	83.2	11.8	5.0
I had a chance to say what benefits or services I wanted to receive. ²	315	76.2	14.3	9.5
It was easy for me to get the benefits or services I needed. ³	324	70.7	19.4	9.9
The length of time I waited to receive benefits or services was reasonable. ⁴	320	73.8	17.5	8.8
The benefits or services I received helped me. ¹	317	89.3	9.8	0.9

Available choices were clearly explained

- Respondents were asked if they agreed that the benefit or service choices available to them were clearly explained. As shown in Table 19, 95.0 percent of the respondents either agreed (83.2 percent) or somewhat agreed (11.8 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-one percent of the respondents either agreed (76.2 percent) or somewhat agreed (14.3 percent) that they had that opportunity.

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 (70.7 percent) or somewhat agreed (19.4 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 were reasonable, 91.3 percent either agreed (73.8 percent) or somewhat agreed (17.5 percent).

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 (89.3 percent) or somewhat agreed (9.8 percent).

¹ A total of 322 respondents, or 95.0 percent of all respondents, answered this question. Of the remaining respondents, 3.8 percent answered “don’t know” and 1.2 percent did not mark an answer.

² A total of 315 respondents, or 92.9 percent of all respondents, answered this question. Of the remaining respondents, 4.1 percent answered “don’t know” and 2.9 percent did not mark an answer.

³ A total of 324 respondents, or 95.6 percent of all respondents, answered this question. Of the remaining respondents, 2.4 percent answered “don’t know” and 2.1 percent did not mark an answer.

⁴ A total of 320 respondents, or 94.4 percent of all respondents, answered this question. Of the remaining respondents, 1.8 percent answered “don’t know” and 3.8 percent did not mark an answer.

Table 20
DADS Community Medicaid Entitlement Long-Term Services and Support Program
Staff Ratings

	Count	Agree	Somewhat agree	Disagree
Staff members treated me with respect. ²	328	91.2	7.0	1.8
Staff members were able to answer my questions. ³	320	81.6	15.3	3.1
I understood what I needed to know about the benefits or services. ⁴	316	76.9	17.4	5.7

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. As shown in Table 20, 98.2 percent of the respondents either agreed (91.2 percent) or somewhat agreed (7.0 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-seven percent of the respondents indicated that they either agreed (81.6 percent) or somewhat agreed (15.3 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.” Ninety-four percent either agreed (76.9 percent) or somewhat agreed (17.4 percent) that they understood.

¹ A total of 317 respondents, or 93.5 percent of all respondents, answered this question. Of the remaining respondents, 1.8 percent answered “don’t know” and 4.7 percent did not mark an answer.

² A total of 328 respondents, or 96.8 percent of all respondents, answered this question. Of the remaining respondents, 1.5 percent answered “don’t know” and 1.8 percent did not mark an answer.

³ A total of 320 respondents, or 94.4 percent of all respondents, answered this question. Of the remaining respondents, 2.7 percent answered “don’t know” and 2.9 percent did not mark an answer.

⁴ A total of 316 respondents, or 93.2 percent of all respondents, answered this question. Of the remaining respondents, 2.9 percent answered “don’t know” and 3.8 percent did not mark an answer.

Table 21
DADS Community Medicaid Entitlement Long-Term Services and Support Program
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. ¹	313	87.2	8.0	4.8
If I complained, I believe my complaint would be addressed fairly. ²	302	82.1	13.6	4.3

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. As shown in Table 21, 95.2 percent of the respondents either agreed (87.2 percent) or somewhat agreed (8.0 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 (82.1 percent) or somewhat agreed (13.6 percent) with that statement.

¹ A total of 313 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 an answer.

² A total of 302 respondents, or 89.1 percent of all respondents, answered this question. Of the remaining respondents, 8.0 percent answered “don’t know” and 2.9 percent did not mark an answer.

Table 22
DADS Community Medicaid Entitlement Long-Term Services and Support Program
Internet Ratings

	Count	Agree	Somewhat agree	Disagree
I have a way to get information on the Internet. ¹	210	31.9	10.0	58.1
I have used the Internet to learn about the benefits or services provided by this program. ²	213	13.6	6.6	79.8

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-two percent of the respondents either agreed (31.9 percent) or somewhat agreed (10.0 percent) that they had a way to access the Internet. Fifty-eight percent disagreed (see Table 22).

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 (13.6 percent) or somewhat agreed (6.6 percent).

¹ A total of 210 respondents, or 61.9 percent of all respondents, answered this question. Of the remaining respondents, 28.9 percent answered “don’t know” and 9.1 percent did not mark an answer.

² A total of 213 respondents, or 62.8 percent of all respondents, answered this question. Of the remaining respondents, 27.1 percent answered “don’t know” and 10.0 percent did not mark an answer.

Table 23
Suggested Improvements (Open-ended)
(n=149)

	Percentage responding
Satisfied	41.6
Staff performance	13.4
Assistance needed/decreased/denied	9.4
Attendant assistance/hours	8.1
Customer service/response time	6.0
Medical/dental	3.4
Eligibility requirements/benefits	3.4
Transportation	2.7
Information availability/clarity	2.0
Medical staff/treatment/equipment	2.0
Communication	2.0
Repairs needed	1.3
Attendant pay	1.3
Other	3.4

- Respondents were asked how DADS could improve the benefits or services they received or needed. After categorizing the comments, 41.6 percent of the respondents were satisfied and offered no suggestions for improvement (see Table 23). Areas for improvement included staff performance (13.4 percent); assistance needed/decreased/denied (9.4 percent), attendant assistance/hours (8.1 percent), and customer service/response time (6.0 percent).

Table 24
DADS Community Medicaid Entitlement Long-Term Services and Support Program
Caregiver Satisfaction Ratings

	Count	Agree	Somewhat agree	Disagree
The information I receive about my benefits or services is easy to understand. ¹	309	75.4	18.4	6.1
Frequent changes in people who are paid to help me are a problem for my family or me. ²	280	22.5	15.0	62.5
I get the right amount of services I need. ³	305	73.1	16.4	10.5
I am afraid or scared of the people who are paid to help me. ⁴	300	11.3	5.7	83.0
People who are paid to help me are generally respectful and courteous to me. ⁵	316	91.8	6.0	2.2
People who are paid to help me speak or communicate with me in my preferred language. ⁶	317	96.2	3.2	0.6

Information about benefits or services are easy to understand

- Respondents were asked if they agreed that the information they received about their benefits or services was easy to understand. As shown in Table 24, 93.8 percent of the respondents either agreed (75.4 percent) or somewhat agreed (18.4 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.” Sixty-three percent of the respondents disagreed with this statement. Thirty-eight percent of the respondents indicated that they either agreed (22.5 percent) or somewhat agreed (15.0 percent).

Get the right amount of needed services

- When asked if they got the right amount of needed services, 89.5 percent of the respondents either agreed (73.1 percent) or somewhat agreed (16.4 percent) that they did.

¹ A total of 309 respondents, or 91.2 percent of all respondents, answered this question. Of the remaining respondents, 3.8 percent answered “don’t know” and 5.0 percent did not mark an answer.

² A total of 280 respondents, or 82.6 percent of all respondents, answered this question. Of the remaining respondents, 9.1 percent answered “don’t know” and 8.3 percent did not mark an answer.

³ A total of 305 respondents, or 90.0 percent of all respondents, answered this question. Of the remaining respondents, 3.2 percent answered “don’t know” and 6.8 percent did not mark an answer.

⁴ A total of 300 respondents, or 88.5 percent of all respondents, answered this question. Of the remaining respondents, 5.9 percent answered “don’t know” and 5.6 percent did not mark an answer.

⁵ A total of 316 respondents, or 93.2 percent of all respondents, answered this question. Of the remaining respondents, 2.4 percent answered “don’t know” and 4.4 percent did not mark an answer.

⁶ A total of 317 respondents, or 93.5 percent of all respondents, answered this question. Of the remaining respondents, 1.8 percent answered “don’t know” and 4.7 percent did not mark an answer.

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-three percent of the respondents disagreed with the statement. Seventeen percent either agreed (11.3 percent) or somewhat agreed (5.7 percent).

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 (97.8 percent) of the respondents either agreed (91.8 percent) or somewhat agreed (6.0 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-nine percent either agreed (96.2 percent) or somewhat agreed (3.2 percent) with the statement.

Table 25
DADS Community Medicaid Entitlement Long-Term Services and Support Program
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. ¹	291	14.1	6.9	79.0
The people paid to help me spend all the time with me they are supposed to. ²	298	86.6	6.4	7.0
I know I can change the people who are paid to help me if I want to. ³	286	89.5	2.8	7.7
I want to hire, train and manage the people who are paid to help me. ⁴	241	32.0	7.9	60.2

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 their medications when they need to because there is no one there to help them. Seventy-nine percent of the respondents disagreed with the statement. Twenty-one percent of the respondents either agreed (14.1 percent) or somewhat agreed (6.9 percent) with the statement (see Table 25).

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-three percent of the respondents either agreed (86.6 percent) or somewhat agreed (6.4 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, 92.3 percent either agreed (89.5 percent) or somewhat agreed (2.8 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." Sixty percent disagreed with the statement, while 32.0 percent agreed and 7.9 percent somewhat agreed.

¹ A total of 291 respondents, or 85.8 percent of all respondents, answered this question. Of the remaining respondents, 1.8 percent answered "don't know" and 12.4 percent did not mark an answer.

² A total of 298 respondents, or 87.9 percent of all respondents, answered this question. Of the remaining respondents, 2.1 percent answered "don't know" and 10.0 percent did not mark an answer.

³ A total of 286 respondents, or 84.4 percent of all respondents, answered this question. Of the remaining respondents, 5.0 percent answered "don't know" and 10.6 percent did not mark an answer.

⁴ A total of 241 respondents, or 71.1 percent of all respondents, answered this question. Of the remaining respondents, 13.6 percent answered "don't know" and 15.3 percent did not mark an answer.

Table 26
DADS Community Medicaid Entitlement Long-Term Services and Support Program
Adult Day Care Center Ratings

	Count	Agree	Somewhat agree	Disagree
I get to choose the Adult Day Care Center I go to. ¹	104	75.0	5.8	19.2
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. ²	98	43.9	9.2	46.9
I am able to go to medical appointments during the day if I want to. ³	130	86.2	5.4	8.5
There are some things I want to do outside my house that I don't do now. ⁴	106	46.2	16.0	37.7

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. As shown in Table 26, 80.8 percent of the respondents either agreed (75.0 percent) or somewhat agreed (5.8 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." Fifty-three percent of the respondents either agreed (43.9 percent) or agreed somewhat (9.2 percent) with the statement. Forty-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 (86.2 percent) or agreed somewhat (5.4 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." Sixty-two percent of the respondents either agreed (46.2 percent) or agreed somewhat (16.0 percent) that there were things they wanted to do. Thirty-eight percent disagreed with the statement.

¹ A total of 104 respondents, or 30.7 percent of all respondents, answered this question. Of the remaining respondents, 5.3 percent answered "don't know" and 64.0 percent did not mark an answer.

² A total of 98 respondents, or 28.9 percent of all respondents, answered this question. Of the remaining respondents, 5.6 percent answered "don't know" and 65.5 percent did not mark an answer.

³ A total of 130 respondents, or 38.3 percent of all respondents, answered this question. Of the remaining respondents, 2.4 percent answered "don't know" and 59.3 percent did not mark an answer.

⁴ A total of 106 respondents, or 31.3 percent of all respondents, answered this question. Of the remaining respondents, 5.9 percent answered "don't know" and 62.8 percent did not mark an answer.

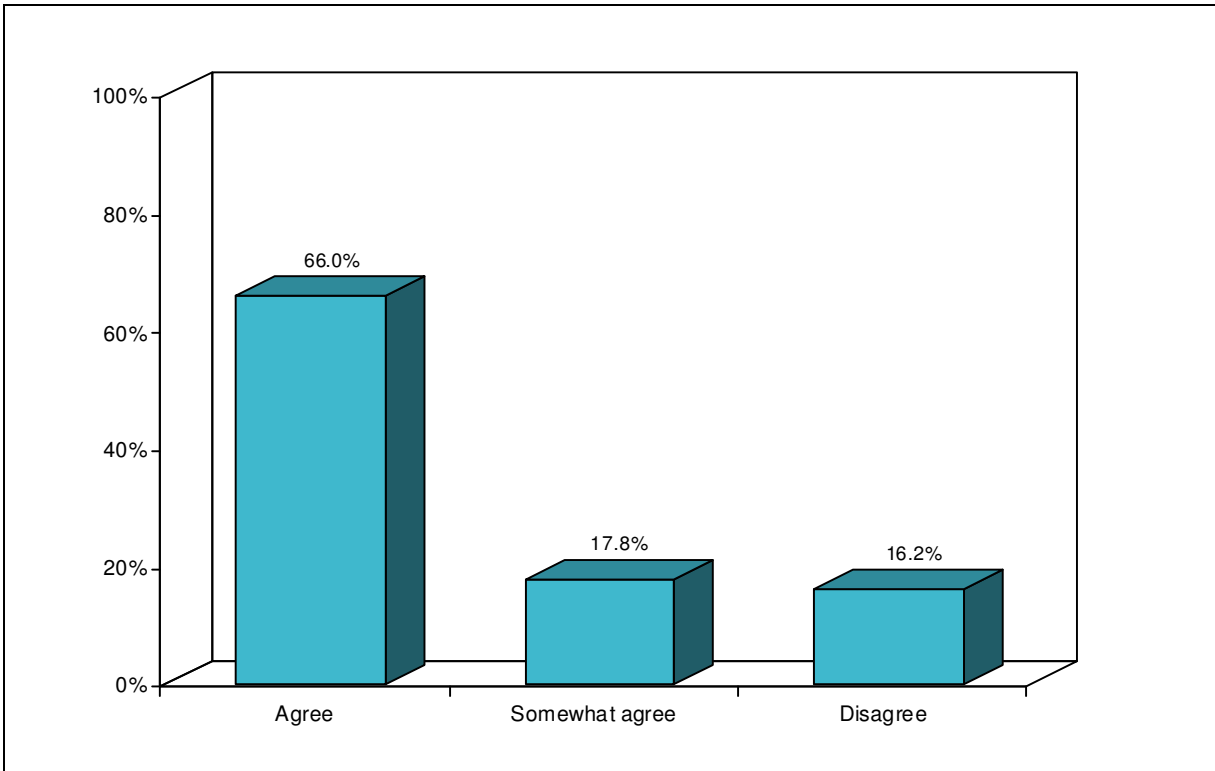
Table 27
DADS Community Medicaid Entitlement Long-Term Services and Support Program
Desired Activities Not Currently Engaged In (Open-ended)
(n=51)

	Percentage responding
Satisfied/nothing is required	27.5
Transportation	17.6
Better health	11.8
Travel	9.8
Additional attendant assistance	7.8
Exercise	5.9
Socializing	3.9
Home maintenance/improvement	3.9
Other	11.8

- DAD's 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 27. Twenty-eight percent of the respondents were satisfied with their circumstances and did not desire any additional activities. Eighteen needed transportation to go shopping or run errands. Twelve percent indicated they wished they were in better health so that they might engage in activities such as walking. Some wanted to travel (9.8 percent), have additional attendant assistance (7.8 percent), exercise (5.9 percent), or socialize (3.9 percent).

DARS - Vocational Rehabilitation Services Recipients

Figure 4
Overall Satisfaction with DARS Vocational Rehabilitation Services Received
(n=518)*



- Respondents were asked if they agreed with the statement, "Overall, I am satisfied with the benefits or services I received." As shown in Figure 6, 83.8 percent of the respondents reported being satisfied.
- As shown in Table 28, agreement was higher among Hispanic respondents and female respondents.

* A total of 518 respondents, or 97.4 percent of all respondents, answered this question. Of the remaining respondents, 12 (2.3 percent) answered "don't know" and 1 (0.2 percent) did not mark a response. For the visually impaired respondents, 66 respondents, or 100.0 percent, answered this question. Responses for the visually impaired respondents were: agree (72.7 percent), somewhat agree (18.2 percent), and disagree (9.1 percent).

Table 28
Overall Satisfaction with DARS Vocational Rehabilitation
Program Services Received
By Selected Demographics

Demographic Groups	Count	Percentage responding		
		Agree	Somewhat agree	Disagree
Age				
0 to 6	0	-	-	-
25 and under	143	68.5	16.1	15.4
26 to 35	74	73.0	14.9	12.2
36 to 45	114	60.5	21.1	18.4
46 to 55	132	59.8	19.7	20.5
56 to 65	47	74.5	14.9	10.6
66 to 75	6	83.3	16.7	0.0
76 to 85	2	100.0	0.0	0.0
86 and over	0	-	-	
Race/Ethnicity *				
Caucasian	270	62.2	18.1	19.6
Hispanic	121	79.3	9.9	10.7
African American	117	61.5	24.8	13.7
Other	10	60.0	20.0	20.0
Gender **				
Female	266	69.5	19.2	11.3
Male	252	62.3	16.3	21.4

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Table 29
DARS Vocational Rehabilitation Program
Benefits and Services Ratings

	Count	Agree	Somewhat agree	Disagree
The benefit or service choices available to me were clearly explained. ¹	522	71.3	19.5	9.2
I had a chance to say what benefits or services I wanted to receive. ²	510	66.9	19.6	13.5
It was easy for me to get the benefits or services I needed. ³	520	53.7	26.9	19.4
The length of time I waited to receive benefits or services was reasonable. ⁴	510	61.6	20.4	18.0
The benefits or services I received helped me. ¹	510	70.4	18.0	11.6

Available choices were clearly explained

- Respondents were asked if they agreed that the benefit or service choices available to them were clearly explained. As shown in Table 29, 90.8 percent of the respondents either agreed (71.3 percent) or somewhat agreed (19.5 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-seven percent of the respondents either agreed (66.9 percent) or somewhat agreed (19.6 percent) that they had that opportunity.

Easy to get needed benefits or services

- Respondents were asked if it was easy for them to get the benefits or services they needed. Eighty-one percent of the respondents either agreed (53.7 percent) or somewhat agreed (26.9 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 were reasonable, 82.0 percent either agreed (61.6 percent) or somewhat agreed (20.4 percent).

Benefits or services received helped me

- Respondents were asked if they agreed that the benefits or services they received had helped them. Eighty-eight percent of the respondents either agreed (70.4 percent) or somewhat agreed (18.0 percent).

¹ A total of 522 respondents, or 98.1 percent of all respondents, answered this question. Of the remaining respondents, 1.5 percent answered “don’t know” and 0.4 percent did not mark an answer.

² A total of 510 respondents, or 95.9 percent of all respondents, answered this question. Of the remaining respondents, 3.8 percent answered “don’t know” and 0.4 percent did not mark an answer.

³ A total of 520 respondents, or 97.7 percent of all respondents, answered this question. Of the remaining respondents, 1.9 percent answered “don’t know” and 0.4 percent did not mark an answer.

⁴ A total of 510 respondents, or 95.9 percent of all respondents, answered this question. Of the remaining respondents, 3.6 percent answered “don’t know” and 0.6 percent did not mark an answer.

Table 30
DARS Vocational Rehabilitation Program
Staff Ratings

	Count	Agree	Somewhat agree	Disagree
Staff members treated me with respect. ²	524	84.4	11.6	4.0
Staff members were able to answer my questions. ³	523	73.6	19.1	7.3
I understood what I needed to know about the benefits or services. ⁴	520	66.3	22.9	10.8

Respondents were asked about their experience dealing with DARS staff.

Staff members treated me with respect

- Respondents were asked if they agreed that staff members had treated them with respect. As shown in Table 30, 96.0 percent of the respondents either agreed (84.4 percent) or somewhat agreed (11.6 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-three percent of the respondents indicated that they either agreed (73.6 percent) or somewhat agreed (19.1 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-nine percent either agreed (66.3 percent) or somewhat agreed (22.9 percent) that they understood.

¹ A total of 510 respondents, or 95.9 percent of all respondents, answered this question. Of the remaining respondents, 3.0 percent answered “don’t know” and 1.1 percent did not mark an answer.

² A total of 524 respondents, or 98.5 percent of all respondents, answered this question. Of the remaining respondents, 0.9 percent answered “don’t know” and 0.6 percent did not mark an answer.

³ A total of 523 respondents, or 98.3 percent of all respondents, answered this question. Of the remaining respondents, 1.3 percent answered “don’t know” and 0.4 percent did not mark an answer.

⁴ A total of 520 respondents, or 97.7 percent of all respondents, answered this question. Of the remaining respondents, 1.9 percent answered “don’t know” and 0.4 percent did not mark an answer.

Table 31
DARS Vocational Rehabilitation Program
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. ¹	471	73.5	17.2	9.3
If I complained, I believe my complaint would be addressed fairly. ²	467	67.5	19.1	13.5

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. As shown in Table 31, 90.7 percent of the respondents either agreed (73.5 percent) or somewhat agreed (17.2 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-seven percent of the respondents indicated that they either agreed (67.5 percent) or somewhat agreed (19.1 percent) with that statement.

¹ A total of 471 respondents, or 88.5 percent of all respondents, answered this question. Of the remaining respondents, 10.5 percent answered “don’t know” and 0.9 percent did not mark an answer.

² A total of 467 respondents, or 87.8 percent of all respondents, answered this question. Of the remaining respondents, 11.7 percent answered “don’t know” and 0.6 percent did not mark an answer.

Table 32
DARS Vocational Rehabilitation Program
Internet Ratings

	Count	Agree	Somewhat agree	Disagree
I have a way to get information on the Internet. ¹	415	59.0	17.1	23.9
I have used the Internet to learn about the benefits or services provided by this program. ²	447	24.6	17.4	57.9

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. As shown in Table 32, 76.1 percent of the respondents either agreed (59.0 percent) or somewhat agreed (17.1 percent) that they had a way to access the Internet. Twenty-four percent disagreed.

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.” Fifty-eight percent of the respondents disagreed with this statement. Forty-two percent of the respondents indicated that they either agreed (24.6 percent) or somewhat agreed (17.4 percent).

¹ A total of 415 respondents, or 78.0 percent of all respondents, answered this question. Of the remaining respondents, 20.1 percent answered “don’t know” and 1.9 percent did not mark an answer.

² A total of 447 respondents, or 84.0 percent of all respondents, answered this question. Of the remaining respondents, 13.7 percent answered “don’t know” and 2.3 percent did not mark an answer.

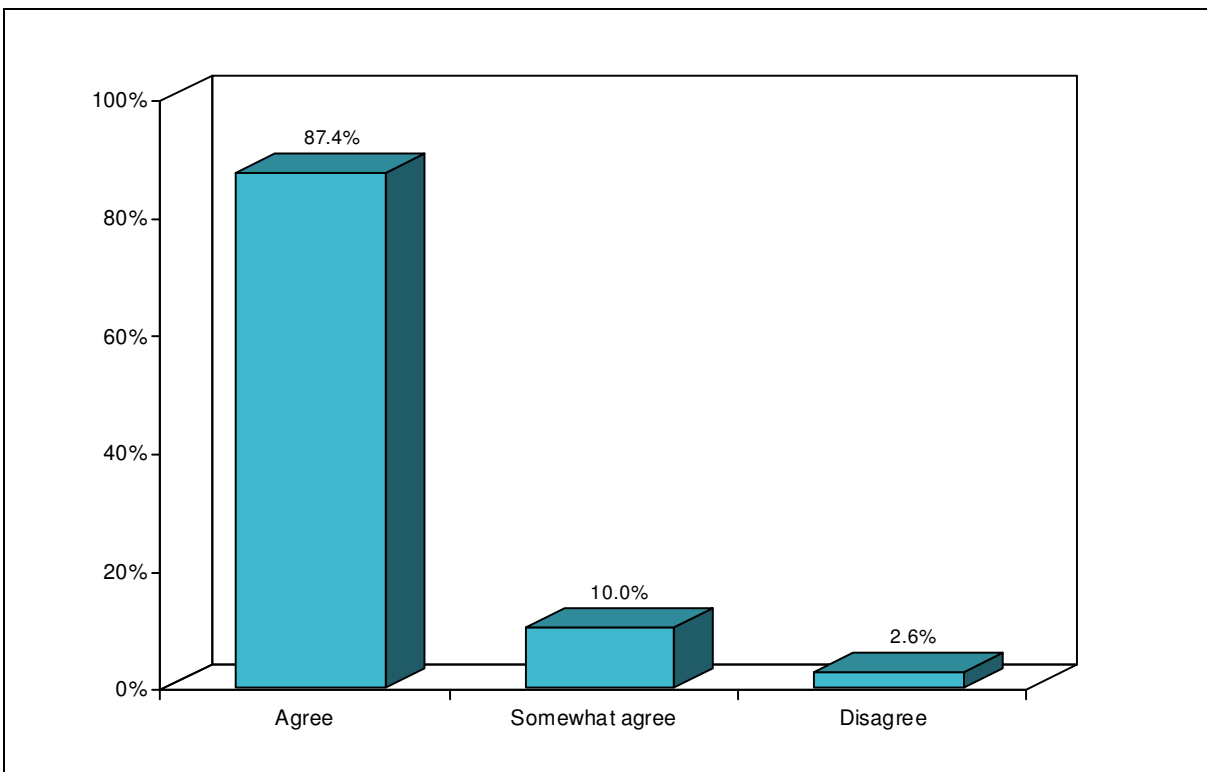
Table 33
Suggested Improvements (Open-ended)
(n=272)

	Percentage responding
Satisfied/no improvement needed	24.6
Job placement/training	14.3
Staff performance	10.3
Information availability	7.7
Process	6.3
Communication	6.3
Education	5.9
Medical staff/treatment/equipment	4.8
Eligibility requirements/benefits	4.8
Customer service/response time	4.4
Assistance needed/decreased/denied	2.6
Staff courtesy	2.6
Dissatisfied	1.8
Transportation	1.5
Other	2.2

- Respondents were asked how DARS could improve the benefits or services they received or needed. After categorizing the comments, 24.6 percent of the respondents were satisfied and offered no suggestions for improvement (see Table 33). Fourteen percent mentioned job placement/ training. Job placement/training was followed by staff performance (10.3 percent), information availability (7.7 percent), the process (6.3 percent), communication (6.3 percent), and education (5.9 percent). Other areas for improvement included medical staff/ treatment/equipment (4.8 percent), eligibility requirements (4.8 percent), and customer service/response time (4.4 percent).

DSHS - Women, Infants, and Children's Nutrition Services Recipients

Figure 5
Overall Satisfaction with DSHS Women's Infant and Children (WIC) Services Received
(n=309)*



- Respondents were asked if they agreed with the statement, "Overall, I am satisfied with the benefits or services I received." As shown in Figure 7, 97.4 percent of the respondents agreed (87.4 percent) or somewhat agreed (10.0 percent) they were satisfied.
- While not statistically significant, cross-tabulations for age, race/ethnicity and gender are shown in Table 34.

* A total of 309 respondents, or 96.6 percent of all respondents, answered "yes" or "no" to this question. Of the remaining respondents, 6 (1.9 percent) answered "don't know" and 5 (1.6 percent) did not mark a response.

Table 34
Overall Satisfaction with DSHS Women, Infants, and Children (WIC)
Program Services Received
By Selected Demographics

Demographic Groups	Count	Percentage responding		
		Agree	Somewhat agree	Disagree
Age				
0 to 6 ¹	218	85.3	12.8	1.8
25 and under	38	92.1	0.0	7.9
26 to 35	40	90.0	7.5	2.5
36 to 45	12	100.0	0.0	0.0
46 to 55	0	-	-	-
56 to 65	0	-	-	-
66 to 75	0	-	-	-
76 to 85	0	-	-	-
86 and over	0	-	-	-
Race/Ethnicity				
Caucasian	47	89.4	8.5	2.1
Hispanic	219	88.1	9.6	2.3
African American	36	77.8	16.7	5.6
Other	6	100.0	0.0	0.0
Gender				
Female	202	87.1	9.4	3.5
Male	106	87.7	11.3	0.9

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

¹ Parents completed the survey for those respondents between the ages of zero and six.

Table 35
DSHS Women, Infants, and Children (WIC) Program
Benefits and Services Ratings

	Count	Agree	Somewhat agree	Disagree
The benefit or service choices available to me were clearly explained. ¹	311	80.1	17.7	2.3
I had a chance to say what benefits or services I wanted to receive. ²	305	77.4	16.4	6.2
It was easy for me to get the benefits or services I needed. ³	310	73.5	20.3	6.1
The length of time I waited to receive benefits or services was reasonable. ⁴	308	67.9	19.8	12.3
The benefits or services I received helped me. ⁵	299	93.0	6.4	0.7

Available choices were clearly explained

- Respondents were asked if they agreed that the benefit or service choices available to them were clearly explained. As shown in Table 35, 97.8 percent of the respondents either agreed (80.1 percent) or somewhat agreed (17.7 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-four percent of the respondents either agreed (77.4 percent) or somewhat agreed (16.4 percent) that they had that opportunity.

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-four percent of the respondents either agreed (73.5 percent) or somewhat agreed (20.3 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 were reasonable, 87.7 percent either agreed (67.9 percent) or somewhat agreed (19.8 percent).

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 (93.0 percent) or somewhat agreed (6.4 percent).

¹ A total of 311 respondents, or 97.2 percent of all respondents, answered this question. Of the remaining respondents, 1.3 percent answered “don’t know” and 1.6 percent did not mark an answer.

² A total of 305 respondents, or 95.3 percent of all respondents, answered this question. Of the remaining respondents, 2.5 percent answered “don’t know” and 2.2 percent did not mark an answer.

³ A total of 310 respondents, or 96.9 percent of all respondents, answered this question. Of the remaining respondents, 0.9 percent answered “don’t know” and 2.2 percent did not mark an answer.

⁴ A total of 308 respondents, or 96.3 percent of all respondents, answered this question. Of the remaining respondents, 1.6 percent answered “don’t know” and 2.2 percent did not mark an answer.

⁵ A total of 299 respondents, or 93.4 percent of all respondents, answered this question. Of the remaining respondents, 2.5 percent answered “don’t know” and 4.1 percent did not mark an answer.

Table 36
DSHS Women, Infants, and Children (WIC) Program
Staff Ratings

	Count	Agree	Somewhat agree	Disagree
Staff members treated me with respect. ¹	310	76.5	18.4	5.2
Staff members were able to answer my questions. ²	311	85.5	11.9	2.6
I understood what I needed to know about the benefits or services. ³	310	84.5	13.5	1.9

Respondents were asked about their experience dealing with DSHS staff.

Staff members treated me with respect

- Respondents were asked if they agreed that staff members had treated them with respect. As shown in Table 36, 94.9 percent of the respondents either agreed (76.5 percent) or somewhat agreed (18.4 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-seven percent of the respondents indicated that they either agreed (85.5 percent) or somewhat agreed (11.9 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.” Ninety-eight percent either agreed (84.5 percent) or somewhat agreed (13.5 percent) that they understood.

¹ A total of 310 respondents, or 96.9 percent of all respondents, answered this question. Of the remaining respondents, 1.6 percent answered “don’t know” and 1.6 percent did not mark an answer.

² A total of 311 respondents, or 97.2 percent of all respondents, answered this question. Of the remaining respondents, 1.9 percent answered “don’t know” and 0.9 percent did not mark an answer.

³ A total of 310 respondents, or 96.9 percent of all respondents, answered this question. Of the remaining respondents, 1.3 percent answered “don’t know” and 1.9 percent did not mark an answer.

Table 37
DSHS Women, Infants, and Children (WIC) Program
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. ¹	291	79.4	15.5	5.2
If I complained, I believe my complaint would be addressed fairly. ²	280	68.6	24.3	7.1

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. As shown in Table 37, 94.9 percent of the respondents either agreed (79.4 percent) or somewhat agreed (15.5 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-three percent of the respondents indicated that they either agreed (68.6 percent) or somewhat agreed (24.3 percent) with that statement.

¹ A total of 291 respondents, or 90.9 percent of all respondents, answered this question. Of the remaining respondents, 6.6 percent answered “don’t know” and 2.5 percent did not mark an answer.

² A total of 280 respondents, or 87.5 percent of all respondents, answered this question. Of the remaining respondents, 10.6 percent answered “don’t know” and 1.9 percent did not mark an answer.

Table 38
DSHS Women, Infants, and Children (WIC) Program
Internet Ratings

	Count	Agree	Somewhat agree	Disagree
I have a way to get information on the Internet. ¹	231	67.5	12.1	20.3
I have used the Internet to learn about the benefits or services provided by this program. ²	209	37.3	12.9	49.8

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. As shown in Table 38, 79.6 percent of the respondents either agreed (67.5 percent) or somewhat agreed (12.1 percent) that they had a way to access 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.” Half (49.8 percent) of the respondents disagreed with this statement. Fifty percent of the respondents indicated that they either agreed (37.3 percent) or somewhat agreed (12.9 percent).

¹ A total of 231 respondents, or 72.2 percent of all respondents, answered this question. Of the remaining respondents, 24.4 percent answered “don’t know” and 3.4 percent did not mark an answer.

² A total of 209 respondents, or 65.3 percent of all respondents, answered this question. Of the remaining respondents, 29.7 percent answered “don’t know” and 5.0 percent did not mark an answer.

Table 39
Suggested Improvements (Open-ended)
(n=160)

	Percentage responding
Satisfied/no improvement needed	33.8
WIC	11.3
Appointments	9.4
Process	8.8
Information availability	8.1
Customer service/response time	8.1
Staff courtesy	6.3
Staff performance	5.0
Eligibility requirements/benefits	4.4
Language problems	2.5
Medical/dental	1.9
Other	0.6

- Respondents were asked how DSHS could improve the benefits or services they received or needed. After categorizing the comments, 33.8 percent of the respondents were satisfied and offered no suggestions for improvement (see Table 39). Eleven percent mentioned WIC. WIC was followed by appointments (9.4 percent), the process (8.8 percent), information availability (8.1 percent), customer service/response time (8.1 percent), staff courtesy (6.3 percent) and staff performance (5.0 percent). Eligibility requirements/benefits were mentioned by 4.4 percent of the respondents. Other areas for improvement were mentioned by less than 3 percent of the respondents.

**Table 40
WIC Ratings**

	Count	Agree	Somewhat agree	Disagree
WIC appointments are offered at days and times that are convenient to me. ¹	310	83.9	11.0	5.2
WIC staff are able to speak to me in my preferred language. ²	309	95.1	3.6	1.3
WIC staff has provided me with information about other helpful programs and services. ³	294	77.9	10.2	11.9
I trust the WIC program to provide accurate, helpful information about feeding infants and children. ⁴	311	91.6	7.7	0.6
I trust the WIC program to provide accurate, helpful information about breastfeeding. ⁵	302	93.0	6.0	1.0
I would recommend the WIC program to friends and family with children under 5 years of age. ⁶	309	96.4	3.6	0.0

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-five percent of the respondents either agreed (83.9 percent) or somewhat agreed (11.0 percent) that appointments are convenient (see Table 40).

WIC staff are able to speak to me in my preferred language

- When respondents were asked if they agreed with the statement, "WIC staff are able to speak to me in my preferred language," 98.7 percent of the respondents either agreed (95.1 percent) or somewhat agreed (3.6 percent).

¹ A total of 310 respondents, or 96.9 percent of all respondents, answered this question. Of the remaining respondents, 1.6 percent answered "don't know" and 1.6 percent did not mark an answer.

² A total of 309 respondents, or 96.6 percent of all respondents, answered this question. Of the remaining respondents, 2.2 percent answered "don't know" and 1.3 percent did not mark an answer.

³ A total of 294 respondents, or 91.9 percent of all respondents, answered this question. Of the remaining respondents, 5.9 percent answered "don't know" and 2.2 percent did not mark an answer.

⁴ A total of 311 respondents, or 97.2 percent of all respondents, answered this question. Of the remaining respondents, 1.6 percent answered "don't know" and 1.3 percent did not mark an answer.

⁵ A total of 302 respondents, or 94.4 percent of all respondents, answered this question. Of the remaining respondents, 4.1 percent answered "don't know" and 1.6 percent did not mark an answer.

⁶ A total of 309 respondents, or 96.6 percent of all respondents, answered this question. Of the remaining respondents, 2.5 percent answered "don't know" and 0.9 percent did not mark an answer.

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 (77.9 percent) or somewhat agreed (10.2 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 (91.6 percent) or somewhat agreed (7.7 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 (93.0 percent) or somewhat agreed (6.0 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," 100.0 percent of the respondents either agreed (96.4 percent) or somewhat agreed (3.6 percent).

VII. COMPARISON OF 2006 AND 2008

The Survey Research Center at the University of North Texas plans to deliver individual presentations to each of the agencies who participated in the survey. The presentations will include a comparison of the 2006 and 2008 survey results for each agency and the HHS system as a whole.

VIII. CONCLUSIONS

The Texas Health and Human Services Commission (HHSC) contracted with the Survey Research Center (SRC) at the University of North Texas to conduct a customer satisfaction survey of five customer groups from the four Texas Health and Human Services agencies. The survey findings were generally favorable.

The results of the four agencies taken together suggests that large majorities of respondents agreed or somewhat agreed that the available benefit or service choices were clearly explained. Most agreed or somewhat agreed that staff treated them with respect and a majority of customers said staff members were able to answer their questions.

HHS benefits and services were understood by over 80 percent of the respondents, and almost 90 percent of respondents indicated that they knew how to make a complaint against HHS if needed.

Over 60 percent of the respondents agreed or somewhat agreed that they had a way to get information on the Internet, but less than 70 percent disagreed that they had used the Internet to learn about the benefits or services provided by the program in which they participated.

Finally, over 90 percent of the respondents agreed or somewhat agreed that the benefits or services they received helped them, and over eighty percent agreed or somewhat agreed they were satisfied with the benefits or services they received.

A complete summary of the findings including HHSC results will be included in the reissued report due October 1, 2008.

APPENDIX A: CUSTOMER INVENTORIES BY AGENCIES (EXCEPT DSHS)

Department of Family and Protective Services

Description of Services Provided to Customers by 2008-2009 Budget Strategy

STRATEGY	STAKEHOLDER GROUPS
<p>Strategy A.1.1 Statewide Intake Services. 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>Children and Adults At Risk of Abuse and Neglect: Statewide Intake provides central reporting and investigation assignments so that all children at risk of abuse and neglect and all elderly and adults with disabilities at risk of abuse, neglect, and exploitation can be protected.</p> <p>Citizens of Texas: DFPS provides confidential access to services for all citizens of Texas.</p> <p>External Partners: In providing access to DFPS services through the Statewide Intake function, DFPS interacts with law enforcement agencies, the medical sector, and schools.</p>
<p>Strategy A.2.1 CPS Direct Delivery Staff. 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>Strategy A.2.2 CPS Program Support. Provide staff, training, automation, and special projects to support a comprehensive and consistent system for the delivery of child protective services.</p>	<p>Children and Families: 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>External Partners: Conducting investigations and providing casework for children in their own homes and children who have been removed from their homes involves many external partners, such as law enforcement agencies, the medical sector, schools, Child Welfare Boards, the judiciary, faith based organizations, Child Advocacy Centers, children's advocate groups, and state and national child welfare associations.</p>
<p>Strategy A.2.3 TWC Foster Day Care. Provide purchased day care services for foster children when one or both foster parents work full-time.</p> <p>Strategy A.2.4 TWC Protective Day Care. 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>Children and Families: DFPS protects children by purchasing day care to keep a child safe in their home or to assist working foster parents.</p> <p>Other Agencies: DFPS purchases day care under a contract with the Texas Workforce Commission.</p> <p>Local Governments: Through the contract with the Texas Workforce Commission, DFPS has access to the network of child care providers managed by local workforce boards.</p>
<p>Strategy A.2.5 Adoption Purchased Services. Provide purchased adoption services with private child-placing agencies to</p>	<p>Children and Families: DFPS increases permanency placement options for children awaiting adoption by contracting for adoption services, and helps ensure success of adoptions</p>

STRATEGY	STAKEHOLDER GROUPS
<p>facilitate the success of service plans for children who are legally free for adoption, including recruitment, screening, home study, placement, and support services.</p> <p>Strategy A.2.6 Post-Adoption Purchased Services. Provide purchased post-adoption services for families who adopt children in the conservatorship of DFPS, including casework, support groups, parent training, therapeutic counseling, respite care, and residential therapeutic care.</p>	<p>by providing post-adoption services.</p> <p>Contracted Service Providers: DFPS contracts with private child-placing agencies to recruit, train and verify adoptive 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>Strategy A.2.7 Preparation for Adult Living Purchased Services. 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>Youth in Substitute Care: DFPS provides services to prepare youth in substitute care for adult life. Services are also available for youth who have aged out of the substitute care system to ensure a successful transition to adulthood.</p> <p>Contracted Service Providers: DFPS purchases these youth services from various service providers.</p>
<p>Strategy A.2.8 Substance Abuse Purchased Services. Provide purchased residential chemical dependency treatment services for adolescents who are in the conservatorship of DFPS and/or parents who are referred to treatment by DFPS.</p>	<p>Children and Families: DFPS protects children by purchasing substance abuse treatment services and drug-testing services for children in the CPS system and their families.</p> <p>Contracted Service Providers: DFPS purchases these services from various service providers.</p>
<p>Strategy A.2.9 Other CPS Purchased Services. Provide purchased services to treat children who have been abuse or neglected, to enhance the safety and well-being of children at risk of abuse and neglect, and to enable families to provide safe and nurturing home environments for their children.</p>	<p>Children and Families: DFPS protects children by purchasing various types of services for children in the CPS system and their families.</p> <p>Contracted Service Providers: DFPS purchases these services from various service providers.</p>

STRATEGY	STAKEHOLDER GROUPS
<p>Strategy A.2.10 Foster Care Payments. Provide financial reimbursement for the care, maintenance, and support of children who have been removed from their homes and placed in licensed, verified child care facilities.</p>	<p>Children in Foster Care: DFPS provides reimbursement for the care, maintenance, and treatment of children who have removed from their homes.</p> <p>Kinship and Other Designated Caregivers: DFPS provides monetary assistance to kinship and other designated caregivers to help ensure successful placements for children removed from their homes.</p> <p>Contracted Service Providers: DFPS purchases these services from DFPS foster homes, contracted child-placing agencies, and child care facilities.</p> <p>Other Agencies: 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.</p> <p>Local Governments: DFPS provides federal Title IV-E funding to participating counties for allowable expenses for foster care maintenance and administration.</p> <p>External Partners: The foster care program would not be possible without the 24-hour residential child care providers. DFPS works closely with provider groups and associations.</p>
<p>Strategy A.2.11 Adoption Subsidy Payments. 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>Children and Families: DFPS helps ensure a permanent placement for children available for adoption with special needs by providing a monthly subsidy payment to assist with the cost of the child's special needs.</p>
<p>Strategy A.2.12 Services to At-Risk Youth (STAR) Program. 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>Strategy A.2.13 Community Youth Development (CYD) Program. Provide funding and technical assistance to support collaboration by Community Groups to alleviate family and community conditions that lead to juvenile crime.</p> <p>Strategy A.2.14 Texas Families Program. Provide community-based prevention services to alleviate stress and promote</p>	<p>Children and Families: DFPS provides funding for community-based prevention services to at-risk children and for the families of those children.</p> <p>Contracted Service Providers: DFPS contracts with various community-based organizations across the state to deliver prevention and early intervention services</p> <p>Other Agencies: At-risk prevention services involve participation from the Texas Education Agency, Texas Juvenile Probation Commission, and Texas Youth Commission.</p> <p>Local Governments: At-risk prevention services involve participation from Local Juvenile Probation Departments.</p> <p>External Partners: Overseeing prevention services involves many external partners such as law enforcement agencies, schools, and children's advocate groups.</p>

STRATEGY	STAKEHOLDER GROUPS
<p>parental competencies and behaviors that will increase the ability of families to successfully nurture their children.</p> <p>Strategy A.2.15 Child Abuse Prevention Grants. Provide child abuse prevention grants to develop programs, public awareness, and respite care through community-based organization.</p> <p>Strategy A.2.16 Other At-Risk Prevention Programs. Provide funding for community-based prevention programs to alleviate conditions that lead to child abuse/neglect and juvenile crime.</p> <p>Strategy A.2.17 At-Risk Prevention Program Support. Provide program support for at-risk prevention services.</p>	
<p>Strategy A.3.1 APS Direct Delivery Staff. Provide caseworkers and related staff to conduct investigations and provide or arrange for services for vulnerable adults.</p> <p>Strategy A.3.2 APS Program Support. Provide staff, training, automation, and special projects to support a comprehensive and consistent system for the delivery of adult protective services.</p>	<p>Aged and Disabled Victims: 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>Contracted Service Providers: DFPS contracts with various service providers to deliver necessary emergency services for APS customers.</p> <p>Other Agencies: 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>Local Governments: Providing adult protective services involves support and participation from city and county health and social services departments, and the Area Agencies on Aging.</p> <p>External Partners: 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 customers.</p>

STRATEGY	STAKEHOLDER GROUPS
<p>Strategy A.3.3 MH and MR Investigations. 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>Persons Served by or through MH and MR Settings: DFPS protects persons served by or through MH and MR settings by investigating reports of abuse, neglect, and exploitation.</p> <p>Other Agencies: 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>Local Governments: Providing adult protective services for persons served in these settings involves support and participation from Community MHMR Centers.</p> <p>External Partners: Providing adult protective services for 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>Strategy A.4.1 Child Care Regulation. 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>Children and Families: 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>Other State Agencies: Child care regulation involves support and participation by Texas Workforce Commission, Texas Department of State Health Services (DSHS), and other regulatory agencies.</p> <p>Local Governments: DFPS regulation of child care facilities involves the network of child care providers managed by local workforce boards. It also includes local health agencies and fire inspectors.</p> <p>External Partners: 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 childcare settings include schools, child care administrators, children’s advocates, and parents.</p>
<p>Strategy B.1.1. Central Administration.</p> <p>Strategy B.1.2 Other Support Services.</p> <p>Strategy B.1.3 Regional Administration.</p> <p>Strategy B.1.4 IT Program Support.</p> <p>Strategy B.1.5 Agency-wide</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>

STRATEGY	STAKEHOLDER GROUPS
<p>Automated System. Develop and enhance automated systems that service multiple programs, including the Information Management Protecting Adults and Children of Texas (IMPACT) system.</p>	
<p>Strategy C.1.1 CPS Reform.</p>	<p>Children and Families: 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>External Partners: Conducting investigations and providing casework for children in their own 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>Contracted Service Providers: 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

STRATEGY	STAKEHOLDER GROUPS
<p>A.1.1. Strategy: Intake, Access and Eligibility to Services and Supports. Provide functional eligibility determination, development of individual service plans based on customer 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>Direct customer groups include: 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>A.1.2. Strategy: 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>Direct customer groups include: 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>A.2.1. Strategy: 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 customers whose health problems cause them to be limited in performing activities of daily living.</p>	<p>Direct customer groups include: Individuals 21 years of age and older who meet specific eligibility requirements including income, resource, and functional assessment criteria.</p>

<p>A.2.2. Strategy: 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>Direct customer groups include: Individuals of any age who meet specific eligibility requirements including income, resource, and functional assessment criteria.</p>
<p>A.2.3. Strategy: Day Activity & Health Services. DAHS provide daytime service five days a week (Mon-Fri) to customers residing in the community in order to provide an alternative to placement in nursing facilities or other institutions.</p>	<p>Direct customer groups include: Individuals of any age who meet specific eligibility requirements including income, resource, and functional assessment criteria.</p>
<p>1.3.1. Strategy: 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>Direct customer groups include: 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>A.3.2. Strategy: 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>Direct customer groups include: 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>A.3.3. Strategy: Community Living Assistance & 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>Direct customer groups include: 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>A.3.4. Strategy: Deaf-Blind Multiple Disabilities (DBMD). Provides home and community-based services to adult individuals diagnosed with deaf, blind, and multiple disabilities.</p>	<p>Direct customer groups include: 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>A.3.5. Strategy: Medically Dependent Children Program (MDCP). Provides home and community-based services to customers less than 21 years of age. Services include respite, adjunct supports, adaptive aids, and minor home modification.</p>	<p>Direct customer groups include: Individuals younger than age 21 who meet specific eligibility requirements including income, resource, and medical necessity criteria and who choose waiver services instead of nursing facility services.</p>
<p>A.3.6. Strategy: 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>Direct customer groups include: 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>A.3.7. Strategy: 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 \$13,000 per year to consumers living in their family's home, their own homes, or other settings in the community.</p>	<p>Direct customer groups include: 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>A.4.1. Strategy: 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>Direct customer groups include: <i>For the Non-Medicaid community (XX and GR funded) services</i> <i>Individuals who are 18 years of age or older who meet specific eligibility requirements including income, resource, and functional assessment criteria.</i></p> <p><i>For the OAA services:</i> Individuals who are age 60 or older. Individuals who have cognitive and/or physically disabilities Family members and caregivers of elderly and individuals with disabilities.</p>

<p>A.4.2. Strategy: 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>Direct customer groups include: Individuals with mental retardation who reside in the community.</p>
<p>A.4.3. Strategy: 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>Direct customer groups include: Individuals who are covered by Medicaid and living in an institution but wish to relocate from an institution back into the community.</p>
<p>A.4.4. Strategy: 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>Direct customer groups include: 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>A.4.5. Strategy: 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>Direct customer groups include: 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>A.5.1. Strategy: 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>Direct customer groups include: Elderly individuals who are frail, who qualify for nursing facility services, and receive Medicare.</p>
<p>A.6.1. Strategy: 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>Direct customer groups include: Individuals with medical needs meeting medical necessity requirements and are eligible for Medicaid. The individuals must reside in a nursing facility for 30 consecutive days.</p>
<p>A.6.2. Strategy: 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>Direct customer groups include: 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>A.6.3. Strategy: 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 customers for whom curative treatment is no longer desired and who have a physician's prognosis of six months or less to live.</p>	<p>Direct customer groups include: 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>A.6.4. Strategy: Promoting Independence Services. Provide community-based services that enable nursing facility customers to relocate from nursing facilities back into community settings.</p>	<p>Direct customer groups include: Individuals eligible for Medicaid residing in a nursing facility or ICF/MR who are relocating into community settings.</p>
<p>A.7.1. Strategy: 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).</p>	<p>Direct customer groups include: Individuals with mental retardation and related conditions who would benefit or require 24-hour supervised living arrangements and qualify for Medicaid.</p>

<p>A.8.1. Strategy: 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>Direct customer groups include: 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>
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Department of Assistive and Rehabilitative Services

DESCRIPTION OF SERVICES PROVIDED TO CUSTOMERS BY BUDGET STRATEGY

STRATEGY	STAKEHOLDER GROUPS
<p>A.1.1. Strategy: 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>Children & Families: 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>Physicians, State & Local Health & Human Services Organizations & Educational Entities: 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>A.1.2. Strategy: ECI Eligibility Determination Services. Provide eligibility determination services to all referred children and determine eligibility for comprehensive and follow along services.</p>	<p>Children & Families: 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>A.1.3. Strategy: 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>Children & Families: 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>A.1.4. Strategy: 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>Children & Families: DARS provides respite services to families served by the ECI program.</p>
<p>A.1.5. Strategy: 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>Children & Families: 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>A.2.1. Strategy: 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>Blind or Visually Impaired Consumers & Their Families: DARS provides services necessary to assist blind children to achieve financial self-sufficiency and a fuller richer life.</p>
<p>B.1.1. Strategy: 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>Blind or Visually Impaired Consumers: DARS is responsible for providing services that assist Texans with visual disabilities to live as independently as possible.</p>
<p>B.1.2. Strategy: Blindness Education. Provide screening, education, and urgently needed eye-medical treatment to prevent blindness.</p>	<p>Citizens of Texas: 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.1.3. Strategy: 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>Blind or Visually Impaired Consumers: DARS provides services designed to assess, plan, develop and use vocational rehabilitation services for individuals who are blind consistent with their strengths, resources, priorities, concerns and abilities so that they may prepare for and engage in gainful employment. Citizens of Texans/Taxpayers: The VR program: DARS promotes employment, reducing dependence on state-funded programs and increasing tax revenue for the state. Employers: DARS work with people with disabilities and employers to identify appropriate job placements for these individuals.</p>
<p>B.1.4. Strategy: Business Enterprises of Texas. Provide employment opportunities in the food service industry for persons who are blind or visually impaired.</p>	<p>Blind or Visually Impaired Consumers: DARS provides training and employment opportunities in the food service industry for Texans who are blind or visually impaired.</p>
<p>B.1.5. Strategy: 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>Blind or Visually Impaired Consumers: 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.2.1. Strategy: 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>Deaf or Hard of Hearing Consumers: DARS, through a network of local service providers at strategic locations throughout the state, provides communication access services including interpreter services and computer assisted real-time transcription services, information and referral, hard of hearing services, and regional specialists' services.</p>
<p>B.2.2. Strategy: 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>Deaf or Hard of Hearing Consumers; DARS provides services through a statewide program of advocacy and education on topics such as ADA, hard of hearing issues and interpreter training.</p> <p>Higher Education Institutions and Students: DARS assists institutions of higher education in initiating training programs for interpreters.</p> <p>Current and Potential Interpreters: DARS provides skills building and training opportunities for interpreters and coordinates training sponsored by other entities.</p>
<p>B.2.3. Strategy: 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>Current and Potential Interpreters: DARS administers a system to determine the varying levels of proficiency of interpreters and maintains a certification program for interpreters.</p> <p>Deaf or Hard of Hearing Consumers: 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.2.4. Strategy: Telephone Access Assistance. Ensure equal access to the telephone system for persons with a disability (estimated and nontransferable).</p>	<p>Deaf or Hard of Hearing Consumers: 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.3.1. Strategy: 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>Vocational Rehabilitation Consumers: DARS provides services leading to employment consistent with consumer choice and abilities for eligible persons with disabilities.</p> <p>Citizens of Texans/Taxpayers: The VR program promotes employment, reducing dependence on state-funded programs and increasing tax revenue for the state.</p> <p>Employers: DARS work with people with disabilities and employers to identify appropriate job placements for these individuals.</p>

<p>B.3.2. Strategy: 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 customers.</p>	<p>Consumers with Disabilities: 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.3.3. Strategy: Independent Living Services - General. Provide consumer-driven and DARS counselor-supported independent living services to people with significant disabilities statewide.</p>	<p>Consumers with Disabilities: DARS provides people with disabilities, who are not receiving vocational rehabilitation services, with services that increase their independence in daily activities.</p>
<p>B.3.4. Strategy: Comprehensive Rehabilitation. Provide consumer-driven and counselor-supported Comprehensive Rehabilitation Services for people with traumatic brain injuries or spinal cord injuries.</p>	<p>Consumers with Traumatic Brain or Spinal Cord Injuries: DARS provides adults who have suffered a traumatic brain or spinal cord injury with comprehensive inpatient or outpatient rehabilitation and/or acute brain injury services if other resources are not available.</p>
<p>C.1.1. Strategy: Disability Determination Services (DDS). Determine eligibility for federal Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) benefits.</p>	<p>Texas Citizens Applying for SSI or SSDI: DARS determines whether persons who apply for Social Security Administration (SSA) disability benefits meet the requirements for “disability” in accordance with federal law and regulations. Federal government: DARS assists SSA in making disability determination decisions for this federal program in a quick, accurate and cost-effective manner.</p>
<p>D.1.1. Strategy: Central Program Support.</p>	<p>DARS Employees: DARS provides central support services for DARS employees.</p>
<p>D.1.2. Strategy: Regional Program Support.</p>	<p>DARS Employees: DARS provides central support services for DARS employees.</p>
<p>D.1.3. Strategy: Other Program Support.</p>	<p>DARS Employees: DARS provides central support services for DARS employees.</p>
<p>D.1.4. Strategy: IT Program Support Information. Technology Program Support.</p>	<p>DARS Employees: DARS provides central support services for DARS employees.</p>

APPENDIX B: SURVEY INSTRUMENTS AND SAMPLE CORRESPONDENCE

English Versions

Questionnaire (Reduced to fit page)

Customer Service Questions

← Para la versión en español, vea al dorso.

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

1. The benefit or service choices available to me were clearly explained.	Agree	Somewhat Agree	Disagree	Don't Know
2. I had a chance to say what benefits or services I wanted to receive.	Agree	Somewhat Agree	Disagree	Don't Know
3. It was easy for me to get the benefits or services I needed.	Agree	Somewhat Agree	Disagree	Don't Know
4. The length of time I waited to receive benefits or services was reasonable.	Agree	Somewhat Agree	Disagree	Don't Know
5. Staff members treated me with respect.	Agree	Somewhat Agree	Disagree	Don't Know
6. Staff members were able to answer my questions.	Agree	Somewhat Agree	Disagree	Don't Know
7. I understood what I needed to know about the benefits or services.	Agree	Somewhat Agree	Disagree	Don't Know
8. I would be able to make a complaint about the benefits or services if I needed to make one.	Agree	Somewhat Agree	Disagree	Don't Know
9. If I complained, I believe my complaint would be addressed fairly.	Agree	Somewhat Agree	Disagree	Don't Know
10. I have a way to get information on the Internet.	Agree	Somewhat Agree	Disagree	Don't Know
11. I have used the Internet to learn about the benefits or services provided by this program.	Agree	Somewhat Agree	Disagree	Don't Know
12. The benefits or services I received helped me.	Agree	Somewhat Agree	Disagree	Don't Know
13. Overall, I am satisfied with the benefits or services I received.	Agree	Somewhat Agree	Disagree	Don't Know
14. Please tell us in the space below how we could improve the benefits or services you receive or need.				
15. The person who filled out this form was:	The person it was addressed to.	A representative of the person it was addressed to.		

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

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
Agree | Disagree | Don't
know |
| 17. Frequent changes in people who are paid to help me are a problem for my family or me. | Agree | Somewhat
Agree | Disagree | Don't
know |
| 18. I get the right amount of services I need. | Agree | Somewhat
Agree | Disagree | Don't
know |
| 19. I am afraid or scared of the people who are paid to help me. | Agree | Somewhat
Agree | Disagree | Don't
know |
| 20. People who are paid to help me are generally respectful and courteous to me. | Agree | Somewhat
Agree | Disagree | Don't
know |
| 21. People who are paid to help me speak or communicate with me in my preferred language. | Agree | Somewhat
Agree | Disagree | Don't
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
Agree | Disagree | Don't
know |
| 23. The people paid to help me spend all the time with me they are supposed to. | Agree | Somewhat
Agree | Disagree | Don't
know |
| 24. I know I can change the people who are paid to help me if I want to. | Agree | Somewhat
Agree | Disagree | Don't
know |
| 25. I <u>want</u> to hire, train and manage the people who are paid to help me. | Agree | Somewhat
Agree | Disagree | Don't
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
Agree | Disagree | Don't
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
Agree | Disagree | Don't
know |
| 28. I am able to go to medical appointments during the day if I want to. | Agree | Somewhat
Agree | Disagree | Don't
know |
| 29. There are some things I want to do outside my home that I don't do now. | Agree | Somewhat
Agree | Disagree | Don't
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.***

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. WIC staff are able to speak to me in my preferred language.	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.*

Initial Contact Letter

January 9, 2008

«ID»
«fstrname» «lstrname»
«ADDRESS_1»
«ADDRESS_2»
«CITY» «STATE» «ZIP»

Dear «fstrname» «lstrname»:

The State of Texas provides financial, health, and human services for its customers in Texas. Determining what customers think of the quality of the services they receive is an excellent way for Texas Health and Human Services (HHS) agencies to improve the services they provide. As an individual or family who has used one of the state's health or human service programs, you have been selected to give us your opinion about the services you received «source program/agency»¹.

In about one week we will contact you again by mail so that you can tell us what you think. Your participation is voluntary. However, we need information from everyone selected so that we can get a better understanding of the quality of the services provided. The survey should take about 5 to 10 minutes to complete. Your help is important.

You will be contacted by the Survey Research Center (SRC) of the University of North Texas. SRC will collect all the information and prepare a written report on what customers think. The information will be reported to HHS as percentages so all of the information you provide will be kept confidential.

Again, we really need your help in this project. This project has been reviewed by the UNT Committee for the Protection of Human Subjects. If you have any questions, please call 1-800-687-7055.

Sincerely,



Paul Ruggiere
Director

¹ Source program/agency options: (1) the Primary Home Care program under the Department of Aging and Disability Services, (2) the Community Attendant Services program under the Department of Aging and Disability Services, (3) the Day Activity and Health Services program under the Department of Aging and Disability Services, (4) the Vocational Rehabilitation program under the Department of Assistive and Rehabilitative Services, (5) the Women, Infants, and Children program under the Department of State Health Services, (6) Adult Protective Services under the Department of Family and Protective Services, (7) Child Protective Services Unlicensed Kinship Services under the Department of Family and Protective Services, and (8) the Health and Human Services Commission's Temporary Assistance to Needy Families (TANF) or Food Stamp programs.

Spanish Versions

Questionnaire (Reduced to fit page)

Preguntas de servicio al customer

← 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.

Preguntas de servicio al customer 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.

DSHS Preguntas de servicio al customer

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. El personal de WIC puede hablarme en mi lengua/idioma preferida.	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.

Spanish Initial Contact Letter

Enero 9, 2008

«ID»
«fstrname» «lstname»
«ADDRESS_1»
«ADDRESS_2»
«CITY» «STATE» «ZIP»

Estimado(a) «fstrname» «lstname»:

El estado de Texas proporciona servicios humanos, económicos y de salud a los customeres de Texas. Determinar la opinión de los customeres acerca de la calidad de los servicios que reciben es una magnífica manera en que los departamentos de Salud y Servicios Humanos (HHSC) de Texas pueden mejorar los servicios que prestan. Como persona o familia que ha participado en alguno de los programas de salud y servicios humanos del estado, ha sido seleccionado para darnos su opinión sobre los servicios que recibió «source program/agency»¹.

En aproximadamente una semana nos comunicaremos otra vez con usted por correo para que nos dé su opinión. Su participación es voluntaria. Sin embargo, necesitamos información de todas las personas seleccionadas para poder entender mejor la calidad de los servicios prestados. Llenar la encuesta le tomará de 5 a 10 minutos. Su ayuda es importante.

El Centro de Investigación por Encuesta (SRC) de la Universidad del Norte de Texas (UNT) se comunicará con usted. El SRC recopilará toda la información y preparará un informe escrito de las opiniones de los customeres. La información se entregará a los departamentos de HHSC en forma de porcentajes, de manera que toda la información que nos dé se mantendrá de manera confidencial.

Le repetimos que realmente necesitamos su ayuda en este proyecto. Este proyecto ha sido evaluado por el Comité para la Protección de Sujetos Humanos de la UNT. Si tiene alguna pregunta, favor de llamar al 1-800-687-7055.

Atentamente



Paul Ruggiere
Director

¹ Source program/agency: (1) el programa de Atención Escencial en Casa bajo el Departamento de Servicios para Adultos Mayores y Personas Discapacitadas, (2) el programa de Servicios de Ayudante en la Comunidad bajo el Departamento de Servicios para Adultos Mayores y Personas Discapacitadas, (3) el programa de Actividades Durante el Día y Servicios de Salud bajo el Departamento de Servicios para Adultos Mayores y Personas Discapacitadas, (4) el programa de Rehabilitación Vocacional bajo el Departamento de Servicios Auxiliares y de Rehabilitación, (5) el Programa de Mujeres, Bebés y Niños bajo el Departamento Estatal de Servicios de Salud, (6) Servicios de Protección al Adulto bajo el Departamento de Servicios para la Familia y de Protección, (7) los Servicios de Parente como Cuidador sin Licencia de Servicios de Protección al Menor del Departamento de Servicios para la Familia y de Protección, (8) los programas de Asistencia Temporal a Familias Necesitadas (TANF) o de Estampillas para Comida de la Comisión de Salud y Servicios Humanos.

APPENDIX C – CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP) AND MEDICAID CUSTOMER ASSESSMENTS¹

The Children’s Health Insurance Program (CHIP) in Texas: The Established Enrollee Survey Report

SFY 2006 – Final submission by Institute for Child Health Policy (IHP) November 2006

Purpose:

The purpose of this report is to present the results of telephone-based consumer satisfaction surveys conducted from December 2005 through April 2006 with the parents of children enrolled in the Children’s Health Insurance Program (CHIP) in Texas during fiscal year 2006. More specifically, the intent of this report is to:

- describe the socio-demographic characteristics and health statuses 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;
- compare the parental satisfaction scores of managed care organizations (MCOs) participating in CHIP; and
- identify the impact of policy changes implemented since fiscal year 2004 on families’ satisfaction levels with CHIP in Texas.

Sample:

To be eligible for inclusion in the sample, the child had to be enrolled in CHIP in Texas for 12 continuous months in the past year. This criterion was chosen to ensure that the family had sufficient experience with the program to respond to the questions.

A target was set of 3,900 completed telephone surveys. This sample size was selected to (1) provide a reasonable confidence interval for the survey responses and (2) to ensure there was a sufficient sample size to allow for comparisons between MCOs.

Attempts were made to contact 9,504 families. Using the contact information provided, 78 percent of families were located and 20 percent refused to participate. The response rate was 68 percent and the cooperation rate was 78 percent. 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 Insurance Programs. There were 3,904 completed surveys.

Summary of Major Findings:

There are some specific areas in which the results of the fiscal year 2006 established enrollee survey are very similar to those of the fiscal year 2004 survey. Areas of similarity include the following:

- As in the fiscal year 2004 survey, overall reported need for specialized therapies was low. Less than one percent of respondents reported their child needed home health care, three percent reported their child needed specialized medical equipment, four percent reported that their child needed physical, occupational, or speech therapy, and seven percent reported that their child needed mental health therapy.

¹ All assessments described were conducted by the Texas External Quality Review Organization, the Institute for Child Health Policy at the University of Florida.

- Overall, 40 percent of children needed care, tests, or treatment. This is similar to the 41 percent of children who were reported to need care, tests, or treatment in the fiscal year 2004 survey.
- While there are no specific standards about what would constitute an acceptable score for the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey composite scores, a score of 75 points was used to indicate that families “usually” or “always” had positive experiences with a particular composite. Using this criterion, overall, CHIP performed well in the areas of Getting Needed Care (85 points), Doctor’s Communication (89 points), Doctor’s Office Staff (88 points), Health Plan Customer Service (90 points), Obtaining Prescription Medication (94 points), Obtaining Specialized Services (78 points), Shared Decision Making (81 points), and Getting Needed Information (82 points). However, improvement is needed in the areas of Getting Care Quickly (66 points), Relationship with a Personal Doctor or Nurse (68 points), and Care Coordination (70 points). Results are very similar to those in the fiscal year 2004 report with the exception of one score - Obtaining Specialized Services. There was an overall improvement in respondent rating with the score increasing from 71 points in 2004 to 78 points in 2006.
- The CAHPS® Health Plan Survey composite results for children with special health care needs (CSHCN) and children without special health care needs are very similar and within four points for seven of the 11 composite scores, including Getting Needed Care, Doctor’s Communication, Office Staff, Prescription Medication, Specialized Services, Shared Decision Making, and Getting Needed Information. Since these analyses were not conducted for the fiscal year 2004 survey report, there is no comparative data.
- There was some variation in the CAHPS® Health Plan Survey composite scores among the four racial/ethnic groups. Caregivers who were categorized as Other, non-Hispanic had the lowest scores for seven of the 11 composite scores. Since these analyses were not conducted for the fiscal year 2004 survey report, there is no comparative data.
- In both fiscal year 2004 and fiscal year 2006, there were significant differences between the MCOs in their performance on the CAHPS® Health Plan Survey clusters after controlling for enrollee health status and race/ethnicity. For fiscal year 2006, Amerigroup, Parkland, and Community First performed significantly worse than the reference MCO (the MCO with the highest score for the cluster) in at least ten of the 11 CAHPS® Health Plan Survey clusters in the multivariate analyses. In fiscal year 2004, Amerigroup, Parkland, El Paso First, and Superior (in CSA 7 and CSA 11) performed significantly worse than the reference MCO in at least six of the nine CAHPS® clusters.

There are some specific areas in which the results of the fiscal year 2006 survey differ from that of the fiscal year 2004 survey. These areas include the following:

- Sixty-five percent of the children in families who responded to the Established Enrollee Survey were Hispanic. This is larger than the 59 percent of Hispanic families who responded to the survey in fiscal year 2004.
- Twenty-two percent of children were identified as having a special health care need based on the CSHCN Screener. This figure is two percentage points higher than the 20 percent of children identified as having a special health care need in the fiscal year 2004 survey; however, the difference is not statistically significant.
- Overall, 86 percent of respondents reported their child has a personal doctor or nurse. This is higher than the 81 percent of respondents who reported their child had a usual source of care in the fiscal year 2004 survey.

- Overall, 22 percent of respondents reported their child needed to see a specialist in the past six months. This is slightly lower than the 25 percent of respondents to the 2004 survey who reported their child needed to see a specialist.
- Of those children who needed to see a specialist, 66 percent of respondents reported obtaining a referral to specialty care was not a problem. This is lower than the 72 percent who indicated obtaining a referral was not a problem in the fiscal year 2004 survey.

**The Children's Health Insurance Program (CHIP) in Texas: The New Enrollee Survey
Report
SFY 2006 – Final submission by Institute for Child Health Policy (IHP) December 2006**

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 fiscal year 2006. More specifically, the intent of this report is to:

- identify the socio-demographic and health characteristics of those newly enrolled in CHIP;
- ascertain the experiences of those involved in the enrollment process;
- discover new enrollees' opinions and attitudes regarding insurance premiums;
- determine the usual source of health care immediately upon entering; and
- identify the impact of policy changes implemented since fiscal year 2004 on families' experiences applying to and enrolling in CHIP in Texas.

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 400 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 1,224 families with children who were newly enrolled in CHIP in Texas. Twenty-five percent of families could not be located, and of those located, 17 percent refused to participate. The response rate was 69 percent and the cooperation rate was 80 percent. 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 400 completed surveys.

Summary of Findings:

- Fifty-six percent of the new enrollees were Hispanic, indicating CHIP continues to be an important resource for minority families.
- There are some specific areas in which the results of the fiscal year 2006 new enrollee survey are very similar to those of the fiscal year 2004 survey. Areas in which fiscal year 2006 and fiscal year 2004 results are similar include:
 - In fiscal year 2006, 95 percent of families thought the application process was convenient, and 94 percent reported the application was easy to understand. In fiscal year 2004, 95 percent of families thought the application process was convenient and easy to understand.
 - In fiscal year 2006, about 23 percent of families reported they would have problems paying the premium at least "every couple of months." In the survey for

fiscal year 2004, about 25 percent of families reported problems paying the premium with a similar frequency.

- In fiscal year 2006, 83 percent of respondents reported their child had a personal doctor or nurse. This is similar to the 82 percent of respondents who reported their child had a usual source of care in fiscal year 2004. In fiscal year 2006, 59 percent reported their child had the same personal doctor or nurse before they enrolled in CHIP in Texas, indicating a high rate of continuity of care.
- There are some specific areas in which the results of the fiscal year 2006 new enrollee survey differ from that of the fiscal year 2004 survey. These areas include:
 - Almost 25 percent of newly enrolled children had special health care needs. This is higher than the 18 percent identified in the fiscal year 2004 new enrollee survey and is also higher than expected, based on general population estimates (about 12 percent of the general childhood population in Texas have special health care needs). The population estimate is based on parent report using the Children with Special Health Care Needs (CSHCN) Screener.
 - Twelve percent of respondents indicated that from the time they submitted their children's applications up until the time they received coverage was over three months, and 68 percent of families stated they were kept informed of the status of their children's applications while awaiting coverage. This is a substantial improvement over the 22 percent of respondents in the fiscal year 2004 survey who reported their application took over three months to process.
 - For fiscal year 2006, 96 percent of newly enrolled families indicated they were either "satisfied" or "very satisfied" with the benefits offered through CHIP in Texas. While this is only four percent higher than the 92 percent of respondents who reported satisfaction with benefits in the survey conducted in fiscal year 2004, the improvement is significant.

**The Texas STAR Managed Care Organization and
Primary Care Case Management Child Enrollee CAHPS[®] Health Plan Survey Report
SFY 2007 – Revised final submission by Institute for Child Health Policy (IHP) August
2007**

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 STAR Managed Care Organization (MCO) Program and (2) the Primary Care Case Management (PCCM) Program. This report provides results from surveys fielded from December 2006 through April 2007 and focuses on children enrolled during fiscal year 2006. 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,
- document the presence of a personal doctor,
- describe caregivers' satisfaction with their child's health care,
- describe the need and availability of specialty care for enrollees,
- document counseling for issues related to the transition from pediatric to adult care for adolescents with special health care needs, and
- compare the satisfaction scores of caregivers with children enrolled in the PCCM Program and caregivers with children enrolled in the managed care organizations (MCOs) participating in the STAR MCO Program.

Sample:

To be eligible for inclusion in the sample, the child had to be enrolled in either the Texas STAR MCO Program or the PCCM Program September 2005 expansion area for nine continuous months in the past year. This criterion was chosen to ensure the family had sufficient experience with the program to respond to the questions.

For the STAR MCO Program, a target was set to complete 3,900 telephone surveys. There were 3,906 completed surveys for STAR respondents. The target for the PCCM Program was 600 telephone surveys and 600 surveys were completed. This sample size was selected to (1) provide a reasonable confidence interval for the survey responses and (2) to ensure the sample was sufficiently large to allow for comparisons between MCOs and with the PCCM Program.

For the STAR MCO Program, an average of 6.21 attempts was made per phone number to contact the enrollees. The response rate was 60 percent and the cooperation rate was 72 percent. These response and cooperation rates are comparable to those obtained with other low-income families in Medicaid. For the PCCM Program enrollees, there was an average of 6.87 attempts made per phone number to contact the enrollees. The response rate was 53 percent and the cooperation rate was 63 percent.

Summary of Major Findings:

- The majority of children in both programs whose families responded to the survey were Hispanic—54 percent for STAR and 58 percent for PCCM Program enrollees.
- Sixteen percent of children enrolled in the STAR MCO Program and 17 percent 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 percent in Texas (also obtained using the CSHCN Screener on the National Survey of CSHCN).

- Overall, 84 percent of STAR MCO Program respondents and 87 percent of PCCM Program respondents reported their child had a specific person—a personal doctor or nurse—who provided their child’s health care. This person was most often a general doctor (79 percent in both programs).
- While there are no specific standards or national data for what would constitute an acceptable score for the CAHPS® Health Plan Survey composites, a score of 75 points was used to indicate that families “usually” or “always” had positive experiences with a particular composite. Using this criterion, overall the STAR MCO Program and the PCCM Program performed well in 7 of the 11 CAHPS® Health Plan Survey composites. However, improvements are needed in the areas of *Getting Needed Care* (65 points in STAR and 69 points in PCCM), *Getting Care Quickly* (63 points in STAR and 67 points in PCCM), *Personal Doctor or Nurse* (48 points in STAR and 61 points in PCCM), and *Care Coordination* (66 points in STAR and 67 points in PCCM). In general, composite scores for the PCCM Program were higher than the scores for the STAR MCO Program. The only exception to this is the *Obtaining Prescription Medicine* composite where the STAR MCO Program’s score was 0.4 points higher than the score for the PCCM Program.
- There were some significant differences between the MCOs in their performance on the CAHPS® Health Plan Survey composites after controlling for child enrollee health status, race/ethnicity, and respondent education status. In the multivariate analyses, Parkland Community had significantly lower scores in six of the seven CAHPS® Health Plan Survey domains with significant results in the regressions. Superior – Travis and Community First had significantly lower scores in five of the seven CAHPS® Health Plan Survey domains with significant results in the regressions.
- Overall, 19 percent of respondents with children enrolled in the STAR MCO Program and 20 percent of respondents with children enrolled in the PCCM Program reported their child needed to see a specialist in the past six months. Twenty-seven percent of STAR respondents and 24 percent of PCCM respondents reported they had a “small” problem obtaining care, and 13 percent of STAR respondents and 10 percent of PCCM respondents reported experiencing a “big” problem when trying to obtain a needed specialist for their child.
- Overall reported need for specialized services—such as home health care, medical equipment, physical therapy, or mental health services—was very low. The need for such services ranged from two to seven percent in the STAR MCO Program and from one to eight percent in the PCCM Program. The majority of respondents reported obtaining these specialized services was “not a problem.”
- Sixteen percent of STAR MCO Program respondents and 11 percent of PCCM Program respondents reported their children needed approval from their MCO for care, tests, or treatment. Of those who needed approval, the majority (65 percent for STAR and 58 percent for PCCM) reported that obtaining needed care was “not a problem”.
- Families of adolescents with a special health care need often received care from doctors who only treat children (58 percent in the STAR MCO Program and 52 percent in the PCCM Program). Parents indicated that although doctors and other health care providers rarely discussed issues relating to their child’s transition to adult care, they would have found this type of discussion helpful.

**The Texas STAR Managed Care Organization and Primary Care Case Management
Adult Enrollee CAHPS® Health Plan Survey Report
SFY 2007 – Revised final submission by Institute for Child Health Policy (IHP) August
2007**

Purpose:

The purpose of this report is to present the results of telephone surveys conducted with adults enrolled in two Texas Medicaid Managed Care Programs: (1) the STAR Managed Care Organization (MCO) Program and (2) the Primary Care Case Management (PCCM) Program. The telephone survey included the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 4.0, which is designed to gather information from Medicaid beneficiaries about their satisfaction with their health care. This report provides results from surveys fielded from January 2007 through April 2007 and focuses on adults enrolled during Fiscal Year 2006. 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,
- document the presence of a personal doctor,
- describe enrollees' 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 to those enrolled in the MCOs participating in the STAR MCO Program, and
- describe smoking behaviors of adult enrollees and smoking cessation strategies offered by physicians.

Sample:

To be eligible for inclusion in the sample, the enrollee had to be over the age of 18 and enrolled in the STAR MCO Program or in the PCCM Program September 2005 expansion areas for nine continuous months in 2006. The continuous enrollment criterion was chosen to ensure enrollees had sufficient experience to respond to the questions about the STAR MCO Program or the PCCM Program.

For the STAR MCO Program, a target was set to complete 2,600 telephone surveys. There were 2,237 completed surveys for STAR respondents. The target for the PCCM Program was 600 telephone surveys and 600 surveys were completed. This sample size was selected to (1) provide a reasonable confidence interval for the survey responses and (2) to ensure there was a large enough sample to allow for comparisons between MCOs and with the PCCM Program.

For the STAR MCO Program, an average of 8.59 attempts was made per phone number to contact the enrollees. The response rate was 48 percent and the cooperation rate was 68 percent. These response and cooperation rates are comparable to those obtained with other low-income families in Medicaid. For the PCCM Program enrollees, there was an average of 6.33 attempts made per phone number to contact the enrollees. The response rate was 54 percent and the cooperation rate was 71 percent.

Summary of Major Findings:

- Both STAR MCO Program and PCCM Program enrollees are racially and ethnically diverse. The racial and ethnic breakdowns of respondents from both programs are similar. Forty percent of STAR MCO Program enrollees and 41 percent of PCCM Program enrollees were Hispanic. Twenty-seven percent of STAR enrollees were Black, non-Hispanic and 27 percent were White, non-Hispanic. In the PCCM Program, 38 percent of the enrollees were White, non-Hispanic and 14 percent were Black, 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. Further, 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, 77 percent of PCCM respondents and 68 percent of STAR respondents reported they had a specific person—a personal doctor or nurse—from whom they received healthcare. PCCM enrollees were much more likely to have a personal doctor who was up-to-date on the care received from other providers when compared to STAR enrollees. Sixty-six percent of PCCM respondents reported their personal doctor was always up-to-date on care received from other providers compared to 46 percent of STAR MCO respondents.
- Overall, 29 percent of respondents enrolled in the STAR MCO Program and 35 percent of respondents enrolled in the PCCM Program reported they tried to make an appointment to see a specialist in the past six months. STAR MCO Program enrollees had more difficulties securing appointments for specialty care than PCCM Program enrollees.
- Seventeen percent of STAR MCO respondents reported that it was never easy to get an appointment with a specialist compared to only five percent of PCCM respondents.
- For both the PCCM and the STAR MCO Programs, a significant percentage of respondents who required specialized services reported problems obtaining needed care. Between 20 and 25 percent of enrollees in the PCCM Program needing home health, special equipment, or specialized therapies reported that it was never easy to obtain these services. In the STAR MCO Program, 20 to 36 percent of the enrollees reported that it was never easy to obtain specialized therapies, special equipment, or home health services.
- Of those who needed care, tests, or treatment, the majority of respondents reported that obtaining needed care was always or usually easy. More enrollees in the PCCM Program indicated that getting needed care was always or usually easy than in the STAR MCO Program (71 percent and 67 percent, respectively).

- The overall CAHPS[®] Health Plan Survey composite scores for STAR MCO Program enrollees and the PCCM Program enrollees were higher than the Medicaid national mean score for the communication with doctors and customer service. The PCCM Program and STAR MCO Program enrollees' ratings for the remaining domains – getting needed care and getting care quickly – showed some variation when compared to those of Medicaid plans reporting to the National Committee for Quality Assurance (NCQA). The variation in the getting care quickly domain was not pronounced. Specifically, the NCQA average rating for getting care quickly was 77.3; the rating in the PCCM Program was 76.9; and in the STAR MCO Program, the rating was 73.3. The greatest variance among these domains was in getting needed care. Although the PCCM Program rating of 73.3 was close to the NCQA average of 75.6, the STAR MCO Program rating for this domain was lower at 65.3.
- There were some significant differences among the MCOs in their performance on the CAHPS[®] Health Plan Survey composite scores after controlling for enrollee health status, race/ethnicity, and education. FIRSTCARE had the highest score in three (i.e., getting needed care, doctor's communication, and health plan customer service) of the four CAHPS[®] Health Plan Survey domains. Texas Children's had the highest score in the getting care quickly domain. Amerigroup serving Travis SDA had significantly lower scores in all of the four CAHPS[®] Health Plan Survey domains. Amerigroup – Dallas and Superior – Travis had significantly lower scores in three of the four CAHPS[®] Health Plan Survey domains (getting needed care, getting care quickly, and doctor's communication and getting needed care, getting care quickly, and customer service, respectively). Superior – El Paso had significantly lower scores in two of the four CAHPS[®] Health Plan Survey domains (getting needed care and customer service). Amerigroup serving Harris and Tarrant SDAs and Community First had significantly lower scores in one of the four CAHPS[®] Health Plan Survey domains (getting care quickly for Amerigroup – Harris and getting needed care for Amerigroup – Tarrant and Community First).
- Obesity was a major problem among respondents in both the STAR MCO and PCCM Programs. Based on their body mass index (BMI) scores, almost half are considered obese (43 percent of STAR enrollees and 44 percent of PCCM enrollees). These rates are higher than the overall national average, which is estimated to be 32 percent by the National Center for Health Statistics. There was some variation between the MCOs in obesity rates. FIRSTCARE had the smallest percentage of enrollees that were considered to be obese (30 percent) and Texas Children's had the largest percentage of obese enrollees (50 percent).
- The majority of survey respondents reported that they were not current smokers (73 percent of STAR MCO enrollees and 71 percent of PCCM enrollees). Many enrollees who currently smoke were advised during at least one visit to quit smoking (50 percent in the STAR MCO Program and 63 percent in the PCCM Program); however, few reported that their doctors provided smoking cessation strategies. Twenty-four percent of STAR MCO Program smokers and 30 percent of PCCM Program smokers reported that their doctor discussed smoking cessation programs; 20 percent of STAR MCO Program smokers and 26 percent of PCCM smokers reported that their doctor recommended a medication to assist in smoking cessation.

The Texas STAR+PLUS Adult Enrollee CAHPS® Health Plan Survey Report
SFY 2007 – Final submission by Institute for Child Health Policy (ICHP) November 2007

Purpose:

This report presents the results of telephone surveys conducted with adults enrolled in the STAR+PLUS Program in Texas. The telephone survey included the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 4.0, which is designed to gather information from Medicaid beneficiaries about their satisfaction with their health care. The surveys were fielded from May 2007 through July 2007 and focus on adults enrolled during Fiscal Year 2006. Specifically, the intent of this report is to:

- describe the socio-demographic characteristics and health status of adults enrolled in the STAR+PLUS Program for nine months or longer,
- document the presence of a personal doctor,
- describe enrollees' 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 two health plans participating in the STAR+PLUS Program (Amerigroup and Evercare),
- describe enrollees' experiences with care coordination, and
- describe smoking behaviors of adult enrollees and smoking cessation strategies offered by physicians.

Sample:

To be eligible for inclusion in the sample, the enrollee had to be over the age of 18 and enrolled in the STAR+PLUS Program for nine continuous months in 2006. The continuous enrollment criterion was chosen to ensure enrollees had sufficient experience to respond to the questions about the STAR+PLUS Program. Dual eligibles - enrollees who are eligible for both Medicaid and Medicare - were excluded.

A target was set to complete 600 telephone surveys with STAR+PLUS respondents, which was achieved. This sample size was selected to (1) provide a reasonable confidence interval for the survey responses and (2) to ensure there was a large enough sample to allow for comparisons between the two MCOs.

An average of 6.76 attempts was made per phone number to contact the enrollees. The response rate was 45 percent and the cooperation rate was 60 percent. These response and cooperation rates are comparable to those obtained with other low-income families in Medicaid.

Summary of Major Findings:

- STAR+PLUS Program enrollees are racially and ethnically diverse. The most frequently reported race/ethnicity was Black, Non-Hispanic (54 percent) followed by White, Non-Hispanic (17 percent) and Hispanic (16 percent). The average age was 46 years.
- The majority of respondents had less than a high school education (52 percent) or a GED or high school diploma (26 percent). Very few respondents reported having a college degree.
- The RAND® SF-36 scores for the STAR+PLUS Program adult participants were significantly lower than national norms for all eight physical and mental health domains. STAR+PLUS enrollees scored an average of 34 points lower than the overall U.S. population. Scores are out of a total of 100 points. The largest difference is in the

category of “role limitations due to physical health” (U.S. norm=81.0, STAR+PLUS mean estimate=30.4). Lower health status scores are expected for STAR+PLUS Program enrollees due to the fact that the program serves disabled and chronically ill Medicaid members.

- Overall, 82 percent of enrollees had a specific person—a personal doctor or nurse—from whom they received health care. Enrollees’ personal doctors were most often general doctors rather than specialists. The majority of enrollees had been seeing their personal doctor for at least one year, which may indicate greater continuity of care. Only 24 percent of enrollees were with their personal doctor for less than one year and 27 percent of enrollees had the same personal doctor for 5 years or more.
- Fifty-three percent of respondents with a personal doctor needed care from other health providers in the last six months. Communication between respondents’ personal doctors and other providers was good. The majority of respondents (56 percent) felt their personal doctor was always up-to-date on care received from other providers.
- Overall, 47 percent of respondents enrolled in the STAR+PLUS Program reported they tried to make an appointment with a specialist in the past six months. Of those who needed to see a specialist, 60 percent of respondents reported obtaining a referral from their health plan for specialty care was “always” or “usually” easy although 15 percent felt it was “never” easy to get a referral for a specialist. Fifty-seven percent of enrollees reported that getting an appointment with a specialist was “always” or “usually” easy, but 14 percent felt that it was “never” easy to get an appointment with a specialist.
- A significant percentage of respondents who required specialized services reported problems obtaining needed care. Between 18 and 28 percent of enrollees in the STAR+PLUS Program who needed home health care, special medical equipment, or specialized therapies reported it was never easy to obtain these services.
- Thirty-one percent of respondents overall indicated they had a care coordinator from their health plan. Evercare had a higher percentage of enrollees with a care coordinator (38 percent) compared to Amerigroup (24 percent). Although more Evercare enrollees had a care coordinator, Amerigroup enrollees tended to report higher rates of satisfaction with their care coordinator’s services.
- Overall, 47 percent of STAR+PLUS Program enrollees needed to get some kind of care, tests, or treatment through their health plan. Of those who needed these services, the majority of respondents reported obtaining needed care was “always” easy (47 percent) or “usually” easy (15 percent). However, 14 percent of respondents felt it was “never” easy to get needed care through their health plan.

- The overall scores for STAR+PLUS Program enrollees were lower than the Medicaid national mean for all four domains. However, the STAR+PLUS scores were nearly equal to the national mean for three out of the four domains: (1) *Getting Care Quickly* (less than one point difference), (2) *Doctor's Communication* (three points lower than the national mean), and (3) *Health Plan Customer Service* (two points lower than the national average). STAR+PLUS enrollees' scores for *Getting Needed Care* were much lower (13 points) than the national mean. Logistic regression models were used to compare the scores of the two MCOs; however, the models in these analyses were not significant overall for any domain except *Getting Needed Care*. After controlling for enrollee health status, race/ethnicity, and education level, there was no statistically significant difference between Amerigroup and Evercare in scores for *Getting Needed Care*.
- The majority of STAR+PLUS survey respondents reported they were not current smokers (64 percent). Most smokers were advised during at least one visit to quit smoking (67 percent); however, few reported their doctors provided them with strategies to cease smoking. Forty-one percent of smokers reported their doctors or health providers discussed methods to assist with smoking cessation. Even fewer respondents reported their doctors advised them to use a nicotine replacement medication. Twenty-eight percent of smokers reported their doctors or health providers recommended medication such as nicotine gum or a nicotine patch to assist in smoking cessation.