Department of State Health Services Strategic Plan for 2021–2025 Part II

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Department of State Health Services

Strategic Plan for 2021–2025

Department of State Health Services

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Schedule A: Budget Structure

This budget structure is taken from the Base Reconciliation as approved by the Office of the Governor and the Legislative Budget Board in July 2020.

Goal 1. Preparedness and Prevention Services

Protect and promote the public's health by decreasing health threats and sources of disease.

Objective 1.1. Improve Health Status through Preparedness and Information

Enhance state and local public health systems' resistance to health threats, preparedness for health emergencies, and capacity to reduce health disparities; and provide health information for state and local policy decisions.

- Outcome 1.1.1. Percentage of key staff prepared to respond during public health disaster response drills

Related Strategic Planning Goals

Strategic Planning Goal 1: Optimize public health response to disasters, disease threats, and outbreaks

Strategic Planning Goal 4: Foster effective partnership and collaboration to achieve public health goals

Strategic Planning Goal 5: Improve recognition and support for a highly skilled and dedicated workforce

Strategy 1.1.1. Public Health Preparedness and Coordinated Services

Coordinate essential public health services through public health regions and affiliated local health departments. Plan and implement programs to ensure preparedness and rapid response to bioterrorism, natural epidemics, and other public health and environmental threats and emergencies.

- Explanatory 1.1.1.1. Percentage of Texas hospitals participating in Hospital Preparedness Program healthcare coalitions
- Explanatory 1.1.1.2. Number of local public health services providers connected to Health Alert Network
- Output 1.1.1.1. Number of local health entity contractors carrying out essential public health plans

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Optimize public health response to disasters, disease threats and outbreaks

Action Item 1: Increase collaboration across health and human services systems in response to infectious disease outbreaks and other public health threats (Ongoing)

Action Item 2: Lead, optimize and continually improve public health disaster preparedness and response (Ongoing)

Action Item 3: Integrate and standardize optimal public health services at the regional level (Ongoing)

Strategic Planning Goal 4: Foster effective partnership and collaboration to achieve public health goals

Action Item 1: Collaborate with local health entities and other partners to strengthen the public health system in Texas (Ongoing)

Action Item 3: Convene key groups to discuss, strategize, and implement methods of addressing emerging issues (Ongoing)

Strategic Planning Goal 5: Improve recognition and support for a highly skilled and dedicated workforce

Action Item 1**:** Grow agency culture of continuous improvement and innovation through professional development, cross-system coordination and workforce diversity (Ongoing)

Strategy 1.1.2. Vital Statistics

Maintain a system for recording, certifying, and disseminating information about births, deaths, and other vital events in Texas

- Efficiency 1.1.2.1. Average number of days to certify or verify Vital Statistics records
- Output 1.1.2.1. Number of requests for records services completed

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 2: Promote the use of science and data to drive decision-making and best practices

Action Item 1: Modernize data infrastructure and improve data quality and access (Ongoing)

Strategic Planning Goal 5: Improve recognition and support for a highly skilled and dedicated workforce

Action Item 1: Grow agency culture of continuous improvement and innovation through professional development, cross-system coordination and workforce diversity (Ongoing)

Strategic Planning Goal 6: Improve and optimize business functions and processes to support delivery of public health services in communities

Action Item 1: Improve Vital Statistics customer service, fulfillment, updates, and online processing (Ongoing)

Strategy 1.1.4. Border Health and Colonias

Promote health and address environmental issues between Texas and Mexico through border/binational coordination, maintaining border health data, and community-based healthy border initiatives.

- Output 1.1.4.1. Number of border/binational public health services provided to border residents

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Optimize public health response to disasters, disease threats, and outbreaks

Action Item 1: Increase collaboration across health and human services systems in response to infectious disease outbreaks and other public health threats (Ongoing)

Action Item 2: Lead, optimize and continually improve public health disaster preparedness and response (Ongoing)

Action Item 3: Integrate and standardize optimal public health services at the regional level (Ongoing)

Strategic Planning Goal 2: Promote the use of science and data to drive decision-making and best practices

Action Item 3: Continue applying science and data in developing programs and measuring program effectiveness (Ongoing)

Action Item 4: Empower local communities and public health system through the collection, analysis, and dissemination of high quality and actionable health and safety data (Ongoing)

Strategic Planning Goal 4: Foster effective partnership and collaboration to achieve public health goals

Action Item 1: Collaborate with local health entities and other partners to strengthen the public health system in Texas (Ongoing)

Action Item 3: Convene key groups to discuss, strategize, and implement methods of addressing emerging issues (Ongoing)

Strategy 1.1.5. Health Data and Statistics

Collect, analyze, and distribute information about health and health care.

- Efficiency 1.1.5.1. Average number of working days required by staff to complete customized requests
- Output 1.1.5.1. Average successful requests - pages per day

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 2: Promote the use of science and data to drive decision-making and best practices

Action Item 1: Modernize data infrastructure and improve data quality and access (Ongoing)

Action Item 2: Invest in equipment and technology resources to optimize agency operations and communications (Ongoing)

Strategic Planning Goal 5: Improve recognition and support for a highly skilled and dedicated workforce

Action Item 1: Grow agency culture of continuous improvement and innovation through professional development, cross-system coordination and workforce diversity (Ongoing)

Objective 1.2. Infectious Disease Control, Prevention, and Treatment

Reduce the occurrence and control the spread of preventable infectious diseases.

- Outcome 1.2.1. Vaccination coverage levels among children at age 24 months
- Outcome 1.2.2. Incidence rate of tuberculosis per 100,000 Texas residents
- Outcome 1.2.3. Percentage of 1995 Epizootic Zone that is free from domestic dog-coyote rabies
- Outcome 1.2.4. Percentage of 1996 Epizootic Zone that is free from Texas fox rabies

Related Strategic Planning Goals

Strategic Planning Goal 1: Optimize public health response to disasters, disease threats, and outbreaks

Strategic Planning Goal 2: Promote the use of science and data to drive decision-making and best practices

Strategic Planning Goal 3: Improve health outcomes through public and population health strategies, include prevention and intervention

Strategic Planning Goal 4: Foster effective partnership and collaboration to achieve public health goals

Strategic Planning Goal 6: Improve and optimize business functions and processes to support delivery of public health services in communities

Strategy 1.2.1. Immunize Children and Adults in Texas

Implement programs to immunize children and adults in Texas.

- Explanatory 1.2.1.1. Dollar value (in millions) of vaccine provided by the federal government
- Explanatory 1.2.1.2. Number of sites authorized to access state immunization registry system
- Output 1.2.1.1. Number vaccine doses administered to children
- Output 1.2.1.2. Number vaccine doses administered to adults

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 3: Improve health outcomes through public and population health strategies, include prevention and intervention

Action Item 3: Improve quality of life and life expectancy by increasing public awareness of the need for early childhood immunizations (Ongoing)

Strategic Planning Goal 4: Foster effective partnership and collaboration to achieve public health goals

Action Item 1: Collaborate with local health entities and other partners to strengthen the public health system in Texas (Ongoing)

Strategic Planning Goal 6: Improve and optimize business functions and processes to support delivery of public health services in communities

Action Item 3: In collaboration with the Health and Human Services Commission, develop and implement a privacy awareness campaign to reduce the number of unauthorized disclosures and releases (Ongoing)

Strategy 1.2.2. Human Immunodeficiency Virus / Sexually Transmitted Disease Prevention

Implement programs of prevention and intervention including preventive education, case identification and counseling, human immunodeficiency virus (HIV)/sexually transmitted disease medication, and linkage to health and social service providers.

- Efficiency 1.2.2.1. Proportion of HIV-positive persons who receive their test results
- Output 1.2.2.1. Number of persons served by the HIV Medication Program
- Output 1.2.2.2. Number of clients with HIV/acquired immune deficiency syndrome (AIDS) receiving medical and supportive services

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 3: Improve health outcomes through public and population health strategies, include prevention and intervention

Action Item 4: Reduce the burden of HIV, congenital syphilis, tuberculosis (TB), and other infectious diseases (Ongoing)

Strategic Planning Goal 4: Foster effective partnership and collaboration to achieve public health goals

Action Item 1: Collaborate with local health entities and other partners to strengthen the public health system in Texas (Ongoing)

Strategic Planning Goal 6: Improve and optimize business functions and processes to support delivery of public health services in communities

Action Item 3: In collaboration with the Health and Human Services Commission, develop and implement a privacy awareness campaign to reduce the number of unauthorized disclosures and releases (Ongoing)

Strategy 1.2.3. Infectious Disease Prevention, Epidemiology and Surveillance

Conduct surveillance on infectious diseases, including respiratory, vaccine-preventable, blood borne, foodborne, and zoonotic diseases and healthcare associated infections. Implement activities to prevent and control the spread of emerging and acute infectious and zoonotic diseases. Administer program activities to identify, treat, and provide services to persons with Hansen's disease.

- Output 1.2.3.1. Number of communicable disease investigations conducted
- Output 1.2.3.2. Number of zoonotic disease surveillance activities conducted
- Output 1.2.3.3. Number of healthcare facilities enrolled in Texas Health Care Safety Network

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Optimize public health response to disasters, disease threats, and outbreaks

Action Item 1: Increase collaboration across health and human services systems in response to infectious disease outbreaks and other public health threats (Ongoing)

Action Item 4: Strengthen DSHS laboratory capacity and capability to perform accurate timely testing that supports public health decision-making, population health strategies, clinical care, and response to disasters and emerging health threats (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through public and population health strategies, include prevention and intervention

Action Item 3: Improve quality of life and life expectancy by increasing public awareness of the need for early childhood immunizations (Ongoing)

Action Item 4: Reduce the burden of HIV, congenital syphilis, TB, and other infectious diseases (Ongoing)

Strategic Planning Goal 4: Foster effective partnership and collaboration to achieve public health goals

Action Item 1: Collaborate with local health entities and other partners to strengthen the public health system in Texas (Ongoing)

Action Item 3: Convene key groups to discuss, strategize, and implement methods of addressing emerging issues (Ongoing)

Strategy 1.2.4. Tuberculosis Surveillance and Prevention

Implement activities to conduct TB surveillance, to prevent and control the spread of TB, and to treat TB infection.

- Output 1.2.4.1. Number of TB disease investigations conducted

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 3: Improve health outcomes through public and population health strategies, include prevention and intervention

Action Item 4: Reduce the burden of HIV, congenital syphilis, TB, and other infectious diseases (Ongoing)

Strategic Planning Goal 4: Foster effective partnership and collaboration to achieve public health goals

Action Item 1: Collaborate with local health entities and other partners to strengthen the public health system in Texas (Ongoing)

Strategy 1.2.5. Texas Center for Infectious Disease (TCID)

Provide specialized assessment, treatment, support, and medical services at the TCID.

- Output 1.2.5.1. Number of inpatient days, TCID
- Output 1.2.5.2. Number of admissions: total number patients admitted to TCID

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 3: Improve health outcomes through public and population health strategies, include prevention and intervention

Action Item 4: Reduce the burden of HIV, congenital syphilis, TB, and other infectious diseases (Ongoing)

Objective 1.3. Health Promotion and Chronic Disease Prevention

Use health promotion for reducing the occurrence of preventable chronic disease.

- Outcome 1.3.1. Prevalence of tobacco use among middle and high school youth statewide
- Outcome 1.3.4. Prevalence of smoking among adult Texans

Related Strategic Planning Goals

Strategic Planning Goal 2: Promote the use of science and data to drive decision-making and best practices

Strategic Planning Goal 3: Improve health outcomes through public and population health strategies, include prevention and intervention

Strategic Planning Goal 4: Foster effective partnership and collaboration to achieve public health goals

Objective 1.4. State Laboratory

Operate a reference laboratory in support of public health program activities.

- Outcome 1.4.1. Percentage high volume tests completed within established turnaround times

Related Strategic Planning Goals

Strategic Planning Goal 1: Optimize public health response to disasters, disease threats, and outbreaks

Strategic Planning Goal 2: Promote the use of science and data to drive decision-making and best practices

Strategy 1.4.1. Laboratory Services

Provide analytical laboratory services in support of public health program activities.

- Output 1.4.1.1. Number of laboratory tests performed
- Output 1.4.1.2. Percentage of initial newborn screen results reported within 7 days of birth

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Optimize public health response to disasters, disease threats, and outbreaks

Action Item 4: Strengthen DSHS laboratory capacity and capability to perform accurate timely testing that supports public health decision-making, population health strategies, clinical care, and response to disasters and emerging health threats (Ongoing)

Strategic Planning Goal 2: Promote the use of science and data to drive decision-making and best practices

Action Item 2: Invest in equipment and technology resources to optimize agency operations and communications (Ongoing)

Action Item 3: Continue applying science and data in developing programs and measuring program effectiveness. (Ongoing)

Goal 2. Community Health Services

Improve the health of children, women, families and individuals, and enhance the capacity of communities to deliver health care services.

Objective 2.1. Promote Maternal and Child Health

Develop and support primary health care services to children, women, families, and other qualified individuals though community-based providers.

- Outcome 2.1.1. Number of infant deaths per thousand live births (infant mortality rate)
- Outcome 2.1.2. Percentage of low birth weight births

Related Strategic Planning Goals

Strategic Planning Goal 3: Improve health outcomes through public and population health strategies, include prevention and intervention

Strategy 2.1.1. Maternal and Child Health

Provide easily accessible, quality and community-based maternal and child health services to-low income women, infants, children, and adolescents.

- Output 2.1.1.1. Number of newborns receiving hearing screens (all funding sources)

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 3: Improve health outcomes through public and population health strategies, include prevention and intervention

Action Item 1: Increase access to worksite lactation support (Ongoing)

Action Item 2: Reduce maternal mortality and severe maternal morbidity (Ongoing)

Action Item 3: Improve quality of life and life expectancy by increasing public awareness of the need for early childhood immunizations (Ongoing)

Strategic Planning Goal 4: Foster effective partnership and collaboration to achieve public health goals

Action Item 1: Collaborate with local health entities and other partners to strengthen the public health system in Texas (Ongoing)

Strategy 2.1.2. Children with Special Health Care Needs

Administer service program for children with special health care needs (CSHCN), in conjunction with the Health and Human Services Commission.

- Efficiency 2.1.2.1. Average annual cost per CSHCN client receiving case management
- Output 2.1.2.1. Number of CSHCN clients receiving case management

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 3: Improve health outcomes through public and population health strategies, include prevention and intervention

Action Item 3: Improve quality of life and life expectancy by increasing public awareness of the need for early childhood immunizations (Ongoing)

Strategic Planning Goal 4: Foster effective partnership and collaboration to achieve public health goals

Action Item 1: Collaborate with local health entities and other partners to strengthen the public health system in Texas (Ongoing)

Objective 2.2. Strengthen Healthcare Infrastructure

Develop and enhance capacities for community clinical service providers and regionalized emergency health care systems.

Related Strategic Planning Goals

Strategic Planning Goal 1: Optimize public health response to disasters, disease threats, and outbreaks

Strategic Planning Goal 3: Improve health outcomes through public and population health strategies, include prevention and intervention

Strategic Planning Goal 4: Foster effective partnership and collaboration to achieve public health goals

Strategic Planning Goal 5: Improve recognition and support for a highly skilled and dedicated workforce

Strategic Planning Goal 6: Improve and optimize business functions and processes to support delivery of public health services in communities

Strategy 2.2.1. Emergency Medical Services and Trauma Care Systems

Develop and enhance regionalized emergency health care systems.

- Explanatory 2.2.1.1. Number of trauma facilities
- Explanatory 2.2.1.2. Number of stroke facilities
- Explanatory 2.2.1.3. Number of hospitals with maternal care designation
- Explanatory 2.2.1.4. Number of hospitals with neonatal care designation
- Output 2.2.1.1. Number of providers funded: emergency medical services (EMS)/trauma
- Output 2.2.1.2. Number of EMS providers licensed, permitted, certified or registered
- Output 2.2.1.3. Number of EMS professional complaint investigations conducted
- Output 2.2.1.4. Number of licenses issued for EMS providers
- Output 2.2.1.5. Number of EMS provider and education program complaint investigations conducted
- Output 2.2.1.6. Number of EMS provider and education program surveys conducted

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Optimize public health response to disasters, disease threats, and outbreaks

Action Item 2: Lead, optimize and continually improve public health disaster preparedness and response (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through public and population health strategies, include prevention and intervention

Action Item 3: Integrate and standardize optimal public health services at the regional level (Ongoing)

Action Item 5: Promote consumer health and safety through education, inspection, and investigation activities (Ongoing)

Strategic Planning Goal 4: Foster effective partnership and collaboration to achieve public health goals

Action Item 1: Collaborate with local health entities and other partners to strengthen the public health system in Texas (Ongoing)

Strategic Planning Goal 5: Improve recognition and support for a highly skilled and dedicated workforce

Action Item 1: Grow agency culture of continuous improvement and innovation through professional development, cross-system coordination and workforce diversity (Ongoing)

Strategic Planning Goal 6: Improve and optimize business functions and processes to support delivery of public health services in communities

Action Item 2: Implement standardized penalty matrices for Consumer Protection programs (Ongoing)

Goal 3. Consumer Protection Services

Achieve a maximum level of compliance by the regulated community to protect public health and safety.

Objective 3.1. Provide Licensing and Regulatory Compliance

Ensure timely, accurate licensing, certification, and other registrations; provide standards that uphold safety and consumer protection; and ensure compliance with standards.

- Outcome 3.1.1. Percentage of licenses issued within regulatory timeframe

Related Strategic Planning Goals

Strategic Planning Goal 3: Improve health outcomes through public and population health strategies, include prevention and intervention

Strategic Planning Goal 5: Improve recognition and support for a highly skilled and dedicated workforce

Strategic Planning Goal 6: Improve and optimize business functions and processes to support delivery of public health services in communities

Strategy 3.1.1. Food (Meat) and Drug Safety

Design and implement programs to ensure the safety of food, drugs, and medical devices.

- Efficiency 3.1.1.1. Average cost per surveillance activity - food/meat and drug safety
- Output 3.1.1.1. Number of surveillance activities conducted - food/meat and drug safety
- Output 3.1.1.2. Number of enforcement actions initiated - food/meat and drug safety
- Output 3.1.1.3. Number of licenses/registrations issued - food/meat and drug safety

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 3: Improve health outcomes through public and population health strategies, include prevention and intervention

Action Item 5: Promote consumer health and safety through education, inspection, and investigation activities (Ongoing)

Strategic Planning Goal 5: Improve recognition and support for a highly skilled and dedicated workforce

Action Item 1: Grow agency culture of continuous improvement and innovation through professional development, cross-system coordination and workforce diversity (Ongoing)

Strategic Planning Goal 6: Improve and optimize business functions and processes to support delivery of public health services in communities

Action Item 2: Implement standardized penalty matrices for Consumer Protection programs (Ongoing)

Strategy 3.1.2. Environmental Health

Design and implement risk assessment and risk management regulatory programs for consumer products, occupational and environmental health, and community sanitation.

- Efficiency 3.1.2.1. Average cost per surveillance activity - environmental health
- Output 3.1.2.1. Number of surveillance activities Conducted - environmental health
- Output 3.1.2.2. Number of enforcement actions initiated - environmental health
- Output 3.1.2.3. Number of licenses issued - environmental health

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 3: Improve health outcomes through public and population health strategies, include prevention and intervention

Action Item 5: Promote consumer health and safety through education, inspection, and investigation activities (Ongoing)

Strategic Planning Goal 5: Improve recognition and support for a highly skilled and dedicated workforce

Action Item 1: Grow agency culture of continuous improvement and innovation through professional development, cross-system coordination and workforce diversity (Ongoing)

Strategic Planning Goal 6: Improve and optimize business functions and processes to support delivery of public health services in communities

Action Item 2: Implement standardized penalty matrices for Consumer Protection programs (Ongoing)

Strategy 3.1.3. Radiation Control

Design and implement a risk assessment and risk management regulatory program for all sources of radiation.

- Efficiency 3.1.3.1. Average cost per surveillance activity - radiation control
- Output 3.1.3.1. Number of surveillance activities conducted - radiation control

- Output 3.1.3.2. Number of enforcement actions initiated - radiation control
- Output 3.1.3.3. Number of licenses/registrations issued - radiation control

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 3: Improve health outcomes through public and population health strategies, include prevention and intervention

Action Item 5: Promote consumer health and safety through education, inspection, and investigation activities (Ongoing)

Strategic Planning Goal 5: Improve recognition and support for a highly skilled and dedicated workforce

Action Item 1: Grow agency culture of continuous improvement and innovation through professional development, cross-system coordination and workforce diversity (Ongoing)

Strategic Planning Goal 6: Improve and optimize business functions and processes to support delivery of public health services in communities

Action Item 2: Implement standardized penalty matrices for Consumer Protection programs (Ongoing)

Goal 4. Agency Wide Information Technology Projects

Provide data center services and a managed desktop computing environment for the agency.

Objective 4.1. Agency Wide Information Technology Projects

Provide data center services and a managed desktop computing environment for the agency.

Strategic Planning Goal 2: Promote the use of science and data to drive decision-making and best practices

Strategy 4.1.1. Agency Wide Information Technology Projects

Provide data center services and a managed desktop computing environment for the agency.

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 2: Promote the use of science and data to drive decision-making and best practices

Action Item 1: Modernize data infrastructure and improve data quality and access (Ongoing)

Action Item 2: Invest in equipment and technology resources to optimize agency operations and communications (Ongoing)

Goal 5. Indirect Administration

Indirect administration.

Objective 5.1. Manage Indirect Administration

Manage indirect administration.

Related Strategic Planning Goals

Strategic Planning Goal 1: Optimize public health response to disasters, disease threats and outbreaks

Strategic Planning Goal 2: Promote the use of science and data to drive decision-making and best practices

Strategic Planning Goal 3: Improve health outcomes through public and population health strategies, including prevention and intervention

Strategic Planning Goal 4: Foster effective partnership and collaboration to achieve public health goals

Strategic Planning Goal 5: Improve recognition and support for a highly skilled and dedicated workforce

Strategic Planning Goal 6: Improve and optimize business functions and processes to support delivery of public health services in communities

Strategy 5.1.1. Central Administration

Central administration.

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Optimize public health response to disasters, disease threats and outbreaks

Action Item 1: Increase collaboration across health and human services systems in response to infectious disease outbreaks and other public health threats (Ongoing)

Action Item 2: Lead, optimize and continually improve public health disaster preparedness and response (Ongoing)

Action Item 3: Integrate and standardize optimal public health services at the regional level (Ongoing)

Action Item 4: Strengthen DSHS laboratory capacity and capability to perform accurate timely testing that supports public health decision-making, population health strategies, clinical care, and response to disasters and emerging health threats (Ongoing)

Strategic Planning Goal 2: Promote the use of science and data to drive decision-making and best practices

Action Item 1: Modernize data infrastructure and improve data quality and access (Ongoing)

Action Item 2: Invest in equipment and technology resources to optimize agency operations and communications (Ongoing)

Action Item 3: Continue applying science and data in developing programs and measuring program effectiveness (Ongoing)

Action Item 4: Empower local communities and public health system through the collection, analysis, and dissemination of high quality and actionable health and safety data (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through public and population health strategies, including prevention and intervention

Action Item 1: Increase access to worksite lactation support (Ongoing)

Action Item 2: Reduce maternal mortality and severe maternal morbidity (Ongoing)

Action Item 3: Improve quality of life and life expectancy by increasing public awareness of the need for early childhood immunizations (Ongoing)

Action Item 4: Reduce the burden of HIV, congenital syphilis, TB, and other infectious diseases (Ongoing)

Action Item 5: Promote consumer health and safety through education, inspection, and investigation activities (Ongoing)

Strategic Planning Goal 4: Foster effective partnership and collaboration to achieve public health goals

Action Item 1: Collaborate with local health entities and other partners to strengthen the public health system in Texas (Ongoing)

Action Item 2: Improve collaboration with institutions of higher education (Ongoing)

Action Item 3: Convene key groups to discuss, strategize, and implement methods of addressing emerging issues (Ongoing)

Strategic Planning Goal 5: Improve recognition and support for a highly skilled and dedicated workforce

Action Item 1: Grow agency culture of continuous improvement and innovation through professional development, cross-system coordination and workforce diversity (Ongoing)

Action Item 2: Advance workforce development through academic partnerships (Ongoing)

Strategic Planning Goal 6: Improve and optimize business functions and processes to support delivery of public health services in communities

Action Item 1: Improve Vital Statistics customer service, fulfillment, updates, and online processing (Ongoing)

Action Item 2: Implement standardized penalty matrices for Consumer Protection programs (Ongoing)

Action Item 3: In collaboration with the Health and Human Services Commission, develop and implement a privacy awareness campaign to reduce the number of unauthorized disclosures and releases (Ongoing)

Strategy 5.1.2. Information Technology Program Support

Information Technology program support.

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 2: Promote the use of science and data to drive decision-making and best practices

Action Item 1: Modernize data infrastructure and improve data quality and access (Ongoing)

Action Item 2: Invest in equipment and technology resources to optimize agency operations and communications (Ongoing)

Strategy 5.1.3. Other Support Services

Other support services.

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Optimize public health response to disasters, disease threats and outbreaks

Action Item 2: Lead, optimize and continually improve public health disaster preparedness and response (Ongoing)

Action Item 4: Strengthen DSHS laboratory capacity and capability to perform accurate timely testing that supports public health decision-making, population health strategies, clinical care, and response to disasters and emerging health threats (Ongoing)

Strategic Planning Goal 2: Promote the use of science and data to drive decision-making and best practices

Action Item 1: Modernize data infrastructure and improve data quality and access (Ongoing)

Strategic Planning Goal 4: Foster effective partnership and collaboration to achieve public health goals

Action Item 2: Improve collaboration with institutions of higher education (Ongoing)

Action Item 3: Convene key groups to discuss, strategize, and implement methods of addressing emerging issues (Ongoing)

Strategic Planning Goal 5: Improve recognition and support for a highly skilled and dedicated workforce.

Action Item 1: Grow agency culture of continuous improvement and innovation through professional development, cross-system coordination and workforce diversity (Ongoing)

Action Item 2: Advance workforce development through academic partnerships (Ongoing)

Strategic Planning Goal 6: Improve and optimize business functions and processes to support delivery of public health services in communities

Action Item 3: In collaboration with the Health and Human Services Commission, develop and implement a privacy awareness campaign to reduce the number of unauthorized disclosures and releases (Ongoing)

Strategy 5.1.4. Regional Administration

Regional administration.

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Optimize public health response to disasters, disease threats and outbreaks

Action Item 1: Increase collaboration across health and human services systems in response to infectious disease outbreaks and other public health threats (Ongoing)

Action Item 2: Lead, optimize and continually improve public health disaster preparedness and response (Ongoing)

Action Item 3: Integrate and standardize optimal public health services at the regional level (Ongoing)

Strategic Planning Goal 2: Promote the use of science and data to drive decision-making and best practices

Action Item 1: Modernize data infrastructure and improve data quality and access (Ongoing)

Action Item 2: Invest in equipment and technology resources to optimize agency operations and communications (Ongoing)

Action Item 3: Continue applying science and data in developing programs and measuring program effectiveness (Ongoing)

Action Item 4: Empower local communities and public health system through the collection, analysis, and dissemination of high quality and actionable health and safety data (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through public and population health strategies, including prevention and intervention

Action Item 1: Increase access to worksite lactation support (Ongoing)

Action Item 2: Reduce maternal mortality and severe maternal morbidity (Ongoing)

Action Item 3: Improve quality of life and life expectancy by increasing public awareness of the need for early childhood immunizations (Ongoing)

Action Item 4: Reduce the burden of HIV, congenital syphilis, TB, and other infectious diseases (Ongoing)

Action Item 5: Promote consumer health and safety through education, inspection, and investigation activities (Ongoing)

Strategic Planning Goal 4: Foster effective partnership and collaboration to achieve public health goals

Action Item 1: Collaborate with local health entities and other partners to strengthen the public health system in Texas (Ongoing)

Action Item 3: Convene key groups to discuss, strategize, and implement methods of addressing emerging issues (Ongoing)

Strategic Planning Goal 5: Improve recognition and support for a highly skilled and dedicated workforce

Action Item 1: Grow agency culture of continuous improvement and innovation through professional development, cross-system coordination and workforce diversity (Ongoing)

Action Item 2: Advance workforce development through academic partnerships (Ongoing)

Strategic Planning Goal 6: Improve and optimize business functions and processes to support delivery of public health services in communities

Action Item 2: Implement standardized penalty matrices for Consumer Protection programs (Ongoing)

Schedule B: Performance Measure Definitions

Goal 1: Preparedness and Prevention Services

Objective 1.1. Improve Health Status through Preparedness and Information

Outcome Measure 1.1.1. Percentage of Key Staff Prepared to Respond During Public Health Disaster Response Drills

Definition

The percent of pre-identified staff members assigned to key positions in the State Medical Operations Center (SMOC) and Public Health Deployable Teams, required to initiate and organize or mount a response, that are alerted and acknowledge their ability to activate within one hour for a No Notice Event at least twice annually.

Purpose

Measure responsiveness of pre-identified staff members during disaster response drills.

Data Source

Documentation on Public Health Deployable Teams and staff alerting documentation which indicates the names and total number of staff members involved.

Methodology

Calculate the percentage of staff acknowledging their ability to activate within one hour of notification. The percent is the number of staff that respond "yes" divided by the number of staff contacted.

Data Limitations

None

Calculation Method

Noncumulative

New Measure

No

Target Attainment

Higher than target is desirable

Strategy 1.1.1. Public Health Preparedness and Coordinated Services

Explanatory Measure 1.1.1.1. Percentage of Licensed Texas Hospitals Participating in HPP Healthcare Coalitions

Definition

A hospital is considered a member of a Hospital Preparedness Program (HPP) Healthcare Coalition if representatives attend coalition meetings and are included on the HPP providers' annual submission of coalition members to DSHS.

Purpose

To measure the proportion of licensed Texas hospitals participating in the Hospital Preparedness Program (HPP) to enhance healthcare facility preparedness activities. Active participation assures a higher standard of preparedness and response capacities to better protect their communities against natural disasters, major industrial accidents, and terrorist attacks.

Data Source

Annual DSHS HPP Contractor Reports and Health and Human Services Regulatory website.

Methodology

The percentage of participating hospitals is calculated by dividing the number of HPP participating hospitals by the total number of licensed hospitals by the State of Texas.

Data Limitations

The number of participating hospitals fluctuates as hospitals choose to participate in regional coalitions. The total number of licensed hospitals in Texas fluctuates as hospitals open and close.

Calculation Method

Noncumulative

New Measure

No

Target Attainment

Higher than target is desirable

Explanatory Measure 1.1.1.2. Number of Local Public Health Services Providers Connected to Health Alert Network

Definition

The measure defines the availability and use of telecommunications infrastructure for rapid public health emergency response. A local public health service provider is defined as an entity involved in the monitoring of local public health events and/or the provision of local public health services (i. e., city or county health departments, health districts, public and private hospitals, school health nurses, veterinarians, EMS providers).

Purpose

This is a measure of the preparedness of Texas health officials to detect and rapidly respond to bioterrorism events. The Health Alert Network provides technology to rapidly notify public health and emergency management officials if such an event occurs.

Data Source

Annual reports on the number of local public health service providers (i.e., city or county health departments, health districts, public and private hospitals, school health nurses, veterinarians, EMS providers) connected to the Health Alert Network.

Methodology

The total number of local public health service providers (i.e., city or county health departments, health districts, public and private hospitals, school health nurses, veterinarians, EMS providers) connected to the Health Alert Network.

Data Limitations

None

Calculation Method

Noncumulative

New Measure

No

Target Attainment

Higher than target is desirable

Output Measure 1.1.1.1. Number of Local Public Health Entity Contractors Carrying Out Essential Public Health Plans

Definition

This measure captures the number of Local Health Entity contractors funded out of this strategy that receive funding from the Preventive Health and Health Services Block Grant to carry out plans to provide essential public health services within communities. Strategies utilized in these plans demonstrate cost- effective methods for providing the essential public health services at the local level.

Purpose

The purpose of this measure is to capture the number of contracts awarded to Local Health Entities that are funded out of this strategy that receive funding from the Preventive Health and Health Services Block Grant for implementing plans for providing essential public health services. These plans will help the Local Health Entities develop and demonstrate cost-effective prevention and intervention strategies for improving public health outcomes, and address disparities in health in minority populations. DSHS intends to renew these contracts on an annual basis.

Data Source

Data on contracts awarded to Local Health Entities will be collected by DSHS.

Methodology

DSHS will manually count the number of contracts awarded to Local Health Entities funded out of this strategy that receive funding from the Preventive Health and Health Services Block Grant on an annual basis.

Data Limitations

None

Calculation Method

Noncumulative

New Measure

No

Target Attainment

Higher than target is desirable

Strategy 1.1.2. Vital Statistics

Efficiency Measure 1.1.2.1. Average Number of Days to Certify or Verify Vital Statistics Records

Definition

The average number of days it takes the Vital Statistics Section (VSS) to complete all fee-related customer requests for VSS services and products as per TAC 181.22, including certified copies and verifications of vital records, corrections and amendments to vital records, and inquiries on our registries for Paternity, Acknowledgement of Paternity, Court of Continuing Jurisdiction, and Adoptions.

Purpose

Identify the time it takes to process fee-based request for VSS services and products provided during the reporting period. This information reflects VSS ability

to meet customer needs and helps identify the resources needed to meet those needs.

Data Source

A Structured Query Language (SQL) query from the TxEVER database.

Methodology

A SQL query is used to calculate the average number of days it takes VSS to complete a fee-based request. The total number of days it takes to certify each request will be divided by the total number of requests for each reporting period.

Data Limitations

None

Calculation Method

Noncumulative

New Measure

No

Target Attainment

Lower than target is desirable

Output Measure 1.1.2.1. Number of Requests for Records Services Completed

Definition

The number of fee based requests for certified copies and verifications of vital records fulfilled by the Vital Statistics Section. Vital records refer to birth, death, fetal death, marriage, and divorce/annulment records that are registered in the state of Texas.

Purpose

Identify the volume of fee based requests for certified copies and verifications of vital records completed during the reporting month. This information reflects

demand for these services and helps identify the resources needed to meet demand.

Data Source

A Structured Query Language (SQL) query from the TxEVER database.

Methodology

A SQL query will be used to extract counts for the reporting time period from the TxEVER database of certified copies and verifications issues for vital records, and sum these counts together.

Data Limitations

None

Calculation Method

Cumulative

New Measure

No

Target Attainment

Higher than target is desirable

Strategy 1.1.4. Border Health and Colonias

Output Measure 1.1.4.1. Number of Border/Binational Public Health Services Provided to Border Residents

Definition

This measure captures the number of essential border and binational public health services provided to border residents to optimize border binational communication and coordination, strengthen border data and information, increase community-based healthy border initiatives, and to strengthen border health best practices and evaluation.

Purpose

The main purpose is to ensure the border/binational public health services provided to border communities contribute to the health and well-being of residents along the Texas/Mexico border.

Data Source

Binational Health Council meeting reports, workgroup meeting reports, activity/intervention/project reports and summaries, and quarterly reports.

Methodology

The number of essential border/binational public health services will be manually counted and documented. Amounts are gathered through analysis of Binational Health Council meeting reports, workgroup meeting reports, activity/intervention/project reports and summaries, and quarterly reports provided by border offices (Austin, El Paso, Eagle Pass, Laredo and Harlingen) and contracting partners.

Data Limitations

Complete data may not be available for the reporting period at the time the reports are due.

Calculation Method

Cumulative

New Measure

No

Target Attainment

Higher than target is desirable

Strategy 1.1.5. Health Data and Statistics

Efficiency Measure 1.1.5.1. Average Number of Working Days Required by Staff to Complete Customized Requests

Definition

This measure tracks the average time required by staff of Center for Health Statistics (CHS) to complete a customized data request, from receipt of the data request to completion and dissemination back to the customer.

Purpose

This measure monitors productivity and responsiveness to customer requests requiring customization to attain the data.

Data Source

A record is kept for each request for data and information received. This includes requests for reports that may require special computer runs, standard reports, and technical assistance.

Methodology

The number of working days to complete a data request is defined as the number of working days between when a request is received (or clarified if needed) until when the data or information is delivered. The average number of working days is calculated as the total number of working days to respond to requests, divided by the total number of requests completed.

Data Limitations

Dependent upon consistent use of tracking system by CHS employees in recording data requests. As standard reports and information become part of the website, more complex data requests will be handled by staff. This could increase the time required to complete requests.

Calculation Method

Noncumulative

New Measure

No

Target Attainment

Lower than target is desirable

Output Measure 1.1.5.1. Average Successful Requests – Pages per Day

Definition

This measure tracks the daily average of times that Center for Health Statistics (CHS) web pages on the DSHS Internet website are accessed for data or health-related information.

Purpose

This measure monitors the use of Center for Health Statistics (CHS) web-based products by customers.

Data Source

Web Server Log Files.

Methodology

The statistic used will be "Average successful requests for pages from the CHS website per day". The total number of successful requests for pages, extracted from the web server logs, will be divided by the number of days in the quarter. This measures access to complete web pages and excludes graphics and other auxiliary files.

Data Limitations

We can count the number of pages retrieved from the server, but we do not know how, or if, CHS customers use the information being made available. Some variation can be expected because of seasonal effects and availability of new data.

Calculation Method

Noncumulative

New Measure

No

Target Attainment

Higher than target is desirable

Objective 1.2. Infectious Disease Control, Prevention and Treatment

Outcome Measure 1.2.1. Vaccination Coverage Levels among Children at Age 24 Months

Definition

This measure uses data collected from the National Immunization Survey (NIS) to estimate the percentage of children who are vaccinated at 24 months with the routine childhood vaccines (four doses of diphtheria and tetanus toxoids and pertussis vaccine, three doses of poliovirus vaccines, one dose of measles-mumps-rubella vaccine, three doses of Haemophilus influenzae type b, three doses of hepatitis B vaccine, one dose of varicella vaccine and four doses of Pneumococcal vaccine).

Purpose

Shows the percentage of Texas children who are up to date at age 24 months with critical childhood immunizations. High vaccination rates indicate that children are better protected against 14 different diseases, whereas low rates would indicate the potential for outbreaks or high disease burden.

Data Source

The NIS is coordinated by the CDC National Immunization Program (NIP) and data is collected by a company under contract with NIP. The NIS contractor calls randomly generated telephone numbers to find households that contain children two years of age and then interviews the child's parent or guardian to ascertain the child’s vaccination status at age 24 months. The NIS uses the age group based on sampling methodology and data analysis needs. Vaccination dates are verified by the child's medical provider.

Methodology

The percentage of children who are vaccinated by 24 months of age is estimated based on the data collected in the NIS. The NIS is conducted on a quarterly basis utilizing a random digit dial survey and results are reported annually in October to look at trends at the state level.

Data Limitations

Data are based on a telephone survey that is statistically weighted to adjust for nonresponse and households without telephones. NIS relies on provider-verified vaccination histories and incomplete records could result in underestimates of coverage. The estimate also assumes that coverage among children whose providers do respond is similar to that among children whose providers do not respond. The Texas coverage level estimates should be interpreted carefully due to the wide confidence interval range applied to the reported estimated vaccination coverage level (percentage).

Calculation Method

Noncumulative

New Measure

Yes

Target Attainment

Higher than target is desirable

Outcome Measure 1.2.2. Incidence Rate of TB Per 100,000 Texas Residents

Definition

This measure indicates the degree to which tuberculosis (TB) is occurring in the Texas population.

Purpose

This measure reflects how successful TB elimination efforts are in Texas.

Data Source

TB is a reportable disease in Texas. The number of TB cases is available through the case register maintained by DSHS. The population estimates are obtained from the Texas State Data.

Methodology

The number of TB cases in the fiscal year is divided by the mid-year population estimate of Texas times 100,000.

Data Limitations

Procedures for passive and sentinel surveillance activities between other disease registries, mortality and laboratory data are conducted infrequently. Procedures for active surveillance in hospitals, clinics, and pharmacies have not been established. This could result in the delay of the number of cases reported in the year the initial diagnosis was made.

Calculation Method

Noncumulative

New Measure

No

Target Attainment

Lower than target is desirable

Outcome Measure 1.2.3. Percentage of 1995 Epizootic Zone that is Free from Domestic Dog-Coyote Rabies

Definition

The percentage of square miles in the original epizootic area free of cases of the specific rabies variant.

Purpose

This is a measure of the effectiveness of the oral vaccination efforts for the targeted wildlife in the epizootic zones.

Data Source

Texas Department of State Health Services Laboratory reports. The requisite data are communicated to the Zoonosis Control Branch as specimens are submitted and tested by DSHS and as test results from other laboratories are received by DSHS laboratory.

Methodology

The area of the epizootic zone that has been treated once or has never been treated will be combined with the home range area of any rabid animal found within the original zone during the year. The resultant sum (A) will serve as the numerator with the original epizootic area (B) as the denominator in the formula: C = (1- A/B) x100. "C" will represent the percentage of the original epizootic zone considered free of the specified rabies variant.

Data Limitations

The surveillance data are a combination of active and passive sample submissions.

Calculation Method

Noncumulative

New Measure

No

Target Attainment

Higher than target is desirable

Outcome Measure 1.2.4. Percentage of 1996 Epizootic Zone that is Free from Texas Fox Rabies

Definition

The percentage of square miles in the original epizootic area free of cases of the specific rabies variant.

Purpose

This is a measure of the effectiveness of the oral vaccination efforts for the targeted wildlife in the epizootic zones.

Data Source

Texas Department of State Health Services Laboratory reports. The requisite data are communicated to the Zoonosis Control Branch as specimens are submitted and

tested by DSHS and as test results from other laboratories are received by DSHS laboratory.

Methodology

The area of the epizootic zone that has been treated once or has never been treated will be combined with the home range area of any rabid animal found within the original zone during the year. The resultant sum (A) will serve as the numerator with the original epizootic area (B) as the denominator in the formula: C = (1- A/B) x100. "C" will represent the percentage of the original epizootic zone considered free of the specified rabies variant.

Data Limitations

The surveillance data are a combination of active and passive sample submissions.

Calculation Method

Noncumulative

New Measure

No

Target Attainment

Higher than target is desirable

Strategy 1.2.1. Immunize Children and Adults in Texas

Explanatory Measure 1.2.1.1. Dollar Value (in Millions) of Vaccine Provided by the Federal Grant

Definition

The Centers for Disease Control and Prevention (CDC) provides funding for the purchase of childhood and adult vaccines/toxoids/biologicals. These direct assistance awards are in the form of actual vaccine products in lieu of cash awards.

Purpose

This is an indicator of immunization activity, which is essential to prevent and reduce vaccine-preventable diseases.

Data Source

At the beginning of each federal fiscal year the Centers for Disease Control and Prevention (CDC) estimates the amount of federal awards that the Texas Department of State Health Services will receive during that grant period.

Methodology

The annual performance measure data is based on reports from CDC on the number and dollar amount of vaccines shipped.

Data Limitations

None

Calculation Method

Noncumulative

New Measure

No

Target Attainment

Higher than target is desirable

Explanatory Measure 1.2.1.2. Number of Sites Authorized to Access State Immunization Registry System

Definition

This measure will count the number of providers (public and private) insurance companies, schools, and day care centers authorized to access the statewide immunization registry.

Purpose

An increase in the number of sites participating in the registry is important for the growth of the number of children's records contained in the database and immunization histories stored in the registry.

Data Source

On a quarterly basis, the ImmTrac application database will be queried to document the number of sites authorized to access the registry.

Methodology

Sites are defined as the facility or office authorized to access the registry and not the individual workstation. This will be a frequency or simple count of the number of registered sites authorized to access to the immunization registry that have accessed the registry (logged in) during the previous two years.

Data Limitations

None

Calculation Method

Noncumulative

New Measure

No

Target Attainment

Higher than target is desirable

Output Measure 1.2.1.1. Number of Vaccine Doses Administered to Children

Definition

The number of state-supplied vaccine doses administered to children. One dose is equal to one antigen. An antigen refers to an individual vaccine component. Combination vaccines contain several antigens, and therefore several doses.

Purpose

This measure provides an indication of the overall usage of vaccines through the Texas Vaccines for Children (TVFC) program. It also guides policy and procedure changes impacting the Texas Vaccines for Children program.

Data Source

Providers of state-supplied vaccines, including regional public health clinics, local health departments/districts, community and rural health centers, and private providers submit doses administered data through the Electronic Vaccine Inventory portal. The data are reported monthly by each provider, and maintained in a database designed to track and generate reports on doses administered.

Methodology

A report is produced based on aggregated data. Data are cumulative.

Data Limitations

TVFC Providers are required to report at the time they go into the order system to order more vaccine. We recommend that they order vaccines by the 5th of the month, however some providers chose to order at a later date and do not report their doses administered by the 5th of the month, which results in delayed reporting of doses administered.

Calculation Method

Cumulative

New Measure

No

Target Attainment

Higher than target is desirable

Output Measure 1.2.1.1. Number of Vaccine Doses Administered to Adults

Definition

The number of state-supplied vaccine doses administered to adults. One dose is equal to one antigen. An antigen refers to an individual vaccine component. Combination vaccines contain several antigens, and therefore several doses.

Purpose

This measure provides an indication of the overall usage of vaccines through the Texas Vaccines for Children (TVFC) program. It also guides policy and procedure changes impacting the Texas Vaccines for Children program.

Data Source

This measure provides an indication of the overall usage of vaccines through the Adult Safety Net program. It also guides policy and procedure changes impacting the Adult Safety Net program.

Methodology

A report is produced based on aggregated data. Data are cumulative.

Data Limitations

None

Calculation Method

Cumulative

New Measure

No

Target Attainment

Higher than target is desirable

Strategy 1.2.2. HIV/STD Prevention

Efficiency Measure 1.2.2.1. Proportion of HIV Positive Persons Who Receive their Test Results

Definition

The percentage of clients testing HIV positive who receive their HIV test results from a targeted HIV testing site.

Purpose

To assess the performance of HIV prevention counseling and testing contractors.

Data Source

Program data systems maintained by the HIV/STD program. This system contains data on HIV testing done by DSHS contractors funded for HIV Counseling and Testing Services and/or Expanded HIV Testing. Data are collected on the number of persons testing HIV positive and how many of those clients received their test results.

Methodology

The number of clients who received their HIV positive test result will be divided by the total number of clients who tested HIV positive.

Data Limitations

This does not reflect all HIV testing in the state, only testing completed by DSHS contractors funded for HIV prevention counseling and testing services and expanded HIV testing projects.

Calculation Method

Noncumulative

New Measure

No

Target Attainment

Higher than target is desirable

Output Measure 1.2.2.1. Number of Persons Served by the HIV Medication Program

Definition

The number of income eligible HIV infected persons enrolled in the Texas HIV Medication Program who have received medication or insurance assistance.

Purpose

To determine the number of eligible persons with HIV receiving life extending medications that suppresses viral load and decrease HIV transmission, or who have received assistance through the program.

Data Source

This information is retrieved from the HIV medication Program databases maintained by the HIV/STD Medication Program staff.

Methodology

This is the number of unduplicated individuals who have presented a prescription and received medication within the designated time period (per quarter and fiscal year) or who have received support from the program for a health insurance plan that provides prescription coverage.

Data Limitations

None

Calculation Method

Cumulative

New Measure

No

Target Attainment

Higher than target is desirable

Output Measure 1.2.2.2. Number of Clients with HIV/AIDS Receiving Medical and Supportive Services

Definition

The unduplicated number of clients receiving medical and supportive services from HIV service providers supported through Ryan White Program funds or DSHS State Services funds. Services include outpatient medical care, case management, dental care, substance abuse treatment, mental health services, local pharmaceutical assistance programs, home health, insurance assistance, hospice care, client advocacy, respite and child care, food bank, home delivered meals, nutritional supplements, housing related services, transportation, legal services, and other supportive services allowed by the Health Resources & Services Administration.

Purpose

To monitor the number of persons receiving medical and psychosocial services through funded providers and to measure progress on program objectives.

Data Source

HIV service providers throughout the state report on medical and supportive services provided to eligible clients using the Uniform Reporting System (URS).

Methodology

The unduplicated number of clients receiving medical and psychosocial services is reported in the URS.

Data Limitations

These data reflect care delivered by providers who receive Ryan White Program funds (Parts A, B, C, and D) and DSHS State HIV Services funds. The measure does not reflect all medical and supportive services delivered to HIV infected persons in Texas, but only those delivered by providers who receive Ryan White Program funds

(Parts A, B, C, and D) or State HIV Services funds. However, the data do not solely reflect those services contracted by DSHS. The reported clients may be served with a mixture of state, federal and local funds, and the assignment of funds is arbitrary at a client level, regardless of funding source supporting the service. Therefore, our client count reflects all eligible clients receiving at least one eligible service from a provider receiving Ryan White or State HIV services funds.

Calculation Method

Cumulative

New Measure

No

Target Attainment

Higher than target is desirable

Strategy 1.2.3. Infectious Disease Prevention, Epidemiology and Surveillance

Output Measure 1.2.3.1. Number of Communicable Disease Investigations Conducted

Definition

The number of communicable disease reports managed during the fiscal year.

Purpose

Measures the number of communicable disease reports.

Data Source

Data in the National Electronic Disease Surveillance System (NEDSS).

Methodology

This measure is calculated quarterly by summing the number of reports entered into NEDSS. For the purpose of identifying which NEDSS records to count in this performance measure, a NEDSS record is defined as one instance per patient of an investigation, a lab report, or a morbidity report.

Data Limitations

Data are limited to information entered into the National Electronic Disease Surveillance System (NEDSS) infectious disease reporting systems. Does not include HIV, STD, or TB records.

Calculation Method

Cumulative

New Measure

No

Target Attainment

Higher than target is desirable

Output Measure 1.2.3.2. Number Zoonotic Disease Surveillance Activities Conducted

Definition

Epidemiologic surveillance activities and field investigations that include surveillance or case-related zoonotic disease consultations, zoonotic samples collected, sites sampled, and disease case investigations. These activities and investigations are designed to discover the cause, extent, and impact of the conditions.

Purpose

Measure the number of surveillance activities and field investigations conducted.

Data Source

Zoonosis Control Branch Work Plan/Monthly Report is the report generated from the accumulation of all Zoonosis Control Regional offices including Central Office.

Methodology

The number includes the sum of the number of surveillance or case-related zoonotic disease consultations, zoonotic samples collected, sites sampled, and disease case investigations.

Data Limitations

None

Calculation Method

Cumulative

New Measure

No

Target Attainment

Higher than target is desirable

Output Measure 1.2.3.3. Number of Healthcare Facilities Enrolled in Texas Health Care Safety Network

Definition

The number of healthcare facilities enrolled in the Texas Health Care Safety Network (TxHSN), a system used to report health care-associated infections and preventable adverse events.

Purpose

Measures healthcare facility compliance with legislatively mandated reporting of health care-associated infections and preventable adverse events.

Data Source

The data are captured in TxHSN.

Methodology

This measure is calculated quarterly by running a report in TxHSN for the number of facilities enrolled and in compliance with reporting requirements.

Data Limitations

Data are limited to general hospitals and ambulatory surgical centers which are enrolled in TxHSN and in compliance with Chapter 98 of the Texas Health and Safety Code reporting requirements.

Calculation Method

Noncumulative

New Measure

No

Target Attainment

Higher than target is desirable

Strategy 1.2.4. TB Surveillance and Prevention

Output Measure 1.2.4.1. Number of Tuberculosis Disease Investigations Conducted

Definition

The number of TB reports managed during the fiscal year.

Purpose

Measures the number of disease reports.

Data Source

The DSHS captures data in the National Electronic Disease Surveillance System (NEDSS), and the Tuberculosis (TB) Contacts Database.

Methodology

This measure is calculated quarterly by summing the number of TB records entered into NEDSS and the contacts database during the quarter. A TB record is defined as a case, contact, or suspected report; or a laboratory report.

Data Limitations

Data are limited to information entered into the TB registry and case management data systems.

Calculation Method

Cumulative

New Measure

No

Target Attainment

Higher than target is desirable

Strategy 1.2.5. Texas Center for Infectious Disease (TCID)

Output Measure 1.2.5.1. Number of Inpatient Days, Texas Center for Infectious Disease

Definition

The total number of days of care charged for occupied inpatient beds.

Purpose

Monitoring of total patient days at TCID is a public health indicator both of acuity of patient conditions and complications in communities. This reflects the utilization of total beds.

Data Source

Total daily census is aggregated in the Hospital Information System at midnight.

Methodology

Calculated by summing all inpatient days for the reporting period.

Data Limitations

None

Calculation Method

Cumulative

New Measure

No

Target Attainment

Higher than target is desirable

Output Measure 1.2.5.2. Number of Admissions: Total Number Patients Admitted to TCID

Definition

Number of admissions for the reporting period.

Purpose

Measures activity and utilization of Tuberculosis inpatient treatment.

Data Source

Admission summary for each patient admitted to TCID is logged into the electronic medical record and internal data base, and data is compiled quarterly.

Methodology

Whole number cumulated for the reporting period.

Data Limitations

None

Calculation Method

Cumulative

New Measure

No

Target Attainment

Higher than target is desirable

Objective 1.3. Health Promotion and Chronic Disease Prevention

Outcome Measure 1.3.1. Prevalence of Tobacco Use among Middle and High School Youth Statewide

Definition

This is a measure of the prevalence of tobacco use (all tobacco products including e-cigarettes) among middle and high school (6th-12th grade) students in Texas.

Purpose

Measures the statewide prevalence of tobacco use among middle and high school (6th-12th grade) youth.

Data Source

Texas Youth Tobacco Survey, a random-selection, weighted school-based survey relating to tobacco use behaviors.

Methodology

Percentage of middle and high school (6th -12th grade) students who use tobacco statewide. Texas Youth Tobacco Survey respondents who reported having used cigarettes, e-cigarettes, cigars, smokeless tobacco, hookah or other tobacco products within thirty days of taking the survey among the total number of valid middle and high school survey respondents in Texas. Data are weighted to the statewide student population composition.

Data Limitations

Survey data is contingent upon the voluntary participation of schools in the Texas Youth Tobacco Survey. Statewide surveys occur only in even years.

Calculation Method

Noncumulative

New Measure

Yes

Target Attainment

Lower than target is desirable

Outcome Measure 1.3.4. Prevalence of Tobacco Use among Adult Texans

Definition

This is a measure of the prevalence of tobacco use among adult Texans (cigarettes, e-cigarettes, or smokeless tobacco), based on the Behavioral Risk Factor Survey, which is a telephone survey relating to selected life style behaviors, conducted on randomly selected residents on a monthly basis.

Purpose

This is a measure of the prevalence of tobacco use among adult Texans.

Data Source

Behavioral Risk Factor Surveillance Survey (BRFSS), a population-based, random telephone survey relating to selected life style behaviors, conducted on randomly selected residents on a monthly basis weighted to the adult Texas population.

Methodology

This measure is the percentage of adult Texans who used any tobacco product among all valid responses to the BRFSS survey. "Adults who smoke" is defined as someone who has smoked 100 cigarettes and now smokes every day or some days, someone who has ever tried e-cigarettes and now uses them every day or some days, or someone who uses smokeless tobacco every day or some days. Estimates were weighted to the Texas adult population.

Data Limitations

Data is dependent on respondent participation in the survey and is based on self-reported data.

Calculation Method

Noncumulative

New Measure

Yes

Target Attainment

Lower than target is desirable

Objective 1.4. State Laboratory

Outcome Measure 1.4.1. Percentage High Volume Tests Completed within Established Turnaround Times

Definition

The outcome measure is completion of 95% of the high volume tests within established turnaround times. High volume tests are defined as tests conducted on more than 10,000 specimens per year. The turnaround time includes the pre-analytical, analytical, and post-analytical procedural steps that are taken from the time a sample arrives at the laboratory until the test result is validated and released for reporting.

Purpose

This performance measure demonstrates the efficiency and reliability of laboratory operations in prompt completion of testing procedures and is an important measure of customer service. Test results are used to determine client health status or to indicate environmental quality. Prompt completion of testing procedures allows the Laboratory Services Section customers to reach conclusions about client health status or environmental quality in a timely manner.

Data Source

The Laboratory Services Section information management systems include specimen tracking features which log the date and time a sample is received and the date and time the analysis is completed. These dates will be used to determine turnaround time.

Methodology

In most cases, these data are captured by the Laboratory Services Section information management systems and the calculations of turnaround times are completed during preparation of management reports. In the cases where computer data are not available, staff will manually determine the turnaround time. The turnaround time for each test will be calculated by subtracting the received date from the report date and will be compared with the established target turnaround time for the test procedure. The performance measure will be the percentage of test results that are completed within the target turnaround times.

Data Limitations

There is no widely accepted standard for sample turnaround time because of the diversity of test protocols from laboratory to laboratory. However, the Laboratory Services Section has established reasonable turnaround times for its testing procedures. These turnaround times are based on procedure complexity and the time required to complete the procedure using good laboratory practices. The performance measure will include the high volume procedures done in each of the three testing areas: Biochemistry and Genetics, Environmental Sciences, and Microbiological Sciences.

Calculation Method

Noncumulative

New Measure

No

Target Attainment

Higher than target is desirable

Strategy 1.4.1. Laboratory Services

Output Measure 1.4.1.1. Number of Laboratory Tests Performed

Definition

The number of laboratory tests performed represents the number of specimens submitted to the laboratory multiplied by the number of tests performed on each specimen. The number of tests is defined by the actual tests requested by the individual or organization submitting the specimen.

Purpose

To provide an indicator of the volume of testing performed by the Laboratory Services Section of DSHS.

Data Source

Summary reports from the laboratory information management systems.

Methodology

Count of number of individual tests performed on specimens submitted to the laboratory.

Data Limitations

This measure will report only the total volume of tests performed by the laboratory and will not account for differences in the amount of work needed for various tests.

Calculation Method

Cumulative

New Measure

No

Target Attainment

Higher than target is desirable

Output Measure 1.4.1.2. Percentage of Initial Newborn Screen Results Reported within 7 Days of Birth

Definition

The percent of newborn screening specimens collected at less than or equal to 7 days of life that have testing completed and reported for the entire current Newborn Screening panel by the DSHS Laboratory Services Section when the infant is less than or equal to 7 days of age.

Purpose

Measure the timeliness of the Newborn Screening system including specimen collection timing by the healthcare provider, transport to the DSHS laboratory, receipt into the DSHS laboratory, completion of testing for all disorders, and generation of final reports.

Data Source

Newborn Screening Laboratory Information Management System.

Methodology

Extract all newborn screening specimens received in the given timeframe where the date of birth subtracted from the date of specimen collection is less than or equal to 7.0 days. Calculate the age at reporting by subtracting the date of birth from the date at reporting. Count the number of specimens where the age at reporting is less than or equal to 7.0. Divide the count reported at less than or equal to 7 days by the total count of specimens collected at less than or equal to 7 days.

Data Limitations

None

Calculation Method

Noncumulative

New Measure

Yes

Target Attainment

Higher than target is desirable

Goal 2: Community Health Services

Objective 2.1. Promote Maternal and Child Health

Outcome Measure 2.1.1. Number of Infant Deaths Per Thousand Live Births (Infant Mortality Rate)

Definition

This measure reports the infant mortality rate (per thousand live births) of Texas resident infants (under 1 year of age) in a given calendar year.

Purpose

The measure is used to gauge the state's success in improving infant health. The measure is a requirement of the annual application for the federal Title V Maternal and Child Health Block Grant.

Data Source

The data source is the Texas Vital Statistics Annual Report, Texas Department of State Health Services (DSHS).

Methodology

The number of deaths of Texas resident infants (under 1 year of age) in a given calendar year divided by the number of live births to Texas residents during the same period. This figure is then multiplied by 1000 to give the number of infant deaths per 1000 live births.

Data Limitations

Information to calculate the infant mortality rate is collected from birth and death certificates by DSHS' Vital Statistics department. The data has a one-year time lag (i.e., the number is calculated by using provisional data from one calendar year prior).

Calculation Method

Noncumulative

New Measure

No

Target Attainment

Lower than target is desirable

Outcome Measure 2.1.2. Percentage of Low Birth Weight Births

Definition

This measure reports the number of Texas resident live births in a given calendar year with a birth weight less than 5lbs., 9oz.

Purpose

The measure is used to gauge the state's success in improving infant health.

Data Source

The data source is the Texas Vital Statistics Annual Report, Texas Department of State Health Services. Information to calculate the percentage is collected from birth certificates by DSHS' department of Vital Statistics.

Methodology

The number of Texas resident live births in a given calendar year with a birth weight less than 5lbs., 9oz., divided by the number of live births to Texas residents during the same period. This figure is then multiplied by 100.

Data Limitations

The data has a one-year time lag (i.e., the percentage is calculated by using provisional data from one calendar year prior).

Calculation Method

Noncumulative

New Measure

No

Target Attainment

Lower than target is desirable

Strategy 2.1.1. Maternal and Child Health

Output Measure 2.1.1.1. Number of Newborns Receiving Hearing Screens (All Funding Sources)

Definition

This measure reports the number of newborns receiving a newborn hearing screen, as mandated under Health and Safety Code, Title 2, Subtitle B, Chapter 47.

Purpose

This measure is intended to show the population of newborns that receive a newborn hearing screening. Early identification of newborns who are deaf or hard of

hearing is critical in order to effect interventions allowing developmental language, vocabulary, and communication support.

Data Source

The data source is the Texas Early Hearing Detection and Intervention Management Information System (TEHDI MIS).

Methodology

Newborns receiving a newborn hearing screen as reported to TEHDI will be counted.

Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, projections may be included based on available data.

Calculation Method

Cumulative

New Measure

No

Target Attainment

Higher than target is desirable

Strategy 2.1.2. Children with Special Health Care Needs

Efficiency Measure 2.1.2.1. Average Annual Cost Per CSHCN Client Receiving Case Management

Definition

This measure reports the average annual cost per unduplicated client with special health care needs who receives case management. Case management provides a comprehensive service to assist clients and their families in gaining access to needed resources, including intake, assessment, coordination, advocacy and follow-up. Dually-eligible, Medicaid and the Children with Special Health Care Needs

(CSHCN) Services Program clients served are not reflected in this measure. For purposes of this performance measure, "CSHCN clients" are children with special health care needs who receive case management but are not necessarily enrolled in the CSHCN Services Program. A client is considered as receiving case management services when a case manager has been assigned to the client and his or her family, and services have been provided.

Purpose

This measure reports the number of non-Medicaid clients with special health care needs who receive case management services. Services ensure clients a) gain access to necessary medical, social, educational and other services to reduce morbidity and mortality; b) are encouraged to use cost effective health care; and c) receive appropriate referrals to medical providers and community resources to discourage over utilization and duplication of services.

Data Source

The number of clients receiving case management services is derived from the monthly regional reports provided to the Texas Department of State Health Services (DSHS) by CSHCN Services Program regional program directors. Expenditure data is obtained from the DSHS accounting system.

Methodology

The average cost per unduplicated client receiving case management is calculated by dividing the total expended for case management by the total number of clients who received case management services. Estimates may be used for quarters in which claims data is incomplete.

Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

Calculation Method

Noncumulative

New Measure

No

Target Attainment

Lower than target is desirable

Output Measure 2.1.2.1. Number of CSHCN Clients Receiving Case Management

Definition

This measure reports the unduplicated number of clients with special health care needs who receive case management. Case management provides a comprehensive service to assist clients and their families in gaining access to needed resources, including intake, assessment, coordination, advocacy and follow-up. Dually-eligible, Medicaid and Children with Special Health Care Needs (CSHCN) Services Program clients served are not reflected in this measure. For purposes of this performance measure, "CSHCN clients" are children special health care needs who receive case management but are not necessarily enrolled in the CSHCN Services Program. A client is considered as receiving case management services when a case manager has been assigned to the client and his or her family, and services have been provided.

Purpose

This measure reports the number of non-Medicaid clients with special health care needs who receive case management services. Services ensure clients a) gain access to necessary medical, social, educational and other services to reduce morbidity and mortality; b) are encouraged to use cost-effective health care; and c) receive appropriate referrals to medical providers and community resources to discourage over utilization and duplication of services.

Data Source

The number of clients receiving case management services is derived from the quarterly regional reports provided to the Texas Department of State Health Services (DSHS) central office.

Methodology

The number of clients with a case manager reported by the regional offices.

Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

Calculation Method

Cumulative

New Measure

No

Target Attainment

Higher than target is desirable

Objective 2.2. Strengthen Healthcare Infrastructure

Strategy 2.2.1. EMS and Trauma Care Systems

Explanatory Measure 2.2.1.1. Number of Trauma Facilities

Definition

This measure is defined as the number of hospitals designated as trauma facilities. Each trauma facility designation is documented in applications filed and by survey reports filed by staff or the applicant hospital. Each designation survey is documented in files established by staff for each designated facility.

Purpose

This measure provides a way to determine the level of department regulatory activities within this strategy. Significant staff resources are required to designate trauma facilities. This measure provides a way to track those resources.

Data Source

The Regulatory Automation System (RAS) database of designated trauma facilities and trauma designation files is the data source.

Methodology

The number is determined by adding the number of designated trauma facilities at each level and then summing those.

Data Limitations

None

Calculation Method

Noncumulative

New Measure

No

Target Attainment
Higher than target is desirable

Explanatory Measure 2.2.1.2. Number of Stroke Facilities

Definition

This measure is defined as the number of hospitals designated as stroke facilities. Each stroke facility designation is documented in applications filed and by survey reports filed by staff or the applicant hospital. Each designation survey is documented in files established by staff for each designated facility.

Purpose

This measure provides a way to determine the level of department regulatory activities within this strategy. Significant staff resources are required to designate stroke facilities. This measure provides a way to track those resources.

Data Source

The Office of EMS and Trauma Systems Coordination program's database of stroke facilities designation files is the data source.

Methodology

The number is determined by adding the number of designated stroke facilities at each level and then summing those.

Data Limitations

None

Calculation Method

Noncumulative

New Measure

No

Target Attainment

Higher than target is desirable

Explanatory Measure 2.2.1.3. Number of Hospitals with Maternal Care Designation

Definition

This measure is defined as the total number of hospitals designated at any maternal level of care. To achieve the maternal level of care designation, facilities submit to DSHS an application including a report from an on-site review conducted by an independent organization which documents compliance with Texas Administrative Code 25, Chapter 133, Subchapter J, Hospital Level of Care Designations for Neonatal and Maternal Care, and a letter from the applicable Perinatal Care Region verifying participation in the region. Re-designation is required every three years. The measure definition does not include "licensed" in the description because the state owned hospitals (e.g. UTMB) are not licensed but may seek designation at some point.

Purpose

To track fluctuations in the number of hospitals that are designated at a Maternal Level of Care. Maternal Level of Care Designation is an eligibility requirement for hospital Medicaid reimbursement for maternal care.

Data Source

The data are obtained from the regulatory system application(s)and Health and Human Services licensing database.

Methodology

The number reported is the total number of designated facilities, determined by adding the number of individually designated maternal facilities and reflecting all levels of designation, into a single total.

Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

Calculation Method

Noncumulative

New Measure

No

Target Attainment

Higher than target is desirable

Explanatory Measure 2.2.1.4. Number of Hospitals with Neonatal Care Designation

Definition

This measure is defined as the total number of hospitals designated at any neonatal level of care. To achieve the neonatal level of care designation, facilities submit to DSHS an application including a report from an on-site review conducted by an independent organization which documents compliance with Texas Administrative Code 25, Chapter 133, Subchapter J, Hospital Level of Care Designations for Neonatal and Maternal Care, and a letter from the applicable Perinatal Care Region verifying participation in the region. Re-designation is required every three years. The measure definition does not include "licensed" in the description because the state owned hospitals (e.g. UTMB) are not licensed but may seek designation at some point.

Purpose

To track fluctuations in the number of hospitals that are designated at a Neonatal Level of Care. Neonatal Level of Care Designation is an eligibility requirement for hospital Medicaid reimbursement for neonatal care.

Data Source

The data are obtained from the regulatory system application(s) and Health and Human Services licensing database.

Methodology

The number reported is the total number of designated facilities, determined by adding the number of individually designated facilities and reflecting all levels of neonatal designation, into a single total.

Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

Calculation Method

Noncumulative

New Measure

No

Target Attainment

Higher than target is desirable

Output Measure 2.2.1.1. Number of Providers Funded: EMS/Trauma

Definition

This measure tracks emergency health care providers who are provided funding through one or more of the EMS/trauma systems development funding programs.

Purpose

This measure is an indicator of how well the department handles the distribution of funds intended for emergency healthcare system's development.

Data Source

The Office of EMS and Trauma Systems Coordination database of contractors and files.

Methodology

The number is determined by counting the providers who are funded. Data is obtained from contract files.

Data Limitations

None

Calculation Method

Cumulative

New Measure

No

Target Attainment

Higher than target is desirable

Output Measure 2.2.1.2. Number of EMS Personnel Licensed, Permit, Cert, Registered

Definition

The cumulative total (both new and renewals) of EMS personnel licensed, permitted, certified, registered, documented, or placed on a registry.

Purpose

The measure provides an inventory of the total number of licensed, permitted, certified, or registered EMS personnel in the state.

Data Source

The data is obtained from the regulatory system application(s).

Methodology

The total number of new and renewal licenses, permits, certifications, and registrations of EMS personnel that are issued by DSHS.

Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

Calculation Method

Cumulative

New Measure

No

Target Attainment

Higher than target is desirable

Output Measure 2.2.1.3. Number of EMS Personnel Complaint Investigations Conducted

Definition

The number of EMS personnel complaint investigations conducted is defined as the total number of investigations performed by staff which are documented by an appropriate investigative report. The investigations are initiated upon notification of possible violations of state laws or rules.

Purpose

Investigating complaints against EMS personnel is an element of public health protection. This measure illustrates the level of workload performed by the program.

Data Source

The data are extracted from regulatory system application(s), which has an enforcement module for tracking complaint investigations.

Methodology

The closed complaint investigations are totaled quarterly and are cumulative for the fiscal year.

Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

Calculation Method

Cumulative

New Measure

No

Target Attainment

Higher than target is desirable

Output Measure 2.2.1.4. Number of Licenses Issued for EMS Providers

Definition

The number of EMS Provider licenses issued reflects the number of newly licensed entities, entities renewing licenses, changing ownership (i.e., entities bought and sold), changing address, name, and number of beds.

Purpose

These counts can be used for analyzing trends in the EMS industry and in forecasting future trends, growths, and/or declines in the EMS industry as well as showing the significant workload of the programs.

Data Source

After the receipt of a complete application and licensing fee and upon completion of the application review, a license is issued to the EMS Provider. All license data is entered into the regulatory system application(s).

Methodology

The licenses issued are totaled each quarter and are cumulative for the fiscal year.

Data Limitations

This measure may be less than the actual workload due to applications received and reviewed where no license is issued (for various reasons). This measure does not reflect the number of licensed EMS Providers at any given time (i.e., a count of licensed providers) due to the fact that while initial licenses are being issued to new entities, a number of entities are closing or undergoing a change of ownership.

Calculation Method

Cumulative

New Measure

No

Target Attainment

Higher than target is desirable

Output Measure 2.2.1.5. Number EMS Provider and Education Program Complaint Investigations Conducted

Definition

The number of EMS Provider and Education Program complaint investigations conducted is defined as the total number of investigations under state regulations performed by staff and the total number of self-investigated complaints. The investigations are initiated upon notification of possible violations of state laws or rules.

Purpose

Investigating complaints against Provider and Education Program is an element of public health protection. This measure illustrates the level of workload performed by the program.

Data Source

The data are computed from the regulatory system application(s) containing information from investigation reports submitted by staff.

Methodology

The complaint investigations are totaled quarterly and are cumulative for the fiscal year.

Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

Calculation Method

Cumulative

New Measure

No

Target Attainment

Higher than target is desirable

Output Measure 2.2.1.6. Number of EMS Provider and Education Program Surveys Conducted

Definition

This measure is defined as the number of surveys and inspections of EMS Provider and EMS educational programs conducted by staff, excluding complaint investigations.

Purpose

This measure illustrates the total number of surveys and inspections, pertaining to the quality of EMS Providers and EMS educational programs, conducted by staff, excluding complaint investigations.

Data Source

Each survey and inspection is documented in a report provided by staff at the completion of the survey or inspection process. These reports are kept in the regulatory system application(s).

Methodology

This measure is the total number of surveys and inspections of EMS Providers and EMS educational programs conducted by staff for each quarter, excluding complaint investigations, and is cumulative for the fiscal year.

Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

Calculation Method

Cumulative

New Measure

No

Target Attainment

Higher than target is desirable

Goal 3: Consumer Protection Services

Objective 3.1. Provide Licensing and Regulatory Compliance

Outcome Measure 3.1.1. Percentage of Licensed Issued Within Regulatory Timeframe

Definition

Percentage of individuals credentialed and entities licensed within established timeframes.

Purpose

Measures the efficiency of licensing activities to ensure compliance with established timeframes.

Data Source

The data is obtained from the regulatory system application(s).

Methodology

This efficiency measure reflects the annual percentage of individuals credentialed and entities licensed within regulatory timeframes. Calculated using the total number of individuals and entities licensed/credentialed within the established timeframes divided by the total number of individuals and entities licensed/credentialed during the reporting period.

Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

Calculation Method

Noncumulative

New Measure

No

Target Attainment

Higher than target is desirable

Strategy 3.1.1. Food (Meat) and Drug Safety

Efficiency Measure 3.1.1.1. Average Cost Per Surveillance Activity – Food/Meat and Drug Safety

Definition

The average cost per surveillance activity is defined as the average of all costs for the inspection and investigation programs relative to food, drug and meat safety.

Purpose

Measures the average cost per surveillance activity for food, drug and meat safety.

Data Source

The number of surveillance activities is obtained from the data are obtained from the regulatory system application(s). The expenditures data is obtained from the DSHS accounting system.

Methodology

The year-to-date cost is calculated for each program area: manufactured food, retail foods, drugs and medical devices, meat safety, milk and dairy, and seafood safety. The expenditures are obtained from the accounting system used by the DSHS budget office. These costs are divided by the program area's year-to-date number of surveillance activities conducted.

Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

Calculation Method

Noncumulative

New Measure

No

Target Attainment

Lower than target is desirable

Output Measure 3.1.1.1. Number of Surveillance Activities Conducted – Food/Meat and Drug Safety

Definition

The total number of inspection activities and investigations performed by staff that are documented by appropriate reports. Includes: routine, special, complaint, compliance, inspections and investigations; seafood surveys; collection of samples; recall effectiveness checks and scheduling of drugs.

Purpose

The measure illustrates the level of workload for each inspector as an average, which aides in justifying staff resources. This data is necessary to calculate the cost of inspections. Without knowing how many activities are performed under this measure it would be impossible to determine the average cost of inspections/activities.

Data Source

The data are obtained from the regulatory system application(s) and other systems maintained to document activities. The programs collect routine, special, complaint, and compliance inspection and investigation data, as well as sample data and recall effectiveness data.

Methodology

The number of inspections, re-inspections, and investigations where there is a documented report are counted. The inspections and investigations include routine, special, complaint, and compliance inspections and investigations; seafood surveys; collection of samples; recall effectiveness checks and scheduling of drugs.

Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

Calculation Method

Cumulative

New Measure

Yes

Target Attainment

Higher than target is desirable

Output Measure 3.1.1.2. Number of Enforcement Actions Initiated – Food/Meat and Drug Safety

Definition

Enforcement actions initiated include notices of violation that propose revocation, suspension and denial of licenses; administrative penalties and orders; enforcement conferences; referrals to the Attorney General and District Attorney; repeated violation letters; detentions, letters of advisement, letters of concern, warning letters, incident evaluations, collection letters, and inspection warrants obtained and all other actions at law.

Purpose

The information obtained through this measure ensures DSHS is in compliance with state laws and rules.

Data Source

The data are obtained from the regulatory system application(s).

Methodology

The data are totaled quarterly and are cumulative for the fiscal year. For this measure, the total number of enforcement actions are counted.

Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

Calculation Method

Cumulative

New Measure

No

Target Attainment

Higher than target is desirable

Output Measure 3.1.1.3. Number of Licenses/Registrations Issued – Food/Meat and Drug Safety

Definition

The total number of new and renewed licenses, permits, registrations, certifications and accreditations issued to food, milk, meat, drug, and device establishments, studios, manufacturers, wholesalers, salvagers, brokers, educational programs, and individuals.

Purpose

This measure provides an inventory of the total number of licenses in the state. It provides information about the businesses that are operating food, milk & drug & device, studios, manufacturer, wholesale, and brokers in the state. The potential impact of the data is being able to trace-back food borne illnesses and determine the number of employees that are needed to regulate these businesses.

Data Source

The data are calculated manually and by automated databases. The programs (seafood safety, milk & dairy, food, drug, and meat safety) collect data on licenses, permits, and registrations. Licensing and certification data are collected by the manufactured foods, milk & dairy, retail, and seafood safety programs. Granting data are collected by the Meat Safety Assurance Unit. Accreditation data are collected by the retail foods and manufactured foods programs. Source documentation identifies the manual and regulatory system application(s).

Methodology

The number of licenses, permits, registrations, certifications, and accreditations issued are totaled quarterly and are cumulative for the FY. The total number of new & renewal licenses, permits, registrations, certifications, and accreditations are issued by the food and drug regulatory licensing groups to: food, milk, drug & device establishments, studios, manufacturers, wholesalers, brokers, educational programs, and individuals, and the total number of grants issued by the MSA.

Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

Calculation Method

Cumulative

New Measure

No

Target Attainment

Higher than target is desirable

Strategy 3.1.2. Environmental Health

Efficiency Measure 3.1.2.1. Average Cost Per Surveillance Activity – Environmental Health

Definition

The average cost per surveillance activity is defined as the average of all costs for the inspections and investigation programs relative to environmental health.

Purpose

Measures the average cost per surveillance activity for environmental health.

Data Source

The number of surveillance activities is obtained from the data are obtained from the regulatory system application(s). The expenditure data is obtained from the DSHS accounting.

Methodology

The year to date cost is calculated for toxic substances control, general sanitation, and product safety programs for surveillance activities. These costs are divided by the program area's year to date number of surveillance activities conducted.

Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

Calculation Method

Noncumulative

New Measure

No

Target Attainment

Lower than target is desirable

Output Measure 3.1.2.1. Number of Surveillance Activities Conducted – Environmental Health

Definition

The total number of surveillance activities, inspections and investigations performed by staff that are documented by appropriate reports. Includes routine, complaint, and compliance inspections, collection of samples, which are performed at a place of business, school, clinic, public building, temporary work place, or other facility.

Purpose

It illustrates the level of workload borne by each inspector as an average, which aides in justifying staff resources. This data is necessary to calculate the cost of inspections. Without knowing how many activities are performed under this measure it would be impossible to determine the average cost of inspections/activities.

Data Source

The data are obtained from the regulatory system application(s).

Methodology

The total number of inspections, re-inspections and investigations that are documented by inspection reports are counted. Included are routine, special, complaint, and compliance inspections, collection of samples, and any other type of investigation performed at a place of business, school, clinic, public building, temporary work place, or other facility.

Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

Calculation Method

Cumulative

New Measure

No

Target Attainment

Higher than target is desirable

Output Measure 3.1.2.2. Number of Enforcement Actions Initiated – Environmental Health

Definition

Enforcement actions initiated include notices of violation with proposed revocation, suspensions and denials of licenses, administrative penalties and orders, enforcement conferences, referral to the Attorney General and District Attorney, repeated violation letters, detentions, letters of advisements, warning letters, incident evaluations, collection letters and inspection warrants obtained and all other actions at law.

Purpose

The information obtained through this measure ensures DSHS is in compliance with state laws and rules.

Data Source

The data are obtained from the regulatory system application(s).

Methodology

The total number enforcement actions are counted. Included are notices of violation with proposed revocation, suspension and denial of licenses, administrative penalties and orders, enforcement conferences, referrals to the Attorney General (AG) and District Attorney (DA) from Enforcement staff, repeated violation letters,

detentions, letters of advisements, warning letters, incident evaluations, collection letters, and inspection warrants obtained from Inspections staff.

Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

Calculation Method

Cumulative

New Measure

No

Target Attainment

Higher than target is desirable

Output Measure 3.1.2.3. Number of Licenses/Registrations Issued – Environmental Health

Definition

This measure includes the number of licenses, permits, registrations, certifications, and accreditations issued. For purposes of this output measure, "license" includes new and renewal licenses, permits, registrations, certifications, accreditations issued or initially denied. The types of "licenses" are: youth camp, volatile chemical, hazardous products, asbestos, and lead.

Purpose

This measure is important because it provides an inventory of the total number of licenses that we have in the state. It implies that we have knowledge of the businesses that are operating youth camps, abusable volatile chemical manufacturers and distributors, and lead abatement in the state. The data is indicative of the number of businesses that are in compliance with state laws and rules. It also indicates the number of employees that are needed to regulate these businesses.

Data Source

The data are obtained from the regulatory system application(s).

Methodology

The total number of new and renewal licenses, permits, registrations, certifications and accreditations issued by the environmental regulatory licensing groups to youth camps, and abusable volatile chemical manufacturers and distributors, hazardous products manufacturers and distributors, asbestos, lead abatement companies and related licensees.

Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

Calculation Method

Cumulative

New Measure

No

Target Attainment

Higher than target is desirable

Strategy 3.1.3. Radiation Control

Efficiency Measure 3.1.3.1. Average Cost Per Surveillance Activity – Radiation Control

Definition

The average cost per surveillance activity is defined as the average of all costs for the inspection and investigation programs relative to radiation control.

Purpose

Measures the average cost per surveillance activity for radiation control.

Data Source

The number of surveillance activities is obtained from the data are obtained from the regulatory system application(s). The expenditures data is obtained from the DSHS accounting system.

Methodology

The year-to-date cost is calculated for the radioactive materials, x-ray, lasers, industrial radiography, and mammography programs. These costs are divided by the program area's year to date number of surveillance activities conducted

Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

Calculation Method

Noncumulative

New Measure

No

Target Attainment

Lower than target is desirable

Output Measure 3.1.3.1. Number of Surveillance Activities Conducted – Radiation Control

Definition

The number of surveillance activities, inspections and investigations performed by staff documented by an appropriate report. Includes routine, special, complaint, and compliance inspections.

Purpose

It illustrates the level of workload borne by each inspector as an average, which aides in justifying staff resources. This data is necessary to calculate the cost of inspections. Without knowing how many activities are performed under this

measure it would be impossible to determine the average cost of inspections/activities.

Data Source

The data are obtained from the regulatory system application(s). The programs collect routine, special complaint, and compliance inspections and investigation data, including data and recall effectiveness data.

Methodology

The total number of inspections and investigations where there is a documented report are counted. Included are routine, special, complaint, and compliance inspections, and collection of samples.

Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

Calculation Method

Cumulative

New Measure

No

Target Attainment

Higher than target is desirable

Output Measure 3.1.3.2. Number of Enforcement Actions Initiated – Radiation Control

Definition

The number of enforcement actions initiated is defined as the total number of enforcement related activities initiated. Enforcement actions include a radioactive material license, x-ray or laser registration, industrial radiography certification, general license acknowledgment, mammography certification, or identification card revocation, enforcement conference, proposal of administrative penalties,

administrative hearings, forwarding a case to the Attorney General or other appropriate authority for civil or criminal penalties or seeking an injunction for appropriate reason, and any other actions in courts of law.

Purpose

Measures the number of enforcement actions initiated.

Data Source

The data are obtained from the regulatory system application(s).

Methodology

This measure counts the total number enforcement actions. Included are preliminary reports of administrative penalties, revocation, suspension and denial of licenses, orders, enforcement conferences, and referrals to the Attorney General (AG) and District Attorney (DA) from Enforcement staff; and detentions, incident evaluations and warnings (notices of violations) from Policy, Standards, Quality Assurance (PSQA) and Inspection staff.

Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

Calculation Method

Cumulative

New Measure

No

Target Attainment

Higher than target is desirable

Output Measure 3.1.3.3. Number of Licenses/Registrations Issued – Radiation Control

Definition

This is the measure of the total number of actions issued on radioactive material licenses, x-ray or laser registrations, industrial radiography certifications, general license acknowledgments, and mammography certifications and mammography accreditations (includes new permits, amendments, renewals, and terminations).

Purpose

Measures the number of licenses/registrations issues.

Data Source

The data are obtained from the regulatory system application(s).

Methodology

The number of licenses and registrations issued is totaled quarterly and is cumulative for the fiscal year. The total number of new, renewal, amendment, and termination actions issued on radioactive material licenses, x-ray or laser registrations, industrial radiography certifications, general license acknowledgments, and mammography certifications and accreditations.

Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

Calculation Method

Cumulative

New Measure

No

Target Attainment

Higher than target is desirable

Schedule C: Historically Underutilized Business Plan

The Historically Underutilized Business Plan, found on the following pages, was developed by the HHSC Division of Procurement and Contracting Services, in accordance with Texas Government Code Section 2161.123

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Health and Human Services System Strategic Plans for 2021–2025 Schedule C: Historically Underutilized Businesses Plan

As Required by

Texas Government Code Section 2161.123

Health and Human Services Commission

Department of State Health Services

May 2020

TEXAS
Health and Human Services

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1. Introduction

The Health and Human Services (HHS) System administers programs to encourage participation by historically underutilized businesses (HUBs) in all contracting and subcontracting by HHS agencies. The HHS System's HUB Programs are designed to enhance the ability of HUBs to compete for HHS System contracts, increase agencies' awareness of such businesses, ensure meaningful HUB participation in the procurement process and assist HHS System agencies in achieving their HUB goals.

Each state agency is required to include in its strategic plan a HUB plan. The section below describes, in its entirety, a coordinated HUB plan that covers the HHS System's HUB programs as a whole.

2. Goal

The goal of the HHS System HUB Plan is to promote fair and competitive business opportunities that maximize the inclusion of minority, woman and service-disabled veteran-owned businesses that are certified HUBs in the procurement and contracting activities of HHS System agencies.

3. Objective

The HHS System strives to meet or exceed the Statewide Annual HUB Utilization Goals and/or agency-specific goals that are identified each fiscal year in the procurement categories related to the HHS System's current strategies and programs.

4. Outcome Measures

In accordance with Texas Government Code Section 2161(d)(5) and the State's Disparity Study, state agencies are required to establish their own HUB goals based

on scheduled fiscal year expenditures and the availability of HUBs in each procurement category. The HHS System has adopted the Statewide HUB Goals as the agency-specific goals.

In procuring goods and services through contracts, the HHS System, as well as each of its individual agencies, will make a good-faith effort to meet or exceed the statewide goals, as described in Table 1, for contracts the agency expects to award in a fiscal year.

Table 1: Statewide HUB Goals by Procurement Categories, Fiscal Year 2020

PROCUREMENT CATEGORIES	UTILIZATION GOALS
Heavy Construction	11.20%
Building Construction	21.10%
Special Trade Construction	32.90%
Professional Services Contracts	23.70%
Other Services Contracts	26.00%
Commodity Contracts	21.10%

Source: Data from Fiscal Year 2018 Statewide HUB Report, Texas Comptroller of Public Accounts.

The HHS System will collectively use the following outcome measure to gauge progress:

- Total expenditures and the percentage of purchases awarded directly and indirectly through subcontracts to HUBs under the procurement categories.

Each HHS System agency may track additional outcome measures.

5. HHS System Strategies

The HHS System maintains and implements policies and procedures, in accordance with the HUB statute and rules, to guide the agencies in increasing the use of HUBs by contracting directly and/or indirectly through subcontracting.

The HHS System employs several additional strategies, such as:

- Implementing policies to ensure good faith effort requirements are performed and maintained from the development of the solicitation through the duration of the contract
- Utilizing the Centralized Master Bidders List and HUB Directory to solicit bids from HUBs
- Maintaining a HUB Program Office of HUB Coordinators at HHSC headquarters for effective coordination for all HHS agencies
- Developing and implementing reporting practices to provide updates to the Executive Commissioner, Chief Operating Officer, Deputy Executive Commissioners and Associate Commissioners on HHS HUB Program activities, related initiatives and projects
- Developing target-marketing strategies inclusive of web-based training to provide guidance on HHS System procurements
- Maintaining an active upcoming Procurement Forecast schedule on website to provide notices of opportunities prior to posting to encourage HUB participation
- Increasing awareness of the HUB Program across the HHS System by providing information to all new employees on how they may assist in the efforts to increase HUB utilization
- Enhancing outreach efforts internally and externally by promoting access, awareness, and accountability through education and training
- Increasing HUB participation in Spot Bid purchases by mandating the agency solicit a HUB for purchases starting at $3,000 to $5,000

6. Output Measures

The HHS System will collectively use and individually track the following output measures to gauge progress:

- The total number of bids received from HUBs
- The total number of contracts awarded to HUBs
- The total amount of HUB subcontracting expenditures
- The total amount of HUB Procurement Card expenditures
- The total number of mentor-protégé agreements
- The total number of HUBs provided assistance in becoming HUB certified

Additional output measures which may be used by specific System agencies:

- The total number of outreach initiatives such as HUB forums attended and sponsored
- The total number of HUB trainings provided to the vendor community as well as internally to agency staff

7. HUB External Assessment

According to the Comptroller of Public Accounts the HHS System collectively awarded 15.11% for fiscal year 2018, and 11.98% for fiscal year 2019. Tables 2 and 3 reflect utilization for HHSC and DSHS total spending with HUBs directly and indirectly through subcontracting use.

Table 2: HHS System Expenditures with HUBs, by Agency, Fiscal Year 2018

AGENCY	TOTAL EXPENDITURES	TOTAL SPENT WITH ALL CERTIFIED HUBS	PERCENT
HHSC	$1,107,580,906	$179,141,159	16.17%
Department of State Health Services	$249,620,251	$25,868,002	10.36%
Total	$1,357,201,157	$205,009,161	15.11%

Source: Data from Fiscal Year 2018 Statewide Annual HUB Report, Texas Comptroller of Public Accounts

Table 3: HHS System Expenditures with HUBs, by Agency, Fiscal Year 2019

AGENCY	TOTAL EXPENDITURES	TOTAL SPENT WITH ALL CERTIFIED HUBS	PERCENT
HHSC	$1,056,663,983	$133,205,449	12.61%
Department of State Health Services	$200,754,142	$17,465,893	8.70%
Total	$1,257,418,125	$150,671,342	11.98%

Source: Data from Fiscal Year 2019 Statewide Annual HUB Report, Texas Comptroller of Public Accounts.

The HHS System agencies continuously strive to make internal improvements to meet or exceed HUB goals. HHS System agencies continued outreach efforts to educate HUBs and minority businesses about the procurement process.

Other areas of progress include:

- Maintaining relationships with the Texas Association of African-American Chambers of Commerce and the Texas Association of Mexican-American Chambers of Commerce among other organizations focused on small minority, woman, and/or service-disabled veteran-owned businesses
- Conducting post-contract award meetings with contractors to discuss HUB Subcontracting Plan compliance and monthly reporting requirements

Additional goals include:

- Enhancing minority/woman/services-disabled veteran-owned business participation in HHS System-sponsored HUB Forums where exhibitors may participate in trade-related conferences
- Enhancing HHS System HUB reporting capabilities
- Expanding HHS System mentor-protégé program vision to maximize the state's resources through cooperation and assistance from other public entities and corporate businesses
- Promoting and increasing awareness of HHS System procurement opportunities for direct and indirect capacity

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Schedule D: Statewide Capital Planning

The information found on the following pages was submitted to the Bond Review Board per requirement of the 2020-2021 General Appropriations Act, House Bill 1, 86th Legislature, Regular Session 2019 (Article IX, Section 11.03).

DSHS Capital Expenditure Plan Summary Report (Fiscal Years 2021–2025) as Reported in Fiscal Year 2020

Project Name	Building Number	Building Name	Condition	Pri	GSF	E&G	Acres	Deferred Maintenance to be Addressed	Total Cost	Start Date	End Date
Data Integration Layer - Application Data Services	Tower			1	-	-	-	$ -	$ 4,800,000	09/2020	08/2024
Data Integration Layer - Data Management for Repor	Tower			2	-	-	-	$ -	$ 11,871,920	09/2020	08/2024
Covid Steady-state Imprvmnts - Texas Health Trace	Tower			3	-	-	-	$ -	$ 20,666,403	09/2020	08/2023
Upgrade Network Infrastructure	Tower			4	-	-	-	$ -	$ 7,400,000	09/2020	08/2023
Lab's Electronic Ordering and Reporting	Tower			5	-	-	-	$ -	$ 4,465,012	09/2020	08/2023
TxHSN Replacement	Tower			6	-	-	-	$ -	$ 7,428,292	09/2020	08/2021
Website/ECM upgrade	Tower			7	-	-	-	$ -	$ 5,830,528	07/2020	08/2023
TX Enhmnt of the Nat Elect Dis Surv Sys (NEDSS)	Tower			8	-	-	-	$ -	$ 5,701,474	09/2020	08/2022
Lab Repair & Renovation	Lab			9	-	-	-	$ -	$ 3,274,000	09/2020	08/2025
HIV2000 RECN ARIES Replacement (HRAR) Implementa	Tower			10	-	-	-	$ -	$ 12,001,902	06/2020	08/2021
Seat Management	Tower			11	-	-	-	$ -	$ 78,569,291	09/2020	08/2025
IT Security	Tower			12	-	-	-	$ -	$ 16,800,000	09/2020	08/2025
Enhance Registries - THISIS	Tower			13	-	-	-	$ -	$ 13,643,756	02/2020	08/2021
Inv Track Elect Asset Mgt Sys (ITEAMS)	Tower			14	-	-	-	$ -	$ 7,744,199	09/2020	07/2022
Texas Vaccines for Children (TVFC)	Tower			15	-	-	-	$ -	$ 6,010,242	09/2021	08/2022
Upgrade Laboratory Information Management Software	Tower			16	-	-	-	$ -	$ 5,888,099	09/2020	08/2021
Misc Laboratory Equipment	Lab			17	-	-	-	$ -	$ 8,505,610	09/2020	08/2025
Data Center Consolidation	Tower			18	-	-	-	$ -	$ 229,109,094	09/2020	08/2025
IT Accessibility	Tower			19	-	-	-	$ -	$ 17,286,975	09/2020	08/2025
Totals:	**NA**			**NA**	**-**	**-**	**-**	**$ -**	**$ 466,996,797**	**NA**	**NA**

DSHS Totals by Project Type

Project Type	Number of Projects	GSF	E&G	Acres	Total Cost
Addition	-	-	-	-	$ -
New Construction	-	-	-	-	$ -
Repair and Renovation	1	-	-	-	$ 3,274,000
Land Acquisition	-	-	-	-	$ -
Infrastructure	1	-	-	-	$ 8,505,610
Information Resources	17	-	-	-	$ 455,217,187
Leased Space	-	-	-	-	$ -
Unspecified	-	-	-	-	$ -
Totals:	**19**	**-**	**-**	**-**	**$ 466,996,797**

DSHS Summary of Planned Expenditures by Year

Project Type	2021	2022	2023	2024	2025	Balance	Total Cost
Addition	$ -	$ -	$ -	$ -	$ -	$ -	$ -
New Construction	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Renovation	$ 1,234,000	$ 750,000	$ 750,000	$ 340,000	$ 200,000	$ -	$ 3,274,000
Land Acquisition	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Infrastructure	$ 2,199,700	$ 1,998,973	$ 1,614,482	$ 1,477,973	$ 1,214,482	$ -	$ 8,505,610
Information Resources	$ 61,948,295	$ 32,319,438	$ 26,571,013	$ 20,971,140	$ 18,916,288	$ 294,491,013	$ 455,217,187
Leased Space	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Unspecified	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Totals:	**$ 65,381,995**	**$ 35,068,411**	**$ 28,935,495**	**$ 22,789,113**	**$ 20,330,770**	**$ 294,491,013**	**$ 466,996,797**

DSHS Totals by Funding Sources

Funding Source	Number of Projects		Total Cost
General Revenue	10	$	303,019,315
Federal Funds	4	$	64,929,870
Higher Education Assistance Fund Proceeds	-	$	-
Tuition Revenue Bond Proceeds	-	$	-
Permanent University Fund	-	$	-
Gifts/Donations	-	$	-
Other Revenue Bonds	-	$	-
Other Local Funds	-	$	-
Federal Grants	8	$	63,712,155
Unexpended Plant Funds	-	$	-
Private Development	-	$	-
Performance Contracting Energy Conservation	-	$	-
Auxiliary Enterprise Fund	-	$	-
Legislative Appropriations	-	$	-
Other	7	$	35,335,457
Unknown Funding Source	-	$	-
Master Lease Purchase Program	-	$	-
Lease Purchase other than MLPP	-	$	-
Auxiliary Enterprise Revenues	-	$	-
Designated Tuition	-	$	-
Energy Savings	-	$	-
Private Development Funds	-	$	-
Available University Fund	-	$	-
Student Fees	-	$	-
Housing Revenue	-	$	-
Unspecified	-	$	-
Revenue Financing System Bonds	-	$	-
Totals:	**29**	**$**	**466,996,797**

Legend

Abbreviatic	Full Name
E&G	Education & General
GSF	Gross Square Feet
NA	Not Applicable
Pri	Priority

Schedule E: Health and Human Services Strategic Plan

The Health and Human Services Strategic Plan, developed by the Health and Human Services Commission and the Department of State Health Services in accordance with Texas Government Code Chapter 531, was submitted to the Strategic Plan Distribution List entities September 30, 2020. The Plan will be available on the Health and Human Services Commission website.

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Schedule F: Health and Human Services System Workforce Plan

The Health and Human Services Workforce Plan, found on the following pages, was developed by the HHSC Division of System Support Services, Department of Human Resources, in accordance with Texas Government Code Section 2056.0021.

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Strategic Staffing Analysis and Workforce Plan

For the Planning Period 2021-2025

As Required by

Texas Government Code

Section 2056.0021

Health and Human Services System

May 2020

TEXAS
Health and Human Services

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Prepared by: System Support Services
Human Resources

1. Executive Summary

The Health and Human Services (HHS) System Strategic Staffing Analysis and Workforce Plan is an integral part of HHS' staffing plan. Workforce planning is a business necessity due to a number of factors, including:

- constraints on funding;
- increasing demand for HHS services;
- increasing number of current employees reaching retirement age resulting in fewer, less experienced workers available as replacements; and
- increasing competition for highly skilled employees.

HHS agencies are proactively addressing this challenge by preparing for the future and reducing risks. Designed for flexibility, the HHS System Strategic Staffing Analysis and Workforce Plan allows HHS executive management to make staffing adjustments according to the changing needs of HHS agencies.

State leaders in Texas recognize the importance of workforce planning. As part of their strategic plans, state agencies are required under the Texas Government Code, Section 2056.0021, to develop a workforce plan in accordance with the guidelines developed by the State Auditor's Office (SAO). To meet these requirements, this Schedule attachment to the HHS System Strategic Plan for the Fiscal Years 2017–2021 analyzes the following key elements for the entire HHS System:

- **Current Workforce Demographics** – Describes how many employees work for the and HHS agencies, where they work, what they are paid, how many of them are return-to-work retirees, how many have left HHS, how many may retire, and whether or not minority groups are underutilized when compared to the state Civilian Labor Force (CLF) for Equal Employment Opportunity (EEO) job categories. The workforce is examined by gender, race, age and length of state service.
- **Expected Workforce Challenges** – Describes anticipated staffing needs based on population trends, projected job growth and other demographic trends. A detailed examination of each identified shortage occupation was conducted to identify and understand retention and recruitment problems.
- **Strategies to Meet Workforce Needs** – Describes recruitment and retention strategies that address expected workforce challenges for shortage occupation jobs.

The following is the detailed HHS System Strategic Staffing Analysis and Workforce Plan.

2. Health and Human Services

The Health and Human Services System, as reflected in Article II of the General Appropriations Act, consists of the two agencies described below:

- Health and Human Services Commission (HHSC). HHSC began services in 1991. The agency administers programs previously administered by the Texas Department of Human Services. HHSC provides leadership to the HHS agencies, manages the day-to-day operations of state supported living centers and state hospitals, and administers programs that deliver benefits and services, including:
  - Medicaid for families and children.
  - Long-term care for people who are older or who have disabilities.
  - Supplemental Nutrition Assistance Program food benefits and Temporary Assistance for Needy Families cash assistance.
  - Behavioral health services.
  - Services to help keep people who are older or who have disabilities in their homes and communities.
  - Services for women.
  - Services for people with special health needs.

The agency also oversees regulatory functions including:

  - Licensing and credentialing long-term care facilities, such as nursing homes and assisted living.
  - Licensing child-care providers.

- Department of State Health Services (DSHS). DSHS includes programs previously administered by the Texas Department of Health, the Texas Commission on Alcohol and Drug Abuse, and the Health Care Information Council. The agency began services on September 1, 2004 and continues to administer programs to promote and protect public health by creating better systems that include prevention, intervention and effective partnerships with communities across the state. The agency works to:
  - Improve health outcomes through public and population health strategies, including prevention and intervention.
  - Optimize public health response to disasters, disease threats, and outbreaks.
  - Improve and optimize business functions and processes to support delivery of public health services in communities.
  - Enhance operational structures to support public health functions of the state.
  - Improve recognition and support for a highly skilled and dedicated workforce.
  - Foster effective partnership and collaboration to achieve public health goals.

- Promote the use of science and data to drive decision-making and best practices.

HHS Vision

Making a positive difference in the lives of the people we serve.

HHS Mission

Improving the health, safety and well-being of Texans through good stewardship of public resources.

3. Workforce Demographics

With a total of 39,543 full-time and part-time employees, the HHS workforce has increased by about four percent (1,687 employees) in the period from August 31, 2017 to August 31, 2019.[1] [2] [3]

Figure 1: HHS System Workforce for FY 17 - FY 19

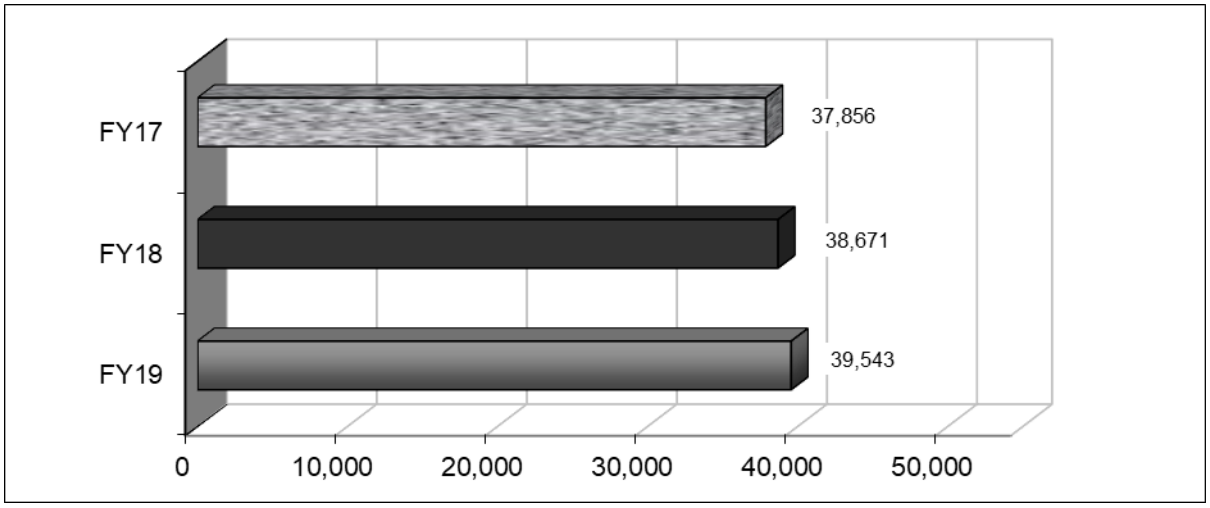
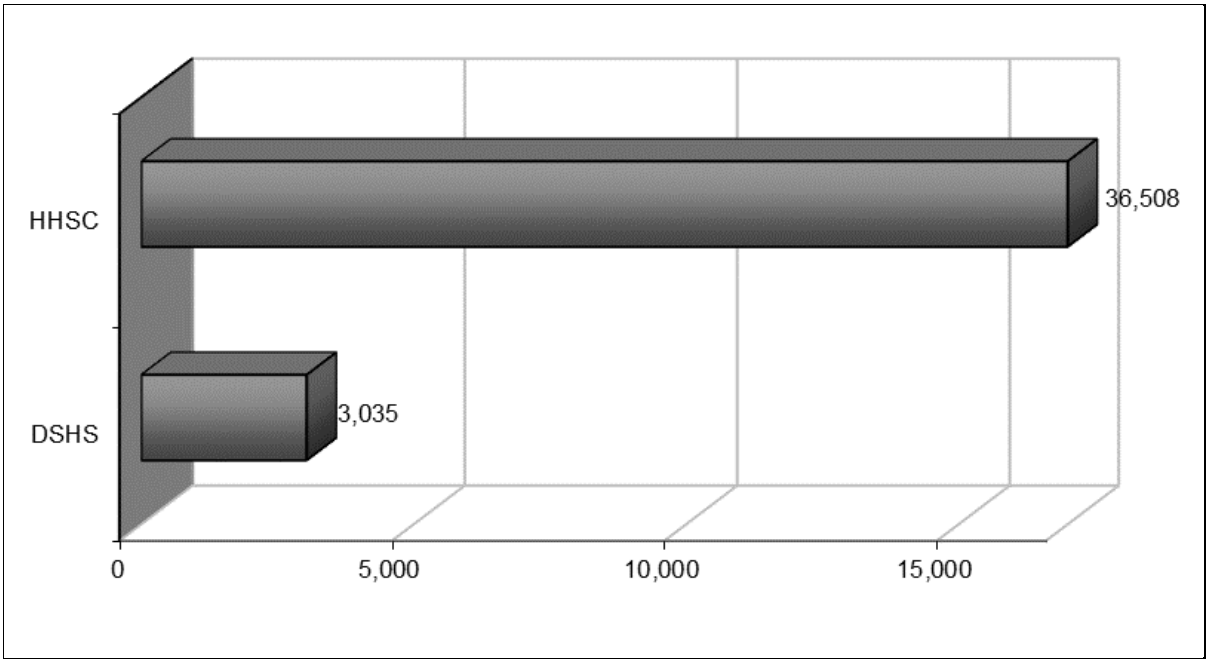


Figure 2: HHS System Workforce for FY 19



Job Families

Approximately 81 percent of HHS employees (31,923 employees) work in 23 job families.[4]

Table 1: Largest Program Job Families

Job Family	Number of Employees
Direct Care Workers[5]	8,306
Eligibility Workers[6]	5,700
Clerical Workers	3,530
Registered Nurses (RNs)[7]	2,139
Program Specialists	2,030
Managers	1,120
Licensed Vocational Nurses (LVNs)	1,007
Rehabilitation Technicians	996
Food Service Workers[8]	877
Program Supervisors	859
System Analysts	712
Custodians	661
Maintenance Workers	576
Inspectors	575
Directors	461
Claims Examiners	449
Security Workers	408
Investigators	364
Contract Specialists	348
Accountants	329
Public Health Technicians	322
Training Specialists	312
Qualified Intellectual Disability Professionals	266

Gender

Most HHS employees are female, making up about 73 percent of the HHS workforce. This breakdown is consistent across all HHS agencies.[9]

Table 2: HHS System Workforce Gender for FY 17 – FY 19[10] [11] [12]

Gender	FY 17	FY 18	FY 19
Male	28.5%	27.9%	27.4%
Female	71.5%	72.1%	72.6%

Figure 3: HHS System Workforce by Gender for FY 19

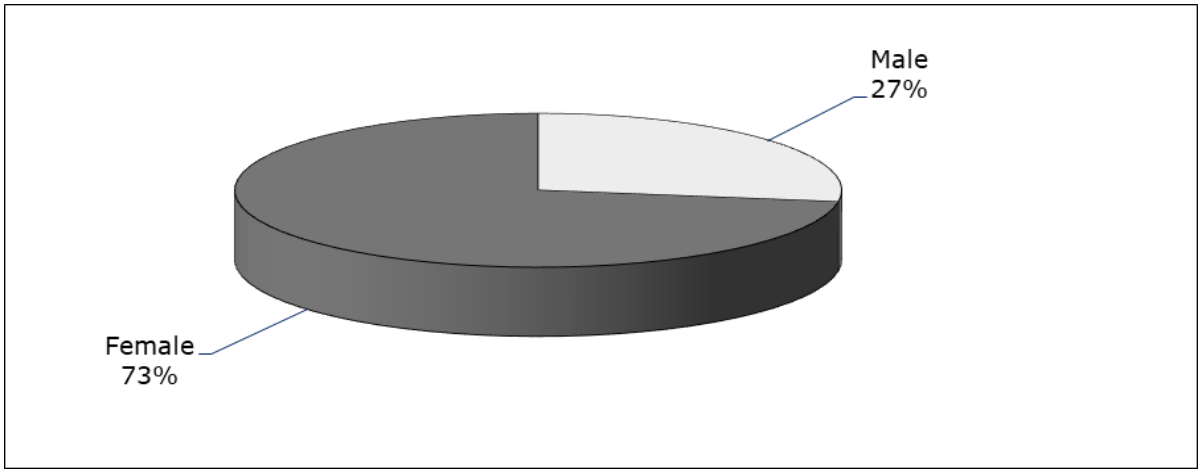


Table 3: HHS Agencies by Gender

Agency	Percentage Male	Percentage Female
HHSC	27.4%	72.6%
DSHS	27.8%	72.2%

Ethnicity

The workforce is diverse, with approximately 38 percent White, 30 percent Hispanic, 29 percent Black, and three percent Asian and Native American. This breakdown is consistent across all HHS agencies.[13]

Table 4: HHS System Workforce Ethnicity for FY 17 – FY 19[14] [15] [16]

Race	FY 17	FY 18	FY 19
White	38.5%	38.0%	37.5%
Black	28.2%	28.6%	28.7%
Hispanic	29.8%	29.6%	29.9%

Race	FY 17	FY 18	FY 19
Native American	.5%	.5%	.4%
Asian	3.0%	3.3%	3.4%

Figure 4: HHS System Workforce by Ethnicity for FY 19

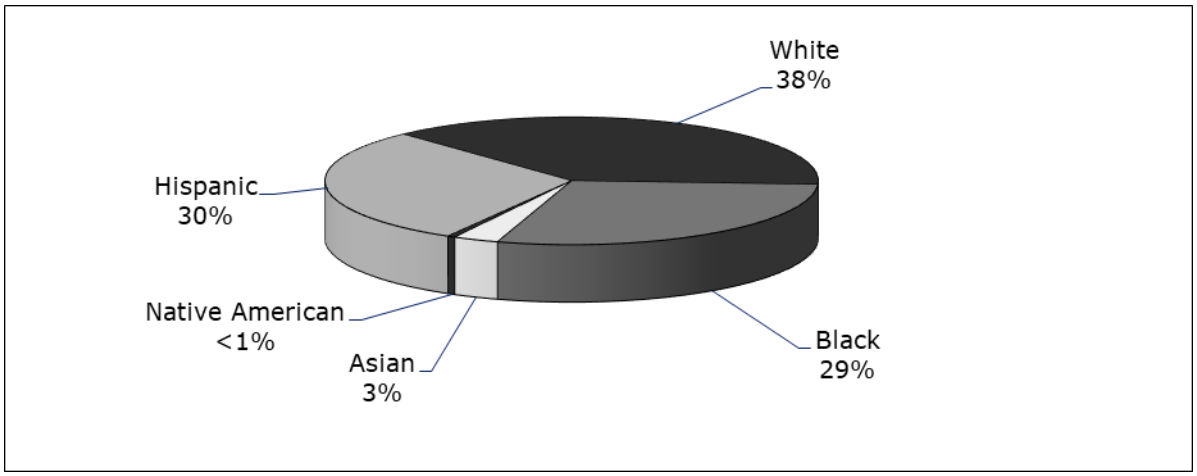


Table 5: HHS Agencies by Ethnicity[17]

Agency	Percentage White	Percentage Black	Percentage Hispanic	Percentage Native American	Percentage Asian
HHSC	36.6%	29.8%	29.9%	.5%	3.2%
DSHS	47.5%	15.6%	30.6%	.3%	6.0%

Age

The average age of an HHS worker is 44 years. This breakdown is consistent across all HHS agencies.[18]

Table 6: HHS System Workforce Age for FY 17 – FY 19[19] [20] [21]

Age	FY 17	FY 18	FY 19
Under 30	14.1%	14.3%	14.6%
30-39	22.6%	23.3%	23.7%
40-49	25.0%	25.1%	25.1%
50-59	25.7%	25.0%	24.6%
Over 60	12.5%	12.2%	12.0%

Figure 5: HHS System Workforce by Age for FY 19

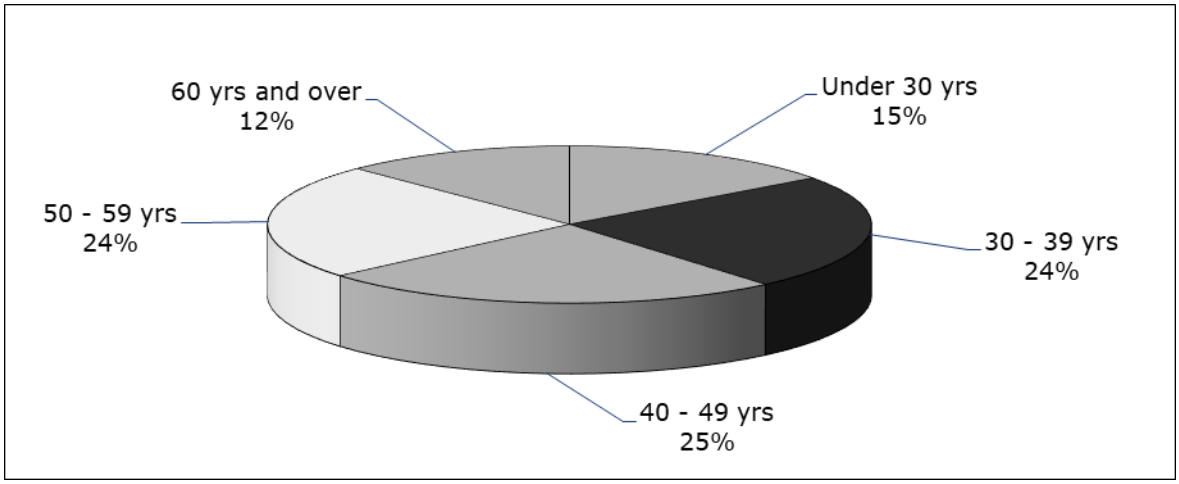


Table 7: HHS Agencies by Age[22]

Agency	Percentage Under 30	Percentage 30-39	Percentage 40-49	Percentage 50-59	Percentage 60 and over
HHSC	14.9%	23.7%	25.1%	24.6%	11.8%
DSHS	11.1%	24.1%	24.9%	25.6%	14.4%

Utilization Analysis

Texas law requires that each state agency analyze its workforce and compare the number of Blacks, Hispanics and females employed by the agency to the available state Civilian Labor Force (CLF) for each job category.

The utilization analysis was conducted for each HHS agency using the 80 percent rule. This rule compares the actual number of employees to the expected number of employees based on the available state CLF for Black, Hispanic and female employees. For purposes of this analysis, a group is considered potentially underutilized when the actual representation in the workforce is less than 80 percent of what the expected number would be based on the CLF.

The HHSC Civil Rights Office (CRO) reviewed and conducted analyses for each individual agency's workforce to identify potential underutilization.

The utilization analysis of the HHS agencies for fiscal year 2019 indicated potential underutilization in the HHSC workforce. The following table summarizes the results of the utilization analysis for the HHS System.

Table 8: HHS System Utilization Analysis Results[23] [24] [25]

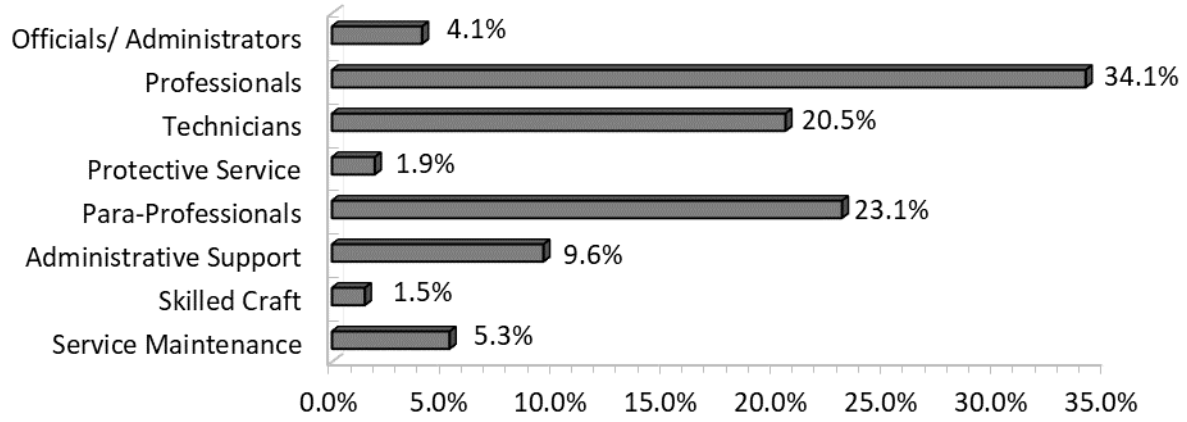
Job Category	HHS System	HHSC	DSHS
Officials/Administrators	No	No	No

Job Category	HHS System	HHSC	DSHS
Professionals	No	No	No
Technicians	No	No	No
Protective Service	No	No	N/A
Administrative Support	No	No	No
Skilled Craft	Black Hispanic Female	Black Hispanic Female	No N/A N/A
Service Maintenance	Hispanic	Hispanic	No

Although potential underutilization was identified in the Skilled Craft job category, it should be noted that that job category comprises 1.5 percent of the HHS System workforce.

The other job category showing potential underutilization is Service Maintenance, which comprises 5.3 percent of the HHS System workforce.

Figure 6: HHS System – Percent of Employees by Job Category



Veterans

About five percent of the workforce (1,832 employees) are veterans. HHSC has the lowest percentage of veterans at 4.5 percent (1,643 employees) and DSHS has the highest at 6.2 percent (189 employees).[26]

Table 9: HHS System Workforce by Veterans Status[27]

Agency	Number of Veterans	FY 19 Percentage
HHSC	1,643	4.5%
DSHS	189	6.2%
HHS System	1,832	4.6%

State Service

Approximately 37 percent of the workforce has 10 or more years of state service. About a quarter of the workforce have been with the state for less than two years. This breakdown is consistent across all HHS agencies.[28]

Table 10: HHS System Workforce Length of State Service for FY 17 – FY 19[29] [30] [31] [32]

State Service	FY 17	FY 18	FY 19
less than 2 years	19.1%	21.1%	25.4%
2-4 years	19.8%	19.1%	16.5%
5-9 years	22.5%	21.5%	20.7%
10 years or more	38.6%	38.3%	37.4%

Figure 7: HHS System Workforce by Length of State Service[33]

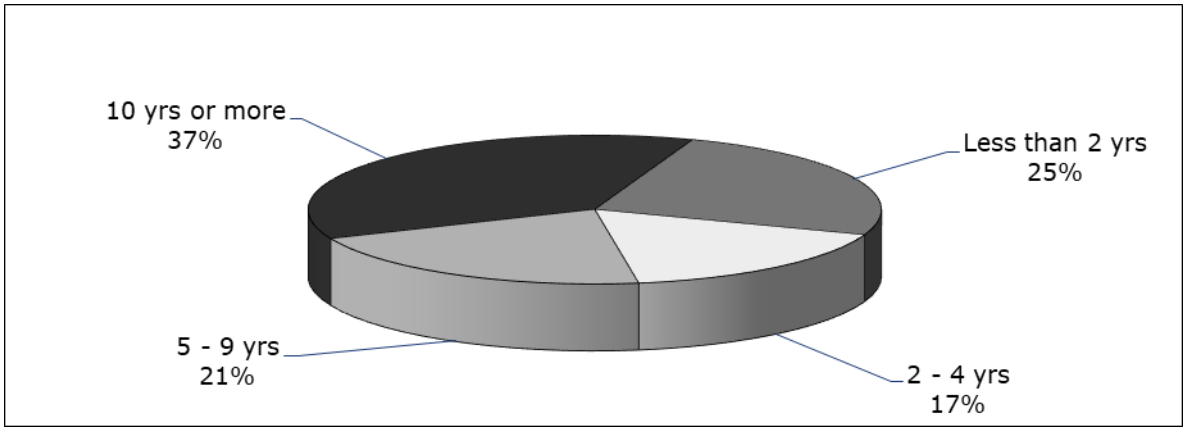


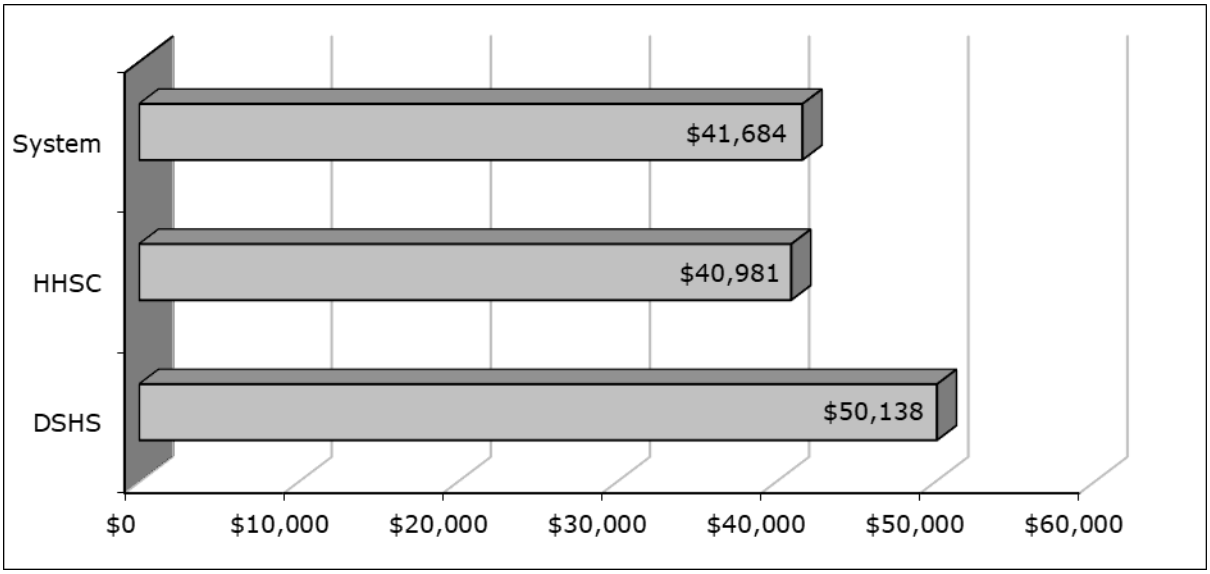
Table 11: HHS Agencies by Length of State Service[34]

Agency	Percentage Less than 2 yrs.	Percentage 2-4 yrs.	Percentage 5-9 yrs.	Percentage 10 yrs. or more
HHSC	25.8%	16.5%	20.9%	36.8%
DSHS	19.8%	17.2%	18.6%	44.4%

Average Annual Employee Salary

On average, the annual salary for an HHS System employee is $41,684.[35]

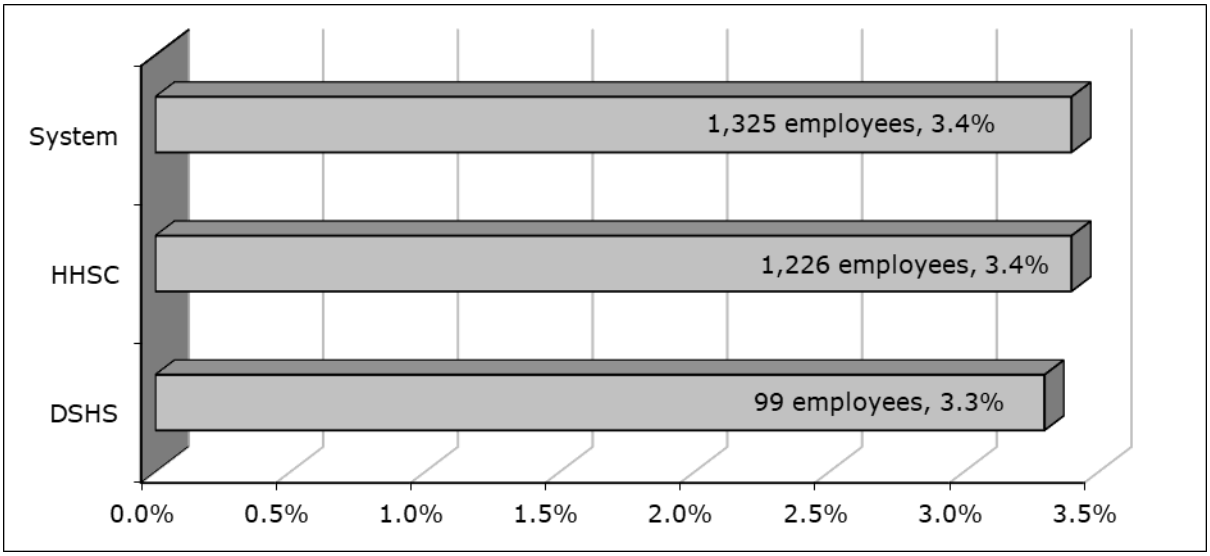
Figure 8: HHS Average Annual Salary by Agency



Return-to-Work Retirees

HHS agencies hire retirees to support both ongoing operational needs and to assist in implementing new initiatives. When recruiting for shortage occupations, special skill required positions or for special projects, retirees provide a good source of relevant program-specific knowledge. Rehired retirees constitute about three percent of the total HHS workforce.[36]

Figure 9: HHS Return-to-Work Retirees by Percent of Workforce



HHS management understands that demographic trends over the next decade will increasingly impact recruitment from typical sources. Retired workers who have institutional knowledge will be needed to pass their expertise to others.

Dealing with an aging workforce will require HHS agencies to attract more people to apply for work, encourage them to work longer and help make them more productive. Creative strategies will need to be devised to keep older workers on the job, such as hiring retirees as temps; letting employees phase into retirement by working part time; having experienced workers mentor younger employees; promoting telecommuting, flexible hours and job-sharing; and/or urging retirement-ready workers to take sabbaticals instead of stepping down.

Legislative changes have posed additional challenges for recruiting retired workers. Beginning September 1, 2009, the amount of time a retired employee must wait before returning to state employment increased from 30 to 90 days. In addition, state agencies that hire return-to-work retirees must pay the Employees Retirement System of Texas (ERS) a surcharge that is equal to the amount of the State's retirement contribution for an active employee.

Of special concern to HHS is the possibility that the current practice of rehiring retirees may inhibit talented staff from moving into management or other senior positions. To address this problem and ensure HHS considers and documents the selection of retirees, the System has adopted a policy that requires the hiring authority to consult with HHS Human Resources before offering a supervisory position to a retiree.

4. Turnover

The HHS System turnover rate for fiscal year 2019 was 27.69 percent, about seven percent higher than the statewide turnover rate of 20.3 percent.[37] [38]

Table 12: HHS System Workforce - Turnover for FY 17 – FY 19 (excludes inter-HHS agency transfers) [39]

Agency	FY 17	FY 18	FY 19
HHS System	24.9%	27.3%	27.6%

Of the two HHS agencies, HHSC experienced the highest turnover rate (28.3 percent).[40]

Table 13: Turnover by HHS Agency for FY 19 (includes inter-HHS agency transfers and excludes legislatively mandated transfers)

Agency	Average Annual Headcount	Total Separations	Turnover Rate
HHSC	38,883	11,006	**28.3%**
DSHS	3,165	597	**18.9%**
Grand Total	**42,048**	**11,603**	**27.6%**

Turnover at HHS agencies was highest for Males at HHSC (at 30.2 percent) and lowest for Females at DSHS (at 18.4 percent). Turnover across ethnic groups ranged from a high of 34.7 percent for Native American employees to a low of 21.3 percent for Asian employees.[41]

Table 14: HHS Agency Turnover by Gender for FY 19 (includes inter-HHS agency transfers and excludes legislatively mandated transfers)

Agency	Gender	Average Annual Headcount	Total Separations	Turnover Rate
HHSC	Female	28,125	7,785	27.7%
	Male	10,681	3,221	30.2%
DSHS	Female	2,267	418	18.4%
	Male	888	179	20.2%
HHS System	**Female**	**30,392**	**8,203**	**27.0%**
	Male	**11,569**	**3,400**	**29.4%**

Table 15: HHS Agency Turnover by Ethnicity for FY 19 (includes inter-HHS agency transfers and legislatively mandated transfers)excludes

Agency	White Turnover Rate	Black Turnover Rate	Hispanic Turnover Rate	Native American Turnover Rate	Asian Turnover Rate
HHSC	25.9%	34.4%	26.2%	34.6%	21.4%
DSHS	17.6%	23.0%	18.8%	36.4%	20.9%
HHS System	**25.1%**	**33.9%**	**25.7%**	**34.7%**	**21.3%**

Of the total losses during fiscal year 2019, approximately 76 percent were voluntary separations and 24 percent were involuntary separations.[42] [43] Voluntary includes resignation, transfer to another agency and retirement. Involuntary includes dismissal for cause, resignation in lieu of separation, reduction in force and separation at will.[44]

Table 16: Reason for Separation

Type of Separation	Reason	Separations	Percentage[45]
Voluntary	Personal reasons	6,979	59.72%
	Transfer to another agency	787	6.73%
	Retirement	1,070	9.16%
Involuntary	Termination at Will	73	.62%
	Resignation in Lieu	261	2.23%
	Dismissal for Cause	2,446	20.93%
	Reduction in Force	2	.02%

Certain job families have significantly higher turnover than other occupational series, including direct care workers[46] at 50.2 percent, food service workers[47] at 39.9 percent, laboratory technicians at 31.8 percent, and licensed vocational nurses (LVNs) at 30.5 percent.[48]

Table 17: FY 19 Turnover for Significant Job Families[49]

Job Title	Average Annual Headcount	Separations	Turnover Rate
Direct Care Workers[50]	9,393	4,718	50.2%
Food Service Workers[51]	987	394	39.9%
Laboratory Technicians	50	16	31.8%
Licensed Vocational Nurses (LVNs)	1,101	336	30.5%
Psychologists[52]	243	68	28.0%
Social Workers	206	56	27.3%
Provider Investigators	158	40	25.3%
Eligibility Workers[53]	5,889	1,456	24.7%
CCL and RCCL Specialists[54]	370	91	24.6%
Chemists	59	14	23.7%
Medical Technologists	100	21	21.1%
Registered Nurses (RNs)[55]	2,251	473	21.0%
Physicians	99	20	20.3%
Eligibility Clerks[56]	1,127	222	19.7%
Psychiatrists	126	24	19.0%
Guardianship Specialists	86	16	18.7%
Epidemiologists	102	17	16.6%
Nurse Practitioners[57]	67	11	16.5%
Veterinarians	19	3	16.0%
Health Physicists	66	9	13.7%
Dentists	29	3	10.3%
Registered Therapists[58]	117	12	10.2%
Sanitarians	122	12	9.9%
Microbiologists[59]	140	13	9.3%
Architects	22	2	9.0%

5. Retirement Projections

Currently, about 10 percent of the HHS workforce is eligible to retire and leave state employment. About 2.6 percent of the eligible employees retire each fiscal year. If this trend continues, approximately 13 percent of the current workforce is expected to retire in the next five years.[60]

Table 18: HHS System Retirements - Percent of Workforce (FY 15 – FY 19)

Fiscal Year	Retirement Losses	Retirement Turnover Rate
2015	1,396	2.4%
2016	1,469	2.6%
2017	989	2.4%
2018	1,175	2.9%
2019	1,069	2.6%

Table 19: HHS System First-Time Retirement Eligible Projection (FY 19 – FY 24)

Agency	FY 19		FY 20		FY 21		FY 22		FY 23		FY 24	
HHSC	540	1.5%	837	2.4%	988	2.7%	1,099	3.0%	1,004	2.8%	1,113	3.0%
DSHS	71	2.3%	120	4.0%	93	3.1%	95	3.1%	97	3.2%	104	3.4%
Grand Total	**611**	**1.5%**	**993**	**2.5%**	**1,081**	**2.7%**	**1,194**	**3.0%**	**1,101**	**2.8%**	**1,217**	**3.1%**

The loss of this significant portion of the workforce means the HHS agencies will lose some of their most knowledgeable workers, including many employees in key positions. Effective succession planning and employee development will be critical in ensuring there are qualified individuals who can replace those leaving state service.

6. Critical Workforce Skills

The current climate of the information age, advances in technology, increasing population for the state, consolidation of services, right-sizing and outsourcing will continue to place increased emphasis on the demand for well-trained and skilled staff.

The outsourcing and self-service automation of major HR functions, such as employee selection, have made it critical for HHS managers and employees to improve and commit to a continual learning of human resource policy, employee development, conflict resolution, time management, project management and automation skills.

It is important for HHS to employ professionals who have the skills necessary for the development, implementation and evaluation of the health and human services programs. These skills include:

- Analytic/assessment skills;
- Policy development/program planning skills;
- Communication skills;
- Cultural competency skills;
- Basic public health sciences skills;
- Financial planning and management skills;
- Contract management skills; and
- Leadership and systems-thinking skills.

As the Spanish speaking population in Texas increases, there will be an increased need for employees with bilingual skills, especially Spanish-English proficiency.

In addition, most management positions require program knowledge. As HHS continues to lose tenured staff, effective training will be needed to ensure that current employees develop the skills necessary to transfer into management positions.

To promote this staff development, HHS must continue to grow the skills and talents of managers as part of a plan for succession. HHS has demonstrated this belief by establishing a HHS Leadership Academy, a formalized interagency training and mentoring program that provides opportunities to enhance the growth of high-potential managers as they take on greater responsibility in positions of leadership. The primary goals of the academy are to:

- prepare managers to take on higher and broader roles and responsibilities;
- provide opportunities for managers to better understand critical management issues;
- provide opportunities for managers to participate and contribute while learning; and
- create a culture of collaborative leaders across the HHS system.

Through this planned development of management skills and the careful selection of qualified staff, HHS will continue to meet the challenges posed by increased retirements.

7. Environmental Assessment

The Texas Economy

Texas added approximately 254,100 jobs in 2019. Texas job growth weakened slightly from 2.4 to 2.0 percent in 2019.61

On March 19, 2020, Governor Abbot issued an executive order mandating the closure of nonessential businesses in Texas due to the novel coronavirus (COVID-19) pandemic. Prior to the March 2020 shutdown of the Texas economy, the Federal Reserve Bank of Dallas forecasted 2020 Texas job growth of 2.1 percent.[62] It is unclear to what extent pandemic-related closures will affect this job forecast, though it could have a profound impact on the recruitment and retention challenges facing HHS.

Poverty in Texas

As the number of families living in poverty increases for the state, the demand for services provided by the HHS System will also increase.

The U.S. Department of Health and Human Services defined the poverty level for 2019 according to household/family size as follows:

- $25,750 or less for a family of four;
- $21,330 or less for a family of three;
- $16,910 or less for a family of two; and
- $12,490 or less for individuals.[63]

It is estimated that 14.9 percent of Texas residents live in families with annual incomes below the poverty level. This rate is slightly higher than the national poverty rate of 11.8 percent.[64]

Unemployment

Another factor that directly impacts the demand for HHS System services is unemployment. In Texas, the August 2019 statewide unemployment rate was 3.5 percent, slightly below the national rate of 3.7 percent.[65] Due to the State mandate for social distancing surrounding the novel coronavirus pandemic and ensuing loss of jobs and/or hours worked, 2020 unemployment will likely rise, thus increasing the demand for HHS system services.

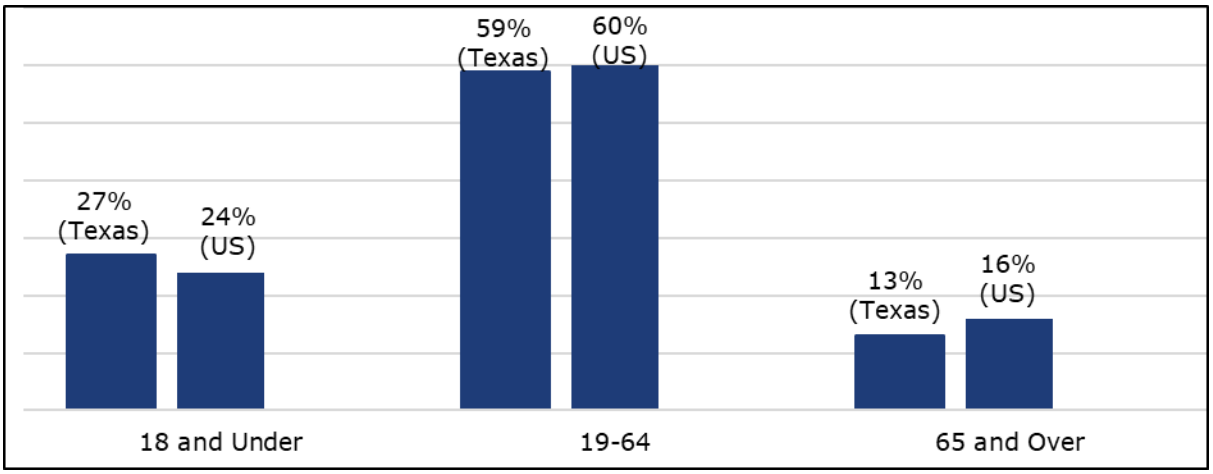
Other Significant Factors

According to the annual report produced by the Texas Demographic Center, every year since 2006, Texas has added more population than any other state. As of July 2018, the estimated population for Texas was over 28 million, which represents a

14.9 percent increase from the census count in April 2010. Texas added over 3.55 million people between 2010 and 2018.[66]

The distribution of age groups in Texas closely mirrors that of the nation, with the largest percentage of Texas residents (59 percent) being between ages 19 to 64, followed by those 18 and under (27 percent) and those 65 and over (13 percent).[67]

Figure 10: Population Distribution by Age



According to long term population projections by the Texas State Data Center, it is estimated that by 2050, Texans older than age 65 will triple in size from 2010-2050, approaching 7.9 million.[68]

8. Expected Workforce Challenges

HHS will need to continue to recruit and retain health and human services professionals, such as psychiatrists, physicians, psychologists, nurse practitioners, registered nurses, licensed vocational nurses, registered therapists, dentists, sanitarians, health physicists, and medical technicians. Certain jobs will continue to be essential to the delivery of services throughout the HHS System.

Many of the jobs are low paying, highly stressful and experience higher than normal turnover, such as eligibility services staff, child care licensing and residential licensing specialists, direct care workers (direct support professionals and psychiatric nursing assistants) and food service workers.

Additionally, the demand for certain public health positions (such as epidemiologists, laboratory staff, and public health and prevention specialists) is expected to increase as the pandemic response to COViD-19 continues to evolve.

Direct Care Workers (Direct Support Professionals and Psychiatric Nursing Assistants)

There are about 8,306 direct care workers employed in HHS state hospitals and state supported living centers. These positions require no formal education to perform the work, but employees are required to develop people skills to effectively interact with patients and residents. The physical requirements of the position are difficult and challenging due to the nature of the work. The pay is low, with an average hourly rate of $12.67.[69]

The overall turnover rate for employees in this group is very high, at about 50 percent annually.[70] Taking into account these factors, state hospitals and state supported living centers have historically experienced difficulty in both recruiting and retaining these workers. Little change is expected.

Direct Support Professionals

There are 5,694 direct support professionals in state supported living centers across Texas, representing approximately 14 percent of the System's total workforce.[71] These employees provide 24-hour direct care to almost 3,000 people who reside in state supported living centers. They directly support these individuals by providing services including basic hygiene needs, dressing and bathing, general health care, and dining assistance. They support life-sustaining medical care such as external feeding and lifting individuals with physical challenges. A trained and experienced direct care staff is essential to ensure resident safety, health and well-being.

There are no formal education requirements to apply for a job in this series; however, extensive on-the-job training is required. It takes six to nine months for a new direct support professional to become proficient in the basic skills necessary to carry out routine job duties.

Employees who perform this work must interact with residents on a daily basis. The work is performed in shifts throughout the day and night. The pay is low and the work is difficult and physically demanding.

A typical HHS direct support professional is 38 years old and has about six years of state service.[72]

Turnover for direct support professionals is very high, at about 54 percent. This is one of the highest turnover rates of any job category in the System, reflecting the loss of about 3,455 workers during fiscal year 2019. Within this job family, entry-level Direct Support Professional Is experienced the highest turnover at approximately 68 percent. Turnover rates by location ranged from 43 percent at El Paso State Supported Living Center to 75 percent at the Brenham State Supported Living Center.[73]

The average hourly salary rate for these employees is $12.68 per hour.[74] The State Auditor's Office 2018 market index analysis found the average state salary for Direct Support Professional I and IIIs to range from 14 to 10 percent behind the market rate.[75]

Psychiatric Nursing Assistants

There are approximately 2,612 psychiatric nursing assistants employed in HHS state hospitals.[76] These positions require high school education or equivalency to perform the work; however, there is extensive on-the-job training.

Workers are assigned many routine basic care tasks in the state hospitals that do not require a license to perform, such as taking vital signs, and assisting with bathing, hygiene and transportation. These employees are required to interact with patients on a daily basis. They are likely to be the first to intervene during crisis situations, and are the frontline staff most likely to de-escalate situations to avoid the need for behavioral interventions. They also have a higher potential for on-the-job injuries, both from lifting requirements and intervention during crisis situations. Further complicating this situation, many of the applicants for these entry-level positions lack the experience needed to work with patients and often lack the physical ability necessary to carry out their job duties.

The work is performed in shifts throughout the day and night. The work is difficult and the pay is low. Psychiatric nursing assistants earn an average hourly wage of $12.62 per hour. The State Auditor's Office 2018 market index analysis found the average state salary for a Psychiatric Nursing Assistant I was 14 percent behind the market rate.[77] [78]

The average psychiatric nursing assistant is about 39 years old and has an average of seven years of state service.[79]

Turnover for psychiatric nursing assistants is very high at about 42 percent, reflecting the loss of 1,263 workers during fiscal year 2019. Within this job family, entry-level Psychiatric Nursing Assistant Is experienced the highest turnover at 56 percent. Turnover rates by location ranged from 17 percent at Austin State Hospital to 68 percent at the Big Spring State Hospital.[80]

HHS is currently experiencing difficulty filling vacant psychiatric nursing assistant positions. Vacant positions are going unfilled for many months. Positions at the Big Spring State Hospital are remaining vacant, on average, for almost six months.[81]

HHS is developing a staffing pool at certain state hospitals to reduce the need for overtime as well as an Intensive Observation Unit to reduce the need for 1:1 staffing for high risk individuals.

Recruitment and retention of these employees remains a major challenge for the System.

Food Service Workers

HHS employs approximately 877 food service workers.[82]

Working conditions can be very demanding and there are no formal education requirements. Since meals are prepared seven days a week, some of these employees are required to work on night and weekend shifts.

The average hourly rate paid to food service workers is $11.10.[83] Turnover in food service worker positions is very high, at about 40 percent during fiscal year 2019.[84] The State Auditor's Office 2018 market index analysis found the average state salary for Food Service Workers ranged from one to 12 percent behind the market rate; Food Service Managers ranged from four to 15 percent behind the market rate; and Cooks ranged from two to seven percent behind the market rate.[85]

Retention and recruitment of these workers remains a major challenge for the System.

Food Service Workers at State Supported Living Center

There are 555 food service workers employed in HHS state supported living centers throughout Texas.[86]

The typical food service worker is about 45 years of age and has an average of approximately nine years of state service.[87]

Turnover in these food service worker positions is very high, at 42 percent. Turnover is at nearly 69 percent at the Corpus Christi State Supported Living Center.[88]

Food Service Workers at State Hospitals

There are 312 food service workers employed at HHS state hospitals and centers throughout Texas.[89]

The typical food service worker is about 46 years of age and has an average of about seven years of state service.[90]

Turnover in these food service worker positions is high, at 36 percent. Turnover was nearly 44 percent at the Terrell State Hospital.[91]

Food Service Workers at TCID

There are ten food service workers employed in the Texas Center for Infectious Disease (TCID).[92]

The typical food service worker is about 43 years of age and has an average of approximately seven years of state service.[93]

Turnover in these food service worker positions is very high, at 48 percent.[94]

Eligibility Services Staff

Across the state, there are about 7,767 employees supporting eligibility determinations within the System, accounting for about 20 percent of the HHS System workforce.[95]

The majority of these individuals (7,284 employees or 94 percent) are employed as Texas works advisors, medical eligibility specialists, hospital based workers, eligibility clerks and eligibility supervisors.[96]

Overall turnover for Eligibility Services Staff is higher than the state average rate of about 20 percent (at about 23 percent), with Texas works advisors experiencing the highest turnover at 25 percent, followed by medical eligibility specialists at 24 percent and eligibility clerks at 20 percent.[97] [98]

Texas Works Advisors

There are over 4,700 Texas works advisors within HHS that make eligibility determinations for SNAP, TANF, CHIP and Medicaid for children, families and pregnant women. The typical Texas works advisor is 41 years of age and has an average of about seven years of service.[99]

Turnover for these employees is high at about 25 percent, representing a loss of 1,250 workers in fiscal year 2019. Certain regions of Texas experienced higher turnover than others, including Northwest/West Texas at 35 percent and the Metroplex at 34 percent. Entry-level Texas Works Advisor Is experienced the highest turnover at 45 percent.[100]

In addition, HHS has experienced difficulty finding qualified candidates for new worker positions. Due to this shortage of qualified applicants, vacant positions go unfilled for an average of almost five months, with vacant positions in Upper East Texas remaining unfilled for an average of a little more than nine months.[101]

Salary is one factor that may be contributing to the System's difficulty recruiting and retaining eligibility workers.

Recruitment and retention of these employees remain a continuing challenge for HHS.

Medical Eligibility Specialists

Within HHS, there are 654 medical eligibility specialists determining financial eligibility for Medicaid for Elderly and People with Disabilities (MEPD). Medical

eligibility specialists have, on average, about eight years of state service, with an average age of 42.[102]

Turnover for these employees is high at about 24 percent, representing the loss of 161 employees in fiscal year 2019. Entry-level Medical Eligibility Specialist Is experienced the highest turnover, at 43 percent.[103]

Retention of these specialists is an ongoing challenge.

Hospital Based Workers

HHS has about 283 hospital based workers stationed in nursing facilities, hospitals, and clinics rather than in eligibility offices to determine eligibility for the SNAP, TANF, CHIP and Medicaid programs. These highly-tenured workers have an average of about 13 years of state service (about 54 percent of these employees have 10 or more years of state service), with an average age of 45.[104]

Turnover for these employees is currently below the state average (of 20 percent) at about 16 percent.[105] [106]

Eligibility Clerks

HHS employs about 1,070 eligibility clerks in various clerical, administrative assistant and customer service representative positions. The typical eligibility clerk is 48 years of age and has an average of 10 years of state service.[107]

The turnover rate for eligibility clerks is high at about 20 percent, representing the loss of about 222 employees (about one percent higher rate than reported for fiscal year 2017).[108] [109] Eligibility Specialist Clerk IIIs made up the majority of these losses at about 77 percent, with these positions often remaining unfilled for an average of about four and a half months.[110] [111]

Recruitment and retention for these jobs are ongoing challenges.

Eligibility Supervisors

Over 500 eligibility supervisors are employed within HHS. These highly-tenured supervisors have an average of 17 years of state service (about 77 percent of these employees have 10 or more years of state service), with an average age of 46.[112]

Though turnover for these employees is well managed at about 12 percent, this represents a two percent higher turnover rate than reported for fiscal year 2017.[113] [114]

Within the next five years, over 35 percent of these employees will be eligible to retire.[115]

HHS will need to develop effective succession plans and creative recruitment strategies to replace these highly skilled and tenured employees.

Child Care Licensing (CCL) and Residential Child Care Licensing (RCCL) Specialists

There are 345 CCL and RCCL specialists employed within the System who monitor, investigate and inspect child day-care facilities and homes, residential child care facilities, child-placing agencies and foster homes.[116] [117] In addition, they conduct child abuse/neglect investigations of children placed in 24-hour childcare facilities and child placing agencies licensed or certified by Residential Child Care Licensing.

The typical specialist is 39 years of age and has an average of eight years of state service. Nearly half of these employees have less than five years of state service.[118]

CCL and RCCL specialist turnover is high at 25 percent.[119]

Retention of these employees is an ongoing challenge.

Guardianship Staff

Within the Office of Guardianship Services (OGS), the HHS System employs 81 Guardianship Specialists and Supervisors who are responsible for providing guardianship services to eligible clients.120 Staff continuously assess and determine whether guardianship is the most appropriate and least restrictive alternative necessary to ensure the consumer's health and safety.

Retention and turnover continue to be a challenge, since these positions require specialized skills and salaries are not comparable with that paid by other agencies and the private sector.

Guardianship Specialists

There are 68 guardianship specialists employed at HHS.[121]

The typical System guardianship specialist is about 45 years old and has an average of about 11 years of state service. Nearly half of the employees have 10 years or more of state service.[122]

The overall turnover rate for System guardianship specialists is high, at 21 percent annually, which is slightly above the state average turnover rate of 20 percent.[123] [124]

Vacant System guardianship specialist positions often go unfilled for many months due to a shortage of qualified applicants available for work.[125] These vacancy problems are expected to worsen as employees approach retirement. About 19 percent of these tenured and highly skilled employees will be eligible to retire in the next five years.[126]

Guardianship Supervisors

There are 13 guardianship supervisors working for HHS.[127]

System guardianship supervisors have, on average, about 17 years of state service, with an average age of about 51 years.[128]

Though the turnover rate for these highly tenured guardianship supervisors is currently well managed at about eight percent, HHS may face significant recruitment challenges in the next few years to replace these highly skilled and tenured employees who are eligible for retirement. With about 23 percent of these employees are currently eligible to retire, this rate will increase in the next five years to about 46 percent.[129] [130]

Provider Investigators

There are about 146 provider investigators with HHS Regulatory Services.[131] These employees investigate reports of abuse, neglect, and exploitation of adults and children with mental illness or intellectual, developmental, and physical disabilities. Investigations occur in a variety of settings such as facilities, group homes, and private residences.

The typical provider investigator is 40 years of age and has an average of eight years of state service. About 47 percent of these employees have less than five years of state service.[132]

Provider investigator positions have a high turnover rate. During fiscal year 2019, provider investigator turnover was slightly higher than the state average at 25 percent, though turnover for entry-level Provider Investigator Is was much higher at 41 percent.[133] [134]

Protective Services Intake Specialists

There are approximately 20 protective services intake specialists with HHS Regulatory Services.[135] [136] Intake specialists answer calls and process complex inquiries, complaints, and incidents related to abuse, neglect, and exploitation involving Nursing Facilities, Assisted Living Facilities, Day Activity and Health Services (DAHS), ICF/ID Facilities, Home Health and Hospice Agencies, Prescribed Pediatric Extended Care Center (PPECC) and Health Care Quality providers.

Protective services intake specialists are about 41 years of age and have an average of eight years of state service. About 25 percent of intake specialists have less than two years of state service.[137]

Turnover for intake specialists is at the same rate as the state average turnover rate of 20 percent.[138] [139]

HHS is currently experiencing difficulty filling vacant protective services intake specialist positions. Vacant positions are going unfilled, on average, for two months due to a shortage of qualified applicants available for work.[140]

Architects

Within HHS, there are 17 Architect IIs who perform architectural plan reviews and conduct initial and annual surveys and complaint/incident investigations on state licensure, and (when applicable) federal certification requirements for nursing facilities, assisted living facilities, Day Activity and Health Services facilities,

Intermediate Care Facilities for Individuals with Intellectual Disabilities and in-patient Hospice facilities.141

These HHS Architect IIs have, on average, 8 years of state service, with an average age of 58 years. Over 75 percent of these employees have five or more years of state service.[142]

HHS Architect IIs earn an average annual salary of $63,647.[143] The State Auditor's Office 2018 market index analysis found the average state salary for Architect IIs to be four percent behind the market rate.[144]

Though the turnover for these employees is currently well managed at 10 percent, with a vacancy rate of 26 percent, vacant positions often go unfilled for over nine months due to a shortage of qualified applicants available for work.[145] [146]

Though only 12 percent of these employees are currently eligible to retire, over 40 percent will be eligible to retire in the next five years.[147]

HHS will need to develop creative recruitment strategies to replace these highly skilled employees.

License and Permit Specialists

There are 59 license and permit specialists within HHS. Over 90 percent of HHS license and permit specialists work in Regulatory Services, performing complex, journey-level, licensing and permitting work related to the licensing of mental health professionals.[148]

The typical HHS license and permit specialist is about 44 years of age and has an average of 12 years of state service. Nearly 50 percent of these employees have 10 or more years of state service.[149]

Turnover for these specialists is slightly below the state average at 19 percent.[150] With a vacancy rate of about 12 percent, vacant positions often go unfilled for about four months due to a shortage of qualified applicants available for work.[151]

HHS license and permit specialists earn an average annual salary of $40,918.[152] The State Auditor's Office 2018 market index analysis found the average state salary for License and Permit Specialist Is to be four percent behind the market rate.[153] This disparity may be affecting HHS' ability to recruit qualified applicants for open positions.

Recruitment of these employees is an ongoing challenge.

Quality Assurance Specialists

There are 21 Quality Assurance Specialist IIIs and IVs employed within the HHSC Regulatory division. These specialists provide technical guidance and assistance to field staff, document quality assurance reviews and communicate those findings to appropriate program staff. They are responsible for analyzing quality assurance findings and performance data to identify trends or patterns and coordinating case readings and other quality assurance and developmental activities.[154]

These specialists are, on average, about 41 years of age and have an average of 10 years of state service. Over 40 percent of these employees have 10 or more years of state service.[155] [156]

Turnover for these specialists is slightly below the state average at 17 percent.[157] With a vacancy rate of about 13 percent, vacant positions often go unfilled for over 10 months due to a shortage of qualified applicants available for work.[158]

These quality assurance specialists earn an average annual salary of $50,119. The State Auditor's Office 2018 market index analysis found the average state salary for Quality Assurance Specialist IIIs and IVs to be 11 percent behind the market rate.[159] This disparity may be affecting HHS' ability to recruit qualified applicants for open positions.

Recruitment of these employees is an ongoing challenge.

Social Workers

There are 212 social workers employed by HHS, with the majority (68 percent) housed in state hospitals across the state.[160]

Turnover for these social workers is high at 27 percent.[161]

One reason for this high turnover is the large disparity between private sector and HHS salaries. System social workers earn an average annual salary of $44,491.[162] This salary falls significantly below the market rate. The State Auditor's Office 2018 market index analysis found the average state salary for Social Worker Is, IIs, and IIIs ranged from two to eight percent behind the market rate. In addition, the average annual salary for social workers nationally is $59,300 and $58,430 in Texas.[163] [164]

These problems are expected to worsen as employees approach retirement. While 12 percent of these employees are currently eligible to retire, this number increases to about 23 percent in the next five years.[165]

Social Workers at State Supported Living Centers

About 17 percent of HHS social workers (36 employees) work at state supported living centers across the state.[166] These employees serve as a liaison between the resident's legally authorized representative and others to assure ongoing care, treatment and support through the use of person-centered practices. They gather information to assess a resident's support systems and service needs, support the assessment of the resident's rights and capacity to make decisions, and assist with the coordination of admissions, transfers, transitions and discharges.

The typical social worker at these facilities is about 48 years old and has an average of 11 years of state service.[167]

The average turnover rate for these social workers is higher than the state average of 20 percent (at 27 percent), with positions often remaining unfilled for an average of over six months before being filled.[168] [169]

Social Workers at State Hospitals

There are 145 social workers at HHS state hospitals.[170] These employees are critical to managing patient flow in state hospitals and taking the lead role in communicating with patient families and community resources. Social workers provide essential functions within state hospitals that include conducting psychosocial assessments, therapeutic treatment and case coordination for individuals receiving services from HHS in-patient psychiatric hospitals and the Waco Center for Youth.

State hospital social workers are about 43 years old and have an average of nine years of state service.[171]

The overall turnover rate for these social workers is high at around 29 percent, with the Austin State Hospital experiencing turnover of more than 50 percent.[172]

Public Health Social Workers

About 15 percent of HHS social workers (31 employees) work in Public Health Regions across the state.[173] These employees provide case management consultation for families with children who have health risks, conditions or special health care needs.

The typical public health social worker is about 46 years old and has an average of 10 years of state service.[174]

The average turnover rate for these social workers is currently well managed at nine percent.[175]

With a high vacancy rate of 28 percent, and with nearly 30 percent of these employees being eligible for retirement within the next five years, recruitment and retention of these workers remains a challenge.[176]

Registered Therapists at State Supported Living Centers

HHS employs 294 registered therapists in state supported living centers across Texas.[177] These therapists are employed in a variety of specializations, including speech-language pathologists, audiologists, occupational therapists and physical therapists. Full staffing of these positions is critical to direct-care services.

These highly skilled employees have, on average, about nine years of state service, with an average age of 46.[178]

Though turnover for these registered therapists is below the state average at 12 percent, HHS is experiencing difficulty filling vacant positions. Positions at the Mexia State Supported Living Center remain unfilled for nearly nine months.[179] [180]

HHS may face significant recruitment challenges in the next few years to replace these highly skilled employees who will be eligible for retirement. About eight

percent of these employees are currently eligible to retire, and approximately 22 percent of them will be eligible in the next five years.[181]

HHS will need to develop creative recruitment strategies to replace these highly skilled and tenured employees.

Registered Nurses (RNs)

RNs constitute one of the largest healthcare occupations. With over three million jobs in the U.S., job opportunities for RNs are expected to grow faster than the average for all occupations. It is projected that there will be a need for 371,500 new RN jobs by 2028.182 183

HHS employs approximately 2,139 RNs across the state.[184] [185] As the demand for nursing services increases, the recruitment and retention of nurses will continue to be a challenge, and the need for competitive salaries will be critical.

Currently, the average annual salary for HHS System RNs is $61,669.[186] This salary falls below both national and state averages for these occupations. Nationally, the average annual earnings for RNs in 2019 was $77,460.[187] In Texas, the average annual earnings for RNs in 2019 was $74,540.[188] In addition, the State Auditor's Office 2018 market index analysis found the average state salary for Nurse I-IVs ranged from five to 14 percent behind the market rate and 10 percent behind the market rate for Public Health Nurse IIs.[189] Posted vacant positions are currently taking about six months to fill.[190]

RNs at State Supported Living Centers

About 31 percent of System RNs (672 RNs) work at HHS state supported living centers across Texas.191

The typical state supported living center RN is about 47 years old and has an average of approximately eight years of state service.[192]

The turnover rate for these RNs is considered high at about 21 percent. Turnover is especially high at the El Paso State Supported Living Center (at approximately 48 percent) and the San Antonio State Supported Living Center (at about 33 percent).[193]

In addition, HHS finds it difficult to fill these vacant nurse positions. With a vacancy rate of approximately 14 percent, RN positions often remain open for more than six months before being filled. Some facilities are experiencing even longer vacancy durations. At the Denton, Lubbock, and San Angelo state supported living centers, it takes about 10 months to fill a vacancy.[194]

RNs at State Hospitals

About 38 percent of System RNs (806 RNs) work at state hospitals across the Texas, providing frontline medical care of patients. They provide medications, primary health care and oversee psychiatric treatment.195

System nurses at state hospitals are generally required to work shifts and weekends. The work is demanding, requires special skills and staff often work long hours with minimal staffing. The work is also physically demanding, making it increasingly more difficult for the aging nursing workforce to keep up with these work demands. All of these job factors contribute to higher than average turnover rates. Turnover for these RNs is considered high at about 24 percent. Turnover is at nearly 30 percent at the El Paso Psychiatric Center, the San Antonio State Hospital, and the Terrell State Hospital.[196]

The typical RN at a System state hospital is about 48 years old and has an average of approximately nine years of state service.[197]

At these state hospitals, there are always vacant nursing positions that need to be filled. These RN positions often remain open for about five months before being filled. Some hospitals are experiencing longer vacancy durations. At the Big Spring State Hospital and the Waco Center for Youth, it takes over seven months to fill a position.[198]

Public Health RNs

About five percent of System RNs (110 RNs) provide direct care and population-based services in the many counties in Texas that have no local health department, or where state support is needed.[199] These RNs are often the individuals who are on the frontline in the delivery of public health services to rural communities throughout the state, serving as consultants and advisors to county, local and stakeholder groups, and educating community partners. They assist in communicable disease investigation, control and prevention, and are critical to successful public health preparedness and response throughout the state.

Public Health RNs have, on average, about seven years of state service, with an average age of about 49 years.[200]

Overall turnover for these RNs is high (about 28 percent). Certain areas of Texas experienced higher turnover than others, including those in Public Health Region 1 (Lubbock area) and Public Health Region 2/3 (Arlington area) – both at about 27 percent.[201]

Nurse Surveyors

There are 208 RNs employed as nurse surveyors (approximately 10 percent of System RNs).[202] These RNs utilize their expertise to conduct surveys and complaint/incident investigations on state licensure and when applicable, federal certification requirements for nursing facilities, assisted living facilities, Day Activity and Health Services facilities, Intermediate Care Facilities for Individuals with Intellectual Disabilities and in-patient Hospice facilities.

In addition to being licensed to practice as an RN by the Texas Board of Nurse Examiners, Long Term Care nurse surveyors must also obtain the Surveyor Minimum Qualification (SMQT) certification with the first year of employment. The

typical nurse surveyor is about 51 years old with approximately six years of state service.[203]

The turnover rate is considered high at about 22 percent, and it typically takes about five months to fill a vacant position. Recruitment and retention of these RNs remains difficult due to salary constraints. Approximately 19 percent of these highly skilled employees will be eligible to retire from state employment in the next five years.[204] [205]

Licensed Vocational Nurses (LVNs)

There are 1001 LVNs employed by HHS.[206] The majority of these employees (about 97 percent) work at state hospitals and state supported living centers across Texas.[207]

About three percent work in Public Health Regions and central office program support, assisting in communicable disease prevention and control and the delivery of population-based services to individuals, families, and communities.

On average, a System LVN is 46 years old and has eight years of state service.[208]

As with RNs, the nursing shortage is also impacting the HHS' ability to attract and retain LVNs. Turnover for LVNs is currently very high at about 31 percent.[209]

Currently, the average annual salary for System LVNs during fiscal year 2019 was $41,257.[210] This salary falls below both national and state averages for this occupation. Nationally, the average annual earnings for licensed practical nurses and LVNs is $48,500, and $47,370 in Texas.[211] The State Auditor's Office 2018 market index analysis found the average state salary for LVN IIs and IIIs were 15 percent behind the market rate.[212]

Recruitment and retention of these highly skilled employees remains a significant challenge.

LVNs at State Supported Living Centers

There are 529 LVNs employed at HHS state supported living centers across Texas. These LVNs are, on average, 46 years old and have an average of approximately eight years of state service.[213]

Turnover for LVNs at state supported living centers is at about 33 percent. The state supported living centers experienced the loss of 192 LVNs in fiscal year 2019. Turnover is extremely high at the El Paso State Supported Living Center (at 72 percent) and the San Angelo State Supported Living Center (at 53 percent).[214]

With a very high vacancy rate of about 28 percent, vacant positions often go unfilled for over six months. Some centers are experiencing even longer vacancy durations. At the Denton, Corpus Christi, and San Angelo state supported living centers it takes about nine months to fill a position.[215]

LVNs at State Hospitals

There are approximately 442 LVNs employed at HHS state hospitals and centers across Texas.[216]

On average, a state hospital LVN is about 45 years old and has eight years of state service.[217]

Turnover for these LVNs is high at about 28 percent. Turnover is especially high at Rusk State Hospital (at 43 percent) and the San Antonio State Hospital (at 34 percent).[218]

State hospitals continue to experience difficulty in recruiting and retaining qualified staff which can be attributed to a shortage in the qualified labor pool. Market competition and budget limitations significantly constrain the ability of state hospitals to compete for available talent.

LVNs in Public Health Roles

About two percent of System LVNs (25 LVNs) work in the Public Health Regions across Texas.

They have, on average, about 11 years of state service, with an average age of about 51 years.[219] The overall turnover for these LVNs is high at 18 percent.[220]

Retention is expected to remain an issue as employment of LVNs is projected to grow 11 percent by the year 2028, faster than the average for all occupations and budgetary limitations will continue to make it difficult for the System to offer competitive salaries.[221]

Nurse Practitioners

HHS employs 70 nurse practitioners throughout the System.222 Under the supervision of a physician, 68 of these nurse practitioners are responsible for providing advanced medical services and clinical care to individuals at state hospitals and those who reside in state supported living centers across Texas.223

These highly skilled employees have, on average, about 9 years of state service, with an average age of 50. Approximately 40 percent of these employees have 10 years or more of state service.[224]

System nurse practitioners earn an average annual salary of $112,090.[225] This salary falls slightly below the market rate. The State Auditor's Office 2018 market index analysis found the average state salary for nurse practitioners was about nine percent behind the market rate.[226]

The turnover rate for nurse practitioners is about 17 percent, and the vacancy rate is approximately nine percent, with positions remaining vacant for an average of about six months.[227] [228]

About 11 percent of nurse practitioners are currently eligible to retire, with this number increasing to 23 percent in the next five years.[229] HHS will need to develop

creative recruitment strategies to replace these highly skilled and tenured employees.

Nurse Practitioners at State Supported Living Centers

HHS employs 26 nurse practitioners at state supported living centers across Texas.230 These highly skilled employees have, on average, about seven years of state service, with an average age of 50.231

The overall turnover rate for these nurse practitioners is high at about 29 percent.[232]

Although the vacancy rate is only about seven percent, vacant positions at state supported living centers typically remain unfilled for about seven months.233

Due to the continuing short supply and high demand for these professionals, HHS will need to continue using creative recruitment strategies to replace these employees.

Nurse Practitioners at State Hospitals

HHS employs 42 nurse practitioners at state hospitals across Texas.

These highly skilled employees have, on average, about 11 years of state service, with an average age of 49.[234]

Though turnover for these state hospital employees is currently low at about 10 percent, positions are often remaining unfilled for months.[235] [236]

About 12 percent of these highly skilled employees are currently eligible to retire. This number will increase to approximately 24 percent retirement eligibility in the next five years.[237]

Dentists at State Supported Living Centers

The demand for dentists nationwide is expected to increase as the overall population ages. Employment of dentists is projected to grow by seven percent through 2028.[238]

The System employs a total of 30 dentists across the state.[239] Of the 30 dentists employed by the System, over half (57 percent) provide advanced dental care and treatment for residents living at the HHS supported living centers across Texas. The typical dentist at these facilities is about 53 years old and has an average of 10 years of state service.[240]

Facility dentists earn an average salary of $145,656, which is below the average wage paid nationally ($178,260), and also lower than the Texas average of $183,510.[241] [242]

Turnover for these dentists is high at about 17 percent.[243] State supported living centers face challenges competing with private sector salaries to fill current vacancies.

It is anticipated that HHS will face significant recruitment challenges in the next few years to replace these highly skilled employees who will be eligible for retirement. About 12 percent of these employees are currently eligible to retire, and this number will increase to about 29 percent in the next five years.[244]

Physicians

There are currently about 390,680 active physicians and surgeons across the country.[245] Due to the increased demand for healthcare services by the growing and aging population, employment of physicians is projected to grow about seven percent by 2028, faster than the average for all occupations.[246]

HHS employs 83 physicians, with majority (84 percent) employed in HHS state supported living centers, state hospitals and in Public Health Regions.[247]

These highly skilled employees have, on average, about nine years of state service, with an average age of 56. Over 31 percent of these employees have more than 10 years or more of state service.[248]

System physicians are currently earning an average annual salary of $185,492.[249] This salary is below the average wage paid nationally ($203,450) and also lower than the Texas average of $200,590.[250] The State Auditor's Office 2018 market index analysis found the average state salary for Physicians to be five to 10 percent behind the market rate.[251]

Turnover for these physicians is at 22 percent.[252] In addition, the vacancy rate is at 13 percent, with positions remaining vacant for an average of about eight months.[253]

About 18 percent of these highly skilled and tenured employees are currently eligible to retire, with this number increasing to 34 percent in the next five years.[254]

Physicians at State Supported Living Centers

There are 34 physicians working at state supported living centers across Texas.[255] Full staffing of these positions is critical to direct-care services.

These physicians have, on average, about nine years of state service, with an average age of 57.[256] Local physicians who have established long term private practices often apply as a staff physician at state supported living centers late in their working career to secure retirement and insurance benefits, thus contributing to the reason for the high average age.

Turnover for these physicians is high at 26 percent.[257]

To deal with recruitment and retention difficulties, HHS has often used contract physicians to provide required coverage. These contracted physicians are paid at rates that are well above the amount it would cost to hire physicians at state salaries. Aside from being more costly, the System has experienced other problems with contracted physicians, including a lengthy learning curve, difficulty in obtaining

long-term commitments, difficulty in obtaining coverage, dependability and consistent services levels due to their short-term commitment.

To meet the health needs of individuals residing in state supported living centers, it is critical that HHS recruit and retain qualified physicians. However, due to the short supply and large demand, state supported living centers are experiencing difficulty hiring physicians. With a high vacancy rate of 17 percent, positions are remaining unfilled for an average of almost 10 months.[258]

Physicians at State Hospitals

There are currently 28 physicians at HHS who are providing essential medical care in state hospitals.[259] They take the lead role in diagnosing, determining a course of treatment, making referrals to outside medical hospitals, prescribing medications and monitoring the patients' progress toward discharge. Physician services in state hospitals are essential to the ongoing monitoring and management of an increasing number of complex chronic medical conditions, such as diabetes, seizure disorders, hypertension and chronic obstructive pulmonary disease (COPD). These employees are critical to the System's preparedness and response to medical services provided by the state and to major public health initiatives, such as obesity prevention, diabetes, disease outbreak control and others.

These physicians have, on average, about 11 years of state service, with an average age of about 56. Local physicians who have established long term private practices often apply as physicians at state hospitals late in their working career to secure retirement and insurance benefits, contributing to the high overall age. Only nine full-time physicians are under 50 years of age.[260]

Turnover for these physicians is about 17 percent.[261]

With a vacancy rate of about 13 percent, it takes about seven and a half months to fill a state hospital physician position with someone who has appropriate skills and expertise.[262]

In addition, HHS may face significant challenges in the next few years to replace those employees who are eligible for retirement. About 18 percent of these highly skilled and tenured employees are currently eligible to retire. Within five years, about 36 percent will be eligible to retire.[263] If these employees choose to retire, HHS would lose some of the most experienced medical personnel – those with institutional knowledge and skills that will be difficult to match and even harder to recruit.

Recruitment of qualified candidates, as well as retention of these highly skilled and knowledgeable employees, continues to be a challenge for the System.

Physicians in Public Health Roles

There are eight HHS physicians performing public health services.[264] Physicians serving in public health roles in Public Health Regions and Central Office act as state and regional consultants and advisors to county, local, hospital, and stakeholder groups, and provide subject matter expertise on programs and services. These

physicians provide public health services that are essential to the provision of direct clinical services in areas of the state where local jurisdictions do not provide services in communicable disease control and prevention and population-based services.

Physicians serving in Public Health Regions initiate treatment of communicable diseases; refer, prescribe medication, and monitor treatment. They oversee infectious disease investigation, control, and prevention efforts regionally, and provide direction for public health preparedness and response centrally and in the Public Health Regions. Some of the physicians who serve as Regional Directors are required by statute to also serve as the Local Health Authority (LHA) in counties that do not have a designated LHA. As such, they enforce laws relating to public health; establish, maintain and enforce quarantines; and report the presence of contagious, infectious, and dangerous epidemic diseases in the health authority's jurisdiction. As Regional Medical Directors, physicians in Public Health Regions serve as community leaders and conveyors of health-related organizations and individuals for the purpose of improving the health of all Texans.

These physicians are, on average, about 51 years old, with an average of about nine years of state service.[265]

Turnover for these positions is high at about 24 percent.[266]

While only 13 percent of these physicians are eligible to retire, a quarter of these highly skilled employees are expected to retire in the next five years.[267] HHS will need to develop creative recruitment strategies to replace these highly skilled employees.

Psychiatrists

There are currently about 28,600 psychiatrists nationwide. Increased demand for healthcare services by the growing and aging population is expected to result in a 1.2 percent rate of growth in the state government sector by 2028.[268]

HHS employs 120 psychiatrists throughout the System, with the majority of these psychiatrists (about 83 percent) employed in state hospitals across Texas.[269]

These highly skilled and tenured employees have, on average, about 12 years of state service, with an average age of 54.[270]

System psychiatrists currently earn an average annual salary of $226,900.[271] The State Auditor's Office 2018 market index analysis found the average state salary for Psychiatrist IIIs to be 10 percent behind the market rate.[272]

Turnover for System psychiatrists is currently at about 19 percent.[273] The vacancy rate is high at about 18 percent, with positions remaining vacant for an average of about eight months.[274]

About 23 percent of these highly skilled and tenured employees are currently eligible to retire, with this number increasing to 43 percent in the next five years.[275]

Psychiatrists at State Supported Living Centers

There are 13 Psychiatrist IIIs assigned to state supported living centers.[276] Full staffing of these positions is critical to providing psychiatric services needed by residents.

These Psychiatrists IIIs have, on average, about six years of state service, with an average age of 53.[277]

With a high vacancy rate of 24 percent, vacant positions in state supported living centers go unfilled for about nine months (Brenham State Supported Living Center has a very high vacancy rate of 67 percent and positions go unfilled for almost a year).[278]

Competing with private sector salaries and an overall shortage of psychiatrists in Texas continue to make it difficult to recruit and retain qualified individuals. To maintain required coverage, HHS has used contracted psychiatrists. These psychiatrists are paid well above the amount it would cost to hire psychiatrists at state salaries (costing in excess of $200 per hour, compared to the hourly rate of about $109 paid to agency psychiatrists).[279]

To meet the health needs of individuals residing in state supported living centers, it is critical that HHS fill all budgeted psychiatrist positions and effectively recruit and retain qualified psychiatrists.

Psychiatrists at State Hospitals

There are currently 91 System psychiatrists providing essential medical and psychiatric care in state hospitals.[280] These highly skilled employees take the lead role in diagnosing, determining a course of treatment, prescribing medications and monitoring patient progress. Recruiting and retaining psychiatrists at the state hospitals has been especially difficult for HHS.

These psychiatrists have, on average, about 13 years of state service, with an average age of 54. About 50 percent of these employees have 10 or more years of service.[281]

Annual turnover for these psychiatrists is about 18 percent. Terrell State Hospital reported the highest state hospital turnover rate of about 35 percent.[282]

With an overall high vacancy rate of about 20 percent, most vacant psychiatrist positions go unfilled for months.[283] At some state hospitals, these positions remain vacant for over nine months (at the El Paso Psychiatric Center and Rusk State Hospital). These challenges are expected to continue, as about 24 percent of these highly skilled and tenured employees are currently eligible to retire and may leave at any time. Within five years, this number will increase to 44 percent.[284]

State hospitals continue to face increasing difficulty in recruiting qualified psychiatrists as salaries are not competitive with the private sector, and there is a general shortage of a qualified labor pool.

Due to the complex medical and mental challenges that individuals residing in state hospitals exhibit, it is critical that HHS is able to effectively recruit and retain qualified psychiatrists. Continued targeted recruitment strategies and retention initiatives for these highly skilled professionals must be ongoing.

Psychologists

There are 233 psychologists in HHS, with the majority (97 percent) employed in state supported living centers and state hospitals across the state.[285]

System psychologists earn an average annual salary of $57,463.[286] This salary falls below the market rate. The State Auditor's Office 2018 market index analysis found the average state salary for Psychologist Is to be 11 percent behind the market rate and Psychologist IIIs to be eight percent behind the market rate.[287]

Turnover for these psychologists is high at 28 percent, with psychologist positions often remaining unfilled for several months before being filled.[288] [289]

Psychologists at State Supported Living Centers

About 79 percent of HHS psychologists (181 employees) work at state supported living centers across Texas.[290] These employees participate in quality assurance and quality enhancement activities related to the provision of psychological and behavioral services to state supported living center residents; provide consultation and technical assistance to individuals with cognitive, developmental, physical and health related needs; implement and evaluate behavioral support plans; review the use of psychotropic medication in treating behavior problems; perform chart reviews; and perform observations and assessments relevant to the design of positive interventions and supports for residents.

The typical psychologist at these facilities is about 42 years old and has an average of eight years of state service.[291]

Turnover for these psychologists is high at about 31 percent, reflecting the loss of about 59 workers during fiscal year 2019. Turnover rates by location ranged from 0 percent at the San Antonio State Supported Living Center to 100 percent at the Corpus Christi State Supported Living Center.[292]

With a high vacancy rate for these positions (at approximately 16 percent), psychologist positions often remain open for months before being filled. At the Denton State Supported Living Center, positions have remained vacant for an average of 11 months.[293]

Psychologists at State Hospitals

There are 46 psychologists working at HHS state hospitals, with about 67 percent employed in Psychologist II positions.[294] Full staffing of these positions is critical to providing needed psychological services to patients.

State hospital psychologists play a key role in the development of treatment programs for both individual patients and groups of patients. Their evaluations are

critical to the ongoing management and discharge of patients receiving competency restoration services, an ever-growing patient population in the state hospitals. They also provide testing and evaluation services important to ongoing treatment, such as the administration of IQ, mood, and neurological testing instruments.

These highly skilled and tenured employees have, on average, about 11 years of state service, with an average age of 49.[295]

Turnover for these psychologists is high about 17 percent. Rio Grande State Center experienced the highest turnover at 67 percent.[296]

The vacancy rate for these positions is about eight percent, with positions often remaining unfilled for over five months.[297]

HHS may face significant recruitment challenges in the next few years, as approximately 30 percent of these highly skilled and tenured employees will be eligible for retirement in the next five years.[298]

It is critical that HHS fills all budgeted state hospital psychologist positions and effectively recruit and retain qualified psychologists.

Epidemiologists

HHS employs 103 epidemiologists who provide services in the areas of infectious disease and injury control, chronic disease control, emergency and disaster preparedness, disease surveillance and other public health areas.[299] They provide critical functions during disasters and pandemics and other preparedness and response planning.

As of May 2018, there were approximately 7,600 epidemiologist jobs in the U.S., with a projected job growth rate of 5.3 percent by 2028.[300]

On average, System epidemiologists have about seven years of state service, with an average age of approximately 36 years.[301]

Turnover for System epidemiologists is currently at about 17 percent. This rate is much higher for entry-level Epidemiologist Is, at about 26 percent.[302]

Low pay is a contributing factor in the inability to attract qualified epidemiologist applicants. System epidemiologists are currently earning an average annual salary of $59,723.[303] This salary is significantly below the average wage paid nationally ($78,290), and also lower than the Texas average of $65,610.[304] In addition, the State Auditor's Office 2018 market index analysis found that the average state salary for epidemiologists to be nine percent behind the market rate.[305]

Currently, only about eight percent of these employees are currently eligible to retire, this rate will increase in the next five years to 11 percent. Fourteen percent of senior-level epidemiologists (Epidemiologist III's) are currently eligible to retire. In about five years, 18 percent will be eligible to retire.[306]

HHS will need to closely monitor this occupation due to the nationally non-competitive salaries and a general shortage of professionals performing this work.

Sanitarians

There are 117 sanitarians employed with HHS.[307] HHS registered sanitarians inspect all dairies, milk plants, food and drug manufacturers, wholesale food distributors, food and drug salvagers in Texas, as well as all retail establishments in the 188 counties not covered by local health jurisdictions and conduct a multitude of environmental inspections such as children's camps and many others. Sanitarians are instrumental in protecting the citizens of Texas from food-borne illness and many dangerous environmental situations and consumer products, including imported foods, drugs and consumer products. The U.S. Food and Drug Administration (FDA) and the Consumer Products Safety Commission (CPSC) have little manpower and therefore depend on the state programs to protect citizens. System sanitarians also respond to a variety of emergencies, including truck wrecks, fires, tornados, floods and hurricanes. They are the first line of defense against a bioterrorist attack on the food supply.

On average, HHS sanitarians are 45 years old and have about 11 years of state service. About 39 percent of these employees have 10 or more years of state service.[308]

Though the turnover rate for HHS sanitarians is currently low at about 10 percent, HHS has experienced difficulty filling vacant positions, with vacant positions often going unfilled for many months due to a shortage of qualified applicants available for work. Turnover for Sanitarians III was higher at almost 21 percent, with vacancies in this classification going unfilled for six months.[309] [310]

Historically, HHS has faced special challenges filling vacancies in both rural and urban areas of the state. In addition, the state requirement for sanitarians to be registered and have at least 30 semester hours of science (in addition to 18 hours of continuing education units every two years) has made it increasingly difficult to find qualified individuals.

With 15 percent of sanitarians currently eligible to retire, and 27 percent eligible to retire in the next five years, HHS will need to develop creative recruitment strategies to replace these skilled and highly tenured employees.[311]

Veterinarians

There are 17 Veterinarians working for DSHS in the Consumer Protection Division, the Division for Laboratory and Infectious Disease Services, and in Public Health Regions across the state.[312] System Veterinarians perform advanced veterinary work and are responsible for the day-to-day management of the Zoonosis Control (ZC) Program.

These highly-skilled and tenured employees have, on average, about 13 years of state service, with an average age of 52.[313]

System Veterinarians make $89,739.6, which is below the national ($104,820) and state ($125,280) average salaries.[314] In addition, the State Auditor's Office 2018

market index analysis found that the average state salary for Veterinarian IIs to be eight percent behind the market rate.[315]

Turnover for Veterinarians is slightly below the state average at 16 percent. Turnover for Veterinarian II's is higher than that of Veterinarian III's, at 18 percent.[316] [317]

The agency may face significant recruitment challenges in the next few years to replace these highly-skilled and tenured employees who are eligible for retirement. Currently, 29 percent of Veterinarians are eligible to retire, and over 50 percent of these employees will be eligible to retire in the next five years.[318]

Special efforts should be made to recruit these professional to avoid a critical shortage in the near future.

Health Physicists

Within HHS, there are 63 health physicists, all employed within the Consumer Protection Division.[319] These employees plan and conduct complex and highly advanced technical inspections and license application review of radioactive material, nuclear medicine, industrial x-ray units, general medical diagnostic x-ray units, fluoroscopic units, mammographic units, C-Arm units, radiation therapy equipment, laser equipment, and industrial and medical radioactive materials to assure user's compliance with applicable State and Federal regulations. Health pysicists are instrumental in emergency planning for the offsite response of nuclear power plants and are the the first line of defense for radiological disaster response.

HHS health physicists have, on average, 13 years of state service, with an average age of 50 years. Over 50 percent of these employees have 10 or more years of state service.[320]

HHS health physicists earn an average annual salary of $59,238, which is below the average wage paid nationally ($76,290), and also lower than the Texas average of $75,720.[321] [322]

Though the turnover for health physicists is currently well managed at 14 percent, vacant positions often go unfilled for many months due to a shortage of qualified applicants available for work.[323] [324]

With 30 percent of health physicists at HHS currently eligible to retire, and about 44 percent eligible to retire in the next five years, HHS will need to develop creative recruitment strategies to replace these highly skilled and tenured employees.[325]

Public Health and Prevention Specialists

Within HHS, there are 322 public health and prevention specialists, with the majority of these employees (90 percent) employed at DSHS.[326]

These employees provide technical consultation to local health departments, human and animal health care professionals, government officials, community action groups, and others on a number of public health areas, including the treatment,

prevention and control of zoonotic diseases, rabies risk assessment, and animal control; providing population-based services toward improving access to care for children and pregnant women, promoting breastfeeding, increasing parent-completed developmental screenings, reducing feto-infant mortality and preventing child fatalities; and providing technical assistance and instruction in cancer reporting methods.

HHS public health and prevention specialists have, on average, 11 years of state service, with an average age of 46 years. Forty-five percent of these employees have 10 or more years of state service.[327]

While overall turnover for public health and prevention specialists at 19 percent is slightly below the state average rate of 20 percent, certain areas within HHS are experiencing significantly higher turnover rates, including Public Health Region 9/10 in the El Paso area (at 28 percent), the Public Health Region 8 in the San Antonio area (at 28 percent), and Public Health Region 4/5 in the Tyler area (at 23 percent).[328] [329]

In addition, HHS finds it difficult to fill these vacant public health and prevention specialist positions. With a high vacancy rate for these positions (at approximately 15 percent), these positions often remain open for more than four months before being filled.[330]

Retention is expected to remain an issue as these employees approach retirement. Nineteen percent of public health and prevention specialists are currently eligible to retire, and about 33 percent will be eligible to retire in the next five years.[331]

Medical Technicians

Within HHS, there are 24 medical technicians.[332] These workers assist nursing staff with age appropriate patient care, which includes providing patients personal hygiene; making beds and assisting with preparation of unit's and patient's rooms for receiving new patients; taking vital signs; obtaining specimens; cleaning patient care equipment; and transporting patients to and from various departments.

Over half of these medical technicians are employed at the Texas Center of Infectious Disease (TCID), with the remaining technicians employed at HHS state hospitals and state supported living centers across Texas.

System medical technicians have, on average, about 11 years of state service, with an average age of 50 years. About 33 percent of these employees have 10 or more years of state service.[333]

The turnover rate for all System medical technicians is currently well managed at nine percent. This rate is higher for entry-level Medical Technician Is at TCID (at 14 percent).[334]

The vacancy rate for System medical technicians is currently low at about four percent, though vacant positions often remain unfilled for about a year.[335]

HHS medical technicians earn an average annual salary of $28,064.[336] The State Auditor's Office 2018 market index analysis found the average state salary for medical technicians ranged from five to 10 percent behind the market rate.[337] This disparity may be affecting HHS' ability to recruit qualified applicants for open positions.

About 17 percent of these employees are currently eligible to retire, with nearly 30 of these employees eligible in the next five years. HHS will need to develop creative recruitment strategies to replace these employees, and to ensure a qualified applicant pool is available to select from as vacancies occur.[338]

Laboratory Staff

HHS operates a state-of-the-art state laboratory in Austin and two regional laboratories, one in San Antonio and the other in Harlingen. The Austin State Hospital provides laboratory services for the other HHS state hospitals and state supported living centers.

While laboratory staff is made up of a number of highly skilled employees, there are four job groups that are essential to laboratory operations: chemists, microbiologists, laboratory technicians and medical technologists.

Chemists

There are 56 chemists employed in the HHS Division for Laboratory and Infectious Disease Services, all located in Austin.[339]

The typical System chemist is about 47 years old and has an average of about 13 years of state service. Nearly half of the employees have 10 years or more of state service.[340]

The overall turnover rate for System chemists is high, at 24 percent annually, which is above the state average turnover rate of 20 percent.[341] [342]

Vacant System chemist positions often go unfilled for many months due to a shortage of qualified applicants available for work.[343] These vacancy problems are expected to worsen as employees approach retirement. Nearly 21 percent of these tenured and highly skilled employees are currently eligible to retire.[344]

Low pay is a factor in the inability to attract qualified chemist applicants. System chemists earn an average annual salary of about $47,652.[345] The State Auditor's Office 2018 market index analysis found the average state salary for chemists ranged from five to 11 percent behind the market rate.[346] The average annual salary for chemists nationally is $84,150 and $89,520 in Texas.[347]

Microbiologists

There are 138 microbiologists working for HHS, with the majority at the Austin laboratory.[348] [349]

System microbiologists have, on average, about 10 years of state service, with an average age of about 40 years.[350]

The turnover rate for all System microbiologists is below the state average rate of 20 percent at about nine percent. This rate is much higher for tenured Microbiologist Vs (at 20 percent).[351] [352]

System microbiologists earn an average annual salary of about $44,378.[353] The State Auditor's Office 2018 market index analysis found the average state salary for Microbiologist IIs was 12 percent behind the market rate and from six to eight percent behind the market rate for Molecular Biologists.[354] This average annual salary also falls below the national and statewide market rates for this occupation. The average annual salary for microbiologists nationally is $82,760 and $55,030 in Texas.[355] This disparity in earnings is affecting the System's ability to recruit qualified applicants for open positions. Microbiologist positions often remain unfilled for several months.[356]

In addition, HHS may face significant recruitment challenges in the next few years to replace these highly skilled and tenured employees who are eligible for retirement. Though only 11 percent of these employees are currently eligible to retire, this rate will increase in the next five years to about 20 percent.[357]

Laboratory Technicians

There are 42 laboratory technicians employed at HHS.[358]

The typical laboratory technician is about 43 years old and has an average of 11 years of state service.[359]

The turnover rate for System laboratory technicians is very high, at about 32 percent.[360]

The vacancy rate for System laboratory technicians is currently high at about 19 percent (seven percent higher than reported in FY 2017), with vacant positions often going unfilled for many months due to a shortage of qualified applicants available for work.[361]

Low pay is a factor in the inability to attract qualified laboratory technician applicants. HHS laboratory technicians earn an average annual salary of about $31,478.[362] The average annual salary for medical and clinical laboratory technicians nationally is $54,780 and $52,720 in Texas.[363] The State Auditor's Office 2018 market index analysis found the average state salary for Laboratory Technician Is to IVs ranged from three to 16 percent behind the market rate.[364]

These problems are expected to worsen as employees approach retirement. About 29 percent of these tenured and highly skilled employees will be eligible to retire in the next five years.[365]

Medical Technologists

Within HHS, there are 66 medical technologists.[366] These workers perform complex clinical laboratory work and are critical to providing efficient and quality healthcare.

System medical technologists have, on average, about 10 years of state service, with an average age of 42 years. About 39 percent of these employees have 10 or more years of state service.[367]

The turnover rate for all System medical technologists is currently high at 21 percent.[368] [369]

The vacancy rate for System medical technologists is currently high at about 12 percent, with vacant positions often going unfilled for many months due to a shortage of qualified applicants available for work.[370]

HHS medical technologists earn an average annual salary of $43,033.[371] The State Auditor's Office 2018 market index analysis found the average state salary for medical technologists ranged from six to 13 percent behind the market rate.[372] This disparity is affecting HHS' ability to recruit qualified applicants for open positions.

Though only nine percent of these employees are currently eligible to retire, over 20 percent of these employees will be eligible in the next five years.[373] HHS will need to develop creative recruitment strategies to replace these highly skilled and tenured employees, and to ensure a qualified applicant pool is available to select from as vacancies occur.

9. Development Strategies to Meet Workforce Needs

Recruitment Strategies

General Facility Strategies

- Re-brand the public image of the facilities through various means to dispel preconceived notions of our systems.
- Conduct new market rate analysis of psychiatric nursing assistant (PNA), direct support professional (DSP), licensed vocational nurse (LVN) and registered nurse (RN) salaries in order to track private industry standards and competition.
- Expand internships and residency programs offered at the facilities.
- Development of Academic Assignment and Dual Employment agreements with universities to attract licensed professional staff.
- Expand telemedicine for primary care and psychiatry to allow for greater access to physicians, particularly for rural facilities.
- Survey new staff in orientation to refine best recruitment tactics for specific areas.
- Improve coordination of employment-related advertising, job postings and recruitment events across the facilities.

State Supported Living Center Strategies

- Continue to advertise employment opportunities using a variety of media sources, including social media, print advertising in local and regional newspapers, billboards, and local radio and television commercials.
- Continue to post jobs on various employment and professional websites.
- Continue to participate in major job fairs, and in some cases host on-campus job fairs.
- Continue to inform applicants of available incentives such as payment of licensure fees, required training, and continued education costs for eligible positions.
- Explore additional contracting opportunities with universities for telemedicine to reduce dependency on contract clinicians.
- Continue recruitment efforts though established nursing programs to focus on graduating classes.
- Consider hiring J-1 Visa Waiver applicants. The J-1 Visa Waiver allows a foreign student who is subject to the two-year foreign residence requirement to remain in the U.S. upon completion of degree requirements/residency program, if they find an employer to sponsor them. The J-1 Visa Waiver applies to specialty occupations in which there is a shortage. The J-1 Waiver could be used to recruit physicians, psychiatrists, dentists, psychologists, nurse practitioners, registered therapists, and others for a minimum of three years.

- Use of a telepsychiatry job description in postings at various SSLCs to allow Psychiatrists to work from anywhere in the state.

State Hospital Strategies

- Continue using internet-based job postings, billboards, job fairs, professional newsletters, list serves and recruitment firms.
- Work with nurse practitioner educational programs to develop, fund and promote specialty psychiatric nurse tracks with rotations in state hospitals.
- Continue focus on targeted recruiting and advertising efforts in states in the United States and Canada that are members of the reciprocity agreement for psychologists, which provides immediate licensure if requirements are met.
- Continue negotiations with academic social work programs to broaden hospital exposure among social work students.
- Continue partnership with Midwestern State University to allow nursing staff at North Texas State Hospital to also be faculty of the university nursing program and develop forensic concentration for nurses who wish to specialize in this area of nursing.
- Continue with expansion of telemedicine at North Texas State Hospital – Vernon and Wichita Falls campuses, in partnership with University of Texas Health – Houston, which may reduce dependency on contracted providers and enhance the quality of the service delivery.
- Fund stipends for residency positions and promote the educational loan repayment program for eligible psychiatrists and physicians.
- Continue nursing compensation plans for eligible PNAs and nurses to award merits at a regular and predictable interval.

Public Health Strategies

- Aggressive marketing through national public health programs for nurses.
- Continue advertising job postings on public health schools and professional listings, and various employment and professional websites.
- Increase networking with professional and other associations to target recruitment efforts.
- Solidify a "pipeline" from academia to the agency for students to learn about the work of the agency and gain experience, skills and qualifications through internships.
- Increase the number of interns performing programmatic work to help introduce public health work as a career choice to college students.
- Establish a base salary entry point that encourages qualified applicants to apply, along with a protocol to increase compensation that is tied to ongoing training and subject matter expertise.
- Promote the benefits of state employment, including job stability, insurance, career advancement ladder and opportunities, and the retirement pension plan.
- Continue to inform appropriate applicants of available incentives (e.g., teleworking, compressed/flex schedules, and professional development and continuing education opportunities).

- Explore the feasibility of creating defined career paths.
- Continue to explore improvement of starting salary structures to more closely align with federal and private employers.
- Ensure job candidates have a realistic understanding of the applied for positions.
- Encourage staff to apply for internal promotion opportunities.
- Continue to submit salary exception requests for approval of salary offers when warranted.
- Establish a salary entry point for Health Physicists and Sanitarians that encourages qualified applicants to apply, along with a protocol to increase compensation that is tied to ongoing training and subject matter expertise.

Other Targeted Strategies

- Inspectors:
  - Recommend creation of the Meat Science Officer classification to more closely match the skill requirements of the job and provide competitive entry-level salaries.
- Epidemiologists:
  - Regular and ongoing dialogues and presence with the respective universities in the state and surrounding areas; host on campus recruitment fairs at the universities.
- Medical and Social Services Occupations:
  - Utilize updated web content, social media strategies, community outreach, and media sources to advertise employment opportunities.
  - Advertise job postings on public health schools and professional listings and various employment and professional websites.
  - Increase networking with professional and other associations to target recruitment efforts.
  - Participate in major job fairs and, in some cases, host on-campus job fairs.
  - Recruit interns to perform programmatic work to introduce a job with HHSC as a career choice to college students.
  - Survey new staff in orientation to refine best recruitment tactics for specific areas.
  - Establish a base salary entry point that encourages qualified applicants to apply, along with a protocol to increase compensation that is tied to ongoing training and subject matter expertise.
  - Promote the benefits of state employment, including job stability, insurance, career advancement ladder and opportunities, and the retirement pension plan.
  - Advertise the Public Service Loan Forgiveness (PSLF) program to potential applicants and that HHSC is a qualifying employer and provide information regarding PSLF program requirements to new employees.
  - Inform appropriate applicants of available incentives (e.g. teleworking, compressed/flex schedules).
- Social Service Surveyors and Facility Investigator Specialists:

    - Develop an external SharePoint site for potential applicant.
    - Increase utilization of hiring specialist to review applicants.
- Nurse Surveyors:
    - Explore a classification parity study among nurse surveyor positions to determine whether changes are needed to maintain a current and competitive structure which accurately reflects responsibilities and salary ranges that are equitable and competitive with the market.
    - Develop an external SharePoint site for potential applicants.
    - Increase utilization of hiring specialist to review applicants.
- Continue to utilize the HHS talent acquisition office and its full range of services, including assistance with job postings and recruitment and hiring activities.

Retention Strategies

General Facility Strategies

- Conduct new market rate analysis of psychiatric nursing assistant, direct support professional, licensed vocational nurse, and registered nurse salaries in order to track private industry standards and competition.
- Continue promotion of the physician loan repayment program.

State Supported Living Center Strategies

- Continue paying licensure fees and required training and continuing education costs for employees whose position require them to maintain professional licensure.
- Creation of Retention Specialist positions at SSLCs to focus on consistent training and strategies to retain staff at all levels, with a focus on DSP positions.

State Hospital Strategies

- Continue adjusting and approving nursing compensation plans every two years.
- Continue nursing compensation plans at the state hospitals to provide merits for psychiatric nursing assistants and nurses at a regular and predictable intervals.
- Continue to explore retention strategies to pilot for the food service workers.
- Develop an as needed staffing pool at certain state hospitals to reduce the need for overtime, and the Intensive Observation Units are also being developed at certain state hospitals to reduce the need for 1:1 staffing for high risk individuals.

Public Health Strategies

- Gradual use of Exceptional Items and merits to build salaries conducive to retention.
- Liberal use of educational leave for advance education programs that are supportive of the Department of State Health Services' mission.

- Continue support for conference and educational symposium travel opportunities for employees.
- Continue to offer professional development and training opportunities.
- Explore opportunities to mentor professional staff.
- Explore engaging staff in the full spectrum of cross-program activities.
- Continue to provide required training and expand opportunities for cross-training.
- Encourage the use of HHS System tuition reimbursement program.
- Establish and advertise "career paths" and other opportunities for individual advancement.
- Ensure staff have opportunities to design and conduct public health data analyses.
- Ensure staff have development plans that encourage the enhancement of data skills.
- Ensure staff have opportunities to design and conduct public health data analyses.
- Explore opportunities for flexible work schedules, telework, mobile work, and alternative offices.
- Continue to recognize and reward employees who make significant contributions.
- Encourage the use of team building and staff recognition activities.
- Continue to have programmatic and division-level all staff meetings on a regular basis to provide an opportunity for staff at all levels to have their concerns addressed and to share appropriate levels of information.
- Explore feasibility of increased funding for positions and opportunities for advancement and/or regular increases in salary.
- Consider feasibility of providing shift pay for laboratory staff who are required to work Saturdays.
- Consider feasibility of increasing the pay for technical staff positions to better compete with private sector salaries.
- Continue to ensure the workplace reflects continuous upgrades and improvements, especially in the areas of Information Technology and communication technologies.
- Establish a system of regular job audit reviews for Health Physicists and Sanitarians to ensure that responsibilities are accurately reflected in the job classification assigned.
- Work with CNA programs to develop and promote Certified Nursing Assistant (Medical Technicians) tracks with rotations.

Other Targeted Strategies

- Architects:
  - Create certification tracks.
- Child Care Licensing (CCL) and Residential Child Care Licensing Services (RCCL) Specialists:
  - Add additional career track level(s) to bring positions in line with similar System positions.

    - Continue locality pay for positions in certain geographical areas.
- Epidemiologists:
    - Consider feasibility of offering an increased number of recurring merit awards to eligible employees.
- License and Permit Specialists:
    - Create certification tracks.
- Medical and Social Service Occupations:
    - Encourage staff to apply for internal promotion opportunities.
    - Explore opportunities for flexible work schedules, telework, mobile work, and alternative officing.
    - Develop a management forum and other tools to assist individuals with the technical skills transition and be successful in positions that require both technical and management skills.
    - Continue to offer professional development and training opportunities.
    - Explore opportunities to mentor professional staff.
    - Explore engaging staff in the full spectrum of cross-program activities.
    - Continue to provide required training and expand opportunities for cross-training.
    - Establish and advertise "career paths" and other opportunities for individual advancement.
    - Continue to recognize and reward employees who make significant contributions.
    - Encourage the use of team building and staff-recognition and staff-appreciation activities.
    - Continue to have programmatic and division-level all staff meetings on a regular basis to provide an opportunity for staff at all levels to have their concerns addressed and to share appropriate levels of information.
    - Explore feasibility of increased funding for positions and opportunities for advancement and/or regular increases in salary.
- Nurse Surveyors:
    - Continue locality pay for positions in certain geographical areas.
    - Explore a classification parity study among nurse surveyor positions to determine whether changes are needed to maintain a current and competitive structure which accurately reflects responsibilities and salary ranges that are equitable and competitive with the market.
- Protective Service Intake Specialists:
    - Create certification tracks.
- Provider Investigators:
    - Continue locality pay for positions in certain geographic areas.
- Quality Assurance Specialists:
    - Create certification tracks.
- Safety Officer IIs:
    - Create certification tracks.
- Social Services Surveyors and Facility Investigator Specialists:
    - Explore a classification parity study to determine whether changes are needed to maintain a current and competitive structure which accurately

reflects responsibilities and salary ranges that are equitable and competitive with the market.

In addition to the recruitment and retention strategies described above, HHS, in accordance with its inaugural business plan, Blueprint for a Healthy Texas is working towards certain initiatives and goals aimed to ensure the delivery of high-quality services to Texans. Initiative nine in the business plan focuses on improving systemwide recruitment and retention. To implement this initiative, HHS will perform activities such as, but not limited to those listed below:

- Continue to utilize the HHS talent acquisition office for a full range of services, including assistance with job postings and recruitment and hiring activities.
- Align job postings, descriptions and hiring materials for critical positions to accurately explain the expectations, responsibilities and work environment, which will help prospective employees better understand their roles.
- Develop strategic plans for hard-to-fill and retain positions.
- Deploy recruitment teams to job fairs and local events to promote HHS employment opportunities.
- Create career pathways to encourage team members to advance.

References

[1] HHSAS Database, as of 8/31/17.
[2] HHSAS Database, as of 8/31/18.
[3] HHSAS Database, as of 8/31/19.
[4] Ibid.
[5] Direct care workers include direct support professionals and psychiatric nursing assistants.
[6] Eligibility workers includes Texas works advisors, hospital-based workers and medical eligibility specialists within Access and Eligibility Services (AES).
[7] RNs include public health nurses, nurse surveyors, and direct care nurses.
[8] Food service workers include food service workers, managers and cooks.
[9] HHSAS Database, as of 8/31/19.
[10] HHSAS Database, as of 8/31/17.
[11] HHSAS Database, as of 8/31/18.
[12] HHSAS Database, as of 8/31/19.
[13] Ibid.
[14] HHSAS Database, as of 8/31/17.
[15] HHSAS Database, as of 8/31/18.
[16] HHSAS Database, as of 8/31/19.
[17] Ibid.
[18] Ibid.
[19] HHSAS Database, as of 8/31/17.
[20] HHSAS Database, as of 8/31/18.
[21] HHSAS Database, as of 8/31/19.
[22] Totals may not equal 100% due to rounding.
[23] HHS System workforce data is from CAPPS-HCM Database as of 8/31/2019.
[24] CLF data for underutilization percentages comes from the "Equal Employment Opportunity and Minority Hiring Practices Report Fiscal Years 2017-2018," published by the Texas Workforce Commission (TWC). Note: CLF data from TWC did not include Para-Professionals as a job category and did not indicate if members of that category were counted as part of any other categories - as a result, it is not included in the above table.
[25] "N/A" for Protective Service is due to that workforce being integrated into HHSC as part of Transformation. "N/A" for Skilled Craft indicates the number of employees in that job category was too small (less than 30) to test any differences for statistical significance.
[26] HHSAS Database, as of 8/31/19. Number of veterans based on self-reporting.
[27] Ibid.
[28] HHSAS Database, as of 8/31/19.
[29] Totals may not equal 100% due to rounding.
[30] HHSAS Database, as of 8/31/17.
[31] HHSAS Database, as of 8/31/18.
[32] HHSAS Database, as of 8/31/19.
[33] Ibid.
[34] Ibid.
[35] Ibid.
[36] Ibid.
[37] HHS turnover calculations do not consider interagency transfers due to legislatively mandated transfers as separations. All other interagency transfers were counted as separations, since these separations significantly impact HHS agencies.
[38] State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," October 2018, Report No. 19-702, web page http://www.sao.texas.gov/reports/main/19-702.pdf, last accessed 4/19/20. Note: The State Auditor's Office does not consider transfers between state agencies as a loss to the state and therefore does not include this turnover in their calculations.
[39] HHSAS Database for FY 2017-2019. Note: Legislative transfers are not considered separations.

[40] HHSAS Database for FY 2019. Note: Legislative transfers are not considered separations.
[41] Ibid.
[42] Death accounted for .59% of separations.
[43] HHSAS Database for FY 2019.
[44] Ibid.
[45] Death accounted for .59% of separations (69 separations).
[46] Direct care workers include direct support professionals and psychiatric nursing assistants.
[47] Food service workers include food service workers, managers and cooks.
[48] HHSAS Database for FY 2019.
[49] HHSAS Database for FY 2019. Note: Legislative transfers are not considered separations.
[50] Direct care workers include direct support professionals and psychiatric nursing assistants.
[51] Food service workers include food service workers, managers and cooks.
[52] Psychologists include behavioral health specialists and behavioral analysts.
[53] Eligibility workers includes Texas works advisors, hospital-based workers and medical eligibility specialists within Access and Eligibility Services (AES).
[54] CCL and RCCL specialists include CCL inspectors and specialists and RCCL inspectors and investigators.
[55] RNs include public health nurses, nurse surveyors, and direct care nurses.
[56] Eligibility clerks includes clerical, administrative assistant and customer service representative positions within AES.
[57] Nurse practitioners include nurse practitioners at state supported living centers and state hospitals.
[58] Registered therapists include registered therapists at state supported living centers.
[59] Microbiologists include molecular biologists.
[60] Includes return-to-work-retirees. HHSAS Database.
[61] Federal Reserve Bank of Dallas, "Texas Economic Outlook," webpage: https://www.dallasfed.org/news/releases/2020/nr200131teo.aspx, last accessed on 4/30/20.
[62] Federal Reserve Bank of Dallas, "Texas Economic Outlook," webpage: https://www.dallasfed.org/research/forecast last accessed on 4/30/20.
[63] "Annual Update of the HHS Poverty Guidelines," Federal Register (80 FR 3236), webpage: https://www.federalregister.gov/documents/2019/02/01/2019-00621/annual-update-of-the-hhs-poverty-guidelines, last accessed on 4/30/20. Note: Guidelines apply to the 48 Contiguous States and D.C.
[64] U.S. Census Bureau: State and County Quickfacts, webpage https://www.census.gov/quickfacts/fact/table/TX,US/PST045219, last accessed on 4/25/20.
[65] Bureau of Labor Statistics, seasonally adjusted unemployment rate, web pagehttps://data.bls.gov/timeseries/LASST480000000000003?amp%253bdata_tool=XGtable&output_view=data&include_graphs=true, last accessed on 4/25/20.
[66] Texas Demographic Center, "2018 Estimated Population of Texas, Its Counties, and Places," Office of the State Demographer, December 2019, web page: https://demographics.texas.gov/Resources/publications/2019/20191205_PopEstimatesBrief.pdf, last accessed on 4/28/20.
[67] The Kaiser Family Foundation, State Health Facts: Population Distribution by Age, based on U.S. Census Bureau's American Community Survey, 2008-2018, web page http://kff.org/other/state-indicator/distribution-by-age/, last accessed on 4/28/20. Note: Percentage totals may not equal 100 percent due to rounding.
[68] Lloyd B. Potter and Nazrul Hoque, "Texas Population Projections, 2010 to 2050," Office of the State Demographer, November 2014, web page http://osd.texas.gov/Resources/Publications/2014/2014-11_ProjectionBrief.pdf, last accessed on 4/28/20.
[69] HHSAS Database, as of 8/31/19.
[70] HHSAS Database, FY 2019 data.
[71] HHSAS Database, as of 8/31/19.
[72] Ibid.
[73] HHSAS Database, FY 2019 data.
[74] HHSAS Database, as of 8/31/19.
[75] State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," October 2018, Report No. 19-702, web page http://www.sao.texas.gov/reports/main/19-702.pdf, last accessed 4/27/20.

[76] HHSAS Database, as of 8/31/19.
[77] Ibid.
[78] State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," October 2018, Report No. 19-702, web page http://www.sao.texas.gov/reports/main/19-702.pdf, last accessed 4/27/20.
[79] HHSAS Database, as of 8/31/19.
[80] HHSAS Database, FY 2019 data.
[81] HHSAS Database, as of 8/31/19.
[82] HHSAS Database, as of 8/31/19. Note: Food service workers include food service workers, managers and cooks.
[83] Ibid.
[84] HHSAS Database, FY 2019 data.
[85] State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," October 2020, Report No. 19-702, web page http://www.sao.texas.gov/reports/main/19-702.pdf, last accessed 4/19/18.
[86] HHSAS Database, as of 8/31/19.
[87] Ibid.
[88] HHSAS Database, FY 2019 data.
[89] HHSAS Database, as of 8/31/19.
[90] Ibid.
[91] HHSAS Database, FY 2019 data.
[92] HHSAS Database, as of 8/31/19.
[93] Ibid.
[94] HHSAS Database, FY 2019 data.
[95] HHSAS Database, as of 8/31/19.
[96] Ibid.
[97] HHSAS Database, FY 2019 data.
[98] State Auditor's Office (SAO) FY 2019 Turnover Statistics.
[99] HHSAS Database, as of 8/31/19.
[100] HHSAS Database, FY 2019 data.
[101] HHSAS Database, as of 8/31/19.
[102] Ibid.
[103] HHSAS Database, FY 2019 data.
[104] HHSAS Database, as of 8/31/19.
[105] State Auditor's Office (SAO) FY 2019 Turnover Statistics.
[106] HHSAS Database, FY 2019 data.
[107] HHSAS Database, as of 8/31/19.
[108] HHSAS Database, FY 2019 data.
[109] HHSAS Database, FY 2017 data.
[110] HHSAS Database, FY 2019 data.
[111] HHSAS Database, as of 8/31/19.
[112] Ibid.
[113] HHSAS Database, FY 2019 data.
[114] HHSAS Database, FY 2017 data.
[115] Includes return-to-work retirees. HHSAS Database, as of 8/31/19.
[116] CCL and RCCL specialists include CCL inspectors and specialists and RCCL inspectors and investigators.
[117] HHSAS Database, as of 8/31/19.
[118] Ibid.
[119] HHSAS Database, FY 2019 data.
[120] HHSAS Database, as of 8/31/19.
[121] Ibid.
[122] Ibid.
[123] HHSAS Database, FY 2019 data.
[124] State Auditor's Office (SAO) FY 2019 Turnover Statistics.
[125] HHSAS Database, as of 8/31/19.
[126] Includes return-to-work retirees. HHSAS Database, as of 8/31/19.

[127] HHSAS Database, as of 8/31/19.
[128] Ibid.
[129] HHSAS Database, FY 2019 data.
[130] Includes return-to-work retirees. HHSAS Database, as of 8/31/19.
[131] HHSAS Database, as of 8/31/19.
[132] Ibid.
[133] HHSAS Database, FY 2019 data.
[134] State Auditor's Office (SAO) FY 2019 Turnover Statistics.
[135] HHSAS Database, as of 8/31/19.
[136] Protective services intake specialists include Protective Services Intake Specialist Vs.
[137] HHSAS Database, as of 8/31/19.
[138] HHSAS Database, FY 2019 data.
[139] State Auditor's Office (SAO) FY 2019 Turnover Statistics.
[140] HHSAS Database, as of 8/31/19.
[141] Ibid.
[142] Ibid.
[143] Ibid.
[144] State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," October 2018, Report No. 19-702, web page http://www.sao.texas.gov/reports/main/19-702.pdf, last accessed 4/27/20.
[145] HHSAS Database, FY 2019 data.
[146] HHSAS Database, as of 8/31/19.
[147] Includes return-to-work retirees. HHSAS Database, as of 8/31/19.
[148] HHSAS Database, as of 8/31/19.
[149] Ibid.
[150] HHSAS Database, FY 2019 data.
[151] HHSAS Database, as of 8/31/19.
[152] Ibid.
[153] State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," October 2018, Report No. 19-702, web page http://www.sao.texas.gov/reports/main/19-702.pdf, last accessed 4/20/20.
[154] HHSAS Database, as of 8/31/19.
[155] Ibid.
[156] Ibid.
[157] HHSAS Database, FY 2019 data.
[158] Ibid.
[159] State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," October 2018, Report No. 19-702, web page http://www.sao.texas.gov/reports/main/19-702.pdf, last accessed 4/20/20.
[160] HHSAS Database, as of 8/31/19.
[161] HHSAS Database, FY 2019 data.
[162] HHSAS Database, as of 8/31/19.
[163] U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page https://www.bls.gov/oes/current/oes211022.htm, Period: May 2019; last accessed on 4/27/20. Employees listed under the occupational title of Healthcare Social Workers.
[164] State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," October 2018, Report No. 17-702, web page http://www.sao.texas.gov/reports/main/19-702.pdf, last accessed 4/27/20.
[165] Includes return-to-work retirees. HHSAS Database, as of 8/31/19.
[166] HHSAS Database, as of 8/31/19.
[167] Ibid.
[168] State Auditor's Office (SAO) FY 2017 Turnover Statistics.
[169] HHSAS Database, FY 2019 data.
[170] HHSAS Database, as of 8/31/19.
[171] Ibid.
[172] HHSAS Database, FY 2019 data.
[173] HHSAS Database, as of 8/31/19.

[174] Ibid.
[175] HHSAS Database, FY 2019 data.
[176] Includes return-to-work retirees. HHSAS Database, FY 2019 data.
[177] HHSAS Database, as of 8/31/19.
[178] Ibid.
[179] State Auditor's Office (SAO) FY 2019 Turnover Statistics.
[180] HHSAS Database, FY 2019 data.
[181] Includes return-to-work retirees. HHSAS Database, as of 8/31/19.
[182] U.S. Department of Labor, Bureau of Labor Statistics, Occupational Outlook Handbook, web page https://www.bls.gov/ooh/healthcare/registered-nurses.htm, last accessed on 4/25/20.
[183] U.S. Department of Labor, Bureau of Labor Statistics, Selected Occupational Projections Data. Period: May 2019; web page http://www.bls.gov/emp/ep_table_110.htm, last accessed on 4/25/20.
[184] HHSAS Database, as of 8/31/19.
[185] RNs include public health nurses.
[186] HHSAS Database, as of 8/31/19.
[187] U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page https://www.bls.gov/oes/current/oes291141.htm, Period: May 2019; last accessed on 4/25/20. Employees listed under the occupational title of Registered Nurses.
[188] Ibid.
[189] State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," October 2018, Report No. 19-702, web page http://www.sao.texas.gov/Reports/Main/19-702.pdf, last accessed 4/25/20.
[190] HHSAS Database, as of 8/31/19.
[191] Ibid.
[192] Ibid.
[193] HHSAS Database, FY 2019 data.
[194] HHSAS Database, as of 8/31/19.
[195] Ibid.
[196] HHSAS Database, FY 2019 data.
[197] HHSAS Database, as of 8/31/19.
[198] HHSAS Database, as of 8/31/19.
[199] Includes RN II - Vs in public health roles and public health nurses. Note: Public health nurses are also registered nurses.
[200] HHSAS Database, as of 8/31/19.
[201] HHSAS Database, FY 2019 data.
[202] HHSAS Database, as of 8/31/19.
[203] Ibid.
[204] Ibid.
[205] HHSAS Database, FY 2019 data.
[206] HHSAS Database, as of 8/31/19.
[207] Includes Licensed Vocational Nurse II - IV.
[208] HHSAS Database, as of 8/31/19.
[209] HHSAS Database, FY 2019 data.
[210] HHSAS Database, as of 8/31/19.
[211] U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page https://www.bls.gov/oes/current/oes292061.htm, Period: May 2019; last accessed on 4/27/20. Employees listed under the occupational title of Licensed Practical and Licensed Vocational Nurses.
[212] State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," October 2018, Report No. 17-701, web page http://www.sao.texas.gov/reports/main/19-702.pdf, last accessed 4/27/20.
[213] HHSAS Database, as of 8/31/19.
[214] HHSAS Database, FY 2019 data.
[215] HHSAS Database, as of 8/31/19.
[216] Ibid.
[217] Ibid.
[218] HHSAS Database, FY 2019 data.

HHSAS Database, as of 8/31/19.
[220] HHSAS Database, FY 2019 data.
[221] U.S. Bureau of Labor Statistics, Occupational Outlook Handbook, website https://www.bls.gov/ooh/healthcare/licensed-practical-and-licensed-vocational-nurses.htm#tab-6.
[222] Advanced Practice RN Is.
[223] HHSAS Database, FY 2019 data.
[224] Ibid.
[225] Ibid.
[226] State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," October 2018, Report No. 19-702, web page http://www.sao.texas.gov/Reports/Main/19-702.pdf, last accessed 4/26/20. Note: For Advanced Practice Registered Nurse Is.
[227] HHSAS Database, FY 2019 data.
[228] HHSAS Database, as of 8/31/19.
[229] Includes return-to-work retirees. HHSAS Database, as of 8/31/19.
[230] HHSAS Database, as of 8/31/19.
[231] Ibid.
[232] HHSAS Database, FY 2019 data.
[233] HHSAS Database, as of 8/31/19.
[234] Ibid.
[235] HHSAS Database, FY 2019 data.
[236] HHSAS Database, as of 8/31/19.
[237] Includes return-to-work retirees. HHSAS Database, as of 8/31/19.
[238] U.S. Department of Labor, Bureau of Labor Statistics, Occupational Outlook Handbook, web page http://www.bls.gov/ooh/healthcare/dentists.htm, last accessed on 4/27/20.
[239] HHSAS Database, as of 8/31/19.
[240] Ibid.
[241] Ibid.
[242] U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page https://www.bls.gov/oes/2019/may/oes291021.htm, Period: May 2019; last accessed on 4/28/20. Note: The Employees are listed under the Occupational title of Dentists, General.
[243] HHSAS Database, FY 2019 data.
[244] Includes return-to-work retirees. HHSAS Database, as of 8/31/19.
[245] U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page https://www.bls.gov/oes/current/oes291228.htm, Period: May 2019; last accessed on 4/27/20. Employees listed under the occupational title of Physicians, All Other.
[246] U.S. Department of Labor, Bureau of Labor Statistics, Selected Occupational Projections Data, web page http://data.bls.gov/projections/occupationProj, Period: May 2019; last accessed on 4/27/20.
[247] HHSAS Database, as of 8/31/19.
[248] Ibid.
[249] Ibid.
[250] U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page https://www.bls.gov/oes/current/oes291228.htm, Period: May 2019; last accessed on 4/27/20. Employees listed under the occupational title of Physicians, All Other.
[251] State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," October 2018, Report No. 17-702, web page http://www.sao.texas.gov/reports/main/19-702.pdf, last accessed 4/27/20.
[252] HHSAS Database, FY 2019 data.
[253] HHSAS Database, as of 8/31/19.
[254] Includes return-to-work retirees. HHSAS Database, as of 8/31/19.
[255] HHSAS Database, as of 8/31/19.
[256] Ibid.
[257] HHSAS Database, FY 2019 data.
[258] HHSAS Database, as of 8/31/19.
[259] Ibid.
[260] Ibid.
[261] HHSAS Database, FY 2019 data.
[262] Ibid.

[263] Includes return-to-work retirees. HHSAS Database, as of 8/31/19.
[264] HHSAS Database, as of 8/31/19.
[265] Ibid.
[266] HHSAS Database, FY 2019 data.
[267] Includes return-to-work retirees. HHSAS Database, as of 8/31/19.
[268] U.S. Department of Labor, Bureau of Labor Statistics, Selected Occupational Projections Data, web page https://data.bls.gov/projections/nationalMatrix?queryParams=29-1066&ioType=o Period: May 2018; last accessed on 4/30/20.
[269] HHSAS Database, as of 8/31/19.
[270] Ibid.
[271] Ibid.
[272] State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," October 2018, Report No. 17-702, web page http://www.sao.texas.gov/Reports/Main/19-702.pdf, last accessed 4/27/20.
[273] HHSAS Database, FY 2019 data.
[274] HHSAS Database, as of 8/31/19.
[275] Includes return-to-work retirees. HHSAS Database, as of 8/31/19.
[276] HHSAS Database, as of 8/31/19.
[277] Ibid.
[278] Ibid.
[279] Ibid.
[280] Ibid.
[281] Ibid.
[282] HHSAS Database, FY 2019 data.
[283] HHSAS Database, as of 8/31/19.
[284] Includes return-to-work retirees. HHSAS Database, as of 8/31/19.
[285] HHSAS Database, as of 8/31/19. Note: Includes Psychologists, Behavioral Health Specialists, and Behavioral Analysts.
[286] HHSAS Database, as of 8/31/19.
[287] State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," October 2018, Report No. 19-702, web page http://www.sao.texas.gov/Reports/Main/19-702.pdf, last accessed 4/27/20.
[288] HHSAS Database, FY 2019 data.
[289] HHSAS Database, as of 8/31/19.
[290] Ibid.
[291] Ibid.
[292] HHSAS Database, FY 2019 data.
[293] HHSAS Database, as of 8/31/19.
[294] Ibid.
[295] Ibid.
[296] HHSAS Database, FY 2019 data.
[297] HHSAS Database, as of 8/31/19.
[298] Includes return-to-work retirees. HHSAS Database, as of 8/31/19.
[299] HHSAS Database, as of 8/31/19.
[300] U.S. Department of Labor, Bureau of Labor Statistics, Selected Occupational Projections Data, web page http://data.bls.gov/projections/occupationProj, Period: May 2018; last accessed on 4/27/20
[301] HHSAS Database, as of 8/31/19.
[302] HHSAS Database, FY 2019 data.
[303] HHSAS Database, as of 8/31/19.
[304] U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page https://www.bls.gov/oes/current/oes191041.htm#st, Period: May 2019; last accessed on 4/27/20.
[305] State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," October 2018, Report No. 19-702, web page http://www.sao.texas.gov/Reports/Main/19-702.pdf, last accessed 4/27/20.
[306] Includes return-to-work retirees. HHSAS Database, as of 8/31/19.

[306] HHSAS Database, as of 8/31/19.
[307] Ibid.
[308] HHSAS Database, as of 8/31/19.
[309] HHSAS Database, FY 2019 data.
[310] HHSAS Database, as of 8/31/19.
[311] Includes return-to-work retirees. HHSAS Database, as of 8/31/19.
[312] HHSAS Database, as of 8/31/19.
[313] Ibid.
[314] U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page https://www.bls.gov/oes/2019/may/oes291131.htm, Period: May 2019; last accessed on 4/27/20.
[315] State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," October 2018, Report No. 19-702, web page http://www.sao.texas.gov/Reports/Main/19-702.pdf, last accessed 4/27/20.
[316] HHSAS Database, FY 2019 data.
[317] State Auditor's Office (SAO) FY 2019 Turnover Statistics.
[318] Includes return-to-work retirees. HHSAS Database, as of 8/31/20.
[319] HHSAS Database, as of 8/31/19.
[320] Ibid.
[321] Ibid.
[322] U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page https://www.bls.gov/oes/current/oes195011.htm, Period: May 2019; last accessed on 4/27/20. Note: The Employees are listed under the Occupational title of Occupational Health and Safety Specialists.
[323] HHSAS Database, FY 2019 data.
[324] HHSAS Database, as of 8/31/19.
[325] Includes return-to-work retirees. HHSAS Database, as of 8/31/19.
[326] HHSAS Database, as of 8/31/19.
[327] Ibid.
[328] State Auditor's Office (SAO) FY 2019 Turnover Statistics.
[329] HHSAS Database, FY 2019 data.
[330] HHSAS Database, as of 8/31/19.
[331] Includes return-to-work retirees. HHSAS Database, as of 8/31/19.
[332] HHSAS Database, as of 8/31/19.
[333] Ibid.
[334] HHSAS Database, FY 2019 data.
[335] HHSAS Database, as of 8/31/19.
[336] Ibid.
[337] State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," October 2018, Report No. 19-702, web page http://www.sao.texas.gov/reports/main/19-702.pdf, last accessed 4/27/20.
[338] Includes return-to-work retirees. HHSAS Database, as of 8/31/19.
[339] HHSAS Database, as of 8/31/19.
[340] Ibid.
[341] HHSAS Database, FY 2019 data.
[342] State Auditor's Office (SAO) FY 2019 Turnover Statistics.
[343] HHSAS Database, as of 8/31/19.
[344] Includes return-to-work retirees. HHSAS Database, as of 8/31/19.
[345] HHSAS Database, as of 8/31/19.
[346] State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," October 2018, Report No. 19-702, web page http://www.sao.texas.gov/reports/main/19-702.pdf, last accessed 4/27/20.
[347] U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page https://www.bls.gov/oes/current/oes192031.htm, Period: May 2019; last accessed on 4/27/20.
[348] Microbiologists include molecular biologists.
[349] HHSAS Database, as of 8/31/19.

[350] Ibid.
[351] State Auditor's Office (SAO) FY 2019 Turnover Statistics.
[352] HHSAS Database, FY 2019 data.
[353] HHSAS Database, as of 8/31/19.
[354] State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," October 2018, Report No. 19-702, web page http://www.sao.texas.gov/reports/main/19-702.pdf, last accessed 4/27/20.
[355] U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page https://www.bls.gov/oes/current/oes191022.htm, Period: May 2019; last accessed on 4/27/20.
[356] HHSAS Database, as of 8/31/19.
[357] Includes return-to-work retirees. HHSAS Database, as of 8/31/19.
[358] HHSAS Database, as of 8/31/19.
[359] Ibid.
[360] HHSAS Database, FY 2019 data.
[361] HHSAS Database, as of 8/31/2017 and 8/31/19.
[362] HHSAS Database, as of 8/31/19.
[363] U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page https://www.bls.gov/oes/2019/may/oes292010.htm, Period: May 2019; last accessed on 4/27/20. Employees listed under the occupational title of Clinical Laboratory Technologists and Technicians.
[364] State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," October 2018, Report No. 19-702, web page http://www.sao.texas.gov/reports/main/19-702.pdf, last accessed 4/27/20.
[365] Includes return-to-work retirees. HHSAS Database, as of 8/31/19.
[366] HHSAS Database, as of 8/31/19.
[367] Ibid.
[368] State Auditor's Office (SAO) FY 2019 Turnover Statistics.
[369] HHSAS Database, FY 2019 data.
[370] HHSAS Database, as of 8/31/17.
[371] HHSAS Database, as of 8/31/19.
[372]State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," October 2018, Report No. 19-702, web page http://www.sao.texas.gov/reports/main/19-702.pdf, last accessed 4/27/20.
[373] Includes return-to-work retirees. HHSAS Database, as of 8/31/19.

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Schedule G: Workforce Development System Strategic Plan

Schedule G is not required for the Department of State Health Services.

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Schedule H: Report on Customer Service

The 2020 Report on Customer Service, found on the following pages was developed by the HHSC Center for Analytics and Decision Support with input from DSHS, in accordance with Texas Government Code Section 2114.002.

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2020 Report on Customer Service

As Required by

Texas Government Code,

§2114.002

Texas Health and Human

Services System

June 1, 2020

TEXAS
Health and Human
Services

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Appendix A. Customer Inventory for the Department of State Health Services (DSHS) A-1
Services Provided to Customers by Budget Strategy, as listed in HHS System Strategic Plan 2019–2023, Volume II, Schedule A A-1

Appendix B. Customer Inventory for the Health and Human Services Commission (HHSC) B-1
Services Provided to Customers by Budget Strategy, as listed in HHS System Strategic Plan 2019–2023, Volume II, Schedule A B-1

Appendix C. List of Acronyms C-1

Executive Summary

This "2020 Report on Customer Service" is prepared in response to §2114.002 of the Government Code, which requires that Texas state agencies biennially submit information gathered from customers about the quality of agency services to the Governor's Office of Budget and Policy and the Legislative Budget Board.

This report reflects the cooperative efforts of two Texas agencies belonging to the Texas Health and Human Services (HHS) system during the State Fiscal Year (SFY) 2018 and SFY 2019 reporting period (September 2017 to August 2019). Specifically, this report includes information from the Department of State Health Services (DSHS) and the Health and Human Services Commission (HHSC).

The HHS system mission is "Improving the health, safety, and well-being of Texans with good stewardship of public resources." In pursuit of this mission, HHS agencies administer a series of surveys to assess the quality of HHS services. This report includes the results of 289,132 individual survey responses from 31 surveys conducted by HHS agencies. Many of the surveys reported here are recurring efforts; for the most part, responses are from surveys conducted during SFY 2018 and SFY 2019. HHS agencies use this feedback to help improve customer service.

Individual Agency Surveys

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

Department of State Health Services

I. Community Health Improvement

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

II. Consumer Protection Division

   a. Business Filing and Verification Section – Customer Service Satisfaction Survey

b. Surveillance Section Customer Service Satisfaction Survey

III. Laboratory and Infectious Disease

a. Texas Vaccines for Children Program – Clinic Site Visits
b. Laboratory Services Testing Customer Satisfaction Survey
c. Laboratory Courier Program Satisfaction Survey
d. South Texas Laboratory – Water Sample Testing
e. South Texas Laboratory - Clinical Testing

Health and Human Services Commission

I. Healthcare Coverage

a. STAR Child Caregiver Member Survey
b. STAR Health Caregiver Member Survey
c. STAR Kids Caregiver Member Survey
d. CHIP Caregiver Member Survey
e. Child Core Measures Survey
f. Medicaid and CHIP Dental Caregiver Survey
g. STAR Adult Member Survey
h. STAR+PLUS Member Survey
i. Adult Core Measures Survey
j. Medical Transportation Program Member Survey

II. Access and Eligibility Services

a. Supplemental Nutrition Assistance Program (SNAP) Community Partner Interview (CPI) Surveys
b. YourTexasBenefits.Com Survey

III. Quality Reviews

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

IV. Health, Development, and Independence Services

   a. Early Childhood Intervention Family Survey
   b. Autism Program Satisfaction Survey
   c. Your WIC Experience Survey

V. Mental Health Services

   a. Mental Health Statistics Improvement Program Youth Services Survey for Families
   b. Mental Health Statistics Improvement Program Adult Services Survey
   c. Mental Health Statistics Improvement Program Inpatient Consumer Survey
   d. House Bill 13 Community Mental Health Grant Program

VI. Disability Services

   a. Intellectual and Developmental Disability Services Survey and Disability Services Survey

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

1. Introduction

This "2020 Report on Customer Service" is prepared in response to §2114.002 of the Government Code, which requires that Texas state agencies biennially submit information gathered from customers about the quality of agency services to the Governor's Office of Budget and Policy and the Legislative Budget Board (LBB).

This report reflects the cooperative efforts of two Texas agencies belonging to the Texas Health and Human Services (HHS) system during the State Fiscal Year (SFY) 2018 and SFY 2019 reporting period: the Department of State Health Services (DSHS) and the Health and Human Services Commission (HHSC).

HHS System Mission and Budget Strategies

The HHS system mission is "Improving the health, safety, and well-being of Texans with good stewardship of public resources." The HHS System Strategic Plan 2019–2023 articulates specific goals and action plans for achieving the system mission, and includes a list of related budget strategies consistent with the HHS budget structure.[1] Two appendices to this report present a description of services provided to customers from each agency by strategic plan budget strategy.[2] In pursuit of the system mission and accompanying budget strategies, HHS agencies administer a range of surveys to assess the quality of HHS services and promote continuous improvement. This report presents the results of those surveys.

Previous Reports on Customer Service

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

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[1] See HHS System Strategic Plan 2019–2023, Volume II, Schedule A.

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

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

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

The 2018 report took a similar approach to the reports produced since 2012, with each HHS agency providing the results of customer surveys for their particular programs. Because many of the surveys were conducted prior to HHS system reorganization, the 2018 report was structured to reflect both the current and legacy location of each survey. The overall format of the report reflected the three HHS agencies in operation at the time—the Department of Family and Protective Services (DFPS), DSHS, and HHSC.

The 2020 report includes the results of customer surveys administered by programs in DSHS and HHSC, reflecting the current HHS system organization. The DFPS, which became a standalone agency at the direction of House Bill 5, 85th Legislature, Regular Session, 2017, will submit its own Report on Customer Service.

Surveys Included in 2020 Report on Customer Service

The surveys included in the 2020 Report on Customer Service are briefly described in the pages that follow (Tables 1 and 2). For the most part, surveys were administered during SFY 2018 and SFY 2019 (Sept 2017-Aug 2019), though data collection for some surveys fell slightly outside of this period. There were 289,132 individual responses to the 31 surveys reported here.

Table 1: Department of State Health Services Surveys

Program Area	Name	Data Collection	N (Response Rate[1])	Survey Population
Community Health Improvement	Children with Special Health Care Needs Systems Development Group Case Management and Family Supports and Community Resources Family Satisfaction Surveys	09/01/2017-08/31/2018 09/01/2018-08/31/2019	887 (21%) 299 (5%)	Families of children and youth with special health care needs who received services from contracted providers
Consumer Protection Division	Business Filing and Verification Section – Customer Service Satisfaction Survey	09/01/2017-08/31/2018 09/01/2018-08/31/2019	156 131	Customers of the Regulatory Licensing Unit (businesses and facilities regulated by the state)
Consumer Protection Division	Surveillance Section Customer Service Satisfaction Survey	09/01/2017-08/31/2019	109	Regulated entities that interact with Surveillance Section staff
Laboratory and Infectious Disease	Texas Vaccines for Children (TVFC) Program – Clinic Site Visits	2018	897 (31%)	Healthcare providers who order and administer vaccines to TVFC-eligible children and received a site visit during the contract year
Laboratory and Infectious Disease	Laboratory Services Testing Customer Satisfaction Survey	02/27/2019-03/25/2019	174 (69%)	Facilities that receive services from the Laboratory Services Section
Laboratory and Infectious Disease	Laboratory Courier Program Satisfaction Survey	08/15/2019-09/01/2019	123 (12%)	Healthcare facility customers of the Laboratory Services Courier Program
Laboratory and Infectious Disease	South Texas Laboratory – Water Sample Testing	01/10/2019-02/12/2018	26 (33%)	Submitters of water samples to the South Texas Laboratory
Laboratory and Infectious Disease	South Texas Laboratory - Clinical Testing	01/2019-02/2019	26 (24%)	Regional Clinics and TB Elimination Submitters to the South Texas Laboratory
Total			**2,776 (17%)[2]**	

[1] Response rate calculated for surveys with equivalent methodology. Response rates are not listed for surveys in which the number of distributed surveys is unknown or ambiguous.

[2] Total response rate calculated from samples with listed response rate.

Table 2: Health and Human Services Commission Surveys

Program Area	Name	Data Collection	N (Response Rate[1])	Survey Population
Healthcare Coverage	STAR Child Caregiver Member Survey	05/2019-09/2019	8,700 (21%)	Caregivers of children who received services funded through the Medicaid STAR program
Healthcare Coverage	STAR Health Caregiver Member Survey	06/2018-08/2018	300 (20%)	Caregivers of children who received services funded through the STAR Health program
Healthcare Coverage	STAR Kids Caregiver Member Survey	07/2018-10/2018	7,131 (26%)	Caregivers of children who received services funded through the Medicaid STAR Kids program
Healthcare Coverage	Children's Health Insurance Program (CHIP) Caregiver Member Survey	05/2019-09/2019	5,461 (17%)	Caregivers of children who received services through CHIP
Healthcare Coverage	Child Core Measures Survey	06/2018-11/2018	822	Caregivers of children who received services funded through Texas Medicaid and CHIP
Healthcare Coverage	Medicaid and CHIP Dental Caregiver Survey	07/2019-11/2019	1,200 (51%)	Caregivers of children receiving dental services through Medicaid and CHIP
Healthcare Coverage	STAR Adult Member Survey	05/2018-09/2018	7,832 (51%)	Adults who received services funded through the Medicaid STAR program
Healthcare Coverage	STAR+PLUS Adult Member Survey	05/2018-09/2018	6,116 (67%)	Adults with disabilities who received services through the Medicaid STAR+PLUS program
Healthcare Coverage	Adult Core Measures Survey	05/2018-09/2018	411	Adults who received services funded through the Texas Medicaid program

Program Area	Name	Data Collection	N (Response Rate[1])	Survey Population
Healthcare Coverage	Medical Transportation Program Member Survey	06/2019-08/2019	2,000 (18%)	Members and their caregivers who used the Medical Transportation Program services funded through Texas Medicaid
Access and Eligibility Services	Supplemental Nutrition Assistance Program (SNAP) Community Partner Interview (CPI) Surveys	06/2018; 06/2019	805	Individuals who apply for SNAP benefits at each of five Texas food banks
Access and Eligibility Services	YourTexasBenefits.Com Survey	01/2017-12/2017 01/2018-12/2018 01/2019-11/2019	66,999 50,521 40,783	Customers who used YourTexasBenefits.com to manage or enroll in benefits
Quality Reviews	Nursing Facility Quality Review[2]	04/2017-12/2018	1,827	Individuals living in Medicaid-certified nursing facilities in Texas
Quality Reviews	Long-Term Services and Supports Quality Review[3]	01/2016-12/2017	6,239 (6%)	People receiving services and supports through home, community-based, and institutional programs. Two populations were surveyed: adults and families of children.
Quality Reviews	Consumer Rights and Services Survey	09/2017-08/2019	2,476	Callers who contacted the Consumer Rights and Services Complaint Intake Call Center
Health, Development, and Independence Services	Early Childhood Intervention Family Survey	04/2018-05/2018 05/2019-06/2019	1,560 (34%) 1,914 (34%)	Parents or guardians of children enrolled in the Early Childhood Intervention (ECI) program, which serves children from birth to 36 months of age who have developmental delays or disabilities

Program Area	Name	Data Collection	N (Response Rate[1])	Survey Population
Health, Development, and Independence Services	Autism Program Satisfaction Survey	09/2017-08/2019	202 (16%)	Families whose children have completed Autism Program services and exited the program, and families whose children have aged out of the Autism Program.
Health, Development, and Independence Services	Your WIC Experience Survey	02/2019-10/2019	55,900	Adults who received nutrition education through the WIC program
Mental Health Services	Mental Health Statistics Improvement Program Youth Services Survey for Families	09/2017-08/2019	604	Parents of children/ adolescents age 17 or younger who receive community-based mental health services from HHSC, Behavioral Health Services
Mental Health Services	Mental Health Statistics Improvement Program Adult Mental Health Survey	09/2017-08/2019	675	Adults age 18 or older who receive community-based mental health services from HHSC, Behavioral Health Services
Mental Health Services	Mental Health Statistics Improvement Program Inpatient Consumer Survey	09/2017-08/2019	5,270 (42%)	Adolescents (ages 13—18) and adults who received services in state-run psychiatric hospitals
Mental Health Services	House Bill 13 Community Mental Health Grant Program	04/2019	582 adults 728 families of youth	Clients age 18 or older receiving services at grantee sites; Families of clients ages 19 and younger receiving services at grantee sites

Program Area	Name	Data Collection	N (Response Rate[1])	Survey Population
Disability Services	Intellectual and Developmental Disability (IDD) Services Survey Disability Services Survey	09/2018 09/2019	4,958 4,340	Individuals engaged with disability services, include individuals with disability, their family members, individuals providing services and support to these populations, and the staff of organizations and agencies that serve these populations
Total			**286,356 (20%)[4]**	

[1] Response rate calculated for surveys with equivalent methodology. Response rates are not listed for surveys in which the number of distributed surveys is unknown or ambiguous.

[2] The large, recurring Nursing Facility Quality Review (NFQR) involves data collection and analysis that span multiple years. The most recent NFQR uses survey data collected in 2017-2018.

[3] The large, recurring Long-Term Services and Supports Quality Review (LTSSQR) involves data collection and analysis that span multiple years. The most recent LTSSQR was published in 2019 and uses data collected in 2016 and 2017.

[4] Total response rate calculated from samples with listed response rate.

Updates Resulting from HB 2110 (86th Legislature, Regular Session)

HHS Online Survey Software and Administration

In 2019, House Bill 2110 (86th Legislature, Regular Session) amended Government Code §2114.002 to incorporate reporting on surveys gathered through mobile or web applications. In response to this addition, HHSC Center for Analytics and Decision Support (CADS) administered an online survey in August 2019 to learn more about the use of different survey formats by various DSHS and HHSC programs. The goal of the survey was to better understand the extent to which HHS programs use online or web-based survey applications to gather information from

clients or customers. A total of 71 HHS staff members responded to the survey, corresponding to 50 HHS program surveys (25 from DSHS and 25 from HHSC).[3]

Survey results show that most (64 percent) HHS programs administer at least some of their surveys using online software. Many of these programs (63 percent) use paper or telephone surveys to supplement the online survey to capture as many respondents as possible. In choosing a survey format, programs considered survey accessibility, the availability of technology, convenience for respondents, and ease of use for both respondents and survey administrators. Survey Monkey is the most common platform for administering HHS surveys online. Other common platforms are Survey Gizmo and Qualtrics. HHS Learning Resource Network and IT division released new training resources for the Microsoft Forms online survey platform in August 2019. At the end of August 2019, only one program reported using Microsoft Forms.

Among programs that do not use online surveys, most (71 percent) reported that their survey could not be adapted to an online format. The two most common barriers to administering surveys online were 1) customers do not have access to the necessary technology to respond to an online survey, and 2) the program does not have the means to contact customers electronically.

These findings indicate that the majority of surveys are being administered flexibly to meet the needs of the populations they target. Online survey administration will likely continue to be supplemented with paper and telephone formats to comprehensively assess customer satisfaction.

2020 Guidance on Agency Strategic Plans

In February 2020, the Office of the Governor's (OOG) Budget and Policy Team and the LBB published *Instructions for Preparing and Submitting Agency Strategic Plans* (the Instructions) for SFY 2021 to 2025. This document offers updated guidance for statutorily directed strategic planning submissions to ensure long-range planning is effective and efficiently uses state resources in service to the agency's core mission.

[3] CADS targeted feedback on HHS's capacities for the administration of surveys and therefore included surveys falling outside the scope of customer satisfaction.

As part of this document, the OOG and LBB issued a new set of eight questions that should be added to all surveys that broadly address customer satisfaction with HHS programs and services.

Because the Report on Customer Service is published biennially, the 2020 report includes consumer surveys conducted during SFYs 2018 and 2019, before the OOG and the LBB published the Instructions. Therefore, none of the surveys included in this report were designed to address all eight questions outlined by the OOG and LBB. However, most surveys ask customers similar questions. See Table 3 for the LBB survey items and the number of programs that address each survey item. See Tables 4-11 for satisfaction ratings across surveys that address the topics covered by the 2020 guidance.

HHSC CADS has communicated with internal HHS departments regarding how to best meet the additional LBB requirements in the 2022 Report on Customer Service.

Table 3: LBB-Required Survey Items and Utilization Across HHS Surveys

LBB-Required Survey Items	Number of DSHS programs that address survey items (N = 8)	Number of HHSC programs that address survey items (N = 23)
1. How satisfied are you with the agency's facilities, including your ability to access the agency, the office location, signs, and cleanliness?	1	16
2. How satisfied are you with agency staff, including employee courtesy, friendliness, and knowledgeability, and whether staff members adequately identify themselves to customers by name, including the use of name plates or tags for accountability?	8	16
3. How satisfied are you with agency communications, including toll-free telephone access, the average time you spend on hold, call transfers, access to a live person, letters, electronic mail, and any applicable text messaging or mobile applications?	2	3
4. How satisfied are you with the agency's Internet site, including the ease of use of the site, mobile access to the site, information on the location of the site and the agency, and information accessible through the site such as a listing of services and programs and whom to contact for further information or to complain?	2	2
5. How satisfied are you with the agency's complaint handling process, including whether it is easy to file a complaint and whether responses are timely?	0	1
6. How satisfied are you with the agency's ability to timely serve you, including the amount of time you wait for service in person?	7	10
7. How satisfied are you with any agency brochures or other printed information, including the accuracy of that information?	4	0
8. Please rate your overall satisfaction with the agency.	6	9

Note. No program included this exact wording in their survey. The counts here include items that approximate or partially address content from the proposed item.

Table 4: Satisfaction Ratings for LBB-Required Survey Item #1: How satisfied are you with the agency's facilities, including your ability to access the agency, office location, signs, and cleanliness?

Survey	Survey Item	N	% Satisfied
Children with Special Health Care Needs Systems Development Group Case Management and Family Supports and Community Resources Family Satisfaction Surveys	Had access to services and supports when they had questions or concerns about their child[1]	1,186	96.4%
STAR Child Caregiver Member Survey	Satisfaction with getting needed care	8,700	62.3%
STAR Health Caregiver Member Survey	Satisfaction with getting needed care	300	63.3%
STAR Health Caregiver Member Survey	Satisfaction with access to specialized services	300	55.3%
STAR Kids Caregiver Member Survey	Satisfaction with getting needed care	7,131	64.2%
STAR Kids Caregiver Member Survey	Satisfaction with access to specialized services	7,131	50.4%
CHIP Caregiver Member Survey	Satisfaction with getting needed care	5,461	58.0%
Child Core Measures Survey	Satisfaction with getting needed care	411	65.0%
Medicaid and CHIP Dental Caregiver Survey	How easy was it for you to find a dentist for your child?[2]	1,200	79.8%
STAR+PLUS Adult Member Survey	Satisfaction with getting needed care[2]	6,116	62.3%
STAR Adult Member Survey	Satisfaction with getting needed care	7,832	56.7%
Adult Core Measures Survey	Satisfaction with getting needed care	411	55.0%
Nursing Facility Quality Review (NQFR)	Satisfaction with experience in the nursing facility	1,827	87.0%

Survey	Survey Item	N	% Satisfied
Long Term Services and Supports Quality Review (LTSSQR)	Services were available when needed	1,338	69.0%
Autism Program Satisfaction Survey	Satisfaction with services provided to your child in a clinical setting	178	99.0%
Mental Health Statistics Improvement Program Youth Services Survey for Families	Access to services	342	87.0%
Mental Health Statistics Improvement Program Adult Services Survey	Access to services	412	79.0%
House Bill 13 Community Mental Health Grant Program	Access to services[2]	1,310	90.0%
Disability Services Survey	Satisfaction with service access[2]	3,066	40.1%
17 total surveys	**19 total items**	**47,221**	**69.5%[3]**

[1] Results are divided by data collection periods in summaries but collapsed in this table.

[2] Results are collapsed across two or more customer groups.

[3] Total Percentage is an unweighted average of the individual survey items.

Table 5: Satisfaction Ratings for LBB-Required Survey Item #2: How satisfied are you with agency staff, including employee courtesy, friendliness, and knowledgeability, and whether staff members adequately identify themselves to customers by name, including the use of name plates or tags for accountability?

Survey	Survey Item	N	% Satisfied
Children with Special Health Care Needs Systems Development Group Case Management and Family Supports and Community Resources Family Satisfaction Surveys	Staff delivered compassionate care to family[1]	1,186	97.8%
Business Filing and Verification Section - Customer Service Satisfaction Survey	Staff were helpful, courteous, and knowledgeable[1]	287	69.5%
Surveillance Section Customer Service Satisfaction Survey	The inspector introduced himself/herself and presented his/her credentials/ID before the inspection	109	99.0%
Surveillance Section Customer Service Satisfaction Survey	The purpose of the inspection was adequately described at the beginning of the inspection	109	98.0%
Surveillance Section Customer Service Satisfaction Survey	The DSHS inspector was prepared and well organized	109	97.0%
Surveillance Section Customer Service Satisfaction Survey	The inspection was handled in a courteous and professional manner	109	96.0%
Surveillance Section Customer Service Satisfaction Survey	The instructor clearly explained any applicable state or federal requirements, answered questions adequately, and/or referred them to an alternate source for the information	109	96.0%
Surveillance Section Customer Service Satisfaction Survey	The inspector clearly explained their findings	109	96.0%

Survey	Survey Item	N	% Satisfied
Surveillance Section Customer Service Satisfaction Survey	If deficiencies, observations, or violations were found, the inspector clearly explained the timeframe and/or process for corrective action	109	95.0%
Texas Vaccines for Children Program - Clinic Site Visits	Please rate your satisfaction with the reviewer	897	95.5%
Texas Vaccines for Children Program - Clinic Site Visits	Please rate your overall satisfaction with the time the reviewer spent at your facility[2]	897	91.3%
Laboratory Services Testing Customer Satisfaction Survey	Satisfaction with DSHS staff courtesy when contacting by phone	174	96.0%
Laboratory Services Testing Customer Satisfaction Survey	Satisfaction with the overall customer service experience	174	94.0%
Laboratory Services Testing Customer Satisfaction Survey	Satisfaction with the friendliness and professionalism of staff	174	94.0%
Laboratory Courier Program Satisfaction Survey	Customer service experience (professionalism, quality of service, and ease of use) was above or well above average	90	82.0%
South Texas Laboratory - Water Sample Testing	STL staff is very knowledgeable	26	100.0%
South Texas Laboratory - Water Sample Testing	Rate the staff on the following characteristics: patient, enthusiastic, listens carefully, friendly, responsive, and courteous	26	98.0%
South Texas Laboratory - Water Sample Testing	Customer service experience: on-time delivery of service, professionalism, quality of service, and understanding of customers' needs	26	28.0%[3]
South Texas Laboratory - Clinical Testing	Professionalism	26	92.0%

Survey	Survey Item	N	% Satisfied
South Texas Laboratory - Clinical Testing	The customer service experience	26	88.0%
South Texas Laboratory - Clinical Testing	The laboratory's understanding of customers' needs	26	88.0%
South Texas Laboratory - Clinical Testing	Satisfaction with staff responsiveness when called with service issues	26	88.0%
STAR Child Caregiver Member Survey	Satisfaction with how well doctors communicate	8,700	82.9%
STAR Child Caregiver Member Survey	Satisfaction with customer service	8,700	77.4%
STAR Health Caregiver Member Survey	Satisfaction with how well doctors communicate	300	83.6%
STAR Health Caregiver Member Survey	Satisfaction with customer service	300	76.5%
STAR Kids Caregiver Member Survey	Satisfaction with how well doctors communicate	7,131	77.5%
STAR Kids Caregiver Member Survey	Satisfaction with customer service	7,131	75.5%
CHIP Caregiver Member Survey	Satisfaction with how well doctors communicate	5,461	80.4%
CHIP Caregiver Member Survey	Satisfaction with customer service	5,461	77.5%
Child Core Measures Survey	Satisfaction with how well doctors communicate	411	83.7%
Child Core Measures Survey	Satisfaction with customer service	411	76.3%
Medicaid and CHIP Dental Caregiver Survey	How often did the customer service staff at your child's dental plan treat you with courtesy and respect?[1]	1,200	87.4%
STAR Adult Member Survey	Satisfaction with how well doctors communicate	7,832	80.8%
STAR+PLUS Adult Member Survey	Satisfaction with how well doctors communicate[1]	6,116	83.1%

Survey	Survey Item	N	% Satisfied
STAR Adult Member Survey	Satisfaction with customer service	7,832	72.5%
STAR+PLUS Adult Member Survey	Satisfaction with customer service[4]	6,116	74.9%
Adult Core Measures Survey	Satisfaction with how well doctors communicate	411	80.2%
Adult Core Measures Survey	Satisfaction with customer service	411	73.4%
Supplemental Nutrition Assistance Program (SNAP) Community Partner Interview (CPI) Surveys	Staff were knowledgeable about SNAP application procedures[4]	431	98.5%
Nursing Facility Quality Review (NQFR)	Stated staff members treated them with respect	1,827	97.0%
Autism Program Satisfaction Survey	Satisfaction with your child's service provider	196	98.0%
Mental Health Statistics Improvement Program Youth Services Survey for Families	Cultural sensitivity of staff	342	94.0%
Mental Health Statistics Improvement Program Adult Mental Health Survey	Quality and appropriateness of services	412	84.0%
Mental Health Statistics Improvement Program Inpatient Consumer Survey	Quality of interactions between staff and customers[4]	5,270	83.3%
House Bill 13 Community Mental Health Grant Program	Quality and appropriateness of services	582	95.0%
House Bill 13 Community Mental Health Grant Program	Cultural sensitivity of staff	728	91.0%
24 total surveys	**47 total items**	**50,145**	**87.7%[5]**

[1] Results are collapsed across two or more customer groups.

[2] Also included in Table 9.

[3] Three percent of clients reported "Well above average," 25 percent reported "Above average," and 72 percent reported "Average."

[4] Results are divided by data collection periods in summaries but collapsed in this table.

[5] Total Percentage is an unweighted average of the individual survey items.

Table 6: Satisfaction Ratings for LBB-Required Survey Item #3: How satisfied are you with agency communications, including toll-free telephone access, the average time you spend on hold, call transfers, access to a live person, letters, electronic mail, and any applicable text messaging or mobile applications?

Survey	Survey Item	N	% Satisfied
Business Filing and Verification Section - Customer Service Satisfaction Survey	Communicating with DSHS (via telephone, mail, or electronically) was an efficient process[1]	287	60.3%
Laboratory Services Testing Customer Satisfaction Survey	Satisfaction with DSHS staff courtesy when contacting by phone	174	96.0%
South Texas Laboratory – Water Sample Testing	Satisfaction with DSHS STL staff responsiveness when calling to report a problem about service	26	92.0%
Medicaid and CHIP Dental Caregiver Survey	How often did you child's regular dentist explain things in a way that was easy to understand?[1]	1,200	84.1%
Medicaid and CHIP Dental Caregiver Survey	How often did the 800 number, written materials, or website provide the information you wanted?[1,2]	1,200	56.5%
Supplemental Nutrition Assistance Program (SNAP) Community Partner Interview (CPI) Surveys	Application process was easier than before[3]	805	56.5%
5 total surveys	**6 total items**	**2,492**	**74.2%[4]**

[1] Results are collapsed across two or more customer groups.

[2] Also included in Table 7 and Table 10.

[3] Results are divided by data collection periods in summaries but collapsed in this table.

[4] Total Percentage is an unweighted average of the individual survey items.

Table 7: Satisfaction Ratings for LBB-Required Survey Item #4: How satisfied are you with the agency's Internet site, including the ease of use of the site, mobile access to the site, information on the location of the site and the agency, and information accessible through the site such as a listing of services and programs and whom to contact for further information or to complain?

Survey	Survey Item	N	% Satisfied
Business Filing and Verification Section - Customer Service Satisfaction Survey	The DSHS website was user-friendly and contained adequate information[1]	287	63.6%
Laboratory Services Testing Customer Satisfaction Survey	Satisfaction with experience using web applications	174	93.0%
South Texas Laboratory – Clinical Testing	Ability to access results online	26	96.2%
Medicaid and CHIP Dental Caregiver Survey	How often did the 800 number, written materials, or website provide the information you wanted?[2,3]	1,200	56.5%
YourTexasBenefits.Com Survey	Ease of setting up an account[1]	158,303	82.8%
YourTexasBenefits.Com Survey	Experience using a tablet or mobile phone to access YTB[1]	158,303	70.2%
5 total surveys	**6 total items**	**159,990**	**77.1%[4]**

[1] Results are divided by data collection periods in summaries but collapsed in this table.

[2] Results are collapsed across two or more customer groups.

[3] Also included in Table 6 and Table 10.

[4] Total Percentage is an unweighted average of the individual survey items.

Table 8: Satisfaction Ratings for LBB-Required Survey Item #5: How satisfied are you with the agency's complaint handling process, including whether it is easy to file a complaint and whether responses are timely?

Survey	Survey Item	N	% Satisfied
Consumer Rights and Services (CSR) Survey	Complaint and Incident Intake hotline was easy to use[1]	1,958	89.2%
Consumer Rights and Services (CSR) Survey	Overall satisfaction with Complaint and Incident Intake[1]	1,958	87.6%
Consumer Rights and Services (CSR) Survey	Staff explained the process for handling my complaint[1]	1,958	85.8%
1 total survey	**3 total items**	**1,958**	**87.5%[2]**

[1] Results are divided by data collection periods in summaries but collapsed in this table.

[2] Total Percentage is an unweighted average of the individual survey items.

Table 9: Satisfaction Ratings for LBB-Required Survey Item #6: How satisfied are you with the agency's ability to timely serve you, including the amount of time you wait for service in person?

Survey	Survey Item	N	% Satisfied
Business Filing and Verification Section - Customer Service Satisfaction Survey	The application was easy to file and was processed in a timely manner[1]	287	59.0%
Surveillance Section Customer Service Satisfaction Survey	The on-site inspection was completed in a reasonable amount of time and did not unduly interfere with the delivery of services	109	94.0%
Texas Vaccines for Children Program - Clinic Site Visits	Please rate your overall satisfaction with the time the reviewer spent at your facility[2]	897	91.3%
Laboratory Services Testing Customer Satisfaction Survey	Satisfaction with the timeliness of result reports	174	91.0%
Laboratory Courier Program Satisfaction Survey	Improvement in the Transit time of specimens	33	82.0%
South Texas Laboratory - Water Sample Testing	Received lab reports in a timely manner (faxed, mailed, or other)	26	99.0%
South Texas Laboratory - Water Sample Testing	Spoke with STL staff employee immediately or within 3-5 minutes	26	99.0%
South Texas Laboratory - Water Sample Testing	Water issues were resolved within minutes (rather than hours/days/other)	26	96.0%
South Texas Laboratory - Clinical Testing	Received lab reports in a timely manner (faxed, mailed, or other)	26	100.0%
South Texas Laboratory - Clinical Testing	Cold boxes arrived at the scheduled time	26	100.0%
South Texas Laboratory - Clinical Testing	Rate the on-time delivery of service	26	92.0%

Survey	Survey Item	N	% Satisfied
South Texas Laboratory - Clinical Testing	Compare the STL service rate to previous modes of submitting specimens	26	77.0%
STAR Child Caregiver Member Survey	Satisfaction with getting care quickly	8,700	76.1%
STAR Health Caregiver Member Survey	Satisfaction with getting care quickly	300	85.2%
STAR Kids Caregiver Member Survey	Satisfaction with getting care quickly	7,131	75.7%
CHIP Caregiver Member Survey	Satisfaction with getting care quickly	5,461	73.8%
Child Core Measures Survey	Satisfaction with getting care quickly	411	76.9%
Medicaid and CHIP Dental Caregiver Survey	How often were your child's dental appointments as soon as you wanted?[1]	1,200	76.8%
STAR Adult Member Survey	Satisfaction with getting care quickly	7,832	57.7%
STAR+PLUS Adult Member Survey	Satisfaction with getting care quickly[1]	6,116	67.0%
Adult Core Measures Survey	Satisfaction with getting care quickly	411	59.6%
Supplemental Nutrition Assistance Program (SNAP) Community Partner Interview (CPI) Surveys	Waited for less than 30 minutes (rather than an hour or more)[1]	805	67.4%
17 total surveys	**22 total items**	**39,919**	**81.7%[3]**

[1] Results are collapsed across two or more customer groups.

[2] Also included in Table 5.

[3] Total Percentage is an unweighted average of the individual survey items.

Table 10: Satisfaction Ratings for LBB-Required Survey Item #7: How satisfied are you with any agency brochures or other printed information, including the accuracy of that information?

Survey	Survey Item	N	% Satisfied
Business Filing and Verification Section - Customer Service Satisfaction Survey	The forms, instructions, and other information provided by DSHS was helpful and easy to understand[1]	287	65.1%
Texas Vaccines for Children Program - Clinic Site Visits	Please rate your overall satisfaction with preparation instructions received for site visit	897	93.7%
Laboratory Services Testing Customer Satisfaction Survey	Satisfaction with information regarding collection and shipping of samples provided	174	97.0%
South Texas Laboratory - Water Sample Testing	Instructing changes on the G-19 form was above average	26	92.0%
South Texas Laboratory - Water Sample Testing	Clarity of instructions on collection of water samples and clear answers to resolve issues	26	100.0%
Medicaid and CHIP Dental Caregiver Survey	How often did you child's regular dentist explain things in a way that was easy to understand?[2,3]	1,200	84.1%
5 total surveys	**6 total items**	**2,584**	**88.7%[4]**

[1] Results are divided by data collection periods in summaries but collapsed in this table.

[2] Results are collapsed across two or more customer groups.

[3] Also included in Table 6 and Table 7.

[4] Total Percentage is an unweighted average of the individual survey items.

Table 11: Satisfaction Ratings for LBB-Required Survey Item #8: Please rate your overall satisfaction with the agency.

Survey	Survey Item	N	% Satisfied
Children with Special Health Care Needs Systems Development Group Case Management and Family Supports and Community Resources Family Satisfaction Surveys	Satisfaction with the services their child and family received[1]	1,186	96.3%
Texas Vaccines for Children Program - Clinic Site Visits	Please rate your satisfaction with the site visit	897	96.4%
Laboratory Services Testing Customer Satisfaction Survey	Satisfaction with the services provided	174	95.0%
Laboratory Courier Program Satisfaction Survey	Overall satisfaction with services[1]	123	90.0%
South Texas Laboratory - Water Sample Testing	Highly satisfied	26	100.0%
South Texas Laboratory - Water Sample Testing	Compare this laboratory service to that of other labs	26	81.0%
South Texas Laboratory - Clinical Testing	Satisfaction with STL	26	100.0%
South Texas Laboratory - Clinical Testing	Rate the quality of service	26	88.0%
Medicaid and CHIP Dental Caregiver Survey	How would you rate your child's dental plan?[1]	1,200	78.8%
Medical Transportation Program Member Survey	Satisfaction with five Non-Emergency Medical Transportation services	2,000	90.6%
Supplemental Nutrition Assistance Program (SNAP) Community Partner Interview (CPI) Surveys	Satisfaction with the SNAP interview process[2]	805	98.0%
Nursing Facility Quality Review (NQFR)	Satisfaction with the healthcare services they received	1,827	88.0%

Survey	Survey Item	N	% Satisfied
Long Term Services and Supports Quality Review (LTSSQR), National Core Indicators Survey	Satisfaction with services and supports[1]	6,239	87.6%
Your WIC Experience	Happiness with WIC clinic visit	55,900	95.0%
Mental Health Statistics Improvement Program Youth Services Survey for Families	Satisfaction with services	342	84.0%
Mental Health Statistics Improvement Program Adult Services Survey	Satisfaction with services	412	83.0%
House Bill 13 Community Mental Health Grant Program	Satisfaction with services[1]	1,310	92.0%
15 total surveys	**17 total items**	**72,467**	**90.8%[3]**

[1] Results are collapsed across two or more customer groups.

[2] Results are divided by data collection periods in summaries but collapsed in this table.

[3] Total Percentage is an unweighted average of the individual survey items.

Report Format

This 2020 Customer Satisfaction Report presents summaries of the results of customer surveys conducted by DSHS and HHSC. Each summary includes the sample and survey methods, the main findings and, if available, a link to the full report. These results present important information about customer satisfaction with services provided by HHS agencies.

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

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

2. Department of State Health Services

The Texas Department of State Health Services (DSHS) services conducted eight surveys during SFY 2018 and SFY 2019 that collected customer satisfaction data. More than 2,700 responses were received through these surveys, primarily from families of children with special health care needs or customers of regulatory, immunization, specialized health, community health, and laboratory services. For readability, this chapter is organized into three sections:

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

II. Consumer Protection Division
   a. Business Filing and Verification Section – Customer Service Satisfaction Survey
   b. Surveillance Section Customer Service Satisfaction Survey

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

I. Community Health Improvement

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

Purpose

The Children with Special Health Care Needs (CSHCN) Systems Development Group serves children ages 0-21 with special health care needs, or any age with cystic fibrosis. The program works to strengthen community-based services to improve systems of care for children and youth with special health care needs. Families are

provided with case management and family support and community resource services related to gaining access to necessary medical, social, education, and other service needs.

The purpose of the survey is to obtain information about whether the services provided are 1) accessible, 2) family-centered, 3) comprehensive, 4) coordinated, 5) compassionate, and 6) culturally effective. The survey also asks the families to rate their overall satisfaction with services. The survey is conducted by the organizations contracted by the CSHCN Systems Development Group. The study population is families of children and youth with special health care needs who received services from contracted providers.

Sample and Methods

One survey was conducted between September 1, 2017 and August 31, 2018. Another survey was conducted between September 1, 2018 and August 31, 2019. CSHCN contractors sought responses from all families served by their organization with CSHCN Systems Development Group funding. All families were sent a survey regardless of their status (active or closed). The study was conducted by paper and offered in English and in Spanish. Individuals provided their responses by completing the survey themselves and returning it by mail to the contractor. The total number of completed responses for September 1, 2017 to August 31, 2018 was 887 out of 4,163 for a response rate of 21.3 percent. The total number of completed responses for September 1, 2018 to August 31, 2019 was 299 out of 6,046 for a response rate of 4.9 percent.[4]

Major Findings

The findings of the surveys were as follows:

September 1, 2017 and August 31, 2018

- Most respondents (97.5 percent) reported having access to services and supports when they had questions or concerns about their child.
- Most respondents (97.6 percent) reported that they were included in the planning and decisions for their child's care.

[4] The lower response rate in SFY 2019 is due to a combination of factors, such as staff turnover and the ending of a grant cycle. The CSHCN Systems Development Group has since implemented several quality improvement initiatives to ensure a higher response rate in SFY 2020.

- Most respondents (97.8 percent) reported that the staff delivered compassionate care to their family.
- Most respondents (97.9 percent) reported that the staff respected their culture and traditions when working with their child and family.
- Most respondents (97.7 percent) reported that they were satisfied with the services their child and family received.

September 1, 2018 and August 31, 2019

- Most respondents (93 percent) reported having access to services and supports when they had questions or concerns about their child.
- Most respondents (93 percent) reported that they were included in the planning and decisions for their child's care.
- Most respondents (92 percent) reported that they had regular visits and phone calls with staff.
- Most respondents (93 percent) reported that the needs of their child and family were discussed and addressed.
- Most respondents (90 percent) reported that they received the help needed to coordinate their child's care.
- Most respondents (94 percent) reported that the staff respected their culture and traditions when working with their child and family.
- Most respondents (92 percent) reported that they were satisfied with the services their child and family received.

II. Consumer Protection Division

Business Filing and Verification Section – Customer Service Satisfaction Survey

Purpose

The Business Filing and Verification Section serves businesses and individuals to ensure the safety of Texans. The types of businesses and individuals that are served include: retail stores that sell abusable volatile chemicals, asbestos abatement, hazardous products, lead abatement, youth camps, drugs and medical devices, food manufacturers, distributors and salvagers, emergency medical services personnel and providers, meat and poultry, milk and dairy, radiation producing machines and radioactive materials, industrial radiographers, retail food and school food establishments, and tattoo and body piercing studios.

The section provides customer service to the businesses and individuals to assist in the completion of their initial and renewal licensing applications. The purpose of the survey is to measure customer satisfaction with the Business Filing and Verification Section.

Sample and Methods

In state fiscal year (SFY) 2018, 156 surveys were completed. In SFY 2019, 131 surveys were completed. The survey was available online on the DSHS website and was offered in English. The survey was made available to Business Filing and Verification Section customers when accessing their program-specific page. Additionally, staff members frequently interacted with customers via email; each email message included an invitation to take the survey in the signature line.

Major Findings

The total number of surveys that were completed in SFY 2018 represent 0.2 percent of the 88,437 customers that were served. Of the 0.2 percent completed surveys:

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

The total number of surveys that were completed in SFY 2019 represent 0.1 percent of the 91,532 customers that were served. Of the 0.1 percent completed surveys:

- 69 percent found DSHS staff helpful, courteous, and knowledgeable.
- 64 percent found communicating with DSHS (via telephone, mail, or electronically) an efficient process.
- 70 percent found the DSHS website user-friendly and that it contains adequate information.
- 59 percent reported that their application was easy to file and was processed in a timely manner.

- 66 percent found the forms, instructions, and other information provided by DSHS helpful and easy to understand.

Surveillance Section Customer Service Satisfaction Survey

Purpose

The Surveillance Section protects consumer health and safety by ensuring compliance with state and federal law and rules regulated under DSHS. Activities performed by staff in the Surveillance Section include inspections, product and environmental sampling, complaint investigations, and technical assistance. The entities inspected include: retail stores that sell abusable volatile chemicals / hazardous products, asbestos abatement contractors, lead abatement contractors, tattoo and body piercing studios, drugs and medical device manufacturers/distributors, food manufacturers/warehouses, food and drug salvagers, milk plants and dairy farms, entities that use and store radioactive materials, x-ray machines and mammography machines.

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

Sample and Methods

The survey was made available to all regulated entities that came in contact with an inspector. The survey was conducted online through SurveyMonkey. The survey was made available on March 1, 2017 and has been printed on the back of inspector's business cards, allowing it to be perpetually listed for entities to complete. Inspectors are required to present their business card and credentials upon entering a firm. On average, the Surveillance Section has conducted approximately 40,000 inspections annually. The survey was offered online and in English only. From September 1, 2017 through August 31, 2019, 109 surveys were completed.

Major Findings

Overall, the majority of individuals completing the Surveillance Section customer service satisfaction survey were satisfied with the level of customer service received. The survey results from September 1, 2017, through August 31, 2019, included the following:

- Most respondents (99 percent) reported the inspector introduced himself/herself and presented his/her credentials/ID before the inspection.
- Most respondents (98 percent) reported the purpose of the inspection was adequately described at the beginning of the inspection.
- Most respondents (97 percent) reported that the DSHS inspector was prepared and well organized.
- Most respondents (96 percent) reported that the inspection was handled in a courteous and professional manner.
- Most respondents (94 percent) reported that the on-site inspection was completed in a reasonable amount of time and did not unduly interfere with the delivery of services.
- Most respondents (96 percent) reported the inspector clearly explained any applicable state or federal requirements, answered questions adequately, and/or referred them to an alternate source for the information.
- Most respondents (96 percent) reported that the inspector clearly explained their findings.
- Most respondents (95 percent) reported that if deficiencies, observations, or violations were found, the inspector clearly explained the timeframe and/or process for corrective action.
- Most respondents (96 percent) reported that they now have a better understanding or knowledge of state and/or federal requirements affecting their business.

III. Laboratory and Infectious Disease

Texas Vaccines for Children Provider Satisfaction Survey (Clinic Site Visits)

Purpose

Background

Texas Vaccine for Children (TVFC) program enables overs 4.3 million Texas children to have access to immunizations. This is accomplished through a network of support provided by DSHS with the assistance from DSHS Public Health Regions (PHRs) and contracted Local Health Departments (LHDs). These organizations function as the Responsible Entities (RE) to ensure compliance with state and federal standards and the effectiveness of vaccine distribution. As required by the cooperative agreement with the Centers for Disease Control and Prevention (CDC), the Immunization Unit must conduct quality assurance site visits to at least 50 percent of the healthcare providers enrolled in the TVFC program each year.

Currently, the Immunization Unit contracts with the TMF Health Quality Institute (TMF) to conduct the quality assurance site visits for the private TVFC providers. Creation and monitoring of the site visit survey was part of Texas' corrective action plan for the CDC. The survey was implemented in 2016.

Purpose and objective of the survey

Provider site visit reviews are conducted to evaluate immunization service delivery and to review compliance with TVFC program requirements in areas such as vaccine ordering, storage and handling, TVFC eligibility screening, and record keeping. This summary will describe the assessment process for site reviewers conducting quality assurance visits for the TVFC program.

The main objective of the survey is to assess the knowledge, skills and abilities of the site reviewers with the overall compliance site visit. This survey is not only useful for monitoring the contracted DSHS quality assurance reviewers but also for identifying gaps and help to recommend corrective actions that need to be taken to improve compliance site reviews and/or reviewers.

Scope of the survey

The respondents of the site visit survey are staff employed at clinics across Texas enrolled in TVFC. The questions on the site visit survey request staff opinions of several areas of the site visit. Those areas included:

- Scheduling of the visit
- Reviewer presentation
- Reviewer punctuality
- Reviewer knowledge level of program
- Overall satisfaction of the compliance site visit

Sample and Methods

Introduction

This section describes the methodology and it also describes the data collection and data management procedures.

Methodology

The survey adopted an electronic format in 2016 and has been revised each year. To ensure comparability of the results, only the questions that remain unchanged from year to year will be reviewed. For facilities enrolled in TVFC, the survey targeted the primary vaccine coordinators who is responsible for maintaining

operations of the program within their assigned facility. TVFC providers receiving a compliance site visit were contacted via email the week following the visits. The email included instructions on completing the survey along with the hyperlink to the survey. There was not a requirement to complete the survey but completion was highly recommended.

Data processing, analysis and reporting

Results received were exported from Survey Gizmo in an excel document and analyzed by a member of the Vaccine Operations Group (VOG) policy and quality assurance team. The team reviewed the provider identification numbers (PINs), completeness of the survey and reviewed respondent comments. After data cleaning, tables for the report were generated. The tables were generated from the various questions of the survey during the analysis phase. Tables were created using Microsoft Excel.

Major Findings

Response Rate

Table 12 shows the response rate for the 2018 Site Visits Survey. A total of 2,920 surveys were emailed to providers in 2018, of which 897 responded to the survey, yielding a response rate of 30.7 percent.

Table 12: TVFC Site Visits Survey Response Rates

Survey Results	Frequency	Percent
Completed	840	94.0%
Partially Completed	57	6.0%
Response Rate (completed & partial responses)	897	30.7%
Total surveys sent	2,920	

Quality and satisfaction levels of site visits

The survey sought to find out the overall satisfaction of the site visit conducted by the TMF. Table 13 demonstrates the customer responses. Ninety-seven percent of the respondents were very satisfied or satisfied with the conducted site visit, with remaining percent having a contrary view. Ninety-five percent of respondents reported very satisfied or satisfied with the reviewer. Ninety-four percent of

respondents were satisfied with the preparation instructions that they received. Ninety-five percent of respondents were satisfied or very satisfied with the time the reviewer spent at the facility. For each of these questions, approximately two thirds of the respondents answered that they were very satisfied.

Table 13: TVFC Provider Satisfaction Survey Results

Question	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
Please rate your satisfaction with the site visit	70.6%	25.8%	2.7%	0.6%	0.2%
Please rate your satisfaction with the reviewer	76.1%	19.4%	3.2%	0.8%	0.5%
Please rate your overall satisfaction with preparation instructions received for site visit	66.9%	26.8%	4.8%	1.2%	0.4%
Please rate your overall satisfaction with the time the reviewer spent at your facility	68.0%	23.3%	6.3%	1.6%	0.8%

Laboratory Services Testing Customer Satisfaction Survey

Purpose

The DSHS Laboratory Services Section (LSS) provides unique testing services for a myriad of sample types and facilities across the state from testing water quality from local sources to testing milk and meat for biologic contaminants to testing newborn blood samples for inherited, potentially deadly disorders. The goal of the

LSS is to improve the public health and patient outcomes for all Texans and serve thousands of facilities across the state that submit samples to the laboratory.

The purpose of the survey is to allow laboratory management to gauge client satisfaction with the type of services provided, ease of use of electronic reporting systems and experience with customer support services with the goal of improving client satisfaction. Surveys are conducted annually by the LSS Quality Assurance Unit and are available to all facilities that receive services from the LSS in a given year.

Sample and Methods

The study sought responses from all sample submitting facilities during calendar year 2018. The surveys were offered in English and were available online only. Facilities were made aware of the survey opportunities through notices placed on the DSHS website and issued via Govdelivery (participants request to be on the email lists). The responses could be completed electronically by facility representatives from February 27, 2019 to March 25, 2019.

Of the 254 surveys initiated, 174 were completed for a response rate of 68.5 percent.

Major Findings

- In the previous year, positive LSS internet website feedback was concerning, as it was just above 50 percent. The most recent survey showed a significant increase in positive feedback (78 percent). In addition, the overall experience when using web applications has increased. Most respondents reported that they could access results reports (89 percent), enter demographic information (92 percent), received adequate communications about scheduled maintenances (93 percent), deemed the application as reliable (89 percent), and LSS response to questions or concerns addressed (93 percent).
- For respondents that contacted LSS by telephone, most were able to obtain the information needed (96 percent), were treated in a polite and courteous manner (96 percent), were put on hold less than five minutes (79 percent), and were contacted within one business day if a message was left (79 percent).

Table 14: Satisfaction Findings for LSS Customer Satisfaction

Satisfaction Measure	Proportion of Respondents*
Expressed satisfaction with the services provided by LSS	95%
Expressed satisfaction with the overall customer service experience LSS provided	94%
Expressed satisfaction with the timeliness of result reports LSS provided	91%
Expressed satisfaction with the friendliness and professionalism of LSS staff	94%
Expressed satisfaction with DSHS staff courtesy when contacting by telephone	96%
Expressed satisfaction with LSS response to problems or questions	92%
Expressed satisfaction with information regarding collection and shipping of samples provided by LSS	97%
Expressed satisfaction with experience using web applications	93%

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

Laboratory Courier Program Satisfaction Survey

Purpose

The DSHS Laboratory Courier Program serves hospitals, clinics, public health departments, and other sites in Texas that submit clinical specimens to the laboratory for testing. The program provides courier services for transport of specimens to the DSHS Laboratory for the purpose of beginning testing and reporting out critical results in a timely manner.

The purpose of the survey/series of interviews is to gauge the satisfaction of current courier customers. Additionally, this survey provides information regarding site specific courier use so more efficient scheduling can be implemented.

The survey/series of interviews is conducted by the Courier Coordinator online using Survey Monkey.

The study population is all current users of the DSHS Courier Program, including Lonestar Delivery and Process (LSDP) and FedEx users.

Sample and Methods

The study sought responses from all sites that were enrolled in the courier program using an online survey between August 15, 2019 and September 1, 2019. The survey was sent to both the main and secondary points of contact at each courier site. The surveys/interviews were offered only in English.

The total number of completed responses for LSDP customers was 90 out of 673 for a response rate of 13.4 percent. The total number of completed responses for FedEx customers was 33 out of 345 for a response rate of 9.6 percent.

Major Findings

LSDP Findings

- Most respondents (93 percent) reported they were somewhat to highly satisfied with overall satisfaction of services (Table 15).
- In the four categories of customer service experience, professionalism, quality of service, and ease of use most respondents (average 82 percent) said service was above to well above average.

Table 15. LSDP – Overall Satisfaction Findings

Satisfaction Measure	2019 Proportion of Respondents
Expressed that they are highly satisfied with overall courier services	76%
Expressed that they are somewhat satisfied with overall courier services	17%
Indicated "neutral" or did not answer the survey question	7%

FedEx Findings

- Most respondents (82 percent) reported they were somewhat to highly satisfied with overall satisfaction of services (Table 16).
- Most respondents (82 percent) reported they had an improvement of transit time of specimens.

Table 16. FedEx – Overall Satisfaction Findings: Indicated Highly Satisfied, Somewhat Satisfied

Satisfaction Measure	2019 Proportion of Respondents
Expressed that they are highly satisfied with overall courier services	73%
Expressed that they are somewhat satisfied with overall courier services	9%
Indicated "neutral" or did not answer the survey question	18%

South Texas Laboratory – Water Sample Testing

Purpose

The South Texas Laboratory (STL) is a branch of the Laboratory Services Section located in Harlingen, Texas. STL is dedicated to providing high-quality, accurate test results and acts as a public health laboratory serving 10 Texas regions.

One service provided by STL is bacterial water testing for drinking water. Testing is performed on public water systems, companies who sell bottled or vended water and private individuals (i.e. self-owned businesses or properties with ground wells). The program provides bacterial water testing for drinking water submitters who are required to follow the Texas Commission of Environmental Quality regulations.

The purpose of the survey is to seek feedback, both positive and negative, from the submitters. The feedback shall be used to improve the management system, testing and customer service. The survey is conducted by the South Texas Laboratory Water Department. The study population includes all water submitters.

Sample and Methods

The study sought responses from all water submitters that are current customers of STL. The study was conducted by paper in January 10, 2018 and returned by

February 12, 2018. The surveys were offered in English only. Individuals provided their responses by completing the survey themselves. The total number of completed responses was approximately 26 out of 77 for a response rate of 33 percent.

Major Findings

The findings of the survey were as follows:

- Most submitters (99 percent) received lab reports in a timely manner (faxed, mailed or other).
- Most submitters (99 percent) spoke with a STL staff employee immediately or within three to five minutes.
- Most submitters reported water issues were resolved within minutes (96 percent), rather than hours (1 percent), days (2 percent), or other (1 percent).
- All submitters (100 percent) gave a highly satisfied rate.
- Submitters rated STL “average” (72 percent), “above average” (25 percent), and ”well above average” (3 percent) on customer service experience, on-time delivery of service, professionalism, quality of service, and understanding of customers’ needs.
- Most submitters (81 percent) rated STL service much higher compared to other labs. The remainder (19 percent) indicated they could not compare services.
- Most submitters (77 percent) strongly agreed that STL staff are very knowledgeable. The remainder (23 percent) indicated they agreed.
- Most submitters rated STL overall service on instructing changes on the G-19 form “well above average” (77 percent), rather than “above average” (15 percent) or “average” (8 percent).
- All submitters (100 percent) reported STL gave clear instructions on collection of water samples and clear answers to resolve issues.
- Most submitters (92 percent) were highly satisfied with DSHS STL staff responsiveness when calling to report a problem about service. The remainder indicated they were neutral (8 percent).
- Most submitters (98 percent) rated staff as “very well” for the following characteristics: patience, enthusiastic, listens carefully, friendly, responsive, and courteous to the water submitters. The remainder rated “well” (2 percent).
- All submitters (100 percent) rating on the overall process of problem resolving was “very good.”

South Texas Laboratory - Clinical Testing

Purpose

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

STL serves tuberculosis (TB) elimination programs throughout Texas. The programs provide clinical laboratory testing such as Comprehensive Metabolic Panels, Liver Function Panels, TB panels, and Complete Blood Counts for toxicity testing related to latent TB infection cases.

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

Sample and Methods

The study sought responses from Regional Clinics and TB Elimination Submitters. Participants were identified based on submitter enrollment testing needs. The study was conducted by paper in January and February 2019. The surveys were offered in English only. Individuals provided their responses by completing the surveys themselves. The total number of completed responses was 26 out of 107 for a response rate of 24 percent.

Major Findings

The findings of the study were as follows:

- All respondents (100 percent) expressed satisfaction with STL.
- All respondents (100 percent) reported receiving their lab reports in a timely manner (fax, mailed, other).
- All respondents (100 percent) reported high satisfaction with the supply ordering process.
- All respondents who use cold boxes (100 percent) reported that their cold boxes arrived at the scheduled time. Some respondents did not use cold boxes.
- Most respondents (88 percent) reported above and well above average customer service experience. Some respondents (12 percent) reported average customer service experience.

- Most respondents (92 percent) reported above and well above average on-time delivery of service. Some respondents (8 percent) reported average on-time delivery of service.
- Most respondents (92 percent) reported above and well above average professionalism. Some respondents (8 percent) reported average professionalism.
- Most respondents (88 percent) reported above and well above average quality of service. Some respondents (12 percent) reported average quality of service.
- Most respondents (88 percent) reported above and well above average understanding of customers' needs. Some respondents (12 percent) reported average understanding of customers' needs.
- Most respondents (77 percent) reported a same or higher STL service rate in comparison to previous modes of submitting specimens (i.e. postal service, other courier service). Some responses (23 percent) were not applicable.
- 46 percent of respondents saw a decrease in the number of specimens rejected for stability time or proper temperature in which the specimens were received by STL.
- Most respondents (88 percent) reported satisfaction and high satisfaction with STL staff responsiveness when called with service issues.
- Most respondents (85 percent) reported adequate supplies for sending specimens.
- One respondent reported dissatisfaction with the inability to ship specimens on Fridays due to specimen stability as STL is closed on weekend.
- One respondent reported dissatisfaction with the inability to access results online.

3. Health and Human Services Commission

This chapter reports the results of 23 surveys that collected customer satisfaction data related to the Health and Human Services Commission (HHSC). More than 286,000 responses were received through these surveys. For readability, this chapter is organized into six sections:

I. Healthcare Coverage
   a. STAR Child Caregiver Member Survey
   b. STAR Health Caregiver Member Survey
   c. STAR Kids Caregiver Member Survey
   d. CHIP Caregiver Member Survey
   e. Child Core Measures Survey
   f. Medicaid and CHIP Dental Caregiver Survey
   g. STAR Adult Member Survey
   h. STAR+PLUS Member Survey
   i. Adult Core Measures Survey
   j. Medical Transportation Program Member Survey

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

III. Quality Reviews
   a. Nursing Facility Quality Review (NFQR)
   b. Long Term Services and Supports Quality Review (LTSSQR)
   c. Consumer Rights and Services (CRS) Survey

IV. Health, Development, and Independence Services[5]

a. Early Childhood Intervention (ECI) Family Survey

b. Autism Program Satisfaction Survey

c. Your WIC Experience Survey

V. Mental Health Services

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

b. Mental Health Statistics Improvement Program Adult Services Survey

c. Mental Health Statistics Improvement Program Inpatient Consumer Survey

d. House Bill 13 Community Mental Health Grant Program

VI. Disability Services

a. Intellectual and Developmental Disability (IDD) Services and Disability Services Surveys

I. Healthcare Coverage

Eleven surveys captured customer satisfaction information from Texas HHSC clients receiving healthcare coverage since the last Report on Customer Service. The surveys summarized in this section were administered in state fiscal years 2018-2019.

For readability, this section is organized in three subsections:

1. Child Healthcare Coverage
2. Adult Healthcare Coverage
3. Medical Transportation Program

The child and adult healthcare surveys discussed here relate to Texas Medicaid or Children's Health Insurance Program (CHIP) services and the Medical

[5] Historically HHSC administers the Independent Living Services Customer Satisfaction Survey and the Blind Children's Vocational Discovery and Development Program Customer Satisfaction Survey. However, data was unavailable for SFY 2018 & SFY 2019.

Transportation Program (MTP) survey relates to non-emergency medical transportation (NEMT) services. Federal law requires state Medicaid programs to contract with an external quality review organization (EQRO) to help evaluate services. HHSC contracts with Institute for Child Health Policy (ICHP) at the University of Florida for this purpose, and ICHP conducted these surveys as part of their EQRO duties. The surveys assess members' or their caregivers' satisfaction with physical health, behavioral health, dental, or NEMT services. The questions on the surveys are primarily taken from nationally standardized survey instruments.

Child Healthcare Coverage

The surveys about services for children include:

- STAR Child Caregiver Member Survey
- STAR Health Caregiver Member Survey
- STAR Kids Caregiver Member Survey
- CHIP Caregiver Member Survey
- Child Core Measures Survey
- Medicaid and CHIP Dental Caregiver Survey

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

The child healthcare surveys included questions from the following sources:

- The Agency for Healthcare Research and Quality's (AHRQ) Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey, a widely used instrument for measuring and reporting consumer experiences with their health plan and providers.[6]
- Items developed by the EQRO pertaining to caregiver and member demographic and household characteristics.

[6] https://www.ahrq.gov/cahps/index.html

The technical appendices for these reports can be found on the Texas Healthcare Learning Collaborative portal in the Member Surveys folder under Resources.[7]

STAR Child Caregiver Member Survey

Purpose

The EQRO conducts the STAR Child Caregiver Member Survey from May to September with caregivers of children who receive services funded through the Medicaid STAR program. STAR serves children in low-income families as well as adults who meet certain income and eligibility criteria. The program provides physical, behavioral health, and dental services for children. This survey reviews physical and behavioral health, and a separate survey examines satisfaction with dental services. Surveys for adults and children in the STAR program are conducted separately.

The purpose of the STAR Child Caregiver Member Survey is to determine the sociodemographic characteristics and health status of children enrolled in the STAR program and assess parental experiences and satisfaction with healthcare received by STAR enrollees. Specifically, the survey includes questions to address:

- The sociodemographic characteristics and health status of members
- Caregivers' satisfaction with their child's healthcare
- Access to and timeliness of care, including having a usual source of care
- Preventive care, including check-ups
- The need for and availability of specialized services
- Caregivers' experiences with their child's health plan and customer service
- Healthcare needs as children with chronic conditions transition into adulthood

Sample and Methods

Participants for the STAR Child Caregiver Member Survey were selected from a stratified random sample of beneficiaries ages 17 and younger who were enrolled in STAR for six continuous months between October 2018 and March 2019. Members having no more than one 30-day break in enrollment in the same managed care organization (MCO) during this period were included in the sampling frame. The sample was stratified to include representation from the 44 plan codes (MCO/service areas), plus a statewide sample of members in Permanency Care Assistance and Adoption Assistance. There were 1,143,706 clients who met the

[7] https://thlcportal.com/resources/

sampling frame criteria. The target number of completed surveys was 200 per plan code and 300 for MCOs operating in only one service area. While the sample was drawn from the beneficiaries (children), the survey was conducted with their parents/caregivers.

There were 8,700 completed surveys with a response rate of 21 percent and a cooperation rate[8] of 55 percent. Approximately 0.8 percent of the sampling frame completed the survey.

Major Findings

The EQRO presented the findings to HHSC for a number of domains which allows for the calculation and reporting of healthcare composites. These are scores that combine results for closely related survey items, providing a comprehensive, yet concise summary of results for multiple survey questions. The scores in Table 17, Table 18, and Table 19 present the survey's composites.

Table 17: STAR Child Caregiver Member Survey CAHPS Composites: Percent "Always" Having Positive Experiences*

Satisfaction Domain	% of Respondents	AHRQ National Average (2019)**
Getting Needed Care	62.3%	61.0%
Getting Care Quickly	76.1%	73.0%
How Well Doctors Communicate	82.9%	79.0%
Customer Service	77.4%	68.0%
Coordination of Care	65.7%	60.0%

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

** https://cahpsdatabase.ahrq.gov/CAHPSIDB/HP/Topscores.aspx

[8] The cooperation rate is defined by the 2019 STAR Child Caregiver Member Survey technical appendix as the proportion of individuals who agreed to take the survey out of the number of people approached to participate in the survey.

Table 18: STAR Child Caregiver Member Survey CAHPS Composites: Percent Responding "Yes"*

Satisfaction Domain	% of Respondents	AHRQ National Average (2019)
Health Promotion and Education	71.1%	73.0%
Shared Decision Making	80.2%	N/A**

* See https://www.ahrq.gov/cahps/index.html for a list of specific items in each domain.

** N/A is listed for measures for which the AHRQ does not report a national average.

Table 19: STAR Child Caregiver Member Survey CAHPS Composite: Percent Rating at "9" or "10"

Satisfaction Domain	% of Respondents	AHRQ National Average (2019)
Health Care Rating	78.6%	70.0%
Personal Doctor Rating	79.3%	77.0%
Specialist Rating	79.7%	73.0%
Health Plan Rating	83.2%	71.0%

The survey included several questions that functioned as indicators of health plan performance, which are listed on the HHSC Performance Indicator Dashboard.[9] HHSC set benchmarks (known as HHSC Performance Dashboard Indicators) for the agency's performance in several key domains. The relevant results of the STAR Child Caregiver Member Survey are reported relative to these performance indicator benchmarks in Table 20.

[9] https://hhs.texas.gov/sites/default/files/documents/laws-regulations/handbooks/umcm/10-1-14.pdf

Table 20: Statewide STAR Child Member Survey Results Relative to HHSC Performance Dashboard Indicators

Performance Dashboard Indicator	STAR Child Total	STAR Child Standard (2019)
Good Access to Urgent Care	80.4%	78.0%
Good Access to Specialist Appointment	56.6%	53.0%
Good Access to Routine Care	71.9%	67.0%
Members Rating Child's Personal Doctor "9" or "10"	79.3%	76.0%
Members Rating Child's Health Plan a "9" or "10"	83.2%	69.0%
How Well Doctors Communicate	82.9%	79.0%

STAR Health Caregiver Survey

Purpose

The EQRO conducts the STAR Health Caregiver Survey from June to August with caregivers of children who received services funded through the STAR Health program. The Texas STAR Health program began in April 2008 and operates through Superior HealthPlan to provide physical, behavioral health, and dental services and care coordination to children in foster care. This survey reviews physical and behavioral health, and a separate survey examines satisfaction with dental services.

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

- The sociodemographic characteristics and health status of members
- Caregivers' experiences and satisfaction with their child's healthcare, personal doctor, and health plan customer service

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

Sample and Methods

Participants for the STAR Health Caregiver Survey were selected from a simple random sample of beneficiaries age 17 years or younger who were enrolled in the STAR Health program for at least six continuous months from December 2017 to May 2018 and have been living with their present caregiver for six months or longer. There were 13,217 clients identified in the sampling frame. The target number of completed surveys was 300.

There were 300 surveys completed with a response rate of 20 percent and a cooperation rate[10] of 48 percent. Approximately 2.3 percent of the sampling frame completed the survey.

Major Findings

The EQRO presented the findings to HHSC for a number of domains which allows for the calculation and reporting of healthcare composites. These are scores that combine results for closely related survey items, providing a comprehensive, yet concise summary of results for multiple survey questions. The scores in Table 21, Table 22, and Table 23 present the survey's composites.

[10] The cooperation rate is defined by the 2019 STAR Health Caregiver Survey technical appendix as the proportion of individuals who agreed to take the survey out of the number of people approached to participate in the survey.

Table 21: STAR Health Caregiver Survey CAHPS Composite: Percent "Always" Having Positive Experiences*

Satisfaction Domain	% of Respondents	AHRQ National Average (2018)**
Getting Needed Care	63.3%	61.0%
Getting Care Quickly	85.2%	74.0%
How Well Doctors Communicate	83.6%	79.0%
Customer Service	76.5%	69.0%
Coordination of Care	69.6%	59.0%
Access to Specialized Services	55.3%	N/A***
Getting Needed Information	75.8%	74.0%
Getting Prescriptions	79.6%	71.0%

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

** https://cahpsdatabase.ahrq.gov/CAHPSIDB/HP/Topscores.aspx

*** N/A is listed for measures for which the AHRQ does not report a national average.

Table 22: STAR Health Caregiver Survey CAHPS Composite: Percent Responding "Yes"*

Satisfaction Domain	% of Respondents	AHRQ National Average (2018)**
Health Promotion and Education	72.5%	73.0%
Shared Decision Making	75.6%	N/A
Personal Doctor Who Knows Child	91.5%	N/A

* See https://www.ahrq.gov/cahps/index.html for a list of specific items in each domain.

** N/A is listed for measures for which the AHRQ does not report a national average.

Table 23: STAR Health Caregiver Survey CAHPS Composite: Percent Rating at "9" or "10"

Satisfaction Domain	% of Respondents	AHRQ National Average (2018)
Health Care Rating	70.6%	69.0%
Personal Doctor Rating	79.2%	76.0%
Specialist Rating	68.4%	73.0%
Health Plan Rating	64.8%	70.0%

The survey included several questions that functioned as indicators of health plan performance, which are listed on the HHSC Performance Indicator Dashboard.[11] HHSC set benchmarks (known as HHSC Performance Dashboard Indicators) for the agency's performance in several key domains. The relevant results of the STAR Health Caregiver Survey are reported relative to these performance indicator benchmarks in Table 24.

[11] https://hhs.texas.gov/sites/default/files/documents/laws-regulations/handbooks/umcm/10-1-14.pdf

Table 24: Statewide STAR Health Caregiver Survey Results Relative to HHSC Performance Dashboard Indicators

Performance Dashboard Indicator	STAR Health Total (2018)	STAR Health Standard (2018)
Good Access to Urgent Care	91.6%	78.0%
Good Access to Specialist Appointments	55.4%	55.0%
Good Access to Routine Care	78.8%	68.0%
Good Access to Behavioral Health Treatment or Counseling	50.0%	52.0%
Parent/Caregiver Rating Child's Personal Doctor "9" or "10"	79.2%	75.0%
Parent/Caregiver Rating Child's Health Plan a "9" or "10"	64.8%	62.0%
Parent/Caregiver Good Experiences with Doctors' Communication	83.6%	78.0%

STAR Kids Caregiver Member Survey

Purpose

The EQRO conducts the STAR Kids Caregiver Member Survey from July to October with caregivers of children who received services funded through the Medicaid STAR Kids program. STAR Kids serves children and adults 20 and younger who have a disability and meet certain eligibility criteria. The program provides physical, behavioral health, and dental services. This survey reviews physical and behavioral health, and a separate survey examines satisfaction with dental services.

The STAR Kids Caregiver Member Survey's purpose is to determine the sociodemographic characteristics and health status of children enrolled in the STAR Kids program and assess parental experiences and satisfaction with healthcare received by STAR enrollees. Specifically, the survey includes questions to address:

- The sociodemographic characteristics and health status of enrollees

- Caregivers' experiences of and satisfaction with their children's healthcare, personal doctor, and health plan customer service
- Access to and timeliness of care, including having a usual source of care
- Caregivers' knowledge of and experiences with service coordination provided through their health plan
- The need for and availability of specialized services for members
- Healthcare needs as children with chronic conditions transition into adulthood

Sample and Methods

Participants for the STAR Kids Caregiver Member Survey were selected from a stratified random sample of beneficiaries ages 17 and younger who were enrolled in STAR Kids for six continuous months between December 2017 and May 2018. Members having no more than one 30-day break in enrollment in the same MCO during this period were included in the sampling frame. The sample was stratified to include representation from the 28 plan codes (MCO/service areas), plus a second stratified random sample on three 1915(c) waiver categories: Medically Dependent Children Program (MDCP), Youth Empowerment Services (YES), and intellectual and developmental disabilities (IDD). There were 100,470 clients who met the sampling frame criteria. The target number of completed surveys was 220 per plan code and 330 for MCOs operating in only one service area. While the sample was drawn from the beneficiaries (children), the survey was conducted with their parents/caregivers.

There were 7,131 completed surveys with a response rate of 26 percent and a cooperation rate[12] of 52 percent. Approximately 7.1 percent of the sampling frame completed the survey.

Major Findings

The EQRO presented the findings to HHSC for a number of domains which allows for the calculation and reporting of healthcare composites. These are scores that combine results for closely related survey items, providing a comprehensive, yet concise summary of results for multiple survey questions. Table 25, Table 26, and Table 27 present the survey's composites.

[12] The cooperation rate is defined by the 2019 STAR Kids Caregiver Member Survey technical appendix as the proportion of individuals who agreed to take the survey out of the number of people approached to participate in the survey.

Table 25: STAR Kids Caregiver Member Survey CAHPS Composites: Percent "Always" Having Positive Experiences*

Satisfaction Domain	% of Respondents	AHRQ National Average (2018)**
Getting Needed Care	64.2%	61.0%
Getting Care Quickly	75.7%	74.0%
How Well Doctors Communicate	77.5%	79.0%
Customer Service	75.5%	69.0%
Coordination of Care	61.9%	59.0%
Access to Specialized Services	50.4%	N/A***
Getting Needed Information	73.7%	74.0%
Getting Prescriptions	73.4%	71.0%

* https://cahpsdatabase.ahrq.gov/CAHPSIDB/HP/Topscores.aspx

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

*** N/A is listed for measures for which the AHRQ does not report a national average.

Table 26: STAR Kids Caregiver Member Survey CAHPS Composites: Percent Responding "Yes"*

Satisfaction Domain	% of Respondents	AHRQ National Average (2018)**
Health Promotion and Education	75.3%	73.0%
Shared Decision Making	84.3%	N/A
Personal Doctor Who Knows Child	88.5%	N/A
Coordination of Care for Children with Chronic Conditions	81.6%	N/A

* See https://www.ahrq.gov/cahps/index.html for a list of specific items in each domain.

** N/A is listed for measures for which the AHRQ does not report a national average.

Table 27: STAR Kids Caregiver Member Survey CAHPS Composites: Percent Rating at "9" or "10"

Satisfaction Domain	% of Respondents	AHRQ National Average (2018)
Health Care Rating	73.9%	69.0%
Personal Doctor Rating	77.4%	76.0%
Specialist Rating	78.9%	73.0%
Health Plan Rating	71.1%	70.0%

The survey included several questions that functioned as indicators of health plan performance, which are listed on the HHSC Performance Indicator Dashboard.[13] HHSC set benchmarks (known as HHSC Performance Dashboard Indicators) for the agency's performance in several key domains (Table 28). Since the STAR Kids program was established in 2017, there were no standards for comparison with the

[13] https://hhs.texas.gov/sites/default/files/documents/laws-regulations/handbooks/umcm/10-1-14.pdf

2018 STAR Kids Caregiver Member Survey. Performance Indicator Dashboard standards for STAR Kids will be available in 2020.

Table 28: Statewide STAR Kids Caregiver Member Survey Results Relative to HHSC Performance Dashboard Indicators

Performance Dashboard Indicator	STAR Kids Total
Good Access to Urgent Care	81.0%
Good Access to Specialist Appointments	59.2%
Good Access to Routine Care	70.4%
Good Access to Special Therapies	47.4%
Good Access to Behavioral Health Treatment or Counseling	52.0%
Members Rating Child's Personal Doctor "9" or "10"	77.4%
Members Rating Child's Health Plan a "9" or "10"	71.1%
Good Experiences with Doctors' Communication	77.5%
Getting Needed Care	64.2%
Getting Care Quickly	75.7%
Access to Specialized Services	50.4%
How Well Doctors Communicate	77.5%
Personal Doctor Who Knows Child	88.5%
Customer Service	75.5%
Receiving Help Coordinating Child's Care	36.5%
Very Satisfied with Communicating among Child's Providers	67.1%

CHIP Caregiver Member Survey

Purpose

The EQRO conducts the CHIP Caregiver Member Survey from May to September with caregivers of children who receive services funded through the CHIP program. CHIP is a partially subsidized health insurance program for children from families whose income falls below a specific threshold but exceeds the eligibility level to qualify for Medicaid. The program provides physical, behavioral health, and dental services for children. This survey reviews physical and behavioral health.

The purpose of the CHIP Caregiver Member Survey is to determine the sociodemographic characteristics and health status of children enrolled in CHIP and to assess parental experiences and satisfaction with healthcare received by CHIP enrollees. The survey includes questions to address:

- The sociodemographic characteristics and health status of enrollees
- Parent's experiences and satisfaction with their children's healthcare, personal doctor, and health plan costumer service
- The need for and availability of specialized services for members
- Healthcare needs as children with chronic conditions transition into adulthood

Sample and Methods

Survey participants for the CHIP Child Caregiver Member Survey were selected from a stratified random sample of beneficiaries ages 17 and younger who were enrolled in CHIP for six continuous months between October 2018 and March 2019. Client counts were not made available for inclusion in this report before publication. Members having no more than one 30-day break in enrollment in the same MCO during this period were included in the sampling frame. The sample was stratified to include representation from the 32 plan codes (MCO/service areas). There were 130,579 clients who met the sampling frame criteria. The target number of completed surveys was 200 per plan code and 300 for MCOs operating in only one service area. While the sample was drawn from the beneficiaries (children), the survey was conducted with their parents/caregivers.

There were 5,461 completed surveys with a response rate of 17 percent and a cooperation rate[14] of 50 percent. Approximately 4.2 percent of the sampling frame completed the survey.

Major Findings

The EQRO presented the findings to HHSC for a number of domains which allows for the calculation and reporting of healthcare composites. These are scores that combine results for closely related survey items, providing a comprehensive, yet concise summary of results for multiple survey questions. Table 29, Table 30, and Table 31 present the survey's composites.

Table 29: CHIP Caregiver Member Survey CAHPS Composites: Percent "Always" Having Positive Experiences*

Satisfaction Measure	% of Respondents	AHRQ National Average (2019)**
Getting Needed Care	58.0%	61.0%
Getting Care Quickly	73.8%	73.0%
How Well Doctors Communicate	80.4%	79.0%
Customer Service	77.5%	68.0%
Coordination of Care	60.8%	60.0%

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

** https://cahpsdatabase.ahrq.gov/CAHPSIDB/HP/Topscores.aspx

[14] The cooperation rate is defined by the 2019 CHIP Caregiver Member Survey technical appendix as the proportion of individuals who agreed to take the survey out of the number of people approached to participate in the survey.

Table 30: CHIP Caregiver Member Survey CAHPS Composites: Percent Responding "Yes"*

Satisfaction Domain	% of Respondents	AHRQ National Average (2019)
Health Promotion and Education	68.7%	73.0%
Shared Decision Making	74.0%	N/A**

* See https://www.ahrq.gov/cahps/index.html for a list of specific items in each domain.

** N/A is listed for measures for which the AHRQ does not report a national average.

Table 31: CHIP Caregiver Member Survey CAHPS Composites: Percent Rating at "9" or "10"

Satisfaction Domain	% of Respondents	AHRQ National Average (2019)
Health Care Rating	74.4%	70.0%
Personal Doctor Rating	77.2%	77.0%
Specialist Rating	75.6%	73.0%
Health Plan Rating	76.9%	71.0%

The survey included several questions that function as indicators of health plan performance, which are listed on the HHSC Performance Indicator Dashboard.[15] HHSC set benchmarks (known as HHSC Performance Dashboard Indicators) for the agency's performance in several key domains. The relevant results of the CHIP Caregiver Member Survey are reported relative to these performance indicator benchmarks in Table 32.

[15] https://hhs.texas.gov/sites/default/files/documents/laws-regulations/handbooks/umcm/10-1-14.pdf

Table 32: Statewide CHIP Member Survey Results Relative to HHSC Performance Dashboard Indicators

Performance Dashboard Indicator	CHIP Survey Results	CHIP Standard (2019)
Good Access to Urgent Care	76.5%	75.0%
Good Access to Routine Care	71.1%	67.0%
Members Rating Child's Personal Doctor "9" or "10"	77.2%	74.0%
Members Rating Child's Health Plan a "9" or "10"	76.9%	74.0%
How Well Doctors Communicate	80.4%	79.0%

Child Core Measures Survey

Purpose

The EQRO conducts the Child Core Measures Survey from June to November with caregivers of children who receive services funded through Texas Medicaid and CHIP. The purpose of the Child Core Measures Survey is to assess member and caregiver overall experiences with Medicaid and CHIP in Texas. Results from these surveys were used in SFY 2019 Child and Adult Core Measures reporting to the Centers for Medicare and Medicaid Services.

Sample and Methods

Participants for the Child Core Measure Survey were selected from a stratified random sample of beneficiaries ages 17 and younger who were enrolled in Medicaid (STAR, STAR Kids, STAR Health, and Fee-For-Service) or CHIP for six or more continuous months. There were 946,884 clients identified in the sampling frame. The target number of completed surveys was 822: 411 for Medicaid Child and 411 for CHIP. The EQRO randomly selected 411 existing CHIP caregiver responses from the 2019 Biennial CHIP Caregiver survey for the CHIP core reporting. While the sample was drawn from the beneficiaries (children), the survey was conducted with their parents/caregivers. Approximately 0.1 percent of the sampling frame completed the survey.

Major Findings

The EQRO presented the findings to HHSC for a number of domains which allows for the calculation and reporting of healthcare composites. These are scores that combine results for closely related survey items, providing a comprehensive, yet concise summary of results for multiple survey questions. Table 33, Table 34, and Table 35 present the survey's composites.

Table 33: Child Core Measure Survey CAHPS Composites: Percent "Always" Having Positive Experiences*

Satisfaction Domain	Medicaid Child % of Respondents	CHIP % of Respondents
Getting Needed Care	65.0%	57.1%
Getting Care Quickly	76.9%	71.3%
How Well Doctors Communicate	83.7%	78.0%
Customer Service	76.3%	74.0%
Coordination of Care	62.8%	59.3%

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

Table 34: Child Core Measures Survey CAHPS Composites: Percent Responding "Yes"*

Satisfaction Domain	Medicaid Child % of Respondents	CHIP % of Respondents
Health Promotion and Education	71.5%	71.0%
Shared Decision Making	79.9%	N/A**

* See https://www.ahrq.gov/cahps/index.html for a list of specific items in each domain.

** N/A is listed for measures for which the AHRQ does not report a national average.

Table 35: Child Core Measure Survey CAHPS Composites: Percent Rating at "9" or "10"

Satisfaction Domain	Medicaid Child % of Respondents	CHIP % of Respondents
Health Care Rating	77.8%	73.0%
Personal Doctor Rating	80.1%	78.4%
Specialist Rating	78.6%	N/A*
Health Plan Rating	76.2%	72.1%

* N/A is listed for measures for which the AHRQ does not report a national average.

Medicaid and CHIP Dental Caregiver Survey

Purpose

The EQRO conducts the Medicaid and CHIP Dental Caregiver Survey from July to November with caregivers of children who receive dental services funded through Texas Medicaid and CHIP. The Medicaid programs STAR, STAR Kids, and STAR Health, as well as general Fee-For-Service Medicaid and CHIP, all provide dental services for children under 18 years of age.

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

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

Sample and Methods

Participants for the Dental Caregiver Member Survey were selected from a stratified random sample of beneficiaries ages 17 and younger who were enrolled in CHIP or

Medicaid for six continuous months between November 2018 and May 2019. Members having no more than one 30-day break in enrollment in the same CHIP or Medicaid dental plan during this period were included in the sampling frame. There were 1,297,292 clients who met the sampling frame criteria. The sample was stratified to include representation from CHIP and Medicaid with a target number of 300 completed surveys per dental plan. While the sample was drawn from the beneficiaries (children), the survey was conducted with their parents/caregivers.

There were 1,200 surveys completed with a response rate of 20 percent and a cooperation rate[16] of 51 percent. Approximately 0.1 percent of the sampling frame completed the survey.

Major Findings

The EQRO presented the findings to HHSC for a number of domains which allows for the calculation and reporting of healthcare composites. These are scores that combine results for closely related survey items, providing a comprehensive, yet concise summary of results for multiple survey questions. The scores in Table 36 and Table 37 present the survey's composites.

[16] The cooperation rate is defined by the 2019 Dental Caregiver Member Survey technical appendix as the proportion of individuals who agreed to take the survey out of the number of people approached to participate in the survey.

Table 36. Medicaid and CHIP Dental Caregiver Survey CAHPS Composites: Percent "Always" Having Positive Experiences*

Satisfaction Measure	Medicaid % of Respondents	CHIP % of Respondents
In the last six months, how often were your child's dental appointments as soon as you wanted?	76.7%	76.9%
In the last six months, how often did the customer service staff at your child's dental plan treat you with courtesy and respect?	89.0%	85.7%
In the last six months, how often did your child's regular dentist explain things in a way that was easy to understand?	82.0%	86.1%
In the last six months, how often did your child's dental plan cover all of the services you thought were covered?	85.6%	65.0%
[Of those who sought information] In the last six months, how often did the 800 number, written materials or website provide the information you wanted?	52.6%	60.4%

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

Table 37. Medicaid and CHIP Dental Caregiver Survey CAHPS Composites: Percent Rating at "9" or "10"

Satisfaction Measure	Medicaid % of Respondents	CHIP % of Respondents
Using any number from 0 to 10, where 0 is extremely difficult and 10 is extremely easy, what number would you use to rate how easy it was for you to find a dentist for your child?	77.4%	82.2%
Using any number from 0 to 10, where 0 is the worst dental plan possible and 10 is the best dental plan possible, what number would you use to rate your child's dental plan?	83.1%	74.5%

Adult Healthcare Coverage

The surveys about adult services include:

- STAR Adult Member Survey
- STAR Adult Behavioral Health Member Survey
- STAR+PLUS Member Survey
- STAR+PLUS Behavioral Health Member Survey
- Adult Core Measures Survey

The EQRO used the same protocol for the two telephone-based surveys discussed here as was used with the similar surveys regarding services for children (advanced notification followed by telephone surveys). As with the surveys about children's services, the EQRO used CAHPS and other survey questions approved by HHSC. The technical appendices for these reports can be found on the Texas Healthcare Learning Collaborative portal in the Member Surveys folder under Resources.[17]

STAR Adult Member Survey

Purpose

The EQRO conducts the STAR Adult Member Survey from May to September with adults who received services funded through the Medicaid STAR program. STAR serves children in low-income families and adults who meet certain income and

[17] https://thlcportal.com/resources/

eligibility criteria. The program provides physical and behavioral health services and dental services for children. This survey reviews physical and behavioral health. Surveys for adults and children in the STAR program are conducted separately.

The purpose of the STAR Adult Member Survey is to determine the sociodemographic characteristics and health status of members and members' experiences and level of satisfaction in the STAR program. Specifically, the survey includes questions to address:

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

Sample and Methods

Participants for the STAR Adult Survey were selected from a stratified random sample of beneficiaries ages 18 to 64 who were enrolled in the same STAR MCO for six continuous months between October 2017 and March 2018. Members having no more than one 30-day break in enrollment in the same MCO during this period were included in the sampling frame. There were 207,183 clients who met the sampling frame criteria. The sample was stratified to include representation from the 43 plan codes (MCO/service areas), with a target number of 200 completed surveys per plan code and 300 for MCOs operating in only one service area.

There were 7,832 surveys completed with a response rate of 51 percent and a cooperation rate[18] of 97 percent. Approximately 3.8 percent of the sampling frame completed the survey.

Major Findings

The EQRO presented the findings to HHSC for a number of domains which allows for the calculation and reporting of healthcare composites. These are scores that combine results for closely related survey items, providing a comprehensive, yet

[18] The cooperation rate is defined by the 2019 STAR Adult Member Survey technical appendix as the proportion of individuals who agreed to take the survey out of the number of people approached to participate in the survey.

concise summary of results for multiple survey questions. The scores in Table 38, Table 39, and Table 40 present the survey's composites.

Table 38: STAR Adult Member Survey CAHPS Composites: Percent "Always" Having Positive Experiences*

Satisfaction Domain	% of Respondents	AHRQ National Average (2018)**
Getting Needed Care	56.7%	54.0%
Getting Care Quickly	57.7%	59.0%
How Well Doctors Communicate	80.8%	74.0%
Customer Service	72.5%	68.0%
Coordination of Care	54.9%	57.0%

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

** https://cahpsdatabase.ahrq.gov/CAHPSIDB/HP/Topscores.aspx

Table 39: STAR Adult Member Survey CAHPS Composites: Percent Responding "Yes"*

Satisfaction Domain	% of Respondents	AHRQ National Average (2018)
Shared Decision Making	78.7%	N/A**
Health Promotion and Education	68.6%	74.0%

* See https://www.ahrq.gov/cahps/index.html for a list of specific items in each domain.

** N/A is listed for measures for which the AHRQ does not report a national average.

Table 40: STAR Adult Member Survey CAHPS Composites: Percent Rating at "9" or "10"

Satisfaction Domain	% of Respondents	AHRQ National Average (2018)
Health Care Rating	58.3%	54.0%
Personal Doctor Rating	66.0%	66.0%
Specialist Rating	67.9%	66.0%
Health Plan Rating	63.1%	58.0%

The survey included several questions that functioned as indicators of health plan performance, which are listed on the HHSC Performance Indicator Dashboard.[19] HHSC set benchmarks (known as HHSC Performance Dashboard Indicators) for the agency's performance in several key domains. The relevant results of the STAR Adult Member Survey are reported relative to these performance indicator benchmarks in Table 41.

[19] https://hhs.texas.gov/sites/default/files/documents/laws-regulations/handbooks/umcm/10-1-14.pdf

Table 41: Statewide STAR Adult Member Survey Results Relative to HHSC Performance Dashboard Indicators

Performance Dashboard Indicator	STAR Adult Total	STAR Adult Standard (2018)
Good Access to Urgent Care	62.7%	63.0%
Good Access to Specialist Appointment	50.9%	53.0%
Good Access to Routine Care	52.6%	53.0%
Good Access to Behavioral Health Treatment or Counseling	45.6%	42.0%
Members Rating Their Personal Doctor "9" or "10"	66.0%	65.0%
Members Rating Their Health Plan a "9" or "10"	63.1%	58.0%
Good Experience with Doctor's Communication	80.8%	75.0%

STAR+PLUS Adult Member Survey

Purpose

The EQRO conducts the STAR+PLUS Member Survey from May to September with adults who receive services funded through the Medicaid STAR+PLUS program. The STAR+PLUS program integrates acute and long-term services and supports for adults who are older and/or have disabilities.

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

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

- Members' experiences with their health plan and customer service
- Members' knowledge of and experiences with Service Coordination provided by their health plan

Sample and Methods

Participants for the STAR+PLUS Member Survey were selected from a stratified random sample of beneficiaries ages 18 to 64 who were enrolled in the same MCO for six continuous months between October 2017 and March 2018. Members having no more than one 30-day break in enrollment in the same MCO during this period were included in the sampling frame. There were 185,260 clients who met the sampling frame criteria. The sample was stratified to include representation from the 30 plan codes (MCO/service areas) and statewide dual-eligible members in STAR+PLUS, with a target number of 200 completed surveys per plan code and 250 completed surveys for dual-eligible members. Dual-eligible members are presented separately as they are not included in the general STAR+PLUS Medicaid 'Totals'.

There were 6,116 surveys completed with a response rate of 67 percent and a cooperation rate[20] of 99 percent. Approximately 3.3 percent of the sampling frame completed the survey.

Major Findings

The EQRO presented the findings to HHSC for a number of domains which allows for the calculation and reporting of healthcare composites. These are scores that combine results for closely related survey items, providing a comprehensive, yet concise summary of results for multiple survey questions. The scores in Table 42, Table 43, and Table 44 present the survey's composites.

[20] The cooperation rate is defined by the 2019 STAR+PLUS Adult Member Survey technical appendix as the proportion of individuals who agreed to take the survey out of the number of people approached to participate in the survey.

Table 42: STAR+PLUS Member Survey CAHPS Composites: Percent "Always" Having Positive Experiences*

Satisfaction Domain	Medicaid Only % of Respondents	Dual-Eligible % of Respondents	AHRQ National Average (2018)**
Getting Needed Care	60.5%	64.0%	54.0%
Getting Care Quickly	64.0%	70.0%	59.0%
How Well Doctors Communicate	79.6%	86.5%	74.0%
Customer Service	74.4%	75.4%	68.0%
Coordination of Care	67.0%	66.9%	57.0%

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

** https://cahpsdatabase.ahrq.gov/CAHPSIDB/HP/Topscores.aspx

Table 43: STAR+PLUS Member Survey CAHPS Composites: Percent Responding "Yes"*

Satisfaction Domain	Medicaid Only % of Respondents	Dual-Eligible % of Respondents	AHRQ National Average (2018)
Shared Decision Making	74.6%	78.1%	N/A**
Health Promotion and Education	73.2%	73.5%	74.0%

* See https://www.ahrq.gov/cahps/index.html for a list of specific items in each domain.

** N/A is listed for measures for which the AHRQ does not report a national average.

Table 44: STAR+PLUS Member Survey CAHPS Composites: Percent Rating at "9" or "10"

Satisfaction Domain	Medicaid Only % of Respondents	Dual-Eligible % of Respondents	AHRQ National Average (2018)
Health Care Rating	56.5%	58.4%	54.0%
Personal Doctor Rating	70.2%	79.5%	66.0%
Specialist Rating	72.3%	68.2%	66.0%
Health Plan Rating	60.7%	63.4%	58.0%

The survey included several questions that functioned as indicators of health plan performance, which are listed on the HHSC Performance Indicator Dashboard.[21] HHSC set benchmarks (known as HHSC Performance Dashboard Indicators) for the agency's performance in several key domains. The relevant results of the STAR+PLUS Member Survey are reported relative to these performance indicator benchmarks in Table 45.

[21] https://hhs.texas.gov/sites/default/files/documents/laws-regulations/handbooks/umcm/10-1-14.pdf

Table 45: Statewide STAR+PLUS Member Survey Results Relative to HHSC Performance Dashboard Indicators

Performance Dashboard Indicator	Medicaid-only % of Respondents	Dual-Eligible % of Respondents	Minimum Standard (2018)
Good Access to Urgent Care	65.7%	72.2%	62.0%
Good Access to Specialist Appointments	58.4%	60.3%	54.0%
Good Access to Routine Care	62.4%	67.2%	56.0%
Good Access to Special Therapies	39.2%	64.8%	33.0%
Good Access to Service Coordination	55.0%	60.6%	52.0%
Advising Smokers to Quit	54.2%	55.9%	39.0%
Good Access to Behavioral Health Treatment or Counseling	48.7%	53.1%	52.0%
Members Rating their Personal Doctor a "9" or "10"	69.6%	79.5%	66.0%
Members Rating their Health Plan "9" or "10"	60.1%	63.4%	57.0%
Good Experience with Doctor's Communication	79.3%	86.5%	75.0%

Adult Core Measures Survey

Purpose

The EQRO conducts the Adult Core Measures Survey from May to September with adults who received services funded through the Texas Medicaid program. Surveys for adults and children in Medicaid were conducted separately.

The purpose of the Adult Core Measures Survey is to assess overall member experiences with Medicaid in Texas. Results from these surveys were used in the SFY 2019 Child and Adult Core Measures reporting to CMS.

Sample and Methods

Participants for the Adult Core Measure Survey were selected from a stratified random sample of beneficiaries ages 18 to 64 who were enrolled in Medicaid (STAR, STAR+PLUS, STAR Kids, and Fee-For-Service) for six continuous months between October 2017 and March 2018. There were 665,625 clients who met the sampling frame criteria. The target number of completed surveys was 411. Approximately 0.1 percent of the sampling frame completed the survey.

Major Findings

The EQRO presented the findings to HHSC for a number of domains which allows for the calculation and reporting of healthcare composites. These are scores that combine results for closely related survey items, providing a comprehensive, yet concise summary of results for multiple survey questions. The scores in Table 46, Table 47 and Table 48 present the survey's composites.

Table 46. Adult Core Measures Survey CAHPS Composites: Percent "Always" Having Positive Experiences*

Satisfaction Domain	% of Respondents
Getting Needed Care	55.0%
Getting Care Quickly	59.6%
How Well Doctors Communicate	80.2%
Customer Service	73.4%
Coordination of Care	66.0%

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

Table 47: Adult Core Measures Survey CAHPS Composites: Percent Responding "Yes"*

Satisfaction Domain	% of Respondents
Health Promotion and Education	69.7%
Shared Decision Making	79.1%
Flu Vaccination	46.9%

* See https://www.ahrq.gov/cahps/index.html for a list of specific items in each domain.

Table 48. Adult Core Measures Survey CAHPS Composites: Percent Rating at "9" or "10"

Satisfaction Domain	% of Respondents
Health Care Rating	53.8%
Personal Doctor Rating	71.2%
Specialist Rating	65.8%
Health Plan Rating	59.0%

Medical Transportation Program

The EQRO used the same protocol for the two telephone-based surveys discussed here as was used with the similar surveys regarding services for children (advanced notification followed by telephone surveys). Since there is no nationally standardized transportation survey to use, the EQRO developed questions based on other non-emergency medical transportation (NEMT) services. The NEMT survey was conducted by the University of Florida Survey Research Center (UFSRC).

Medical Transportation Program Member Survey

Purpose

The EQRO conducts the Medical Transportation Program Member Survey from June to August with members and their caregivers who use Medical Transportation Program (MTP) services funded through Texas Medicaid. The MTP provides NEMT to assist Medicaid members and their caregivers when they go to necessary medical services. The MTP offers a range of services including mass transit services, demand response services, mileage reimbursement, meals and lodging assistance, advance funds, and a reservation line.

The purpose of the Medical Transportation Program Member Survey is to examine member experience and satisfaction with MTP services in all transportation regions in Texas. The aims of the MTP study include:

- Describing Medicaid member experiences with MTP services across all transportation regions
- Assessing member knowledge of available services in all regions

- Assessing overall member satisfaction with MTP processes and services in all regions

Sample and Methods

Participants for the Medical Transportation Program Member Survey were selected from a stratified random sample of beneficiaries ages 0 to 99 who were enrolled in Medicaid for 12 continuous months between September 2017 and October 2018 with no more than one 30-day break in enrollment, and who used MTP services during that 12-month period. Participants included child, adult, and adult proxy members. Client counts were not made available for inclusion in this report before publication. The sample was stratified to include representation from the 13 plan codes (MTO/service areas), with a target number of 200 completed surveys per plan code.

There were 2,000 surveys completed with a response rate of 18 percent and cooperation rate of 50 percent.

Major Findings

The EQRO presented findings to HHSC for two domains based on the results. Table 49 and Table 50 present survey results that describe these findings through member awareness, utilization, knowledge, and experience in relation to MTP services. The scores present the survey's percentages related to the key finding.

Member Awareness

Member awareness about services varied by service type. A larger percentage of members were aware of demand response services and mileage reimbursement than were aware of meals and lodging or advanced funds services (Table 49).

Table 49: MTP Member Survey – Member Awareness, Percent Reporting Familiarity with Service

MTP Service	% of Respondents
Mass Transit	80.0%
Demand Response Services	89.6%
Mileage Reimbursement	78.2%
Meals and Lodging	31.5%
Advance Funds Services	20.4%

Member Experience with MTP Services

The EQRO calculated an overall satisfaction score based on the average percent of members that reported being "satisfied" or "very satisfied" with each of the five NEMT services. Overall, more than 80 percent of members in all regions were "satisfied" or "very satisfied". Table 50 shows the percentage of members they were "satisfied" or "very satisfied" with each of the service types and the overall composite for the state.

Table 50: MTP Member Survey – Member Satisfaction, Percent Responding "Satisfied" or "Very Satisfied"

MTP Service	% of Respondents
Mass Transit	86.0%
Demand Response	92.5%
Mileage Reimbursement	90.4%
Meals and Lodging	90.2%
Advance Funds	93.8%
Overall Satisfaction (Composite)	90.6%

II. Access and Eligibility Services

Supplemental Nutrition Assistance Program Community Partner Interview Surveys

Purpose

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

Each year, FNS requires HHSC to conduct a customer satisfaction survey with at least 200 individuals who apply for SNAP benefits at each of five local food banks: Houston, North Texas, San Antonio, South Plains, and Tarrant. The FNS-created survey is facilitated by HHSC CADS who distributes copies of the survey to participating food banks where the surveys are administered. CADS is also responsible for entering and analyzing customer satisfaction surveys as part of an annual CPI report submitted to FNS.

Sample and Methods

In June 2018 and 2019, CADS mailed surveys to the five participating food banks along with scripts for the workers to use, instructions on how to distribute the surveys, return envelopes, and a collection box for use at the food bank. The number of surveys sent to each food bank was based on response rates at each site in previous years, and the number of surveys needed from each food bank so their customers would be proportionately represented. CADS sent extra surveys to each site to ensure at least 200 surveys would be collected.

A convenience sample was utilized at each location. Food bank staff conducted SNAP interviews at several sites within their service area, including but not limited to food banks, affiliated food pantries, shelters, customers' homes, and community events and fairs. Upon the conclusion of every SNAP interview during the survey period, one applicant per household was provided a survey and return envelope and asked to complete the survey, seal it in the return envelope, and return it to the interviewer or return it by mail. In sites where interviewers expected to interview more than one household, SNAP interviewers could also designate an area away from where they conducted interviews for the customer to complete the survey and

deposit it in a survey drop box. Food bank staff then mailed the completed surveys to HHSC CADS. Food bank staff followed this procedure until all surveys were completed or the survey period ended (approximately 6-8 weeks after CADS mailed surveys out to food banks). The survey was available in English and Spanish.

Food banks were enthusiastic to participate in the survey, with some sites photocopying surveys and returning more surveys that initially issued. Return rates from the five food banks in 2018 ranged from 40 percent to over 100 percent.[22] Overall, food banks returned 431 of 455 mailed surveys for a return rate of 95 percent. Return rates from the five food banks in 2019 ranged from 66 percent to over 100 percent.[23] Overall, food banks returned 374 of 350 initially mailed surveys for a return rate of over 100 percent.

Major Findings

The findings of the study indicate a high level of customer satisfaction with their SNAP application process at local food banks in 2018 and 2019. In 2018, 71 percent of respondents completed surveys in English and 28 percent in Spanish.[24] In 2019, 70 percent of surveys were completed in English and 30 percent in Spanish.

Location

Customers were asked why they selected this location to apply for SNAP benefits. They were given many options and could select all that applied (Table 51).

[22] Houston food bank requested additional surveys in 2018 and printed their own surveys resulting in a return rate greater than 100 percent.

[23] Multiple food banks requested additional surveys in 2019, or copied existing surveys, resulting in return rates greater than 100 percent.

[24] Language could not be determined for two surveys in 2018 so percentages do not add to 100.

Table 51: Reason for Selection of Location

Option	2018 Proportion of Respondents* (n=431)	2019 Proportion of Respondents* (n=374)
You didn't know there was another way to apply	6%	7%
You go here for other services	17%	22%
You feel comfortable going here	48%	46%
It is conveniently located	23%	25%
It has convenient hours of operation	10%	14%
You don't have to wait a long time here	19%	18%
The people who work here are friendly	33%	35%
The people who work here speak your language	15%	18%
Someone referred you here	18%	20%
Don't know	0%	1%

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

Experience

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

In 2018:

- Most respondents waited for less than 30 minutes (66 percent), while 16 percent waited 30 to 60 minutes, and 16 percent waited over an hour.
- Most respondents thought the application process was easier than before (56 percent), while 27 percent thought it was about the same, only 4 percent thought it was harder, and for 10 percent of respondents it was their first time to apply.
- Almost all respondents (98 percent) thought the location offered enough privacy.

- Ninety-nine percent of respondents strongly agreed (79 percent) or agreed (20 percent) that the staff were knowledgeable about the SNAP application procedures.

Similarly, in 2019:

- Most respondents waited for less than 30 minutes (69 percent), while 15 percent waited 30 to 60 minutes, and 15 percent waited over an hour.
- Most respondents thought the application process was easier than before (57 percent), while 28 percent thought it was about the same, only 2 percent thought it was harder, and for 11 percent of respondents it was their first time to apply.
- Almost all respondents (96 percent) thought the location offered enough privacy.
- Ninety-eight percent of respondents strongly agreed (74 percent) or agreed (24 percent) that the staff were knowledgeable about the SNAP application procedures.

Satisfaction

Overall, respondents were satisfied with the SNAP interview process.

- In 2018, most respondents were very satisfied (82 percent) or satisfied (16 percent) with their experience.
- High levels of satisfaction continued in 2019, with almost all respondents indicating they were very satisfied (79 percent) or satisfied (19 percent) with their experience.

YourTexasBenefits.Com Survey

Purpose

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

use to access the website. In 2016, the website was redesigned so it could also be accessed from mobile devices and tablets.

After customers use the YourTexasBenefits.com website and log out, all users are prompted to complete a brief online survey. The purpose of this ongoing survey is to assess customers' satisfaction and experiences with the changes to the website. Client counts were not made available for inclusion in this report before publication.

The current survey collects data about:

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

Sample and Methods

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

In 2017, there were 66,999 completed surveys – an average of 5,583 responses per month. In addition, 2,330 surveys were initiated but were not completed.

In 2018, there were 50,521 completed surveys – an average of 4,210 responses per month. In addition, 1,662 surveys were initiated but were not completed.

In 2019 (January 1, 2019 through November 15, 2019), there were 40,783 completed surveys – an average of 3,399 responses per month. In addition, 1,464 surveys were initiated but were not completed.

Major Findings

Most respondents were satisfied with their experience using mobile devices or tablets to access the Your Texas Benefits website. Yearly results from calendar years 2017-2019 are presented below.

Positive Findings and Usage

The majority of respondents indicated:

- It was easy or very easy to set up an account:
  - 84 percent (2017)
  - 82 percent (2018)
  - 82 percent (2019)
- Their experience using a tablet or mobile phone to access YourTexasBenefits.com was good or very good:
  - 70 percent (2017)
  - 69 percent (2018)
  - 72 percent (2019)
- They were visiting the site to apply for or renew benefits:
  - 98 percent (2017)
  - 96 percent (2018)
  - 95 percent (2019)

Opportunities for Improvement

Of those who applied for or renewed their benefits online, some customers found at least one question (or website section) confusing or hard to answer.

- 42 percent (2017)
- 44 percent (2018)
- 42 percent (2019)

Customers reported the most confusing or difficult website question (section) was: Uploading files (“about people on my case, things I own, money I get, etc.”)

- 13 percent (2017)
- 14 percent (2018)
- 15 percent (2019)

III. Quality Reviews

Nursing Facility Quality Review

Purpose

The Quality Monitoring Program (QMP) helps detect conditions in Texas nursing facilities that could be detrimental to the health, safety, and welfare of residents. It is not a regulatory program and quality monitors do not cite deficient practices.

Quality monitors focus on nursing facilities that have a history of resident care deficiencies, or that have been identified as having a higher-than-average risk of being cited for significant deficiencies in future surveys conducted by the HHSC Regulatory Services surveyors.

The Nursing Facility Quality Review (NFQR) is a statewide survey of Texas nursing facility residents to evaluate the quality of care residents received and how satisfied they were with the quality of life in the nursing facility. The NFQR has been conducted since 2002; annually between 2002 and 2010, and biennially since 2010. HHS contracts with The University of Texas at Austin School of Nursing for data collection. NFQR data helps QMP identify opportunities for statewide improvement and measures statewide changes in the quality of services provided across time.

Sample and Methods

Data collection for NFQR 2017-2018 began in April 2017 and continued through December 2018. Nurses hired by The University of Texas at Austin School of Nursing visited 957 Medicaid-certified nursing facilities across the state, using a structured survey instrument to evaluate the quality of care provided to a random sample of residents. The total sample size was 1,827 residents (one percent of 188,941 total residents). While on-site, the nurses also interviewed residents to determine satisfaction with services received and their overall quality of life in the facility. Interpreters were used as necessary for the interviews.

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

Staff at HHS analyzed the data using statistical software to test for linear trends across time, either from the first year data was collected on a particular measure, or from when there was a change in the wording of a question that prevented comparison to the data from previous years.

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

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

Major Findings

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

Overall Satisfaction

In general, residents interviewed during the on-site visits expressed satisfaction with their overall experience in the nursing facility and the care they received. This finding was not significantly different from previous NFQR surveys (Table 52).

Table 52: NFQR Overall Satisfaction Findings: Proportion of Respondents* That Indicated Somewhat Satisfied, Satisfied, or Very Satisfied

Satisfaction Measure	2009 (N=2,164)	2010 (N=2,172)	2013 (N=2,166)	2015 (N=1,556)	2017 (N=1,827)
Expressed satisfaction with their experience in the nursing facility	89%	90%	89%	89%	87%
Expressed satisfaction with the healthcare services they received	90%	90%	91%	90%	88%

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

Specific Quality of Life/Consumer Satisfaction Measures

These measures included the resident's satisfaction with relationships, activities, autonomy, privacy, and feelings of safety/security at the facility. Several measures demonstrated statistically significant improvement or declines over time, while others remained relatively stable (Table 53).

Table 53: NFQR Specific Satisfaction Measures: Proportion of Respondents* That Indicated Sometimes, Most of the Time, or Always

Satisfaction Measure	2010 (N=2,172)	2013 (N=2,166)	2015 (N=1,556)	2017 (N=1,827)
State organized activities were available	N/A	N/A	88%	84%**
Stated weekend activities (other than religious activities) were available	N/A	N/A	70%	60%**
Liked the food served at the facility	N/A	N/A	81%	84%
Felt that their possessions were safe at the facility	N/A	N/A	88%	90%
Felt safe and secure at the nursing facility	N/A	N/A	97%	97%
Stated staff members treated them with respect	N/A	N/A	98%	97%

Satisfaction Measure	2010 (N=2,172)	2013 (N=2,166)	2015 (N=1,556)	2017 (N=1,827)
Stated they were able to choose their daily schedule	N/A	N/A	71%	69%
Stated they could choose when and how to bathe	N/A	N/A	64%	52%**
Stated they participated in their care plan meeting	N/A	N/A	31%	48%**
Stated they had concerns the facility did not address	13%	15%	20%	16%**
Stated they did not express concerns due to a fear of retaliation	4%	7%	8%	7%**

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

** Measures demonstrating statistically significant improvement or decline.

Long Term Services and Supports Quality Review

Purpose

The Long-term Services and Supports Quality Review (LTSSQR) is a statewide survey of people receiving in-home, community-based, or institutional services and supports offered by HHSC. The purpose of the LTSSQR survey is to describe the perceived quality and adequacy of long-term services and supports administered by HHSC, consumer quality of life, and trends in long-term services and supports, from the perspective of those receiving services. The LTSSQR is a statewide representative survey of people receiving in-home, community-based, or

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

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

HHSC is contracted with the Public Policy Research Institute at Texas A&M University (PPRI), to administer the surveys.

Sample and Methods

The study sought responses from people receiving services, or their family members and guardians. Feedback about services was solicited through face-to-face, telephone, web, and mail surveys.

The report included results from HHSC programs and consumer types (i.e., families of children with disabilities, adults with IDD, adults with physical disabilities) for three nationally validated surveys (Table 54). Using nationally recognized surveys allowed HHSC to share data nationally and to conduct additional analyses by benchmarking Texas' performance in the national arena. The three surveys were organized across five general topics or domains: health and welfare, individual choice and respect, community inclusion, systems performance, and services satisfaction – each of which was divided into sub-domains (e.g., "employment" was a sub-domain of community inclusion). The sub-domains were measured by one or more performance indicators, which were developed based on criteria such as the measure's usefulness as a benchmark and feasibility of collecting the data.

Table 54: Overview of Target Population by Data Collection Instrument, 2017 Sample

Survey	Target Population	Method of Administration	Total # Served	Total # Surveyed
National Core Indicators (NCI) Survey	Adults 19 and older with IDD receiving at least one service besides case management	In-person interview	36,189	2,320
Participant Experience Survey (PES)	Adults, primarily older adults, with physical disabilities	In-person, phone, web	58,020	2,581
Child Family Survey	Families of children with disabilities, under age 22 living at home	Mail, phone, web	10,631	1,338

Proportional probability for size (PPS) sampling was used to select the study sample. Representative samples were drawn from each program so that findings could be generalized to all individuals in a specific program. The target population was stratified by county and program to ensure geographic and programmatic diversity. The number of people chosen was proportional to the number of people in the selected program served in each county. Participants were then randomly chosen from people in each stratum who had service authorizations for the programs included in the survey. The data were collected between January 2016 and December 2017 for the January 2019 LTSSQR report.

The survey population encompassed 17 programs, including five Medicaid waiver programs,[25] 11 Medicaid non-waiver programs, and one General Revenue program. All of the surveys, whether disseminated by mail, web, telephone, or face-to-face

[25] The five Medicaid waiver programs included in the LTSSQR survey population were the Community Living Assistance and Support Services (CLASS) waiver, the Home and Community-based Services (HCS) waiver, the Texas Home Living (TxHmL) waiver, the Deaf Blind with Multiple Disabilities (DBMD) waiver, and the Medically Dependent Children Program (MCDCP) waiver.

interviews, were available in English or Spanish. The sample size for each program was calculated to obtain a confidence level of 95 percent and a confidence interval of 5. In 2017, HHSC collected 4,901 adult surveys (2,320 adults with IDD and 2,581 adults with physical disabilities) and 1,338 Child Family (CF) surveys (Table 54).

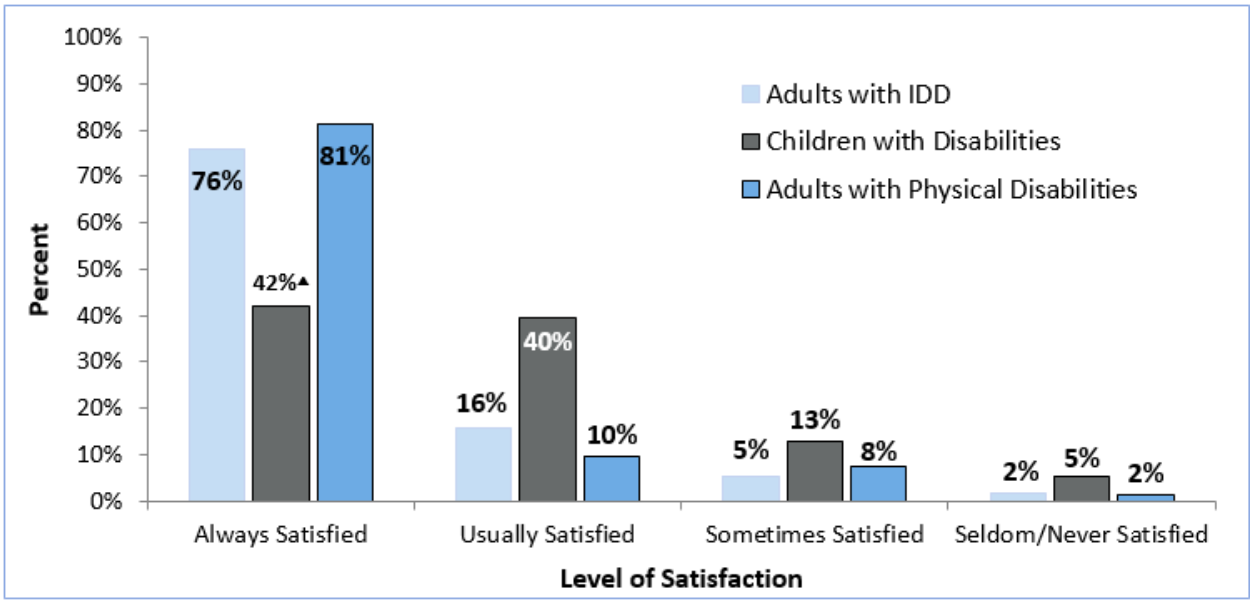
Major Findings

Positive Outcomes

Children

- Most respondents were satisfied with system performance (Figure 1).
  - Sixty-nine percent of the families of children with disabilities reported that services were available when they needed them.
  - Almost three-quarters (72 percent) of the CF survey respondents reported flexible services and supports, which usually changed to meet their family member's changing needs.
- Integration into the community was good; 82 percent of children with disabilities reported participating in community activities and 83 percent reported having friends who did not have a disability.
- Seventy-six percent of families reported having control over hiring and management of support workers.
- Overall, 82 percent of families served reported that they were always or usually satisfied with their services and supports.

Figure 1. Overall Consumer Satisfaction with Services and Supports Availability by Survey Population



▲Significantly higher than the national average

Adults with IDD

- Adults with IDD living in a State Supported Living Center (SSLC), Intermediate Care Facility (ICF), or community-based group home, received higher rates of routine and preventive care than those living with family. Almost all (98 percent) of adults with IDD had primary healthcare providers.

- Most adults with IDD made everyday choices, such as how they spend their free time (82 percent) and what to buy with their spending money (82 percent).

Adults with Physical Disabilities

- The majority of individuals reported that their rights were respected, they were treated respectfully by their support staff, they felt safe in their homes and neighborhoods, and they knew how to report abuse or problems.

- Services and supports made a positive difference in adults with physical disabilities' health and wellbeing (91 percent).
- Overall, 91 percent of adults with physical disabilities reported that they were satisfied with the services and supports they received.

Opportunities for Improvement

Children

- Approximately 8 percent of children with disabilities failed to access needed equipment such as wheelchairs, ramps, or communication devices, and to receive needed services. Most frequently requested services were for various therapies (speech, physical, occupational, aqua, equine) and for trained respite care providers. Failure to receive needed equipment, services and supports has improved since last biennium, when 13 percent of children with disabilities indicated it was an issue.

Adults with IDD

- Individuals living independently or with their families received less routine and preventive healthcare than those living in community-based homes or institutional settings on every health measure. Routine and preventive healthcare examinations are critical to avoiding or ameliorating conditions affecting quality of life, morbidity, or mortality, and their associated costs.
- Less than half of the respondents made major life decisions about where they live, who they lived with, and the staff who supported them. Most adults with IDD did not have options about where they lived.
- Texas rates of community participation were lower than the national average. Only 9 percent adults with IDD had community-based jobs.
- Twelve percent of respondents reported they did not receive all the services they needed. Education and training, assistance with transportation, and assistance with finding a job were highly correlated services and were among the top four services requested.

Adults with Physical Disabilities

- About two-third of the adults with physical disabilities reported that they did not always have enough money to buy the things they need. Among requested needs, assistance with acquiring medications, nutrition/food, and help with air conditioning and heating bills were common, all critical needs.
- About one-third of adults with physical disabilities were lacking important immunizations – 26 percent lacked influenza vaccinations, 27 percent lacked pneumococcal vaccinations, 80 percent lacked shingles vaccination, and 90 percent had not received meningococcal vaccination. Since individuals in this group have significant health risks, lack of immunizations is a concern.

- In adults with physical disabilities, large percentages had not had recent dental (62 percent), vision (23 percent), or hearing (63 percent) examinations. Poor dental care can compromise overall health, and vision and hearing impairments become increasingly common with age. Eleven percent reported that they could not always go to the doctor when they needed to go. These individuals are at risk of further debility and disability as a result.
- More than one-third (33 percent) did not have control over their transportation, a critical issue for accessing medical care and for community inclusion.

Overall, the survey results indicate that people perceived that they received the services and supports they need to maintain their health and wellbeing. Respondents' health and welfare appeared to be protected, as reports of staff disrespect, neglect, or abuse were very low, and people were generally satisfied with their services. One notable exception was the perceived decrease in access to therapeutic interventions, such as physical, occupational, physical, and behavioral therapies, which all three populations listed as impairing their quality of life. Other opportunities for improvement differed by subpopulation as enumerated above. To support choice and control for people receiving services, the agency has continued to expand the Consumer Directed Services (CDS) option among adults with IDD and children, but self-determination remained an area where Texas lags behind national benchmarks. The results of the LTSSQR survey positively reinforced internal and external strategic initiatives.

Consumer Rights and Services Survey

Purpose

Complaint and Incident Intake (CII) receives complaints and incidents regarding acute and long-term providers who are licensed/certified by HHSC. HHSC staff investigates these complaints and notifies the person who made the complaint about the findings. Additionally, the CII staff provides information about HHSC services and supports through their website and hotline.

Offering call center surveys allows CII to look at call center performance and overall customer satisfaction rates. Customer feedback provides highly actionable information and insight for increasing and sustaining customer satisfaction. The survey results are used as a resource to identify areas of efficiencies and areas of opportunity for improvement.

The study population is comprised of callers who contacted the Complaint Intake Call Center September 1, 2017, through August 31, 2019.

Sample and Methods

This survey has been collected or distributed in various formats since May 2006. Prior to November 2012, the survey was conducted by sending survey requests by U.S. mail to individuals who filed complaints through the CII hotline for the following facility types: nursing facilities, assisted living facilities, privately owned intermediate care facilities for people with intellectual and developmental disabilities, State Supported Living Centers, day activity and health service providers, and home and community support service agencies.

To achieve business efficiencies, a survey link was added to the CII website in November 2012, and CII discontinued mailing the surveys via U.S. mail. The email option was discontinued after SFY 2014.

In April 2015, CII transitioned to an automated telephone survey which replaced the previous survey option. Upon completion of intake, both in and outbound callers were manually transferred into the survey by hotline agents if they indicated they wished to complete the survey.

Effective November 2018, the provider types that CII serves expanded due to Transformation initiatives. Prior to this date, CII served only long-term care providers; after Nov. 2018, this was expanded to include acute care providers such as hospitals, end stage renal disease providers, ambulatory surgical centers, substance abuse treatment facilities, and others.

In addition, the survey methodology changed at this time due to a software upgrade to the Verint system. Most recently, an automated telephone option offered the survey to all inbound callers and then transferred those callers who agreed into the survey module at the completion of the hotline call. Surveys were available in English and Spanish. The survey instrument included six customer satisfaction questions with responses on a 5-point Likert scale of "strongly agree," "agree," "neutral," "disagree," and "strongly disagree."

Major Findings

In SFY 2018, CII received 1,692 total survey responses, of which 1,174 were complete (2.2 percent of 52,535 total intakes). In SFY 2019, CII received 784 survey responses (1.3 percent of 59,184 total intakes); due to changes in the

automated telephone system, this total included any caller transferred into the automated survey system who provided a response to at least one survey question.

Customer satisfaction findings from the CII Survey are presented in Table 55.

Table 55. SFY 2018 and SFY 2019 Complaint and Incident Intake Survey Selected Findings: Indicated Strongly Agree or Agree

Satisfaction Measure	SFY 2018 Proportion of Respondents* (N=1,174)	SFY 2019** Proportion of Respondents* (N=784)
Complaint and Incident Intake hotline was easy to use	96%	79%
Person I spoke with explained the process for handling my complaint	93%	75%
Overall, satisfied with Complaint and Incident Intake	96%	75%

* Proportions indicate respondents who chose responses "strongly agree," or "agree" rather than "neutral," "disagree," or "strongly disagree." Those who did not answer the survey question are not counted in these proportions.
** In SFY 2019 the survey was offered exclusively to all callers through the automated phone system.

IV. Health, Development, and Independence Services

Early Childhood Intervention Family Survey

Purpose

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

The purpose of the survey/series of interviews is to assess:

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

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

Sample and Methods

ECI used multiple methods to deliver surveys and select samples. The study sought responses from families who were randomly selected. Families were not included in more than one sample.

In SFY 2018, the survey was conducted by ECI through the 44 contracted agencies who deliver ECI services. In SFY 2019, the survey was conducted by ECI through the 42 contracted agencies who deliver ECI services.

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

The study was conducted using the following methods:

- Online - the state office sent letters to families in the sample that included a link to the SurveyMonkey website with the FOS-R survey.
- Hand-Delivery - the local ECI contractors distributed a Scantron survey. Program staff handed the survey to families at the time of a home visit or Individualized Family Service Plan meeting. Families returned the surveys directly to the ECI State Office in a postage-paid envelope.

The surveys/interviews were offered online and by paper in English and Spanish. All versions contained the same questions and response options.

Individuals provided their responses by completing the survey themselves. If families requested assistance in completing the survey, ECI service coordinators were instructed to find another community resource for this assistance so ECI staff would not be involved in completing the survey.

For the April 2018-May 2018 survey, a total of 5,551 families (9.7 percent) were randomly selected to respond to the survey out of the 57,485 children who received comprehensive ECI services in SFY 2018. Of these surveys, 1,012 were undeliverable due to changes in address, family discharging from ECI, or the service coordinator or staff member being unable to reach the family. A total of 4,539 families received it; 1,560 returned the survey. This resulted in 34.4 percent of respondent families participating in ECI's family outcomes survey.

For the May 2019-June 2019 survey, a total of 6,708 families (11.1 percent) were randomly selected to respond to the survey out of the 60,596 children who received comprehensive ECI services in SFY 2019. Of these surveys, 1,151 were undeliverable due to changes in address, family discharging from ECI, or the service coordinator or staff member being unable to reach the family. A total of 5,557 families received it; 1,914 returned the survey. This resulted in 34.0 percent of respondent families participating in ECI's family outcomes survey.

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

Major Findings

The findings of the study were as follows:

Family Experiences with Services - 2018

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

Family Experiences with Services - 2019

- Eighty-seven percent responded that early intervention services helped the family members know their rights.
- Eighty-eight percent responded that early intervention services helped the family members effectively communicate their children's needs.

- Eighty-nine percent responded that early intervention services helped the family members help their children develop and learn.

Autism Program Satisfaction Survey

Purpose

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

According to the U.S. CDC about one in 59 children has been identified with ASD. Boys are nearly four times more likely to be diagnosed with autism than girls.

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

The purpose of the survey is to assess:

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

Sample and Methods

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

The service provider provided all families with a survey as the children exit the program. The surveys were offered in English and in Spanish. Individuals completed the survey themselves by mailing a paper survey to HHSC.

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

There were 1,301 exits from the Autism Program in SFY 2018 and SFY 2019. Each time a child exited the program, the family was provided an opportunity to respond

to the survey. A total of 202 responses were received between September 1, 2017 and August 31, 2019, representing a return rate of 15.5 percent (202/1,301).

Major Findings

The majority of respondents to the survey were satisfied or very satisfied with the services their children received (Table 56). The majority of the respondents to the survey reported their children made good or great progress in the behavioral domains specified (Table 57).

Table 56: Parent or caregiver satisfaction with Autism Program services and service providers

Service Satisfaction	Number of Respondents (N=202)*	Proportion Satisfied or Very Satisfied
Services provided to your child in a clinical setting	178	99%
Services provided to your child in the home	88	92%
Parent training provided to your child in another setting such as in the school, at the park, or at the store	108	95%
Parent training provided to you	194	96%
Parent training provided on how to review data and evaluate your child's progress	187	97%
Transition planning received prior to exiting the Autism Program	177	96%
Your child's service provider	196	98%

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

Table 57: Parent or caregiver satisfaction with their child's progress

Behavioral Domain	Number of Total Respondents (N=202)*	Proportion Good or Great Progress
Following directions	199	88%
Responding to requests	200	89%
Communicating with primary caregivers	197	88%
Communicating with others	198	78%
Interacting with primary caregivers	196	89%
Interacting with others	200	79%
Play skills, such as playing with toys and taking turns	193	77%
Completing daily tasks without assistance, such as toileting, eating, and dressing	191	66%
Completing daily tasks with assistance, such as toileting, eating, and dressing	178	78%
Reducing disruptive behaviors, such as aggression and tantrums	189	83%
Participating in family activities, such as going to church, the park, and the store	189	80%
Overall progress on the treatment plan goals	200	91%

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

Your WIC Experience Survey

Purpose

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a federally funded, state-administered nutrition program that helps low-income pregnant women, postpartum and breastfeeding women, infants, and children up to the age of five that are at nutritional risk. Eligible participants may

receive nutrition education and counseling, breastfeeding support, nutritious foods, and healthcare referrals for other services that improve health outcomes.

The purpose of the Your WIC Experience survey is to gather ongoing, real-time client feedback on clients' recent WIC visits. The survey invitation is sent via text message to every client who was issued WIC benefits the day before.

Sample and Methods

The survey was administered daily by state agency staff who built the survey, ticketing conditions, and dashboard summaries in the Qualtrics Research Suite (Qualtrics). This real-time survey platform allowed staff to send a short text message inviting all WIC clients who visited a local WIC clinic within the previous 24 hours to complete a short customer satisfaction survey. The survey was automatically sent in the WIC client's preferred language (English or Spanish).

Client survey responses were tied back to their specific local agency and further down to their specific clinic. This feature provided WIC clinic staff the ability to track and respond immediately to customer feedback following a clinic visit. Results from the client feedback populated and displayed in a real time dashboard that state and local agency users could view, analyze, and follow in real time 24/7. Reports from the dashboard were available to provide a point-in-time snapshot upon request or at any time to other licensed Qualtrics users that worked on this project with WIC.

The study population included every WIC family who elected to click on the survey link in the text message. When a client clicked on the survey link in the text message, it took them to the Qualtrics survey online. The total number of completed responses was over 55,900 between February 2019 and October 2019 for a response rate of 6 percent.

Major Findings

This was the first closed feedback loop survey mechanism that Texas WIC deployed statewide to assess a real-time client experience. The survey provided a standardized set of customer experience questions to all WIC clients at every clinic in the state. The survey provided local agencies with specific comments from clients that local agencies could address immediately with clinics. An innovative ticketing interface allowed certain pre-identified triggers (e.g., negative client experience, requests for a follow up call, negative trouble words in open comment fields) to immediately generate a "ticket" that was emailed to clinic staff for appropriate follow up. Ninety-four percent of the feedback was positive, and these testimonials

were used to reward and engage with local WIC staff. Clients also gave feedback on their shopping experience at WIC-authorized stores.

Historically, paper and online WIC surveys were provided to a much smaller proportion of clients either in the clinics or with a web link on the WIC client-facing website. Typically, responses were generally positive. Using short message service (SMS) technology outside of the WIC clinic, the survey generated more responses than previous efforts. Although the client satisfaction with WIC overall was high, this new methodology helped identify underlying causes for some clients not having satisfactory experiences at their local clinic.

Happiness with WIC visit

At the time of this report, 55,900 WIC clients had completed surveys. The WIC program has consistently maintained an aggregate rating of 6.5 out of 7 (1=extremely unhappy to 7=extremely happy) for their WIC clinic visits.

A net promoter score is a customer loyalty metric that gauges how willing a customer is to recommend a product or service. A net promoter score question was recently introduced to the survey and out of a sample of 5,000 WIC clients who received this question, 80 percent were promoters of WIC (i.e., extremely likely to refer a friend or colleague to their WIC clinic).

Of the 55,900 client satisfaction survey responses in Qualtrics, 14,300 provided a positive comment to the question, “If there is anything else you’d like to tell us about your visit, please write your comment here.” The most commonly used adjectives were friendly, helpful, nice, great service, and thank you.

Clinic Improvements

Only about 3,000 respondents (5 percent) offered feedback that suggested a need for improvement. WIC local agencies have been able to share these suggestions for improvement with their staff. Wait time and poor customer service were the most frequently documented feedback suggesting opportunities for clinic improvement.

Clients who indicated that they were unhappy with their recent WIC visit were asked, “How can our clinic improve?” WIC was able to theme 2,099 open comments for this question (Table 58).

Table 58: How can our clinic improve?

Themes	Count	Percent
Wait time	1,447	57%
Staff rude, unpleasant, or unhelpful	482	19%
Issue with formula	111	4%
Issue with clinic flow or computer system	109	4%
Card not updated	108	4%
Understaffed	97	4%
Better communication needed	69	3%
Clinic environment uncomfortable	65	3%
Staff need more training	34	1%
Total	2,522*	

* Some comments included more than one theme, increasing the total themed comment count to 2,522 from 2,099 total comments.

Shopping Experience

The WIC shopping experience was also rated by 7,067 respondents. Fifty one percent reported no problems shopping for WIC foods; however, the remaining 49 percent had one or more issues shopping (e.g., foods not labeled by the store properly, could not find a WIC item, confused over what was allowed). This led to a more intensive follow up and training with WIC vendors.

Open Responses

All clients were asked if there is anything else they'd like to report about their WIC visit, and 18,400 responses were received. The majority of these sentiments were positive (Table 59, Figure 2).

Table 59: Is there anything else you'd like to tell us?

Theme (words that clustered together)	Number of times mentioned in open comment (count)	Percentage of comments with these themes	Positive Sentiment	Neutral Sentiment	Mixed Sentiment	Negative Sentiment
manner, atmosphere, professionalism, environment, staff, demeanor	2,949	16%	94%	2%	0%	4%
office, clinic, center, location	2,898	16%	82%	6%	0%	12%
kid, daughter, child, toddler, toy, son, baby, infant, parent	2,523	14%	72%	13%	0%	15%
wish, benefit, hours, card, process, wait time, afternoon, week, lunch, morning	1,172	6%	43%	11%	1%	45%
concern, nurse, question, advice, nutritionist, woman, lactation, regard, girl, felt welcome	1,168	6%	75%	11%	1%	13%
mom, home, assistance, community, life, struggle, education, ease, heart, family	630	3%	83%	6%	1%	10%
item, label, shop, store, shopping, mark, sticker, product, approve item, brand	597	3%	43%	12%	0%	45%

Theme (words that clustered together)	Number of times mentioned in open comment (count)	Percentage of comments with these themes	Positive Sentiment	Neutral Sentiment	Mixed Sentiment	Negative Sentiment
text, reminder, date, email, phone number, reschedule, message, text message, address, schedule	349	2%	36%	16%	0%	48%
call center, minutes	306	2%	14%	12%	0%	74%

Figure 2. Word cloud with most frequently written words by clients.*

* Larger words are more commonly used.

V. Mental Health Services

Mental Health Statistics Improvement Program Youth Services Survey for Families

Purpose

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

The purpose of the YSSF is to measure:

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

Sample and Methods

In SFY 2018 and SFY 2019 the YSSF survey consisted of 26 items about mental health services the customer received over the past six months. Each question assessed information about a specific topic and was strongly related to a group of other questions about the same topic. The survey questions fell into seven of these groups of related questions, or domains. The domains that comprised the YSSF survey were:

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

The domains are described in more detail in the findings.

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

In both years, a random sample from community mental health centers, local entities that contract with the state to deliver mental health services, was identified to receive the survey requests.[26] In SFY 2018, a total of 2,211 survey invitations were mailed out (9.8 percent of the 22,519 customers served).[27] In SFY 2019,a total of 3,110 survey invitations were mailed out (14.8 percent of the 21,028 customers served).[28]

In SFY 2018, there were a total of 262 completed questionnaires. The survey had a response rate of 13 percent. In SFY 2019, there were a total of 342 completed questionnaires. The survey had a response rate of 12 percent.

Major Findings

The results of the two most recent survey years (SFY 2018 and 2019) are shown in Table 60. The percentages indicate the proportion of respondents who answered "agree" or "strongly agree" to questions in the stated domain.[29] For instance, 84 percent of respondents agreed or strongly agreed with the items in the Satisfaction domain in SFY 2019. The majority of domain agreement rates were similar between SFY 2018 and SFY 2019, with SFY 2019 rates being slightly higher than SFY 2018 rates.

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

[27] There were of 2,211 children/adolescents in the sample and 143 surveys were undeliverable.

[28] There were 3,110 children/adolescents in the sample and 246 surveys were undeliverable.

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

Table 60: Mental Health Statistics Improvement Program Youth Services Survey for Families: Indicated Strongly Agree or Agree with Domains

Domain	Description of Domain	SFY 2018 Proportion of Respondents* (N = 262)	SFY 2019 Proportion of Respondents* (N=342)
Satisfaction (with services)	Would the parent choose these services for his/her child if there were other options available?	80%	84%
Participation in Treatment Planning	Does the parent feel involved in treatment decisions?	86%	90%
Cultural Sensitivity (of staff)	Does staff show respect for the family's race/ethnicity/ culture?	90%	94%
Access (to services)	Are services available when and where needed?	82%	87%
Outcomes (of services)	As a result of services, has the child's functioning at home and school improved and has he/she experienced fewer mental health symptoms?	59%	59%
Social Connectedness	Does the child feel connected to friends, family, and community?	76%	80%
Functioning	Has the child's overall well-being improved?	59%	61%

* Proportions indicate respondents who selected answer choices "strongly agree" or "agree" rather than "neutral," "disagree," or "strongly disagree."

Mental Health Statistics Improvement Program Adult Mental Health Survey

Purpose

The Adult Mental Health (AMH) Survey asks customers who receive community-based mental health services about their perceptions of the services they receive. Prior to system reorganization, services were provided by the DSHS Mental Health and Substance Abuse Division; these services are now part of HHSC, Behavioral Health Services. Adults age 18 years or older who recently received a mental health service beyond an intake assessment are eligible for inclusion in the survey.

The purpose of the survey is to measure:

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

Sample and Methods

In SFY 2018 and SFY 2019, The AMH survey consisted of 36 questions about mental health services the customer received over the past 12 months. Each question assessed information about a specific topic and is strongly related to a group of other questions about the same topic. The survey questions fall into seven of these groups, or domains. The domains that comprise the AMH survey are:

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

The domains are described in more detail in the findings.

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

In both years, a random sample from community mental health centers was used to identify the survey sample. In SFY 2018, a total of 1,583 survey invitations were mailed out (4.1 percent of the 38,630 customers served).[30] In SFY 2019, a total of 2,286 survey invitations were mailed out (5.9 percent of the 38,433 customers served).[31]

In SFY 2018, there were a total of 263 completed questionnaires. The survey had a response rate of 18 percent. In SFY 2019, there were a total of 412 completed questionnaires. The survey had a response rate of 19 percent.

Major Findings

The results of the two most recent survey years (SFY 2018 and 2019) are shown below. The percentages in Table 61 indicate the proportion of respondents who answered "agree" or "strongly agree" to questions in the stated domain.[32] For instance, 83 percent of respondents agreed or strongly agreed with the items in the Satisfaction domain in SFY 2019. The majority of domain agreement rates were similar between SFY 2018 and SFY 2019, with SFY 2019 rates being slightly higher than SFY 2018 rates.

[30] There were 1,583 adults in the sample and 116 surveys were undeliverable.

[31] There were 2,286 adults in the sample and 166 surveys were undeliverable.

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

Table 61: Mental Health Statistics Improvement Program Adult Mental Health Survey: Indicated Strongly Agree or Agree with Domains

Domain	Description of Domain	SFY 2018 Proportion of Respondents* (N = 263)	SFY 2019 Proportion of Respondents* (N=412)
Satisfaction (with services)	Would the consumer choose to receive these services if he or she had other options?	81%	83%
Access (to services)	Are sufficient services available when and where needed?	75%	79%
Quality and Appropriateness (of services)	Is staff competent and are the services professional?	80%	84%
Participation in Treatment Planning	Does the consumer feel involved in treatment decisions?	68%	74%
Outcomes (of services)	Has the consumer experienced improvement in work, housing, and relationships?	59%	60%
Functioning	Has the consumer's overall well-being improved?	57%	61%
Social Connectedness	Does the consumer feel connected to friends, family, and community?	65%	63%

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

Mental Health Statistics Improvement Program Inpatient Consumer Survey

Purpose

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

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

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

Sample and Methods

This survey started more than nine years ago. The data reported in this report are from SFY 2018 and SFY 2019 (September 2017 to August 2019). These data were compared to the results from SFY 2016 and SFY 2017. During SFY 2018 and SFY 2019 combined there were 12,366 discharges.[33] The response rate widely varies according to setting. Patients in facilities with longer lengths of stay (especially forensic facilities) and more planned discharges had much higher response rates

[33] In SFY 2016 and SFY 2017 combined there were 15,596 discharges.

than civil facilities where patients left very quickly and are often discharged by court, leaving the day of the court decision. Averaging all of these facilities, the response rate has been between 36 and 38 percent from SFY 2014 – SFY 2017 and around 42 percent for SFY 2018 and SFY 2019.

The survey population was adolescents and adults served in the state psychiatric hospitals. Data were collected at 10 state psychiatric hospitals:

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

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

The total number of surveys received was estimated due to the fact that not all facilities participate in all of the domains and duplicate surveys are removed at multiple points in the process. In SFY 2018, approximately 2,758 surveys were collected, and in SFY 2019, approximately 2,512 surveys were collected. The survey includes questions about five topics, or domains, as shown in Table 62.

Table 62: Domains Measured in Mental Health Statistics Improvement

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

Major Findings

In general, high-level monitoring of adolescent and adult satisfaction with state psychiatric hospitals relied on an average overall score, which encompasses answers to survey questions in all five domains. In both SFY 2018 and SFY 2019, this annual average score target was exceeded by all 10 state psychiatric hospitals and showed little change from the scores in SFY 2016 and SFY 2017. Client satisfaction was fairly consistent across all five domains. There were noticeable increases to dignity scores and rights continued to be lower than the other domains. An increase in forensic population with a longer length of stay and fewer discharges were contributing factors in having fewer surveys returned but a noted increase in the rate of return. Results for SFY 2018 and SFY 2019 are provided in Table 63.

Table 63: Mental Health Statistics Improvement Program Inpatient Customer Survey: Positive Responses to Domains

Domain	SFY 2018* Proportion of Respondents** (N=2,758)***	SFY 2019* Proportion of Respondents** (N=2,512)***
Outcome	78.6%	77.8%
Dignity	82.6%	84.0%
Rights	65.9%	68.4%
Participation in Treatment	74.4%	75.2%
Facility Environment	73.7%	75.1%

* The SFY 2018 survey was conducted from September 2017 to August 2018. The SFY 2019 survey was conducted from September 2018 to August 2019.
** Each question in the ICS is evaluated on a Likert scale from "strongly disagree" to "strongly agree." For purposes of computing averages, a number value is given to the qualities of the scale from 1 for "strongly disagree" to 5 for "strongly agree." A client must respond to a minimum of two questions in a domain in order for an average rating to be computed for the domain. Since there are only three to four questions in a domain, missing values are not inserted when a client does not answer a question. When the average rating for the questions in the domain is greater than 3.5, the client is considered to have "responded positively" to the domain. The proportion of clients who responded positively to the domain is the percent of clients who responded positively out of all clients who responded to the domain.
*** Not all facilities ask questions for each domain. The N listed is the approximate number of surveys collected.

House Bill 13 Community Mental Health Grant Program

Purpose

House Bill 13, 85th Texas Legislature, Regular Session, 2017 (HB 13) appropriated funds for a grant program for community mental health services to support communities in the provision of treatment and the coordination of mental health services. HB 13 appropriated a total of $10 million across SFY 2018 and SFY 2019. Through the grant program, about 70 local mental health authorities, universities, counties, and large non-profits receive grants to provide innovative mental health

services to clients.[34] Each grant can have a different focus, such as substance abuse, comorbid conditions, access to care, or criminal justice issues.

The purpose of these grants is to:

- Support community programs that provide mental healthcare services and treatment to individuals with a mental illness
- Coordinate mental healthcare services for individuals who have a mental illness with other transition support services

HB 13 requires that HHSC report on client satisfaction for SFY 2019 after the final grants were distributed. To measure satisfaction, the Mental Health Statistics Improvement Program Adult Mental Health (AMH) and Youth Services Survey for Families (YSSF) is used.[35] Each of these surveys asks respondents to indicate their perceptions of the mental health services they received.

The purpose of each survey is to measure:

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

Sample and Methods

In SFY 2019, the AMH survey consisted of 36 questions about mental health services the customer received over the past 12 months. The YSSF survey consisted of 26 items about mental health services the customer received over the past six months. Each question assessed information about a specific topic and is strongly related to a group of other questions about the same topic. The survey questions fall into seven of these groups, or domains. The domains that comprise the AMH survey were:

- Satisfaction with services
- Access to services

[34] Some sites could receive multiple grants.

[35] The Mental Health Statistics Improvement Program AMH and YSSF surveys are annual surveys for customers receiving community-based mental health services in Texas. HB 13 administered the same survey questions to individuals receiving mental health services from community programs that were recipients of grant funds. Although the projects were distinct and the desired populations of each were different, there may be some overlap in respondents among the MHSIP and the HB 13 samples.

- Participation in treatment planning
- Outcomes of services
- Functioning (of the consumer)
- Social Connectedness
- Quality and appropriateness of services (AMH only)
- Cultural sensitivity of staff (YSSF only)

The domains are described in more detail in the findings.

Customers answered each survey question using a five-point Likert scale ranging from "strongly agree" to "strongly disagree".[36] Survey results focused on the domain "agreement rates," which indicate the percentage of parents that reported "agree" or "strongly agree" to the items in a domain. The survey was administered in English and Spanish.

Surveys were administered to a convenience sample of customers receiving services at each of the grantee sites during April 2019. All surveys were conducted online. Providers distributed an online link to the surveys to clients. Clients ages 18 years of age and older receiving services from providers of adult mental health services were provided the link to the AMH surveys. Clients ages 19 years of age and younger receiving services from providers of youth and family services were provided the link to the YSSF surveys.[37] Providers encouraged survey participation by offering for the client to complete the survey on-site or suggesting the client complete the survey off-site on a mobile device or computer.[38]

There was a total of 582 responses for the AMH surveys. There was a total of 728 responses for the YSSF surveys.

Major Findings

The results are shown below. The percentages in Table 64 indicate the proportion of respondents who answered "agree" or "strongly agree" to questions in the stated

[36] For YSSF surveys, parents/guardians of customers answered survey questions unless a client was old enough to complete it on their own.

[37] Some youth and family providers may offer services to young adults ages 18 and 19.

[38] Providers were not required to offer on-site options for survey completion. Data was not collected on which providers offered this option or how many clients completed surveys on or off-site from their service providers.

domain.[39] For instance, 97 percent of AMH respondents and 88 percent of YSSF respondents agreed or strongly agreed with the items in the Satisfaction domain.

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

Table 64: HB 13 Community Health Grant Program Customer Satisfaction AMH and YSSF Surveys: Indicated Strongly Agree or Agree with Domains

Domain	Description of Domain	AMH Proportion of Respondents* (N=582)	YSSF Proportion of Respondents* (N=728)
Satisfaction with services	Would the consumer choose to receive these services if he or she had other options?	97%	88%
Access to services	Are sufficient services available when and where needed?	95%	86%
Participation in treatment planning	Does the consumer feel involved in treatment decisions?	90%	76%
Outcomes of services	Has the consumer experienced improvement in work, housing, and relationships?	83%	81%
Functioning	Has the consumer's overall well-being improved?	83%	81%
Social Connectedness	Does the consumer feel connected to friends, family, and community?	86%	89%
Quality and Appropriateness of services (AMH only)	Is staff competent and are the services professional?	95%	N/A
Cultural Sensitivity of staff (YSSF only)	Does staff show respect for the family's race/ethnicity/ culture?	N/A	91%

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

VI. Disability Services

Intellectual and Developmental Disability Services Survey and Disability Services Survey

Purpose

Texas HHS is developing an action plan to improve the system and delivery of services for Texans with physical, intellectual, or developmental disabilities. To support the disability services action plan, the Office of Mental Health Coordination (OMHC) developed the 2018 Intellectual and Developmental Disability Services Survey and the 2019 Disability Services Survey to engage and obtain input from stakeholders within the disability community on services and experiences while navigating programs in HHS.

The 2018 survey focused on people with intellectual and developmental disabilities whereas the 2019 survey focused on all types of disabilities to fulfill the expanded information needs of HHS. These surveys are administered by HHSC CADS in collaboration with OMHC and with feedback from the Intellectual and Developmental Disability System Redesign Advisory Committee.

Sample and Methods

The study sought responses from the target population of individuals engaged with disability services including: (1) individuals with disability, (2) their family members, (3) individuals providing services and support to these populations, and (4) the staff of organizations and agencies that serve these populations.

The sample was developed by OMHC as a convenience sample gathered from a communication campaign that included promotion through public advertisement, social media, web sites, and key disability stakeholder organizations.

The study was collected using an online survey link in September 2018 targeted to members of the intellectual and developmental disability community and again in September 2019 targeted to all individuals with disability. The survey was offered in English only. Individuals provided their responses by completing the survey using either a computer or mobile device.

The number of completed responses for the 2018 survey was 3,217 out of 4,958 individuals that started surveys, for a completion rate of 64.8%. The 2019 survey returned 2,890 completed surveys out of 4,340 started surveys for a completion

rate of 66.6%. Analysis for the 2019 survey was conducted exclusively on IDD involved respondents, and among those respondents, 2,268 individuals completed the survey for a response rate of 80.4%.

Survey questions were grouped into sets of statements about different topics in disability service with respondents being asked to rate their agreement on a four-point scale from strongly disagree to strongly agree with the option to mark questions as not applicable. To analyze the survey each individual was assigned a satisfaction score for every topic of disability service for which they provided feedback. Satisfaction scores represented the average response of all rated questions for each area of disability service standardized on a scale from 0-100 with higher scores representing greater satisfaction.

Major Findings

General findings from the two surveys found opportunities to improve across most areas of disability service for all types of respondents. The specific findings were generated from analysis of the average satisfaction score for different groups of respondents and are summarized in Table 65 and Table 66. Two differences between how the surveys were collected may explain large year-to-year differences in scores. In the 2018 survey, respondents were asked to identify areas of improvement in IDD services and provided feedback on all areas of IDD service regardless of personal experience. In the 2019 Survey respondents were asked to provide general feedback on disability services but only for those services they had received within the last year.

Table 65: IDD Services Survey: Average Satisfaction Scores by Respondent Type for IDD Involved Respondents for IDD Services

Topic Areas	Family and Friends (N=974)	Service Providers (N=933)	Agency and Organization Staff (N=1,159)
Employment Services	20.7	33.1	35.1
Housing Services	19.6	38.3	41.0
Transportation Services	28.4	39.5	40.7
Crisis Services	24.6	41.3	43.1
Service Access	30.1	40.4	40.5
Provider Service Coordination	27.7	41.5	43.2
Family Support	30.9	41.4	42.6
Behavioral Health Services	32.6	46.8	48.2
State Coordination	33.5	50.6	51.7
Evidence Based Practices	36.6	51.3	51.0
Education Services	52.1	60.1	58.4
Overall	30.6	44.0	45.0

Source: 2018 Disability Services Survey

Notes: Index scores range from 0-100, higher scores indicate higher overall satisfaction. Number of respondents vary by system areas due to missing or “don’t know/not applicable” responses. Total possible respondents are 3,217. Family and friend respondents asked about all topics regardless of service engagement. Group level differences were significant for all domains ($p<.001$).

Table 66: Disability Services Survey: Average Satisfaction Scores by Respondent Type for IDD Involved Respondents for Disability Services

Topic Areas	Family and Friends (N=1,024)	Service Providers (N=557)	Agency and Organization Staff (N=830)
Housing Services	20.9	41.3	40.2
State Coordination	31.6	45.9	46.9
Crisis Services	29.1	48.3	50.1
Employment Services	37.5	47.5	48.0
Behavioral Health Services	36.8	49.2	48.3
Family Supports	41.5	49.9	50.6
Provider Service Coordination	37.8	55.5	58.2
Service Access	46.8	56.7	57.8
Education Services	56.6	63.8	64.9
Evidence Based Practices	N/A	62.1	62.9
Overall	40.9	54.3	54.5

Source: 2019 Disability Services Survey

Notes: Index scores range from 0-100, higher scores indicate higher overall satisfaction.` Number of respondents vary by system areas due to missing or "don't know/not applicable" responses. Total possible respondents are 2,411. Questions on evidence-based practice were not presented to family or friend respondents. Questions on transportation were not asked in 2019. Family and friend respondents were limited to services that the individual they support have engaged. Group level differences were significant for all domains ($p<.001$) except for evidence-based practices.

4. Conclusion

This HHS system-wide 2020 Report on Customer Service describes the results of nearly 289,132 individual survey responses from 31 surveys conducted by the two Texas agencies belonging to the Texas Health and Human Services (HHS) system during the SFY 2018-2019 reporting period. Surveyed individuals were primarily direct consumers of services and enrollees in health plans; other surveys solicited feedback from entities regulated or inspected by HHS, service providers contracted with HHS, entities receiving HHS laboratory services, and community stakeholders.

- Fourteen projects surveyed customers of HHS services, including families of children with special needs, developmental delays, or disabilities; adults with disabilities; children and adults who received mental health services; elderly individuals residing in care facilities; clients attending immunization clinics; SNAP applicants; customers of eligibility offices; and customers of complaint intake offices. The largest of these surveys, the YourTexasBenefits.com survey, collected over 5,000 responses per month, on average. Overall, most respondents provided positive feedback regarding the services and supports received through HHS programs.
- Enrollees in STAR, STAR Health, STAR+PLUS, and CHIP health plans were surveyed through 10 different surveys. Respondents included families or caregivers of enrolled children, as well as enrolled adults. Across these surveys, most quality components were rated positively. Respondents were most likely to give positive feedback on domains related to communication with doctors, shared decision making, and customer service; one domain with opportunities for improvement is access to specialized services. Texas's External Quality Review Organization provides more detailed findings and recommendations from member surveys in their annual Summary of Activities Report.
- Four surveys collected responses from customers of state laboratory services, including submitters to the South Texas Laboratory and customers of the Laboratory Courier Program. Surveys showed broad satisfaction related to transit time, staff responsiveness, and quality of service.
- Three surveys were conducted to obtain feedback from entities inspected by the state. A wide range of businesses, healthcare facilities, food service facilities, and other regulated organizations provided positive feedback on state services, including inspections, site reviews, and communication with staff.

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

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

Services Provided to Customers by Budget Strategy, as listed in HHS System Strategic Plan 2019–2023, Volume II, Schedule A

Strategy A.1

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy A.1.1. Public Health Preparedness and Coordinated Services. Coordinate essential public health services through public health regions and affiliated local health departments. Plan and implement programs to ensure preparedness and rapid response to bioterrorism, natural epidemics, and other public health and environmental threats and emergencies.	**Citizens of Texas:** DSHS is responsible for public health and medical services during a disaster or public health emergency and ongoing surveillance for infectious disease outbreaks with statewide potential such as influenza and foodborne outbreaks. **Other Local, State, and Federal Agencies**: DSHS coordinates with local health departments (LHDs); Texas Division of Emergency Management; Regional Advisory Councils; laboratories and laboratory response networks; first responders; law enforcement; environmental, veterinary, and agricultural laboratories; hospitals; and healthcare systems. **Texas-Mexico Border Residents and Border Health Partners:** DSHS coordinates and promotes health issues between Texas and Mexico, and provides interagency coordination and assistance on public health issues with local border health partners referenced in *Strategy 1.1.4. Border Health and Colonias*. **Public Health Services:** DSHS Health Service Regions (HSR) are responsible for ensuring the provision of public health services to communities across Texas where no LHD has been established or the LHD does not have the capacity or wish to provide a full range of public health services. State and federal funds are used to support DSHS Regions in the prevention of epidemics and spread of disease; protection against environmental hazards; prevention of injuries; promotion of healthy behaviors; and response to disasters. Through public health social workers, DSHS supports its statutory responsibility to link individuals who have a need for community and personal health services to appropriate community and private providers. **Committees:** DSHS provides support to the Public Health Funding and Policy Committee and Preparedness Coordinating Council.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy A.1.2. Vital Statistics. Maintain a system for recording, certifying, and disseminating information about births, deaths, and other vital events in Texas.	**Citizens of Texas:** DSHS provides vital records needed to access benefits and services. **Local Governments:** DSHS maintains and operates a statewide information system, Texas Electronic Vital Events Registrar (TxEVER), for use by statewide officials responsible for birth and death registration. DSHS receives information from district and county clerks responsible for registering vital event information associated with marriages, divorces, and suits affecting the family. **Funeral Directors, Funeral Home Staff, Medical Directors, and Facilities:** DSHS maintains and operates TxEVER for use by funeral directors and funeral home staff that provide death certificates as part of funeral services and to collect demographic data associated with registered deaths. Physicians, justices of the peace, medical examiners, hospitals, and hospices also contribute medical data associated with registration of death events. **Hospitals, Birthing Centers, and Midwives:** DSHS maintains TxEVER for hospitals, birthing centers, and certified and non-certified midwives that are responsible for registration of birth events.
Strategy A.1.3. Health Registries. Collect health information for public health research and information purposes that inform decisions regarding the health of Texans.	**Direct Consumers and Policymakers:** DSHS provides health-related disease registry for health planning and policy decisions. This includes the Texas Cancer Registry, Birth Defects Registry, Blood Lead Registry, Traumatic Brain Injury, Trauma and Emergency Medical Services Registries. DSHS collects, maintains, and disseminates data for all Texas residents and for policymakers. The aggregated data that is shared with a diverse group of users and stakeholders that contribute to prevention and control of diseases and conditions, and improve diagnoses, treatment, survival, and quality of life for all Texans.
Strategy A.1.4. Border Health and Colonias. Promote health and address environmental issues between Texas and Mexico through border/binational coordination, maintenance of border health data, and community-based healthy border initiatives.	**Texas-Mexico Border Residents:** DSHS coordinates and promotes health issues between Texas and Mexico and identifies resources and develops projects that support community efforts to improve border health. **Border Health Partners:** DSHS provides interagency coordination and assistance on public health issues with local border health partners; border LHDs; binational health councils; state border health offices in California, Arizona, and New Mexico; U.S.-Mexico Border Health Commission; U.S. Environmental Protection Agency (EPA) Border 2020 Program; U.S. Department of Health and Human Services (DHHS) Office of Global Affairs, U.S. DHHS Health Resources and Services Administration (HRSA) Office of Border Health; México Secretaria de Salud; and other state and federal agency border programs. **Committees:** DSHS provides support to the Border Health Task Force.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy A.1.5. Health Data and Statistics. Collect, analyze, and distribute information about health and healthcare.	**Citizens of Texas:** DSHS utilizes data to help address Texas residents' concerns regarding health conditions in their neighborhoods. DSHS posts healthcare facility-level, community-level, and statewide health and healthcare workforce data on the Texas Health Data website. Texas Health Data is an interactive data website to support public health officials, educators, and students in improving service delivery, evaluating healthcare systems, and monitoring the health of the people of Texas. DSHS provides data to researchers and for other public health purposes, including inclusion in national and international documents that discuss and/or report the burden of health conditions nationally and/or internationally. This data may also be used for community health assessments, public health planning, and making informed healthcare decisions. **Other External Partners:** DSHS coordinates with the Texas Medical Association (TMA), Texas Academy of Family Physicians, Texas Midwifery Association, Association of Texas Midwives, County Medical Societies, Texas and New Mexico Hospice Organization, Texas Justice Court Training Center, Texas County Commissioners Court, County and District Clerks' Association of Texas, Texas Hospital Association (THA, Texas Society of Infection Control and Prevention, local chapters of the Association for Professionals in Infection Control and Epidemiology, Texas Tumor Registrars Association, the National Program of Cancer Registries - part of the Centers for Disease Control and Prevention (CDC), and the North American Association of Central Cancer Registries (NAACCR). **Other State Agencies:** DSHS coordinates with the Office of Attorney General, DFPS, Texas Department of Transportation, Texas Workforce Commission, HHSC, Texas Commission on Environmental Quality, Cancer Prevention and Research Institute of Texas (CPRIT), Texas Department of Housing and Community Affairs, Texas Poison Center Network, Texas Medical Board, Texas Board of Nursing, Texas Department of Agriculture, and Texas State Commission on Judicial Conduct. **Federal Agencies:** DSHS coordinates with the CDC, National Center for Health Statistics, Social Security Administration, Federal Bureau of Investigations, Food and Drug Administration (FDA), National Institute of Occupational Safety and Health, Centers for Medicare & Medicaid Services (CMS), Agency for Healthcare Research and Quality, Agency for Toxic Substances and Disease Registries, Department of Veteran Affairs, and EPA.

Strategy A.2

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy A.2.1. Immunize Children and Adults in Texas. Implement programs to immunize children and adults in Texas.	**Direct Consumers:** DSHS operates the Texas Vaccine for Children (TVFC) and Adult Safety Net (ASN) programs to provide immunizations for eligible children, adolescents, and adults. These programs also work to educate and perform quality assurance activities with healthcare providers vaccinating these groups. DSHS maintains an electronic vaccine inventory system that enables participating providers to order vaccine stock and report on vaccines administered. DSHS maintains a statewide immunization registry (ImmTrac2) that contains millions of immunization records, mostly for children. Healthcare providers use ImmTrac to ensure timely administration of vaccines and to avoid over-vaccination. Parents may obtain immunization records for their children. DSHS also conducts surveillance, investigation, and mitigation of vaccine-preventable diseases. **Local Governments:** DSHS helps LHDs in conducting immunization programs at the local level, including providing immunizations for eligible children, adolescents, and adults; providing immunization education; and assisting with activities to increase immunization coverage levels across Texas. **Schools and Childcare Facilities:** DSHS provides education and technical assistance to school and childcare facilities on school immunization requirements. DSHS conducts an annual survey of private schools and public school districts to assess vaccination coverage. Additionally, DSHS conducts audits on schools and childcare facilities to ensure that the facilities comply with school immunization requirements. **External Partners:** DSHS works with the Texas Immunization Stakeholder Working Group, which includes representatives from TMA, Texas Pediatric Society (TPS), parents, schools, LHDs, pharmacists, nurses, vaccine manufacturers, immunization coalitions, and other organizations with a role in the statewide immunization system. **Other State Agencies:** DSHS works with Texas Education Agency, DFPS and HHSC in the delivery of immunization services.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy A.2.2. Human Immunodeficiency Virus / Sexually Transmitted Disease (HIV/STD) Prevention. Implement programs of prevention and intervention including preventive education, case identification and counseling, HIV/STD medication, and linkage to health and social service providers.	**Direct Consumers:** DSHS provides access to HIV treatment and care services, including life-enhancing medications, for low-income, uninsured or underinsured persons. DSHS also provides ambulatory healthcare and supportive services to persons with HIV disease through contracted providers. DSHS contracts to provide HIV counseling and testing, linkage to HIV related medical care and behavior change interventions to prevent the spread of HIV and other STDs. DSHS provides testing for HIV and STDs, medications for some STDs, and disease intervention and partner services to reduce the spread of STDs. **Local Governments:** DSHS helps local governments in the delivery of services to assure that persons diagnosed with HIV and high priority STDs are notified and linked to medical care and treatment. Assistance is provided to assure that partners of persons newly diagnosed with HIV and high priority STDs are notified and offered testing services. DSHS provides capacity building and technical assistance/training services to LHDs that provide HIV/STD prevention and treatment and care services. DSHS works with LHDs to promote HIV/STD as a health and prevention priority among medical providers and the community at large. DSHS provides local leaders and groups across Texas with information on the size and scope of HIV and STD cases in their communities, with HIV/STD-specific strategic planning tools, and with best risk reduction practices to support creation of HIV/STD prevention and services action plans. **Community-Based Organizations:** DSHS provides capacity building and technical assistance/training services to contracted providers providing HIV/STD prevention and treatment and care services. **Committee:** The Texas HIV Medication Advisory Committee advises DSHS about the Texas HIV Medication Program formulary and policies.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy A.2.3. Infectious Disease Prevention, Epidemiology and Surveillance. Conduct surveillance on infectious diseases, including respiratory, vaccine-preventable, bloodborne, foodborne, and zoonotic diseases and healthcare associated infections. Implement activities to prevent and control the spread of emerging and acute infectious and zoonotic diseases.	**Citizens of Texas:** DSHS coordinates disease surveillance and outbreak investigations including information on the occurrence of disease, as well as prevention and control measures. DSHS conducts surveillance for and investigations of infectious diseases, recommends control measures in accordance with best practices, and implements interventions. In addition, DSHS provides information on infectious disease prevention and control to the public through the website and personal consultation. DSHS facilitates the distribution of rabies biologics to persons exposed to rabies, provides Animal Control Officer training opportunities, inspects animal rabies quarantine facilities, immunizes wildlife that can transmit rabies to humans, mobilizes community efforts such as pet neutering programs through the Animal Friendly grant, and maintains investigative response capacity. **Local Governments:** DSHS coordinates infectious disease prevention, control, epidemiology, and surveillance activities with LHDs. **Other State and Federal Agencies:** DSHS collaborates daily with the CDC to maintain consistency with national guidance on infectious disease surveillance, investigation, and mitigation. DSHS serves as the lead on a cooperative project with U.S. Department of Agriculture and Texas Military Forces. Other stakeholders are THA, Texas Health Care Association, Texas Organization of Rural & Community Hospitals (TORCH), Texas Ambulatory Surgery Center Society, End State Renal Disease (ESRD) Network of Texas, the Texas Animal Health Commission, Texas Parks and Wildlife Department, Texas Veterinary Medical Diagnostic Laboratory, U.S.-Mexico Border Health Commission, Rotary International, CDC, FDA, HRSA, schools of public health in Texas, voluntary agencies, HHSC, and federal Office of Refugee Resettlement. **Medical Community:** DSHS provides information and consultation to the human and veterinary medical communities, as well as to healthcare professionals through personal consultation and professional organizations, presentations and posters at scientific meetings, and peer-reviewed publications. **Committees:** DSHS provides support to the Task Force on Infectious Disease Preparedness and Response and the Healthcare Safety Advisory Committee.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy A.2.4. TB Surveillance and Prevention. Implement activities to conduct TB surveillance, to prevent and control the spread of TB, and to treat TB infection.	**Direct Consumers:** DSHS establishes disease surveillance and outbreak investigations processes and provides information on the occurrence of TB disease in communities across Texas. DSHS implements TB disease control measures, including testing and diagnostic services and promoting adherence to treatment. DSHS also ensures that all residents of Texas who are diagnosed with TB or Hansen's disease receive treatment regardless of ability to pay for services. In addition, DSHS provides information to the public on TB prevention and control and Hansen's disease through its website. Phone consultations are also provided to the public on TB and Hansen's disease. **Local Government:** DSHS contracts with LHDs to provide outpatient clinical and public health services for TB and Hansen's disease management. DSHS works with DSHS HSRs and LHD providers on TB binational projects and other special projects targeting individuals and groups at high risk for TB. DSHS provides laboratory services, capacity building, technical assistance, and training services to contracted providers on TB and Hansen's disease. DSHS works in collaboration with LHDs and HSRs to evaluate TB screening, reporting and case management activities conducted by local jails statewide. **State Agencies:** DSHS collaborates with Texas Commission on Jail Standards to uphold standards for jails with a TB screening program. DSHS collaborates with Texas Department of Criminal Justice on TB screening, prevention, and reporting activities. **Federal Agencies:** DSHS collaborates with the CDC, the National Hansen's Disease Program, Bureau of Prisons, Immigration Customs Enforcement, U.S. Marshal's Office on disease surveillance, reporting and management. **Medical Community:** DSHS provides consultation services to healthcare professionals on TB and Hansen's disease. DSHS partners with Heartland National TB Center, a CDC Regional Training and Medical Consultation Center, to provide training to healthcare professionals and to maintain an educated TB workforce. DSHS also participates in professional organizations including conducting presentations and presenting posters at scientific meetings and submitting peer-reviewed publications.
Strategy A.2.5 Texas Center for Infectious Disease. Provide medical treatment to persons with tuberculosis and Hansen's disease.	**Hospital Services:** Through the Texas Center for Infectious Disease, DSHS provides inpatient and outpatient TB treatment and outpatient Hansen's disease evaluation and treatment.

Strategy A.3

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy A.3.1. Health Promotion and Chronic Disease Prevention. Develop, implement, and evaluate evidence-based interventions to reduce health risk behaviors that contribute to chronic disease. Conduct chronic disease surveillance.	**Citizens of Texas:** DSHS provides awareness and educational resources/materials for diabetes, Alzheimer's disease, cancer, asthma, and cardiovascular disease (CVD). DSHS provides child safety seats to low-income families with children less than eight years of age. DSHS provides support to communities for planning and implementing evidence-based obesity prevention interventions through policy and environmental change. **Councils, Task Forces, and Collaboratives:** DSHS provides administrative support to the Texas Diabetes Council, Texas Council on Alzheimer's Disease and Related Disorders, Texas Council on CVD and Stroke, Texas CVD and Stroke Partnership, Texas School Health Advisory Committee, Stock Epinephrine Advisory Committee, Cancer Alliance of Texas. **Healthcare Professionals:** DSHS provides toolkits and information that include professional and patient education materials featuring self-management training, minimum standards of care, and evidence-based treatment algorithms. **Contracted entities:** DSHS contracts with various LHDs, universities, non-profits, private sector entities, and others to implement interventions and collect data to reduce the burden of chronic disease and related risk factors. **Community Diabetes Projects:** DSHS contracts with LHDs, community health centers, and grassroots organizations to establish programs for promoting wellness, physical activity, weight and blood pressure control, and smoking cessation for people with or at risk for diabetes. **Schools:** DSHS provides technical assistance on the care of students with or at risk for chronic disease. DSHS provides child safety seats and education to community partners that assist in the distribution of the safety seats to low-income families and trains nurses, police officers, and other community members to be nationally certified child passenger safety technicians. **State Agencies:** DSHS provides subject matter expertise, including research and data analysis, on topics related to chronic disease. DSHS also collaborates with the CPRIT on cancer-related activities. DSHS works with state agency worksite wellness coordinators to implement health promotion and wellness activities in Texas state agencies.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy A.3.2. Reducing the Use of Tobacco Products Statewide. Develop a statewide program to reduce the use of tobacco products.	**Citizens of Texas:** DSHS plays a leadership role in educating the public about the importance of tobacco prevention and cessation. DSHS also provides cessation counseling services to all Texas residents. **Healthcare Providers:** DSHS provides training and resources for healthcare providers to implement best practices for treating tobacco dependence in multiple healthcare settings. **External Partners:** DSHS works with the University of Texas at Austin, University of Texas at El Paso, University of Houston, The Council on Alcohol and Drug Abuse, Optum, Texas State University, Texas A&M University, MD Anderson, American Cancer Society, and American Lung Association. **Contracted Services:** DSHS contracts with a media firm; a national Quitline service provider; state institutions of higher education; and local coalitions to implement comprehensive tobacco prevention, cessation, and environmental change policies.

Strategy A.4

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy A.4.1. Laboratory Services. Provide analytical laboratory services in support of public health program activities.	**Citizens of Texas:** DSHS tests specimens for infectious diseases such as HIV, STD, and TB; screens for lead in children; tests bay water and milk samples for contamination; tests for rabies; screens every newborn for 54 metabolic and genetic disorders; and identifies organisms responsible for disease outbreaks throughout Texas. DSHS also provides testing for chemical and biological threats. **Other Local, State, and Federal Agencies:** DSHS coordinates with LHDs and their laboratories; laboratories that are part of CDC Laboratory Response Network; first responders; law enforcement; environmental, veterinary, and agricultural laboratories; vector control programs; and animal control programs. **Public Water Systems:** DSHS provides testing of water samples as part of the EPA Safe Drinking Water Act. **External Partners:** DSHS works with the Texas Newborn Screening Advisory Committee, THA, TMA, TPS, and other professional associations.

Strategy B.1

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy B.1.1. Maternal and Child Health. Provide easily accessible, quality, and community-based maternal and child health services to low-income women, infants, children, and adolescents.	**Direct Consumers:** DSHS provides contracted clinical, educational, and support services to Texas residents who meet specific eligibility requirements. DSHS provides preventive oral health services to children in low-income schools and provides training and certification for vision and hearing screening. In addition, DSHS makes audiometers available to schools and day care centers for their staff to conduct screenings. DSHS also provides preventive and primary care, medical and limited dental services, and case management to low-income pregnant women and children through contracts with Title V funds. Limited genetics services are also provided through contracts. DSHS notifies primary care physicians and families of newborns with out-of-range newborn screening results to ensure clinical care coordination to prevent development delays, intellectual disability, illness, or death. DSHS also provides education to providers and the public regarding genetics. **Contracted Providers:** DSHS provides professional education to dental, medical, and case management providers through online provider education and in-person training opportunities. DSHS contracts with nonprofit organizations including LHDs, hospital districts, university medical centers, federally qualified health centers (FQHCs), and other community-based organizations. **Certified Individuals:** DSHS provides oversight of the training and certification requirements for promoters/community health workers and training instructors. **Schools:** DSHS contracts with entities that provide primary and preventive services through school-based health centers. DSHS also provides training and technical assistance to school administrators, school nurses, and parents on the provision of health services within the school setting. **Other State Agencies:** DSHS provides subject matter expertise, including research and data analysis, on topics related to maternal and child health populations. DSHS also collaborates with the CPRIT on cancer-related activities. Under authority of Title XIX of the SSA, Chapters 22 and 32 of the Human Resource Code and an IAC with HHSC, DSHS provides for administrative functions related to periodic medical and dental checkups for Medicaid-eligible children 0 through 20 years of age and case management for children 0 through 20 years of age and pregnant women with health risks or health conditions. **External Partners:** DSHS interacts with the American Cancer Institute, TPS, Texas Dental Association, TMA, THA, TORCH, March of Dimes, Children's Hospital Association of Texas, Head Start programs, independent school districts, and healthcare providers. **Committees:** DSHS provides administrative support to the Newborn Screening Advisory Committee, Promotor(a)/Community Health Worker (CHW) Training and Certification Advisory Committee, Sickle Cell Task Force, and the Maternal Mortality and Morbidity Review Committee.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy B.1.2. Children with Special Health Care Needs (CSHCN). Administer population health initiatives for children with special health care needs.	**Direct Consumers:** DSHS is responsible for public health initiatives for children with special health care needs and their families and people of any age with cystic fibrosis. Regional staff also provide case management, eligibility determination, and enrollment services. DSHS community-based initiatives for the CSHCN population include medical home, transition to adult care, and community integration through contractors. Through community-based contracts, family supports and community resources are provided and case management is available for CSHCN who are not part of Medicaid. **External Partners:** DSHS actively participates on a variety of advisory groups including but not limited to the Children's Policy Council and the Texas Council for Developmental Disabilities. DSHS interacts with professional organizations, including Children's Hospital Association of Texas, THA, TMA, and TPS, and advocacy/support groups, including Texas Parent to Parent, Every Child, Inc., and Disability Rights Texas. DSHS facilitates the Medical Home Learning Collaborative, Transition to Adult Care Learning Collaborative and participates in the STAR Kids Advisory Council, the Texas Respite Coalition, the statewide Community Resource Coordination Group (CRCG), and the ECI Advisory Committee.

Strategy B.2

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy B.2.1. Emergency Medical Services (EMS) and Trauma Care Systems. Develop and enhance regionalized emergency healthcare systems.	**Citizens of Texas:** DSHS ensures a coordinated statewide trauma system and designates trauma and stroke facilities in Texas. DSHS regulates and sets standards for emergency medical professionals and providers. **Healthcare Facilities:** DSHS sets standards and maintains oversight of a system of designations for hospitals in trauma, stroke, neonatal care. **Regional Advisory Councils (RACs)**: DSHS contracts and coordinates with 22 RACs that are tasked with developing, implementing, and monitoring a regional emergency medical service trauma system plan, for the purpose of improving and organizing trauma care. **External Partners:** DSHS interacts with professional organizations including THA, TMA, TORCH, and Texas EMS Trauma and Acute Care Foundation (TETAF). **Committees:** DSHS provides administrative support for the Medical Advisory Board and the Governor's EMS and Trauma Advisory Council (GETAC).
Strategy B.2.2. Texas Primary Care Services. Develop systems of primary and preventive healthcare delivery in underserved areas of Texas.	**Local Health Departments:** DSHS may recommend areas where local health entities operate for federal designation as Health Professional Shortage Areas and Medically Underserved Areas. **Schools of Public Health and Universities:** DSHS partners with these entities in recruitment activities for the National Health Service Corps and Texas Conrad 30 J-1 Visa Waiver Program. **Other Organizations:** DSHS works with communities and nonprofit organizations to develop and expand FQHCs in Texas.

Strategy C.1

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy C.1.1. Food (Meat) and Drug Safety. Design and implement programs to ensure the safety of food, drugs, and medical devices.	**Citizens of Texas:** DSHS protects Texas residents from contaminated, adulterated, and misbranded foods by enforcing food safety laws and regulations and investigating foodborne illness outbreaks to identify sources of contamination. DSHS also protects Texas residents from unsafe drugs, medical devices, cosmetics, and tattoo and body-piercing procedures through regulation. DSHS protects school-age children by inspecting school cafeterias. **Local and State Entities:** DSHS interacts with Texas Department of Agriculture, the Texas Board of Pharmacy, U.S. Department of Agriculture, and U.S. Food and Drug Administration.
Strategy C.1.2. Environmental Health. Design and implement risk assessment and risk management regulatory programs for consumer products, occupational and environmental health, and community sanitation.	**Citizens of Texas:** DSHS provides protection and handles compliance over a broad range of commonly used consumer items including automotive products, household cleaners, polishes and waxes, paints and glues, infant items, and children's toys. DSHS also protects and promotes the physical and environmental health of Texans from asbestos, mold, and lead. DSHS protects children attending private and university-based summer youth camps by requiring completion of certain trainings and inspections. **Committees:** DSHS provides administrative support from the Youth Camp Advisory Committee.
Strategy C.1.3. Radiation Control. Design and implement a risk assessment and risk management regulatory program for all sources of radiation.	**Citizens of Texas:** DSHS prevents unnecessary radiation exposure to the public through effective licensing, registration, inspection, enforcement, and emergency response. **Other State Agencies:** DSHS coordinates with TDEM and other state agencies as part of the DSHS responsibility for Annex D, Radiological Emergency Response, of the State of Texas Emergency Management Plan. **Committees:** DSHS provides administrative support for the Texas Radiation Advisory Board.
Strategy C.1.4. Texas.Gov. Estimated and Nontransferable. Texas.Gov. Estimated and Nontransferable.	**Regulated Entities:** DSHS is statutorily permitted to increase license, permit, and registration fees imposed on licensees by an amount sufficient to cover the cost of the subscription fee charged by TexasOnline.

Strategy D.1

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy D.1.1. Agency Wide Information Technology Projects. Provide data center services and a managed desktop computing environment for the agency.	**DSHS Employees:** DSHS provides information technology support for DSHS employees and programs.

Strategy E.1

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy E.1.1. Central Administration. Central administration. **Strategy E.1.2. Information Technology Program Support.** Information Technology program support. **Strategy E.1.3. Other Support Services.** Other support services. **Strategy E.1.4. Regional Administration.** Regional administration.	**DSHS Employees:** DSHS provides administrative support for DSHS employees and programs.

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

Services Provided to Customers by Budget Strategy, as listed in HHS System Strategic Plan 2019–2023, Volume II, Schedule A

Strategy A.1

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy A.1.1. Aged and Medicare-Related Eligibility Group. Provide medically necessary healthcare in the most appropriate, accessible, and cost-effective setting to aged and Medicare-related Medicaid-eligible persons.	**Medicaid Consumers:** HHSC Medicaid/CHIP division provides healthcare to Medicaid aged and Medicare-related persons. **Managed Care Organizations (MCO) / Providers:** The HHSC Medicaid/CHIP division contracts with MCOs for the provision of health services. The Medicaid/CHIP division sets policy and provides oversight for the program.
Strategy A.1.2. Disability-Related Eligibility Group. Provide medically necessary healthcare in the most appropriate, accessible, and cost-effective setting for disability-related Medicaid-eligible adults and children.	**Medicaid Consumers:** HHSC Medicaid/CHIP division provides healthcare to eligible disability-related adults and children. **Managed Care Organizations (MCO) / Providers:** The HHSC Medicaid/CHIP division contracts with MCOs for the provision of health services. The Medicaid/CHIP division sets policy and provides oversight for the program.
Strategy A.1.3. Pregnant Women Eligibility Group. Provide medically necessary healthcare in the most appropriate, accessible, and cost-effective setting for Medicaid-eligible pregnant women.	**Medicaid Consumers:** HHSC Medicaid/CHIP division provides healthcare to women who are pregnant and eligible for Medicaid. **Managed Care Organizations (MCO) / Providers:** The HHSC Medicaid/CHIP division contracts with MCOs for the provision of health services. The Medicaid/CHIP division sets policy and provides oversight for the program.
Strategy A.1.4. Other Adults Eligibility Group. Provide medically-necessary healthcare in the most appropriate, accessible, and cost-effective setting to adults who are principally income-level eligible (non-pregnant, non-Medicare, non-disability-related).	**Medicaid Consumers:** HHSC Medicaid/CHIP division provides healthcare to eligible TANF-level adults, medically needy, and other adults who are principally income-level eligible. **Managed Care Organizations (MCO) / Providers:** The HHSC Medicaid/CHIP division contracts with MCOs for the provision of health services. The Medicaid/CHIP division sets policy and provides oversight for the program.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy A.1.5. Children Eligibility Group. Provide medically necessary healthcare in the most appropriate, accessible, and cost-effective setting to newborn infants and Medicaid-eligible children who are not receiving SSI disability-related payments.	**Medicaid Consumers:** HHSC Medicaid/CHIP division provides healthcare to Medicaid eligible child recipients.
Strategy A.1.6. Medicaid Prescription Drugs. Provide prescription medication to Medicaid-eligible recipients as prescribed by their treating physician.	**Medicaid Consumers:** HHSC Medicaid/CHIP division provides prescription medication benefits to Medicaid recipients. **Managed Care Organizations (MCO) / Providers:** The HHSC Medicaid/CHIP division contracts with MCOs for the provision of health services. The Medicaid/CHIP division sets policy and provides oversight for the program.
Strategy A.1.7. Texas Health Steps (THSteps) Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Dental. Provide dental care in accordance with all federal mandates.	**Medicaid Consumers:** HHSC Medicaid/CHIP division provides access to periodic dental exams, diagnosis, prevention and treatment of dental disease to Medicaid eligible children. **Managed Care Organizations (MCO) / Providers:** The HHSC Medicaid/CHIP division contracts with MCOs for the provision of health services. The Medicaid/CHIP division sets policy and provides oversight for the program.
Strategy A.1.8. Medical Transportation. Support and reimburse for non-emergency transportation assistance to individuals receiving medical assistance.	**Medicaid Consumers:** HHSC provides transportation for Medicaid recipients. **Providers:** The Medical Transportation Program contracts with Managed Transportation Organizations (MTOs) and Full Risk Brokers (FRBs) for the provision of medical transportation services. The program sets policy and provides oversight for the services.

Strategy A.2

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy A.2.1. Community Attendant Services. Provide attendant care services to Medicaid-reimbursed subgroup of Primary Home Care eligible individuals that must meet financial eligibility of total gross monthly income less than or equal to 300 percent of the SSI federal benefit rate.	**Direct customer groups include:** • Individuals of any age who meet specific eligibility requirements including income and resources, who have a practitioner's statement of medical need and meet functional assessment criteria.
Strategy A.2.2. Primary Home Care. Provide Medicaid-reimbursed, non-technical, medically related personal care services prescribed by a physician to eligible individuals whose health problems limit their ability to perform activities of daily living.	**Direct customer groups include:** • Individuals 21 years of age and older; • Individuals who meet eligibility requirements including Medicaid eligibility; • Individuals who have a practitioner's statement of medical need; and • Individuals who meet functional assessment criteria.
Strategy A.2.3. Day Activity and Health Services (DAHS). Provide daytime services five days a week to individuals residing in the community as an alternative to placement in nursing facilities or other institutions.	**Direct customer groups include:** • **Title XIX:** Individuals age 18 or older who receive Medicaid and meet eligibility requirements, which include having a functional disability related to a medical condition, a need for a personal care task, and a medical diagnosis and physician's orders requiring care or supervision by a licensed nurse. • **Title XX:** Individuals age 18 or older who meet specific eligibility requirements including income and resources and who have a functional disability related to a medical condition, a need for a personal care task, and a medical diagnosis and physician's orders requiring care or supervision by a licensed nurse.
Strategy A.2.4. Nursing Facility Payments. Provide payments that will promote quality care for individuals with medical needs that require nursing facility care.	**Direct customer groups include:** • Individuals with medical needs meeting medical necessity requirements and are eligible for Medicaid. The individuals must reside in a nursing facility for 30 consecutive days.
Strategy A.2.5. Medicare Skilled Nursing Facility. Provides payments for individuals in dually qualified certified facilities (certified for both Medicaid and Medicare).	**Direct customer groups include:** • Individuals who receive Medicaid and reside in Medicare (XVIII) skilled nursing facilities, • Medicaid/ QMB recipients and • Medicare only QMB recipients.

Budget Strategy	Stakeholder Groups / Services Provided
Strategy A.2.6. Hospice. Provide palliative care consisting of medical, social, and support services for individuals.	**Direct customer groups include:** • Individuals eligible for Medicaid who are terminally ill and no longer desire curative treatment and who have a physician's prognosis of six months or less to live. • Individuals under the age of 21 may continue to receive curative treatments while receiving hospice services.
Strategy A.2.7. Intermediate Care Facilities - for Individuals with Intellectual Disability (ICFs/IID). Provide or contract for residential facilities of four or more beds for 24-hour care for the intellectual and developmentally disabled residents.	**Direct customer groups include:** • Individuals with intellectual and/or developmental disabilities who would benefit or require 24-hour supervised living arrangements and qualify for Medicaid.

Strategy A.3

Budget Strategy	Stakeholder Groups / Services Provided
Strategy A.3.1. Home and Community-Based Services (HCS). Provide individualized services to individuals with intellectual disability living in their family's home, their own homes, or other settings in the community.	**Direct customer groups include:** • Individuals of any age who have a determination/diagnosis of intellectual disability or related condition, who meet Medicaid eligibility, resource and level of care criteria, and who choose Home and Community-based Services (HCS) services instead of the ICF/IID program.
Strategy A.3.2. Community Living Assistance and Support Services (CLASS). Provide home and community-based services to persons who have a "related condition" diagnosis qualifying them for placement in an Intermediate Care Facility. A related condition is a disability other than intellectual and/or developmental disability which originates before age 22 and which substantially limits life activity. Such disabilities, which may include cerebral palsy, epilepsy, spina bifida, head injuries, and other diagnoses, are said to be "related to" intellectual and/or developmental disability in their effect upon the individual's functioning.	**Direct customer groups include:** • Individuals of any age with a diagnosis of developmental disability other than intellectual disability who meet specific eligibility requirements including Medicaid eligibility and functional need and who choose waiver services instead of institutional services.

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy A.3.3. Deaf-Blind Multiple Disabilities (DBMD). Provide home and community-based services to adult individuals diagnosed with deafness, blindness, and multiple disabilities.	**Direct customer groups include:** • Individuals of any age who are deaf, blind, and have a third disability, who meet specific eligibility requirements including Medicaid eligibility and functional need and who choose waiver services instead of institutional services.
Strategy A.3.4. Texas Home Living (TxHmL) Waiver. Provide individualized services, not to exceed $17,000 per year, to individuals with an intellectual disability living in their family's home, their own homes, or other settings in the community.	**Direct customer groups include:** • Individuals of any age who have a determination/diagnosis of intellectual disability or related condition, who meet specific eligibility requirements including Medicaid eligibility, resource and level of care criteria, and who choose waiver services over ICF/IID.
Strategy A.3.5. Program of All-Inclusive Care for the Elderly (PACE). Provide community-based services to frail and elderly individuals who qualify for nursing facility placement. Services include inpatient and outpatient medical care and social/community services at a capitated rate.	**Direct customer groups include:** • Individuals age 55 or older who qualify for nursing facility services and receive Medicare and/or Medicaid.

Strategy A.4

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy A.4.1. Non-Full Benefit Payments. Provide payments for medically necessary healthcare to eligible recipients for certain services not covered under the insured arrangement, including undocumented persons, school health, and other related services.	**Medicaid Consumers:** HHSC Medicaid/CHIP division provides healthcare to Medicaid eligible recipients for specific services not covered. **Managed Care Organizations (MCO)/Providers**: The HHSC Medicaid/CHIP division contracts with MCOs for the provision of health services. The Medicaid/CHIP division sets policy and provides oversight for the program.
Strategy A.4.2. For Clients Dually Eligible for Medicare and Medicaid. Provide accessible premium-based health services to certain Title XVIII Medicare-eligible recipients.	**Medicaid Consumers:** HHSC Medicaid/CHIP division provides premium-based health services to Medicaid-eligible aged and disability related persons who are also eligible for Title XVIII Medicare coverage. **Managed Care Organizations (MCO)/Providers:** The HHSC Medicaid/CHIP division contracts with MCOs for the provision of health services. The Medicaid/CHIP division sets policy and provides oversight for the program.

Budget Strategy	Stakeholder Groups / Services Provided
Strategy A.4.3. Transformation Payments. Maximize federal funding to provide supplemental Medicaid reimbursement for uncompensated care and delivery system reform incentives under the 1115 waiver. Historically provided children's hospital UPL match.	**Hospitals / Providers:** States may receive federal funding to provide hospitals supplemental payments to cover inpatient and outpatient services that exceed regular Medicaid rates.

Strategy B.1

Budget Strategy	Stakeholder Groups / Services Provided
Strategy B.1.1. Medicaid Contracts and Administration. Administer efficient and effective Medicaid program, set the overall policy direction of the state Medicaid program, and manage interagency initiatives to maximize federal dollars.	**Other HHS Agencies:** HHSC provides the leadership and policy planning for administration of the state Medicaid Office across the HHS system.
Strategy B.1.2. CHIP Contracts and Administration. Administer efficient and effective CHIP program, including contracted administration, and set overall policy direction of CHIP programs.	**Federal Government:** HHSC Medicaid/CHIP division provides direction, guidance, and policy making for the Children's Health Insurance Program, a federal program administered through states. **Managed Care Organizations:** The HHSC Medicaid/CHIP division contracts with Managed Care Organizations for the provision of the Children's Health Insurance Program. The Medicaid/CHIP division sets policy and provides oversight for the CHIP program. **Children and Families:** The CHIP program exists to serve Texas children and families, providing health insurance to children in families with incomes up to 200% of the federal poverty level.

Strategy C.1

Budget Strategy	Stakeholder Groups / Services Provided
Strategy C.1.1. CHIP. Provide healthcare to uninsured children who apply and are determined eligible for insurance through CHIP. **Strategy C.1.2. CHIP Perinatal Services.** Provide healthcare to perinates whose mothers apply and are determined eligible for insurance through CHIP. **Strategy C.1.3. CHIP Prescription Drugs.** Provide prescription medication to CHIP-eligible recipients (includes all CHIP programs), as provided by their treating physician. **Strategy C.1.4. CHIP Dental Services.** Provide dental healthcare services to uninsured children who apply and are determined eligible for insurance through CHIP.	**Federal Government:** HHSC Medicaid/CHIP division provides direction, guidance, and policy making for the Children's Health Insurance Program, a federal program administered through states. **Managed Care Organizations:** The HHSC Medicaid/CHIP division contracts with Managed Care Organizations for the provision of the Children's Health Insurance Program. The Medicaid/CHIP division sets policy and provides oversight for the CHIP program. **Children and Families:** The CHIP program exists to serve Texas children and families, providing health insurance to children in families with incomes up to 200% of the federal poverty level.

Strategy D.1

Budget Strategy	Stakeholder Groups / Services Provided
Strategy D.1.1. Women's Health Program. Women's Health Program.	**Non-Pregnant Low Income Women:** HHSC provides family planning services, related health screening, and birth control to low-income women who are 18 through 44 years of age. Providers are required to complete an HTW certification every year they participate.

Budget Strategy	Stakeholder Groups / Services Provided
Strategy D.1.10. Additional Specialty Care. Deliver specialty care services including service programs for epilepsy and hemophilia, as well as provide leadership and direction to the statewide umbilical cord blood bank and health information technology initiatives.	**Direct Consumers:** HHSC provides clinical and support services through contracted providers to Texas residents with epilepsy or seizure-like symptoms who meet specific eligibility requirements. HHSC provides financial assistance for people with hemophilia to pay for their blood factor replacement products. **Contracted Providers:** HHSC contracts with a university medical center, hospital district, and nonprofit organizations for epilepsy services. Local health entities, schools of public health, and universities may be contracted providers. HHSC contracts with pharmacies for hemophilia services. **External Partners:** HHSC interacts with professional organizations, including TMA, THA, and with statewide epilepsy entities. HHSC interacts with professional organizations, including hemophilia treatment centers, TMA, and THA, and with statewide hemophilia networks.
Strategy D.1.11. Community Primary Care Services. Develop systems of primary and preventive healthcare delivery in underserved areas of Texas.	**Direct Consumers:** HHSC/DSHS provides clinical services through contracted providers to Texas residents who meet specific eligibility requirements. **Contracted Providers:** HHSC/DSHS contracts with nonprofit organizations such as LHDs, hospital districts, university medical centers, FQHCs, and other community-based organizations. **Local Health Departments:** HHSC/DSHS may recommend areas where local health entities operate for federal designation as Health Professional Shortage Areas and Medically Underserved Areas. **Schools of Public Health and Universities:** HHSC/DSHS partners with these entities in recruitment activities for the National Health Service Corps and Texas Conrad 30 J-1 Visa Waiver Program. **Other Organizations:** HHSC/DSHS works with communities and nonprofit organizations to develop and expand FQHCs in Texas.

Budget Strategy	Stakeholder Groups / Services Provided
Strategy D.1.12. Abstinence Education. Increase abstinence education programs in Texas.	**Adolescents and Parents:** HHSC provides abstinence education in Spanish and English through brochures, toolkits, workbooks, curricula, and online as well as service learning opportunities and leadership summit opportunities for youth in grades 5-12, and resources for parents in Spanish and English online and through booklets and DVDs. **Contractors:** HHSC contracts with providers to provide abstinence education curricula and service learning projects during in-school and after-school interventions. **School Districts:** HHSC provides workshops, webinars, trainings, toolkits, brochures, and workbooks for school districts across Texas. **Community, Faith-based, and Health Organizations:** HHSC provides toolkits, brochures, and workbooks for organizations.
Strategy D.1.2. Alternatives to Abortion. Nontransferable. Provide pregnancy support services that promote childbirth for women seeking alternatives to abortion.	**Pregnant Women and Children:** HHSC contracts for the delivery of pregnancy support services. These services include information regarding pregnancy and parenting (brochures, pamphlets, books, classes, and counseling), referrals to existing community services and social service programs (childcare services, transportation, low-rent housing, etc.), support groups in maternity homes, and mentoring programs (classes on life skills, budgeting, parenting, counseling, and obtaining a GED).
Strategy D.1.3. Early Childhood Intervention Services. Administer a statewide comprehensive system of services to ensure that eligible infants, toddlers, and their families have access to the resources and support they need to reach their service plan goals.	**Children with Disabilities & Their Families:** HHSC serves families with children birth to 36 months with developmental disabilities or delays and must provide early childhood intervention services to all eligible children.
Strategy D.1.4. Ensure ECI Respite Services and Quality ECI Services. Ensure that resources are identified and coordinated to provide respite service to help preserve the family unit and prevent costly out-of-home placements.	**Children with Disabilities & Their Families:** HHSC provides respite services to families served by the ECI program.
Strategy D.1.5. Children's Blindness Services. Provide information and training for blind and visually impaired children and their families so these children have the skills and confidence to live as independently as possible.	**Blind or Visually Impaired Consumers & Their Families:** HHSC provides services necessary to assist blind children to achieve self-sufficiency and a fuller richer life.

Budget Strategy	Stakeholder Groups / Services Provided
Strategy D.1.6. Autism Program. To provide services to Texas children ages 3-15 diagnosed with autism spectrum disorder.	**Children with Autism & Their Families:** HHSC provides treatment services to children with a diagnosis of autism.
Strategy D.1.7. Children with Special Health Care Needs (CSHCN). Administer service program for children with special health care needs, in conjunction with DSHS.	**Direct Consumers:** HHSC/DSHS provides services to children with special health care needs and their families and people of any age with cystic fibrosis. Services are provided through community-based contractors, entities that provide direct healthcare services and case management. Staff also provides case management. **External Partners:** HHSC/DSHS actively participates on a variety of advisory groups including but not limited to the Children's Policy Council and the Texas Council for Developmental Disabilities. HHSC/DSHS interacts with professional organizations, including Children's Hospital Association of Texas, Texas Hospital Association (THA), TMA, and Texas Pediatric Society, and advocacy/support groups, including Texas Parent to Parent, Every Child, Inc., and Disability Rights Texas. HHSC/DSHS facilitates the Medical Home Workgroup, Transition Workgroup, and participates in the STAR Kids Advisory Council, the Texas Respite Coalition, the statewide Community Resource Coordination Group (CRCG), and the ECI Advisory Committee.
Strategy D.1.8. Title V Dental and Health Services. Provide easily accessible, quality and community-based dental services to low-income infants, children and adolescents.	**Children and Families:** HHSC provides dental services to children through contracts with Title V funds. Services are provided through community-based contractors, entities that provide direct healthcare services.
Strategy D.1.9. Kidney Health Care. Administer service programs for kidney health care.	**Direct Consumers:** HHSC provides benefits to persons with end-stage renal disease who are receiving a regular course of renal dialysis treatments or have received a kidney transplant. **External Partners:** External partners include professional associations, including the End Stage Renal Disease Network and the Texas Kidney Foundation, to provide information and training and to receive information about the population served.

Strategy D.2

Budget Strategy	Stakeholder Groups / Services Provided
Strategy D.2.1. Community Mental Health Services for Adults. Provide services and supports in the community for adults with serious mental illness.	**Contracted Services:** HHSC contracts with local mental health authorities to provide services to adults with diagnoses such as schizophrenia, bipolar disorder, major depression, post-traumatic stress disorder, schizoaffective disorder, obsessive-compulsive disorder, anxiety disorder, attention deficit disorder, delusional disorder, and eating disorders who are experiencing significant functional impairment. Additionally, HHSC contracts with community behavioral health providers to provide mental health services. Community services for adults may include: • psychiatric diagnosis; • pharmacological management; • training; and • support; • education and training; • case management; • supported housing and employment; • peer services; • therapy; • and rehabilitative services.

Budget Strategy	Stakeholder Groups / Services Provided
Strategy D.2.2. Community Mental Health Services for Children. Provide services and supports for emotionally disturbed children and their families.	**Contracted Services:** HHSC contracts with local mental health authorities to provide services to children ages 3–17 with serious emotional disturbance (excluding a single diagnosis of substance use disorder, intellectual or developmental disability, or autism spectrum disorder) who have a serious functional impairment or who: 1) are at risk of disruption of a preferred living or child care environment due to psychiatric symptoms, or 2) are enrolled in special education because of a serious emotional disturbance. Additionally, HHSC contracts with community behavioral health providers to provide mental health services. Community services for children may include: • community-based assessments, including the development of inter-disciplinary, recovery-oriented treatment plans, diagnosis, and evaluation services; • family support services, including respite care; • case management services; • pharmacological management; • counseling; and • skills training and development.
Strategy D.2.3. Community Mental Health Crisis Services (CMHCS). CMHCS.	**Contracted Services:** HHSC contracts with local mental health authorities to provide crisis services to persons whose crisis screening and/or assessment indicate that they are an extreme risk of harm to themselves or others in their immediate environment or to persons believed to present an immediate danger to self or others or their mental or physical health is at risk of serious deterioration. Additionally, HHSC contracts with community behavioral health providers to provide mental health services. Crisis services are designed to provide timely screening and assessment to individuals in crisis to divert them from unnecessary treatment in restrictive environments such as jails, emergency rooms, and state hospitals. Statewide crisis services include crisis hotlines, mobile crisis outreach teams and crisis facilities.

Budget Strategy	Stakeholder Groups / Services Provided
Strategy D.2.4. Substance Abuse Prevention, Intervention, and Treatment. Implement prevention services to reduce the risk of substance use, abuse, and dependency. Implement intervention services to interrupt illegal substance use by youth and adults and reduce harmful use of legal substances by adults. Implement a continuum of community and family based treatment and related services for chemically dependent persons. Optimize performance quality and cost efficiency through the managing and monitoring of contracted services for substance abuse.	**Contracted Services:** HHSC contracts with local community providers to provide substance abuse prevention, intervention, and treatment services. Substance Abuse Prevention is targeted to school-age children and young adults. HIV Outreach and HIV Early Intervention programs provide information and education for substance-abusing adults at risk for HIV or who are HIV positive. Pregnant, Post-Partum Intervention Services provide case management, education, and support for pregnant and post-partum women at risk for substance abuse. HHSC contracts with state licensed programs to deliver treatment services to adolescents and adults who meet DSM-V criteria for substance abuse or dependence. Each region provides a continuum of care that includes outreach, screening, assessment, and referral; specialized services for females; residential and outpatient treatment for adults and youth; pharmacotherapy; and treatment for co-occurring disorders. HHSC also funds recovery support services such as housing, employment, and recovery coaching in order to develop long-term recovery in communities around the state.
Strategy D.2.5. Behavioral Health Waivers. Provide intensive community-based services for emotionally disturbed children and their families and for adults with serious mental illness.	**Children and Families:** HHSC provides services to children in Medicaid age 3 to 18 who have serious emotional disturbance to prevent acute psychiatric hospitalization. To support long-term recovery and success in an individual's community of choice, HHSC also provides intensive services in the home or community to adults with a serious mental illness who have had long tenures in an inpatient psychiatric hospital, frequent discharges from correctional facilities, or numerous emergency department visits.

Strategy D.3

Budget Strategy	Stakeholder Groups / Services Provided
Strategy D.3.1. Indigent Health Care Reimbursement (UTMB). Reimburse the provision of indigent health services through the deposit of funds in the State-owned Multicategorical Teaching Hospital Account.	**University of Texas Medical Branch at Galveston (UTMB):** HHSC transfers funds for unpaid healthcare services provided to indigent patients.
Strategy D.3.2. County Indigent Health Care Services. Provide support to local governments that provide indigent healthcare services.	**Local Governments:** HHSC provides technical assistance to counties regarding program compliance and assistance with Supplemental Security Income and Medicaid claim submission.

Strategy E.1

Budget Strategy	Stakeholder Groups / Services Provided
Strategy E.1.1. Temporary Assistance for Needy Families Grants. Provide Temporary Assistance for Needy Families grants to low-income Texans.	**Children and Families:** The TANF grants provide capped entitlement services, non-entitlement services, one-time payments, child support payments and payment support for grandparents to children and families.
Strategy E.1.2. Provide Women, Infants, and Children (WIC) Services: Benefits, Nutrition Education, and Counseling. Provide WIC services including benefits, nutrition education, and counseling.	**Direct Consumers:** HHSC provides services to low-income pregnant and post-partum women, infants, and children up to age five who meet certain eligibility requirements. **Citizens of Texas:** HHSC provides funding and support to communities through a competitive process to implement population level, evidence-based approaches to obesity prevention. **Contracted Providers:** HHSC contracts with LHDs, public health districts, hospitals, and nonprofit organizations to provide the Women, Infants, and Children (WIC) Program. **External Partners, Healthcare Professionals, and Other State Agencies:** HHSC provides subject matter expertise to a variety of external partners.

Strategy F.1

Budget Strategy	Stakeholder Groups / Services Provided
Strategy F.1.1. Guardianship. Provide full or limited authority over an incapacitated aging or disabled adult who is the victim of validated abuse, neglect, exploitation, or of an incapacitated minor in Child Protective Services' (CPS) conservatorship.	**Direct customer groups include:** • Individuals with diminished capacity who are older and who meet specific eligibility requirements; • Individuals with diminished capacity who have a disability and who meet specific eligibility requirements; and • Individuals with diminished capacity who are aging out of CPS conservatorship.
Strategy F.1.2. Non-Medicaid Services. Provide services to individuals ineligible for Medicaid services, in their own home or community. Services include family care, home-delivered meals, adult foster care, Day Activities and Health Services (Title XX), emergency response, and personal attendant services.	**Direct customer groups include:** • Non-Medicaid community (Title XX and general revenue funded) services are provided to individuals 18 years of age or older who meet specific eligibility requirements including income, resource, and functional assessment criteria. • Older Americans Act (OAA) services are provided to individuals age 60 or older, their family caregivers and other caregivers caring for an eligible person.
Strategy F.1.3. Non-Medicaid Developmental Disability Community Services. Provide services, other than those provided through the Medicaid waiver programs, to individuals with intellectual or developmental disabilities who reside in the community, including independent living, employment services, day training, therapies, and respite services.	**Direct customer groups include:** • Individuals with a determination/diagnosis of intellectual disability who reside in the community.

Strategy F.2

Budget Strategy	Stakeholder Groups / Services Provided
Strategy F.2.1. Independent Living Services (General, Blind, and Centers for Independent Living). Provide quality, statewide consumer-directed independent living services that focus on acquiring skills and confidence to live as independently as possible in the community for eligible people with significant disabilities. Work with the State Independent Living Council to develop the State Plan for Independent Living.	**Blind or Visually Impaired Consumers:** HHSC is responsible for providing services that assist Texans with visual disabilities to live as independently as possible. **Consumers with Disabilities Other than Blindness:** HHSC provides people with significant disabilities, who are not receiving vocational rehabilitation services, with services that will substantially improve their ability to function, continue functioning, or move toward functioning independently in the home, family, or community.
Strategy F.2.2. Blindness Education, Screening, and Treatment (BEST) Program. Provide screening, education, and urgently needed eye-medical treatment to prevent blindness.	**Texans:** HHSC provides public education about blindness, screenings and eye exams to identify conditions that may cause blindness and treatment procedures necessary to prevent blindness.
Strategy F.2.3. Provide Services to People with Spinal Cord / Traumatic Brain Injuries. Provide consumer-driven and counselor-supported Comprehensive Rehabilitation Services (CRS) for people with traumatic brain injuries or spinal cord injuries.	**Consumers with Traumatic Brain or Spinal Cord Injuries:** HHSC provides adults who have suffered a traumatic brain or spinal cord injury with comprehensive inpatient or outpatient rehabilitation and/or acute brain injury services.
Strategy F.2.4. Provide Services to Persons Who Are Deaf or Hard of Hearing. Ensure continuity of services, foster coordination and cooperation among organizations, facilitate access to training and education programs, and support access to telephone systems to individuals who are deaf or hard of hearing. To increase the number of persons (who are deaf or hard of hearing) receiving quality services by 10 percent each biennium.	**Deaf or Hard of Hearing Consumers:** HHSC, through a network of local service providers at strategic locations throughout the state, provides communication access services including interpreter services and computer-assisted real-time transcription services, information and referral, hard of hearing services, and resource specialists' services.

Strategy F.3

Budget Strategy	Stakeholder Groups / Services Provided
Strategy F.3.1. Family Violence Services. Provide emergency shelter and support services to victims of family violence and their children, educate the public, and provide training and prevention support to institutions and agencies.	**Children and Families:** HHSC's Family Violence Program contracts with local agencies to provide shelter, nonresidential, and special nonresidential services. Shelter centers' services include, but are not limited to, 24-hour emergency shelter, 24-hour crisis hotline services, referrals to existing community services, community education and training, emergency medical care and transportation, intervention, educational arrangements for children, cooperation with criminal justice officials, and information regarding training and job placement. Nonresidential centers provide the same services as shelter centers with the exception of the 24-hour emergency shelter component. Special nonresidential services address unmet needs or underserved populations such as immigrants or populations with limited English proficiency.
Strategy F.3.2. Child Advocacy Programs. Train, provide technical assistance, and evaluate services for Children's Advocacy Centers of Texas, Inc. (CACTX) and Texas Court Appointed Special Advocates, Inc. (Texas CASA).	**Children:** HHSC contracts with a statewide organization to provide training, technical assistance, evaluation services, and funds administration to support local children's advocacy center programs and court-appointed volunteer advocate programs.
Strategy F.3.3. Additional Advocacy Programs. Provide support services for interested individuals (Healthy Marriage, CRCG Adult/Child, TIFI, Office of Acquired Brain Injury, Faith and Community-Based Initiative, Center for the Elimination of Disproportionality).	**Children, Families and Adults:** HHSC helps connect couples to premarital education classes through the Healthy Marriage Program, provides education, awareness and prevention information for brain injury survivors, families and caregivers through the Office of Acquired Brain Injury, and provides education and outreach to prevent developmental disabilities in infants and young children through the Office of Disability Prevention for Children.

Strategy G.1

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy G.1.1. SSLCs. Provide direct services and support to individuals living in state supported living centers. Provide 24-hour residential services for individuals who are medically fragile or severely physically impaired or have severe behavior problems, and who choose these services or cannot currently be served in the community.	**Direct customer groups include:** • Individuals who have a determination/diagnosis of intellectual disability who are medically fragile or who have behavioral problems.

Strategy G.2

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy G.2.1. Mental Health State Hospitals. Provide specialized assessment, treatment, and medical services in state mental health facility programs.	**Direct Consumers:** HHSC directly provides statewide access to court-directed specialized inpatient services in nine state psychiatric hospitals (including a psychiatric unit at the Rio Grande State Center) for persons who are seriously mentally ill and are a risk to themselves or others or show a substantial risk of mental or physical deterioration of the person's ability to function independently. Individuals are on civil or forensic judicial commitments or are accepted on voluntary admissions. HHSC also provides services at the Waco Center for Youth, a psychiatric residential treatment center that admits children ages 13-17 who have a diagnosis of being emotionally disturbed, who have a history of behavior adjustment problems, and who need a structured treatment program in a psychiatric residential facility.
Strategy G.2.2. Mental Health (MH) Community Hospitals. Provide inpatient treatment, crisis assessment, and medical services to adults and children served in community hospitals.	**Contracted Services:** HHSC contracts with local mental health authorities, county governments, and universities to provide specialized inpatient services in their communities for persons who are seriously mentally ill and are a risk to themselves or others or show a substantial risk of mental or physical deterioration of the person's ability to function independently. Individuals are on civil or forensic judicial commitments or are accepted on voluntary admissions.

Strategy G.3

Budget Strategy	Stakeholder Groups / Services Provided
Strategy G.3.1. Other State Medical Facilities. Provide program support to State Supported Living Centers, State Mental Health Hospitals, and other facilities (Corpus Christi Bond Homes and Rio Grande State Center Outpatient Clinic).	**Contracted Services:** HHSC provides administrative support for contracted services and programs.

Strategy G.4

Budget Strategy	Stakeholder Groups / Services Provided
Strategy G.4.1. Facility Program Support. Provide program support to SSLCs, State Mental Health Hospitals, and other facilities (Corpus Christi Bond Homes, TCID, and Rio Grande State Center Outpatient Clinic).	**Contracted Services:** HHSC provides administrative support for contracted services and programs.
Strategy G.4.2. Capital Repair and Renovation at SSLCs, State Hospitals, and Other. Conduct maintenance and construction projects critical to meeting accreditation/certification standards and to ensuring the safety of consumers and Master Lease Purchase Program.	**Direct Consumers:** HHSC funds projects. SSLCs, State Hospitals, and other facilities that are in need of ongoing repairs and maintenance. Projects include compliance with life safety and accessibility codes; physical plant changes that help prevent suicide; utility repairs; grounds upkeep; hazardous material remediation and abatement; and roofing, heating, ventilation, and air conditioning repairs.

Strategy H.1

Budget Strategy	Stakeholder Groups / Services Provided
Strategy H.1.1. Health Care Facilities and Community-Based Regulation. Provide licensing, certification, contract enrollment services, financial monitoring, and complaint investigation to ensure that residential facilities and home and community support services agencies comply with state and federal standards and individuals receive high-quality services.	**Direct customer groups include:** • Providers of long-term care services that meet the definitions of a nursing facility, assisted living facility, day activity and health services facility, private intermediate care facility for persons with an intellectual disability, prescribed pediatric extended care center or home and community support services agency; • Persons receiving services in facilities or from agencies regulated under this strategy; • Persons eligible to receive services under TxHmL and HCS waiver contracts; and • Family and community members of persons receiving services in facilities or agencies regulated under this strategy who may obtain assurance that regulated facilities and agencies meet the minimum standard of care required by statute and regulation.
Strategy H.1.2. Long-Term Care Quality Outreach. Provide quality monitoring and rapid response team visits to assess quality and promote quality improvement in nursing facilities.	**Direct customer groups include:** Staff in nursing homes, SSLCs, ICFs, Assisted Living Facilities, and the people who live in these settings. Quality Monitoring Program (QMP) staff provide in-services which are attended by the people who live there, as well as their family members.

Strategy H.2

Budget Strategy	Stakeholder Groups / Services Provided
Strategy H.2.1. Child Care Regulation. Provide a comprehensive system of consultation, licensure, and regulation to ensure maintenance of minimum standards by day care and residential child care facilities, registered family homes, child-placing agencies, facility administrators, and child-placing agency administrators.	**Children and Families:** HHSC helps ensure the health, safety, and well-being of children in child day care and 24-hour residential child care settings by developing and regulating compliance with minimum standards and investigating reports of abuse and neglect in child care facilities. **Other State Agencies:** Child care regulation involves support and participation by Texas Workforce Commission, DSHS, DFPS, and other regulatory agencies. **Local Governments:** HHSC regulation of child care facilities involves the network of child care providers managed by local workforce boards. It also includes local health agencies and fire inspectors. **External Partners:** HHSC regulation of child care facilities includes listed family homes, registered child care homes, licensed child care centers and homes, licensed residential child care facilities, and licensed child placing agencies. Other external partners in ensuring safety of children in childcare settings include parents, schools, licensed child care administrators, and children's advocates.

Strategy H.3

Budget Strategy	Stakeholder Groups / Services Provided
Strategy H.3.1. Credentialing/Certification of Health Care Professionals and Others. Provide credentialing, training, and enforcement services to qualify individuals to provide services to long-term care facility and home health care agency individuals in compliance with applicable law and regulations.	**Direct customer groups include:** • Persons employed or seeking employment as nursing facility administrators, nurse aides and medication aides benefit from training and from assurance that people working in the field meet minimum standards; • Providers of long-term care services that meet the definitions of nursing facility, assisted living facility, day activity and health services facility, private intermediate care facility for persons with an intellectual disability, prescribed pediatric extended care center or home and community support services agency benefit from training programs for employees, from monitoring of certification of employees and from access to misconduct registry for unlicensed or unregistered employees; • Employers of nurse aides and medication aides, including long-term care service and related providers who benefit from public access to information in the Nurse Aide Registry (NAR) and Employee Misconduct Registry (EMR) to enhance pre-employment verification of employability; • Persons receiving services in facilities or from agencies regulated by HHSC benefit from having a more highly qualified workforce as caregivers and administrators; and • Family and community members of persons receiving services in facilities or agencies regulated under this strategy who may obtain assurance that caregivers meet minimum standards through licensing and credentialing.

Strategy H.4

Budget Strategy	Stakeholder Groups / Services Provided
Strategy H.4.1. Texas.gov. Estimated and Nontransferable.	**Regulated Entities:** HHSC is statutorily authorized to increase the occupational license, permit, and registration fees imposed on licensees by an amount sufficient to cover the cost of the subscription fee charged by the Texas.Gov authority.

Strategy I.1

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy I.1.1. Integrated Financial Eligibility and Enrollment. Provide accurate and timely eligibility and issuance services for financial assistance, medical benefits, and Supplemental Nutrition Assistance Program (SNAP) benefits.	**Children & Families:** The functions involved in both centralizing and conducting eligibility determination for HHS programs will apply to children and families seeking to participate in the Medicaid, CHIP, TANF, SNAP, Texas Women's Health Program and other health and human services programs.

Strategy I.2

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy I.2.1. Intake, Access, and Eligibility to Services and Supports. Determine functional eligibility for long-term care services, develop individual service plans based on individual needs and preferences, authorize service delivery, and monitor the delivery of services (Medicaid and non-Medicaid).	**Direct customer groups include:** • Individuals who are older who meet specific eligibility requirements; • Individuals with physical, intellectual and/or developmental disabilities who meet specific eligibility requirements; and • Family members and caregivers of individuals who are older and those with disabilities who meet specific eligibility criteria.

Strategy I.3

Budget Strategy	Stakeholder Groups/ Services Provided
Strategy I.3.1. Texas Integrated Eligibility Redesign System and Supporting Tech. Texas Integrated Eligibility Redesign System and eligibility supporting technologies capital.	**Other HHS Agencies:** HHSC provides the leadership to assist the HHS agencies in developing the TIERS system. **Children & Families:** HHSC ensures the accessibility of TIERS to children and families across Texas.
Strategy I.3.2. Texas Integrated Eligibility Redesign System Capital Projects. Texas Integrated Eligibility Redesign System (TIERS) capital projects.	**Other HHS Agencies:** HHSC provides the leadership to assist the HHS agencies in developing the TIERS system. **Children & Families:** HHSC ensures the accessibility of TIERS to children and families across Texas.

Strategy J.1

Budget Strategy	Stakeholder Groups / Services Provided
Strategy J.1.1. Determine Federal Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) Eligibility. Determine eligibility for federal SSI and SSDI benefits.	**Texans Applying for SSI or SSDI:** HHSC determines whether persons who apply for Social Security Administration (SSA) disability benefits meet the requirements for "disability" in accordance with federal law and regulations. **Federal Government:** HHSC assists SSA in making disability determination decisions for this federal program in a quick, accurate and cost-effective manner.

Strategy K.1

Budget Strategy	Stakeholder Groups / Services Provided
Strategy K.1.1. Office of Inspector General. Office of Inspector General.	**Citizens of Texas / Taxpayers:** Office of Inspector General (OIG) serves as the lead agency for the investigation of fraud, abuse, and waste in health and human services; and administers the Medicaid Fraud and Abuse Detection System technology services contract, which uses technology to identify and deter fraud, abuse and waste in the Medicaid program throughout the state. **Medicaid Providers:** OIG provides training to Medicaid providers on how to detect, prevent and report Medicaid provider fraud; and provides training on Resource Utilization Group for nursing facilities. **Medicaid Consumers:** OIG investigates fraud, abuse, and waste in health and human services-related programs, ensuring integrity and efficiency in programs and the highest quality services for beneficiaries. **Residents of Facilities:** OIG monitors Utilization Review activities in Medicaid contract hospitals to ensure program integrity and improve the quality of services delivered to residents of Medicaid facilities.

Budget Strategy	Stakeholder Groups / Services Provided
Strategy K.1.2. Office of Inspector General Administrative Support. Administrative support for the Office of Inspector General.	**Citizens of Texas / Taxpayers:** Office of Inspector General (OIG) serves as the lead agency for the investigation of fraud, abuse, and waste in health and human services; and administers the Medicaid Fraud and Abuse Detection System technology services contract, which uses technology to identify and deter fraud, abuse and waste in the Medicaid program throughout the state. **Medicaid Providers:** OIG provides training to Medicaid providers on how to detect, prevent and report Medicaid provider fraud; and provides training on Resource Utilization Group for nursing facilities. **Medicaid Consumers:** OIG investigates fraud, abuse, and waste in health and human services-related programs, ensuring integrity and efficiency in programs and the highest quality services for beneficiaries. **Residents of Facilities:** OIG monitors Utilization Review activities in Medicaid contract hospitals to ensure program integrity and improve the quality of services delivered to residents of Medicaid facilities.

Strategy L.1

Budget Strategy	Stakeholder Groups / Services Provided
Strategy L.1.1. Enterprise Oversight and Policy. Provide leadership and direction to achieve an efficient and effective Health and Human Services System.	**Oversight Agencies and Legislative Leadership:** HHSC coordinates and monitors the use of state and federal money received by HHS agencies; reviews state plans submitted to the federal government; monitors state health and human services agency budgets and programs, and makes recommendations for budget transfers; conducts research and analyses on demographics and caseload projections; and directs an integrated planning and budgeting process across five HHS agencies. **Other HHS Agencies:** HHSC provides the leadership to assist the HHS agencies in developing customer-focused programs and policy initiatives that are relevant, timely and cost-effective. **Citizens of Texas:** HHSC ensures that state and federal funds allocated to HHS agencies are coordinated and monitored, and spent in the most efficient manner.

Budget Strategy	Stakeholder Groups / Services Provided
Strategy L.1.2. Information Technology Capital Projects Oversight and Program Support. Information Technology Capital Projects and program support.	HHSC provides information technology support for all programs. All stakeholder groups would be included for this strategy.

Strategy L.2

Budget Strategy	Stakeholder Groups / Services Provided
Strategy L.2.1. Central Program Support. Central program support.	**HHS Employees:** HHSC provides central support services for HHS employees. Services include accounting, budget, and contract and grant administration, internal audit, external relations and legal.
Strategy L.2.2. Regional Program Support. Regional program support.	**Other HHS Agencies:** HHSC provides the leadership to assist the HHS agencies in developing in providing to support to regional programs.

Strategy M.1

Budget Strategy	Stakeholder Groups / Services Provided
Strategy M.1.1. Texas Civil Commitment Office. Texas Civil Commitment Office.	The civil commitment of sexually violent predators function was transferred to a new agency, the Texas Civil Commitment Office, effective September 1, 2015.

Appendix C. List of Acronyms

Acronym	Full Name
ABA	Applied Behavior Analysis
AHRQ	Agency for Healthcare Research and Quality
AMH	Adult Mental Health
ASD	Autism Spectrum Disorder
ASN	Adult Safety Net
CACTX	Children's Advocacy Centers of Texas, Inc.
CADS	Center for Analytics and Decision Support
CAHPS®	Consumer Assessment of Healthcare Providers and Systems
CDC	Centers for Disease Control and Prevention
CDS	Consumer Directed Services
CF	Child Family Surveys
CHIP	Children's Health Insurance Program
CHW	Community Health Worker
CII	Complaint and Incident Intake
CLASS	Community Living Assistance and Support Services
CMS	Centers for Medicare and Medicaid Services
CPI	Community Partner Interview
CPRIT	Cancer Prevention and Research Institute of Texas
CPS	Child Protective Services
CRCG	Community Resource Coordination Group
CRS	Consumer Rights and Services
CSHCN	Children with Special Health Care Needs
CVD	Cardiovascular Disease
DAHS	Day Activity and Health Services
DBMD	Deaf-Blind Multiple Disabilities
DFPS	Department of Family and Protective Services
DSHS	Department of State Health Services
ECI	Early Childhood Intervention
EMR	Employee Misconduct Registry
EMS	Emergency Medical Services

Acronym	Full Name
EPA	Environmental Protection Agency
EQRO	External Quality Review Organization
ESRD	End State Renal Disease
FDA	Food and Drug Administration
FQHC	Federally Qualified Health Centers
FNS	Food and Nutrition Service
GETAC	Governor's EMS and Trauma Advisory Council
HB	House Bill
HCS	Home and Community-based Services
HHS	Health and Human Services
HHSC	Health and Human Services Commission
HRSA	Health Resources and Services Administration
HSR	Health Service Region
ICF/IID	Intermediate Care Facilities for Individuals with an Intellectual Disability
ICHP	Institute for Child Health Policy
ICS	Inpatient Consumer Survey
ID	Intellectual Disabilities
IDD	Intellectual or Developmental Disabilities
IL	Independent Living
LBB	Legislative Budget Board
LHD	Local Health Departments
LSDP	Lonestar Delivery and Process
LSS	Laboratory Services Section
LTSSQR	Long-Term Services and Supports Quality Review
MARs	Medication Administration Records
MCO	Managed Care Organization
MH	Mental Health
MHSIP	Mental Health Statistics Improvement Program
MI	Mental Illness
MTP	Medical Transportation Program
NAACCR	North American Association of Central Cancer Registries

Acronym	Full Name
NAR	Nurse Aide Registry
NCI	National Core Indicators
NEMT	Non-Emergency Medical Transportation
NFQR	Nursing Facility Quality Review
OIG	Office of Inspector General
OOG	Office of the Governor
OSEP	Office of Special Education Programs
PACE	Program for All-Inclusive Care for the Elderly
PES	Participant Experience Survey
PHR	Public Health Regions
PIN	Provider Identification Number
PPRI	Public Policy Research Institute at Texas A&M University
PPS	Proportional probability for size
QMB	Qualified Medicare Beneficiary
QMP	Quality Monitoring Program
RAC	Regional Advisory Councils
RE	Responsible Entities
SFY	State Fiscal Year
SNAP	Supplemental Nutrition Assistance Program
SSA	Social Security Administration
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
SSLC	State Supported Living Centers
STL	South Texas Laboratory
TANF	Temporary Assistance for Needy Families
TB	Tuberculosis
TETAF	Texas EMS Trauma and Acute Care Foundation
Texas CASA	Texas Court Appointed Special Advocates
THA	Texas Hospital Association
THSteps	Texas Health Steps
TMA	Texas Medical Association

Acronym	Full Name
TMF	TMF Health Quality Institute
TORCH	Texas Organization of Rural & Community Hospitals
TPS	Texas Pediatric Society
TVFC	Texas Vaccines for Children
TxEVER	Texas Electronic Vital Events Registrar
TxHmL	Texas Home Living program
UFSRC	University of Florida Survey Research Center
UTMB	University of Texas Medical Branch at Galveston
VOG	Vaccine Operations Group
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children
YES	Youth Empowerment Services
YSSF	Youth Services Survey for Families

Schedule I: Glossary of Acronyms

Acronym	Full Name
AG	Attorney General
AIDS	acquired immune deficiency syndrome
BRFSS	Behavioral Risk Factor Surveillance Survey
CCL	child care licensing
CDC	Centers for Disease Control and Prevention (U.S.)
CLF	Civilian Labor Force
COPD	chronic obstructive pulmonary disease
COVID-19	coronavirus disease 2019 pandemic
CPSC	Consumer Products Safety Commission
CRO	Civil Rights Office, HHSC
CSHCN	children with special health care needs
DA	District Attorney
DAHS	Day Activity and Health Services
DSHS	Department of State Health Services
DSP	direct support professional
EEO	Equal Employment Opportunity
EMS	emergency medical services

Acronym	Full Name
ERS	Employees Retirement System
FDA	Food and Drug Administration, U.S.
FY	fiscal year
HIV	human immunodeficiency virus
HHS	Health and Human Services
HHSC	Health and Human Services Commission
HPP	Hospital Preparedness Program
HRAR	HIV 2000 Real Time Education and Counseling Network, AIDS Regional Information Evaluation System
HUB	historically underutilized business
ICF-ID	intermediate care facility for persons with intellectual disabilities
ITEAMS	Inventory Tracking Electronic Asset Management System
LHA	local health authority
LVN	licensed vocational nurse
M.D.	Doctor of Medicine
MEPD	Medicaid for Elderly and People with Disabilities
NEDSS	National Electronic Disease Surveillance System
NIP	National Immunization Program
NIS	National Immunization Survey
OGS	Office of Guardianship Services

Acronym	Full Name
PHEP	Public Health Emergency Preparedness
PNA	psychiatric nursing assistant
PPECC	Prescribed Pediatric Extended Care Center
PSLF	Public Service Loan Forgiveness
PSQA	Policy, Standards, Quality Assurance, DSHS
RAS	Regulatory Automation System
RCCL	residential child care licensing
RN	registered nurse
SAO	State Auditor's Office
SMOC	State Medical Operations Center
SMQT	Survey Minimum Qualification
SQL	Structured Query Language
STAR	State of Texas Assistance Request
TB	tuberculosis
TCID	Texas Center for Infectious Disease
TEHDI MIS	Texas Early Hearing Detection and Intervention Management Information System.
TVFC	Texas Vaccines for Children
TxEVER	Texas Electronic Vital Events Registrar
TxHSN	Texas Health Care Safety Network

Acronym	Full Name
URS	Uniform Reporting System
U.S.	United States
UTMB	University of Texas Medical Branch
VSS	Vital Statistics Section, DSHS
ZC	Zoonosis Control, DSHS