Department of Social and Health Services Client Survey 2001

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Client Survey 2001

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CONTENTS

EXECUTIVE SUMMARY vii

BACKGROUND 1
- Purpose of the Survey 1
- Who are "Clients"? 1

THE CLIENTS 3
- Program Representation 3
- Response Rate 4
- Respondents 5
- Client Characteristics 6

METHODS 9
- The Survey Instrument 9
- The Sample 9
- Survey Administration and Analysis 10

FINDINGS 11
- Balanced ScoreCard Goal and Applicable Survey Question 11
  - DSHS Services Are of High Quality 12
  - People Are Treated With Respect and Courtesy 16
  - DSHS Services Are Easy to Access and Timely 19
  - Information About Services is Clear and Available 24
  - DSHS Communicates Effectively about Services and Outcomes 25
  - DSHS Clients Live as Independently as Possible 27
  - DSHS Coordinates Service Delivery 29
- Open Ended Survey Questions 31

APPENDICES 33
- Appendix A: Eligibility and Sampling Factors 35
- Appendix B: Cooperation Rates and Completion Rates 37
- Appendix C: Survey Questions 39
- Appendix D: Sample Survey for Hypothetical Client Using All Nine Programs 41
- Appendix E: Weighting 59
- Appendix F: Survey Administration 63
- Appendix G: Charts and Response Glossaries for Open-Ended Question Responses .. 67

EXECUTIVE SUMMARY

DSHS is committed to listening to its customers and incorporating client feedback into the strategic planning process. The DSHS Client Survey asked the agency's clients a number of questions based on the goals in the agency's Balanced ScoreCard. The Balanced ScoreCard outlines the agency's major goals and details measures to assess whether goals are achieved. The following summary lists each of the applicable Balanced ScoreCard goals and the major findings of the survey questions that addressed that goal.

Goal: DSHS Services Are of High Quality

The survey found that overall client satisfaction rates were high. Almost all (nine out of ten) DSHS clients said that DSHS services had helped them. About eight out of ten thought that DSHS and the programs they utilized do good work. More than seven out of ten clients said they were satisfied with services.

- *Programs Help Clients.* 89% said program services have helped them
- *Agency Quality.* 79% agreed that thinking of all programs together, DSHS does good work
- *Quality of Services.* 77% felt that their program does good work
- *Program Satisfaction.* 73% indicated they were satisfied with program services

Goal: People Are Treated With Courtesy and Respect

Most clients were satisfied with staff courtesy and respect; eight in ten clients responded positively to questions about staff attributes.

- *Courtesy and Respect.* 84% reported that they were treated with courtesy and respect
- *Listening to Clients.* 81% said staff listened to what they had to say
- *Understanding Client Needs.* 79% felt that staff understood their needs

Goal: DSHS Services Are Easy to Access and Timely

Clients were quite satisfied with the physical location and operating hours of DSHS facilities; more than eight out of ten were satisfied. They were less positive about the timeliness and ease of obtaining services; less than seven out of ten clients gave positive responses.

- *Location.* 83% reported it was easy to get to their program
- *Convenient Hours.* 81% felt their program was open at times that were good for them
- *Timeliness of Service.* 67% said they got their services as quickly as they needed
- *Timely Phone Response.* 64% said program staff returned their calls within 24 hours
- *Ease of Access to Services.* 63% felt it was easy to get services from their program

Goal: Information About Services is Clear and Available

Some clients had difficulty obtaining information about DSHS programs. About three out of four clients reported that information from DSHS was available and clear.

- *Clarity of Information.* 79% related that program staff explained things clearly
- *Knowledge of Available Services.* 76% knew what program services there are for them and their family
- *Availability of Information.* 74% indicated it was easy to get the facts they needed about services

Goal: DSHS Clients Live as Independently as Possible

Not all clients felt they were involved in choices about services. Slightly more than seven out of ten clients indicated that they participated in planning and choosing services.

- *Participation in Choices.* 72% felt that they were involved in making choices about services
- *Participation in Planning.* 71% said that they helped make plans and goals about their services

Goal: DSHS Coordinates Service Delivery

There appears to be room for improvement in the area of service coordination. About six out of ten clients gave positive responses to questions about coordination of services.

- *Agency Coordination of Services.* 65% agreed DSHS makes sure all their services work well together
- *Staff Coordination of Services.* 60% indicated that someone from DSHS helps them with services from all of their DSHS programs

Other Areas of Concern

The survey included open-ended questions asking what clients liked about DSHS, and eliciting suggestions for improvement and other comments. Major themes included:

- *Staff Courtesy.* More than 400 comments related to staff courtesy; 60% of these were positive. When clients were asked what they liked best about DSHS, many praised their workers. Conversely, when asked what DSHS can do better, clients suggested staff courtesy as an area of improvement
- *Additional Program Resources.* More than 200 comments mentioned needing additional assistance, or more medical and dental providers
- *Additional Staff Resources.* More than 100 comments related to the need for additional program staff or a reduction in staff turnover. A number of the other comments related to issues like waiting times or staff availability that may be related to high caseloads

BACKGROUND

Purpose of the Survey

The Washington State Department of Social and Health Services (DSHS) is committed to continuous quality improvement in services to its customers, the residents of Washington State. Secretary Dennis Braddock and DSHS senior leadership commissioned this survey and report in order to systematically include customer feedback into the agency's strategic planning process. This survey assesses clients' satisfaction with DSHS programs and provides recommendations for improvements that will assist agency leadership to chart a future course for DSHS.

While many individual DSHS programs have ongoing projects to measure client satisfaction and recommendations for change, this is the first DSHS-wide client survey. A number of the measures in this survey are included in the DSHS Balanced Scorecard and Accountability ScoreCard[1], which measure the agency's success in meeting goals and objectives. The survey provides baseline repeatable measures. As the survey is repeated, change in client perceptions will be tracked on the scorecards. Additionally, open-ended questions were included in the survey to provide an opportunity for clients to communicate more specific perceptions, perceived problem areas and suggestions for improvement. DSHS hopes that this survey—and others that follow—provide an avenue for client participation in program planning and evaluation.

Who are "Clients"?

Approximately 1.3 million people—one in five Washington residents living in all 39 of Washington's counties—receive services from DSHS.[2] People who use DSHS services do so because they need help with problems caused by some combination of poverty, disabilities, family abuse or neglect, domestic violence, recent refugee status, substance abuse, and/or juvenile criminal behavior. Clients participating in this survey are served by nine major programs that are part of six main areas:

- **Aging and Adult Services Administration** (AASA) provides care to low-income people who need help in order to live independently in their homes, and to people who receive care in an adult family home, boarding home or nursing home. These services are provided for seniors and for adults with functional disabilities.

[1] For a full-text version of the DSHS Balanced ScoreCard, visit http://www.wa.gov/dshs/geninfo/dshscard.pdf Key goals and measures of special public interest were drawn into the one-page DSHS Accountability ScoreCard, which can be found at http://intra.dshs.wa.gov/SecretarysNews. Specific questions and their link(s) to the Balanced ScoreCard will be discussed in further detail under Findings.

[2] Around 48% receive services from one DSHS program, 52% receive services from two or more DSHS programs. Source: DSHS – Research and Data Analysis, Client Services Database 2000.

- **Children's Administration** (CA) protects children from abuse and neglect, provides family reconciliation services, arranges for foster home care and adoption services, and licenses childcare providers.

- **Economic Services Administration** (ESA) helps individuals and families in need achieve economic and social well-being by providing cash and food assistance, child support services, child care, and work-focused services designed to help people get jobs, keep jobs and find better jobs.

- **Health and Rehabilitative Services Administration** (HRSA) serves people who have physical and/or mental disabilities, mental illnesses, or addictions to drugs or alcohol. Also provided are secure residential treatment services for sexual predators committed by state superior courts. Four separate programs within HRSA were included in this survey:

    - Division of Alcohol and Substance Abuse (DASA)
    - Division of Developmental Disabilities (DDD)
    - Division of Vocational Rehabilitation (DVR)
    - Mental Health Division (MHD)

- **Juvenile Rehabilitation Administration** (JRA) provides juvenile offenders with rehabilitation, and offers supervision and programs to help them transition back to the community.

- **Medical Assistance Administration** (MAA) manages health care programs for low-income people, including Medicaid, a program funded jointly by the state and federal governments.

THE CLIENTS

Program Representation

Approximately 100 clients selected from each of nine different programs listed above were represented in the completed survey. Survey participants from each program were randomly chosen from those clients who received services from that program during the month of June 2000.

Over half of DSHS clients use more than one program, so each person interviewed was asked about every DSHS service used in fiscal year 2000 (July 1999 – June 2000). Thus, a client who was selected from among those receiving economic services might also be asked about the medical assistance and vocational rehabilitation services he or she had received in fiscal year 2000. The table below shows the number of respondents asked about each service. Significantly more than half of the 982 clients in the survey had used the more widely utilized programs, Medical Assistance and Economic Services.

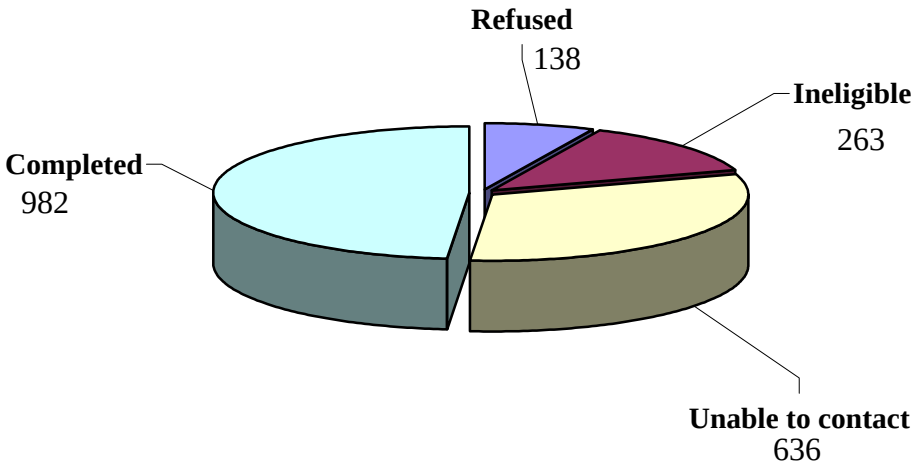
Number of Clients Interviewed by Program

Aging and Adult Services Administration	**166**
Children's Administration	**128**
Division of Alcohol and Substance Abuse	**162**
Division of Developmental Disabilities	**135**
Division of Vocational Rehabilitation	**132**
Economic Services Administration	**657**
Juvenile Rehabilitation Administration	**100**
Medical Assistance Administration	**826**
Mental Health Division	**250**

Response Rate

In order to meet the goal of 100 completed surveys for each of the nine different programs, over 2000 clients were randomly selected as the survey sample. Of those, 982 people completed the telephone survey. A significant number, 636 of the selected clients, could not be reached. The main reasons for not reaching a client were: (1) a current phone number could not be found after an intensive search process or (2) no one answered the phone or returned voice messages through multiple attempts at calling. Of those who could be reached, 138 refused to complete the survey. Also, 263 of the selected people were found to be ineligible for the survey.[3] Thus, the overall cooperation rate for the survey was 88% and the completion rate was 60%.[4]

Figure 1: Disposition of Client Sample



The 60% completion rate and 88% cooperation rate achieved in this survey are well above the 40% completion rate and 60% cooperation rate that are the highest expected response rates in current well-run public surveys. The high cooperation rate can be attributed to DSHS clients' desire to assist the agency with feedback. The main areas where cooperation was sometimes a problem are the following:

[3] See Appendix A for a detailed listing of eligibility and sampling factors.
[4] The cooperation rate is the ratio of the number of completed interviews to the number of eligible respondents who were actually contacted. The completion rate is the ratio of the number of completed interviews to the total number of potential respondents who are deemed eligible to complete the interview. See Appendix B for computation tables for the overall cooperation rate and completion rates for each program.

- A number of the elderly clients receiving Aging and Adult Services were "too tired" to complete the survey, or found listening and responding too demanding
- Some substance abuse clients found the survey difficult to comprehend, or did not wish to comment on their experiences
- Young persons recently released from Juvenile Rehabilitation programs were often less likely than other clients to be willing to complete the survey

The relatively high completion rate can be attributed to survey staff's persistence in locating and reaching clients. The main difficulties encountered in locating clients were the following:

- Many DSHS clients are transient and do not maintain a permanent residence. This was particularly true for young (18-21 year old) clients who had recently been released from juvenile rehabilitation programs, foster care, or substance abuse programs
- Like many other Americans, many DSHS clients block non-personal calls, screen their calls through answering machines, or use cell phones instead of residential phones
- Most DSHS clients are low income and a number do not have home phones

Respondents

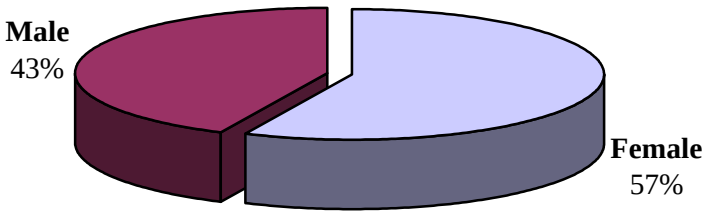
The previous section of this report describes the response rate for the 982 clients who were the subjects of completed surveys. However, the person who completed the survey was not always the client. When the client selected for the survey was a child or youth (age 17 and under), or otherwise unable to complete the survey, a parent, guardian, family member or other representative who deals with DSHS was asked to complete the survey.

Over half of the surveys were completed by the client themselves (57%), while 43% were completed by a representative of the person receiving DSHS services. Depending on the type of program that the client used, it was more likely that another person completed the survey for them. For example, those receiving services from DDD had another person answer survey questions 79% of the time. JRA client surveys were completed by another person on their behalf in 76% of the survey administrations. The findings discussed here combine the responses of both clients and their representatives.

Client Characteristics

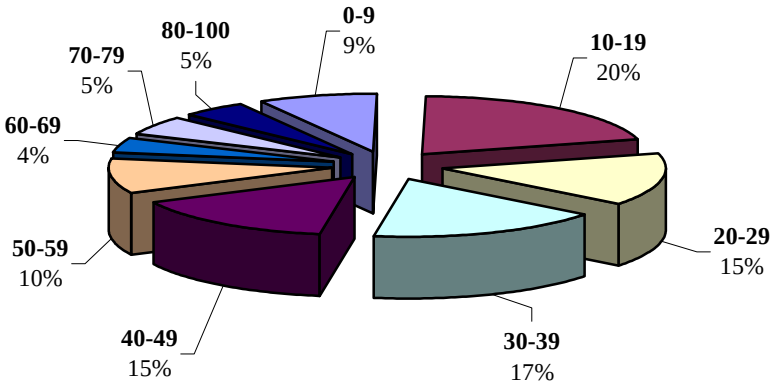
Clients in the completed survey were more likely to be female than male.

Figure 2: Gender of Participating Clients



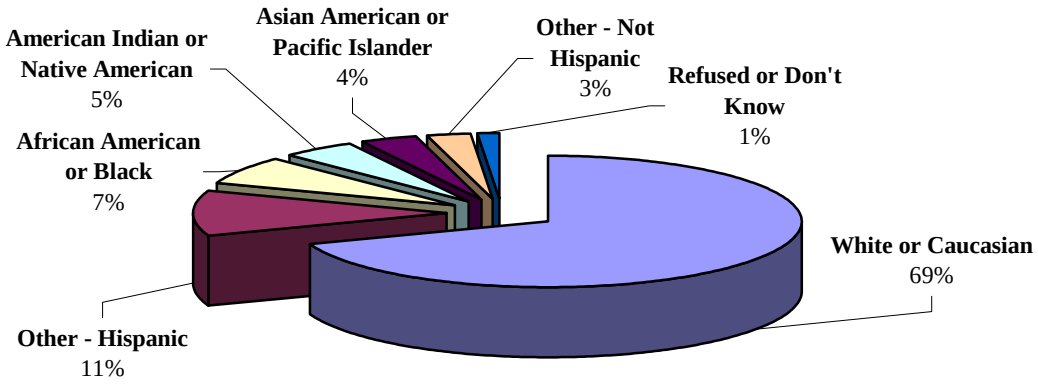
Clients' ages ranged from early childhood through late adulthood; 22.5% of the clients in this survey were children, 76.8% were adults. The average age of participating clients was 35.39 years.

Figure 3: Age of Participating Clients



Race or ethnicity of clients was identified by the respondents as 69% Caucasian and 30% combined minority groups.

Figure 4: Participating Clients, by Race or Ethnicity



METHODS

The Survey Instrument

A cross-department survey team led by DSHS Research and Data Analysis (RDA) Division developed a core set of survey questions. RDA staff completed an extensive review of the customer satisfaction literature and collected samples of customer satisfaction surveys from programs and regions throughout DSHS. The survey team used these reviews to identify the key attributes of client services to be addressed. The final interview consisted of 21 basic questions which addressed all client satisfaction measures from the DSHS Balanced ScoreCard and all the major client satisfaction attributes identified by the team. The first 16 questions referred to specific programs. Lead-ins to the questions helped clients identify what services they had received from that specific program, and the questions themselves were customized to reflect the specific program and the respondent's relationship to the client (self, parent, guardian, family member, etc.).[5] Thus, the final survey completed by each respondent was customized to reflect the identified client's service usage and the respondent's relationship to the client.[6] Clients who utilized more than one program answered the 16 basic questions several times – once for each program utilized. The final drafts of the lead-in and questions were reviewed by DSHS leadership, each program and the survey team, and were pre-tested several times. A special effort was made to make the questions easily comprehensible.

The Sample

RDA generated the random sample using the Client Services Data Base (CSDB), which contains client service data from all DSHS programs. For each of the nine major client programs, RDA staff drew a random sample of all clients who received services from that program during the month of June 2000. Sufficient clients were selected to reach a sample goal of 900 persons—100 clients selected from each program area. Due to confidentiality concerns, youth (aged 13-17) who were receiving mental health or substance abuse services were *not* included in the sample drawn from Mental Health or Alcohol and Substance Abuse. When youth were drawn as part of the sample from other programs, they were not asked about any mental health or alcohol and substance abuse

[5] For example, Question 1 could be read to the client or their representative as: "I know what mental health services there are for me," or "I know what medical assistance services there are for my child." Certain questions are also rephrased for those programs that involve mandatory services (CA and JRA). For example, Question 2, which generally reads, "It is easy to get help from (specific program)," is rephrased because clients from mandatory programs generally did not seek initial assistance. The customized question for JRA reads: "If you need help from JRA, it is easy to get that help."

[6] Appendix C contains a list of the standard wording for the basic 20 questions. Appendix D contains a sample survey for a hypothetical client who utilized all 9 programs. This sample script does not show all possible permutations of the survey. The script with all possibilities written out is 131 pages long with several versions of a question on each page.

services. Certain other clients were excluded or found ineligible for a variety of reasons listed in Appendix A.

Survey Administration and Analysis

This telephone survey was conducted by Washington State University's Social and Economic Sciences Research Center (SESRC), in Pullman, Washington. The computerized CATI (Computer Assisted Telephone Interview) program utilized by SESRC ensured that the correct version of the questions customized to the respondent's service history and relationship to the client were asked. The CATI was available in both English and Spanish.

DSHS clients are often a transient population. When SESRC staff found that phone numbers provided for clients were no longer viable, they would send the clients' names back to DSHS. Two full-time "client finders" at DSHS searched through DSHS records and other public sources to find more current numbers to return to SESRC. When a phone number appeared to be correct, but the client could not be reached, SESRC would call back up to 20 times. If selected clients spoke languages other than English and Spanish, translators from Dynamic Language Services administered the telephone survey. The survey was administered in 17 languages.

In order to obtain DSHS-wide results, clients' responses were weighted according to each client's service profile (the specific combination of services that the client used), so that the final weighted sample reflects the service usage of all DSHS clients.[7] For a copy of the weighting table, refer to Appendix E.

An additional type of weighting was utilized when answers to program-specific questions were combined to give an "All Program" response. When a client utilized multiple programs, he or she might answer the same question differently for each program utilized. For example, a client might strongly agree that it is easy to get Economic Services, but disagree that it is easy to get Aging and Adult Services. These answers are combined in this department-wide report, resulting in the following accounting for the client in this example: ½ of a client strongly agreed that "It is easy to get services from my program," while ½ of a client disagreed with the same statement.

For more detailed discussion of survey methodology, refer to the Appendices.

[7] For example, 2.4% of all DSHS clients get services from this combination of programs: Economic Services, Medical Assistance, and Mental Health. For DSHS-wide analyses, the 67 responses from people who used this combination of programs were weighted so that they comprise 2.4% of the total survey responses.

FINDINGS

The 19 core survey questions are inherently tied to seven specific goals measured on the DSHS Balanced ScoreCard. The findings from each question will be presented in conjunction with the related goal:

Balanced ScoreCard Goal	Applicable Survey Question[8]
DSHS services are of high quality	• Overall, my program services have helped me/my family • Thinking of all programs together, DSHS does good work • My program does good work • I am satisfied with my program services
People are treated with respect and courtesy	• Staff listened to me with respect and courtesy • Staff listened to what I have to say • Staff understood my needs
DSHS services are easy to access and timely	• It's easy to get to my program's office • My program is open at times that are good for me • I got services as quickly as I needed • Program staff returned my calls within 24 hours • It's easy to get services from my program
Information about services is clear and available	• Program staff explained things clearly • It was easy to get the facts I needed about services
DSHS communicates effectively about services and outcomes	• I know what program services there are for me/my family
DSHS clients live as independently as possible	• I was involved in making choices about services • I helped make plans and goals about services
DSHS coordinates service delivery	• DSHS makes sure all my services work well together • Someone from DSHS helps me with services from all my DSHS programs

[8] Clients answered questions about each program they used. The "my program" in the generic questions above is filled in with the name of the specific program utilized. Other wording changes were made according to respondent characteristics. See Appendix C for further discussion of question wording.

COMMENTS:

"…I really appreciate everything that DSHS does for my family."

"DSHS could use more case workers, or less cases per case worker. Make them more available to help clients. Caseworkers have too many cases to deal with. It takes too long to get help."

"My grandmother is in assisted living. I am grateful that DSHS pays for her services, and she is being taken care of and in a good environment."

"Help the people that really need the help, I am diabetic and didn't receive any help."

"DSHS is great right now…I can't express enough how much they have helped me out. They've done great."

"I am very happy with DSHS and grateful for the government assistance we receive."

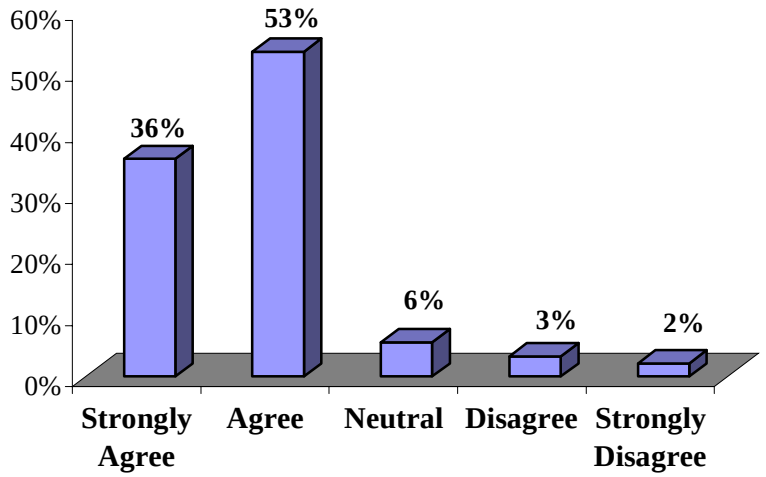
"I had to do everything for myself, DSHS doesn't care and haven't helped me. Only helped me get a job that paid barely over minimum wage where I was treated badly."

Balanced ScoreCard Goal: DSHS services are of high quality.

Survey Question: *Overall, my program services have helped me/my family.*

Almost nine out of ten respondents (89%) felt that program services have helped them or their families. Less than one in ten (5%) disagreed. Persons who were more likely to agree that DSHS helped included[9]:

- Those who were Hispanic (95%), compared to Caucasian (88%) and other minorities (85%)
- Those who were involved with voluntary programs (93%), compared to clients who participated in JRA and CA programs that are often mandatory (68%)
- Respondents who were a client representative (96%), compared to instances where the respondent was the client (82%)
- Children (97%), compared to adults (83%)



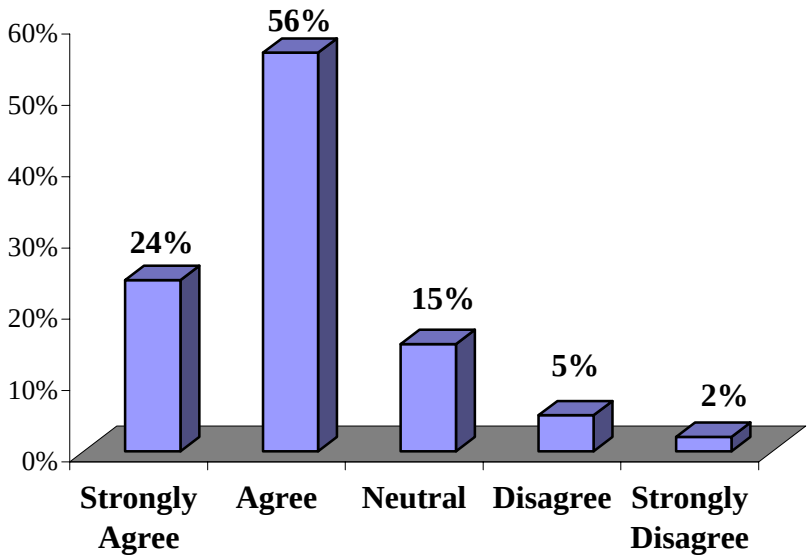
[9] Differences between subgroups are listed if the mean scores are significantly different, $p<.05$. Mean scores are calculated by assigning numerical values to each answer. "Strongly Agree"=5; "Agree"=4; "Neutral"=3; "Disagree"=2; "Strongly Disagree"=1

Balanced ScoreCard Goal: *DSHS services are of high quality.*

Survey Question: *Thinking of all the programs together, DSHS has done good work.*[10]

More than eight out of ten respondents (80%) felt satisfied that DSHS has done good work. Less than one in ten people disagreed. Respondents were more likely to agree that DSHS does good work if they were:

- Involved in voluntary programs (83%), rather than JRA and CA mandatory programs (59%)
- A representative of the client (86%), compared to instances where the client was the respondent (72%)
- Answering on behalf of child clients (85%), rather than adults (74%)



[10] If clients only utilized one program, they were not asked this question. Their answers to the question about whether that one program did good work were averaged into the overall answers for this question.

COMMENTS:

"(DSHS is) more than just an agency; they are concerned about the people they serve."

"The people are just real nice. Always ready to help when they can and take care of your needs…I have had good experiences with DSHS overall."

"DSHS makes it difficult for working people. They cut off my food stamps because I beat limit by $10. Affected my family greatly."

"DSHS provides the quality and breadth of services that keeps me out of a nursing home."

"They have never hesitated to help. They have always done everything they can to help us."

"Make more time available for single families that have handicapped children. Look for more qualified caregivers, have more of an option with them. If they were paid more, more people would do it."

"A big thank you to the state of Washington and the workers at DSHS."

COMMENTS:

"DSHS helped me get my feet back on the ground when I…was in dire need."

"DSHS has been very helpful and answers any questions I have. They have referred me to many programs because of my disability."

"DSHS helped me regain control of my life."

"If it wasn't for DSHS and the WorkFirst program, I wouldn't have been able to keep a roof over my kids' heads."

"DSHS really got me back on my feet. They taught me responsibility and how to keep a job. I am grateful."

"(DSHS) helped keep me off the streets."

"I am disabled and can't receive any other service or money, so DSHS is very beneficial. I appreciate the medical care and low cost housing. I wish there was more for others."

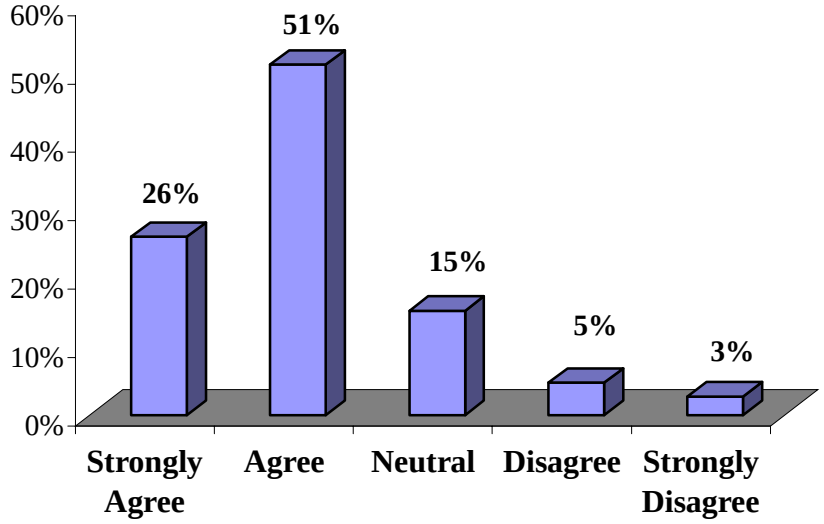
"DSHS is a typical government agency—sort of a runaround."

Balanced ScoreCard Goal: *DSHS services are of high quality.*

Survey Question: *My program does good work.*

More than three out of four clients (77%) felt that their program does good work. Less than one in ten (8%) disagreed. Respondents were more likely to agree that their program does good work if:

- They participated only in voluntary programs (81%), compared to clients who participated in JRA and CA programs that are often mandatory (60%)
- The respondent was a representative of the client (84%), compared to instances where the respondent was the client (71%)
- The client was a child (83%), compared to an adult (73%)

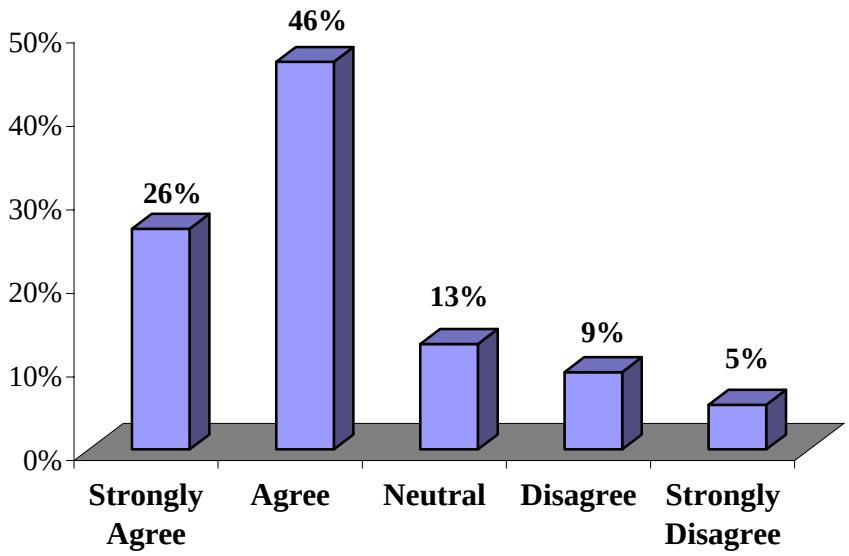


Balanced ScoreCard Goal: *DSHS services are of high quality.*

Survey Question: *I am satisfied with my program services.*

Nearly three out of four clients (72%) felt satisfied with their program services. Less than two out of ten people (14%) disagreed. Respondents were more likely to agree that they were satisfied with program services if:

- The client participated only in voluntary programs (75%), compared to clients who participated in JRA and CA programs that are often mandatory (64%)
- The respondent was a representative of the client (79%), compared to instances where the respondent was the client (67%)
- The client was a child (77%), compared to an adult (69%)



COMMENTS:

"My programs are doing a better job on efficiency; quicker and smarter and more effective ways of doing things."

"If it weren't for their help, I might be dead by now."

"Once you get into a provider, everything is cool. It's the administrative process trying to get into a mental health provider that takes so long."

"I haven't had any problems with DSHS that haven't been resolved. I am satisfied with what they are doing for me."

"There wasn't anything more DSHS could do for me…they completely met my needs."

"The system tries to cover all options and in doing so, covers no options. The system handcuffs the people that work at DSHS and allows them to do nothing. The system doesn't allow people who work there to really help."

COMMENTS:

"(my program staff) was incredible … very nice, helpful, informative … (she) really helped me in a time when I really needed it."

"When I am in need, they don't make me feel horrible. I walked out of the office feeling like a human being and not a number."

"Try to make the process more positive because I dread going to DSHS."

"DSHS staff are very compassionate and very knowledgeable."

"Stop using hard psychology and analyze people on an individual basis."

"The caseworkers try very hard to help us. They are very helpful, polite and respectful but they can only do so much. They have too (large of a) work load."

SUGGESTIONS FOR IMPROVEMENT:

More staff/smaller caseloads

Less staff turnover

Need for more interpreters

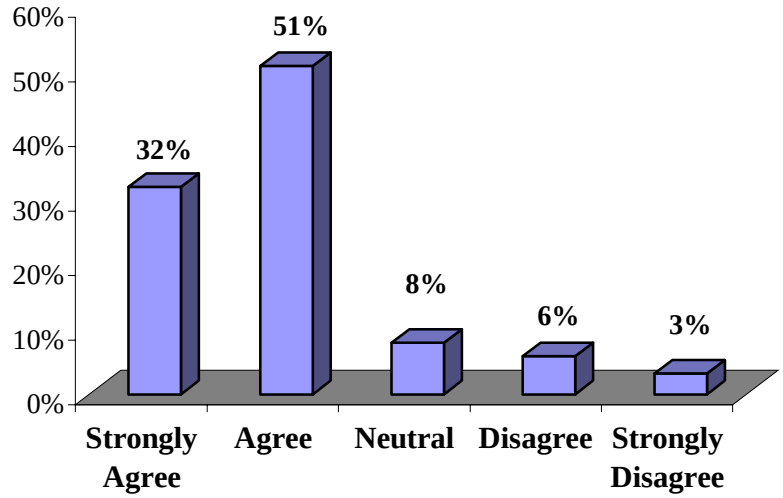
Balanced ScoreCard Goal: *People are treated with courtesy and respect.*

Survey Question: *Staff treated me with courtesy and respect.* [11]

More than eight out of ten respondents (83%) felt that DSHS staff treat clients with courtesy and respect. Fewer than one in ten people disagreed.

Respondents were more likely to agree that they were treated with courtesy and respect if:

- Clients participated in only one program (91%), compared to those in two programs (78%) and three or more programs (78%)
- Clients were Hispanic (89%), rather than Caucasian (82%) and other minorities (85%)



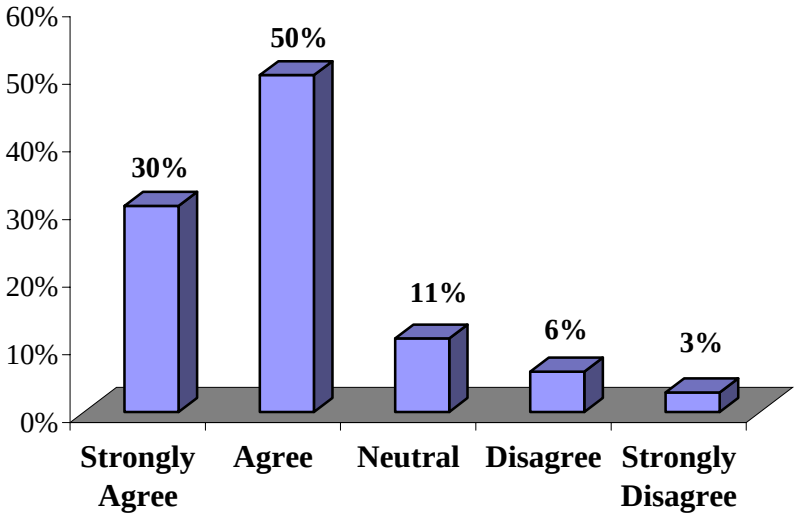
[11] The combined program answers which make up this measure include answers from 250 MAA clients about their use of the MAA toll-free information line. These information line responses were averaged with other MAA responses before combining with other programs.

Balanced ScoreCard Goal: *People are treated with courtesy and respect.*

Survey Question: *Staff listened to what I have to say.* [12]

Eight out of ten (80%) of respondents felt that DSHS staff listened to what clients had to say. Less than one out of ten clients disagreed.

Agreement that DSHS staff listen well was more likely when clients were Hispanic (86%), rather than Caucasian (80%) or other minorities (79%).



[12] The combined program answers which make up this measure include answers from 250 MAA clients about their use of the MAA toll-free information line. These information line responses were averaged with other MAA responses before combining with other programs.

COMMENTS:

"They treat me individually. They seem to be concerned and will go out of their way to help. They've treated me like family. It's amazing how people in this day and age can connect."

"Sometimes it feels like I am talking to a brick wall."

"I believe…that they listen to me and the follow-up, I think, is excellent. They listen to my needs. I think the follow-up is important so (DSHS) can take that information and use it."

"Need more employees. I wait all day to get in, the service is so bad because they are swamped, it's crowded."

"I think DSHS has really good counselors (who are) willing to help and listen. They want to get you situated and on your feet, which I really appreciate."

"They listen to what I have to say. They make me feel important."

SUGGESTIONS FOR IMPROVEMENT:

Better conflict resolution skills

Greater emphasis on customer service

COMMENTS:

"The one I have had contact with was very good, understanding, and very empathetic."

"The fact that they are compassionate. I get the feeling that they are genuine and they are there to help me. They understand my limitations and are willing to work around my limitations."

"Be less institutionalized and more human."

"There is a lot of turnover, yet they keep getting good people."

"They are great people and they understand my needs. I can talk to them."

"The involvement is personal, they know and care about me and my needs."

"Hire more people so caseworkers don't have big loads and they can get to know their clients better."

"See if they can live on thirty dollars in food stamps."

SUGGESTIONS FOR IMPROVEMENT:

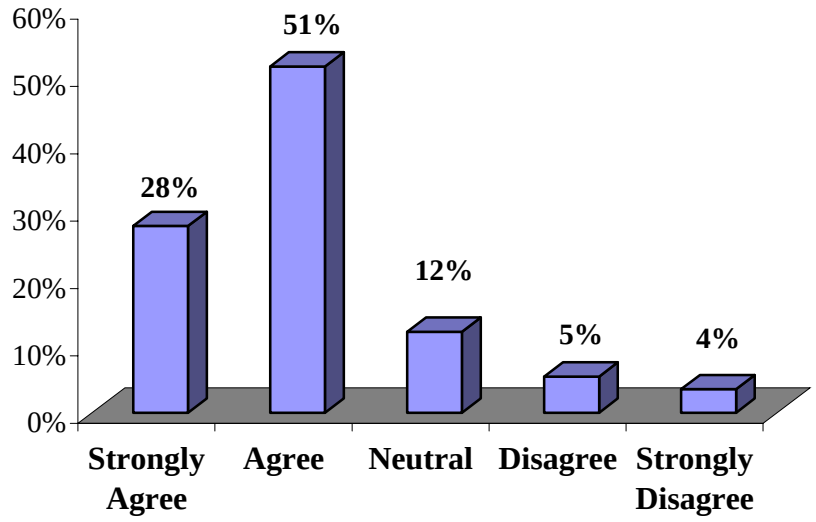
Sensitivity training

Balanced ScoreCard Goal: *People are treated with courtesy and respect.*

Survey Question: *Staff understood my needs.*

Slightly less than eight out of ten respondents (79%) felt that DSHS staff understand client needs. Less than one in ten respondents disagreed with this statement. Respondents were more likely to agree that DSHS staff understand individual needs if clients were:

- Hispanic (91%), compared to Caucasian (77%) and other minorities (74%)
- Participants in only one program (84%), compared to those who utilized three programs or more (75%)

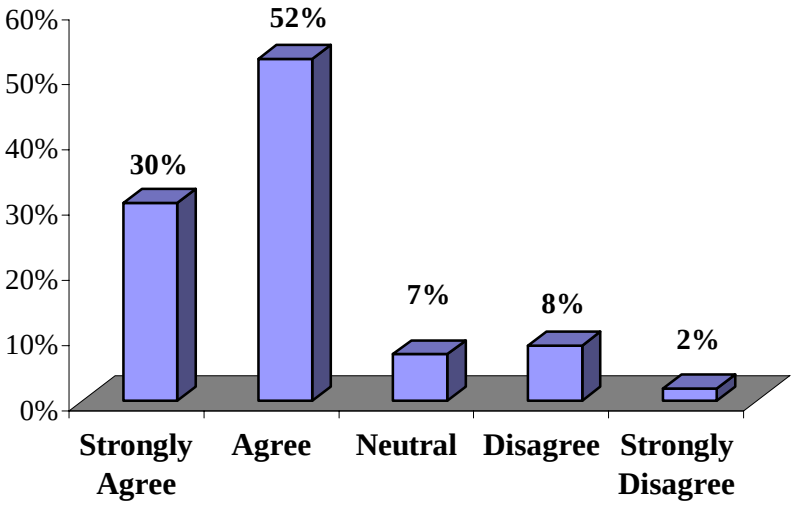


Balanced ScoreCard Goal: *Services are easy to access and timely.*

Survey Question: *It's easy to get to my program.*

More than eight out of ten respondents (82%) felt it was easy to get to DSHS programs. One in ten respondents disagreed that access to their program location was easy. Respondents were more likely to agree that program location was convenient in the following cases:

- The client was Hispanic (84%), compared to other minority clients (80%)
- The respondent was a representative of the client (89%), compared to cases where the respondent was the client (77%)



COMMENTS:

"The new Renton Community Services Office is so convenient."

"I like the fact that they deal with me over the phone because of my disability. I appreciate everything DSHS has done to help me survive."

"Make more transportation available for people like me, I am blind. There's no way I can do it by myself."

"DSHS should streamline the qualification process. It's hard to get the whole thing done in one visit. Should be able to do it over the phone."

"It takes two hours to get to the CSO by bus. I'd like to see a branch CSO in the Camas-Washougal area."

"Hours in the evenings, I'm at work during the day and it's hard to make calls."

"Some clients are very challenging with behaviors, and it is hard for them to wait in the waiting room and for appointments."

COMMENTS:

"I like the convenient times they are open."

"Longer hours would be nice."

"I really hate having to wait…for an appointment to see someone."

"Should be more flexible in scheduling the first appointment for eligibility. Currently they only see us between 7 a.m. and 9 a.m. I can't keep these appointments because of childcare conflicts."

SUGGESTIONS FOR IMPROVEMENT:

"Since pushing WorkFirst, maybe evening or weekend hours would help for people who work during the day."

Longer time to schedule same-day appointments

More flexibility in appointment scheduling

More advance notice for upcoming appointments

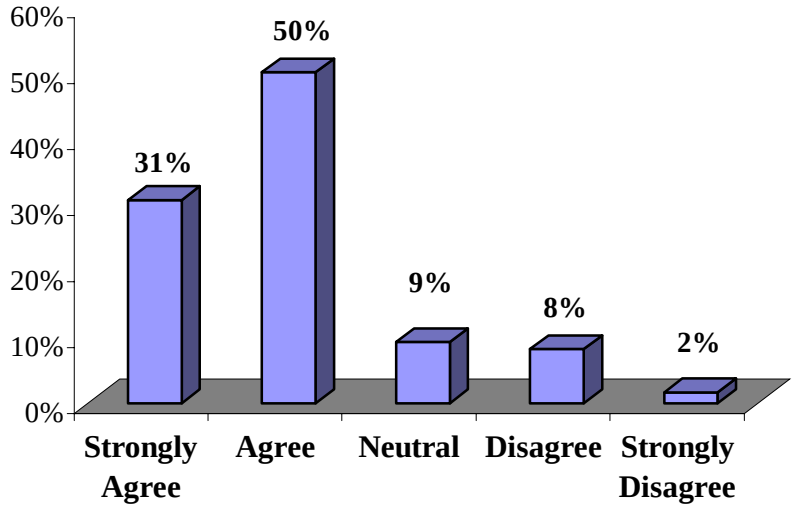
Have a main office in an additional location other than Olympia

Balanced ScoreCard Goal: *Services are easy to access and timely.*

Survey Question: *My program is open at times that are good for me.*

More than eight out of ten respondents (81%) felt satisfied with the business hours of their program. One in ten respondents disagreed. Respondents were more likely to agree that program hours were convenient in the following cases:

- Clients participated in two programs (84%), compared to cases in which clients participated in three or more programs (77%)
- Clients were Hispanic (83%), rather than Caucasian (79%)

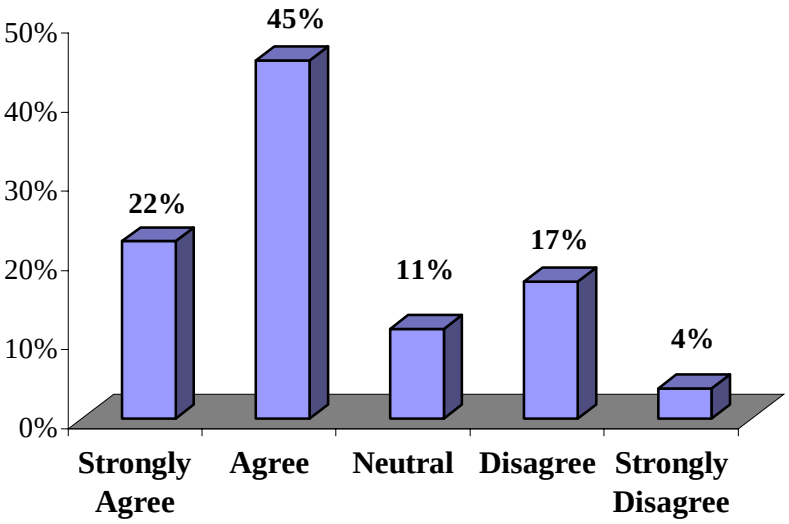


Balanced ScoreCard Goal: *Services are easy to access and timely.*

Survey Question: *I got services as quickly as I needed.*

More than two out of three clients (67%) feel satisfied that they received timely services. More than two out of ten (21%) felt that services were too slow.

Clients participating in voluntary programs (70%) agreed that services were timely more often than those served by JRA and CA mandatory programs (56%).



COMMENTS:

"When people are in desperate need DSHS should expedite the proceedings and application. I have 5 kids and when I was in need it took a month to get help."

"DSHS helped us in our time of need. They were helpful and understanding. It took only a week or less to get our benefits."

"I like that they are prompt and get (people) in programs needed and back on the right track."

SUGGESTIONS FOR IMPROVEMENT:

Communicate with other agencies so their clients know about DSHS services

Make clients aware of other agencies that can help

Lessen paperwork

More staff, providers

"Real" voice when calling DSHS

Less reliance on voice messaging

Return calls faster

COMMENTS:

"The nurses and caseworkers, because they get things done. They call me right back, make sure there's follow-up and follow-through."

"If I have any problems I can always call and my counselor is always on the phone and calling me right back."

"I like their response to my questions; they get back to me within 24 hours, their communication between parties, conversations."

"The social workers have large rotation. When I call there sometimes I don't get a call back. My information is sometimes lost."

"I've had trouble getting in touch with my counselor when I needed to. My calls were not returned quickly."

"Answer the phone in person, or at least call back within a reasonable time."

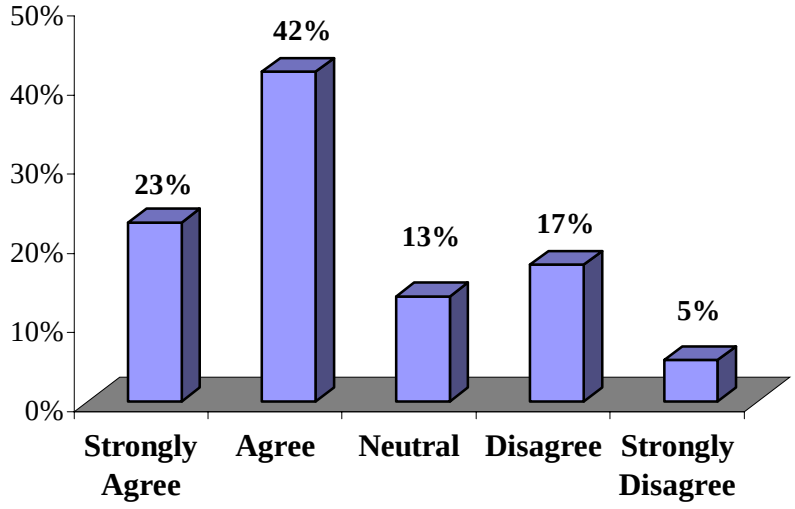
"DSHS isn't really good about answering phones and returning phone calls. We get letters last minute."

Balanced ScoreCard Goal: *Services are easy to access and timely.*

Survey Question: *My program returned my calls within 24 hours.*

Nearly two out of three respondents (65%) were satisfied that phone calls were returned in a timely manner. More than two out of ten respondents disagreed with this survey question. Respondents were more likely to agree that calls were returned within 24 hours when:

- Clients participated only in voluntary programs (69%), compared to cases in which clients participated in JRA and CA programs that are often mandatory (43%)
- The respondent was a representative of the client (72%), compared to cases where the respondent was the client (57%)
- The client was a child (72%), compared to an adult (58%)

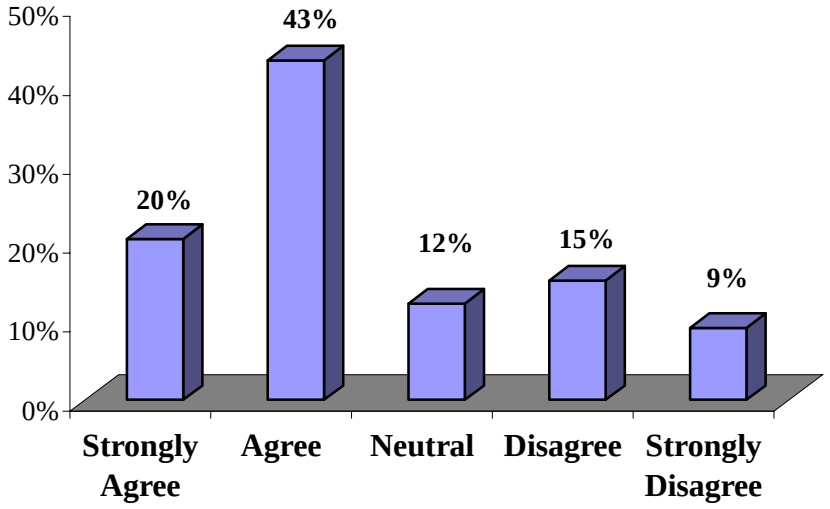


Balanced ScoreCard Goal: *Services are easy to access and timely.*

Survey Question: *It's easy to get services from my program.*

More than six out of ten respondents (63%) felt it was easy to get services from their program. Almost one quarter (24%) disagreed.

There were no statistically significant differences between survey subgroups' answers to this question.



COMMENTS:

"The fact that they will work with me and let me know what is out there and will do their best to get me what I need."

"I like that they now have extended the time in which I have to renew my coupons. Now, instead of having to renew it every three months, I only do it once a year."

"Make it more timely in regards to help promptly, getting the services when you need them. Qualifications are restrictive. I have epilepsy. That's how I qualified for services."

SUGGESTIONS FOR IMPROVEMENT:

Establishing a DSHS 1-800 information number.

Make applying for DSHS services a "one-stop shopping" process for all services available.

In static (permanent disability) situations, not having to prove one is still disabled.

Conducting more routine business by mail, phone, Internet and e-mail.

COMMENTS:

"They try to be there in times of need. If I have a question, they have the answer. They are clear on what they say so I can understand it."

"One sentence on the application would have gotten me the veteran benefit, but the staff didn't tell me."

"DSHS has a lot to offer. They try and explain things and I get understanding from them."

"I am kind of disappointed because they don't give me information about why they do things like cut off my food stamps."

"Staff could explain better on the concept of medical spend-down and how it works and how you meet the spend-down."

SUGGESTIONS FOR IMPROVEMENT:

Up-to-date listings of medical and dental providers

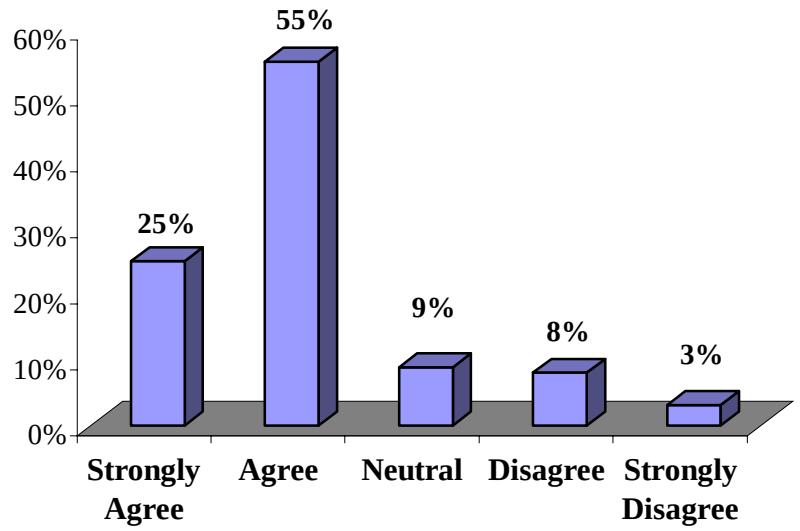
"Town hall" type gatherings to discuss issues, concerns

Balanced ScoreCard Goal: *Information about services was clear and available.*

Survey Question: *My program staff explained things clearly.* [13]

Four out of five respondents (80%) were satisfied that program staff explained things clearly. One in ten disagreed with this survey question.

Respondents who were representatives of the client (84%) agreed more often than clients (75%).



Additionally, 250 Medical Assistance Administration (MAA) clients called the MAA toll-free information line. 81% of these clients felt that staff explained things clearly.

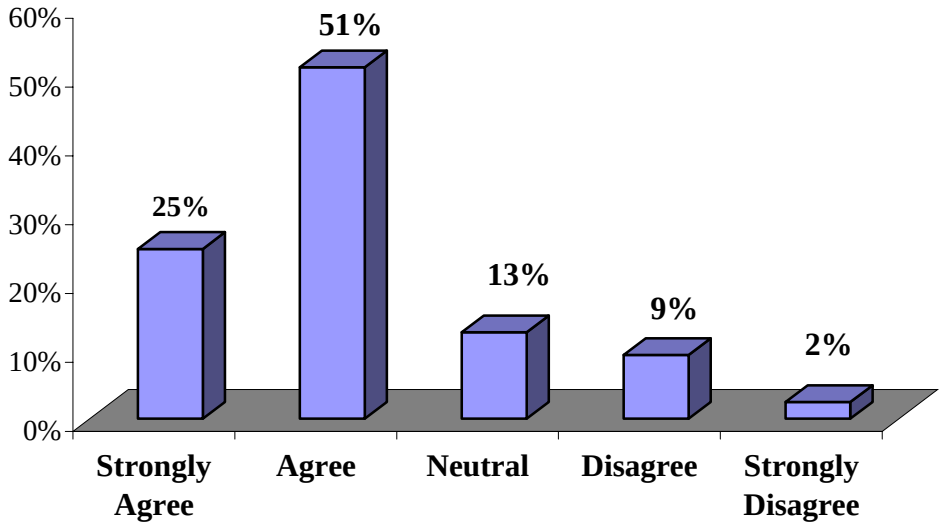
[13] The combined program answers which make up this measure include answers from 250 MAA clients about their use of the MAA toll-free information line. These information line responses were averaged with other MAA responses before combining with other programs.

Balanced ScoreCard Goal: *Communicate effectively about services and outcomes.*

Survey Question: *I know what program services there are for me and my family.*

Three out of four people (76%) interviewed were satisfied that DSHS communicates effectively about available services. One in ten disagreed with the statement that they knew what program services were available for them or their families.

There were no statistically significant differences between survey subgroups' answers to this question.



COMMENTS:

"DSHS is very helpful in finding the proper programs for the person applying, which has been very helpful to me."

"I was directed in the right direction for the help I needed."

"…very unclear about what services our family is entitled to. Every time I talk to another family I learn about a new benefit."

"Communicate with other programs so they know what's going on. They get confused and things change every day. Pass information on to clients."

SUGGESTIONS FOR IMPROVEMENT:
Create brochures about available DSHS services

A listing of community organizations to seek additional help

Written information about new laws, policies and practices given to clients regularly

COMMENTS:

"If I have a question or need to find out more information, my caseworker is right on top of it."

"The rules need to be simplified so that staff will know what they are."

"I didn't know (services) like these were available; staff came to me and I got help."

"It's frustrating when you have a disability and you are working with a government agency who should know these things and they don't, and they don't care."

"Staff were courteous and treated me with respect and kept me informed of programs available. They were helpful and they promptly returned calls and informed me of changes that had happened."

SUGGESTIONS FOR IMPROVEMENT:

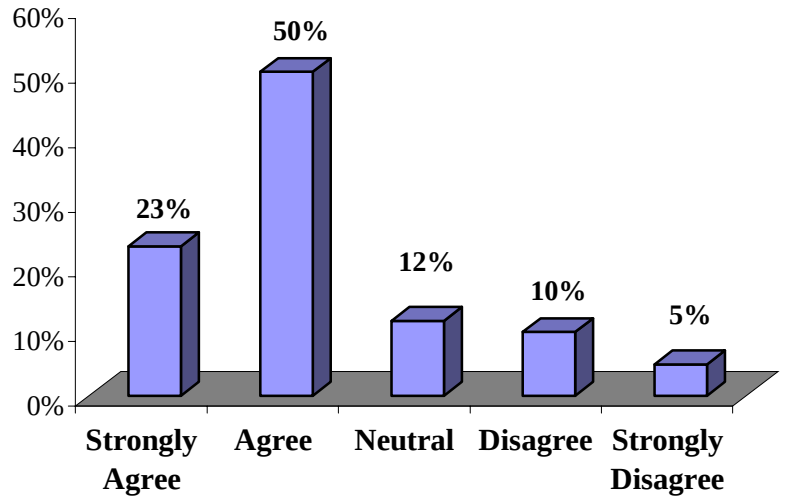
More emphasis on other programs and services clients might be eligible for

Balanced ScoreCard Goal: *Information about services was clear and available.*

Survey Question: ***It was easy to get the facts I needed about services.***

Nearly three out of four of those interviewed (73%) felt it was easy to get information about services. Fifteen percent disagreed. Respondents were more likely to agree that information was easily accessible when clients were:

- Hispanic (89%), compared to Caucasian (69%) and other minorities (76%)
- Participants only in voluntary programs (75%), compared to clients who participated in programs that are often mandatory (CA and JRA) (65%)

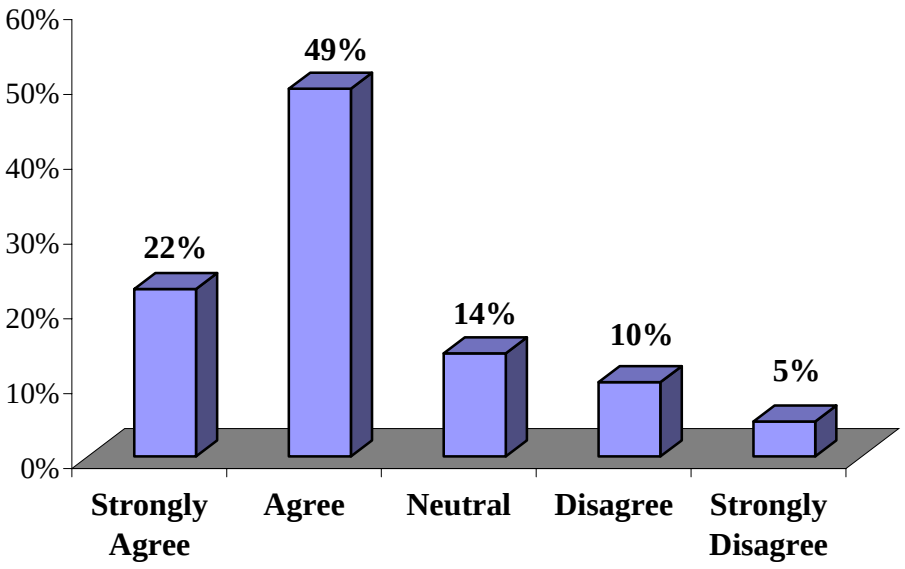


Balanced ScoreCard Goal: *DSHS clients live as independently as possible.*

Survey Question: *I was involved in making choices about services.*

More than seven out of ten respondents (72%) felt that clients and their representatives were involved in making choices about the services they received. Fifteen percent (15%) disagreed. Respondents were more likely to agree that DSHS facilitates choices about services in the following cases:

- The client was Hispanic (82%), compared to both Caucasian (71%) and other minority clients (60%)
- The respondent was a representative of the client (75%), compared to cases where the respondent was the client (68%)
- The client was a child (76%), compared to adult clients (68%)



COMMENTS:

"Send out more information on things available to people."

"We need dentists who are willing to take clients."

"I wish DSHS would cover more dental procedures."

"Healthy Options will not cover medications… sometimes I had to go weeks and months without them. I stay sick because I can't get medicine."

"I asked to change caseworkers, but DSHS wouldn't help me."

"Our son has some serious emotional problems. We need more help with our child."

"Listen to what people have to say; actually trying to help you instead of sending you away."

"Medical providers are scarce and overloaded."

"They need to involve the parents more in JRA."

COMMENTS:

"…I feel they are in partnership with me in providing quality services"

"Listen to the people, sometimes they don't have the services they need."

"DSHS helped me commit to the program and gave me options so that I could be more careful with my (substance) problem."

"The case workers have all been responsive to our needs."

"Could be more respectful to people, could listen to what people have to say more closely."

"I like the interviews with staff; the chance to talk about what's going on."

"Get rid of the one-shoe-fits-all attitude."

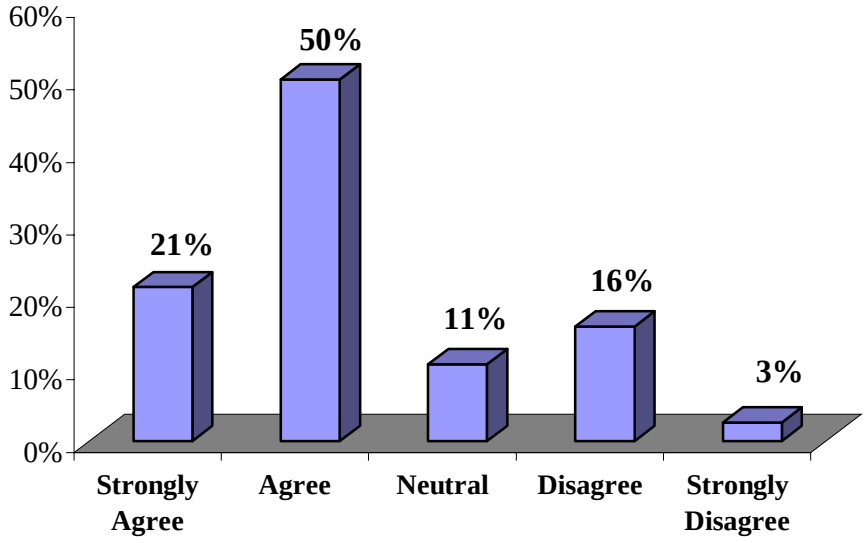
"The caseworker really needs to be able to listen to the foster child's opinions and needs in formulating a plan."

Balanced ScoreCard Goal: *DSHS clients live as independently as possible.*

Survey Question: *I/we helped make plans and goals about services.*

More than seven out of ten survey respondents (71%) felt they helped make plans and goals about their services. Nineteen percent (19%) disagreed.

Agreement that clients were involved in making plans and goals about services was more likely when those clients were Hispanic (89%), rather than Caucasians (69%) or other minorities (56%)

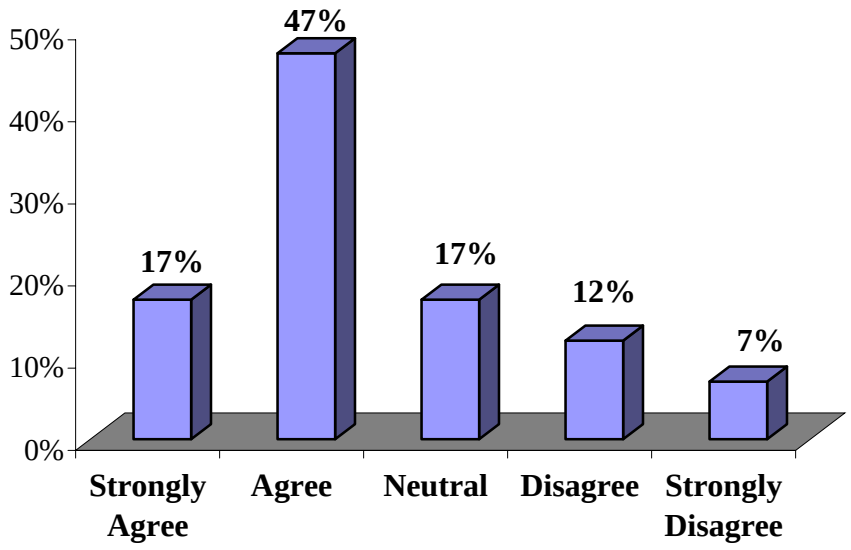


Balanced ScoreCard Goal: *DSHS coordinates service delivery.*

Survey Question (For those with services from three or more programs): *DSHS makes sure all my program services work well together.*

Nearly two out of three respondents (64%) involved with three or more DSHS programs felt satisfied that DSHS makes sure all their program services work well together. Nearly two out of ten people disagreed with this survey question.

There were no statistically significant differences between survey subgroups' answers to this question.



COMMENTS:

"…once we got into the system, everything just flowed."

"…services like DVR and alcohol treatment centers work well together on plans like the IRP plan."

"DSHS needs to make sure the left hand knows what the right hand is doing."

"(DSHS) has coordinated their services very well."

"I like their willingness to work together as a team to access all the resources available for a client."

SUGGESTIONS FOR IMPROVEMENT:

Coordinate all services together with a single coordinator

Better coordinate assistance programs so client and benefit information is shared

Orientation for clients who use multiple programs so they understand all aspects of services

Better coordination within divisions

COMMENTS:

"One person helps me with all my needs. I can call one person and she does all the work."

"(DSHS) has a person who bridges the gaps…she is fantastic and helps me out."

"Quit changing caseworkers around, I think I've had 4 or 5 in the past. They are changing too many times to be effective."

"The components can work together. When our daughter had a manic episode CPS was involved but mental health didn't do anything to protect the children."

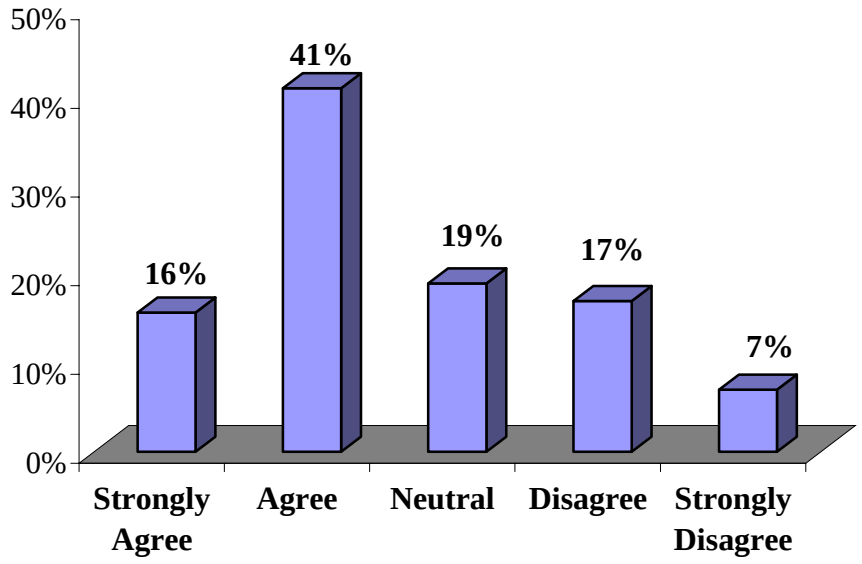
"They could tell you all your options, better coordinate between the 3 services. Maybe print a pamphlet or something to say, for example, all children with disabilities qualify for this and this and the other."

"How I volunteer to do things and they will be there to help me. They are willing to come into the home and help me and my family to improve in problem areas."

Balanced ScoreCard Goal: *DSHS coordinates service delivery.*

Survey Question: (For those with services from 3 or more DSHS programs): *Someone from DSHS helps me with services from all my DSHS programs.*

More than half (57%) of respondents involved with three or more programs were satisfied that someone from DSHS helps them with services from all their DSHS programs. Nearly one in four (24%) disagreed.



Open-Ended Survey Questions

All respondents were asked three open-ended questions:

- What do you like best about dealing with DSHS?
- What can DSHS do to improve services?
- Do you have any additional comments about this survey or DSHS?

Responses to the open-ended questions provide insight into the views of individual clients – and sometimes highlight specific issues or give suggestions that could be lost in the standardized questions. Some comments were presented earlier in this report when they applied to a particular survey question. Other comments concerned areas that were not addressed in the standard questions. The main themes that emerged from the open-ended questions were:

Staff Courtesy. More than 400 comments related to staff courtesy. When clients were asked what they liked best about DSHS, many praised their workers. Conversely, when asked what DSHS can do better, clients suggested staff courtesy as an area of improvement.

DSHS Helps. More than 300 clients expressed an appreciation for services they received and mentioned being grateful for DSHS programs that serve as a safety net. Some respondents were glad to see DSHS conducting a survey of their experiences.

Additional Program Resources. More than 200 comments were made about wanting or needing additional cash or TANF assistance, more medical, dental and mental health providers and more programs to meet individual needs.

Additional Staff Resources. More than 100 comments mention needing additional program staff to increase efficiency and create better client relations. Many of these comments urge DSHS to reduce staff turnover.

For a more detailed examination of client responses to open-ended questions, refer to Appendix G.

ADDITIONAL COMMENTS

"Customer service. People coming in need to be served with more respect."

"DSHS doesn't offer enough programs and assistance. Need more programs for disabled and low income people."

"Get more people to work in there, because people in there are so busy at times loaded down with work."

"Stop changing my caseworkers around."

"I'm really satisfied with the way they've treated us."

"I would like to see DSHS require parenting class, for people who are getting funds especially if they don't have an education."

"I like that DSHS helps children with medical, child care and food,"

"They act like the money comes out of their own pocket and not from our taxes."

"If you are down and out, you can turn to DSHS."

APPENDICES

APPENDIX A: ELIGIBILITY AND SAMPLING FACTORS

Eligibility Factors

Certain groups of clients were deemed to be ineligible for the client survey due to a high probability of being unable to respond to the survey or of being extremely difficult to reach. Clients were excluded from the survey whenever it was discovered that a client belonged to an excluded group. A few were identified during the sampling process; many more were identified during the process of finding phone numbers; and still more were identified when they were contacted by the interviewers from SESRC. Clients were deemed ineligible for the survey under the following conditions:

- The client lives in a nursing facility (Clients residing in adult family homes and boarding homes were included in the survey.)
- The client is receiving long-term hospitalization, including state mental hospitals
- The client is physically or cognitively unable to complete the survey, and no guardian, family member or other person who handles their affairs was available
- The client is out of country
- The client is a member of the military and currently deployed
- The client is incarcerated in a jail, prison or JRA institution
- The client is currently in an inpatient drug or alcohol detoxification program
- The client is homeless and could not be contacted through any means listed in DSHS records
- The responsible adult answering for a child client is a foster parent or state employee[14]
- The only possible respondent for a client is a DSHS provider
- The DSHS program has no record of client, although the client appeared in the database sample from said program

Sampling Considerations

In the process of selecting the survey sample, certain selection rules determined who was included in the final sample:

- If a client selected in the initial samples drawn from the Mental Health Division or the Division of Alcohol and Substance Abuse was between the ages of 13 and 17 years old, that client was not included in the sample. This decision protects client confidentiality since youth between the ages of 13-17 are able to access mental health and substance abuse services without parental knowledge or consent. When clients between the ages of 13 and 17 were selected from other programs, such as Juvenile Rehabilitation Administration or Medical Assistance Administration, said clients were included in the survey, but no questions were asked about mental health or substance abuse services

[14] Other DSHS client surveys address the issues of foster parents and state employees.

- If a client selected in the initial sample drawn from the Aging and Adult Services Administration received AASA services only from the Adult Protective Services Program, that client was excluded from the sample. This sampling decision was made at the request of the AASA program staff, who feared that clients might be endangered if the survey inadvertently aroused caretaker suspicions about the source of a previous complaint.
- Only adult clients (age 18 and over) were selected in the sample from Children's Administration. As described previously, throughout the survey, parents or caretakers answered survey questions about services for children under the age of 18. The selection of adult Children's Administration clients ensured that all families receiving services from Children's Administration were included in the survey, because the Children's Administration database is organized by families and always includes co-residing parents. Survey questions regarding Children's Administration inquired about services for all family members. This sampling plan helped to decrease the number of times we selected a child client, only to find out that the responsible adult was an ineligible foster parent or state employee. In some cases, children who were selected as part of the survey sample from other program areas (for example, the Division of Developmental Disabilities or Medical Assistance Administration) also had received services from Children's Administration. In those cases, the responsible adult was asked about all DSHS services the selected child received, including services from Children's Administration.
- Because of idiosyncrasies in the data systems which feed into the Client Services Database, two other selection rules were employed to ensure that selected clients had actually received services from DSHS. Clients were only drawn from JRA if there was a record of JRA services received. (Some clients are included in the JRA database, but receive only county services and do not interact with JRA employees.) Clients were drawn from Children's Administration only if the family received one or more of the following services: Child Protective Services, Division of Licensing Resources Child Protective Services, Family Reconciliation Services, Home-Based Services or Foster Care Services.

APPENDIX B: COOPERATION RATES AND COMPLETION RATES[15]

		TOTAL	AASA	CA	DDD	ESA	MHD	JRA	MAA	DASA	DVR
A	**Full Interview**	982	137	104	107	118	107	100	108	99	102
B	**Refusal**	138	25	16	10	11	13	17	5	27	14
C	**Subtotal: Found Eligible (A + B)**	1120	162	120	117	129	120	117	113	126	116
D	**Found Ineligible**	263	91	10	14	10	32	42	9	50	5
E	**Subtotal: All Found (C + D)**	1383	253	130	131	139	152	159	122	176	121
F	*% found ineligible (D/E)*	19%	36%	8%	11%	7%	21%	26%	7%	28%	4%
G	**No Contact**	636	84	117	21	46	48	155	28	108	29
H	*No Contact / Estimated to be Ineligible (FxG)*	121	30	9	2	3	10	41	2	31	1
I	**Subtotal: All Eligible (C + G - H)**	1635	216	228	136	172	158	231	139	203	144
J	**TOTAL IN SAMPLE (E + G)**	2019	337	247	152	185	200	314	150	284	150
K	**COOPERATION RATE[16] (A/C)**	**88%**	**85%**	**87%**	**91%**	**91%**	**89%**	**85%**	**96%**	**79%**	**88%**
L	**COMPLETION RATE[17] (A/I)**	**60%**	**63%**	**46%**	**79%**	**69%**	**68%**	**43%**	**78%**	**49%**	**71%**

[15] Often clients received services from several programs. For the purposes of response rate calculations, clients were categorized by the program from which the sample was drawn.

[16] The ratio of completed interviews to all potential respondents contacted.

[17] The ratio of completed interviews to the total number of potential eligible respondents. Computation assumes that the ineligible proportion of "no contacts" is equal to the ineligible portion of those that were found. This methodology is based on the definitions of response rates issued by the Council of American Survey Research Organizations (CASRO) and the American Association for Public Opinion Research (AAPOR).

APPENDIX C: SURVEY QUESTIONS

The following is a standardized list of the basic questions in the survey. All questions were customized to fit the respondent's relationship to the client (self, parent, guardian, family member, etc.) The first 16 questions were customized for each program.[18] See Appendix D for a sample of the entire survey with sections for each client program

1) I know what (*name of DSHS program*) services there are for me/my family.
2) It's easy to get services from (*program*).
3) It's easy to get to (*program*).
4) (*Program*) is open at times that are good for me/us.
5) (*Program*) returned my/our calls within 24 hours.
6) I/we got services as quickly as needed.
7) It was easy to get the facts I/we needed about services.
8) (*Program*) staff explained things clearly.
9) Staff treated me/us with courtesy and respect.
10) Staff listened to what I/we have to say.
11) Staff understood my/our needs.
12) I was/We were involved in making choices about services.
13) I/We helped make plans and goals about services.
14) I am satisfied with (*program*) services.
15) (*Program*) does good work.
16) Overall, (*program*) services have helped me/my family.

Two **Coordination of Services Questions** were asked only if a client was served by three or more programs:

17) DSHS makes sure all my services work well together.
18) Someone from DSHS helps me with services from all (3, 4, 5 or 6) programs.

An **Overall Rating** question was asked of any client who had received services from two or more DSHS programs:

19) Thinking of all programs together, DSHS has done good work.

Two **Open-ended Questions** were asked of all respondents to gain a sense of the client's experiences with DSHS services:

20) What do you like the most about dealing with DSHS?
21) What can DSHS do to improve services?

Respondents were asked to choose from the following statements that best describes their agreement level with questions 1-19: Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, Don't Know.

[18] In addition to adding the name of the program and making wording consistent with program usage, a few questions were changed more substantively. Questions 2, 6 and 12 were rephrased for those programs that often involve involuntary services (Juvenile Rehabilitation and Children's Administration). For example, Question 2 is rephrased because clients from involuntary programs generally did not seek initial assistance. The customized question for JRA reads, "If you need help from JRA, it's easy to get that help." Appendix D shows all rephrasing.

APPENDIX D: SAMPLE SURVEY FOR HYPOTHETICAL CLIENT USING ALL NINE PROGRAMS[19, 20]

Hello. May I speak to <<***Client or Representative Name***>>

*Hello, this is <<**Interviewer Name**>>.*
I have been asked by the Department of Social and Health Services to talk with people who have had contact with DSHS about how well DSHS serves the citizens of our state. You have received a letter explaining this survey.

The survey results will help DSHS make plans to improve services and to measure whether services improve in the future. You were randomly chosen from all people who have received services from or had contact with DSHS. Your participation is completely voluntary but is very important to us. We want to make sure the sample represents all the people who may come in contact with DSHS. Whether or not you participate in the survey will not affect any services you may receive from DSHS. All your answers will be kept in strict confidence. Please feel free to ask questions at any time. If I come to any question that you prefer not to answer, just let me know and I will skip over it.

[If respondent is a parent, family member, guardian, or other decision-maker, say:] You have been selected to receive this survey because you have helped deal with agencies or make decisions for _____ ***[client name].*** We would like to ask about any experiences you may have had with DSHS while helping _____ ***[client name].***

Write down the name of the person you are talking to: _____.

Check the relationship of this person to the client.

- ☐ ***Self (the person you are talking to is the client)***
- ☐ ***Parent of the client***
- ☐ ***Other family member – lives in same household***
- ☐ ***Other family member – does not live in same household***
- ☐ ***Guardian, or other non-family Decision-Maker***
- ☐ ***Foster Parent***

DDD – Division of Developmental Disabilities

First/Now I'd like to ask you about DDD, the Division of Developmental Disabilities. DDD helps persons with developmental disabilities. We see that you have been helped by DDD. I'd like to ask about your experiences with DDD in the past two years.

[If denies services from DDD or is unsure.] *OK. Sometimes people get services and don't know the services were arranged by DDD. Let me tell you what kinds of services you might have received: You may live in a home for persons with Developmental Disabilities or someone may come to your house to help you with your daily activities. Someone may help you with your job or you may go to an activity during the day. You may have received therapies that were paid for*

[19] This sample script does not include all possible permutations of the survey (for parents, guardians, family members and other representatives). All script possibilities written are out in a document 131 pages long.
[20] Instructions to interviewer are in bold font.

with state money. You may have a case manager who helps you get services. Have you had any services like that in the past two years? Is it possible that these services may have been sponsored by DDD? OK. Let me ask you about your experiences with those services in the past two years.

[If denies any contact with DDD, mark "Denies contact." Skip the rest of DDD questions. Continue with next program or concluding questions unless DDD is the only service they received. If DDD is the only service, thank them for their help and conclude interview.]

☐ *Denies DDD Contact.*

For each statement, please tell me how much you agree or disagree. Your choices are: Strongly Agree; Agree; Neutral; Disagree or Strongly Disagree.

The first statement is "I know what DDD services there are for me." Do you strongly agree, agree, feel neutral, disagree or strongly disagree? ***Mark Response Below.***

The next one is: "It's easy to get services from DDD." Do you strongly agree, agree, feel neutral, disagree or strongly disagree? ***Mark Response Below.***

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
1. I know what DDD services there are for me.						
2. It's easy to get services from DDD.						
3. It's easy to get to the DDD office.						
4. The DDD office is open at times that are good for me.						
5. DDD staff returned my calls within 24 hours.						
6. I got services as quickly as I needed.						
7. It was easy to get the facts I needed about services.						
8. DDD staff explained things clearly.						
9. Staff who helped me treated me with courtesy and respect.						
10. Staff who helped me listened to what I had to say.						
11. Staff who helped me understood my needs.						
12. I was involved in making choices about my services.						
13. I helped make plans and goals about services.						
14. I am satisfied with DDD services.						
15. DDD does good work.						
16. Overall, DDD has helped me.						

DVR – Division of Vocational Rehabilitation

First/Now I'd like to ask you about DVR, the Division of Vocational Rehabilitation. DVR helps people with disabilities get jobs. Have you talked to someone at DVR or received services from DVR in the past two years?

[If denies services from DVR] *OK. Sometimes people get services through some other agency and don't know the services came from DVR. Let me tell you what kinds of services you might have received: You might have had counseling about getting a job; help in looking for a job; an assessment of your job interests and skills; an evaluation to see what jobs you could do; job training or training in how to take care of yourself, manage money or use transportation; medical services or treatment needed for you to work; or help in getting things you need to go to work like: equipment, child-care, books, or supplies. Have you had any services like that in the past two years? Is it possible that these services may have been sponsored by DVR? OK. Let me ask you about those services.*

[If denies any contact with DVR, mark "Denies contact." Skip the rest of DVR questions. Continue with next program or concluding questions unless DVR is the only service they received. If DVR is the only service, thank them for their help and conclude interview.]

☐ *Denies DVR Contact.*

I'd like to ask about your experiences with DVR in the past two years. For each statement, please tell me how much you agree or disagree. Your choices are: Strongly Agree; Agree; Neutral; Disagree or Strongly Disagree.

The first statement is "I know what DVR services there are for me." Do you strongly agree, agree, feel neutral, disagree or strongly disagree? ***Mark Response below.***

The next one is: "It's easy to get services from DVR." Do you strongly agree, agree, feel neutral, disagree or strongly disagree? ***Mark Response below.***

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
1. I know what DVR services there are for me.						
2. It's easy to get services from DVR.						
3. It's easy to get to the DVR office.						
4. The DVR office is open at times that are good for me.						
5. DVR returned my calls within 24 hours.						
6. I got services as quickly as I needed.						
7. It was easy to get the facts I needed about services.						
8. DVR staff explained things clearly.						
9. DVR staff treated me with courtesy and respect.						

10. DVR staff listened to what I had to say.						
11. DVR staff understood my needs.						
12. I was involved in making choices about my services.						
13. I helped make plans and goals about services.						
14. I am satisfied with DVR services.						
15. DVR does good work.						
16. Overall, DVR has helped me.						

AASA – Aging and Adult Services

First/Now I'd like to ask you about Aging and Adult Services. Aging and Adult Services helps seniors and disabled adults by arranging a place for you to live or sending someone into your home to help you with personal care and medical needs. Their office is often called the Home and Community Services Office. We see that you have been helped by someone from Aging and Adult Services. I'd like to ask about your experiences with Aging and Adult Services in the past two years.

[*Read this paragraph only if denies services from AASA or is unsure*] *OK. Sometimes people get services and don't know the services were arranged by Aging and Adult Services or by Home and Community Services. Let me tell you what kinds of services you might have received: You may live in a special home for seniors or persons with disabilities. Or someone may come to your house to help you with medical needs, body care, shopping, housework or cooking. You may have a case manager who does assessments and helps you get services. Someone may have helped you fill out a Medicaid application or helped you get medical coupons for your medicines. Have you had any services like that in the past two years? Is it possible that these services may have been sponsored by Aging and Adult Services? OK. Let me ask you about your experiences with those services in the past two years.*

[If denies any contact with AASA, mark "Denies AASA contact." Skip the rest of AASA questions. Continue with next program.]

☐ *Denies AASA Contact.*

For each statement, please tell me how much you agree or disagree. Your choices are: Strongly Agree; Agree; Neutral; Disagree or Strongly Disagree.

The first statement is "I know what Aging and Adult services there are for me." Do you strongly agree, agree, feel neutral, disagree or strongly disagree? ***Mark response below.***

The next one is: "It's easy to get services from Aging and Adult Services." Do you strongly agree, agree, feel neutral, disagree or strongly disagree? ***Mark response below.***

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
1. I know what Aging and Adult services there are for me.						
2. It's easy to get services from Aging and Adult Services.						
3. It's easy to get to the Aging and Adult or Home and Community Services office.						
4. The office is open at times that are good for me.						
5. Aging and Adult Services staff returned my calls within 24 hours.						
6. I got services as quickly as I needed.						
7. It was easy to get the facts I needed about services.						
8. Aging and Adult Services staff explained things clearly.						
9. Staff who helped me treated me with courtesy and respect.						
10. Staff who helped me listened to what I had to say.						
11. Staff who helped me understood my needs.						
12. I was involved in making choices about my services.						
13. I helped make plans and goals about services.						
14. I am satisfied with Aging and Adult Services						
15. Aging and Adult Services does good work.						
16. Aging and Adult Services has helped me.						

MAA: Medical Assistance Administration

First/Now I'd like to ask you about the Medical Assistance Administration. Medical Assistance helps pay for medical services. They send you or someone in your family a green and white paper DSHS medical ID card. Some people call this card a coupon. You use this card to get medical care. A new card is sent every month.

Have you received this green and white paper medical ID card or coupon any time in the past two years?

[Read this paragraph only if respondent says no or is unsure], *Has someone else in your family received this? Generally one card covers everyone eligible in your household. If anyone has gotten medical care paid for by the state, you probably got these cards. You might use this card to get care from a health care plan like Group Health or you might have got the card through a program like the Basic Health Plan, Healthy Options or CHIP. If you're not sure, is there someone you can ask?.* **If continues to deny receiving cards and denies getting medical care through a state program, mark "No Cards" and skip the MAA section. Go to ESA.**

☐ **No Cards**

Have you called the 800 number on the back of the green and white medical ID card in the past two years?

☐ ***No – Skip Questions A, B & C below.***

☐ ***Yes – Continue***

[Record answer: If yes, ask questions A, B & C below. If no skip these three questions.]

I'd like to ask you three questions about the people you talked with when you called the 800 number. For each statement I read, please tell me whether you strongly agree, agree, feel neutral, disagree or strongly disagree.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
A. Staff who helped me when I called the 800 number treated me with courtesy and respect.						
B. They listened to what I had to say.						
C. They explained things clearly.						

Have you used the green and white medical ID card to get medical services in the past two years?

☐ **Yes** ☐**No**

[If no or unsure]: Has the state paid for any part of your medical care in the past two years? Is it possible that you used the state card or coupon to get that care?

Does anyone else in your household get medical care from the state with the medical ID card?

☐ **Yes** ☐**No**

[If neither the client or any other household member has used the medical coupons to get services, skip the rest of MAA questions. Go to ESA. If MAA is the only service, thank them for their help and conclude interview.]

1. *I'd like to ask about these experiences with Medical Assistance in the past two years. When I ask about your medical provider I mean all doctors, nurses, dentists or other therapists who were paid by using a medical ID card or coupon. For each statement, please tell me how much you agree or disagree. Your choices are: Strongly Agree; Agree; Neutral; Disagree or Strongly Disagree.*

2. *The first statement is "I know what medical assistance services there are for my family." Do you strongly agree, agree, feel neutral, disagree or strongly disagree? Medical assistance services are all the types of medical care you can get from the state.* ***Record response below.***

The next one is: "It's easy to get services with our medical ID card." Do you strongly agree, agree, feel neutral, disagree or strongly disagree? ***Record response below.***

[Continue as below]

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
1. I know what Medical Assistance services there are for me or my family.						
2. It's easy to get services with the medical ID card.						
3. It's easy to get to the medical providers' offices.						
4. The medical providers' offices are open at times that are good for us.						
5. The medical providers' staff returned our calls within 24 hours.						
6. I get services with the medical ID card as quickly as we needed.						
7. It was easy to get the facts I needed about medical assistance services.						
8. Our medical providers and their staff explained things clearly.						
9. The medical providers and their staff treated me or my family with courtesy and respect.						
10. The medical providers and their staff listened to what I or my family members had to say.						
11. The medical providers and their staff understood our needs.						
12. My family and I were involved in making choices about medical care.						
13. My family and I helped make plans and goals with our providers about medical care.						
14. I am satisfied with Medical Assistance services.						
15. Medical Assistance does good work.						
16. Overall, Medical Assistance has helped me or my family.						

ESA – Economic Services Administration

Now I'd like to ask you about the part of DSHS called Economic Services. Economic services sends money and food stamps from the state to individuals and families and also runs the Workfirst program to help people getting state money find and keep jobs. When you talk to someone from Economic Services

you usually call or go to a CSO, which is a Community Services Office. We see that you or someone in your family has received some state money in the past two years.

[If denies or unsure], *OK. Sometimes people get money or services they don't know came through DSHS. Let me tell you what types of help you or someone in your family may have received: You may have received food stamps, emergency assistance or TANF money, which is Temporary Assistance for Needy Families. You may have received General Assistance money because you were blind, pregnant, disabled, in an institution, or unemployable. You may have got supplemental Social Security or SSI payments from the state. You may have received some money because you were a refugee or because you needed childcare. You may also may have been in the Workfirst program which helps people on TANF find and keep jobs.* **[If they don't seem to be familiar with monies that may have supported a child, look for clues that there is someone else who is the "primary decision-maker" for this client. If so, talk to primary decision-maker. If continues to deny, skip the ESA section.]**

[If denies any contact with ESA, mark "Denies contact." Skip the rest of ESA questions. Continue with next program or concluding questions unless ESA is the only service they received. If ESA is the only service, thank them for their help and conclude interview.]

☐ *Denies ESA Contact.*

Are you the only person in your family who gets state money, food stamps, or Workfirst services from Economics Services?

☐ ***Yes*** ☐ ***No..***

I'd like to ask about your experiences with Economic Services in the past two years. When we ask about Economic Services we are asking about the people who send you or your family state money or food stamps or run Workfirst. This generally means the CSO staff which might include your financial worker, case manger or social worker. For each statement, please tell me how much you agree or disagree. Your choices are: Strongly Agree; Agree; Neutral; Disagree or Strongly Disagree.

1. *The first statement is "I know what Economic Services there are for my family." Do you strongly agree, agree, feel neutral, disagree or strongly disagree?* ***[If there is any question, remind them that we are asking about both the treatment providers and the people who send the cards.] Mark the answer below.***

2. *The next one is: "It's easy to get services from Economic Services." Do you strongly agree, agree, feel neutral, disagree or strongly disagree?* ***Mark the answer below.***

[Continue as below]

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
1. I know what Economic Services there are for me or my family.						
2. It's easy to get services from Economic Services.						
3. It's easy to get to the CSO.						
4. The CSO is open at times that are good for me.						
5. Economic Services staff returned my calls within 24 hours.						
6. My family got services as quickly as we needed.						
7. It was easy to get the facts I needed about services.						
8. Economic Services staff explained things clearly.						
9. Staff who helped me or my family treated us with courtesy and respect.						
10. Staff who helped me or my family listened to what we had to say.						
11. Staff who helped me or my family understood our needs.						
12. My family and I were involved in making choices about our services.						
13. My family and I helped make plans and goals about services.						
14. I am satisfied with Economic Services.						
15. Economic Services does good work.						
16. Overall, Economic Services has helped my family.						

JRA – Juvenile Rehabilitation Administration

First/Now I'd like to ask you about JRA, the Juvenile Rehabilitation Administration. We see that you/your child have been involved with JRA

[If denies services from JRA or is unsure] *OK. Teens who have been in trouble with the law are often committed to stay in JRA institutions, like Echo Glen, Maple Lane, Green Hill, Naselle Youth Camp, Mission Creek Youth Camp or a group home. After these teens are released from the institutions, JRA staff may continue to supervise them on parole. Have you/Has your child been in a JRA institution or group home? Were you/Was your child supervised by a parole counselor after your their release?*

[If denies any contact with JRA, mark "Denies contact." Skip the rest of JRA questions. Continue with next program or concluding questions unless JRA is the only service they received. If JRA is the only service, thank them for their help and conclude interview.]

☐ *Denies JRA Contact.*

I'd like to ask about these experiences with JRA in the past two years. Remember that JRA is the institution or group home you your child were sent to and the parole staff. JRA is <u>not</u> the juvenile court system. For each statement, please tell me how much you agree or disagree. Your choices are: Strongly Agree; Agree; Neutral; Disagree or Strongly Disagree.

The first statement is "I know what JRA services there are for me / my child." Do you strongly agree, agree, feel neutral, disagree or strongly disagree? ***Mark Response below.***

*The next one is: "If you need help from JRA, it's easy to get that help." Do you strongly agree, agree, feel neutral, disagree or strongly disagree**?*** **[Note: If they never needed help from JRA, put N/A.] Mark Response Below.**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
1. I know what JRA services there are for me /my child.						
2. If you need help from JRA, it's easy to get that help. *[If they have never needed help from JRA, put N/A.]*						
3. It's easy to get to JRA offices and facilities.						
4. JRA offices are open at times that are good for me my child.						
5. JRA staff returned my/our calls within 24 hours.						
6. When I we asked for help, I we got it as quickly as we needed. *[Note: If they never asked for help, put N/A.]*.						
7. It was easy to get the facts I we/needed about JRA services.						
8. JRA staff explained things clearly.						
9. JRA staff me treated me/us with courtesy and respect.						
10. JRA staff listened to what I/we had to say.						
11. JRA staff understood my/our needs.						
12. I got to give input into decisions that were made about my / my child's services.						
13. I/We helped make plans and goals about services.						
14. I am satisfied with JRA services.						
15. JRA does good work.						
16. JRA has helped me.						

MHD – Mental Health Division

Now I'd like to ask you about the part of DSHS called the Division of Mental Health. The Division of Mental Health helps to pay for counseling, medication and other mental health services. I'd like to ask about any experiences you or a family member had with services sponsored by the Division of Mental Health in the past two years.

[Read this paragraph only if denies services from MHD or is unsure.] *OK. Sometimes people get services and don't know the services were paid for by the Division of Mental Health. Let me tell you what kinds of services you or a family member might have received: You may have talked to a counselor or gone with someone in your family to talk to the a counselor. You may have had a mental health assessment or received some treatment or medication. You may have had a hospitalization related to mental health issues. Is it possible that you or a family member might have had services sponsored by Mental Health in the past two years? OK. Let me ask you about your experiences with those services in the past two years.*

[If denies any contact with MHD, mark "Denies contact." Skip the rest of MHD questions. Continue with next program or concluding questions unless MHD is the only service they received. If MHD is the only service, thank them for their help and conclude interview.]

☐ **Denies MHD Contact**

For each statement, please tell me how much you agree or disagree. Your choices are: Strongly Agree; Agree; Neutral; Disagree or Strongly Disagree.

1. *The first statement is "I know what Mental Health services there are for me." Do you strongly agree, agree, feel neutral, disagree or strongly disagree?* ***Mark answer below.***
2. *The next one is: "It's easy to get services from Mental Health." Do you strongly agree, agree, feel neutral, disagree or strongly disagree?* ***Mark answer below.***

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
1. I know what Mental Health services there are for me or my family member.						
2. It's easy to get services from Mental Health.						
3. It's easy to get to the mental health office.						
4. The mental health office is open at times that are good for me.						
5. Mental Health staff returned calls within 24 hours.						
6. My family member or I got services as quickly as I needed.						
7. It was easy to get the facts I needed about services.						
8. Mental Health staff explained things clearly.						

9. Staff who helped me or my family member treated us with courtesy and respect.						
10. Staff who helped me or my family member listened to what we had to say.						
11. Staff who helped me or my family member understood our needs.						
12. My family members and I were involved in making choices about services.						
13. My family members and I helped make plans and goals about services.						
14. I am satisfied with Mental Health services.						
15. Mental Health does good work.						
16. Overall, Mental Health has helped me and my family.						

DASA – Division of Alcohol and Substance Abuse

Now I'd like to ask you about the part of DSHS called the Division of Alcohol and Substance Abuse. The Division of Alcohol and Substance Abuse helps to pay for assessment and treatment related to alcohol and other drugs. I'd like to ask if you have had any experience with a drug or alcohol treatment program. You may have talked to a counselor or gone to a drug or alcohol treatment group. You may have had an assessment to see if you have any problems with alcohol or drugs. You may have received some other type of drug or alcohol treatment or medication. You may have gone to an inpatient drug and alcohol treatment program. Unless you paid for this kind of service entirely by yourself or got it at the VA, the Division of Alcohol and Substance Abuse probably contributed money for your care. Is it possible that you might have had drug or alcohol services paid for or partly paid for by the Division of Alcohol and Substance Abuse? OK. Let me ask you about your experiences with those services.

[If denies any contact with DASA, mark "Denies contact." Skip the rest DASA questions (through question 16).

☐ **Denies DASA Contact.**

For each statement, please tell me how much you agree or disagree. Your choices are: Strongly Agree; Agree; Neutral; Disagree or Strongly Disagree.

1. *The first statement is "I know what drug and alcohol treatment services there are for me." Do you strongly agree, agree, feel neutral, disagree or strongly disagree?*
Mark response below.

The next one is: "It's easy to get drug and alcohol treatment services." Do you strongly agree, agree, feel neutral, disagree or strongly disagree?

Mark response below.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
1. I know what drug and alcohol treatment services there are for me or my family.						
2. It's easy to get drug and alcohol treatment services.						
3. It's easy to get to the agency where I get drug and alcohol treatment services.						
4. The drug and alcohol office is open at times that are good for me.						
5. Drug and alcohol staff returned my calls within 24 hours.						
6. I got services as quickly as I needed.						
7. It was easy to get the facts I needed about services.						
8. Drug and alcohol staff explained things clearly.						
9. Staff who helped me treated me with courtesy and respect.						
10. Staff who helped me listened to what I had to say.						
11. Staff who helped me understood my needs.						
12. I was involved in making choices about my services.						
13. I helped make plans and goals about treatment.						
14. I am satisfied with drug and alcohol services.						
15. Drug and alcohol services do good work.						
16. Overall, drug and alcohol services have helped me.						

CA – Children's Administration

First/Now I'd like to ask you about the part of DSHS called Child and Family Services. Child and Family Services provides social services to children and families, such as helping families with run-away or difficult teens, looking into reports of child abuse or neglect, or providing child care, foster care and adoption support. We see that you or your child have had some contact with a worker from Child and Family Services. I'd like to ask about your experiences with Child and Family Services in the past two years***. [Note to interviewers: The formal name of this program is "Childrens Administration—although few of our clients would recognize that name. Most of the services we ask about come under the Division of Child and Family Services (DSFC), but a few come under Division of Licensing Resources (DLR).]***

[If denies services from DCFS or is unsure] OK. Sometimes people may not know that someone they talked to was related to Child and Family Services. We were asked to call you because you or your child have had some contact with Child and Family Services, but we don't know—and don't need to know--what kind of contact that may have been. Let me tell you what kinds of contacts you might have

received: A social worker may have talked to people in your family about your family situation or about some possible reports of abuse or neglect. Someone may have looked into possible child abuse or neglect involving you or your child – even if that possible abuse happened at school, daycare or somewhere else. You may have received help in dealing with conflicts with a teen-ager. Someone in your family may have received some kind of counseling, parenting training or other training. A child may have received child care because of special needs or because the parent is a teen-ager or a seasonal worker. Your child may have been placed in foster care or involved in an adoption. The services you got may have been called CPS (which stands for Child Protective Services), DCFS, Family Reconciliation Service, Child Welfare Services – or they may have been provided by a local agency. Have you talked to anyone like that in the past two years? Is it possible that these services may have been sponsored by DSHS?

[If parent does not know whether child has had any services and/or is not personally familiar with these services, try to find out whether there is another family member or decision-maker who is more familiar. Get GOOD name, address and phone numbers. We may replace this respondent with a more knowledgeable one.]

[If denies any contact with DCFS, mark "Denies contact." Skip the rest of DCFS questions. Continue with next program or concluding questions unless DCFS is the only service they received. If DCFS is the only service, go to concluding questions.]

☐ *Denies CA Contact.*

Think about your experiences with Child and Family Services. For each statement, please tell me how much you agree or disagree. Your choices are: Strongly Agree; Agree; Neutral; Disagree or Strongly Disagree.

The first statement is "I know what Child and Family Services there are for my family." Do you strongly agree, agree, feel neutral, disagree or strongly disagree? ***Mark Response Below.***

The next one is: "If you need help from Child and Family Services, it's easy to get that help." Do you strongly agree, agree, feel neutral, disagree or strongly disagree? ***Mark Response Below.***

[Continue as below]

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
1. I know what Child and Family services there are for my family.						
2. If you need help from Child and Family Services, it's easy to get that help. *[If they have not needed help from Child and Family Services, mark N/A]*.						
3. It's easy to get to the Child and Family Services office.						
4. The Child and Family services office is open at times that are good for us.						

5. Child and Family services staff returned our calls within 24 hours.

6. When we asked for help, we got it as quickly as we needed. *[Note: If they never asked for help, put N/A]*
7. It was easy to get the facts we needed about Child and Family Services.
8. Child and Family Services staff explained things clearly.

9. Staff who helped us treated us with courtesy and respect.
10. Staff who helped us listened to what we had to say.
11. Staff who helped us understood our needs.

12. We were involved in making choices about our services.
13. We helped make plans and goals about services.

14. I am satisfied with Child and Family Services.
15. Child and Family Services does good work.
16. Child and Family Services has helped my family.

CONCLUDING QUESTIONS

Clients receiving services from 3 or more programs ONLY:
We have talked about services you get from three [four, five] DSHS programs. They are _____, _____, and _____. The next two questions ask about how these services work together.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
17. DSHS makes sure all my services work well together.						
18. Someone from DSHS helps me with services from all 3 [4,5] programs.						
19. Thinking of all the programs together, DSHS has done good work.						

At the End – Clients receiving services from 2 programs ONLY:
We have talked about services you get from two DSHS programs. They are _____ and _____. Now we'd like you to think about the services you got from both programs together.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
20. Thinking of both programs together, DSHS has done good work.						

At the Very End - All Participants

21. What do you like best about dealing with DSHS?
[Open-ended question. Record response.]

22. What is one thing DSHS can do to improve services?
[Open-ended question. Record response.]

Now I have a few questions for background purposes.

23. What is your *[the client's]* age? ***[Record numeric answer, Don't Know or Refuse]***
_____years

24. ***[Ask if necessary. Otherwise, just record.]*** Are you *[the client]* . . . ***[Record: Male, Female or Refuse]***
☐ *Male* ☐ *Female* ☐ *Refused to Answer*

25. What racial or ethnic group best describes you ***[the client]? [Mark main one for each category; Read if necessary.]***
RACE:
☐ Asian American or Pacific Islander
☐ American Indian or Native American
☐ Black or African American
☐ White or Caucasian
☐ Other [Open-ended Response]
☐ Don't Know
☐ Refuse

Are you *[Is the client]* Hispanic?

☐ *Yes* ☐ *No* ☐ Don't Know, ☐ Refuse

That's my last question. Thank you for your time and cooperation. If you have any additional comments or questions about this survey or DSHS, I can note them now.

APPENDIX E: WEIGHTING

Client's responses were weighted according to each client's service profile (the specific combination of services that the client used), so that the final weighted sample reflect the service usage of all DSHS clients. The table below shows the programs utilized in the left-hand column. For example, the first line of the chart shows that 4 clients in the completed sample used Aging and Adult Services and no other program (0.407 of the 982 completed surveys). In the total population of all DSHS clients in fiscal year 2000[21], 0.441% used only Aging and Adult Services. The responses of the 4 survey respondents were weighted by a factor of 1.0837. Thus, in the weighted sample, 4.3348 of the 982 respondents utilized Aging and Adult services—comprising 0.441% of the sample population. The proportion of clients with this service profile in the weighted sample equals the proportion with this service profile in the overall DSHS population.

Weighting Table

Programs	SAMP_N	POP_N	SAMP_PC	POP_PC	WT	WT_N
A	4	5,564	0.407%	0.441%	1.0837	4.3348
ACEHMS	1	32	0.102%	0.003%	0.0249	0.0249
ACEM	1	260	0.102%	0.021%	0.2026	0.2026
ADEM	2	795	0.204%	0.063%	0.3097	0.6194
ADMV	1	19	0.102%	0.002%	0.0148	0.0148
AEHM	16	3,746	1.629%	0.297%	0.1824	2.9184
AEHMS	1	221	0.102%	0.018%	0.1722	0.1722
AEHMV	2	160	0.204%	0.013%	0.0623	0.1247
AEM	83	16,265	8.452%	1.290%	0.1527	12.6717
AEMS	2	264	0.204%	0.021%	0.1028	0.2057
AEMV	5	326	0.509%	0.026%	0.0508	0.2540
AHM	8	4,527	0.815%	0.359%	0.4409	3.5269
AHMV	3	44	0.305%	0.003%	0.0114	0.0343
AM	37	26,518	3.768%	2.104%	0.5584	20.6595
C	8	102,770	0.815%	8.153%	10.0082	80.0657
CDEM	4	1,748	0.407%	0.139%	0.3405	1.3618
CE	4	5,754	0.407%	0.456%	1.1207	4.4828
CEHM	18	9,579	1.833%	0.760%	0.4146	7.4628
CEHMS	11	1,988	1.120%	0.158%	0.1408	1.5488
CEHMV	1	296	0.102%	0.023%	0.2306	0.2306
CEHS	1	53	0.102%	0.004%	0.0413	0.0413
CEJM	2	99	0.204%	0.008%	0.0386	0.0771
CEM	22	53,154	2.240%	4.217%	1.8823	41.4110
CEMS	21	4,498	2.138%	0.357%	0.1669	3.5043
CEMSV	1	127	0.102%	0.010%	0.0989	0.0989
CEMV	2	435	0.204%	0.035%	0.1694	0.3389

Programs:
A: Aging and Adult Services
C: Children's Administration
D: Developmental Disabilities
E: Economic Services
H: Mental Health
J: Juvenile Rehabilitation
M: Medical Assistance
S: Alcohol & Substance

SAMP_N: Number of clients who completed survey using this combination of programs

POP_N: Number of clients in FY2000 using this combination of programs

SAMP_PC: Percentage of the clients who completed the survey using this combination of programs

POP_PC: Percentage of FY2000 clients using this combination of programs

WT: Weight to produce N of 982 with program distribution equal to population program distribution (Adjusted for empty cells)

WT_N: Number using this combination of programs after applying WT

[21] Includes the 99.1% of the DSHS population whose service profile was represented in the client survey sample.

Programs	SAMP_N	POP_N	SAMP_PC	POP_PC	WT	WT_N
CES	1	332	0.102%	0.026%	0.2587	0.2587
CH	2	1,244	0.204%	0.099%	0.4846	0.9692
CHJMS	1	44	0.102%	0.003%	0.0343	0.0343
CJ	2	111	0.204%	0.009%	0.0432	0.0865
CJM	2	116	0.204%	0.009%	0.0452	0.0904
CM	16	23,669	1.629%	1.878%	1.1525	18.4400
CMS	1	903	0.102%	0.072%	0.7035	0.7035
CS	6	1,251	0.611%	0.099%	0.1624	0.9746
D	4	7,910	0.407%	0.628%	1.5406	6.1625
DEHM	18	1,614	1.833%	0.128%	0.0699	1.2574
DEHMSV	1	14	0.102%	0.001%	0.0109	0.0109
DEHMV	3	356	0.305%	0.028%	0.0925	0.2774
DEHV	1	2	0.102%	0.000%	0.0016	0.0016
DEJM	1	2	0.102%	0.000%	0.0016	0.0016
DEM	66	9,523	6.721%	0.756%	0.1124	7.4191
DEMS	1	36	0.102%	0.003%	0.0280	0.0280
DEMV	8	1,350	0.815%	0.107%	0.1315	1.0518
DH	1	85	0.102%	0.007%	0.0662	0.0662
DHM	3	483	0.305%	0.038%	0.1254	0.3763
DM	17	5,610	1.731%	0.445%	0.2571	4.3706
DMV	3	268	0.305%	0.021%	0.0696	0.2088
DV	1	279	0.102%	0.022%	0.2174	0.2174
E	6	104,153	0.611%	8.263%	13.5239	81.1431
EH	2	2,050	0.204%	0.163%	0.7986	1.5971
EHJ	1	5	0.102%	0.000%	0.0039	0.0039
EHJMS	1	42	0.102%	0.003%	0.0327	0.0327
EHM	67	31,077	6.823%	2.466%	0.3614	24.2114
EHMS	19	5,147	1.935%	0.408%	0.2110	4.0099
EHMSV	6	632	0.611%	0.050%	0.0821	0.4924
EHMV	25	2,891	2.546%	0.229%	0.0901	2.2523
EJ	1	54	0.102%	0.004%	0.0421	0.0421
EJM	15	220	1.527%	0.017%	0.0114	0.1714
EJMS	1	131	0.102%	0.010%	0.1021	0.1021
EM	138	389,016	14.053%	30.863%	2.1962	303.0732
EMS	35	12,489	3.564%	0.991%	0.2780	9.7299
EMSV	7	863	0.713%	0.068%	0.0960	0.6723
EMV	25	4,738	2.546%	0.376%	0.1477	3.6913
ES	5	2,513	0.509%	0.199%	0.3916	1.9578
EV	3	1,267	0.305%	0.101%	0.3290	0.9871
H	8	25,504	0.815%	2.023%	2.4837	19.8696
HJMS	2	67	0.204%	0.005%	0.0261	0.0522
HJS	1	13	0.102%	0.001%	0.0101	0.0101
HM	20	9,984	2.037%	0.792%	0.3889	7.7783
HMS	1	786	0.102%	0.062%	0.6124	0.6124
HMV	1	379	0.102%	0.030%	0.2953	0.2953

Programs	SAMP_N	POP_N	SAMP_PC	POP_PC	WT	WT_N
HS	1	733	0.102%	0.058%	0.5711	0.5711
HV	3	466	0.305%	0.037%	0.1210	0.3630
J	42	1,707	4.277%	0.135%	0.0317	1.3299
JM	24	240	2.444%	0.019%	0.0078	0.1870
JMS	3	200	0.305%	0.016%	0.0519	0.1558
JS	1	76	0.102%	0.006%	0.0592	0.0592
M	39	336,747	3.971%	26.716%	6.7270	262.3516
MS	11	3,765	1.120%	0.299%	0.2667	2.9332
MV	1	721	0.102%	0.057%	0.5617	0.5617
S	18	18,129	1.833%	1.438%	0.7847	14.1239
SV	1	179	0.102%	0.014%	0.1395	0.1395
V	28	9,039	2.851%	0.717%	0.2515	7.0421
	982					982.0000

APPENDIX F: SURVEY ADMINISTRATION

The Social and Economic Sciences Research Center (SESRC) at Washington State University conducted telephone interviews with Department of Social and Health Services (DSHS) clients on behalf of the DSHS-Research and Data Analysis Division.

Population and Sample

DSHS-Research and Data Analysis (RDA) division drew samples from the client lists of nine DSHS programs:

AASA	Aging and Adult Services Administration
CA	Children's Administration
DASA	Division of Alcohol and Substance Abuse;
DDD	Division of Developmental Disabilities;
DVR	Division of Vocational Rehabilitation;
ESA	Economic Services Administration;
JRA	Juvenile Rehabilitation Administration;
MAA	Medical Assistance Administration; and
MHD	Mental Health Division.

DSHS-RDA sent all sample members a prior notification letter that (a) let the client know that an SESRC interviewer would be calling, (b) assured the client that all survey data would be confidential and not personally identifiable, (c) emphasized that the interview would be voluntary and would not affect the client's status or benefits in any way, and (d) provided a toll-free number to call to decline participation in the study. Clients or their representatives were afforded an opportunity to send or call in their correct address and phone number and to request survey administration in a language other than English. All those who responded were entered into a random drawing to win one of seven $250 grocery gift certificates.[22]

DSHS-RDA provided SESRC with names and telephone numbers for those members of the sample who did not decline participation. If the client was a child (under 18 years of age) or an adult incapable of completing the interview accurately (due to cognitive or physical disabilities), then the name in the sample was that of the person who acts as decision-maker for the client and/or interacts with DSHS on the client's behalf.

Interview Design

Utilizing a model provided by DSHS-RDA personnel, SESRC staff designed a telephone interview script. The length of the typical interview varied from 10 to 40 minutes, depending on the number of DSHS services utilized by the client. After assuring the respondent regarding confidentiality and the voluntary nature of the survey (and that the respondent may choose not to

[22] The original letter promised four gift certificates, but a higher than anticipated response rate prompted an increase in the number of gift certificates that were finally awarded.

answer any question or to stop at any time), the interview script asked how strongly the respondent agrees or disagrees with statements about the accessibility of programs and services, about interactions with program staff, about involvement in decisions about services, and about overall satisfaction with and quality of programs and services.

Interview Translation

DSHS-RDA provided SESRC with a Spanish translation of the interview script, which SESRC then programmed into the CATI for use in conducting Spanish-language interviews. DSHS-RDA also arranged for paper-and-pencil interviews in languages other than English and Spanish, the responses to which were entered into the CATI by SESRC.

Human Subjects Research Review

SESRC submitted the "Human Subjects Review" packet to the WSU-Institutional Review Board on February 2, 2001. The human subjects protocol for "Client Satisfaction Survey for DSHS Program Evaluations" was approved on February 5, 2001. A copy of both the materials submitted and the approval letter is appended to this report.

Pretest of Survey Instrument

On March 8, 2001, SESRC conducted a pretest of the CATI interview script, with DSHS personnel as respondents. This pretest did not prompt any substantive changes to the script.

Interviewer Training

Interviewer training for this project took place on March 11, 2001. Interviewers (plus supervisors), all of whom previously had undergone a minimum of 12 training hours in the basics of proper telephone interviewing, received 3 project-specific training and practice hours.

Telephone Interviews

Telephone interviews began on March 11, and ended on June 26, 2001. Up to 20 attempts—at least 4 during the hours of 5:00 p.m. and 9:00 p.m., 2 during the morning and the afternoon, unless otherwise requested—were made to contact each member of the sample. The average interview length was about 12 (11.64) minutes, with the longest interview taking 64 (64.28) minutes to complete. To ensure high quality data, interviewers were monitored on-line and supervised throughout the interviewing period. Some additional interviews were conducted by DSHS-RDA staff when they encountered a potential respondent during the "finding" process, but the respondent could not give a time and phone number for SESRC to contact them later.

Answering Machine Message

The following message was left on answering machines whenever possible:

> This is <<Interviewer Name>> calling to talk with <<Respondent Name>> about experiences with DSHS. If you can pick-up the phone now, that would be great. If this is not a good time, then we'll try to reach you in a day or so. Or, you can call 1-800-833-0867 and ask for Dee. Thank you.

Non-Working Numbers

When SESRC encountered a non-working number of any kind, that case was returned to DSHS-RDA for further investigation. Most of the time, the case was then returned to SESRC for calling with a new number and/or a different named respondent

Data Entry and Data Management

All SESRC-completed interviews were conducted from the Public Opinion Laboratory (POL) of the SESRC, using the Computer-Assisted Telephone Interviewing (CATI) system. The CATI system displays survey questions on a computer monitor from which the interviewer can read the question to the respondent and then enter the response directly into the CATI database for storage on the server computer. Data files were collected at the conclusion of the survey and archived to CD-ROM for permanent storage at the SESRC.

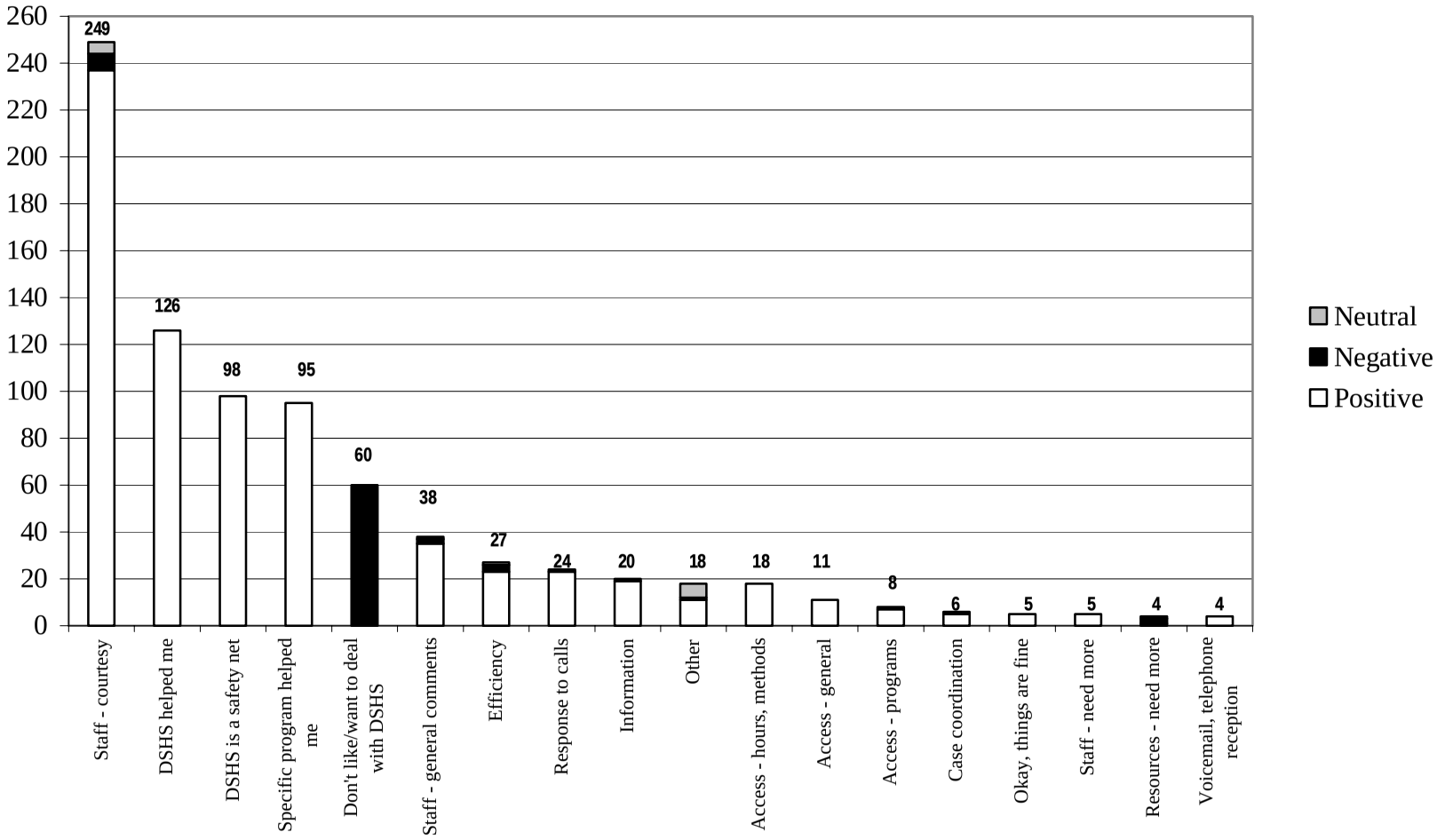
Case Dispositions

DSHS provided a total of 49 sample sets, varying in size from 1 to 137 cases, with the first received by SESRC on March 9, and the last on June 25, 2001. Final dispositions are summarized in Appendix B.

APPENDIX G: OPEN-ENDED QUESTION RESPONSES

What Do You Like Best About Dealing With DSHS?

Positive, Negative or Neutral Responses



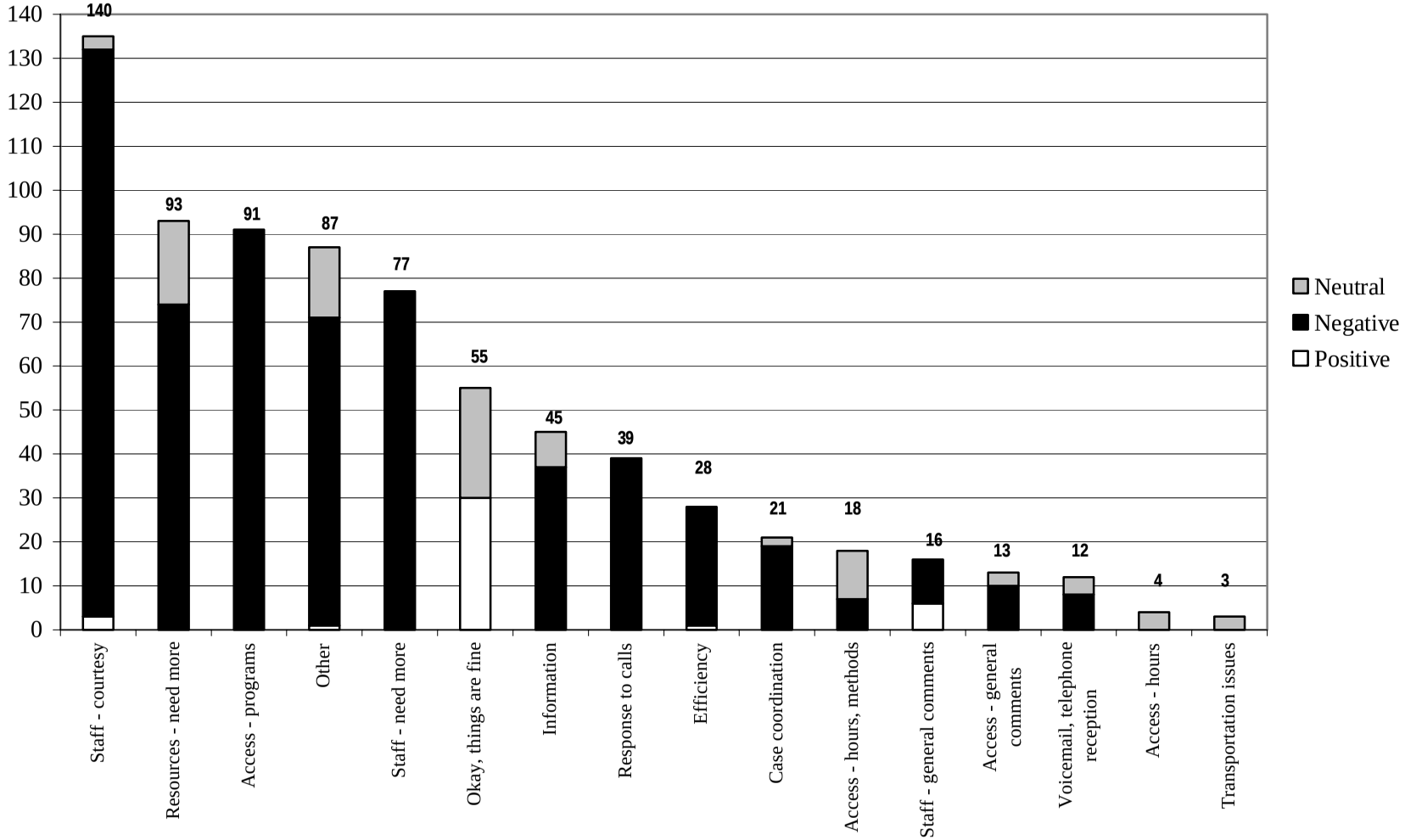
DSHS 2001 Client Survey
Response Glossary

"What Do You Like Best About Dealing With DSHS?"

Response Category	Typical Response Example
Access - general	Location of offices; getting *to* programs or services; ability to *get* programs or services
Access – hours, methods	Hours meet needs; use of mail, phone to conduct routine business; case workers travel *to* clients
Access - programs	Satisfaction with providers and services; individualized services when needed
Case coordination	Between different administrations; staff in same office or division
Don't like to deal with DSHS	Don't like dealing with DSHS, must deal with DSHS to get benefits or services
DSHS helped me	Overall, DSHS has helped me/my family; good service overall; grateful for help; appreciative
DSHS is a safety net	DSHS helps those in need; is a safety net; glad it's there if I (or others) need it
Efficiency	Improved efficiency; I get benefits when I need them; appreciate new practices (mail-in forms)
Information	Good information available; staff keep me informed; know which benefits or services I qualify for
No suggestions	No comment, don't know, can't think of anything
Okay, things are fine	Okay, things are fine, have no complaints, everything is good
Other	Miscellaneous comments, many relate to a specific instance of service, program, policy or staff
Resources – need more	Need more personal funds (TANF, SSI, etc.)
Response to calls	Staff returned calls within a reasonable amount of time; return my calls, answer questions
Specific program helped me	Clients named specific programs that helped them or their family
Staff – need more	Understands DSHS needs more staff; staff are overworked; high caseloads
Staff – courtesy	Compliments or complaints regarding staff courtesy, helpfulness, attitude, sensitivity
Staff – general comments	Miscellaneous comments regarding direct service staff
Voicemail, telephone reception	"Real" people answering, friendly telephone reception

What is One Thing DSHS Can Do To Improve Services?

Positive, Negative or Neutral Responses



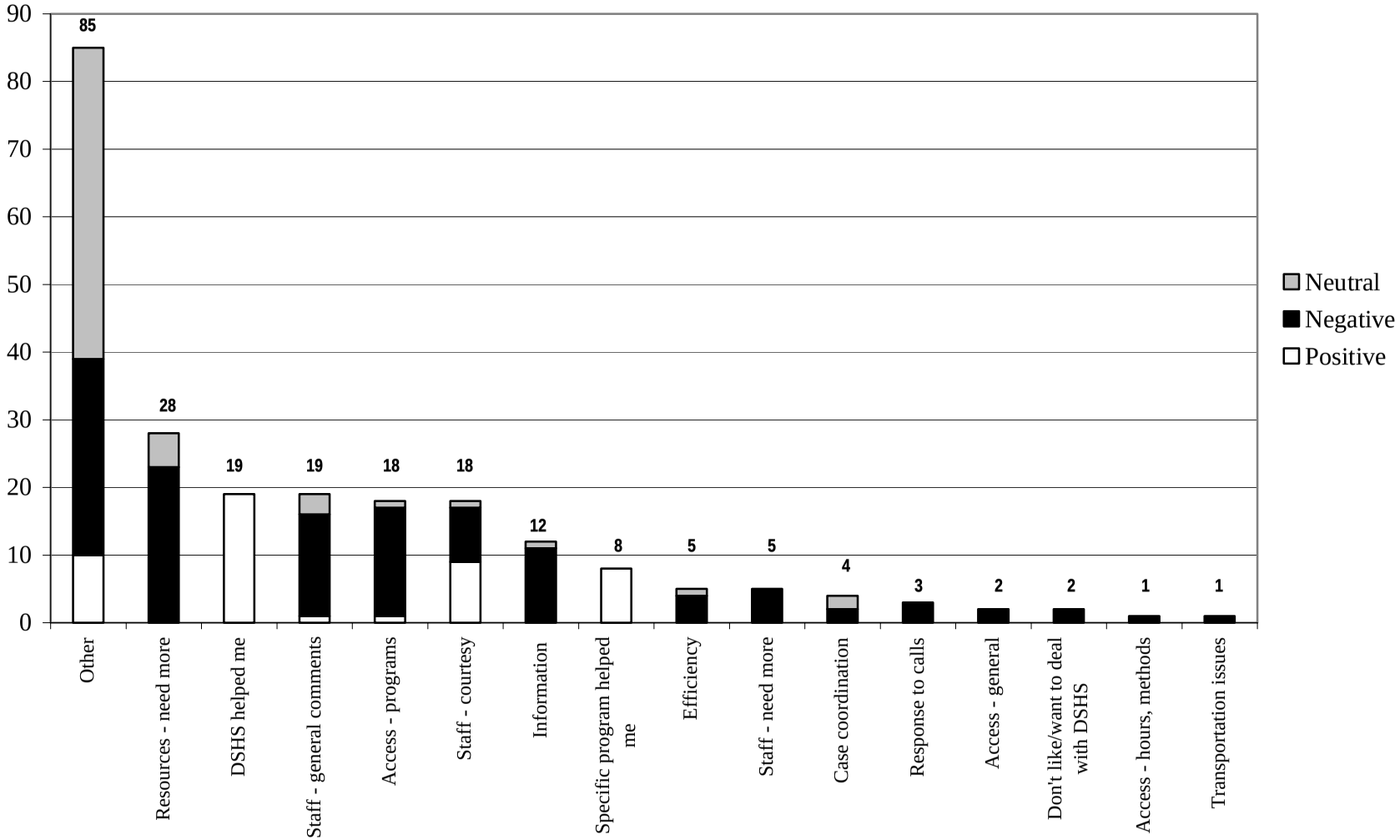
DSHS 2001 Client Survey
Response Glossary

"What is One Thing DSHS Can Do To Improve Services?"

Response Category	Typical Response Example
Access - general	Location of offices; difficulty getting *to* programs or services; difficult to *get* programs or services
Access – hours, methods	Needing evening or weekend hours; use of technology to conduct routine business
Access - programs	Limited or no local providers; more specific or individualized services, wait lists
Access - scheduling	Limited appointment availability; dissatisfaction with open scheduling times
Case coordination	Between different administrations; staff in same office, division; redundancy
Efficiency	Excessive or repetitive paperwork; cumbersome bureaucracy; long lines for service or appointments, want speedier service; case managers are always changing, never see same person
Information	Errors in communication, necessary forms; make more information available; lack of information
No suggestions	No comment, don't know, can't think of anything
Okay, things are fine	Okay, things are fine, have no complaints, don't change anything
Other	Miscellaneous comments, many relate to a specific instance of service, program, policy or staff
Resources – need more	Need more personal funds (TANF, SSI, etc.), program funding, extension of benefits
Return phone calls	Return calls within a reasonable amount of time; return phone calls
Staff – need more	Need more staff; staff are overworked; high caseloads; not enough people to be effective
Staff – courtesy	Compliments or complaints regarding staff courtesy, helpfulness, attitude, sensitivity
Staff – general comments	Need interpreters; specific staff training; miscellaneous comments regarding staff
Transportation issues	Difficulty with, or limited transportation; in rural areas, medical clients' transportation
Voicemail, telephone reception	Dissatisfaction with phone menus, automated systems, voicemail, lack of "real" people answering

Any Additional Comments About Survey or DSHS?

Positive, Negative or Neutral Responses



DSHS 2001 Client Survey
Response Glossary

Responses to "Do You Have Any Additional Comments About This Survey or DSHS?"

Response Category	Typical Response Example
Access - general	Location of offices; getting *to* programs or services; ability to *get* programs or services
Access – hours, methods	Hours meet needs; use of mail, phone to conduct routine business; case workers travel *to* clients
Access - programs	Satisfaction with providers and services; individualized services when needed
Case coordination	Between different administrations; staff in same office or division
Don't like to deal with DSHS	Don't like dealing with DSHS, must deal with DSHS to get benefits or services
DSHS helped me	Overall, DSHS has helped me/my family; good service overall; grateful for help; appreciative
Efficiency	Improved efficiency; I get benefits when I need them; appreciate new practices (mail-in forms)
Information	Good information available; staff keep me informed; know which benefits or services I qualify for
No suggestions	No comment, don't know, can't think of anything
Other	Miscellaneous comments, many relate to a specific instance of service, program, policy or staff
Resources – need more	Need more personal funds (TANF, SSI, etc.)
Response to calls	Staff returned calls within a reasonable amount of time; return my calls, answer questions
Specific program helped me	Clients named specific programs that helped them or their family
Staff – need more	Understands DSHS needs more staff; staff are overworked; high caseloads
Staff – courtesy	Compliments or complaints regarding staff courtesy, helpfulness, attitude, sensitivity
Staff – general comments	Miscellaneous comments regarding direct service staff
Transportation issues	Difficulty with, or limited transportation; in rural areas, medical clients' transportation

Research and Data Analysis Division
Report Number 11.103