

Department of Social and Health Services Client Survey 2002

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Washington State Department of Social and Health Services
Management Services Administration
Research and Data Analysis Division

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
CLIENT SURVEY 2002**

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EXECUTIVE SUMMARY

The 2002 DSHS client survey showed improvement on almost every measure of client satisfaction. In three areas – quality, helpfulness, and timeliness of assistance – the improvement over 2001 survey results was great enough to be statistically significant. In both years, the client surveys found high levels of overall satisfaction and some areas of concern.

The agency-wide client survey provides an opportunity to listen to the agency's clients and to incorporate client feedback into the strategic planning process. A very high proportion of selected clients completed the survey: the cooperation rate was 93% and the completion rate was 65%. Key findings follow:

GOAL: DSHS Services Are of High Quality

The survey found that overall client satisfaction rates were higher than the previous year. Almost all (more than nine out of ten) DSHS clients said that DSHS services had helped them. Almost nine out of ten thought that DSHS and the programs they utilized do good work. Eight out of ten clients said they were satisfied with services.

- *Programs Help Clients.* 94% said program services have helped them (up from 87% in 2001*)
- *Agency Quality.* 88% agreed that thinking of all programs together, DSHS does good work (up from 79% in 2001*)
- *Quality of Services.* 87% felt that their program does good work (up from 77% in 2001*)
- *Program Satisfaction.* 80% indicated they were satisfied with program services

GOAL: People Are Treated With Courtesy and Respect

Most clients were satisfied with staff courtesy and respect; nearly nine out of ten clients responded positively to questions about staff attributes.

- *Courtesy and Respect.* 89% reported that they were treated with courtesy and respect
- *Listening to Clients.* 88% said staff listened to what they had to say
- *Understanding Client Needs.* 84% felt that staff understood their needs

* Statistically significant difference from 2001 client survey.

GOAL: DSHS Services Are Easy to Access and Timely

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

- *Location.* 88% reported it was easy to get to their program
- *Convenient Hours.* 88% felt their program was open at times that were good for them
- *Timeliness of Service.* 77% said they got their services as quickly as they needed (up from 67% in 2001*)
- *Timely Phone Response.* 70% said program staff returned their calls within 24 hours
- *Ease of Access to Services.* 69% 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 eight out of ten clients reported that information from DSHS was available and clear.

- *Clarity of Information.* 83% related that program staff explained things clearly
- *Knowledge of Available Services.* 78% knew what program services there were for them and their family
- *Availability of Information.* 79% 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. More than three out of four clients indicated that they participated in planning and choosing services.

- *Participation in Choices.* 78% felt that they were involved in making choices about services
- *Participation in Planning.* 77% said that they helped make plans and goals about their services

* Statistically significant difference from 2001 client survey.

GOAL: DSHS Coordinates Service Delivery

There appears to be room for improvement in the area of service coordination. About seven out of ten clients indicated that DSHS ensures that services are coordinated. Slightly more than half said that one person from DSHS assists with all programs.

- *Agency Coordination of Services.* 69% agreed DSHS makes sure all their services work well together
- *Staff Coordination of Services.* 55% indicated that someone from DSHS helps them with services from all of their DSHS programs

Differences between Groups

Responses tended to be more positive if the client used only one DSHS program, was Hispanic, was a child, was not involved with mandatory Child and Family services, or was represented by a parent, guardian or significant other.

Additional Comments

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

- *Positive Feedback.* More than 400 respondents made positive comments about how DSHS had helped them. Over 300 commented favorably on DSHS staff. Almost 200 made positive mention of specific programs.
- *Needs for Improvement.* Nearly 150 comments mentioned problems with DSHS business processes like paperwork, waiting times, efficiency and coordination of services. Eighty-one comments addressed difficulties in getting information, and 67 spoke to problems reaching staff through phone, voicemail and email.

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 the annual client survey 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 only DSHS-wide client survey. The measures in this survey are derived from the DSHS Balanced ScoreCard and many of them are included in the agency's Accountability ScoreCard¹ and the Governor's Performance Agreement. The initial survey in 2001 provided baseline repeatable measures. As the survey is repeated, change in client perceptions is tracked on the scorecards. Additionally, open-ended questions are included in the survey to provide an opportunity for clients to communicate more specific perceptions, perceived problem areas and suggestions for improvement. This annual survey provides 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 eight major programs³ that are part of five 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 Key goals and measures of special public interest were drawn from the Balanced ScoreCard into the one-page DSHS Accountability ScoreCard, which can be found at <http://www.wa.gov/dshs/geninfo/pdf/dshscard0202.pdf>. Specific questions and their link(s) to the Balanced ScoreCard will be discussed in further detail under [Findings](#).

² Around 47% receive services from one DSHS program, 53% receive services from two or more DSHS programs. Source: DSHS – Research and Data Analysis, Client Services Database 2000.

³ Program description reflects DSHS organization at the time of the survey. There has been some subsequent reorganization.

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

A ninth program, Juvenile Rehabilitation Administration (JRA) provides juvenile offenders with rehabilitation, and offers supervision and programs to help them transition back to the community. This 2002 client survey did not ask about JRA services. Experience with the 2001 client survey showed that a survey administered after youth are released from JRA jurisdiction is not an effective or representative method of obtaining JRA client perceptions. JRA conducts a survey incorporating many of the client survey questions with a more effective method administration for this population. The JRA survey is administered while youth are under JRA supervision.

THE CLIENTS

PROGRAM REPRESENTATION

Approximately 100 clients selected from each of eight different programs 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 2001.

Over half of DSHS clients use more than one program, so each person interviewed was asked about every DSHS service used in fiscal year 2001 (July 2000 – June 2001). Thus, a client who was selected from among those receiving economic services might also be asked about the medical assistance and vocational rehabilitation services received in fiscal year 2001. The table below shows the number of respondents interviewed about each program. Because a single client was often interviewed about more than one program, the table totals far exceed the number of clients interviewed. Significantly more than half of the 1111 clients in the survey had used the more widely utilized programs, Medical Assistance and Economic Services.

Number of Clients Interviewed about Each Program

Aging and Adult Services Administration	182
Children's Administration	183
Division of Alcohol and Substance Abuse	233
Division of Developmental Disabilities	160
Division of Vocational Rehabilitation	136
Economic Services Administration	573
Medical Assistance Administration	929
Mental Health Division	289

RESPONSE RATE

The overall cooperation rate for the survey was 93% and the completion rate was 65%.⁴ These response rates are extraordinarily high for any survey, but are especially remarkable for a survey involving the particularly challenging population of DSHS clients. Surveyors employed a number of measures to dramatically increase response rates.

- **Skilled staff.** All interviews were conducted by the survey manager (primary author of this report) and two highly experienced interviewers. The interviewers were chosen not only for their experience, but also because they were retired DSHS employees who had spent many years locating DSHS clients as part of Quality Assurance investigations. These interviewers were highly skilled at using DSHS records, the Internet and other public sources to find a client's current address and phone number.
- **Advance notice.** Before clients were contacted by phone, they received a letter explaining the survey, stressing the importance of this opportunity to provide feedback, and assuring them of confidentiality. The letter also gave them an opportunity to send in updated phone numbers and addresses.
- **Incentives.** All clients who completed the survey were entered in a drawing for \$250 grocery certificates. They were informed of this opportunity in the initial letter and at the time of the interview.
- **Multiple Attempts.** Interviewers attempted to reach clients at many different times, and made up to 20 attempts to reach each client.
- **Alternate contact methods.** Clients were given a toll free number so that they could call in and complete the survey. Interviewers also made arrangements with caseworkers, relatives and neighbors to administer the survey to clients at convenient times and locations. These strategies were particularly useful for clients who did not have a home phone.
- **Languages.** If selected clients spoke languages other than English, DSHS bilingual staff or translators from Dynamic Language Services administered the telephone survey. The survey was administered in 15 languages: English, Spanish, Russian, Korean, Mandarin Chinese, Cantonese Chinese, Vietnamese, Cambodian, Arabic, Hmong, Laotian, Somali, Tagalog, Mien, and Oromo.

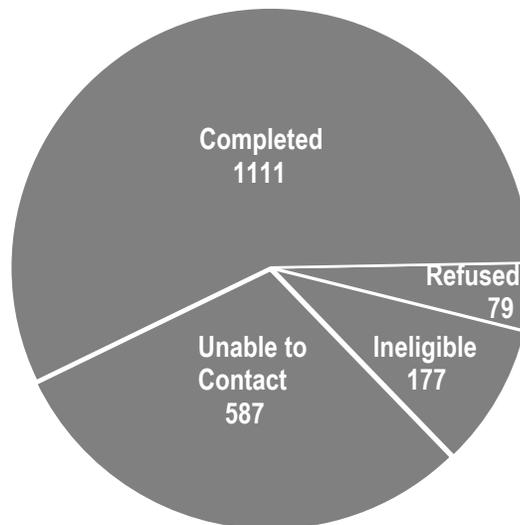
⁴ The cooperation rate is the ratio of the number of completed interviews to the number of eligible respondents who were actually contacted. The completion rate is the ratio of the number of completed interviews to the total number of potential respondents who are deemed eligible to complete the interview. See Appendix B for computation tables for the overall cooperation rate and completion rates for each program.

The main difficulties encountered in locating clients and completing interviews were the following:

- Many DSHS clients are transient and do not maintain a permanent residence. This is particularly true for young adult clients (18 to 21 years old) who have recently been released from 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. (Unlike most telephone surveys, this survey included selected respondents without residential telephones in the sample and response rate calculations.)
- 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.

The chart below shows the disposition of all those clients selected for the survey. In order to meet the goal of 100 completed surveys for each of the eight different programs, 1954 clients were randomly selected as the survey sample. Of those, 1111 people completed the telephone survey. A significant number, 587 of the selected clients, could not be reached. Of those who could be reached, 79 refused to complete the survey. Also, 177 of the selected people were found to be ineligible for the survey.⁵

Disposition of Client Sample



⁵ See Appendix A for a detailed listing of eligibility and sampling factors.

RESPONDENTS

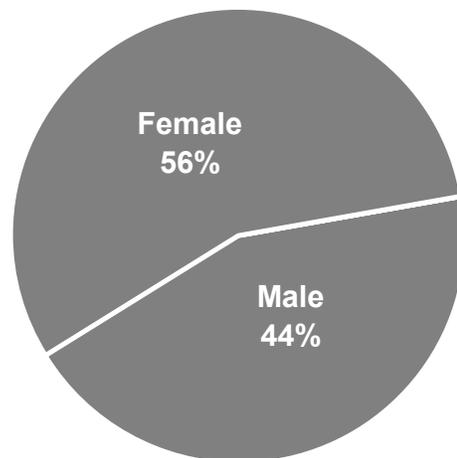
The previous section of this report describes the response rate for the 1111 clients who were the subjects of completed surveys. However, the person who completed the survey was not always the client. When the client selected for the survey was a child or youth (age 17 and under), or otherwise unable to complete the survey, a parent, guardian, family member or other representative who deals with DSHS was asked to complete the survey.

About half of the surveys (48%) were completed by the client themselves, while 52% 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 example, those receiving services from DDD had another person answer survey questions 81% of the time. On the other hand, 88% of the DASA clients completed the survey themselves. The findings discussed in this report combine the responses of both clients and their representatives.

CLIENT CHARACTERISTICS

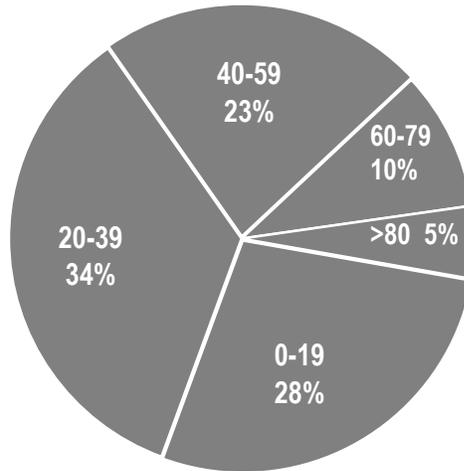
Clients in the completed survey were more likely to be female than male.

Gender of Participating Clients



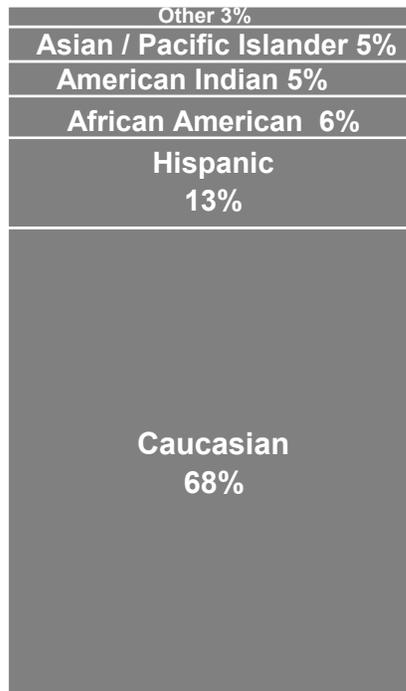
Clients' ages ranged from early childhood through late adulthood; 22.3% of the clients in this survey were children, 77.1% were adults. The average age of participating clients was 35.04 years.

Age of Participating Clients



Race or ethnicity of clients was identified by the respondents as 68% Caucasian and 32% combined minority groups.

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 the core set of survey questions for the first DSHS Client Survey in 2001. 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.).⁶ 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.⁷ 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 eight identified client programs, RDA staff drew a random sample of all clients who received services from that program during the month of June 2001. Sufficient clients were selected to reach a sample goal of 800 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

⁶ 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 Children's Administration because many CA services are mandatory in nature. For example, Question 2, which usually 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 CA reads: "If you need help from Child and Family Services, it is easy to get that help."

⁷ 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 8 programs. This sample script does not show all possible permutations of the survey. The script with all possibilities written out is more than 100 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

Survey interviewing began on January 28, 2002 and ended on June 21st, 2002. Surveyors utilized a number of measures designed to increase response rates. These measures were discussed in the previous section on Response Rates.

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.⁸ The weighting table is displayed in 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.

⁸ For example, 2.6% of all DSHS clients get services from this combination of programs: Economic Services, Medical Assistance, and Mental Health. For DSHS-wide analyses, the 48 responses from people who used this combination of programs were weighted so that they comprise 2.6% 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 Question⁹
<i>DSHS services are of high quality</i>	<ul style="list-style-type: none"> • 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
<i>People are treated with respect and courtesy</i>	<ul style="list-style-type: none"> • Staff treated me with respect and courtesy • Staff listened to what I have to say • Staff understood my needs
<i>DSHS services are easy to access and timely</i>	<ul style="list-style-type: none"> • 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
<i>Information about services is clear and available</i>	<ul style="list-style-type: none"> • Program staff explained things clearly • It was easy to get the facts I needed about services
<i>DSHS communicates effectively about services and outcomes</i>	<ul style="list-style-type: none"> • I know what program services there are for me/my family
<i>DSHS clients live as independently as possible</i>	<ul style="list-style-type: none"> • I was involved in making choices about services • I helped make plans and goals about services
<i>DSHS coordinates service delivery</i>	<ul style="list-style-type: none"> • DSHS makes sure all my services work well together • Someone from DSHS helps me with services from all my DSHS programs

⁹ 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

“My life is back on track now with help from lots of people at DSHS. The counseling and treatment I got literally saved my life.”

“There is a safety net there when you need it.”

“Well I’m not really all that impressed with DSHS. I haven’t been helped, just lots of talk.”

“My life has taken a wonderful turn. I was on TANF, but now have work through the New Chance program at Olympic College in Shelton.”

“DSHS is helping people achieve their goals.”

“They help old people like me who don’t have anyone else to help us.”

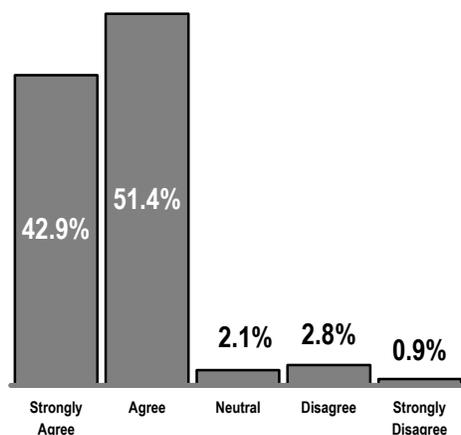
“They were supposed to be there for me when I needed them, but they weren’t.”

“All of the people I’ve worked with at DSHS have been phenomenal. They go out of their way to help.”

“I couldn’t survive without DSHS.”

BALANCED SCORECARD GOAL: *DSHS services are of high quality.*

SURVEY QUESTION: *Overall, my program services have helped me/my family.*



Responses

More than nine out of ten respondents (94%) felt that program services have helped them or their families. Only four percent disagreed.

Subgroups in which respondents were more likely to agree that DSHS helped are listed below.¹⁰

- Those involved with voluntary programs (95%), compared to clients who participated in Children’s Administration programs that are often mandatory (88%)
- Those answering on behalf of children (97%), rather than adults (92%)

Trends

In 2001, 89% of respondents agreed that program services helped; 94% of 2002 respondents agreed. The differences in mean scores for the two years was statistically significant.¹¹



¹⁰ Differences between subgroups are listed only if the mean scores are significantly different, $p=.05$ or less. Mean scores are calculated by assigning numerical values to each answer. “Strongly Agree”=5; “Agree”=4; “Neutral”=3; “Disagree”=2; “Strongly Disagree”=1

¹¹ 2001 and 2002 mean scores are calculated as described in Footnote 9. Differences between mean scores are considered statistically significant if $p=.05$ or less.

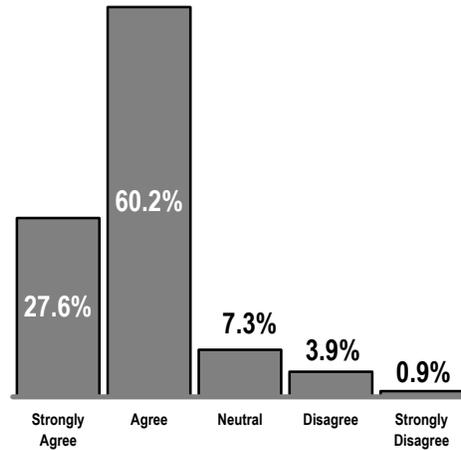
BALANCED SCORECARD GOAL: *DSHS services are of high quality.*

SURVEY QUESTION: *Thinking of all the programs together, DSHS has done good work.*¹²

Responses

More than eight out of ten respondents (88%) felt satisfied that DSHS has done good work. Less than one in twenty people (5%) disagreed.

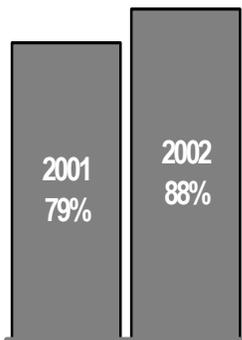
Respondents were more likely to agree that DSHS does good work if they were:



- Involved in voluntary programs (91%), rather than Children’s Administration programs which are often mandatory (71%)
- A representative of the client (91%), compared to instances where the client was the respondent (85%)
- Answering on behalf of child clients (92%), rather than adults (85%)
- Served by one program (89%), compared to those served by three or more programs (82%)

Trends

In 2001, 79% of respondents agreed that DSHS does good work; 88% agreed in 2002. The differences in mean scores for the two years was statistically significant.



COMMENTS

“I like that there is a government agency to help people get back on their feet and be productive.”

“DSHS seems to help people who don’t help themselves, so why don’t they give more help to the people who are trying to help themselves?”

“DSHS helped me turn my life around. I got a job and I’m back with my family. Life is good.”

“DSHS does try to help and are trying to improve services, even with their limited resources.”

“Wish I did not have to deal with DSHS. I resent being on trial for everything I need and that is how it feels.”

“Well, they have always come through for me and the people that work there are really kind.”

“Thank you for doing this survey. This tells me you care about what we have to say to better the services at DSHS and to do a better job for the community.”

¹² 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

“My DVR counselor promised she would never give up on me and when she said that it brought tears to my eyes.”

“They are severely under staffed, they are very limited in helping people.”

“They force you into helping you to help yourself. At first I didn't like that, but I know it was for my own good.”

“We like very much how you can help us get jobs through the Career Paths program. Both my husband and I now have work.”

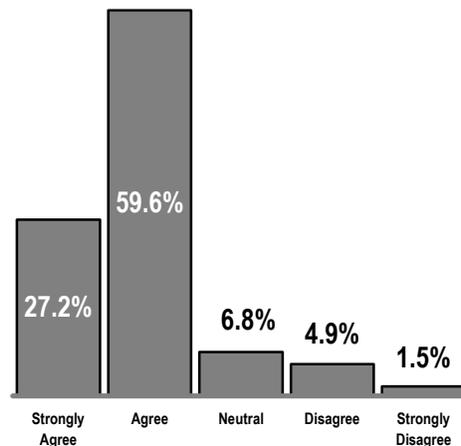
“Cut through the bureaucratic red tape and end unnecessary medical justifications.”

“I like that CPS family services are helping us get our family back together. I also like the mental health and alcohol/drug treatment services . . . if not for them we'd be dead.”

“I understand that there will probably be cuts in DSHS programs; I think this would be a terrible idea especially for the mentally ill.”

BALANCED SCORECARD GOAL: *DSHS services are of high quality.*

SURVEY QUESTION: *My program does good work.*



Responses

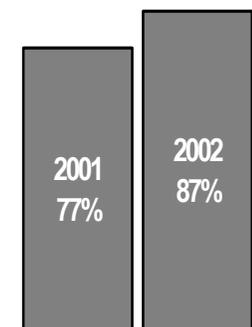
Nearly nine out of ten clients (87%) felt that their program does good work. Less than one in ten (6%) disagreed.

Respondents were more likely to agree that their program does good work if:

- The client participated only in voluntary programs (89%), rather than Children's Administration programs which are often mandatory (73%)
- The respondent was a representative of the client (90%), compared to instances where the respondent was the client (83%)
- The client was a child (92%), compared to an adult (83%)
- The client participated in one program (89%), compared to two programs (85%)

Trends

In 2001, 77% of respondents agreed that their program does good work; 87% agreed in 2002. The difference in mean scores for the two years was statistically significant.



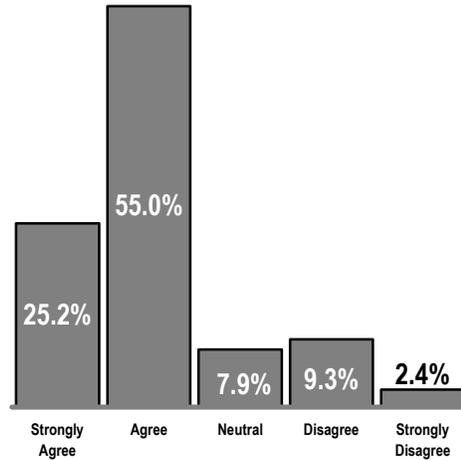
BALANCED SCORECARD GOAL: *DSHS services are of high quality.*

SURVEY QUESTION: *I am satisfied with my program services.*

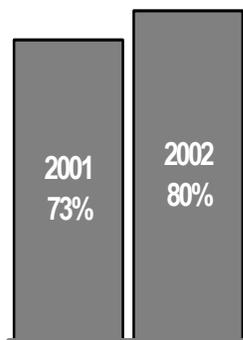
Responses

Four out of five clients (80%) felt satisfied with their program services. More than one out of ten people (12%) disagreed.

Respondents were more likely to agree that they were satisfied with program services if:



- The client participated only in voluntary programs (83%), rather than Children’s Administration programs which are often mandatory (67%)
- The respondent was a representative of the client (83%), compared to instances where the respondent was the client (78%)
- The client was a child (84%), compared to an adult (78%)
- The client was Hispanic (84%), compared to Caucasian (79%)
- The client participated in one program (84%), compared to two or more programs (78%)



Trends

In 2001, 73% of respondents agreed they were satisfied with programs; 80% agreed in 2002. The difference in mean scores for the two years was not statistically significant.

COMMENTS

“In my case everything has been perfect. I am very pleased.”

“They are talking about cutting back on respite care for foster parents. Please don't cut it back, we don't want to lose it.”

“I’m really satisfied with all the help I’ve received. The treatment program I just completed was really good.”

“Case management is a good idea, but unfortunately the staff don't have the time or the qualifications on dealing with people to do it effectively. They are always giving wrong info, never return calls, and seem disorganized.”

“They have always treated my grandmother real well. They take good care of you.”

SUGGESTIONS FOR IMPROVEMENT

“Services that are culturally relevant . . . counseling that facilitates different communication styles.”

COMMENTS

“I’m really happy with everything about DSHS. People have gone out of their way to help us and have been kind and treat us like human beings.”

“They should lighten up the caseload. They work very hard.”

“It was embarrassing for me to apply for welfare, but they made it easy for me.”

“Some staff are really helpful and care about their clients. Others treat us like dirt. Why should they even be working there if they don’t want to help people?”

“Sometimes the workers are a little unfriendly. I know they have a lot to do though.”

“They treat me with respect and not like a scumbag.”

“Don’t be so cranky.”

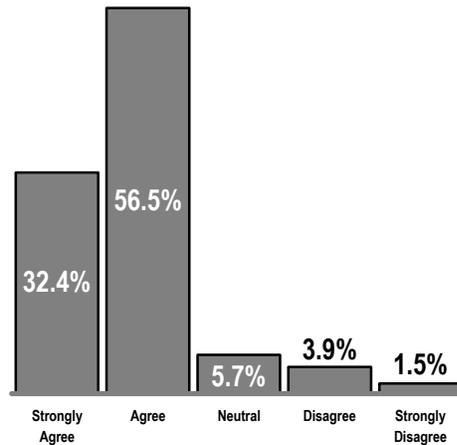
SUGGESTIONS FOR IMPROVEMENT

More staff/smaller caseloads

Less staff turnover

BALANCED SCORECARD GOAL: *People are treated with courtesy and respect.*

SURVEY QUESTION: *Staff treated me with courtesy and respect.*¹³



Responses

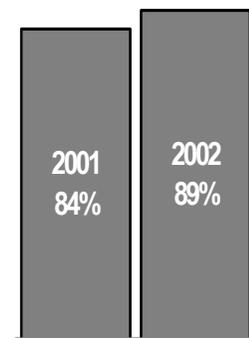
Nearly nine out of ten respondents (89%) felt that DSHS staff treat clients with courtesy and respect. One in twenty people (5%) disagreed.

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

- The client participated only in voluntary programs (92%), rather than Children’s Administration programs which are often mandatory (74%)
- The respondent was a representative of the client (92%), compared to instances where the respondent was the client (86%)
- The client was a child (93%), compared to an adult (87%)
- The client was Hispanic (92%), compared to Caucasian (88%)
- The client participated in one program (93%), compared to two programs (87%) or three or more programs (83%)

Trends

In 2001, 84% of respondents agreed that they were treated with courtesy and respect; 89% agreed in 2002. The difference in mean scores for the two years was not statistically significant.



¹³ 217 MAA clients also said they used the MAA toll-free information line; 97% of these respondents said that they were treated with courtesy and respect by information line staff.

BALANCED SCORECARD GOAL: *People are treated with courtesy and respect.*

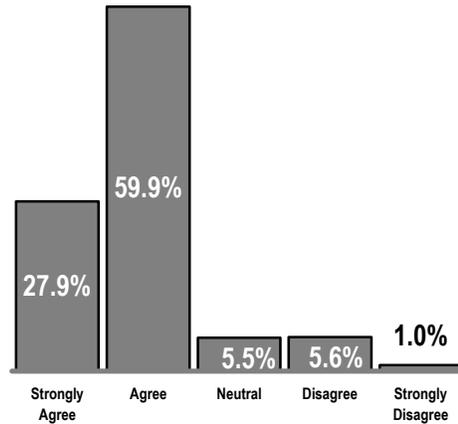
SURVEY QUESTION: *Staff listened to what I have to say.*¹⁴

Responses

Almost nine out of ten respondents (88%) felt that DSHS staff listened to what clients had to say. Less than one out of ten clients (7%) disagreed.

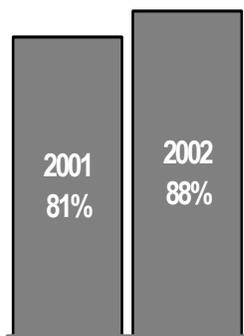
Respondents were more likely to agree that program staff listened when:

- The client participated only in voluntary programs (90%), rather than Children’s Administration programs which are often mandatory (73%)
- The respondent was a representative of the client (90%), compared to instances where the respondent was the client (85%)
- The client was a child (92%), compared to an adult (85%)
- The client participated in one program (91%), compared to two programs (85%) or three programs (83%)



Trends

In 2001, 81% of respondents agreed that staff listened; 88% agreed in 2002. The difference in mean scores for the two years was not statistically significant.



¹⁴ 217 MAA clients also said they used the MAA toll-free information line; 94% of these respondents said that the information line staff listened to what they had to say.

COMMENTS

“They need to listen to legitimate concerns of clients.”

“I like the way personnel at DSHS listen and ask me if I understand what is being said, assuring me and not making me nervous to ask questions.”

“I want them to flippen’ listen once in a while. My medical coupon is for family planning only. It won't cover my smashed foot or the pre-cancerous cells on my cervix.”

“When I called the customer service number, the person who helped me was very caring, which meant a lot to me.”

“I think they need to provide training to all the case workers on how to actively listen, instead of saying no to every request.”

“They are willing to listen and they are very courteous and helpful if you ask for their help.”

“I don't like having to change caseworkers every few months. I have to re-explain my situation with each new caseworker.”

“Listen to the people. And don't look at the color of their skin. I'm tired of being treated like shit because I'm white.”

COMMENTS

“I have a head injury and I’ve been having difficulty. The last person I spoke to in Yelm really seemed to hear what I had to say and what I needed. It was the first time I’ve felt that from DSHS staff.”

“I just got a new counselor, and now I hear I’m getting a new, new counselor. I’ve only met my new counselor once and I have to start all over.”

“Case workers need to get to know their clients’ circumstances, so that they are not requesting duplicate information that doesn’t change.”

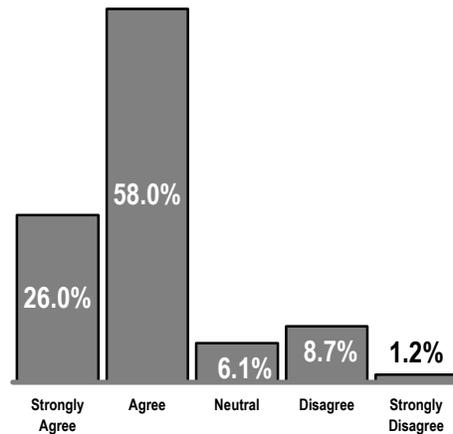
“They take family needs into consideration.”

“Talk to clients, not just test or give a questionnaire. More interviews would help staff to better understand their clients. In my case, I needed speech therapy, but they gave me several mental tests which asked very embarrassing questions.”

“They give me the things I need.”

BALANCED SCORECARD GOAL: *People are treated with courtesy and respect.*

SURVEY QUESTION: *Staff understood my needs.*



Responses

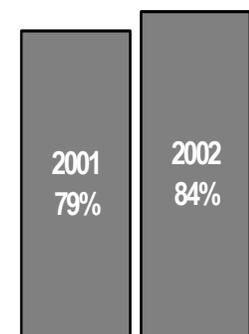
More than eight out of ten respondents (84%) felt that DSHS staff understand client needs. One in ten respondents disagreed with this statement.

Respondents were more likely to agree that DSHS staff understand individual needs if:

- The client participated only in voluntary programs (88%), rather than Children’s Administration programs which are often mandatory (63%)
- The respondent was a representative of the client (88%), compared to instances where the respondent was the client (80%)
- The client was a child (89%), compared to an adult (81%)
- The client was Hispanic (86%), compared to Caucasian (83%)
- The client participated in one program (85%), compared to three or more programs (79%)

Trends

In 2001, 79% of respondents agreed that staff understood their needs; 84% agreed in 2002. The difference in mean scores for the two years was not statistically significant.



BALANCED SCORECARD GOAL: *Services are easy to access and timely.*

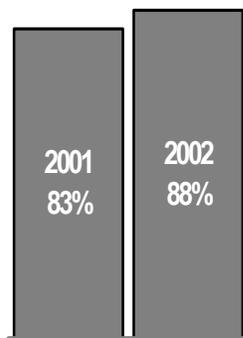
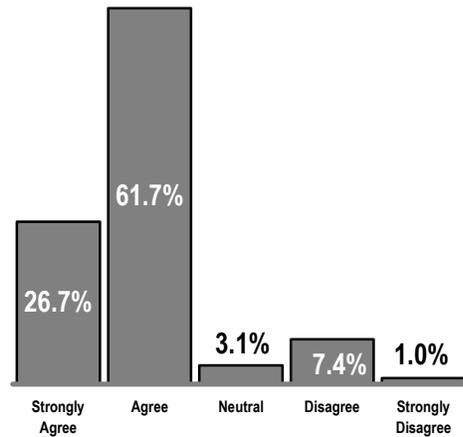
SURVEY QUESTION: *It's easy to get to my program.*

Responses

Almost nine out of ten respondents (88%) felt it was easy to get to DSHS programs. Less than one in ten respondents disagreed, indicating that access to their program location was not easy.

Respondents were more likely to agree that program location was convenient in the following cases:

- The client participated only in voluntary programs (89%), rather than Children’s Administration programs which are often mandatory (87%)
- The client participated in one program (90%), compared to two programs (87%) or three or more programs (87%)



Trends

In 2001, 83% of respondents in 2001 agreed that it is easy to get to their program; 88% agreed in 2002. The difference in mean scores for the two years was not statistically significant.

COMMENTS

“There is no bus service or mass transit out where I live. I have no drivers license, so I have to break the law by driving.”

“Get more involved in the Metro Access program for transportation of the developmentally disabled.”

“I would like to see a work program for the food stamp program that would offer support for transportation, like bus passes.”

“They used to be close to my house but now they moved their offices to Ballard. I don't know why, but it's a hassle to get there...I don't even know how to get there yet.”

“That they have more offices now, and you can do all your paperwork on the computer.”

“I have to walk a mile to catch a bus . . . with transfers a one-way trip is over 2 ½ hours. It is hard to get appointments or find a job when I have to spend so much time finding transportation.”

COMMENTS

“I’d like them to be open longer hours. Sometimes it’s hard to get there before 5 p.m.”

“I like their willingness to work with my school and work schedules.”

“I like being able to do the eligibility reviews by telephone.”

“I didn’t used to get my appointment notices until after the appointment was over.”

“I think that the appointment system improves services and should be used in all DSHS offices.”

“The program emphasized the need to work but expected participants to take time off from work for appointments.”

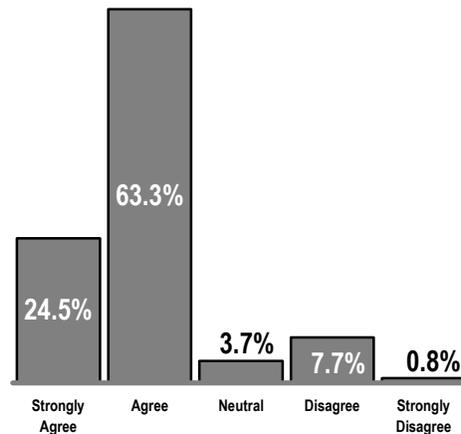
“I think doing more business over the Internet is good, but it penalizes those of us who don’t use it.”

“It would be a good idea if DSHS were open more hours to provide services for me.”

“Shorten the waiting time for interviews so that you’re not waiting up to three hours.”

BALANCED SCORECARD GOAL: *Services are easy to access and timely.*

SURVEY QUESTION: *My program is open at times that are good for me.*



Responses

Nearly nine out of ten respondents (88%) felt satisfied with the business hours of their program. Less than one in ten respondents (9%) disagreed.

Respondents were more likely to agree that program hours were convenient if the client

participated only in voluntary programs (89%), rather than Children’s Administration programs which are often mandatory (83%).

Trends

In 2001, 81% of respondents were satisfied with program hours; 88% were satisfied in 2002. The difference in mean scores for the two years was not statistically significant.



BALANCED SCORECARD GOAL: *Services are easy to access and timely.*

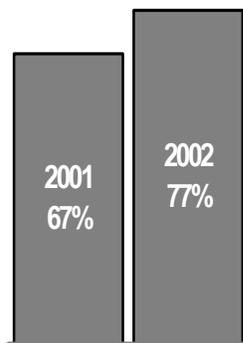
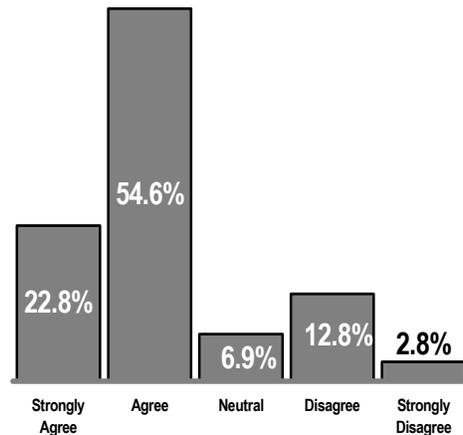
SURVEY QUESTION: *I got services as quickly as I needed.*

Responses

More than three out of four clients (77%) felt satisfied that they received timely services. Less than two out of ten (16%) felt that services were too slow.

Respondents were more likely to agree that services were timely when:

- The client participated only in voluntary programs (81%), rather than Children’s Administration programs which are often mandatory (58%)
- The respondent was a representative of the client (80%), compared to instances where the respondent was the client (74%)
- The client was a child (84%), compared to an adult (73%)
- The client was Hispanic (82%), compared to Caucasian (77%)
- The client participated in one program (80%), compared to two programs (76%) or three or more programs (73%)



Trends

In 2001, 67% of respondents agreed that they got services quickly; 77% agreed in 2002. The difference in means scores for the two years was statistically significant.

COMMENTS

“Just move the process along faster. It seems like the squeaky wheel is the one that gets the grease.”

“...the ease with which you can just go into the office and be seen by a worker.”

“I had to wait three weeks for meds that were vital to my mental health.”

“We got the help we needed and were approved within 24 hours.”

“When I have an appointment at the CSO I should not have to wait 2 or 3 hours in the waiting room.”

“If you have no money, no food, and no place to go, the wait seems like it takes a horribly long time.”

“They made changes about a year ago, and since then I noticed services are faster, there are less people in line waiting for help.”

“I’m still waiting for my turn to get treatment.”

“When you really need them, they are there-- they are fast, too.”

COMMENTS

“When the person I’m calling for is not available, I’m able to get questions answered by someone else.”

“It is hard to get hold of my case manager. They should return phone calls sooner.”

“You should have a 1-800 number that is staffed with a live person at all hours, for people who work odd hours.”

“I like that they respond quickly. My case manager gets back to me right away whenever I have a question. It didn’t always be that way, so they’ve really improved in this area.”

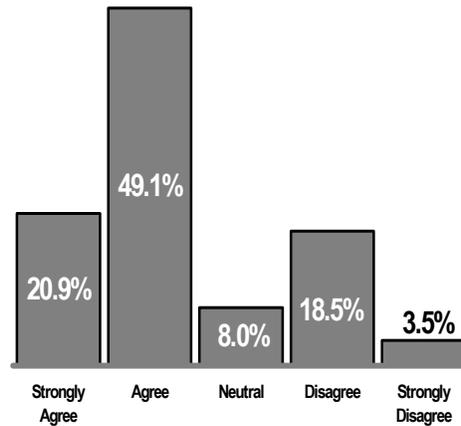
“Return calls. I know caseloads are huge, but I can never reach anyone by phone.”

“When I called the 800 number on the back of the medical coupon, I got a recording that said everyone was in a meeting. I gave up after calling for three hours.”

“I don’t like the new system with the call centers. I want to be able to talk with my caseworker.”

BALANCED SCORECARD GOAL: *Services are easy to access and timely.*

SURVEY QUESTION: *My program returned my calls within 24 hours.*



Responses

Nearly seven out of ten respondents (70%) were satisfied that phone calls were returned in a timely manner. More than two out of ten respondents (22%) disagreed with this survey question.

Respondents were more likely to agree that calls were returned within 24 hours when:

- The client participated only in voluntary programs (74%), rather than Children’s Administration programs which are often mandatory (51%)
- The respondent was a representative of the client (72%), compared to instances where the respondent was the client (68%)
- The client was a child (74%), compared to an adult (68%)
- The client participated in one program (74%), compared to two programs (65%)

Trends

In 2001, 64% of respondents agreed that calls were returned within 24 hours; 70% agreed in 2002. The difference in mean scores for the two years was not statistically significant.



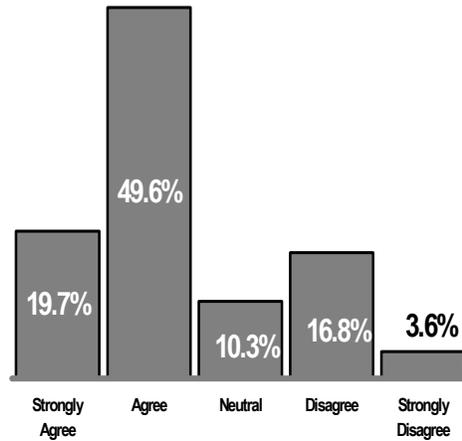
BALANCED SCORECARD GOAL: *Services are easy to access and timely.*

SURVEY QUESTION: *It's easy to get services from my program.*

Responses

About seven out of ten respondents (69%) felt it was easy to get services from their program. One in five (20%) disagreed.

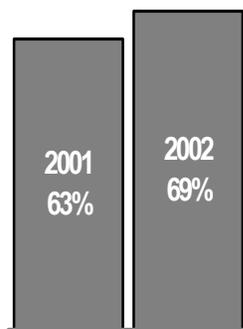
Respondents were more likely to agree services were easy to access when:



- The client participated only in voluntary programs (72%), rather than Children’s Administration programs which are often mandatory (55%)
- The client was a child (74%), compared to an adult (66%)
- The client was Hispanic (75%), compared to Caucasian (65%)
- The client participated in one program (72%), compared to two programs (66%) or three or more programs (67%)

Trends

In 2001, 63% of respondents agree that it was easy to get services; 69% agreed in 2002. The difference in mean scores for the two years was not statistically significant.



COMMENTS

“I think all the hoops you have to jump through are really stupid.”

“Less paperwork... they're always making me fill out papers.”

“They get things done quickly, and they call you right back, and they are there to help.”

“Every 3 months is too often for eligibility reviews. Make it every 6 months. And let us do them by telephone.”

“Make it easier for the underserved to receive services.”

“I see some people on welfare who are really struggling. I wish there was more help for them.”

“I like that someone else will help me in the CSO if my worker is out sick or not available.”

“We need an actual person to be a resource person to help us through the maze of requirements that CPS puts on us.”

“The programs are really good if you are lucky enough to get them.”

COMMENTS

“Clients don’t understand and often take a sanction because they don’t know how to comply with the rules.”

“They are on top of everything and do a really good job in explaining things when you have a question.”

“These clients need to have an advocate stationed in the CSO’s to help fill out paperwork.”

“Sometimes they keep information secret. They don’t want you to know about all the benefits you can get.”

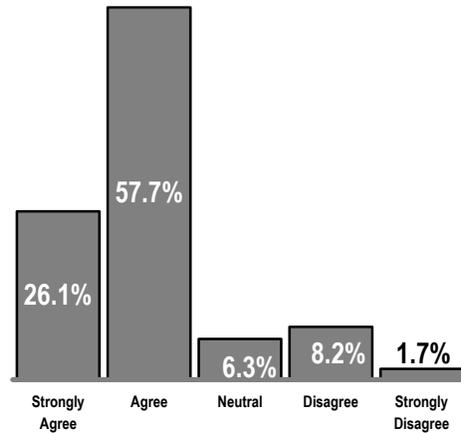
“I like the fact that if you have questions, they take the time to explain things.”

[They should give] “More information and help when you first come to DSHS . . . it can be confusing. Once you have the information you need, things go smoother.”

“When DSHS is unable to help, they could provide some suggestions of community resources that may be able to help, instead of just denying the application or terminating.”

BALANCED SCORECARD GOAL: *Information about services was clear and available.*

SURVEY QUESTION: *My program staff explained things clearly.*¹⁵



Responses

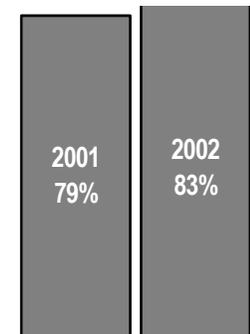
More than four out of five respondents (83%) were satisfied that program staff explained things clearly. One in ten disagreed with this survey question.

Respondents were more likely to agree that program staff explained things clearly when:

- The client participated only in voluntary programs (87%), rather than Children’s Administration programs which are often mandatory (64%)
- The respondent was a representative of the client (86%), compared to instances where the respondent was the client (80%)
- The client was a child (85%), compared to an adult (82%)
- The client participated in one program (86%), compared to two programs (81%) or three or more programs (81%)

Trends

In 2001, 79% of respondents agreed that staff explained things clearly; 83% agreed in 2002. The difference in mean scores for the two years was not statistically significant.



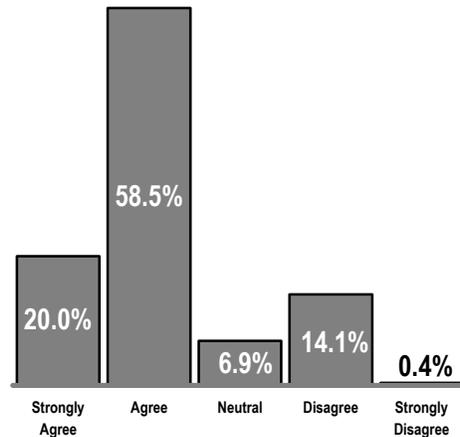
¹⁵ 217 MAA clients also said they used the MAA toll-free information line; 85% of these respondents said that information line staff explained things clearly.

BALANCED SCORECARD GOAL: *Communicate effectively about services and outcomes.*

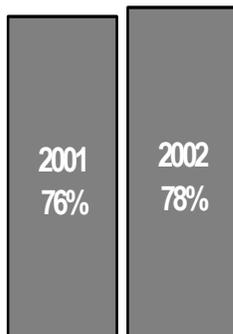
SURVEY QUESTION: *I know what program services there are for me and my family.*

Responses

Nearly four out of five people (78%) interviewed were satisfied that DSHS communicates effectively about available services. More than one in ten disagreed with the statement that they knew what program services were available for them or their families.



Respondents were more likely to agree that they knew what services were available if the client participated only in voluntary programs (80%), rather than Children’s Administration programs which are often mandatory (68%).



Trends

In 2001, 76% of respondents agreed that they knew what services were available; 78% agreed in 2002. The difference in mean scores for the two years was not statistically significant.

COMMENTS

“More information should get out to the public . . . as to what services are available.”

“I like that if our caseworker couldn’t help us, she referred us to other DSHS offices or private organizations to help. She was so resourceful.”

“I think they could be more forthcoming with the rules and regulations and with general information for services that are available.”

“Once you know what you are qualified for, everything is good—you just have to find out the information.”

SUGGESTIONS FOR IMPROVEMENT

“A comprehensive summary of resources that are available to help families.”

“Let people know what their programs are and what the rules are and what they offer. They should do some advertising for their services.”

“More information about all DSHS services in our language.”

COMMENTS

“Workers should know the programs better.”

“I ask them questions and they give me answers.”

“Don't change the program rules so often. We just get used to the rules, and they go and change them on us.”

“Put your information in plain English.”

“I always forget how the spend down actually works--the concept is murky. It would be really helpful if DSHS put together a pamphlet to explain it.”

“They answer the phone, they answer your questions and they give you the information you need.”

“One staff told me I didn't qualify; a different staff person told me I did.”

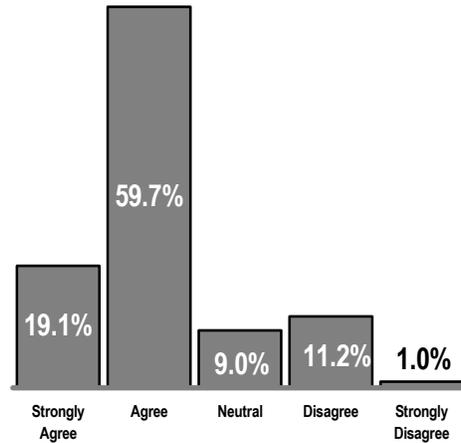
SUGGESTIONS FOR IMPROVEMENT

“Better interpretation services for deaf and non-English speaking clients.”

“It would be nice to have a TTY machine in the CSO.”

BALANCED SCORECARD GOAL: *Information about services was clear and available.*

SURVEY QUESTION: *It was easy to get the facts I needed about services.*



Responses

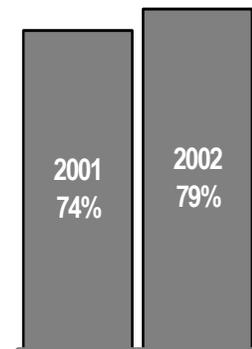
Nearly eight out of ten of those interviewed (79%) felt it was easy to get information about services. Twelve percent disagreed.

Respondents were more likely to agree that information was easily accessible when:

- The client participated only in voluntary programs (79%), rather than Children's Administration programs which are often mandatory (78%)
- The client participated in one program (82%), compared to two programs (75%) or three or more programs (78%)

Trends

In 2001, 74% of respondents agreed that it was easy to get needed facts; 79% agreed in 2002. The difference in mean scores for the two years was not statistically significant.



BALANCED SCORECARD GOAL: *DSHS clients live as independently as possible.*

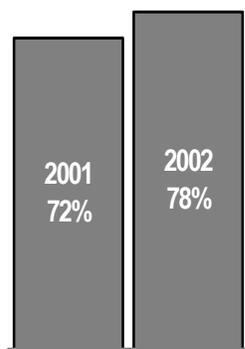
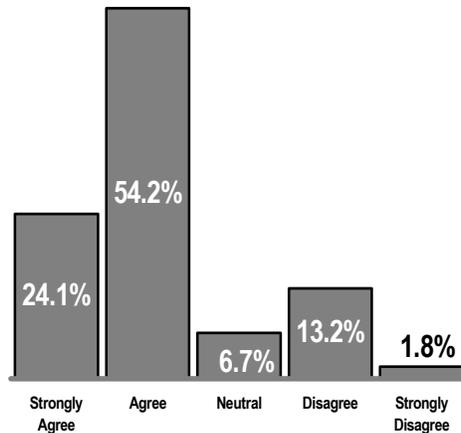
SURVEY QUESTION: *I was involved in making choices about services.*

Responses

Nearly eight out of ten respondents (78%) felt that clients and their representatives were involved in making choices about the services they received. Fifteen percent disagreed.

Respondents were more likely to agree that DSHS facilitates choices about services in the following cases:

- The client participated only in voluntary programs (81%), rather than Children’s Administration programs which are often mandatory (61%)
- The respondent was a representative of the client (85%), compared to instances where the respondent was the client (71%)
- The client was a child (86%), compared to an adult (73%)
- The client participated in one program (82%), compared to two programs (75%) or three or more programs (75%)



Trends

In 2001 72% of respondents agreed that they were involved in making choices; 78% agreed in 2002. The difference in mean scores for the two years was not statistically significance.

COMMENTS

“They allowed me to make some of my own decisions.”

“I wish there was more money to help people who really can work; not just those who are the worst off.”

“I was in a bad situation, and if I could have gotten more help I think I would be better off.”

“I think having more choices about what you can do would be a good idea. For me, my case manager basically said, this is what we have for you, take it or leave it.”

“Look at more educational opportunities for DVR clients, especially retraining for older workers--we're not prepared for today's necessary skills.”

“The guy who helped me was knowledgeable. He knew all about the different programs and how each was good or bad for my situation. I depended on his decision and he didn't fail me.”

“Have more choices in who over at DSHS you can work with. I don't like my worker, would rather be able to see someone else.”

COMMENTS

“They come to me each year to do the ISP plan which is about goal planning which I like.”

“I would like more information . . . to show . . . what kinds of choices we have for medical care.”

“I like the staff and the flexibility they give us.”

“If it wasn't for Work First I'd still have low self-esteem and not be accomplishing anything.”

“CPS should not treat everyone like children. It makes me very mad.”

“They should allow people to go to college to get an education and job training. There is too much emphasis put on getting a minimum wage job.”

“They worked hard to make me employable.”

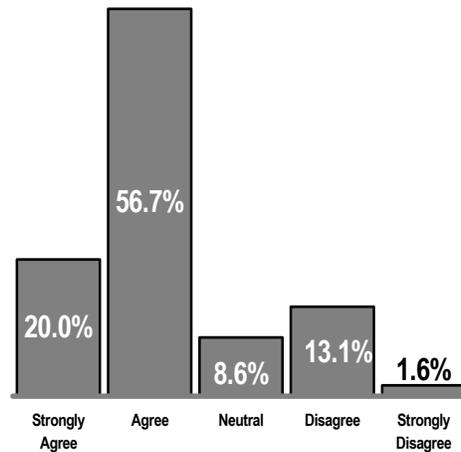
“I wish DSHS would help me determine the services he needs and then help make sure he receives these services.”

“Need more flexibility in the programs.”

“They help me to decide what is best for my daughter.”

BALANCED SCORECARD GOAL: *DSHS clients live as independently as possible.*

SURVEY QUESTION: *I/we helped make plans and goals about services.*



Responses

More than three out of four survey respondents (77%) felt they helped make plans and goals about their services. Fifteen percent disagreed.

Agreement that clients were involved in making plans and goals about services was more likely when those clients participated in voluntary

program (78%), rather Children's Administration programs which are often mandatory (69%).

Trends

In 2001, 71% of respondents agreed that they helped make plans and goals; 77% agreed in 2002. The difference in mean scores for the two years was not statistically significant.

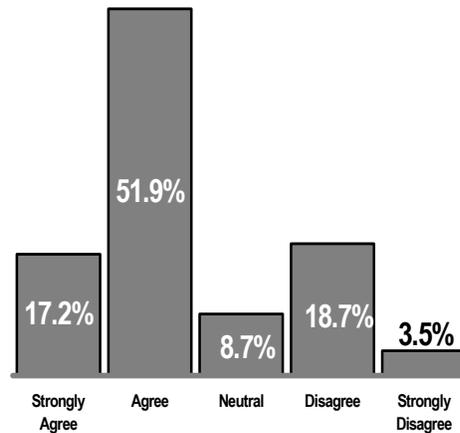


BALANCED SCORECARD GOAL: *DSHS coordinates service delivery.*

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

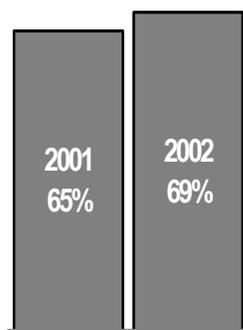
Responses

More than two out of three respondents (69%) involved with three or more DSHS programs felt satisfied that DSHS makes sure all their program services work well together. More than two out of ten people (22%) disagreed with this survey question.



Respondents were more likely to agree when:

- The client participated only in voluntary programs (80%), rather than Children’s Administration programs which are often mandatory (54%)
- The respondent was a non-Hispanic minority (77%), compared to Hispanic (48%)



Trends

In 2001, 65% of respondents agreed that DSHS coordinates service delivery; 69% agreed in 2002. The difference in mean scores for the two years was not statistically significant.

COMMENTS

“I’d like to see more communication between DSHS departments.”

“Reduce the number of telephone numbers you have to call to resolve a problem. I suggest a resolution department for problems.”

“Everything was coordinated with medical.”

“Can people there let each other know what’s happening with us? Sometimes I have to tell each worker what they should already know in their computer or my file.”

“There’s quite a bit of variance of the kinds of things clients can get from office to office.”

“Sometimes it’s hard to get a straight answer about services . . . it feels like each program doesn’t know what the other does or what kind of benefits you can get.

“Provide casework services that would link all community resources and provide one stop shopping.”

“Other parts of DSHS need to be more aware of the obstacles addicts face.”

COMMENTS

“They need to improve communications between the different agencies under DSHS.”

“The different people I deal with at the CSO communicate with each other which has helped me build a support system.”

“Hire more people so that there would be more personal help and better coordination of services.”

“I went in for one thing, and was referred to other offices to get other services too.”

“DSHS needs one case person managing all the services to a client.”

“I work with two different staff, but they keep in good contact with each other, so it’s okay.”

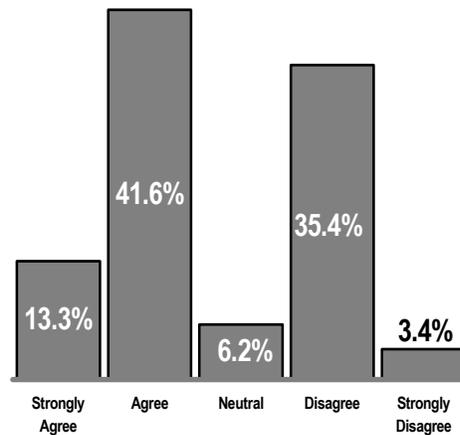
“Have better coordination between the different programs.”

“Having just one person to work with instead of having to call a bunch of different offices.”

“The left hand doesn’t know what the right hand is doing”

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.*



Responses

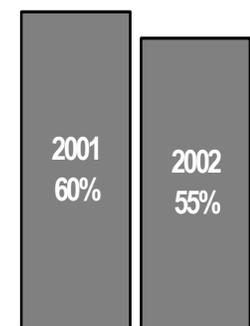
More than half (55%) of respondents involved with three or more programs were satisfied that someone from DSHS helps them with services from all their DSHS programs. Nearly four in ten (39%) disagreed.

Respondents were more likely to agree when:

- The client participated only in voluntary programs (60%), rather than Children’s Administration programs which are often mandatory (49%)
- The respondent was a non-Hispanic minority (67%), compared to Caucasian (53%)

Trends

In 2001, 60% of respondents agreed that someone from DSHS helps with all services; 55% agreed in 2002. The difference in mean scores for the two years was not statistically significant.



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 issues that were not addressed in the standard questions. Clients were very complimentary in some areas, but they also identified some areas for improvement.

Positive Feedback

DSHS Helps. 446 clients commented on DSHS helpfulness. There were 439 positive comments about DSHS helpfulness, and 47 observations that DSHS was not helpful.¹⁶

Staff. 395 clients made comments about DSHS staff. The majority of client comments were positive. 135 of these comments specifically addressed staff courtesy and respect; 85 of these were positive and 50 were negative. There were 214 positive, 111 negative and 5 neutral comments about other aspects of DSHS staff. Additionally, 39 positive and 4 negative comments mentioned staff members by name.

Specific Programs. Some clients commented on specific programs. 190 of these comments were complimentary, while 131 offered suggestions for change.

Areas for Improvement

Process. 189 clients commented about DSHS business processes. These comments addressed issues like efficiency, paperwork, coordination of services and bureaucracy. 146 of these comments pointed out areas in which procedures could be improved; 58 applauded current processes.

¹⁶ A single client may mention the same issue in response to more than one open-ended question. Thus, the total number of comments about a particular issue will generally be greater than the number of clients who made comments about that issue.

COMMENTS

“They've gotten much better. I used to get the run around, a human never answered the phone...now they're better.”

“Stop lying to people. Stop lying to parents.”

“I like that they were able to find the specialized services I needed. They really went out of their way to help me.”

“They helped us in bad times and were good about telling us what we qualified for.”

“They don't return calls, they lose my file. I have been in for three separate intake interviews, then they say they will schedule me...When I call them to find out about the appointment they were going to schedule, they don't know who I am.”

“They have many different programs to help people in a variety of ways.”

“I was told I should ...institutionalize my disabled son ... I left their office in tears and I can't believe they'd tell me to throw away my child.”

“Coverage is really limited, especially if you have intensive needs. I can see there could be limits placed on adults, but when kids need extensive medical or dental work, it should be covered.”

“It was a lifesaver, and was our family support through hard times.”

“My medical coupons are for emergencies only. This means I have to go to a hospital emergency room for medical care that ends up costing the State thousands of dollars, instead of being able to go for a routine doctor’s office visit that costs \$30.00 to \$40.00.”

“Improve the dental program. I had a tooth break off and was in great pain. It took all day on the phone just to find a dentist that would take the medical coupons, and then had to wait a week to get in.”

“Keep your benefits up with the cost of food and cost of living.”

“The State should allow individuals who go to work to keep more of their benefits as an incentive. They should also remove the resource limit or at least raise it to an amount that is realistic.”

Information. 111 clients mentioned experiences getting information about DSHS programs and policies. 81 comments suggested areas that need improvement. 31 comments addressed clients’ positive experiences getting information about DSHS.

Phone Access. 88 clients mentioned experience with contacting DSHS staff through phone, voicemail and email. 67 comments were negative and 25 positive.

Additional Needs. A number of the comments addressed additional needs. 66 comments suggested that DSHS needs more staff; 92 said that clients need additional benefits; 82 suggested more or expanded programs; 25 specifically requested additional medical programs and/or benefits; and 57 said that DSHS needed more providers who will take medical coupons. Difficulty finding dentists who accept coupons was a frequent theme.

Trends

Comments were generally more positive in 2002 than in 2001. In 2002, positive comments outnumbered negative; there were about 5 positive comments for every 4 negative comments. In 2001, comments were more evenly divided between positive and negative; there was a positive comment for every negative comment.

The main topics of comments also changed from 2001 to 2002. In 2002, the most common comments were those applauding the helpfulness of DSHS. In 2001, the most common comments addressed staff courtesy. In both years, positive comments about staff courtesy outnumbered negative. Each year there were 17 positive comments about staff courtesy for every 10 negative comments on that subject.

Additional Information

For a more detailed examination of client responses to open-ended questions, refer to Appendix G. A complete list of all client comments is posted on RDA’s web site at

<http://www1.dshs.wa.gov/RDA/pdfdocuments/11Miscellaneous/11.107b.pdf>.

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. 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 employee¹⁷
- 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 Economic Services Administration or Medical Assistance Administration, said clients were included in the survey, but no questions were asked about mental health or substance abuse services.
- 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

¹⁷ Other DSHS client surveys address the issues of foster parents and state employees.

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.
- 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 RATES¹⁸

		TOTAL	AASA	CA	DDD	ESA	MHD	MAA	DASA	DVR
A	Full Interview	1111	152	151	118	135	128	186	135	106
B	Refusal	79	16	8	18	3	23	10	1	0
C	Subtotal: Found Eligible (A + B)	1190	168	159	136	138	151	196	136	106
D	Found Ineligible	177	61	21	14	10	42	14	11	4
E	Subtotal: All Found (C + D)	1367	229	180	150	148	193	210	147	110
F	% found ineligible (D/E)	13%	27%	12%	9%	7%	22%	7%	7%	4%
G	No Contact	587	71	120	45	50	57	46	178	20
H	<i>No Contact / Estimated to be Ineligible (FxG)</i>	76	19	14	4	3	12	3	13	1
I	Subtotal: All Eligible (C + G - H)	1701	220	265	177	185	196	239	301	125
J	TOTAL IN SAMPLE (E + G)	1954	300	300	195	198	250	256	325	130
K	COOPERATION RATE¹⁹ (A/C)	93%	90%	95%	87%	98%	85%	95%	99%	100%
L	COMPLETION RATE²⁰ (A/I)	65%	69%	57%	67%	73%	65%	78%	45%	85%

¹⁸ 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.

¹⁹ The ratio of completed interviews to all potential respondents contacted.

²⁰ 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.²¹ 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.

²¹In 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 Children's Administration which often provides involuntary services. For example, Question 2 is rephrased because clients from involuntary programs generally did not seek initial assistance. The customized question for Children's Administration reads, "If you need help from Child and Family Services, it's easy to get that help." Appendix D shows all rephrasing.

APPENDIX D: SAMPLE SURVEY FOR HYPOTHETICAL CLIENT USING ALL EIGHT PROGRAMS^{22, 23}

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*

²² 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.

²³ 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 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 manager 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.						

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 of 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. <i>[If they have not needed help from Child and Family Services, mark N/A].</i>						
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. <i>[Note: If they never asked for help, put N/A]</i>						
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 reflects 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 7 clients in the completed sample used Aging and Adult Services and no other program (0.6301 of the 1,111 completed surveys). In the total population of all DSHS clients in fiscal year 2001²⁴, 0.1281% used only Aging and Adult Services. The responses of the 7 survey respondents were weighted by a factor of .2046. Thus, in the weighted sample, 1.4325 of the 1111 respondents utilized Aging and Adult services—comprising 0.1218% 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	7	1,707	0.6301	0.1281	0.2046	1.4325
ACEHM	1	145	0.0900	0.0109	0.1217	0.1217
ACEHMS	1	25	0.0900	0.0019	0.0210	0.0210
ADEHMOV	1	19	0.0900	0.0014	0.0159	0.0159
ADEM	3	482	0.2700	0.0362	0.1348	0.4045
AEHM	19	3,896	1.7102	0.2924	0.1721	3.2695
AEHMS	1	212	0.0900	0.0159	0.1779	0.1779
AEHMOV	2	141	0.1800	0.0106	0.0592	0.1183
AEM	62	17,018	5.5806	1.2772	0.2303	14.2813
AEMV	1	328	0.0900	0.0246	0.2753	0.2753
AHM	10	4,815	0.9001	0.3614	0.4041	4.0407
AHMS	1	21	0.0900	0.0016	0.0176	0.0176
AHMOV	1	52	0.0900	0.0039	0.0436	0.0436
AM	69	28,704	6.2106	2.1542	0.3491	24.0881
AMS	2	24	0.1800	0.0018	0.0101	0.0201
AMV	1	103	0.0900	0.0077	0.0864	0.0864
C	20	93,050	1.8002	6.9833	3.9043	78.0866
CDEHM	4	625	0.3600	0.0469	0.1311	0.5245
CDEHMS	1	30	0.0900	0.0023	0.0252	0.0252
CDEM	4	1,920	0.3600	0.1441	0.4028	1.6112
CDEMS	1	51	0.0900	0.0038	0.0428	0.0428
CDHM	1	171	0.0900	0.0128	0.1435	0.1435
CDM	4	961	0.3600	0.0721	0.2016	0.8065
CEHM	14	10,205	1.2601	0.7659	0.6117	8.5639
CEHMS	16	2,432	1.4401	0.1825	0.1276	2.0409
CEHMSV	3	112	0.2700	0.0084	0.0313	0.0940
CEHMOV	1	293	0.0900	0.0220	0.2459	0.2459

Programs:

- A:** Aging and Adult Services
- C:** Children's Administration
- D:** Developmental Disabilities
- E:** Economic Services
- H:** Mental Health
- 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

²⁴ Includes the 99.4% of the DSHS population whose service profile was represented in the client survey sample.

CEM	24	54,003	2.1602	4.0529	1.8883	45.3188
CEMS	40	4,710	3.6004	0.3535	0.0988	3.9526
CEMV	1	369	0.0900	0.0277	0.3097	0.3097
CES	1	252	0.0900	0.0189	0.2115	0.2115
CH	2	1,184	0.1800	0.0889	0.4968	0.9936
CHM	8	4,149	0.7201	0.3114	0.4352	3.4818
CHMS	4	642	0.3600	0.0482	0.1347	0.5388
CHS	2	166	0.1800	0.0125	0.0697	0.1393
CM	16	26,254	1.4401	1.9703	1.3770	22.0321
CMS	8	1,075	0.7201	0.0807	0.1128	0.9021
CS	6	1,151	0.5401	0.0864	0.1610	0.9659
D	18	6,581	1.6202	0.4939	0.3068	5.5227
DEHM	16	1,904	1.4401	0.1429	0.0999	1.5978
DEHMOV	3	381	0.2700	0.0286	0.1066	0.3197
DEM	37	11,010	3.3303	0.8263	0.2497	9.2395
DEMOV	15	1,601	1.3501	0.1202	0.0896	1.3435
DHM	10	592	0.9001	0.0444	0.0497	0.4968
DM	33	6,565	2.9703	0.4927	0.1669	5.5093
DMV	4	321	0.3600	0.0241	0.0673	0.2694
DV	5	289	0.4500	0.0217	0.0485	0.2425
E	18	88,287	1.6202	6.6258	4.1161	74.0895
EH	2	1,756	0.1800	0.1318	0.7368	1.4736
EHM	48	34,762	4.3204	2.6088	0.6077	29.1719
EHMS	24	6,292	2.1602	0.4722	0.2200	5.2802
EHMSV	2	529	0.1800	0.0397	0.2220	0.4439
EHMV	17	2,725	1.5302	0.2045	0.1345	2.2868
EM	139	413,054	12.5113	30.9992	2.4937	346.6307
EMS	32	13,565	2.8803	1.0180	0.3557	11.3836
EMSV	2	679	0.1800	0.0510	0.2849	0.5698
EMV	14	4,580	1.2601	0.3437	0.2745	3.8435
ES	2	1,882	0.1800	0.1412	0.7897	1.5794
EV	1	875	0.0900	0.0657	0.7343	0.7343
H	11	25,717	0.9901	1.9300	1.9619	21.5814
HM	40	11,878	3.6004	0.8914	0.2492	9.9679
HMS	8	1,041	0.7201	0.0781	0.1092	0.8736
HMSV	2	34	0.1800	0.0026	0.0143	0.0285
HMV	9	407	0.8101	0.0305	0.0380	0.3416
HS	3	790	0.2700	0.0593	0.2210	0.6630
HV	1	424	0.0900	0.0318	0.3558	0.3558
M	116	393,600	10.4410	29.5392	2.8475	330.3051
MS	19	4,730	1.7102	0.3550	0.2089	3.9694
MSV	5	63	0.4500	0.0047	0.0106	0.0529
MV	9	821	0.8101	0.0616	0.0766	0.6890
S	47	16,517	4.2304	1.2396	0.2949	13.8609
V	36	8,147	3.2403	0.6114	0.1899	6.8369
Total	1,111					1,111

APPENDIX F: SURVEY ADMINISTRATION

Interviewers from the Research and Data Analysis Division (RDA) conducted telephone interviews with a stratified random sample of Department of Social and Health Services (DSHS) clients.

POPULATION AND SAMPLE

Samples were drawn from the client lists of eight 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;
MAA	Medical Assistance Administration; and
MHD	Mental Health Division.

DSHS-RDA sent all sample members a prior notification letter that (a) informed the client that an 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, (d) told the client that all respondents who completed the survey would be entered in a random drawing to win one of eight \$250 grocery certificates and (e) 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.

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

Interviews were conducted using a variation of the model script shown in Appendix D, tailored to the specific client's circumstances and pattern of DSHS service use. The length of the typical interview varied from 10 to 40 minutes, depending on the number of DSHS services utilized by the client. The interviews started with assuring the respondent of confidentiality and the voluntary nature of the survey, and informing the respondent that he or she may choose not to answer any question or to stop at any time. The interviewer then 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

When respondents did not speak English the interview was conducted in the native language. Some of the interviews were conducted by DSHS bilingual staff, and others were conducted by translators from Dynamic Language Center. The survey was administered in 15 languages: English, Spanish, Russian, Korean, Mandarin Chinese, Cantonese Chinese, Vietnamese, Cambodian, Arabic, Hmong, Laotian, Somali, Tagalog, Mien, and Oromo.

INTERVIEW SCHEDULE

Telephone interviews began on January 28, and ended on June 21, 2002. Up to 20 attempts were made to contact each member of the sample. To ensure high quality data, interviewers were supervised throughout the interviewing period. If an answering machine was reached, interviewers left a message asking the client or representative to call them at a toll-free number.

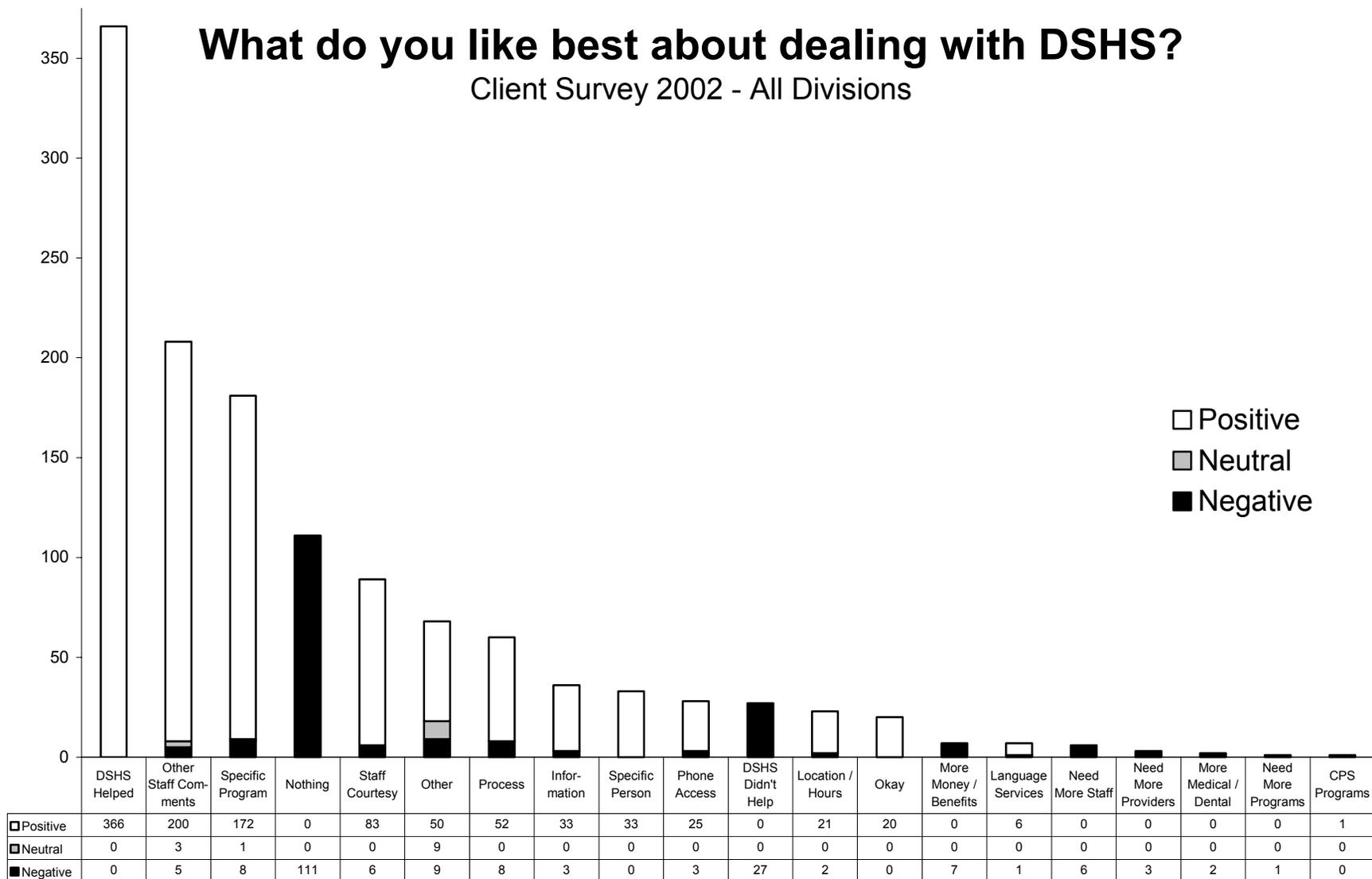
DATA ENTRY AND DATA MANAGEMENT

All English language interviews were conducted from Research and Data Analysis office in Olympia, 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. Interviews in other languages were conducted using a written script customized to the specific respondent. Completed hard-copy interviews were then entered into the CATI. Data files were collected at the conclusion of the survey and archived to CD-ROM for permanent storage. Data were analyzed using ACCESS, SPSS, SAS and SUDAAN software.

APPENDIX G: OPEN-ENDED QUESTION RESPONSES

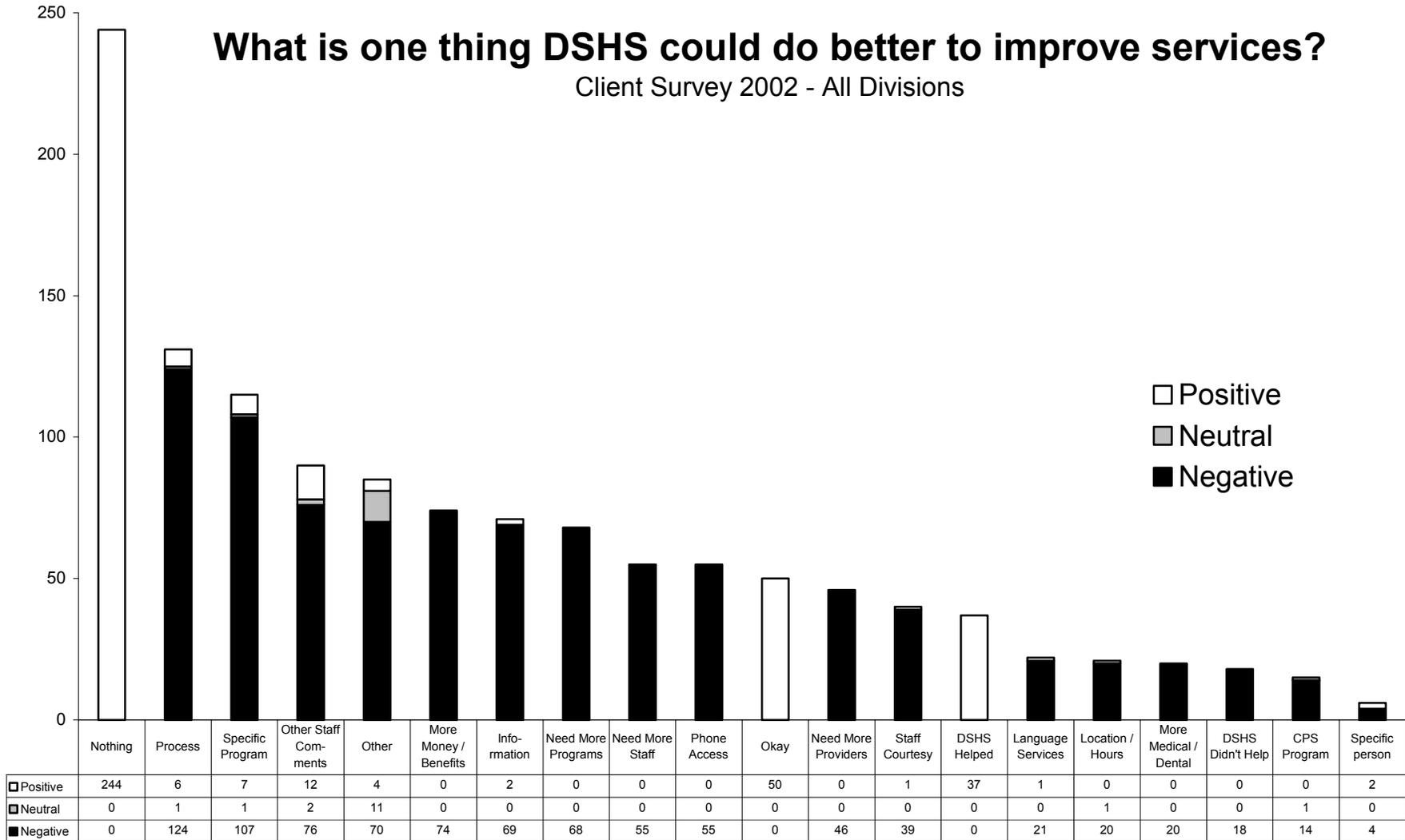
What do you like best about dealing with DSHS?

Client Survey 2002 - All Divisions



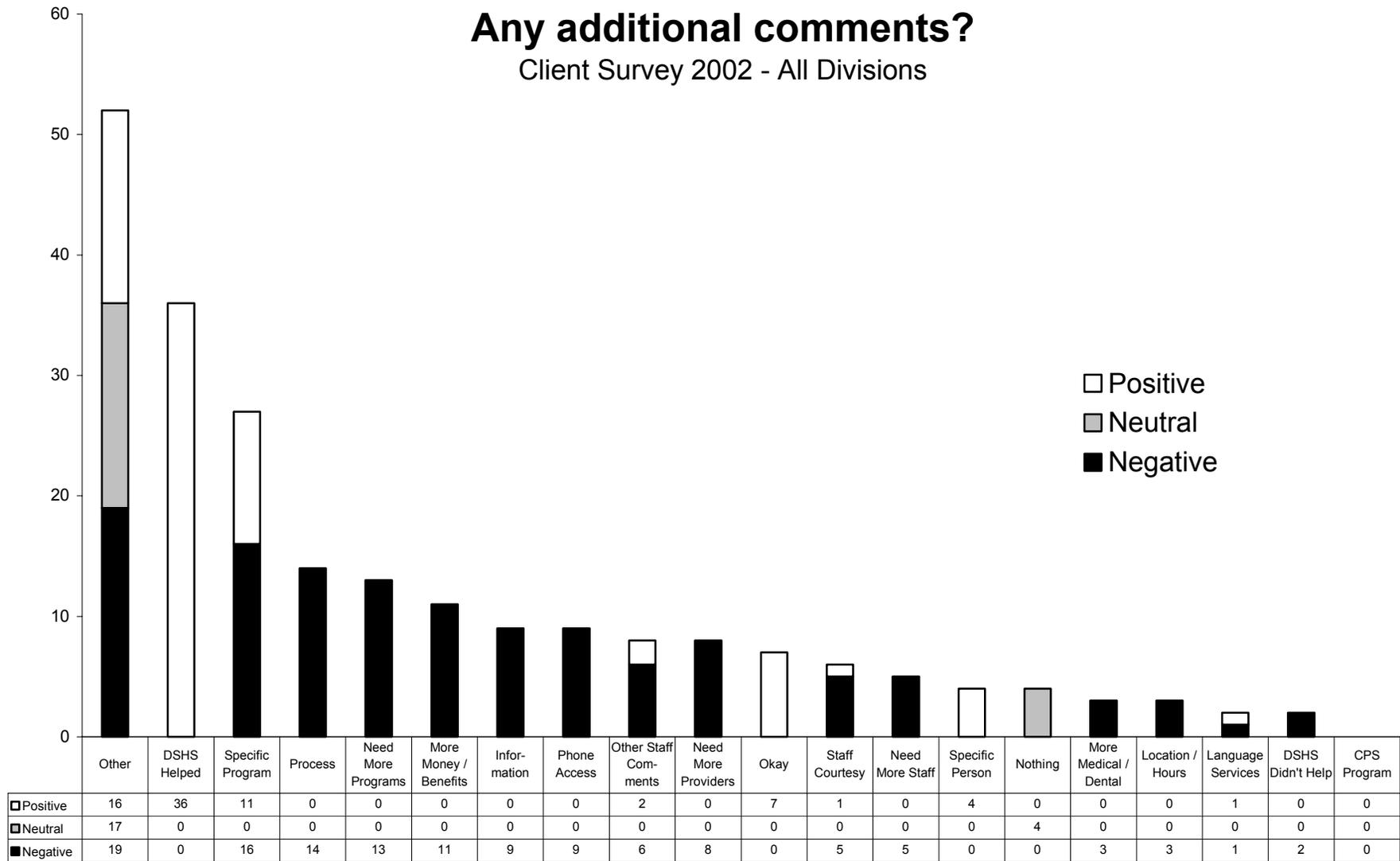
What is one thing DSHS could do better to improve services?

Client Survey 2002 - All Divisions



Any additional comments?

Client Survey 2002 - All Divisions



DSHS 2002 Client Survey Response Glossary

Responses to Open-ended Questions

Response Category	Typical Response Example
CPS Programs	Child Protective Service (CPS) program or procedure helped/didn't help
DSHS Didn't Help	DSHS didn't help; don't like dealing with DSHS; must deal with DSHS to get benefits or services
DSHS Helped	DSHS has helped me/my family; good service overall; grateful for help; appreciative; likes DSHS
Information	Information by staff about clients, programs or eligibility
Language Services	Need more interpreters or DSHS bilingual staff
Location / Hours	Location of offices; ease of getting to programs or services; office hours; transportation
More Medical / Dental	Need more medical, dental and/or mental health services/benefits
More Money / Benefits	Need more money, benefits; ease eligibility or waitlists
Need More Programs	Availability of programs; expand certain programs
Need More Providers	Need more dental, medical, mental health and vision services providers who take coupons
Need More Staff	Need more staff; reduce turnover; lower caseloads
Nothing	Nothing; can't think of anything
Okay	Okay; things are fine
Other	Other; miscellaneous comment(s)
Other Staff Comments	Other or miscellaneous comment directly relating to DSHS staff
Phone Access	Phone access; voicemail; return messages
Process	Compliments or complaints about coordination, efficiency, bureaucracy, paperwork, timeliness
Specific Person	Named a specific person who helped/didn't help
Specific Program	Named a specific program or procedure that helped/didn't help
Staff Courtesy	Compliments or complaints regarding staff courtesy, helpfulness, attitude, sensitivity

A complete list of all client comments is posted on RDA's web site at
<http://www1.dshs.wa.gov/RDA/pdfdocuments/11Miscellaneous/11.107b.pdf>.



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