

Department of Social and Health Services Client Survey 2003

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**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
CLIENT SURVEY 2003**

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“*DSHS Client Survey 2003 Client Comments*” and “*Kudos from the DSHS Client Survey 2003*”

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EXECUTIVE SUMMARY

The 2003 DSHS client survey is the third in a series. The three-year trend showed improvement in almost every measure of client satisfaction. On more than half of the questions, the improvement over 2001 survey results was great enough to be statistically significant. The most dramatic improvement in 2003 was in the area of service coordination. Rate of satisfaction with service coordination increased by 12 percentage points over the 2002 scores. In all three 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 94% and the completion rate was 72%. Key findings follow:

GOAL: DSHS Services Are of High Quality

The 2003 survey found that overall client satisfaction rates were higher than 2001, with relatively small changes from 2002. Almost all (more than nine out of ten) DSHS clients said that DSHS services had helped them. Nearly nine out of ten thought that DSHS and the programs they utilized do good work. More than eight out of ten clients said they were satisfied with services.

- *Programs Help Clients.* 93% said program services have helped them
- *Agency Quality.* 89% agreed that thinking of all programs together, DSHS does good work (up from 79% in 2001*)
- *Quality of Services.* 89% felt that their program does good work (up from 77% in 2001*)
- *Program Satisfaction.* 82% indicated they were satisfied with program services (up from 73% in 2001)

GOAL: People Are Treated With Courtesy and Respect

Most clients were satisfied with staff courtesy and respect; about seven out of eight clients responded positively to questions about staff attributes.

- *Courtesy and Respect.* 86% reported that they were treated with courtesy and respect
- *Listening to Clients.* 86% said staff listened to what they had to say (up from 81% in 2001*)
- *Understanding Client Needs.* 84% felt that staff understood their needs

* Statistically significant difference.

GOAL: DSHS Services Are Easy to Access and Timely

Clients were quite satisfied with the physical location and operating hours of DSHS facilities; about nine out of ten gave positive responses. Almost eight out of ten felt they got services in a timely manner. They were less positive about the timeliness of phone response and ease of obtaining services; about seven out of ten clients gave positive responses.

- *Convenient Hours.* 92% felt their program was open at times that were good for them (up from 81% in 2001* and 88% in 2002*)
- *Location.* 88% reported it was easy to get to their program
- *Timeliness of Service.* 78% said they got their services as quickly as they needed (up from 67% in 2001*)
- *Ease of Access to Services.* 72% felt it was easy to get services from their program (up from 63% in 2001*)
- *Timely Phone Response.* 71% said program staff returned their calls within 24 hours

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, with fewer respondents indicating that they know what services are available.

- *Clarity of Information.* 82% related that program staff explained things clearly
- *Availability of Information.* 79% indicated it was easy to get the facts they needed about services
- *Knowledge of Available Services.* 73% knew what program services there were for them and their family (down from 78% in 2002*)

GOAL: DSHS Clients Live as Independently as Possible

Not all clients felt they were involved in choices about services. About three out of four clients indicated that they participated in planning and choosing services.

- *Participation in Planning.* 80% said that they helped make plans and goals about their services (up from 71% in 2001*)
- *Participation in Choices.* 74% felt that they were involved in making choices about services

* Statistically significant difference.

GOAL: DSHS Coordinates Service Delivery

The greatest improvement was seen 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.* 81% agreed DSHS makes sure all their services work well together (up from 65% in 2001 and 69% in 2002*)
- *Staff Coordination of Services.* 67% indicated that someone from DSHS helps them with services from all of their DSHS programs (up from 55% in 2002)

Differences between Groups

Responses pertaining to quality, courtesy and respect, and timeliness tended to be more positive if the client was Hispanic, a child, or not involved with mandatory Child and Family services. Respondents were also more likely to feel that they participated in making plans and choosing services if the client was a child or was not involved with Child and Family Services. Clients who utilized only one program were more likely to say that staff returned phone calls and listened well.

Additional Comments

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

- *Positive Feedback.* More than 550 comments expressed appreciation of DSHS helpfulness. There were more than 250 positive comments about DSHS staff courtesy, helpfulness and responsiveness, including 56 specifically naming exemplary staff members. More than 200 comments made positive mention of specific programs.
- *Needs for Improvement.* More than 300 comments addressed the need for more resources for benefits, programs, staffing and additional healthcare providers. More than 100 mentioned problems with DSHS business processes, such as paperwork, waiting times, efficiency and coordination of services. Additionally, more than 100 comments addressed negative aspects of communication: 68 pointed out difficulties in getting information; 45 spoke to problems reaching staff through phone, voice-mail and e-mail; and 19 made complaints related to language and interpreters.

* Statistically significant difference.

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 ScoreCard and the Governor's Performance Agreement. Beginning with the initial survey in 2001, the survey process provides baseline and 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 1.4 million people—nearly one in four Washington state residents—receive services from DSHS.¹ 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 programs that are part of five main areas:

- **Aging and Disability Services Administration (ADSA)** 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. The Administration also provides care for people with developmental disabilities. ADSA programs within ADSA were divided into two different groups for the purpose of the survey:
 - Home and Community Services and Residential Care Services Divisions
 - Division of Developmental Disabilities (DDD)

¹ Around 48% receive services from one DSHS program, 52% receive services from two or more DSHS programs. Source: DSHS – Research and Data Analysis, Client Services Database FY 2002.

- **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. Three separate programs within HRSA were included in this survey:
 - Division of Alcohol and Substance Abuse (DASA)
 - 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. The 2002 and 2003 client surveys 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 of 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 2002.

Over half of DSHS clients use more than one program, so each person interviewed was asked about every DSHS service used in fiscal year 2002 (July 2001– June 2002). 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 2002. 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 total far exceeds the number of clients interviewed. Significantly more than half of the 1060 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 Disability Services, Home and Community and Residential Care Services	162
Children's Administration	157
Division of Alcohol and Substance Abuse	169
Division of Developmental Disabilities	157
Division of Vocational Rehabilitation	136
Economic Services Administration	548
Medical Assistance Administration	903
Mental Health Division	241

RESPONSE RATE

The overall cooperation rate for the survey was 94% and the completion rate was 72%.² 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 English language interviews were conducted by 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 17 languages: English, Spanish, Russian, Korean, Mandarin Chinese, Cantonese Chinese, Vietnamese, Cambodian, Farsi, Hmong, Laotian, Somali, Tagalog, Persian, Bulgarian, Serbo-Croatian, and Ukrainian.

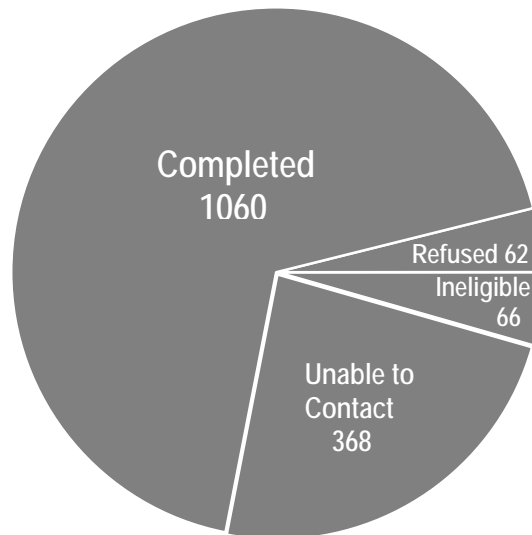
² The cooperation rate is the ratio of the number of completed interviews to the number of eligible respondents who were actually contacted. The completion rate is the ratio of the number of completed interviews to the total number of potential respondents who are deemed eligible to complete the interview. 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 Disability 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, 1556 clients were randomly selected as the survey sample. Of those, 1060 people completed the telephone survey. A significant number, 368 of the selected clients, could not be reached. Of those who could be reached, 62 refused to complete the survey. Also, 66 of the selected people were found to be ineligible for the survey.³

Disposition of Client Sample



³ See Appendix A for a detailed listing of eligibility and sampling factors.

RESPONDENTS

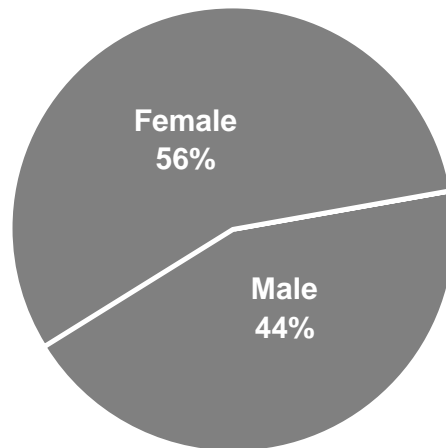
The previous section of this report describes the response rate for the 1060 clients who were the subjects of completed surveys. However, the person who completed the survey was not always the client. When the client selected for the survey was a child or youth (age 17 and under), or otherwise unable to complete the survey, a parent, guardian, family member or other representative who deals with DSHS was asked to complete the survey.

Half of the surveys (50%) were completed by the client themselves, while the other 50% 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 88% of the time. On the other hand, 81% 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

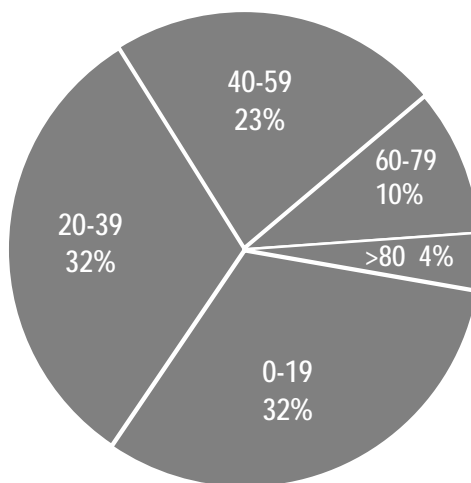
Clients in the completed survey were more likely to be female than male.

Gender of Participating Clients



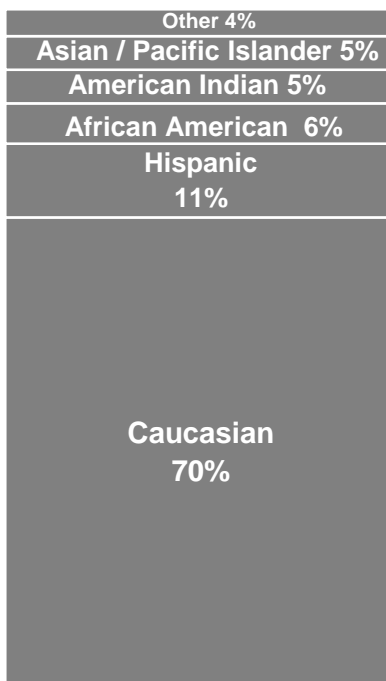
Clients' ages ranged from early childhood through late adulthood; 26% of the clients in this survey were children, 74% were adults. The average age of participating clients was 33.55 years.

Age of Participating Clients



Race or ethnicity of clients was identified by the respondents as 70% Caucasian and 30% combined minority groups. In the chart below, all clients with Hispanic ethnicity are categorized as Hispanic, regardless of racial identification. Thus, for example, the Caucasian category consists of non-Hispanic Caucasians, and the American Indian category consists of non-Hispanic American Indians.

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 consists 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 refer to specific programs. Lead-ins to the questions help clients identify what services they had received from that specific program, and the questions themselves are customized to reflect the specific program and the respondent's relationship to the client (self, parent, guardian, family member, etc.).⁴ Thus, the final survey completed by each respondent is customized to reflect the identified client's service usage and the respondent's relationship to the client.⁵ Clients who utilize more than one program answer 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 2002. 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

⁴ 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."

⁵ Appendix C contains a list of the standard wording for the basic 21 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 10, 2003 and ended on June 30th, 2003. 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.⁶ 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 Mental Health 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.

⁶ For example, 2.7% of all DSHS clients get services from this combination of programs: Economic Services, Medical Assistance, and Mental Health. For DSHS-wide analyses, the 50 responses from people who used this combination of programs were weighted so that they comprise 2.7% of the total survey responses.

FINDINGS

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

Balanced ScoreCard Goal	Applicable Survey Question ⁷
<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

⁷ Clients answered questions about each program they used. The “my program” in the generic questions above is filled in with the name of the specific program utilized. Other wording changes were made according to respondent characteristics. See Appendix C for further discussion of question wording.

COMMENTS

“I probably wouldn’t be living if it wasn’t for them.”

“They put me through treatment, I’m clean and sober.”

“[They do] nothing! We are starving to death, we had to move, and we can’t find a doctor.”

“It is a God-send to me at this stage of my life.”

“The medical program has been invaluable to my survival.”

“I like the childcare help and they slowly tapered me off the welfare help while I was getting on my feet.”

“CPS needs to try and keep families together instead of breaking them up.”

“No one likes to deal with DSHS; however, it is nice they are there when there is a need.”

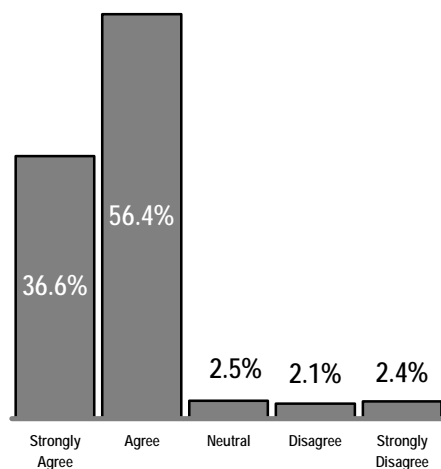
“Whenever I needed help, they have helped me.”

“They are there to help you at the low points in your life.”

“The lousy, terrible things you do are less than the good you do.”

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

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



Responses

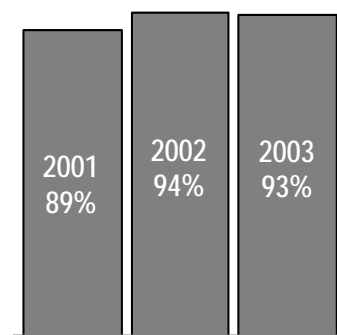
More than nine out of ten respondents (93%) felt that program services have helped them or their families. Only four percent disagreed.

Subgroups in which respondents were more likely to agree that DSHS helped are listed below.⁸

- Those involved with voluntary programs (95%), compared to clients who participated in Children’s Administration programs that are often mandatory (78%)
- Those involved with two programs (96%), compared to those involved with three or more programs (90%)
- The client was a child (97%), rather than an adult (91%)
- Those who are Hispanic (98%) and non-Hispanic minority (96%), compared to non-Hispanic Caucasian (91%)

Trends

In 2001, 89% of respondents agreed that program services helped; 94% of 2002 and 93% of 2003 respondents agreed. The difference between 2001 and 2002 was statistically significant.⁹



⁸ Differences between subgroups are listed only if the proportions are significantly different, $p=.05$ or less.

⁹ Differences between percentages for different years are considered statistically significant if $p=.05$ or less.

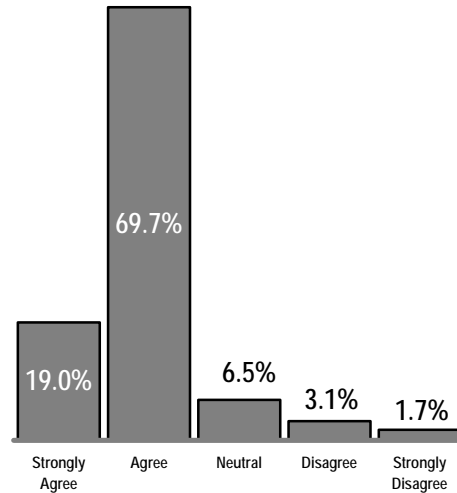
BALANCED SCORECARD GOAL: *DSHS services are of high quality.*

SURVEY QUESTION: *Thinking of all the programs together, DSHS has done good work.*¹⁰

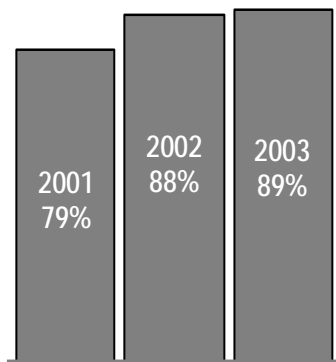
Responses

Nearly nine out of ten respondents (89%) 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:



- The client participated only in voluntary programs (91%), rather than Children’s Administration programs which are often mandatory (71%)
- The client was Hispanic (96%) or a non-Hispanic Minority (92%), compared to non-Hispanic Caucasian (86%)
- The client was a child (92%), compared to an adult (86%)



Trends

In 2001, 79% of respondents agreed that DSHS does good work; 88% agreed in 2002 and 89% in 2003. The differences from 2001 to the two later years were statistically significant.

COMMENTS

“They did everything they were able to. The services were good. The lack of funds was the problem.”

“While the world has been changing, so has DSHS been progressive in a very positive way.”

“Need lighter workloads for the workers and more funding for all DSHS programs. Also more assessments on who is needy and who is greedy.”

“The childcare program has been very helpful. Without it we couldn’t work and we would be on welfare.”

“There is nothing to improve. We are grateful to America. You saved our lives.”

“They need to give people more money to live on. I have to live on \$339.00 per month.”

“The best part is that they help you look for work and they help with self-esteem and independence.”

“DSHS has made a big difference for me and my kids. We came from Mississippi and it is much better here.”

“The services they provide are fantastic.”

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

COMMENTS

“My DVR counselor saved my life. He got me through school and now I’m a registered nurse.”

“I like Saddam Hussein better than your CPS.”

“DDD is the exception when it comes to dealing with government offices; they are wonderful and not bureaucratic.”

“DVR is helping me find a new career.”

“I never get the run-around or have a problem with them.”

“The drug and alcohol treatment services saved my life.”

“I wish I was Hispanic, because then I could get food stamps.”

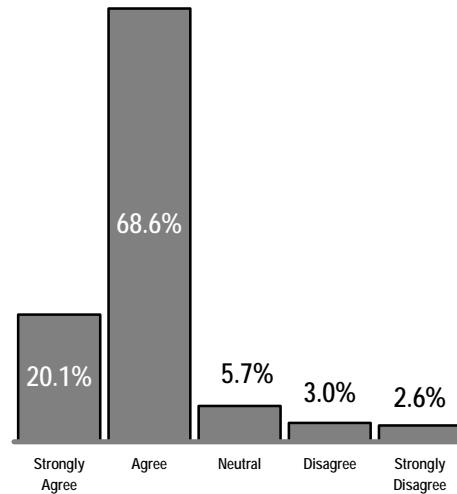
“The medical program has been invaluable to my survival.”

“They really need to find psychiatric providers who accept the medical coupon . . . mental health services for adults are really lacking.”

“The medical program is the least chaotic of all the programs.”

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

SURVEY QUESTION: *My program does good work.*



Responses

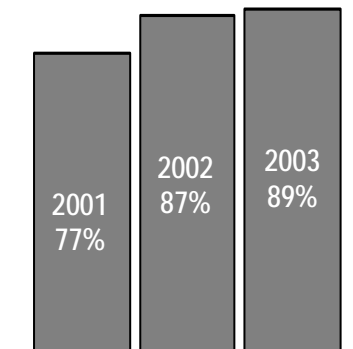
Nearly nine out of ten clients (89%) felt that their program does good work. Less than one in ten (6%) disagreed.

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

- The client participated only in voluntary programs (92%), rather than Children’s Administration programs which are often mandatory (70%)
- The client was non-Hispanic Minority respondents (93%) and Hispanic respondents (93%), compared to non-Hispanic Caucasian respondents (86%)
- The client was a child (93%), compared to an adult (86%)

Trends

In 2001, 77% of respondents agreed that their program does good work; 87% agreed in 2002 and 89% in 2003. The differences from 2001 to the two later years were statistically significant.



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

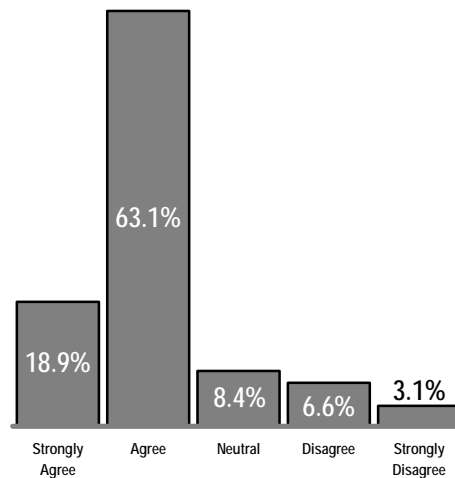
SURVEY QUESTION: *I am satisfied with my program services.*

Responses

More than four out of five clients (82%) felt satisfied with their program services. One out of ten people (10%) disagreed.

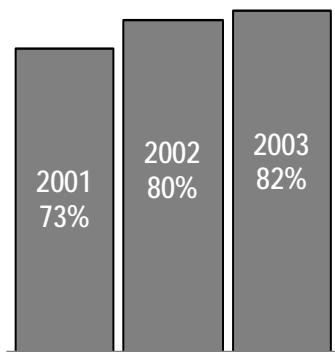
Respondents were more likely to agree that they were satisfied with program services if:

- The client participated only in voluntary programs (84%), rather than Children’s Administration programs which are often mandatory (66%)
- The client was a child (86%), compared to an adult (79%)
- The client was Hispanic (91%), and non-Hispanic Minority respondents (86%), compared to non-Hispanic Caucasian (78%)



Trends

In 2001, 73% of respondents agreed they were satisfied with programs; 80% agreed in 2002 and 82% in 2003. The difference between 2001 and 2003 was statistically significant.



COMMENTS

“As far as I am concerned, they did a wonderful job and there is no room for improvement.”

“I have no other words to tell DSHS to improve except thanking them because I received everything that I need from government.”

“They need to improve TANF by helping with training and encouraging school instead of just getting burger flipping jobs.”

“I am trying to find a job right now, but it is hard because the economy is going down. I really appreciate your help.”

“It has been a very positive experience.”

“I think they need to be helping the people who are trying to help themselves by working but are unable to make ends meet. These families should be eligible at the very least for food assistance and childcare.”

“Grateful that I have medical coverage.”

“I really like that I don’t have to deal with them that much.”

COMMENTS

“Even though I am of low income, they treat me with respect.”

“Treats you like a human being instead of like a number or like you are less than human.”

“Sometimes they are rude and act like the money comes out of their personal bank accounts.”

“They didn’t belittle me.”

“On the phone they have been courteous and helpful. I haven’t had to go in there and jump up and down or anything.”

“Act like my time is as important as their time.”

“They treat me well . . . I’m very happy.”

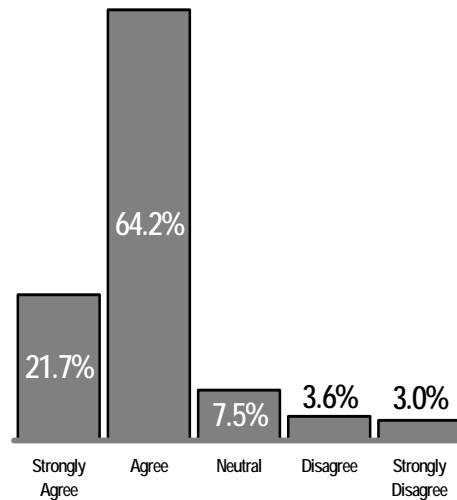
“Every time we go or call the DSHS office is a different experience. Sometimes they treat you very nice and sometimes not.”

“Overall they are easy to deal with and they put your needs first.”

“They have been rude to us because we are foreigners.”

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

SURVEY QUESTION: *Staff treated me with courtesy and respect.*¹¹



Responses

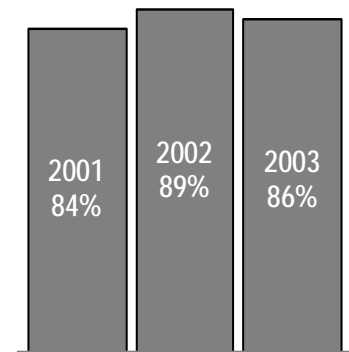
Nearly nine out of ten respondents (86%) felt that DSHS staff treat clients with courtesy and respect. More than one in twenty people (7%) disagreed.

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

- The client participated only in voluntary programs (88%), rather than Children’s Administration programs which are often mandatory (69%)
- The respondent was a representative of the client (89%), compared to instances where the respondent was the client (82%)
- The client was a child (90%), compared to an adult (83%)
- Respondents were Hispanic (93%), compared to non-Hispanic Minority (86%) and non-Hispanic Caucasian (84%)

Trends

In 2001, 84% of respondents agreed that they were treated with courtesy and respect; 89% agreed in 2002 and 86% in 2003. The differences between the three years were not statistically significant.



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

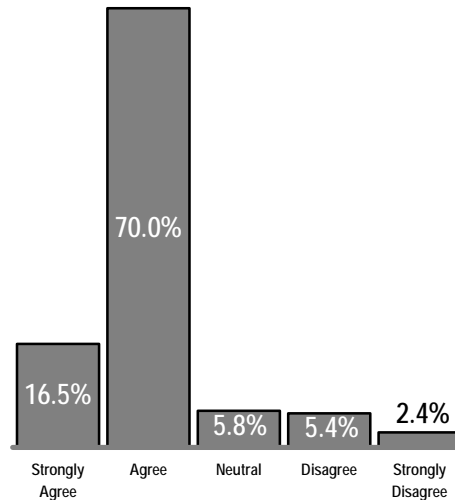
BALANCED SCORECARD GOAL: *People are treated with courtesy and respect.*

SURVEY QUESTION: *Staff listened to what I have to say.*¹²

Responses

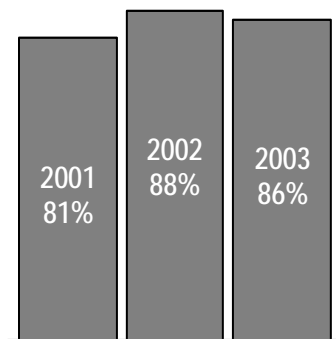
Nearly nine out of ten respondents (86%) felt that DSHS staff listened to what clients had to say. Less than one out of ten clients (8%) disagreed.

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



- The client participated only in voluntary programs (89%), rather than Children’s Administration programs which are often mandatory (70%)
- The respondent was a representative of the client (89%), 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 (90%); compared to two programs (83%) or three or more programs (83%)

Trends



In 2001, 81% of respondents agreed that staff listened; 88% agreed in 2002 and 86% in 2003. The difference between 2001 and 2003 was statistically significant.

¹² 215 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 treat me well. They listen to the needs of my family and have helped us to get the types of assistance we needed.”

“They should listen to the people. Now they only half listen and then give the people what the workers think they need.”

“I like the fact we can call the case manager about his needs whenever we need to.”

“I think they really care.”

“Let the families tell their situation. Have more one-on-one communication with the families.”

“She actively listens, keeps me informed, just an all around great worker.”

“The best part is that my parents can communicate with the case manager in Korean language.”

“CPS needs to back off and not jump to conclusions about people.”

“[I get] Personal support and encouragement from the workers.”

“Get people who will listen to you and care and are willing to help and who understand that accidents do happen.”

COMMENTS

“My WorkFirst case manager is awesome. He’s totally dedicated and understanding.”

“All of the employees truly have the best interest of the child as their top priority.”

“Improve your listening skills and be more understanding. Don’t judge us so much right away.”

“They understand what mom needs.”

“Some workers stereotype us as crooks because we need assistance.”

“Tamie Reynolds in the Colfax CSO is very understanding and very caring and helpful.”

“They listen and they understand.”

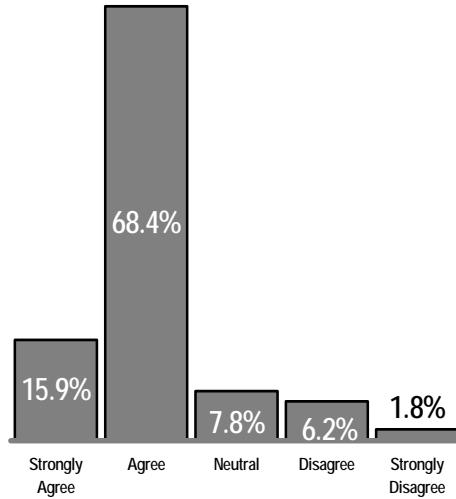
“You should know that when a person’s children are taken away, and there are no openings in treatment, they are driven even deeper into their addiction.”

“My caseworker is like she has been touched by an angel.”

“Please use more compassion with people who are in a bad situation.”

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

SURVEY QUESTION: *Staff understood my needs.*



Responses

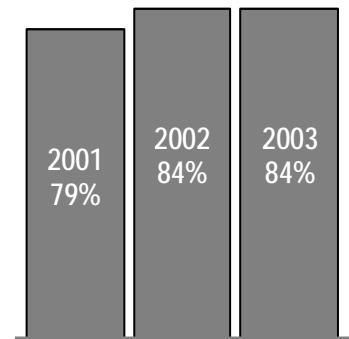
More than eight out of ten respondents (84%) felt that DSHS staff understand client needs. Less than one in ten respondents (8%) disagreed with this statement.

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

- The client participated only in voluntary programs (86%), rather than Children’s Administration programs which are often mandatory (71%)
- The respondent was a representative of the client (88%), compared to instances where the respondent was the client (78%)
- The client was a child (90%), compared to an adult (80%)
- The client was Hispanic (91%), compared to non-Hispanic Caucasian (82%)

Trends

In 2001, 79% of respondents agreed that staff understood their needs; 84% agreed in 2002 and 2003. The differences between the three years were not statistically significant.



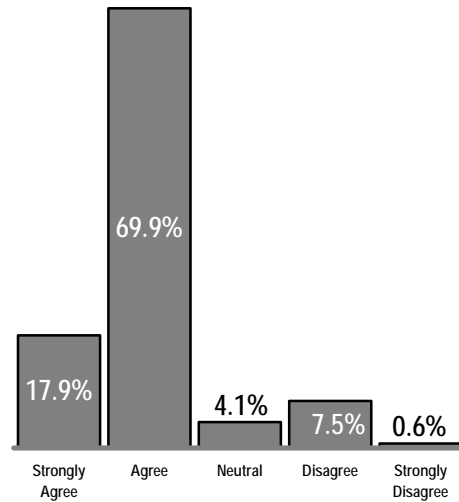
BALANCED SCORECARD GOAL: *Services are easy to access and timely.*

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

Responses

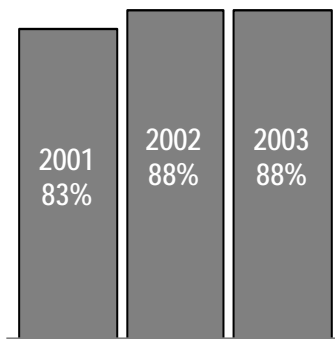
Almost nine out of ten respondents (88%) felt it was easy to get to DSHS programs. Less than one in ten respondents (8%) disagreed, indicating that access to their program location was not easy.

Respondents were more likely to agree that program location was convenient if the client was Hispanic (93%), compared to non-Hispanic Caucasian (86%)



Trends

In 2001, 83% of respondents agreed that it is easy to get to their program; 88% agreed in 2002 and 2003. Differences between the three years were not statistically significant.



COMMENTS

“I like that the CSO is centrally located and easy to get to.”

“There should be more convenient locations for your benefits. No food stamp, no DVR, no Social Security office in Auburn, with a population of about 50,000 people. You could have outstations in hospitals, libraries, senior centers, etc.”

“The offices are conveniently located in Spokane.”

“You should not require handicapped people to physically come into your office in order to apply for benefits. They required my dad to come in his wheelchair to apply for food stamps.”

“I like that I can do most of my business with them over the phone and not have to go to the office.”

“Let clients go to the office closest to them. I moved to a place that is just three blocks outside of the geographic area where my case was held. I then had to go to an office that was several miles away. It would have been more convenient to continue to go to the prior office.”

COMMENTS

“I like the office being open at 7:00 in the morning so I can go in to drop off papers or whatever and then still have time for my own things.”

“Some of your clients work full-time and they have to take time off work when they come to the CSO. You need to extend your office hours, or be open on Saturday.”

“I like the one hour they have extended to keep the office open in the evening.”

“Extend the office hours at mental health or at least have a telephone crisis hotline available.”

“I have multiple sclerosis and can’t always drive, so the office comes to me instead of me going to the office.”

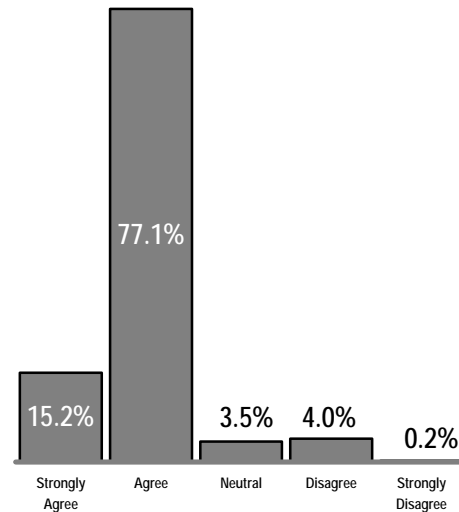
“There is a need for more flexible office hours for clients to conduct business, especially on weekends.”

“My case manager is one in a million. I can call her any time of day 24/7.”

“Extend the office hours.”

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

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

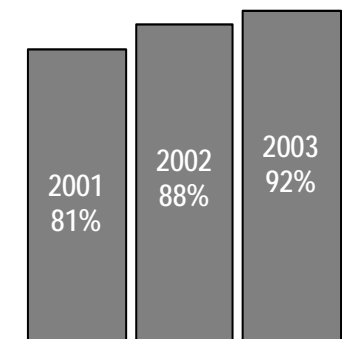


Responses

More than nine out of ten respondents (92%) felt satisfied with the business hours of their program. Less than one in twenty respondents (4%) disagreed.

Trends

In 2001, 81% of respondents were satisfied with program hours; 88% were satisfied in 2002 and 92% in 2003. The differences between 2003 and both 2001 and 2002 were statistically significant.



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

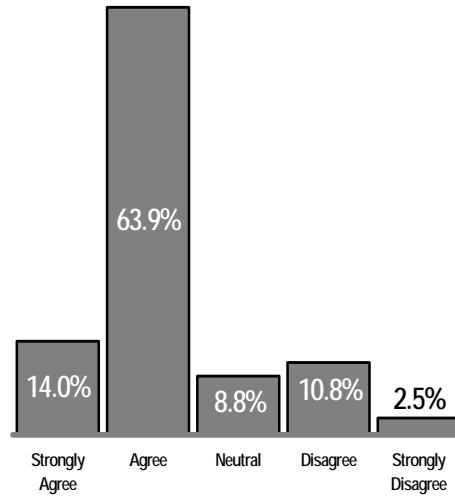
SURVEY QUESTION: *I got services as quickly as I needed.*

Responses

More than three out of four clients (78%) felt satisfied that they received timely services. More than one out of ten (13%) felt that services were too slow.

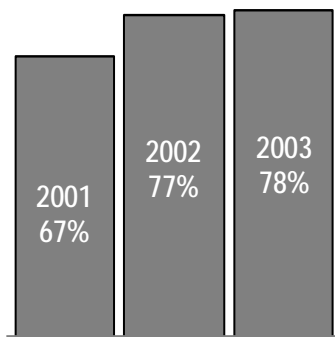
Respondents were more likely to agree that services were timely when:

- The client participated only in voluntary programs (81%), rather than Children’s Administration programs which are often mandatory (56%)
- The respondent was a representative of the client (81%), compared to instances where the respondent was the client (73%)
- The client was a child (83%), compared to an adult (74%)
- The client was Hispanic (86%), compared to non-Hispanic Caucasian (75%)



Trends

In 2001, 67% of respondents agreed that they got services quickly; 77% agreed in 2001 and 78% in 2003. The differences between 2001 and the two later years were statistically significant.



COMMENTS

“You need to hire more people in the Port Angeles office. In this office you have to be there by 6:45 AM and then they only take the first six people.”

“I like the way they do things so fast. They are very efficient.”

“The drug and alcohol program needs to assess each case as to emergent need . . . because of the delay in accessing service the client is put at risk.”

“The CSO and CPS are fast at providing help.”

“Drug and alcohol agency should be able to get people in dire need into treatment center before they try to commit suicide.”

“I like that DSHS allows walk-ins without undue waiting.”

“My boyfriend beat me up when the food stamps didn’t come.”

“[I like] their promptness in dealing with applications considering how over-worked they are.”

“It is now 3 years later with no services”

COMMENTS

“They are very good about returning phone calls.”

“Have your workers be at your desks when I call in. If not, have them return phone calls right away instead of waiting 2 or 3 days.”

“I like the call center for transacting business with DSHS.”

“Sometimes I have to wait and call several times before I can see someone or talk to someone.”

“They are prompt in returning my calls.”

“We were unable to leave a message because the voice mail was filled up.”

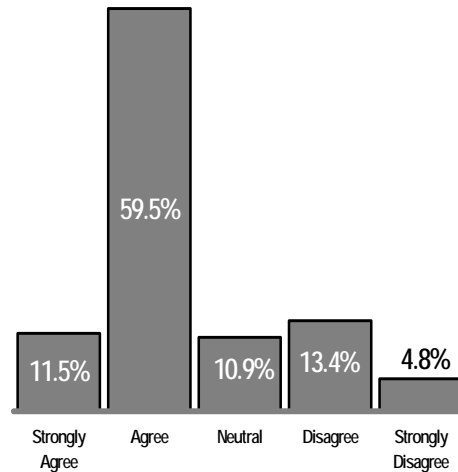
“I like the new phone service for reporting changes, asking questions, and scheduling appointments.”

“Need to work on returning phone calls; sometimes it is a week or two before you hear anything.”

“They do return phone calls within 24 hours, but I want them to return calls even more quickly than that.”

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

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



Responses

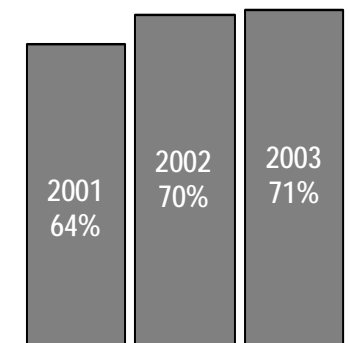
More than seven out of ten respondents (71%) were satisfied that phone calls were returned in a timely manner. Less than two out of ten respondents (18%) disagreed with this survey question.

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 client was a child (76%), compared to an adult (68%)
- The client participated in one program (76%), compared to two programs (67%) and three or more programs (65%)
- The client was Hispanic (82%); compared to non-Hispanic Minority (69%), and non-Hispanic Caucasian (68%)

Trends

In 2001, 64% of respondents agreed that calls were returned within 24 hours; 70% agreed in 2002 and 71% in 2003. The differences between the three years were not statistically significant.



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

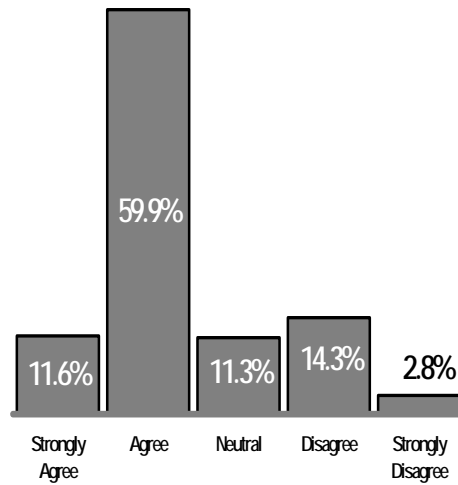
SURVEY QUESTION: *It's easy to get services from my program.*

Responses

About seven out of ten respondents (72%) felt it was easy to get services from their program. Less than one in five (17%) disagreed.

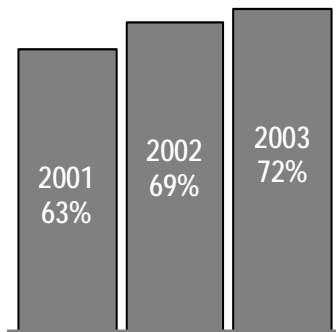
Respondents were more likely to agree services were easy to access when:

- The client participated only in voluntary programs (74%), rather than Children’s Administration programs which are often mandatory (57%)
- The client was Hispanic (86%), compared to non-Hispanic Minority (73%), and non-Hispanic Caucasian (67%)



Trends

In 2001, 63% of respondents agree that it was easy to get services; 69% agreed in 2002 and 72% in 2003. The difference between 2001 and 2003 was statistically significant.



COMMENTS

“They have tried to make things easier and simpler for the client but it’s still mind boggling.”

“There is a desperate need for more dental providers who accept the medical coupon.”

“I can get assistance when I need it.”

“Cutting about 7,000 miles of paperwork would help.”

“Just because you have a felony in the past should not keep you from getting childcare now. I can’t go look for a job or go to work; I won’t ever be able to improve my life.”

“I really don’t have to deal with them much because they did such a good job putting everything in place at the start.”

“Many doctors, dentists and pharmacies won’t take the coupons.”

“Put people through too much hassle.”

“The paperwork was very easy.”

“Having some money made me ineligible but it’s not enough money to live on.”

COMMENTS

“I appreciate how they are willing to explain things and they have been very helpful.”

“Have someone explain to me in my language. I am so confused at how system works.”

“The paperwork was easy. They were very organized and they were prepared when we contacted them.”

“They need to provide English-speaking workers for native English-speaking clients. I find it extremely difficult to understand my worker.”

“Able to answer all my questions.”

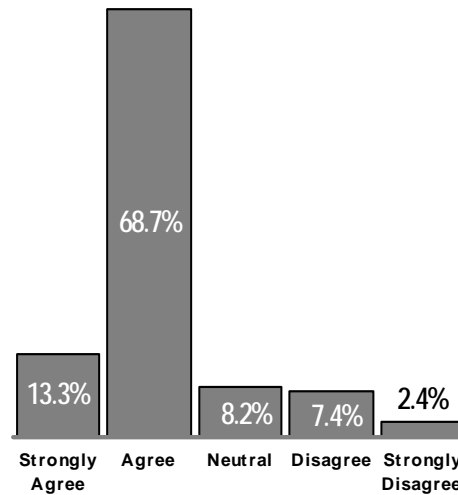
“Make sure the workers give us complete information on the program rules. I didn’t know that my daughter could only miss so many days at daycare before the State cuts back on the amount they will pay.”

“They have been very clear and explain things in detail.”

“I had to wait two weeks to get the information the call center should have been able to give me.”

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

SURVEY QUESTION: *My program staff explained things clearly.*¹³



Responses

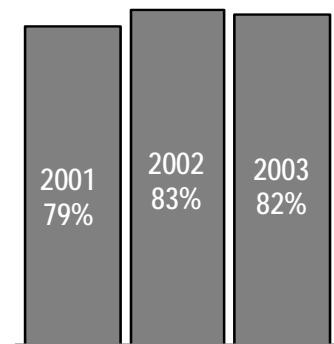
More than four out of five respondents (82%) were satisfied that program staff explained things clearly. One in ten disagreed with this survey question.

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

- The client participated only in voluntary programs (84%), rather than Children’s Administration programs which are often mandatory (72%)
- The client was Hispanic (89%), compared to non-Hispanic Caucasian (80%)

Trends

In 2001, 79% of respondents agreed that staff explained things clearly; 83% agreed in 2002 and 82% in 2003. The differences between the three years were not statistically significant.



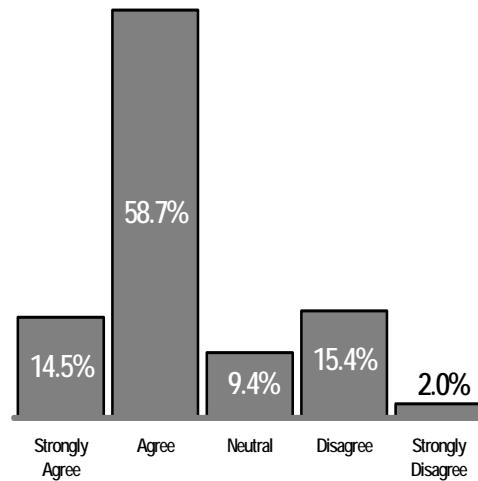
¹³ 214 MAA clients also said they used the MAA toll-free information line and answered this question; 85% of these respondents said that information line staff explained things clearly.

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

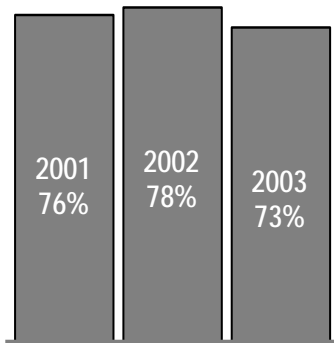
SURVEY QUESTION: *I know what program services there are for me and my family.*

Responses

Nearly four out of five people (73%) interviewed were satisfied that DSHS communicates effectively about available services. More than one in ten (17%) 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 (75%), rather than Children’s Administration programs which are often mandatory (64%).



Trends

In 2001, 76% of respondents agreed that they knew what services were available; 78% agreed in 2002 and 73% in 2003. The change from 2002 to 2003 was the only statistically significant drop in the three years of client surveys.

COMMENTS

“Since more and more business is now being conducted by phone with DSHS, there is a need to get out information in public places on services available through DSHS, instead of just posting in the CSO’s waiting room.”

“DSHS is innovative and leading the nation in diverse ways of reaching people for programs they are qualified for.”

“The agency needs to do more in the way it’s disseminating information on services and resources available to the public. As it is, it is left to us to do the searching.”

“They got in touch with us to say we might be eligible for Food Assistance.”

“Why don’t you put up posters in the waiting room outlining all the available services?”

“They tell me the available options.”

“I’d like to see an annual list of services available through DSHS. Much of what I have learned has been by word of mouth from other parents.”

COMMENTS

“I can always get answer to questions. If one doesn’t know, they ask someone else to help come up with the answer.”

“I think it would be very nice if they made it easier to understand by using simpler language in their written communication.”

“They have been very helpful about providing information.”

“It would be very helpful to receive the information from DSHS in Russian.”

“The visiting nurses that come to our house once a year are my best resource.”

“Workers need more training about the programs so they don’t give out the wrong information.”

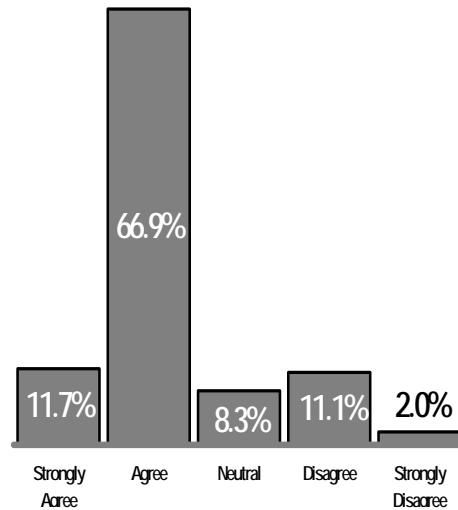
“Make it easier to understand what medical services are covered.”

“They have people who can speak Spanish and they are able to explain things to me.”

“DVR needs to be upfront about what’s really available and how long it is really going to be.”

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

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



Responses

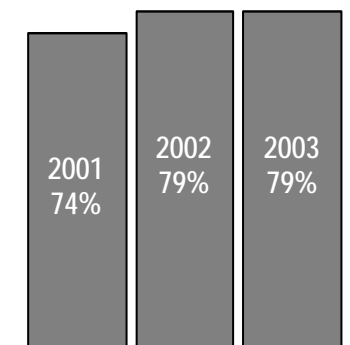
Nearly eight out of ten of those interviewed (79%) felt it was easy to get information about services. Thirteen percent disagreed.

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

- The client participated only in voluntary programs (81%), rather than Children’s Administration programs which are often mandatory (65%)
- The client was non-Hispanic Minority (87%), compared to non-Hispanic Caucasian (76%)

Trends

In 2001, 74% of respondents agreed that it was easy to get needed facts; 79% agreed in both 2002 and 2003. The differences between the three years were not statistically significant.



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

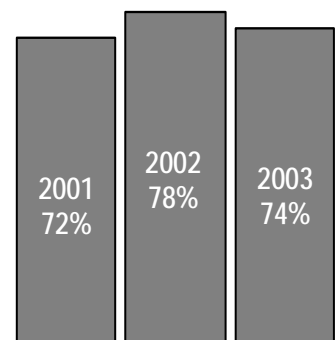
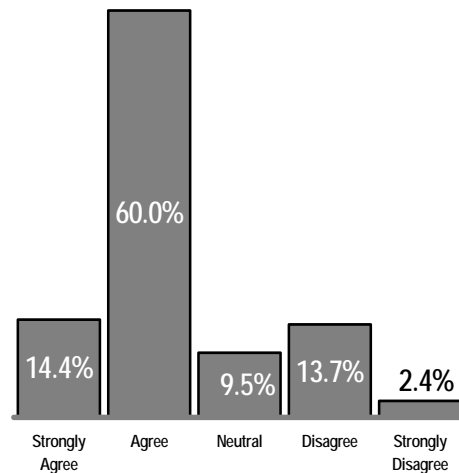
SURVEY QUESTION: *I was involved in making choices about services.*

Responses

Nearly eight out of ten respondents (74%) felt that clients and their representatives were involved in making choices about the services they received. Sixteen 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 (77%), rather than Children’s Administration programs which are often mandatory (55%)
- The respondent was a representative of the client (78%), compared to instances where the respondent was the client (69%)
- The client was a child (84%), compared to an adult (68%)



Trends

In 2001 72% of respondents agreed that they were involved in making choices; 78% agreed in 2002 and 74% in 2003. The differences between the three years were not statistically significant.

COMMENTS

“I liked that I could make choices together with the staff when I was in treatment.”

“You should let clients have more choice in the programs. There is too much emphasis on work in minimum wage jobs instead of training for better jobs.”

“They helped me to make better decisions.”

“You need to work together more with the people. We get bound up in drug abuse and overwhelmed with our problems. Then we come to you for help and you go and use it against us.”

“The more you try to improve your life, the less DSHS will help you.”

“DCFS supports me and will get my input and then we work together for the children.”

“There needs to be some kind of parental advocate available, because CPS likes to bully and threaten people.”

“The staff we did not work with were nice. The ones we did work with were pushy and unconcerned.”

COMMENTS

“They helped me get things going in the direction I wanted them to go.”

“They want me to go to treatment but I want to go to work instead. They won’t help me with childcare or car repairs until I go to treatment, but I want to get a job.”

“[I like] their understanding and their explanation of options without being judgmental.”

“Mental Health should listen to people more. I tried to get help from them but they keep turning me away.”

“[I like] the opportunity to develop my goals through DVR.”

“DVR should give us what we need, not just what they think will fit into their program.”

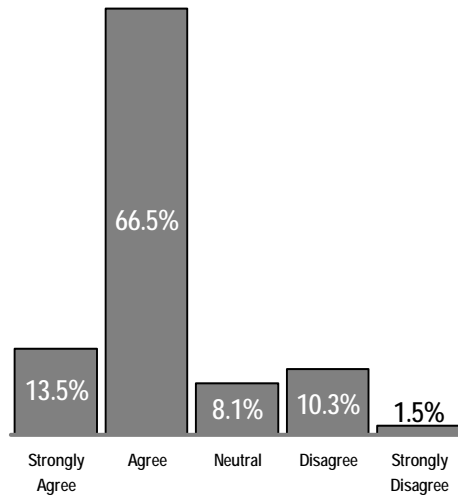
“The support they give helps our daughter to be as independent as possible.”

“They should listen to people more, and work with their ideas and opinions.”

“They helped me to better myself.”

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

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



Responses

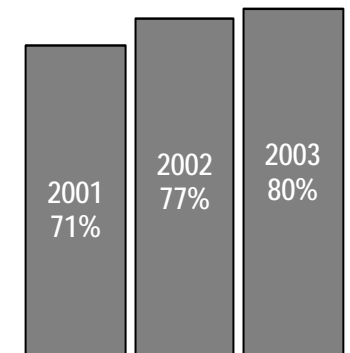
Eight out of ten survey respondents (80%) felt they helped make plans and goals about their services. Twelve percent disagreed.

Respondents were more likely to agree that they helped make plans and goals about services if:

- The client participated only in voluntary programs (82%), rather than Children’s Administration programs which are often mandatory (69%)
- The client was Hispanic (86%), compared to non-Hispanic Caucasian (77%)
- The client was a child (86%), compared to an adult (76%)

Trends

In 2001, 71% of respondents agreed that they helped make plans and goals; 77% agreed in 2002 and 80% in 2003. The difference between 2001 and 2003 was statistically significant.

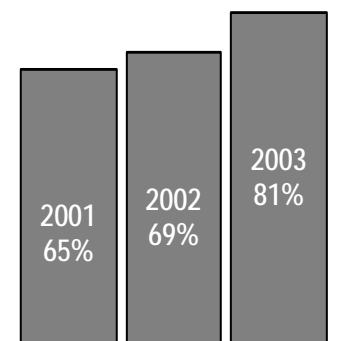
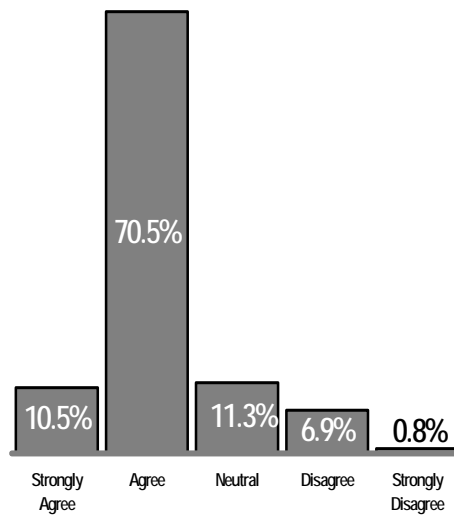


BALANCED SCORECARD GOAL: *DSHS coordinates service delivery.*

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

Responses

More than eight out of ten respondents (81%) involved with three or more DSHS programs felt satisfied that DSHS makes sure all their program services work well together. Less than one out of ten people (8%) disagreed with this survey question.



Trends

In 2001, 65% of respondents agreed that DSHS coordinates service delivery; 69% agreed in 2002 and 81% in 2003. The differences between 2003 and both previous years were statistically significant.

COMMENTS

“I like the idea or concept of an umbrella agency for social services, but they don’t put it all together.”

“Over the years they have streamlined the system, it is much more efficient now.”

“Handicapped clients and their parents need a liaison at the beginning stages of contact with DSHS to cover all services that are available and at what departments.”

“We need one-stop shopping for all DSHS services.”

“They keep things simple.”

“DSHS needs for each department of DSHS to be communicating with each other on individual clients’ cases. It is a fact that none of the departments know what the other one is doing in a client’s case.”

“DSHS needs to break down the barriers between the different departments and divisions; so that disabled children can get services without being pigeonholed as appropriate for just one division.”

COMMENTS

“Better communication between the departments so that the same information is not being continuously requested. DSHS desperately needs to return to having one worker handling all the DSHS services to the client.”

“I like knowing that I am dealing with one specific individual with DSHS.”

“I want one case manager to deal with. Contact with only one worker for all programs is way better than the one-stop shopping concept with one office for all programs but with many workers.”

“I like the fact that there is just one case manager assigned.”

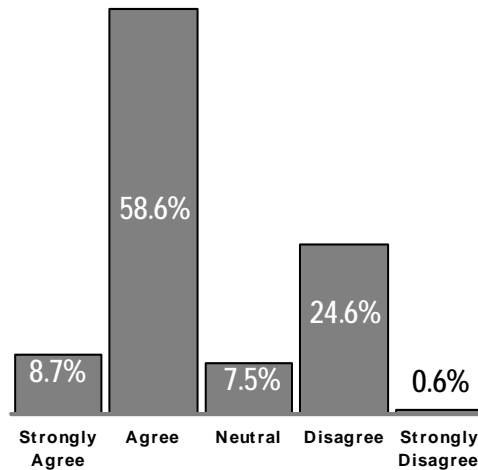
“Should have better communications between workers, so I don’t have to keep telling my story over and over to each new worker I get.”

“At one point in time we always saw the same case manager and this was very helpful.”

“DSHS needs one central person to coordinate services from all DSHS divisions.”

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.*

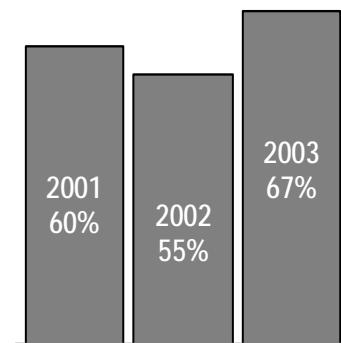


Responses

More than two out of three (67%) of respondents involved with three or more programs were satisfied that someone from DSHS helps them with services from all their DSHS programs. One in four (25%) disagreed.

Trends

In 2001, 60% of respondents agreed that someone from DSHS helps with all services; 55% agreed in 2002 and 67% in 2003. The difference between 2002 and 2003 was statistically significant.



OPEN-ENDED SURVEY QUESTIONS

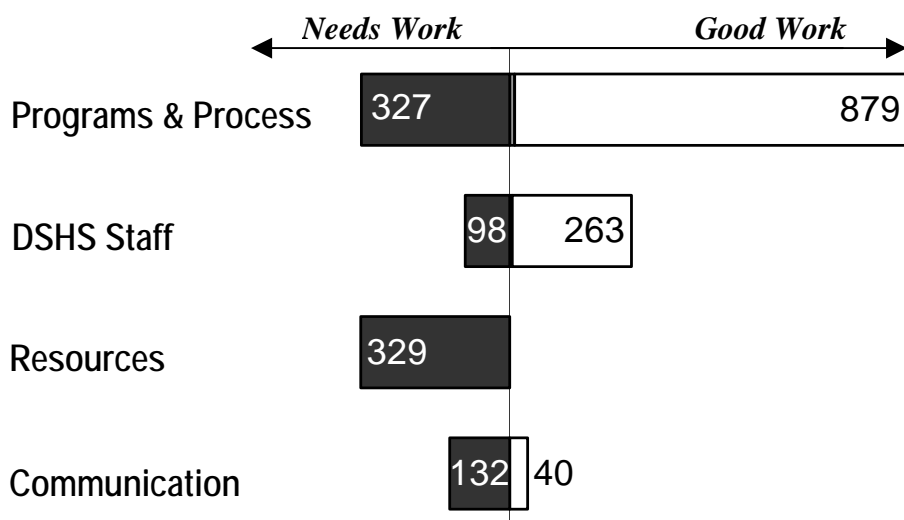
All respondents were asked three open-ended questions:

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

The most frequent comments addressed DSHS programs and processes. More than eight out of ten (858 of the 1060) respondents commented on programs and process.¹⁴ Additionally, 332 clients commented on DSHS staff, 292 commented on the need for more resources, and 164 commented on communication issues. Comments about DSHS and its programs in general tended to be laudatory, as did comments about DSHS staff. Respondents were more likely to make complaints or suggestions for improvements in the areas of processes, resources, and communication.

Comment Themes



¹⁴ A single client may mention the same issue in response to more than one question. Thus, the total number of comments about a particular issue will often be greater than the number of clients who made comments about that issue.

COMMENTS

“I am concerned about the cuts in services, as most people who need services have physical or emotional problems and need the services at a higher level, not cut.”

“I don’t like anything about having to deal with DSHS; however, I greatly appreciate the services.”

“I’m permanently disabled and my situation won’t change. I don’t like having to do eligibility reviews all the time.”

“We have had exceptional caseworkers from the local DDD office. I feel like they are in the boat with me. But the powers that be are not in the boat.”

“I don’t have to worry about Grandma, she has Medicaid to cover what Medicare doesn’t cover.”

“When I had to leave my job due to health issues I had a \$10,000 life insurance policy I had to give up in order to get welfare. Also DSHS took so long to help me that I couldn’t pay my medical insurance premiums and lost my lifetime union medical insurance.”

“They have been very good to me.”

“Thank you, America.”

“Receiving money at the beginning of every month is the happiest moment.”

“I don’t like any part of it.”

“I like the new Quest card for food assistance. It’s just like a credit card and is not embarrassing to use at the store.”

“Drug and alcohol services have too much red tape to go through before you get help.”

“I really like the organizational improvements in the CSO’s.”

“Be faster. They do everything pretty much okay, but just do it faster. And there’s too much paperwork.”

“They are using telephones and computers more and it cuts down on our paperwork.”

“My caseworker goes above and beyond the call of duty for me.”

“The workers need to be more courteous and encouraging to us, instead of threatening us with calling the police.”

DSHS Programs and Processes

DSHS Helps. The most popular type of survey response was a positive or thankful general comment about DSHS. Nearly half of the 1060 survey respondents (450 clients) commented on DSHS helpfulness. Many of these clients responded to more than one of the three questions with a positive comment about DSHS helpfulness. The 450 clients made a total of 552 such positive comments. Typical responses were, “They are there when you need them,” and “Everything is perfect.”

DSHS Doesn’t Help. 84 respondents (less than 10% of the total) made a total of 86 negative observations about DSHS general helpfulness. A typical negative comments was, “I don’t like anything about DSHS and would rather be off it.”

Specific Programs and Processes. Clients also often commented favorably about specific DSHS programs and specific processes. Of the 400 comments on specific programs and/or processes, 261 were complimentary, while 131 offered suggestions for change. A typical comment was, “It was easy to get DVR services, and the application process flowed smoothly.” “Medical assistance” was a frequent answer to “What do you like best about dealing with DSHS?” Some areas garnered more negative comments: 28 of 38 comments addressing Child Protective Services and 26 of 33 addressing location and hours were complaints or suggestions for change.

Process. Respondents were more critical when they discussed general DSHS business processes. There were 179 comments about process issues like efficiency, wait times, paperwork, coordination of services and bureaucracy. 110 of these comments pointed out areas in which procedures could be improved; 66 applauded current processes. Waiting times for substance abuse programs and the availability of mental health treatment were frequently mentioned.

Staff

Courtesy and Respect. Clients made 185 comments addressing staff courtesy and respect; 122 of these were positive, 58 were negative, and 5 were neutral. Samples of these comments can be found on page 16 which discusses the question about courtesy and respect.

Other Staff Comments. There were 123 comments about other aspects of DSHS staff; 85 were positive, 37 were negative and 1 was neutral. Clients praised workers who are supportive, understanding, helpful and good listeners – and complained about those who are not.

Specific Staff Members. Additionally, 59 comments mentioned DSHS staff members by name; 56 of these specific comments were positive and 3 were negative. A typical comment said, “Sherry Wilbanks is very caring and helpful.” A complete list of kudos to DSHS staff is available along with this report on our website.

Need for Additional Resources

Staff. 74 comments suggested that DSHS needs more staff or less staff turnover. A common response was simply, “Hire more staff.”

Benefits. 86 comments concerned clients’ need for additional benefits. One respondent said, “You need to be more realistic about how much money, food stamps, and benefits it takes to live on.” In addition to larger grants and more benefits, clients mentioned needs such as more caregiver hours and respite care, and suggested increasing eligibility for benefits and reducing wait lists.

Programs. 46 comments suggested more or expanded programs, or avoiding cuts to current programs. Clients typically asked for more employment, education, crisis, housing and special needs programs.

Medical/Dental Programs and Benefits. 68 comments specifically requested additional medical programs and/or benefits. The most common request was increased medical/dental benefits for adults – often family members of clients. The largest number of specific requests concerned mental health care, although physical therapy, chiropractics, dental orthotics, vision services and prescriptions were also addressed. One respondent said, “Provide more assistance for mental health, for both the clients and for their families. The families need help with how to cope with the mentally ill and their problems.”

Health Care Providers. 55 comments addressed the need for more DSHS providers who will take medical coupons. One client wrote, “Need to find more providers who accept the medical coupons. I had to go through 30 providers before we were able to find a doctor who accepted the coupon.” Difficulty finding dentists who accept coupons was a very common and emphatic theme. Clients also reported difficulty accessing mental health care and some pharmacies.

Communication

Information. 79 comments mentioned experiences getting information about DSHS programs and policies; 68 comments suggested areas that need improvement and 11 comments addressed clients’ positive experiences getting information about DSHS. Many requested a directory of health care providers – especially dentists.

“My WorkFirst case manager is awesome. He’s totally dedicated and understanding.”

“We need more social workers so that each worker can get to know the families instead of just doing paperwork.”

“When people leave TANF for a job, the food stamp program assistance should continue for say two months.”

“Food stamp assistance is very inadequate and insufficient.”

“I believe that the developmentally disabled are being slighted in the amount of funding that is being made available for their care. These are some of the most vulnerable people in the State.”

“Need more dental providers who accept the medical coupons.”

“It is so important that when a person has a mental health issue, they can get in right away.”

“Make more information available on the internet.”

“You should provide more information and support service for foster children that age out of the program.”

“Waiting time on call center needs to be shortened to no more than ten minutes.”

“Hire more people to return phone calls promptly.”

“We are very disappointed with the current situation with the interpreters. Please return to the previous service. It was much better.”

“By and large the social workers hired by DSHS are genuine caring people who are limited by resources available.”

“CPS came into my home and told me I had two weeks to get into methadone treatment program, otherwise I would lose my children. Methadone program has a 16-month waiting list for DSHS clients.”

“I work at Wal-Mart. We get many items that have to be claimed out because of some damage like dents or small rips. Why doesn't the State contract with Wal-Mart to buy these items at cost, and then give them to clients and foster children?”

“They are there to help the more unfortunate.”

“They help my kids.”

Others asked DSHS to provide information about all services offered, and to better explain what medical services are covered. One client summarized, “You should get information updates out frequently to us. Things are always changing . . . and we don't always know what is available to us.”

Phone Access. 71 comments concerned experience with contacting DSHS staff through phone, voice-mail and e-mail. 45 comments were negative and 26 positive. The typical comment in this area was, “They should return phone calls more promptly.”

Language Services. 22 comments addressed language services. Most (19) were suggestions for change, while 3 praised translation services. Several were displeased with recent changes in the DSHS system to provide translators. Some English-speaking clients also reported problems understanding workers who are not native English speakers.

Trends

The overall 3-year trend in comments is positive. Each year the ratio of positive to negative comments was higher. In 2003, there were 1.4 positive comments for every negative comments. In 2002, there were about 1.23 positive comments for every negative comment. 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 2003. In both 2002 and 2003, the most common comments were those applauding the helpfulness of DSHS. In 2001, the most common comments addressed staff courtesy. In all three years, positive comments about staff courtesy outnumbered negative. In 2003 there were 2.1 positive comments for every negative comment about staff courtesy. In 2001 and 2002 there were 1.7 positive comments about staff courtesy for every negative comment on that subject.

The emphasis on other topics shifted somewhat between 2003 and the two earlier years. There were fewer negative comments about phone and e-mail access in 2003, and also fewer positive comments about getting information from DSHS. More clients mentioned the need for more medical or dental benefits, while fewer requested for expanded or additional programs.

Additional Information

For a more detailed chart of client responses to open-ended questions, refer to Appendix G. A complete list of all client comments is posted along with this survey on RDA's web site.

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 employee¹⁵
- 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 Disability Services Administration received ADSA services only from the Adult Protective Services

¹⁵ 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 ADSA 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 RATES¹⁶

		TOTAL	AASA	CA	DDD	ESA	MHD	MAA	DASA	DVR
A	Full Interview	1060	132	127	122	155	114	198	104	108
B	Refusal	62	7	7	10	11	7	7	7	6
C	Subtotal: Found Eligible (A + B)	1122	139	134	132	166	121	205	111	114
D	Found Ineligible	66	18	12	3	7	4	7	10	5
E	Subtotal: All Found (C + D)	1188	157	146	135	173	125	212	121	119
F	% found ineligible (D/E)	6%	11%	8%	2%	4%	3%	3%	8%	4%
G	No Contact	368	42	87	19	38	55	48	38	41
H	<i>No Contact / Estimated to be Ineligible (FxG)</i>	20	5	7	0	2	2	2	3	2
I	Subtotal: All Eligible (C + G - H)	1470	176	214	151	202	174	251	146	153
J	TOTAL IN SAMPLE (E + G)	1556	199	233	154	211	180	260	159	160
K	COOPERATION RATE¹⁷ (A/C)	94%	95%	95%	92%	93%	94%	97%	94%	95%
L	COMPLETION RATE¹⁸ (A/I)	72%	75%	59%	81%	77%	65%	79%	71%	70%

¹⁶Often 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.

¹⁷The ratio of completed interviews to all potential respondents contacted.

¹⁸The 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.¹⁹ 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.

¹⁹In 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^{20, 21}

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*

²⁰ 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.

²¹ 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.

ADSA – Aging and Disability Services – Home and Community and Residential 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.

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3. It's easy to get to the agency where I get drug and alcohol treatment services.

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4. The drug and alcohol office is open at times that are good for me.

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5. Drug and alcohol staff returned my calls within 24 hours.

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6. I got services as quickly as I needed.

--	--	--	--	--	--

7. It was easy to get the facts I needed about services.

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

At the Very End - All Participants
 20. What do you like best about dealing with DSHS?
[Open-ended question. Record response.]

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

Now I have a few questions for background purposes.

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

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

24. 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 9th line of the chart shows that 67 clients in the completed sample used Aging and Disability, Economic and Medical Services (6.3208% of the 1,060 completed surveys). In the total population of all DSHS clients in fiscal year 2002²², 17,886 (1.2665% of the total) used this combination of services. The responses of the 67 survey respondents were weighted by a factor of 1.2665. Thus, in the weighted sample 13.4253 of the 1064 respondents utilized Aging and Adult services—comprising 1.265% 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	SAMP_PC	POP_N	POP_PC	WT	WT_N
ACEM	1	0.0943	252	0.0178	0.1892	0.1892
ACEMS	2	0.1887	23	0.0016	0.0086	0.0173
ACM	1	0.0943	70	0.0050	0.0525	0.0525
ADEHMOV	1	0.0943	16	0.0011	0.0120	0.0120
ADEM	1	0.0943	457	0.0324	0.3430	0.3430
ADM	2	0.1887	441	0.0312	0.1655	0.3310
AEHM	12	1.1321	4,050	0.2868	0.2533	3.0399
AEHMS	2	0.1887	229	0.0162	0.0859	0.1719
AEM	67	6.3208	17,886	1.2665	0.2004	13.4253
AEMS	1	0.0943	242	0.0171	0.1816	0.1816
AEMV	4	0.3774	358	0.0254	0.0672	0.2687
AH	1	0.0943	31	0.0022	0.0233	0.0233
AHM	10	0.9434	4,850	0.3434	0.3640	3.6404
AM	54	5.0943	29,038	2.0562	0.4036	21.7960
AMS	1	0.0943	25	0.0018	0.0188	0.0188
AMV	2	0.1887	116	0.0082	0.0435	0.0871
C	26	2.4528	83,038	5.8800	2.3972	62.3284
CDEHM	2	0.1887	634	0.0449	0.2379	0.4759
CDEM	1	0.0943	1,886	0.1336	1.4156	1.4156
CDEMOV	1	0.0943	94	0.0067	0.0706	0.0706
CDHM	3	0.2830	200	0.0142	0.0500	0.1501
CDM	2	0.1887	956	0.0677	0.3588	0.7176
CEHM	13	1.2264	10,919	0.7732	0.6304	8.1958
CEHMS	9	0.8491	2,402	0.1701	0.2003	1.8029
CEHMSV	1	0.0943	117	0.0083	0.0878	0.0878

PROGRAMS:

- A:** ADSA – Home & Comm, Res
- C:** Children’s Administration
- D:** Developmental Disabilities
- E:** Economic Services
- H:** Mental Health
- M:** Medical Assistance
- S:** Alcohol & Substance
- V:** Vocational Rehabilitation

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

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

POP_N: Number of clients in FY2002 using this combination of programs

POP_PC: Percentage of FY2002 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

²² Includes the 99.4% of the DSHS population whose service profile was represented in the client survey sample.

Programs	SAMP_N	SAMP_PC	POP_N	POP_PC	WT	WT_N
CEHMOV	1	0.0943%	297	0.0210%	0.2229	0.2229
CEHS	1	0.0943%	43	0.0030%	0.0323	0.0323
CEM	14	1.3208%	51,286	3.6316%	2.7497	38.4953
CEMS	22	2.0755%	4,364	0.3090%	0.1489	3.2756
CEMSV	1	0.0943%	103	0.0073%	0.0773	0.0773
CEMV	1	0.0943%	382	0.0270%	0.2867	0.2867
CESV	1	0.0943%	6	0.0004%	0.0045	0.0045
CHM	11	1.0377%	4,113	0.2912%	0.2807	3.0872
CHMS	1	0.0943%	641	0.0454%	0.4811	0.4811
CHMSV	1	0.0943%	3	0.0002%	0.0023	0.0023
CHMV	1	0.0943%	9	0.0006%	0.0068	0.0068
CM	24	2.2642%	23,373	1.6551%	0.7310	17.5438
CMS	8	0.7547%	929	0.0658%	0.0872	0.6973
CMV	2	0.1887%	36	0.0025%	0.0135	0.0270
CS	6	0.5660%	907	0.0642%	0.1135	0.6808
D	20	1.8868%	6,531	0.4625%	0.2451	4.9022
DEHM	12	1.1321%	1,989	0.1408%	0.1244	1.4929
DEHMOV	4	0.3774%	436	0.0309%	0.0818	0.3273
DEM	49	4.6226%	11,657	0.8254%	0.1786	8.7498
DEMOV	15	1.4151%	1,573	0.1114%	0.0787	1.1807
DH	1	0.0943%	94	0.0067%	0.0706	0.0706
DHM	7	0.6604%	635	0.0450%	0.0681	0.4766
DM	32	3.0189%	6,842	0.4845%	0.1605	5.1356
DMV	4	0.3774%	311	0.0220%	0.0584	0.2334
E	25	2.3585%	104,977	7.4336%	3.1518	78.7959
EHM	50	4.7170%	38,290	2.7114%	0.5748	28.7405
EHMS	26	2.4528%	6,493	0.4598%	0.1874	4.8737
EHMSV	3	0.2830%	618	0.0438%	0.1546	0.4639
EHMOV	15	1.4151%	2,782	0.1970%	0.1392	2.0882
EHS	1	0.0943%	288	0.0204%	0.2162	0.2162
EM	140	13.2075%	446,771	31.6365%	2.3953	335.3469
EMS	23	2.1698%	14,025	0.9931%	0.4577	10.5272
EMSV	3	0.2830%	653	0.0462%	0.1634	0.4901
EMV	19	1.7925%	4,782	0.3386%	0.1889	3.5894
ES	1	0.0943%	1,978	0.1401%	1.4847	1.4847
ESV	1	0.0943%	49	0.0035%	0.0368	0.0368
EV	2	0.1887%	1,081	0.0765%	0.4057	0.8114
H	9	0.8491%	25,856	1.8309%	2.1564	19.4075
HM	30	2.8302%	12,216	0.8650%	0.3056	9.1693
HMS	9	0.8491%	1,037	0.0734%	0.0865	0.7784
HMSV	1	0.0943%	29	0.0021%	0.0218	0.0218
HMV	3	0.2830%	406	0.0287%	0.1016	0.3047

Programs	SAMP_N	SAMP_PC	POP_N	POP_PC	WT	WT_N
M	141	13.3019%	447,679	31.7008%	2.3832	336.0285
MS	20	1.8868%	4,610	0.3264%	0.1730	3.4603
MSV	1	0.0943%	41	0.0029%	0.0308	0.0308
MV	16	1.5094%	992	0.0702%	0.0465	0.7446
S	22	2.0755%	13,700	0.9701%	0.4674	10.2832
SV	1	0.0943%	87	0.0062%	0.0653	0.0653
V	39	3.6792%	7,871	0.5574%	0.1515	5.9080
Total	1060					1060

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:

AAS	Aging and Disability Services Administration, Home and Community and Residential Care Services Divisions
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 17 languages: English, Spanish, Russian, Korean, Mandarin Chinese, Cantonese Chinese, Vietnamese, Cambodian, Farsi, Hmong, Laotian, Somali, Tagalog, Persian, Bulgarian, Serbo-Croatian, and Ukrainian.

INTERVIEW SCHEDULE

Telephone interviews began on January 10, 2003 and ended on June 30, 2003. 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

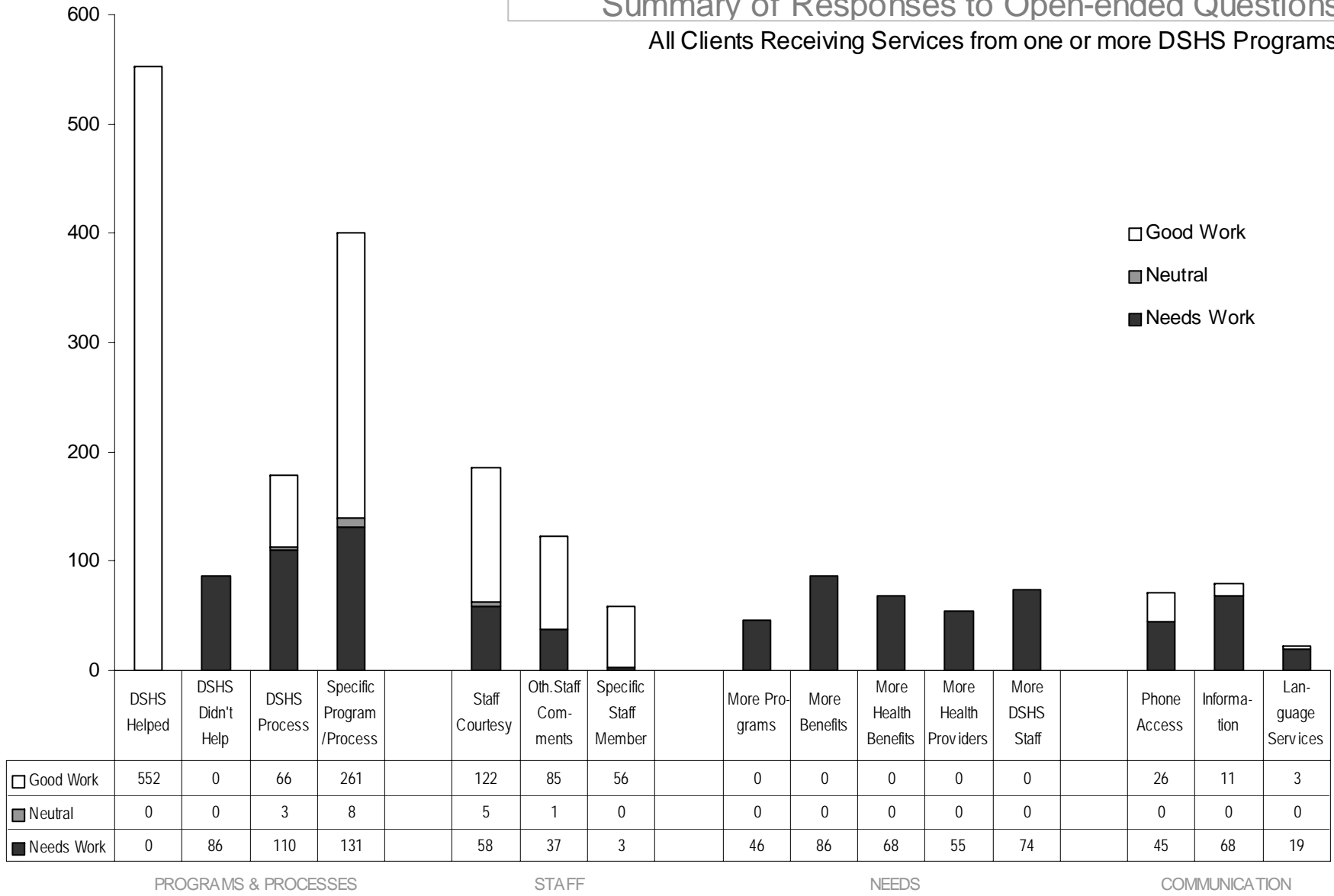
All English language interviews were conducted from Research and Data Analysis office in Olympia, using the Computer-Assisted Telephone Interviewing (CATI) system. The CATI system displays survey questions on a computer monitor from which the interviewer can read the question to the respondent and then 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

2003 CLIENT SURVEY

Summary of Responses to Open-ended Questions

All Clients Receiving Services from one or more DSHS Programs



DSHS 2003 Client Survey Response Glossary

Responses to Open-ended Questions

Response Category	Typical Response Example
Programs/Process	
DSHS Helped	DSHS has helped me/my family; good service overall; grateful for help; appreciative; likes DSHS
DSHS Didn't Help	DSHS didn't help; don't like dealing with DSHS; must deal with DSHS to get benefits or services
DSHS Process	Compliments or complaints about coordination, efficiency, bureaucracy, paperwork, timeliness
Specific Program/Process	Named a specific program or procedure that helped/didn't help or liked or should change – includes comments about location and hours
STAFF	
Staff Courtesy	Compliments or complaints regarding staff courtesy, helpfulness, attitude, sensitivity
Other Staff Comments	Other or miscellaneous comment directly relating to DSHS staff
Specific Staff Member	Named a specific staff person who helped/didn't help
RESOURCES	
Need More Programs	Availability of non-medical programs; expand or don't cut certain programs
More Money / Benefits	Need more money, non-medical benefits; ease eligibility or waitlists
More Health Benefits	Need more medical, dental and/or mental health services/benefits; don't cut
More Health Providers	Need more dental, medical, mental health, pharmacy and vision services providers who take coupons
Need More DSHS Staff	Need more staff; reduce turnover; lower caseloads
COMMUNICATION	
Phone Access	Phone access; voicemail; return calls
Information	Information about programs or eligibility; answering questions; advertising services
Language Services	Need more interpreters/bilingual staff; better interpreter system; native English-speakers
OTHER	
	Other; miscellaneous comments that don't fit elsewhere

A complete list of all client comments is posted along with this report 11.113 on RDA's web site at <http://www1.dshs.wa.gov/RDA/>



Research and Data Analysis Division
Report Number 11.113