

# 2005 Client Survey DSHS Clients Speak

## What makes us happy?

- Life-changing assistance
- Help when we really need it
  - Helpful, courteous staff
  - Speedy service

April 2006  
Report 11.128



**RDA** Research & Data  
Analysis Division

# DSHS

WASHINGTON STATE  
**Department of Social  
and Health Services**

**Headquarters located at:**  
14<sup>th</sup> and Jefferson Street  
Olympia, WA 98504

**Office of the Secretary**  
Robin Arnold-Williams, Secretary

**Management Services  
Administration**

*Kathleen Brockman, Chief  
Administrative Officer*

**Research and Data Analysis  
Division**

*Elizabeth Kohlenberg, Director*

## RDA

**DSHS Research and Data  
Analysis Division (RDA)**

**Director:** Elizabeth  
Kohlenberg, Ph.D.  
e-mail: [kohleer@dshs.wa.gov](mailto:kohleer@dshs.wa.gov)

14<sup>th</sup> and Jefferson Street  
PO Box 45204  
Olympia, WA 98504-5204  
360.902.0707

Order Publication:  
360.902.0701

**RDA's Online Library:**  
[www1.dshs.wa.gov/rda](http://www1.dshs.wa.gov/rda)

## Information About this Publication

**Title:** DSHS 2005 Client Survey

**Abstract:** Between January and June 2005, DSHS surveyed 1,136 clients who had received services during state fiscal year 2004 (July 1, 2003 to June 30, 2004). These clients were asked about their satisfaction with DSHS services and recommendations for change. The great majority of clients expressed satisfaction with DSHS services and with their interactions with staff. Compared with previous surveys, fewer clients felt they were involved in making choices about services or that services were well-coordinated. There has been improvement in these areas, but some clients still report problems with access to services and reaching staff. Access to information continues to be an issue.

**Keywords:** DSHS, survey, client, customer, satisfaction

**Category:** DSHS issues

**Geography:** Washington State

**Research Time Period:** January 2005 through June 2005

**Publication Date:** April 2006

**Publication Number:** 11.128

**Project Name:** DSHS Client Surveys

**Authors:** Nancy Raiha, Ph.D., Monica Stanley, B.A.

### Acknowledgments:

- DSHS clients and families
- DSHS executive management and program managers
- DSHS Deputy Secretary Liz Dunbar – project oversight
- Dynamic Language Center – administering multi-lingual surveys
- Andrea Stanley and Debbie Macy – analysis and staff support
- Hakan Axelsson and Barb Felver – formatting and graphics
- DSHS Survey Team – John Hopper, Linda Marvel, Charles Pollock, Glen Randant, Olivia Garcia (Spanish), Natalia Filatova (Russian)

**Project Supported by:** Washington State Department of Social and Health Services Executive Leadership Team

**Cover Design by:** DSHS Research and Data Analysis Division

**Persons with disabilities or special needs** may call the Research and Data Analysis Information Line and request a hard copy: 360.902.0701.

DSHS . . . Improves the quality of life for individuals and families in need in Washington State

DSHS currently serves  
**one in four** state  
residents



RDA . . . Brings data and analysis to the decision making agenda:

- Better work process
- Better decisions
- Better outcomes

## To the Reader

---

JANUARY 2006

### The DSHS Mission

*. . . is to improve  
the quality of life for  
individuals and families  
in need*

*. . . to do this we help  
people achieve safe,  
self-sufficient, healthy  
and secure lives*



STATE OF WASHINGTON

### DEPARTMENT OF SOCIAL AND HEALTH SERVICES OFFICE OF THE SECRETARY

Dear Reader,

I am happy to share the results of the 2005 client survey.

The vast majority of our clients are grateful for DSHS services and for our hardworking, caring staff.

The respondents do point to some areas with room for improvement. This survey provides an opportunity to renew our ongoing commitment to see that all clients have these opportunities:

- To deal with responsive, knowledgeable, courteous staff
- To receive clear, accessible information about our programs
- To access services with a minimum of bureaucratic hassle

*Robin Arnold Williams*

Secretary, DSHS





# Contents

## Highlights of the Survey

Strengths..... 1  
Room for Improvement ..... 2

## The Clients | Who Responded

Program Representation ..... 3  
Response Rate..... 3  
Respondents ..... 4  
Client Characteristics..... 4

## Findings | The Responses in Detail

Quality: Overall, DSHS program services have helped me and my family ..... 6  
Quality: Thinking of all the programs together, DSHS does good work..... 7  
Quality: My DSHS program does good work ..... 8  
Quality: I am satisfied with DSHS program services ..... 9  
Staff: Staff treated us with courtesy and respect ..... 10  
Staff: Staff listened to what we have to say ..... 11  
Staff: Staff understood our needs ..... 12  
Access: The DSHS program offices are open at times that are good for us ..... 13  
Access: It's easy to get to the DSHS program..... 14  
Access: We got services as quickly as we needed ..... 15  
Access: It's easy to get services from the DSHS program..... 16  
Access: Our DSHS program returned calls within 24 hours ..... 17  
Information: Program staff explained things clearly..... 18  
Information: It was easy to get the facts we needed about services ..... 19  
Information: I know what DSHS program services there are for me and my family ..... 20  
Client Involvement: We were involved in making choices about services..... 21  
Client Involvement: We helped make plans and goals about services ..... 22  
Coordination: Someone from DSHS helps us with services from all programs ..... 23  
Coordination: DSHS makes sure our services work well together ..... 24  
Narrative Responses..... 25  
Additional Narrative Themes..... 26

**APPENDIX A:** Methods  
Purpose of the Survey  
The Survey Instrument  
The Sample  
Sampling Considerations  
Eligibility Factors  
Interview Methods  
Response Rate  
Analysis and Weighting  
**APPENDIX B:** Cooperation and Completion Rates  
**APPENDIX C:** Survey Questions  
**APPENDIX D:** Sample Survey for Hypothetical Client Using All Eight Programs  
**APPENDIX E:** Weighting  
**APPENDIX F:** Responses by Client Sub-Group  
**APPENDIX G:** Responses by Program Sub-Group  
**APPENDIX H:** Themes from Narrative Questions: Detail and Glossary

## WWW

### ON THE WEB . . .

The appendices listed at left, a complete list of all comments, and staff mentions can be found accompanying this report on the RDA website:

[www1.dshs.wa.gov/RDA](http://www1.dshs.wa.gov/RDA)



## Highlights of the Survey



Photo: Microsoft public photo

**Between January and June 2005**, DSHS surveyed 1,136 clients who had received services in the previous fiscal year.\* These clients were asked about their satisfaction with DSHS services and recommendations for change.

The 2005 client survey is the fourth in a series of agency-wide client surveys initiated in 2001. These client surveys are one of the primary methods DSHS uses to “listen” to its customers, and to incorporate customer input into its strategic planning and decision-making processes.

As in previous years, the great majority of clients expressed satisfaction with DSHS services and with their interactions with staff. However, compared to previous years, fewer clients felt they were involved in making choices about services or that services were well-coordinated.

Although there has been improvement in these areas, some clients still report problems with access to services and reaching staff. Access to information continues to be an issue for some.

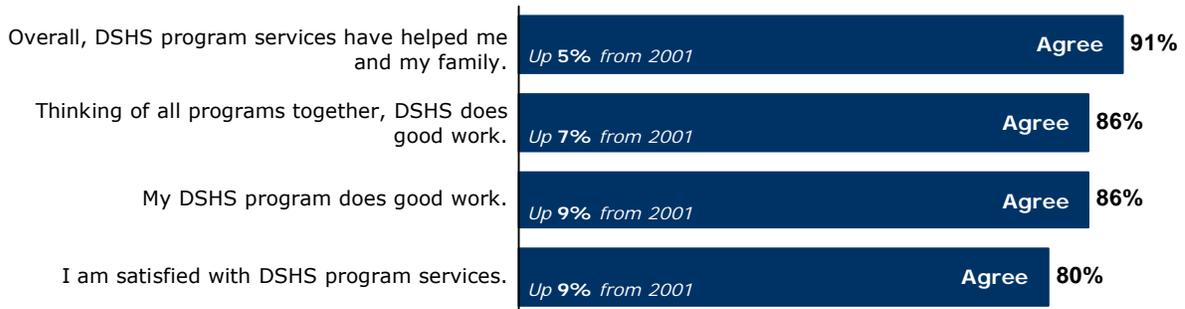
DSHS is committed to improving customer service. The information collected in the 2005 Client Survey will assist agency leadership in charting a future course for DSHS. We thank all who shared their opinions through this survey.

### What makes us happy?

- Life-changing assistance
- Help when we really need it
- Helpful, courteous staff
- Speedy service

## Strengths

### *Clients continue to be thankful for services and good work.*



### *Most clients are happy with dealings with staff.*



\*The time period for receipt of services was Fiscal Year 2004 (from July 1, 2003 to June 30, 2004).

## Room for Improvement

When asked about specific aspects of DSHS service, up to 20 percent of the respondents indicated some degree of dissatisfaction or desire for improvement.

### We are less happy when

- Services are cut
- It's difficult to reach staff
- Delivery is uncoordinated
- Eligibility rules impede efforts to stabilize our lives
- Paperwork is difficult or redundant
- We wait a long time
- It's difficult to find information



Photo: Microsoft public photo

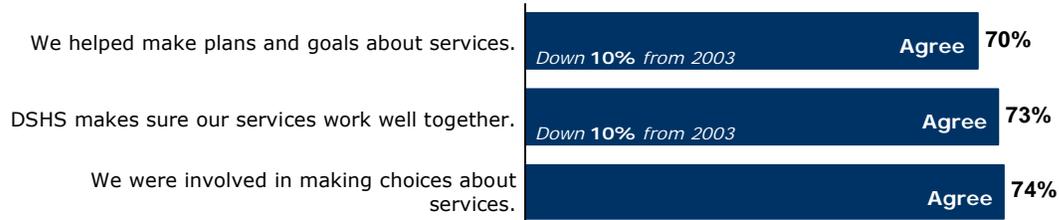


Photo: Research and Data Analysis file photo



Photo: Research and Data Analysis file photo

### ***Fewer clients felt that they were involved in making choices and that services were coordinated.***



### ***There has been improvement, but some clients would still like easier access to services.***



### ***Information continues to be an issue.***



### ***There have been some improvements in the ability to reach staff, but concerns remain.***



## Who Responded?



Photo: Research and Data Analysis file photo

### Program Representation

Approximately 100 clients selected from each of nine major DSHS 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 2004.

Over half of DSHS clients use more than one program, so each person interviewed was asked about every DSHS service used in fiscal year 2004 (July 2003-June 2004). 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 2004.

The circles on the left shows the number of respondents interviewed about each program. Because a single client was often interviewed about more than one program, the total far exceeds the number of clients interviewed. Significantly more than half of the 1,136 clients in the survey had used the more widely utilized programs, Medical Assistance and Economic Services.

#### Number of clients asked about each program

Clients could be asked about more than one program

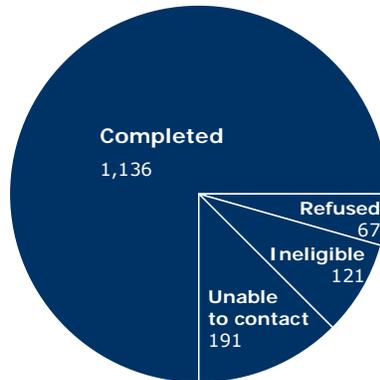


### Response Rate

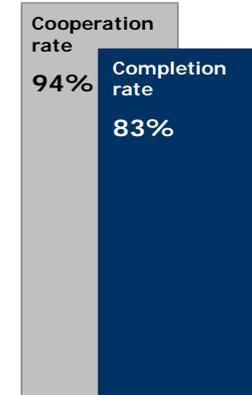
The overall cooperation rate for the survey was 94 percent and the completion rate was 83 percent.\*\* These response rates are extraordinarily high for any survey, but are especially remarkable for a survey involving the particularly challenging transient population of DSHS clients.

#### How clients responded

TOTAL = 1,515



#### Response rates

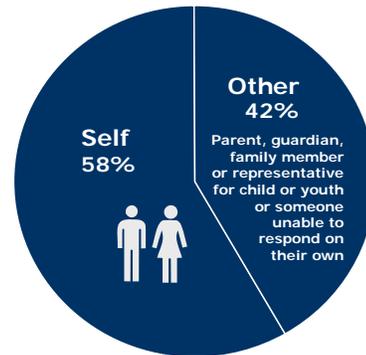


\*The survey did not ask about experiences with the Juvenile Rehabilitation Administration. Experience has shown that a survey administered after youth are released from JRA supervision is not an effective or representative method to obtain JRA client feedback. Appendix A contains further information about methodology.

\*\*Surveyors employed a number of measures to increase response rates. Response rates for each program and the methods used to calculate response rates are shown in Appendix B. A description of methods employed to increase response rates and of which clients are deemed ineligible can be found in Appendix A.

## Respondents

The person who completed the survey was not always the client. In 42 percent of the cases, the client selected for the survey was a child or youth (age 17 or under) or otherwise unable to complete the survey. In these cases, a parent, guardian, family member or other representative who deals with DSHS was asked to complete the survey.



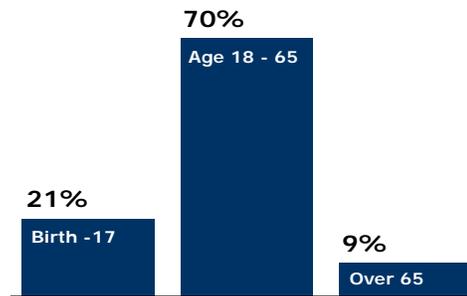
## Client Characteristics

### Age

Clients' ages ranged from early childhood through late adulthood:

- 21 percent of the clients in the survey were children
- 70 percent were working age adults
- 9 percent were senior adults

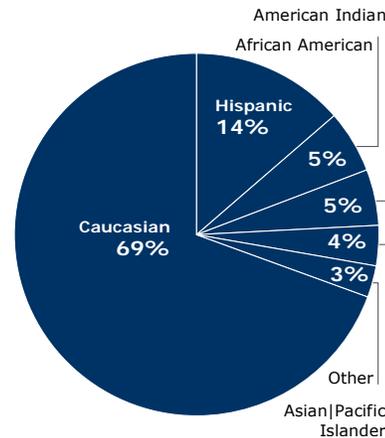
The average age was 35 years.



### Race|Ethnicity

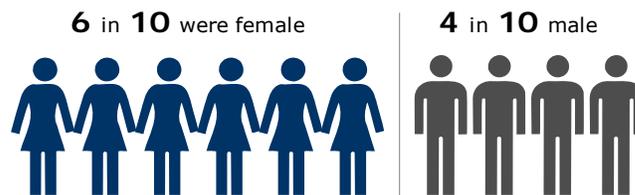
Clients were asked what racial and ethnic group best describes them. In the chart at right, all clients with Hispanic ethnicity are categorized as Hispanic, regardless of racial identification. Thus, for example, the Caucasian category consists of non-Hispanic Caucasians, and the American Indian group consists of non-Hispanic American Indians.

- 69 percent of clients surveyed identified themselves as Caucasian
- 28 percent identified themselves as members of a racial/ethnic minority group



### Gender

Clients were more likely to be female than male.



## The Responses in Detail



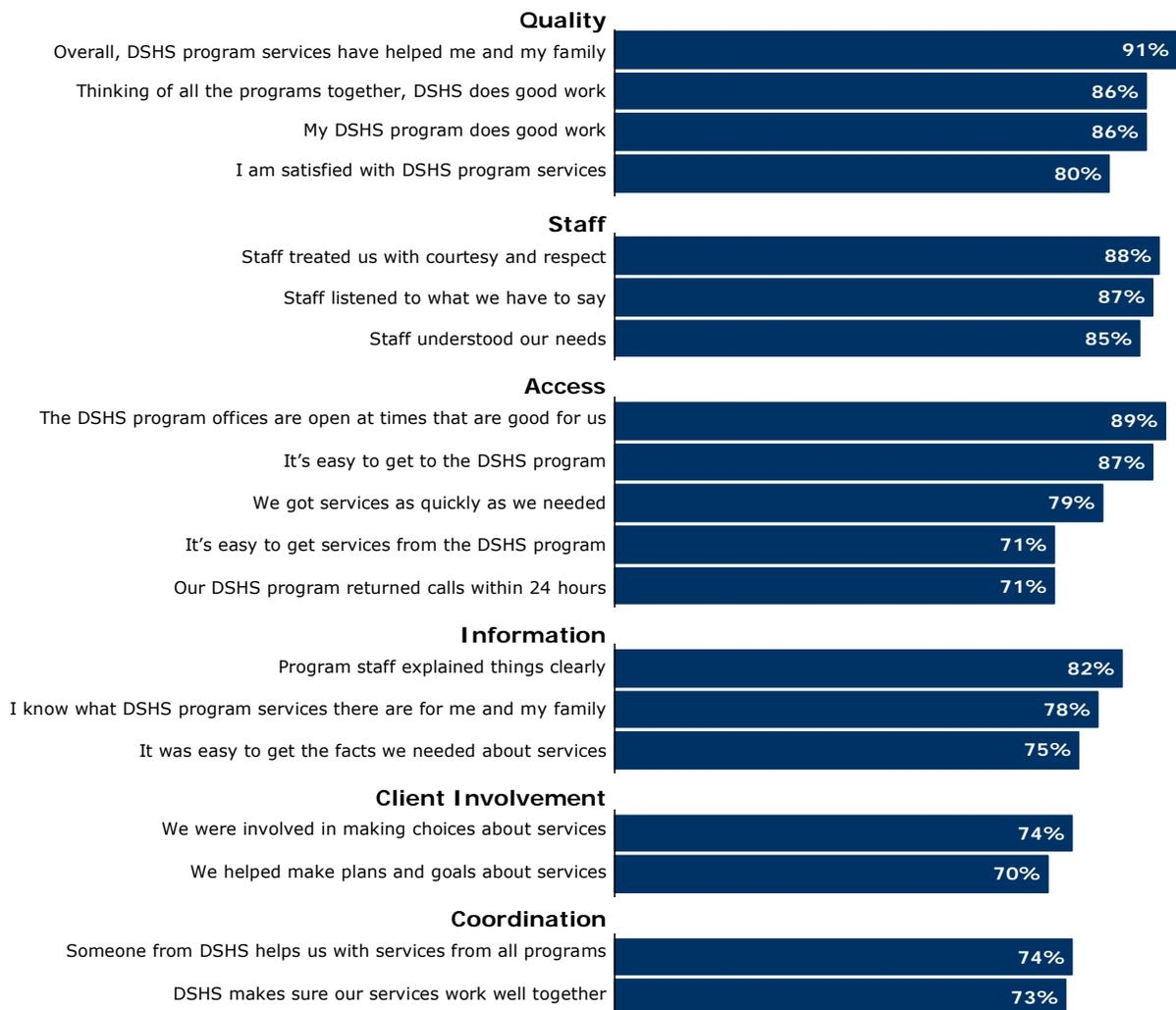
Photo: Lloyd Wolf for the U.S. Census Bureau (used with permission)

This section of the report is organized by topic. Clients rated how DSHS is doing in six areas:

- Quality
- Staff performance
- Access to services
- Availability of information
- Client involvement
- Service coordination

As in previous years, the quality of assistance and the performance of staff rate high. The agency received mixed reviews with regard to access to services and availability of information. Clients saw room for improvement in the areas of client involvement and service coordination.

### Responses by Topic



## Overall, DSHS program services have helped me and my family



Photo by Marty Luaders for the U.S. Census Bureau.

**The most common theme in the survey comments was appreciation for DSHS help.**

"If it wasn't for DSHS we would be homeless and destitute."

"They came through when I needed them."

"It's a safety net for my grandfather who has run out of money."

"If you do your part, they'll help you."

"They have helped me and others like me function better in society."

"I believe that the programs that they have and people they have are there to help you/I'm glad they are there."

"They help you to get your life back together."

"They have helped me so much."

"I couldn't believe how much they helped me."

"If it weren't for them - I wouldn't be where I am now."

**A few respondents felt that DSHS could be more helpful.**

"The working poor fall through the cracks for service. This needs desperately to be addressed."

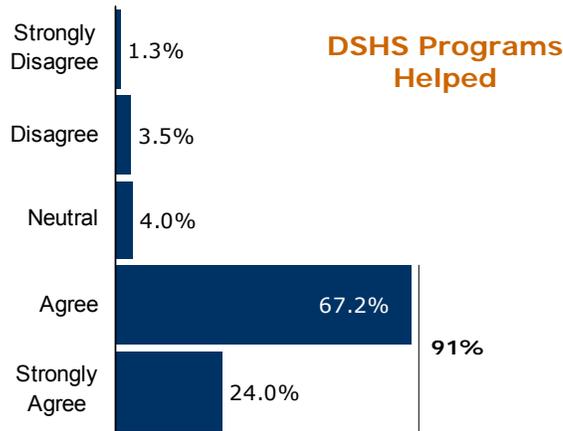
"There are little or no resources for children who may need emotional support."

"Help white, single women who have no children."

"DSHS will not help me with childcare so I can look for work. I have child support that is just about the grant. I recently graduated from medical assistant schooling. I cannot be part of WorkFirst because I am not on a grant. I have no family here or friends I can impose on."

### Responses

More than nine out of ten respondents (91%) felt that program services have helped them or their families. One in twenty (5%) disagreed.



**SUBGROUPS:** Respondents were more likely to agree\* that DSHS helped when:

- The client was a child (96% agreed), compared to an adult (88%)
- The respondent was a representative of the client (95%), compared to when the respondent was the client (88%)
- The client participated only in voluntary programs (93%), rather than in Children's Administration programs which are often mandatory (76%)
- The client participated in one program (94%) or two programs (93%), compared to three or more programs (87%)

### Trends

**In 2005, 94% of respondents agreed\*\* that program services helped. The increase from 89% in 2001 was statistically significant.**

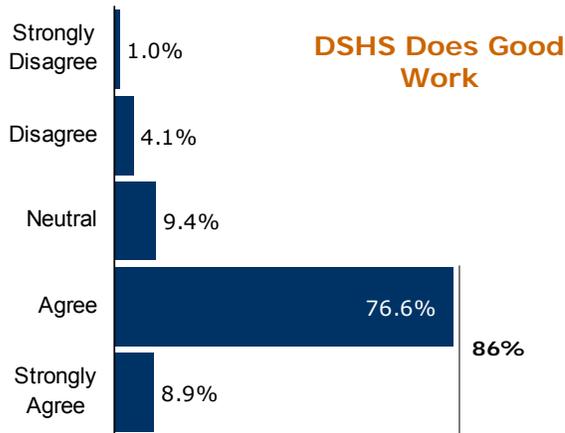


\*All percentages are based on weighted data. Differences between subgroups are listed if significant at the .05 level. | \*\*2005 data used in trend charts and trend analysis do not include responses for clients chosen from Child Support caseload, since Child Support was not included in earlier surveys.

# Thinking of all the programs together, DSHS does good work

## Responses

Nearly nine out of ten respondents (86%) felt satisfied that DSHS has done good work. One in twenty (5%) disagreed.

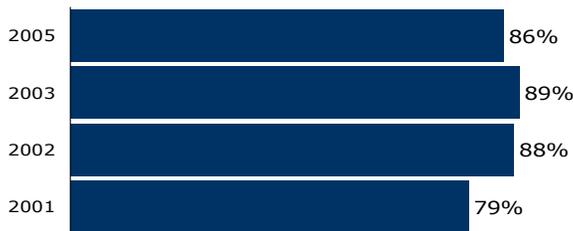


**SUBGROUPS:** Respondents were more likely to agree\* that DSHS does good work when:

- The client was Hispanic (91% agreed), compared to non-Hispanic minority clients (80%)
- The client participated only in voluntary programs (88%), rather than in Children's Administration programs which are often mandatory (65%)
- The client was involved with one program (89%), compared to those involved with three or more programs (79%)

## Trends

In 2005, 86% of respondents agreed\*\* that DSHS does good work. The increase from 79% in 2001 was statistically significant.



\*All percentages are based on weighted data. Differences between subgroups are listed if significant at the .05 level. | \*\*2005 data used in trend charts and trend analysis do not include responses for clients chosen from Child Support caseload, since Child Support was not included in earlier surveys.



**Almost all of the comments that addressed the general quality of DSHS work were positive.**

"As long as you're not trying to cheat the system, it's a beautiful plan that provides a lot of help."

"There have been some tough times that they have really helped us out with."

"It has been a real blessing in our lives."

"They are an available resource for earnest people who really do need help."

"They are there to help when you don't have any income and are homeless."

"They helped me straighten out my life."

"When I need something, they are there for me."

"They are always there and willing to help."

**A few respondents shared a more negative view of the quality of DSHS work.**

"I hate dealing with them."

"Nothing good in my experience with DSHS."

"I have noticed that there is discrimination against some of the elderly white people because of racism. In the Tri-Cities area the minorities get better benefits than the whites."

"I require 24 hour care and my caretaker hours have been severely cut back, from 185 hours a month to 56 hours. Now my caretaker may have to get another job to survive and then I'll be left alone while she's working that other job."

## My DSHS program does good work



Photo by Michelle Frankfurter for the U.S. Census Bureau

**A number of the respondents singled out a particular program for praise and appreciation.**

"The best thing was the ADATSA treatment. I have been clean for two years now!"

"There is someone there to care for our elderly parents."

"Mom's medical assistance was a lifesaver because we could not afford her care without it."

"They have really helped me with food stamps. I wouldn't be able to eat if I didn't have them."

"I like that the medical pays for the visiting nurse that comes to my house to help with my low birth weight baby."

"The WorkFirst program helped me with job training."

"The CPS workers really listened to our nieces and helped them this time."

**Criticism of specific programs usually highlighted a particular access or process problem.**

"They are helpful, but DASA treatment is hard to get."

"It is virtually impossible to find a dentist who will take medical coupons and the one we found does terrible work, leaving family members in pain and with defective fillings."

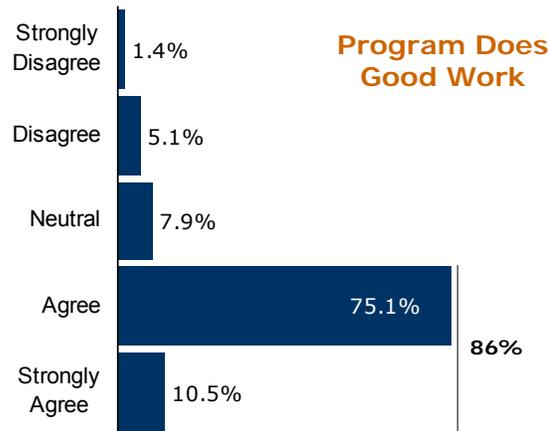
"Extend authorization for mental health for longer periods."

"Child support enforcement . . . do it. The children's father is getting away with murder . . . for seven years."

"The state payment rate for mental health services is too low so often there aren't as many providers. The providers that are available can't service clients due to back log."

### Responses

Nearly nine out of ten respondents (86%) felt that their program does good work. Less than one in ten respondents (6%) disagreed.



**SUBGROUPS:** Respondents were more likely to agree\* that their program does good work when:

- The client was Hispanic (89% agreed), compared to non-Hispanic minority clients (80%)
- The client participated only in voluntary programs (88%), rather than in Children's Administration programs which are often mandatory (67%)

### Trends

**In 2005, 86% of respondents agreed\*\* that their program does good work. The increase from 77% in 2001 was statistically significant.**

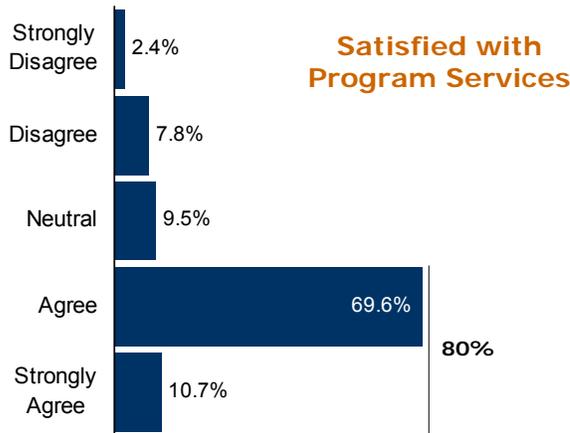


\*All percentages are based on weighted data. Differences between subgroups are listed if significant at the .05 level. | \*\*2005 data used in trend charts and trend analysis do not include responses for clients chosen from Child Support caseload, since Child Support was not included in earlier surveys.

# I am satisfied with DSHS program services

## Responses

Eight out of ten respondents (80%) felt satisfied with their program services. One out of ten (10%) respondents disagreed.



**SUBGROUPS:** Respondents were more likely to agree\* that they were satisfied with program services when:

- The client was Hispanic (91% agreed), compared to non-Hispanic Caucasian (79%) or non-Hispanic minority clients (73%)
- The respondent was a representative of the client (84%), compared to instances when respondent was the client (77%)
- The client participated only in voluntary programs (82%), rather than in Children's Administration programs which are often mandatory (63%)
- The client participated in one program (84%), compared to two programs (79%) or three or more programs (76%)

## Trends

In 2005, 81% of respondents agreed\*\* that they were satisfied with program services. The increase from 73% in 2001 was statistically significant.



\*All percentages are based on weighted data. Differences between subgroups are listed if significant at the .05 level. | \*\*2005 data used in trend charts and trend analysis do not include responses for clients chosen from Child Support caseload, since Child Support was not included in earlier surveys.



**Respondents showed their satisfaction with individual DSHS programs by listing the results.**

"DCS got my son's dad to carry medical insurance on him."

"It got my son working in a sheltered workshop."

"It has given her a chance to lead an independent life with a job and feel good about herself."

"The mental health program was a lifesaver for us."

"They helped me get prepared for the perfect job."

"My children are able to go to the doctor when they need to."

"When I need childcare, I can go there and get it."

"They help us get food."

"If it wasn't for them I wouldn't have gotten cleaned up and sober."

"I feel like all the programs I have used are very effective. DSHS has been a tremendous benefit to my family."

**Dissatisfaction tended to be linked to lack of results or available programs.**

"I'm very disappointed in DSHS and CPS. When I turned in complaints about my daughter being abused by her stepfather, CPS ignored me and didn't investigate. I even had pictures of her bruises and they still refused."

"Increase resources for emergency situations."

"They could definitely work harder to track down the non-custodial parent who owes child support. My son is four years old and I have never seen a penny from his worthless sperm donor."

"DD needs to ensure adequate programs for special needs children."

## Staff treated us with courtesy and respect



The majority of comments about staff courtesy and respect were positive.

"They were compassionate and understanding. They treated me very well."

"They have treated me fairly and showed me respect."

"I like that they treat me in a professional manner."

"The workers are kind, courteous and willing to help."

"She makes us feel like we are important."

"You're not just a number."

"This was my first experience with DSHS. They did not make me feel inferior for being there."

"It's not like the old days where they treated you like dirt."

A number of clients reported experiences where they were not treated respectfully.

"Some staff aren't very nice."

"The counter staff treated me like I was nothing because I was coming for help and she had a job and I didn't."

"Remember they are dealing with human beings."

"They are rude to people speaking English. But if you speak Spanish you can get all kinds of help; they'll even fill out the paperwork for you."

"Some of the people act as if they are paying the benefits out of their own pockets."

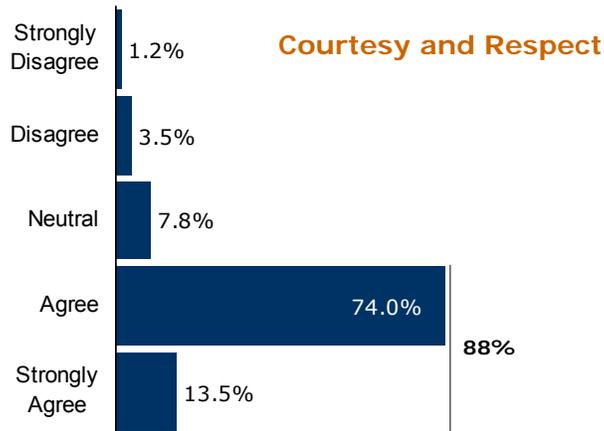
"Some of your staff just have bad attitudes and are grouchy and mean."

"Overall the people that work for CPS have a God complex and think they are above the law."

"For the most part, they look down their nose at me."

### Responses

Nearly nine out of ten respondents (88%) felt that DSHS staff treat clients with courtesy and respect. One in twenty respondents (5%) disagreed.

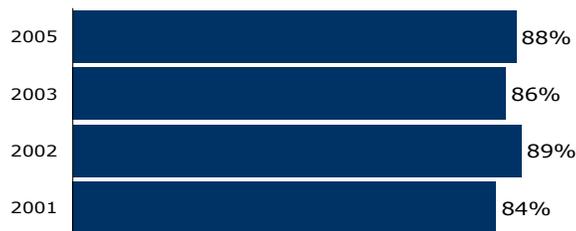


**SUBGROUPS:** Respondents were more likely to agree\* that they were treated with courtesy and respect when:

- The client was Hispanic (90% agreed) or non-Hispanic Caucasian (89%), compared to non-Hispanic minority clients (81%)
- The client participated only in voluntary programs (89%), rather than in Children's Administration programs which are often mandatory (74%)
- The client participated in one program (91%), compared to two programs (85%) or three or more programs (85%)

### Trends

In 2005, 88% of respondents agreed\*\* that they were treated with courtesy and respect. There was no statistically significant difference from 2001 or 2003.



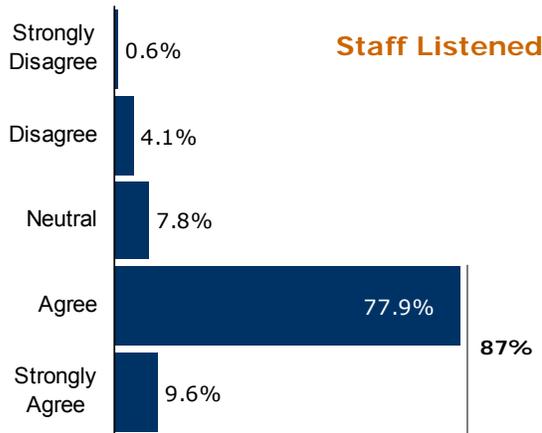
**NOTE:** 230 MAA clients said they used the MAA toll-free information line and answered this question; 93% of these respondents said that they were treated with courtesy and respect by information line staff.

\*All percentages are based on weighted data. Differences between subgroups are listed if significant at the .05 level. | \*\*2005 data used in trend charts and trend analysis do not include responses for clients chosen from Child Support caseload, since Child Support was not included in earlier surveys.

## Staff listened to what we have to say

### Responses

Nearly nine out of ten respondents (87%) felt that DSHS staff listened to what clients had to say. One in twenty respondents (5%) disagreed.

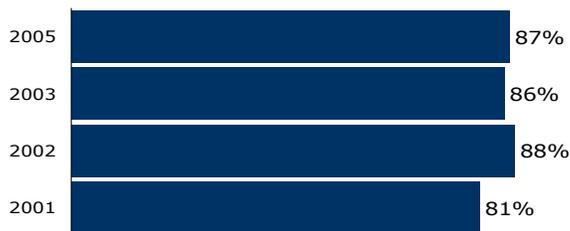


**SUBGROUPS:** Respondents were more likely to agree\* that program staff listened when:

- The client was Hispanic (90% agreed) or non-Hispanic Caucasian (88%), compared to non-Hispanic minority clients (80%)
- The client participated only in voluntary programs (89%), rather than in Children's Administration programs which are often mandatory (70%)
- The client participated in one program (92%), compared to two programs (82%) or three or more programs (83%)

### Trends

In 2005, 87% of respondents agreed\*\* that staff listened. The increase from 81% in 2001 was statistically significant.



**NOTE:** 232 MAA clients said they used the MAA toll-free information line; 87% of these respondents said that the information line staff listened to what they had to say.

\*All percentages are based on weighted data. Differences between subgroups are listed if significant at the .05 level. | \*\*2005 data used in trend charts and trend analysis do not include responses for clients chosen from Child Support caseload, since Child Support was not included in earlier surveys.



**A number of respondents expressed gratitude for staff who listened and paid attention to their concerns.**

"They are there Monday through Friday to help me and listen to me."

"They listen and they try to help."

"They sit down and listen – they care."

"They are kind and attentive."

"When I call they listen to me and talk to me with courtesy and respect."

"You can really tell they care."

"I especially like talking to my worker at DSHS. She is very patient and attentive."

"They are easy to talk to and they listen to you – and try to solve problems and answer any questions you may have."

**Others did not feel that staff listened.**

"They really need to take the time to listen to the family's situation. They have a tendency to prejudge the situation before they hear the whole story."

"The CSD staff should treat all people with the same consideration. Not get impatient with the simple or ignorant people that might need more help to understand."

"They now have computer generated appointments that the client has no way of changing even if it conflicts with major components of their life."

"Listen and treat as a person – people in the lower levels listen and are kinder than the social workers and those higher up."

"They need to stop being rude, opinionated, and actively listen."

## Staff understood our needs



**Many clients felt that staff understood and cared about their needs.**

"They will sit down and listen to what I have to say; instead of telling me what I have to do first."

"They treat us with warmth, compassion and understanding."

"They listen to me and take me seriously if I have any concerns."

"They care about our family and our needs."

"The workers are knowledgeable and quick to respond."

"They are there when you need them to help with housing or food or getting your car fixed."

"They have been extremely empathetic."

"They are understanding, patient and helpful."

**Other respondents did not feel understood.**

"They could be more thoughtful and listen to what you need."

"They make it tough to get any help."

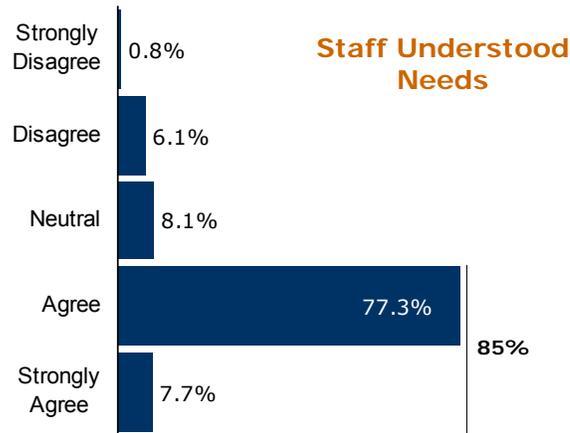
"A lot of the workers act like they are better than we are. I don't feel that they understand our problems."

"There's not enough hours for caregivers of disabled elderly parents. I only get 130 hours per month for 24/7 care of my mother. I had to quit work in order to provide the care."

"The people that determine eligibility don't listen. They say that making minimum wage is too much money to get food stamps and I have two children. They should understand where we are coming from and our point of view."

### Responses

More than eight out of ten respondents (85%) felt that DSHS staff understand client needs. Less than one out of ten respondents (7%) disagreed.



**SUBGROUPS:** Respondents were more likely to agree\* that DSHS staff understand their needs when:

- The client was a child (88% agreed), compared to an adult (83%)
- The client was Hispanic (90%) or non-Hispanic Caucasian (86%), compared to non-Hispanic minority clients (76%)
- The client participated only in voluntary programs (87%), rather than in Children's Administration programs which are often mandatory (73%)
- The client participated in one program (91%), compared to two programs (78%) or three or more programs (81%)

### Trends

In 2005, 85% of respondents agreed\*\* that staff understood their needs. The increase from 79% in 2001 was statistically significant.

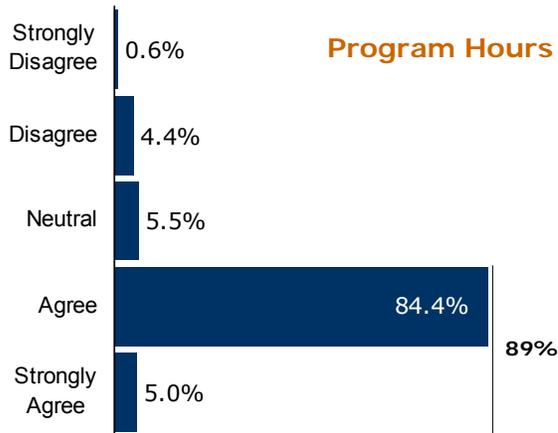


\*All percentages are based on weighted data. Differences between subgroups are listed if significant at the .05 level. | \*\*2005 data used in trend charts and trend analysis do not include responses for clients chosen from Child Support caseload, since Child Support was not included in earlier surveys.

# The DSHS program offices are open at times that are good for us

## Responses

Nearly nine out of ten respondents (89%) felt satisfied with the business hours of their program. One in twenty respondents (5%) disagreed.



**SUBGROUPS:** Respondents were more likely to agree\* that program offices were open at good times when the client participated only in voluntary programs (90% agreed), rather than in Children's Administration programs which are often mandatory (82%).

## Trends

In 2005, 90% of respondents\*\* were satisfied with program hours. The increase from 81% in 2001 was statistically significant.



\*All percentages are based on weighted data. Differences between subgroups are listed if significant at the .05 level. | \*\*2005 data used in trend charts and trend analysis do not include responses for clients chosen from Child Support caseload, since Child Support was not included in earlier surveys.



Clients Say...

Photo by the U.S. Census Bureau

Although most of the respondents responded positively to the question about office hours, they did not use the opportunity to mention this issue. The relatively few comments received about office hours were almost all negative.

"Their offices are only open to the public from 9:00 to 4:00 which makes it very difficult for us adult children that work."

"Have someone available for program after 5:00 PM."

"The office hours suck. Now that I'm working I'd have to go on my lunch hour. If they were open on Saturday it would be phenomenal."

"Stay open later . . . 6 or 7 p.m. would be great since I am working."

The preponderance of comments shows that the process of making appointments and waiting in the office are more pressing issues than the open hours.

"In Port Angeles people line up on the sidewalk at 7:00 AM in the rain and dark waiting for the door to open and then take a number. When they run out of numbers for the day you don't get in and have to come back the next day. So, you're washed out before you can even get into the system."

"Not having to arrive between 7 and 9 in the morning and then having to wait most of the day. I usually got out of CSO about 3 p.m."

"Reduce the amount of waiting time to see a worker."

"They won't see anyone after 4:00 even though they're open 'til 5:00."

"Some times when you go to the office you have to sit and wait one to two hours."

## It's easy to get to the DSHS program



Photo by Lloyd Wolf for the U.S. Census Bureau

**Although most respondents find DSHS office locations convenient, only a few volunteered positive comments about location.**

"It's easy to get to their office."

"They are not that far away."

"It is close to my home."

"I like that all the services are under one roof."

"The office moved closer to where I live."

**The relatively few respondents unhappy with location were more specific in their comments.**

"It's hard to always be on time for 8:00 appointments when you have to ride the bus for an hour just to get there. Once I was one minute late, and they wouldn't see me that day."

"The DSHS worker should conduct business at least once per month in Ritzville."

"I live in Federal Way and I don't like that they transferred my case to Seattle."

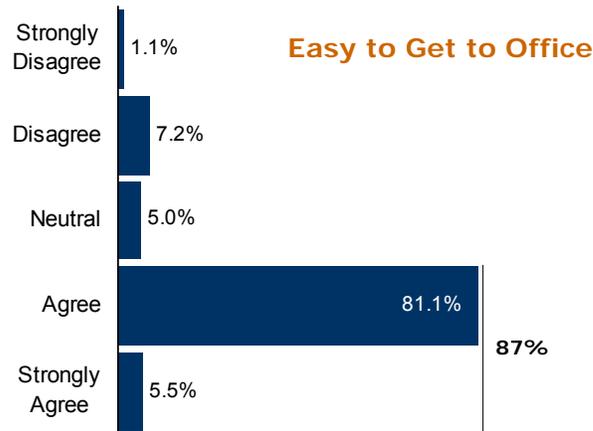
"Need all services for all the divisions in one central place."

"They want me to come to Chehalis for WorkFirst every day. If I don't they will cut me off my grant. It's 77 miles each way. They can give me a bus pass or gas voucher, but they want me to come to Chehalis to get it."

"The WorkFirst program expects you to attend class in the downtown office, then go out to the north office for an hour in the job club, and then go out for five job contacts, all in the same day. Then when you can't keep this schedule they put you in sanction. I travel by bus and it's impossible to do all this."

### Responses

Nearly nine out of ten respondents (87%) felt it was easy to get to DSHS programs. Less than one out of ten respondents (8%) disagreed.



**SUBGROUPS:** Respondents were more likely to agree\* that program location was convenient when:

- The client was Hispanic (94% agreed), compared to non-Hispanic Caucasian (86%) and non-Hispanic minority clients (81%)
- Those involved with one program (90%), compared to those involved with three or more programs (82%)

### Trends

**In 2005, 88% of respondents agreed\*\* that it is easy to get to their program. There was no statistically significant difference from earlier surveys.**

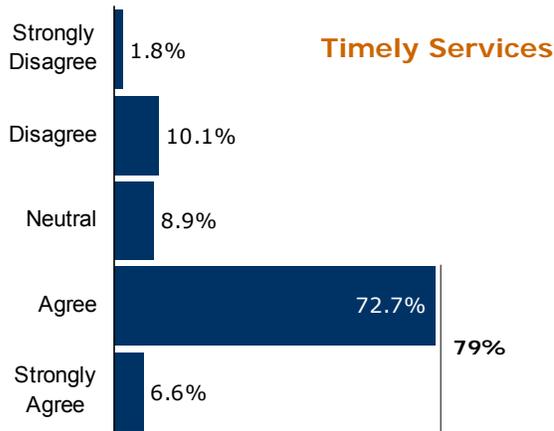


\*All percentages are based on weighted data. Differences between subgroups are listed if significant at the .05 level. | \*\*2005 data used in trend charts and trend analysis do not include responses for clients chosen from Child Support caseload, since Child Support was not included in earlier surveys.

## We got services as quickly as we needed

### Responses

Nearly four out of five clients (79%) felt satisfied that they received timely services. More than one out of ten respondents (12%) disagreed.



**SUBGROUPS:** Respondents were more likely to agree\* that services were timely when:

- The client was a child (85% agreed), compared to an adult (75%)
- The respondent was a representative of the client (84%), compared to when the respondent was the client (75%)
- The client participated only in voluntary programs (81%), rather than in Children's Administration programs which are often mandatory (61%)
- The client participated in one program (85%), compared to two programs (77%) or three or more programs (73%)

### Trends

In 2005, 80% of respondents agreed\*\* that they got services as quickly as needed. The increase from 67% in 2001 was statistically significant.



\*All percentages are based on weighted data. Differences between subgroups are listed if significant at the .05 level. | \*\*2005 data used in trend charts and trend analysis do not include responses for clients chosen from Child Support caseload, since Child Support was not included in earlier surveys.



Photo by Lloyd Wolf for the U.S. Census Bureau

#### Many clients were pleased by speedy service.

"They are really fast at getting the help you need."

"Quick response most of the time."

"The services are provided in one day; no longer have to wait for an appointment."

"They do their work in a timely fashion."

"They were right there and I didn't have to wait."

"Speedy services."

"They are efficient."

"Not so much standing in line these days – prompt."

#### Others shared negative experiences with waiting times and delays.

"Three times I was told that the paperwork would be processed that day and the next day the money would be on my EBT card. This was not so; it took over ten days. During the interim, I was evicted for non-payment of rent."

"I have a child with permanent, severe disabilities. The only program we qualify for has a waiting list and we have been on this list for 5 years."

"The case managers are far too loaded down. Such a long waiting period to get a case manager to do an assessment."

"They have a long waiting time in the waiting room. If they are late in calling me in it's OK, but if I'm late getting there they get mad."

"When we go in there, pack a lunch."

"We applied for DDD and then we never heard anything. When I called they said we were on a waiting list. That was July 21, 2000. I have never heard anything since then."

## It's easy to get services from the DSHS program



**Comments were divided when clients discussed ease of access to DSHS programs. Some were complimentary.**

"It's easy to get help if you really need it."

"It is pretty easy."

"Hassle free to apply."

"I can do stuff on-line with DSHS, such as completing the application form."

"The paperwork was fairly simple."

"Lot less paperwork than it used to be."

"They took all the complications out of the process."

"They are there when you need them, but you have to push them to get the help."

"I like that they help me out, but it's like pulling teeth to get it."

**Other clients thought it should be easier to get help. DSHS errors can cause problems for clients.**

"Make it easier to get assistance. Make assistance duration last longer."

"Make it easier for single individuals to get medical, money grant, and DVR services."

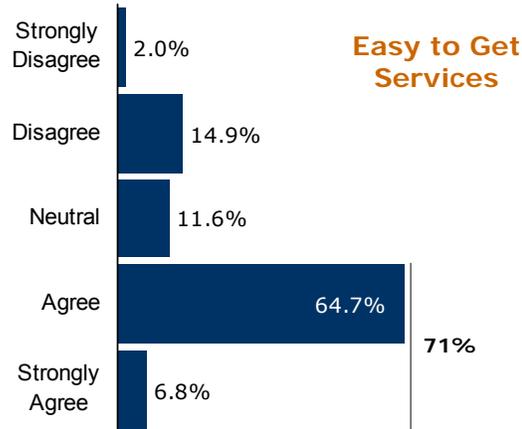
"Need more dental providers who accept the coupon."

"They will send me the paperwork to complete, with a due date for it to be returned. But it's already the due date by the time I get the forms. So, I have to call the call center to request an extension and have to wait on hold for up to 45 minutes. I have to go through this every three months."

"I received the letter with the appointment date AFTER the appointment date. They wouldn't reschedule for 3 months since I missed the original appointment date."

### Responses

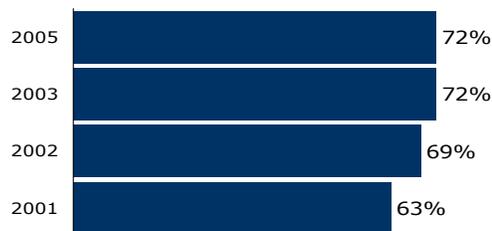
About seven out of ten respondents (71%) agreed that it was easy to get services from DSHS programs. Less than one in five (17%) disagreed.



**SUBGROUPS:** Respondents were more likely to agree\* that services were easy to access when the client was Hispanic (79% agreed), compared to non-Hispanic minority clients (64%).

### Trends

In 2005, 72% of respondents agreed\*\* that it was easy to get services. The increase from 63% in 2001 was statistically significant.



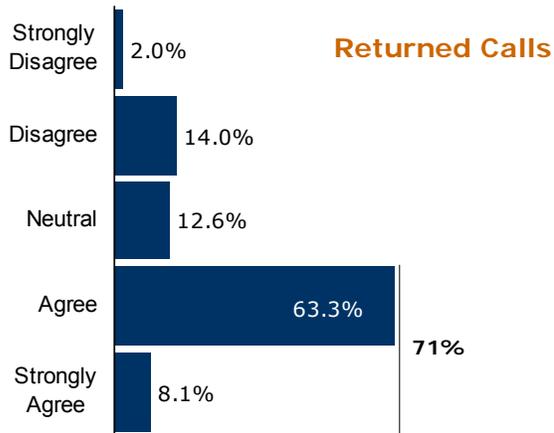
**NOTE:** Many of the narrative comments from survey respondents addressed the ease of getting services. See pages 26 to 28 for additional themes and examples of comments related to ease of getting services.

\*All percentages are based on weighted data. Differences between subgroups are listed if significant at the .05 level. | \*\*2005 data used in trend charts and trend analysis do not include responses for clients chosen from Child Support caseload, since Child Support was not included in earlier surveys.

## Our DSHS program returned calls within 24 hours

### Responses

About seven out of ten respondents (71%) agreed that phone calls were returned in a timely manner. Less than one in five (16%) disagreed.



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

- The client was a child (76% agreed), compared to an adult (68%)
- The client was non-Hispanic Caucasian (74%), compared to non-Hispanic minority clients (65%)
- The respondent was a representative of the client (76%), compared to when the respondent was the client (67%)
- The client participated only in voluntary programs (73%), rather than in Children's Administration programs which are often mandatory (57%)
- The client participated in one program (76%), compared to two programs (68%) or three or more programs (69%)

### Trends

In 2005, 72% of respondents agreed\*\* that calls were returned within 24 hours. The increase from 64% in 2001 was statistically significant.



\*All percentages are based on weighted data. Differences between subgroups are listed if significant at the .05 level. | \*\*2005 data used in trend charts and trend analysis do not include responses for clients chosen from Child Support caseload, since Child Support was not included in earlier surveys.



Phone issues were not limited to returning calls. Clients also shared experiences – both positive and negative – with call centers, hold times and recorded messages.

"I can always get through to someone at the main office."

"I almost always got immediate help on telephone calls."

"If I move I just call the 800 phone number and they take care of the paperwork for me."

"I do like the fact they return phone calls quickly."

"I like the computerized phone service."

"They are there when I call – the front desk gets the worker for me. Now, you can talk to anyone in the office and they can now help you – you no longer have to go to a specific person."

"Cut the wait time on the phone down from 45 minutes."

"The automatic telephone answering service is terrible. They need to have less of it and more one-on-one people contact."

"I don't like being put off all the time because the call volume is high, or being passed from one person to another, and then being cut off the phone when the time limit is reached."

"Return phone calls right away, not just when they feel like it. Sometimes they don't call back until a week later."

"They should return calls quicker. Sometimes it has taken them two weeks to call me back and I've had to keep calling them."

"They won't return phone calls. I've had my benefits cancelled because I had to work and couldn't keep an appointment, even though I called to tell them my schedule."

"When they give us a time and a date, they should make that call. But they never do."

## Program staff explained things clearly



### Some respondents were grateful for clear explanations.

"Their explanations are excellent."

"They were very good about being able to answer my questions without shuffling to someone else."

"As I talk to them, they understand what I am saying. They break down the words and help me understand what they are talking about. Long words confuse me."

"The people at DSHS honestly do try to give answers – although sometimes the terms are difficult to understand."

### Others found explanations unclear or even contradictory.

"The workers are overworked and they don't have any time to talk and explain things to us."

"They mailed me three different letters in the same day, all saying different things. They gave me ten different answers to one question. They sent me a letter saying I'm approved and the next day they sent me a letter saying I'm cut off."

"A lot of times the people that work there give out a lot of incorrect information."

"DVR did not make clear to me how they could help me."

"They made a lot of promises to me and then let me down. You need a way to get more information out and make it easier to get."

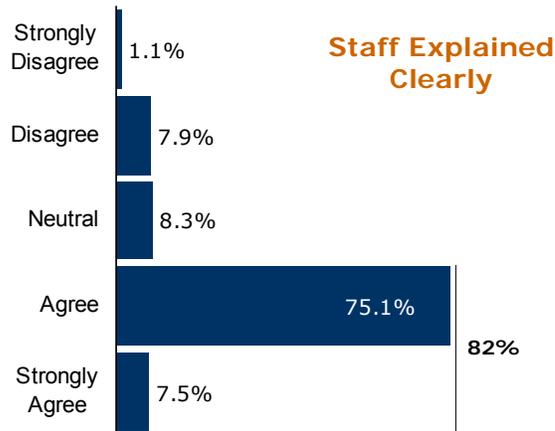
"I think they could do a better job explaining how the process works."

"Have someone on staff at the office who can sign."

"It's difficult to find out what is covered, especially medications."

## Responses

More than four out of five respondents (82%) agreed that program staff explained things clearly. Less than one out of ten (9%) disagreed.



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

- The client was a child (87% agreed), compared to an adult (80%)
- The client was Hispanic (90%), compared to non-Hispanic Caucasian (82%) and non-Hispanic minority clients (77%)
- The client participated only in voluntary programs (84%), rather than Children's Administration programs which are often mandatory (72%)
- The client participated in one program (86%), compared to those involved with two programs (79%)

## Trends

In 2005, 83% of respondents agreed\*\* that staff explained things clearly. There was no statistically significant difference from earlier surveys.



**NOTE:** 233 MAA clients said they used the MAA toll-free information line and answered this question; 86% of these respondents said that the information line staff explained things clearly.

\*All percentages are based on weighted data. Differences between subgroups are listed if significant at the .05 level. | \*\*2005 data used in trend charts and trend analysis do not include responses for clients chosen from Child Support caseload, since Child Support was not included in earlier surveys.

# It was easy to get the facts we needed about services

## Responses

Three out of four respondents (75%) felt it was easy to get information about services. More than one out of ten (13%) disagreed.



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

- The client was Hispanic (85% agreed), compared to non-Hispanic Caucasian (75%) and non-Hispanic minority clients (63%); non-Hispanic Caucasian clients were also more likely to agree than non-Hispanic minority clients
- The client participated in one program (80%) or three or more programs (76%), compared to two programs (68%)

## Trends

In 2005, 75% of respondents agreed\*\* that it was easy to get needed facts. There was no statistically significant difference from earlier surveys.



\*All percentages are based on weighted data. Differences between subgroups are listed if significant at the .05 level. | \*\*2005 data used in trend charts and trend analysis do not include responses for clients chosen from Child Support caseload, since Child Support was not included in earlier surveys.



Clients Say...

Photo by the U.S. Census Bureau

**DSHS staff can be very helpful in providing information.**

"They get back to me and answer my questions."

"They are knowledgeable whenever I ask them a question."

"They were very informative and helpful."

"I like that they explain things very clearly for me."

"They respond quickly and informatively."

"They are knowledgeable whenever I ask them a question."

**According to some reports, getting needed information from DSHS can also be difficult.**

"I should not have to ask just the right questions in order to get information."

"Make Spend-downs clearer!! It's very hard to understand all the terms to the program. I spent a lot of out-of-pocket money and got into debt to pay medical bills. The frustrating part is that I actually qualified for the MAA program two years before getting on the program."

"It's very bureaucratic and it's hard to get answers that make sense."

"We need a better listing of phone numbers. We should be able to know who to call for answers to specific needs."

"I filled out the paperwork for medical and sent it in but never got a response. I kept waiting and about 3 months later when I got ahold of them they said that we had medical this whole time. But I never knew it. We got stuck paying for all our medical expenses because DSHS never let us know."

"The services they provide are not made clear. I didn't know they covered any dental."

## I know what program services there are for me and my family



### Some clients praised the way DSHS helped them find available resources.

"They are my resource to know what is available for my child."

"I like the way they explain the programs available and explain eligibility."

"I am glad that there is a place for available services for our needs and that they will answer our questions."

"I like the fact that they do understand what I need and they gave me a book with a list of people that would come and help me if I need it."

### Others found it difficult to find available programs.

"DSHS needs to inform clients of all services that are available, instead of, us guess at what is available."

"The information is lacking. They won't tell you what services are available."

"They should definitely be more free and informative with their information on available services."

"I think they could do a better job of explaining what they can provide. They said we qualified for respite care but then didn't say how many hours or instructions on the next step."

"It's hard to find out about programs and what's available."

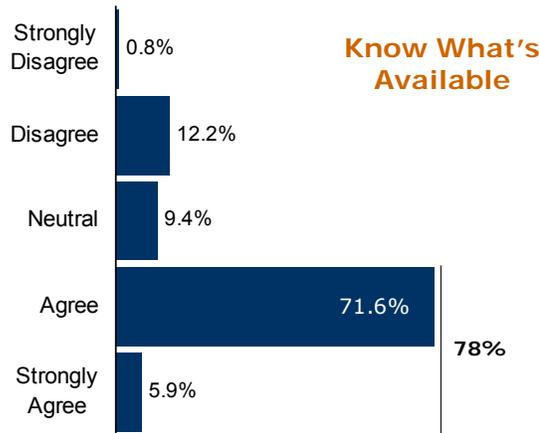
"Publish more what DSHS can provide in the line of services available. I didn't know what DSHS offered until some friends told me of some of the services available."

"DSHS needs to make more public awareness about their available programs."

"It is very confusing to know which office to call for help."

## Responses

Nearly four out of five respondents (78%) agreed that they know what DSHS services are available. More than one out of ten (13%) disagreed.



**SUBGROUPS:** Respondents were more likely to agree\* that they knew what services were available when:

- The client was Hispanic (87% agreed) and non-Hispanic Caucasian (80%), compared to non-Hispanic minority clients (60%)
- The client participated in one program (82%) or three or more programs (78%), compared to two programs (71%)

## Trends

In 2005, 77% of respondents agreed\*\* that they know what program services are available. There was no statistically significant difference from earlier surveys.

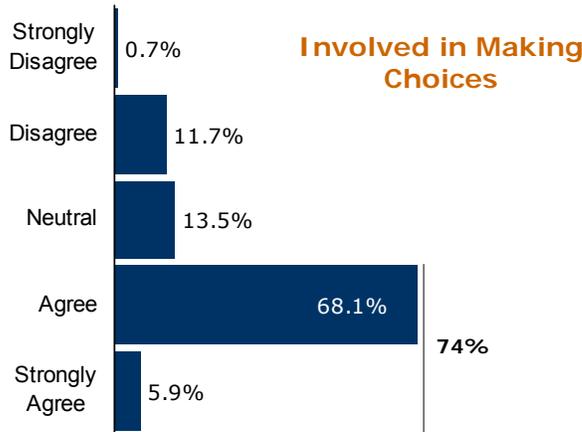


\*All percentages are based on weighted data. Differences between subgroups are listed if significant at the .05 level. | \*\*2005 data used in trend charts and trend analysis do not include responses for clients chosen from Child Support caseload, since Child Support was not included in earlier surveys.

## We were involved in making choices about services

### Responses

Nearly three out of four respondents (74%\*) felt that they were involved in making choices about the services received. More than one out ten (12%) disagreed.



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

- The client participated only in voluntary programs (76% agreed), rather than in Children's Administration programs which are often mandatory (60%)
- The client participated in one program (80%), compared to two programs (67%)

### Trends

In 2005, 74% of respondents agreed that they were involved in making choices. There was no statistically significant difference from earlier surveys.



\*This question was not included in the portion of the survey addressing services from the Division of Child Support. All percentages are based on weighted data. | \*\*Differences between subgroups are listed if significant at the .05 level.



**Some clients clearly felt that they were afforded choices and input into service decisions.**

"I like the fact that they try to include my mother with me in the discussions. It's respectful to my mother because we're not talking about her behind her back."

"I like the options that they give me."

"I like that they are available and flexible and very good."

"DSHS has been incredible for me. It has helped me when I needed it. It has given me the ability to access a lot of help that I needed."

"I like the way they were willing to compromise with me on the services."

**Others found it difficult to establish a relationship that permitted input and choice.**

"The call center people should listen to us first before they ask all their questions. They wouldn't let me tell them why I called."

"You need to be able to deal individually on a case by case basis with people."

"Every time you go in you get a new person. You're always starting over with someone new. You should be able to keep one worker."

"I liked it better when I had my own assigned caseworker."

"There's nothing I like about them because they don't work individually with the cases and there's too many guidelines. CPS needs to allow for family involvement. It's not just about the parents and children. There are usually grandparents, aunts and uncles that could help CPS to help the children."

## We helped make plans and goals about services



Photo by Lloyd Wolf for the U.S. Census Bureau

### Some clients said DSHS empowered them to reach goals.

"Being able to receive help for my goals in life and be a productive individual in society."

"I like DVR the best. They're helping me to meet my goals."

"It gives you an opportunity to learn about your problems, how to get help and deal with problems."

"It allows my family to accomplish our goals."

"The caring workers trying to keep mom in her own home."

"They were there when I needed them for food and money to get off the street. The money let me buy a tent to live in. They helped me get treatment for my cancer."

### Some felt that inflexible rules or program limits impeded efforts to reach goals and stabilize their lives.

"There's a lack of funding for DD in-home health care and there are more cuts coming. I'm the provider for my DD daughter and I'm being punished because we are related."

"Single parents going to school should be eligible for financial assistance just like everyone else. Don't throw up roadblocks for trying to get better employment by education."

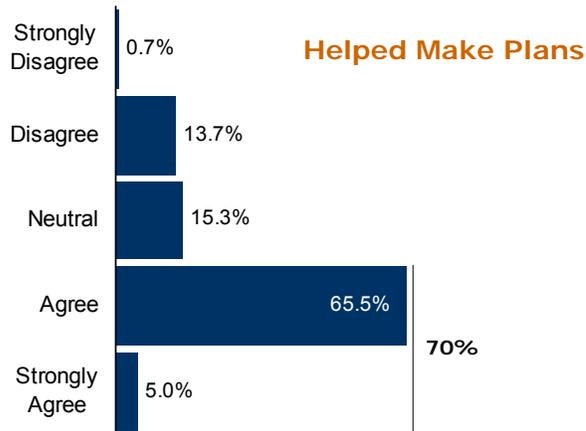
"My hours have been cut from 144 to 96, and now to 70 per month. It's to the point that I'll need to get an outside job. I'll have to put my daughter in an institution."

"When you get a job, they cut off your TANF right away, your food stamps are cut back and your childcare co-pay goes up. Should give you thirty days of work before they start to count your earnings, to help you get on your feet."

"WorkFirst made no allowance for my depression."

## Responses

Seven out of ten respondents (70%\*) felt that they helped make plans and goals about their services. More than one in ten (14%) disagreed.



**SUBGROUPS:** Respondents were more likely to agree\*\* that they helped make plans and goals about services when:

- The client was a child (75% agreed), compared to an adult (67%)
- The client participated in one program (75%) or three or more programs (75%), compared to two programs (64%)

## Trends

In 2005, 70% of respondents agreed that they helped make plans and goals. The decrease from 80% in 2003 was statistically significant.

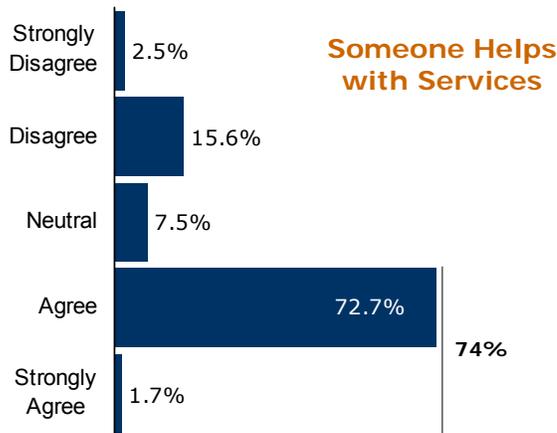


\*This question was not included in the portion of the survey addressing services from the Division of Child Support. All percentages are based on weighted data. | \*\*Differences between subgroups are listed if significant at the .05 level.

## Someone from DSHS helps us with services from all programs\*

### Responses

Nearly three out of four respondents (74%) involved with three or more programs were satisfied that someone from DSHS helps them with services from all their DSHS programs. Less than two out of ten (18%) disagreed.



**SUBGROUPS:** There were no statistically significant differences\*\* between subgroups for this question.

### Trends

In 2005, 71% of respondents agreed\*\*\* that DSHS coordinates service delivery. The increase from 60% in 2001 was statistically significant.



\*Experience has shown that this question may not accurately reflect changes in client perception of service coordination. The question has proven to be subject to interpretation, and changes between years may reflect interpretation rather than changes in client perception. This question will be replaced in future surveys. | \*\*All percentages are based on weighted data. Differences between subgroups are listed if significant at the .05 level. | \*\*\*2005 data used in trend charts and trend analysis do not include responses for clients chosen from Child Support caseload, since Child Support was not included in earlier surveys.



**Responses to the question about someone helping with services for all programs seemed to tap into two issues: (1) service coordination, and (2) access to a single designated caseworker to help with any program.**

"Assign one caseworker to a case so you don't have to re-explain everything."

"It's a bureaucratic nightmare. It's very hard to access a real person that can tell us the status of our services. Our services are pending more than being active. The system is very confusing. The system creates more stress which results in health issues which are worse than no services at all. I could spend four hours a day just trying to work with all the different agencies and trying to figure out what is going on. It's a wild goose chase."

"Communicate between the different divisions."

"Give me one person to talk to for all our needs."

"High caseloads and computerization have blocked direct access to caseworkers."

"When we apply for help we should only have one caseworker to help with all the different programs."

"Any one office doesn't know what another office is doing. There is too much duplication and not enough coordination."

"The different departments need to communicate with each other."

"I guess they will help if you get food stamps, but you get switched so often you don't know who your caseworker is."

"Give people a permanent, assigned caseworker, instead of having to see someone new every time."

## DSHS makes sure our services work well together



Photo by U.S. Census Bureau

Even though many of the clients who used more than one program rated coordination highly, only a few made positive mention of coordination in their comments.

"The Senior Information and Assistance of Clallam County coordinated paperwork, got us in contact with social services, and got our medical needs paid for. They were a great help."

Most of the comments in this area addressed lack of coordination between programs.

"Everybody could be on the same page. One general social worker assigned to each individual or family that would link all DSHS divisions. Now we get a different worker in each division when we contact then."

"DSHS as a whole needs to coordinate resources and knowledge of programs available."

"Give me one person to talk to for all our needs."

"De-confuse the information about each DSHS Division as to what services they offer; make it more user-friendly."

"The communication between the three programs we have contact with is rather poor. If you talk to DDD about a question regarding Medical or Medical about DDD services - they don't know the answers many times."

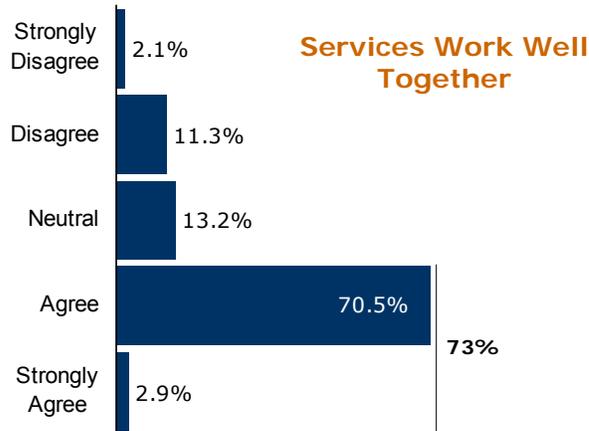
"Any one office doesn't know what another office is doing. There is too much duplication and not enough coordination."

"The different programs should work together better. I shouldn't have to see a different person for each program."

"Need to get the right hand to know what the left hand is doing. There is a lack of coordination of divisions in DSHS."

### Responses

More than seven out of ten respondents (73%) involved with three or more DSHS programs agreed that DSHS makes sure all their program services work well together. More than one out of ten (13%) disagreed.



**SUBGROUPS:** There were no statistically significant differences\* between subgroups for this question.

### Trends

In 2005, 71% of respondents agreed\*\* that DSHS makes sure services work well together. The decrease from 81% in 2003 was statistically significant.



\*All percentages are based on weighted data. Differences between subgroups are listed if significant at the .05 level. | \*\*2005 data used in trend charts and trend analysis do not include responses for clients chosen from Child Support caseload, since Child Support was not included in earlier surveys.

### Narrative Survey Questions

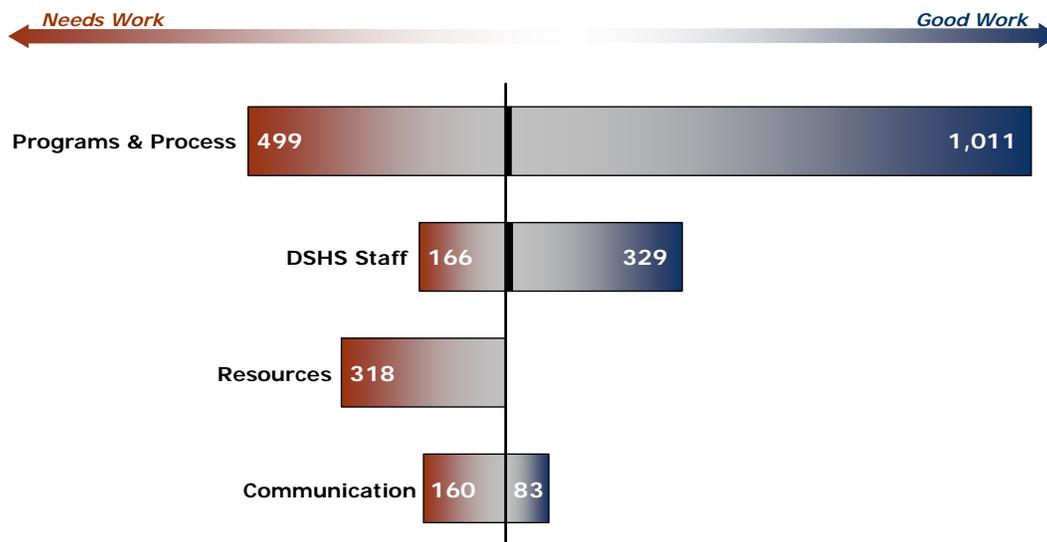
All respondents were asked two open-ended questions:

- What do you like best about dealing with DSHS?
- What can DSHS do to improve services?

Responses to the narrative questions provide insight into the views of individual clients – and sometimes highlight specific issues or give suggestions that would not emerge from the standardized questions. Most of the respondent comments have been incorporated in the discussions of related questions on previous pages. 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 (961 of the 1,136) respondents commented on programs and processes.\* As shown in the chart below, these 961 respondents made 1,011 positive comments about DSHS programs and processes, and also gave 499 critical comments or suggestions for improvement. Additionally, 378 clients commented on DSHS staff, 296 commented on the need for more resources, and 219 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. A more detailed breakdown of comment themes can be found in Appendix H.

### Number of Comments by Issue



\*A single client may mention the same issue in response to more than one question, and may comment on more than one sub-theme within an issue area (see detailed breakout in Appendix H). 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.

## Additional Narrative Themes

Summaries of the main narrative comment themes were presented earlier in this report when these themes applied to a particular survey question. However, the single page devoted to “It is easy to get DSHS services” did not have enough space to address the many comments that covered access, eligibility and process involved in getting services from DSHS. These comments fit mainly into two major themes: There are not enough services available, and the process of getting services is difficult.

### THEME 1

#### There are not enough services available

**Eligibility standards are too rigid** – Clients would like more flexible rules. They would like to see more support for clients trying to better their situation by pursuing education or transitioning to jobs.

*“Don’t concentrate on all the rules. Look into the reasons that the rules are there.”*

*“Some of the rules are too inflexible. They wouldn’t recognize the school I was attending was an allowable activity.”*

*“My son went to college and took EMT and firefighting training along with academic courses. Now he wants to be a fireman and is finishing his second year. He is required to spend most of his time volunteering at the fire station. Actually, this is more of an internship than volunteering because it gives him actual job experience. But DSHS puts him in sanction because he is not “working.” Somebody needs to look at this type of situation. He’s on track for a good job and shouldn’t be punished for it.”*

*“The biggest problem I had was when my husband was out of work and I was going to school full time. But the school wasn’t approved so they made me look for work too. I wasn’t able to be parent and full time student and look for work.”*

*“There could be some leeway for qualifying for Medical Assistance, especially when looking at a situation where there is a terminally ill parent involved.”*

*“Provide DASA treatment for people willing to go to treatment – I was told since I was sober for over 90 days – I was not eligible for treatment. I felt I needed help.”*

*“Medical benefits should continue until you are able to get medical benefits through the employer. Also, if you are trying to get work, but haven’t been able to, you should be able to have medical benefits for things like medication, toothaches, etc.”*

*“I have drug felonies and DSHS Medical Assistance won’t help me because of that.”*

**There are not enough health care providers and benefits** – Most comments were in the areas of dental and mental health services.

*“There’s a lack of awareness about mental illness on the part of the public. Mental health always gets cut because there’s not a lot of public awareness and outcry over cuts.”*

*“I have a friend who needs dental care. His teeth are keeping him from work and from getting adequate nutrition. They put him on food stamps but he can’t eat. He has infections throughout his gums and spits pus daily.”*

*“Like to see more intervention by mental health where needed.”*

*“More coverage under the medical coupons for dental.”*

*“Older people should be able to have more frequent eye exams.”*

*"I have a mental illness – DSHS needs to look at the fact that we cannot afford to go off medications when DSHS coupons are not issued. We need those medications and cannot tolerate not having access to them."*

*"Get more dentists to accept the Medicaid coupons."*

*"Make it easier to access mental health services."*

*"I wish that DSHS had more services to offer. More drug and alcohol centers to go to."*

*"My medication is ruining my teeth and they won't cover my dental needs. They just keep on pulling my teeth."*

**Cuts in service hours hurt us** – Clients believe that cuts in in-home service hours will lead to use of more expensive out-of-home care alternatives.

*"They have this new computer program that cuts our caregiving hours back, from 184 down to 111 hours a month. So I've had to go get outside work too. Dad has an inner ear balance problem and he shouldn't be left alone."*

*"I don't believe DSHS should be cutting my caregiver hours because then it's easier to keep people from having to go into a nursing home."*

*"They have cut funding for client care, but they still want us to provide the same higher level of care."*

## THEME 2

### It is difficult to get the services that are available

**There are not enough staff available** – Clients blame DSHS understaffing for a variety of difficulties in accessing services.

*"Hire more staff so wait time can be shortened."*

*"They need more case work staff so that they can lower the caseload for each worker. It works a hardship on the client when services are not adequately staffed."*

*"Far too many cases for each DDD caseworker."*

*"They are understaffed and overworked."*

*"There's not enough workers in the office."*

*"You need more workers so they don't need to be rude because they're so overwhelmed."*

**Paperwork is excessive or redundant** – A number of clients found the paperwork onerous or difficult to understand.

*"When I have to fill out the forms to get the services every year, it would be very helpful if DSHS didn't lose the forms and then I have to fill them out again."*

*"Your forms need to have bigger print, and be easier to fill out."*

*"There needs to be a resource directory just for new applicants to help guide them through the process."*

*"Process, paperwork, verifications are tedious . . . especially when things don't change."*

*"Streamline the paperwork."*

*"The review forms for assistance are not clearly written; they fail to clearly identify who the review is for. For example, it does not identify whether it is for the adult of the children in the home."*

*"Cut down on the paperwork; or, at least, consolidate the paperwork."*

**Administrative or communication errors cause trouble for us** – A number of clients shared their personal experience with DSHS errors.

*"I got a letter saying I had an appointment on 1-14-05, but the postmark on the envelope was 1-19-05."*

*"Communications need to be better. I've gotten letters postmarked on the same day as my appointment was supposed to be. Also have gotten letters saying 'here is the form we need you to fill out,' and there wasn't any form."*

*"They asked for my information and I provided it. Then they say that I didn't respond to their request and they deny my benefits."*

*"They are real sloppy in losing forms. They were going to stop my services because I didn't turn in my form yet I had a receipt for the form."*

*"When it comes time for my eligibility reviews, they send me the appointment letter which tells me to bring in the completed review form. But they never send the review form with the letter. I always have to call them up and ask for it."*

*"They seem to conveniently lose my paperwork."*

*"I am getting a divorce because CPS would not return phone calls. I called for three months. They said my husband couldn't come home from rehab or they would take our kids. After months he finally went and found someone else because he couldn't come home. Then after a year CPS said, 'Oh, he could have come home and we just made a mistake.' Their mistake broke up a twenty year marriage."*

*"You need better communication in the office. Our daughter died in 2001. Our workers did not notify other DSHS offices. Support Enforcement keeps sending letters to our deceased daughter, most recently in April 2005."*

#### **It's unnecessarily inconvenient**

*"My children are on medical assistance but don't qualify for food stamps. But sometimes our income drops so that we qualify for food stamps. But a simple call to the Phone Center doesn't allow us to get on food stamps. We are told to show up at CSO and have to take a day off work to do that. Make it simple."*

*"I have gone to the office to get a new EBT card. After taking a number and waiting all day the worker says she can give us the card but is unable to activate it. The person to activate it has left for the day. So I had to come back the next day."*

#### **Some clients are perceived to get preferential treatment in accessing services**

*"Quit putting the Russians first ahead of disabled vets, single mothers and other Americans. The Russians get the best of everything and we get what's left."*

*"Spanish (illegals) get services faster – nothing left for the rest of us."*

*"I believe the U.S. citizens should have the same eligibility requirements and funding for programs as foreigners have under the programs."*

*"I don't like the Eastern Washington offices. It is really difficult to get the same level of respect or benefits there if you're White."*

*"It seems like they help the other ethnic groups a little more."*

#### **More comments and themes**

The complete list of client comments from this survey contains many comments that fit within the themes listed throughout this report, as well as more specific suggestions for program improvements. For a more detailed analysis of client responses to open-ended questions, refer to Appendix H. The complete list of all client comments is posted along with this survey on RDA's web site.



The appendices listed below, a complete list of all comments, and a list of kudos for staff can be found accompanying this report on the RDA website:  
<http://www1.dshs.wa.gov/RDA>

**APPENDIX A:** Methods

- Purpose of the Survey
- The Survey Instrument
- The Sample
- Sampling Considerations
- Eligibility Factors
- Interview Methods
- Response Rate
- Analysis and Weighting

**APPENDIX B:** Cooperation and Completion Rates

**APPENDIX C:** Survey Questions

**APPENDIX D:** Sample Survey for Hypothetical Client Using All Eight Programs

**APPENDIX E:** Weighting

**APPENDIX F:** Responses by Client Sub-Group

**APPENDIX G:** Responses by Program Sub-Group

**APPENDIX H:** Themes from Narrative Questions: Detail and Glossary



2005 Client Survey  
**DSHS Clients Speak**

**We are less happy when:**

- Services are cut
- It's difficult to reach staff
- Service delivery is uncoordinated
- Eligibility rules impede efforts to stabilize our lives
- Paperwork is difficult or redundant
- We wait a long time
- It's difficult to find information



---

**RDA** Research & Data  
Analysis Division