

2007 Client Survey DSHS Clients Speak

November 2007
Report 11.133



DSHS

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Title: 2007 Client Survey: DSHS Clients Speak

Abstract: Between January and June 2007, DSHS surveyed 1,222 clients who had received services during state fiscal year 2006 (July 1, 2005 to June 30, 2006). 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. Clients who complained often reported experiencing difficult access, service cuts, problems with staff, no available providers, or unmet needs. DSHS leadership faces the challenge of balancing the goal of streamlined, standardized service with some clients' needs for intensive, individualized service.

Keywords: DSHS, survey, client, customer, satisfaction

Category: DSHS issues

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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

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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:

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Highlights of the Survey

Survey Facts

The **2007 client survey** is the fifth in a series of agency-wide client surveys initiated in 2001.

- The survey was conducted between January and June 2007.
- 1,222 clients were interviewed by phone.
- Clients were randomly selected from DSHS programs, and were asked about all DSHS services they utilized.
- The 81% completion rate is extraordinarily high. DSHS clients are often transient and difficult to locate.
- The cooperation rate is also high. Of the clients who could be contacted, 92% completed the survey.



Above photos courtesy of the US Census Bureau (with permission)

The Big Picture

Overall Satisfaction: Most DSHS clients are satisfied with both services and staff

- **Helpful services.** Most clients appreciate DSHS services. Many say DSHS has improved their lives by providing much-needed stability and support.
- **Respectful staff.** Most describe DSHS staff as courteous, responsive, and understanding.

DATA HIGHLIGHTS

- ▶ 90% of clients say programs are helpful and DSHS does good work. General satisfaction with DSHS programs and helpfulness – *improved since 2001.**
- ▶ More than 85% of clients are satisfied with staff listening and explaining – *improved since both 2001 and 2005.**
- ▶ Satisfaction with staff courtesy, respect, and understanding – *improved since 2001.** Only 6% of clients gave negative answers to any of the staff-related questions.
- ▶ The most common response to the survey's open-ended questions was appreciation for DSHS helpfulness. More than half of the respondents praised the quality and helpfulness of DSHS or program services.
- ▶ Positive comments about DSHS staff outnumbered negative comments. There were three positive comments for every two suggestions for improvement.

Dissatisfaction: Some situations and encounters cause individuals to be less satisfied

- **Difficult access.** Clients complain when they encounter lengthy waiting lists for requested services, difficulty getting appointments, slow responses to emergencies, seemingly endless waits in lobbies, confusing options on automated phone systems, what seem to be meaningless bureaucratic requirements, and repetitive or complex paperwork. Some find it difficult to know what programs and services are available – and whether they qualify.
- **Service cuts.** New comprehensive assessments can cut the number of hours of provider assistance. A small raise in cash benefits often brings an equal cut in food stamps. A new job or raise can cut off medical or child care assistance that stabilizes a family.
- **Problems with staff.** Clients sometimes encounter staff who seem rude, condescending, unresponsive, or uncaring. They may feel that DSHS workers are too busy to listen or help.
- **No available providers.** Some clients can't find a provider who will take coupons for needed medical, dental, mental health, or specialty care.

DATA HIGHLIGHTS

- ▶ A new question about phone contact showed that 1 out of 5 clients find it difficult to reach a live person when they need to. In programs providing income assistance and child support enforcement, 1 out of 3 report difficulties reaching a live person.
- ▶ A new diversity question found many more clients concerned with discourteous or unfair treatment based on client circumstance (like poverty, addiction or being a single parent) than were concerned with treatment based on being part of a race, gender, or age-related protected group.
- ▶ 71% of clients say they know what program services are available – *down from 2001 and 2005.**
- ▶ Nearly one-third of the respondents made a suggestion for improving processes and/or access to services.

Individualization: Some clients want more personalized and coordinated services

- **An in-depth team approach.** Clients with complex issues and challenging life circumstances often want more comprehensive and personalized service planning – with a worker who is familiar with their situation and coordination between helping agencies.
- **Unmet needs.** A few clients feel that their individual needs aren't recognized or met – or that DSHS/federal rules keep them from getting needed assistance. Some feel that they are penalized for going to school, getting a job, or dealing with physical or mental health problems that keep them from complying with DSHS requirements. Some complain that they get fewer or slower services because they are childless, male, white, or U.S. citizens.

DATA HIGHLIGHTS

- ▶ Only 61% of clients say they helped make plans and goals about services – *down from 2001 and 2005.** The downward trend was most marked among medical assistance clients.
- ▶ In response to a new coordination question, 22% of the clients who get services from 3 or more DSHS programs said: *Staff from different programs don't work together as a team to help us get needed services.*
- ▶ Many client comments addressed the need for individualized attention and service planning.

Key Questions

The issues of customer service and process improvement are continuing themes throughout all client surveys. Each survey helps to remind us of these issues' importance and to fine-tune our efforts in these areas. The findings of the 2007 survey, however, also spotlight several current issues for DSHS leadership. These issues require a delicate balance of priorities:

Current Issues: A balancing act

Balancing standardization and individualization. How do we help our staff balance the need to be more productive and accountable, to standardize services, and to meet ever-increasing performance goals, *while* treating each client with courtesy, respect, and understanding of individual circumstance?

Balancing streamlined and intensive service. How do we serve our clients as quickly and efficiently as possible (often standardizing services and using call centers, on-line transactions, and phone interviews) *while* providing more intensive personalized services to high-risk, multi-problem individuals and families – or to those in crisis?

Identifying the high-risk families who would benefit from more intensive services. How do we target individuals and families that need intensive services? What are the best indicators of risk? What services work best? Would high-risk families and multiple problem individuals benefit from more service integration, as well as more intensive services? How do we measure cost effectiveness and outcomes?

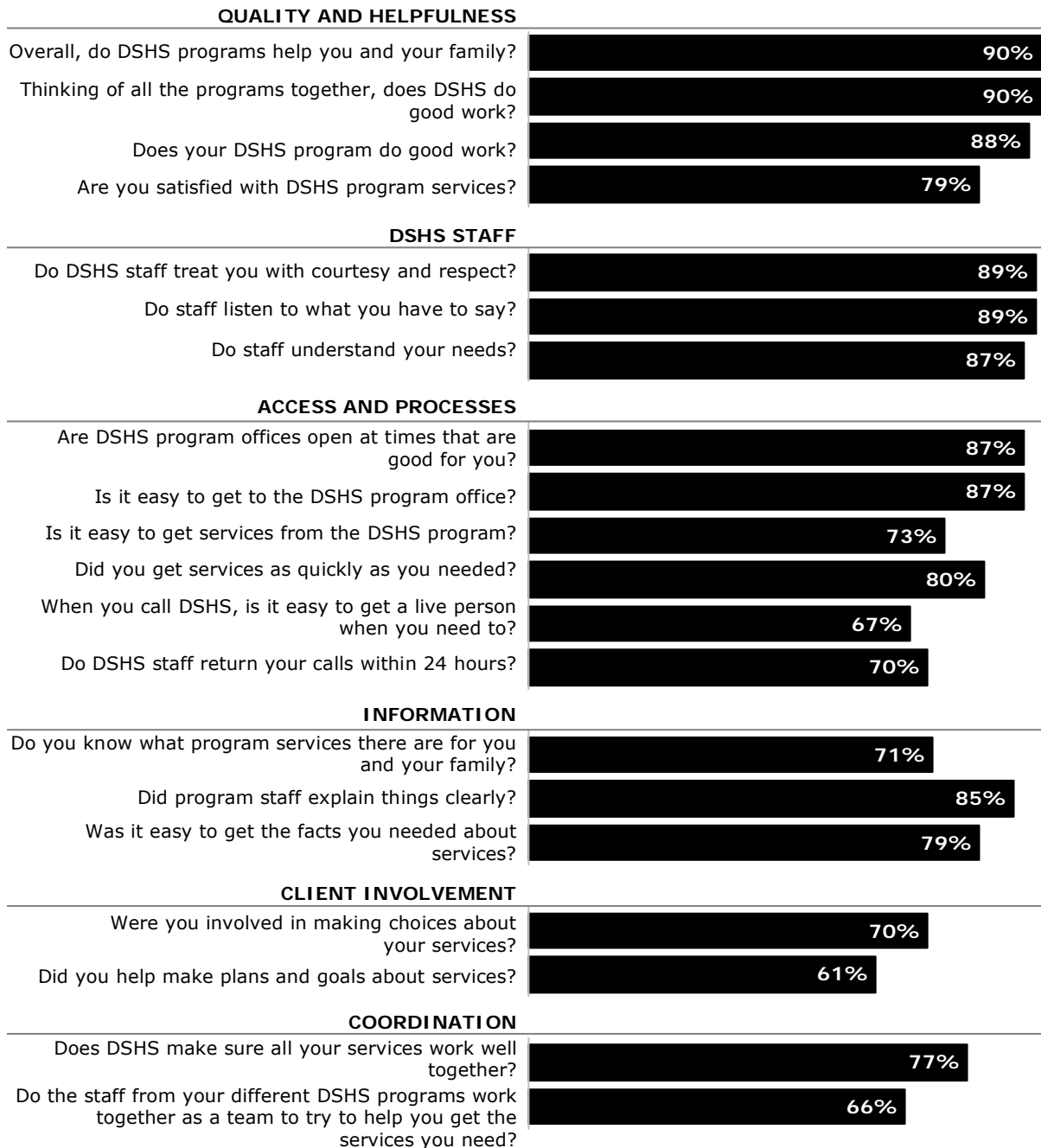
* Changes are reported only if statistically significant at the .05 level. Some caution is advised when comparing the results of the 2007 survey to previous surveys. A thorough review of the survey process in 2006 resulted in a number of small changes in survey format. These format changes may cause responses to differ from those of previous years.

Survey Results at a Glance

The survey analysis is based on two types of questions. The answers to the 20 standard questions are summarized in the chart below. The chart on page 5 summarizes the narrative responses to the three open-ended questions.

2007 Client Survey satisfaction rates

All DSHS Clients • Weighted Data



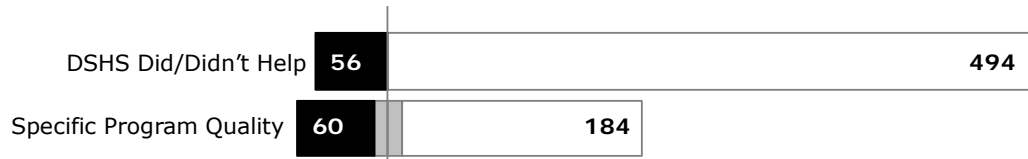
*Percentage shown is the percent who answered "yes" or "strong yes." Data is weighted. These percentages include clients chosen from the child support (DCS) caseload.

Respondents who made positive, negative, or neutral/mixed comments*

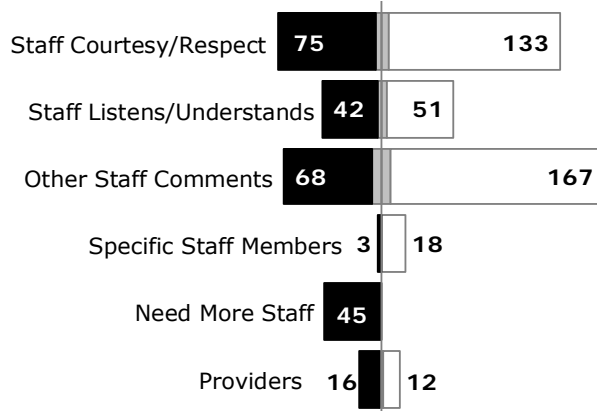
All DSHS Clients • Unweighted Data



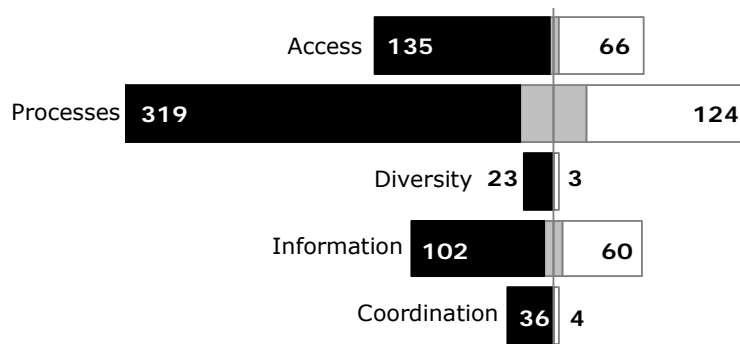
QUALITY/HELP



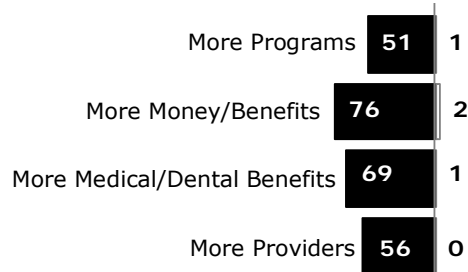
STAFF



SERVICE DELIVERY



RESOURCES



Good work
 Neutral or Mixed
 Needs Work

*Narrative comments were made in response to three questions:

- What do you like best about dealing with DSHS?
- What is the one thing DSHS can do to improve services?
- Do you have any additional comments?

A more detailed table showing themes from the narrative responses and a response glossary can be found in Appendix H.

CHAPTER 1

Quality and Helpfulness

Clients appreciate DSHS.

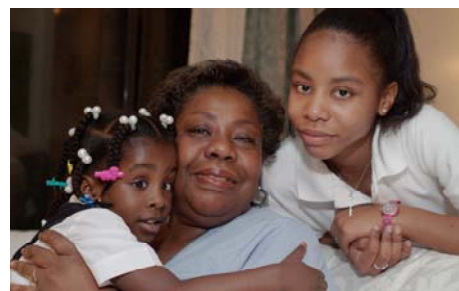
For the most part, clients appreciate DSHS services.

Many feel that DSHS assistance has changed their lives for the better by providing much needed stability and support.

This chapter focuses on the overall quality and helpfulness of DSHS services:

- The first two pages highlight questions and comments regarding DSHS as a whole
- The remainder of the chapter examines the quality of the programs within DSHS

Subsequent chapters address more specific aspects of service delivery and client interactions with DSHS. Although generally satisfied, clients often make suggestions about how service delivery could be improved or expanded.



Above photos courtesy of the US Census Bureau (with permission)



Photo courtesy of the US Census Bureau (with permission)

The majority of comments that addressed the general quality of DSHS work were positive.

"They gave me a way to help me get my life turned around and together. I would not have been able to do it."

"When we first arrived in U.S. we really needed help and DSHS did a good job."

"It was easy for me once I was presented with everything that was available. The steps just lit up for me and everything worked out beautifully."

"I think that DSHS has long range plans and that they are beneficial and working. It is on course!"

Some clients shared mixed reviews of working with DSHS.

"They do quality work—they really do. But they do a lot of hesitating in helping people out. Other than that, they are OK."

"DSHS helps even though it takes jumping through many hoops."

"Sometimes I get services that are sometimes helpful."

"They are helpful and they do try their best in most instances."

Others offered suggestions for improvement.

"Overall I am very happy for what we have received from DSHS. But the constant changing of employees causes much disruption and resubmission of paperwork!"

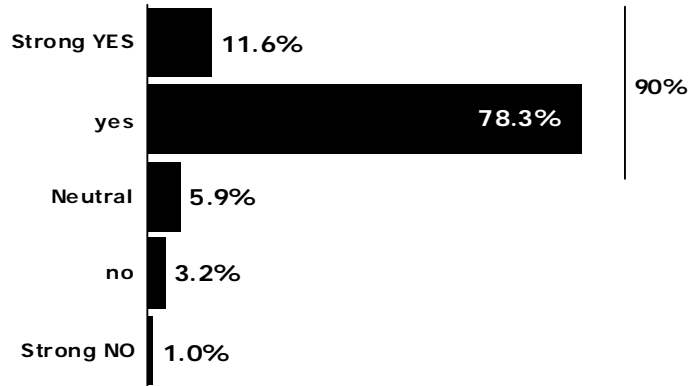
"DSHS is overall a wonderful agency, but some of the rules are archaic and need to be reviewed."

"I appreciate very much the services. I wish that DSHS would make sure that your benefits were delivered by the day that you are supposed to have them."

"I think for them to provide better service—when a client gets a job—a better transitional stage going from assistance to work would help."

QUESTION | Thinking of all the programs together, does DSHS do good work?

Nine out of ten respondents (90%) agreed that DSHS does good work. Only 4% disagreed.

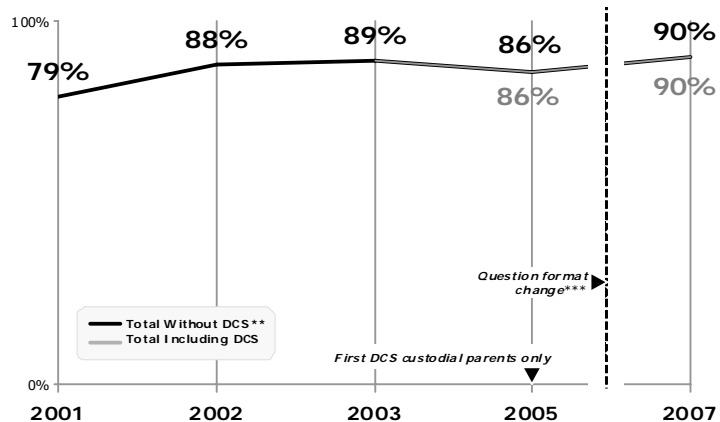


SUBGROUPS: Respondents were more likely to agree* that DSHS does good work when:

- The client participated only in voluntary programs (92% agreed), rather than in at least one mandatory program (83% agreed). (Children's Administration and non-custodial Child Support programs are considered to be mandatory.)
- The client participated in two programs (92%), compared to three or more programs (85%).

Trend

The chart below shows the percentage of respondents who answered this question affirmatively from the 2001 survey to present. The increase from 2001 to 2007 was statistically significant.* This rating has remained high and relatively stable since 2002.



* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.

** The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005 and non-custodial in 2007. To look at trends for comparable groups, use the black line (without DCS).

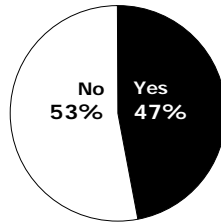
*** Question format changed between the 2005 and 2007 surveys, which may affect comparisons to previous years. See Appendix A.

NOTE: If a client utilized more than one program, the interviewer listed all the programs before asking this question. If a respondent utilized only one DSHS program, the answer to this question is the same as the answer to "Does your program do good work?"

THEME | Quality and helpfulness of DSHS services

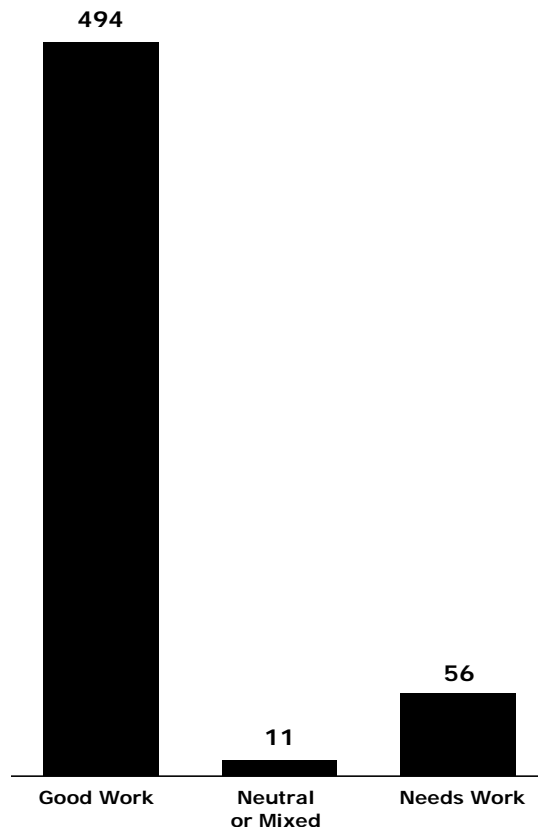
When survey respondents made comments about the quality and helpfulness of DSHS services in general (rather than specific programs or processes), the comments were included in this category.

Made comments about quality and helpfulness?



561 of the 1,195 respondents who made comments (47%) mentioned the quality and helpfulness of DSHS services.

Of the 561 clients who commented on DSHS quality, the majority (88%) offered praise. One in ten (10%) made criticisms or suggestions for improvement.



Although clients rate quality and helpfulness highly, a few state they would prefer not to have to rely on services:

"I like the services. I need the services. I would rather work than ask for the benefits."

"There is not a lot I like about DSHS really—I wish I was able to work."

"Nothing, to tell you the truth. If I was not on disability and was able to work, I would rather not be on these programs."



Photo courtesy of the US Census Bureau (with permission)

Overall, most clients are pleased with DSHS services.

"They support me in my growth in helping me get stable and off welfare."

"They have supported and helped people who are very much in need of assistance."

"They help you to deal with your life at the time of need and they help you in the beginning, in between, and the end of your life."

"I have appreciated all of the services they've given me. I'm a single parent and they have been very helpful. They have made sure that I got the food stamps as well as money to make sure that my son was taken care of."

"I never had any problems with any of the services."

"We have gotten all the help that we asked for."

Others shared a more negative view of the quality of DSHS work.

"I like nothing about dealing with them, everything is too difficult. You need help and you are required to get a whole bunch of stuff, and when you get it back to them you have to wait forever to get results."

"There is not much I like about the agency itself. It is so structured that they lose the person-to-person contact."

"I don't really like anything about DSHS."

"There has not been much to like about dealing with DSHS."



Photo courtesy of Microsoft (free domain)

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

"I am extremely grateful that DSHS was there for me and my family. It has allowed us to have some sort of present and future."

"Without DSHS help, my father-in-law wouldn't have been able to live outside a nursing home as long as he did."

"Even working full-time, I couldn't make it without DSHS. They've fed us (respondent and her children), they've given us medical care—I'm grateful for that."

"I just want to thank DSHS for their help; otherwise, I don't believe I would be alive today or sane."

"I appreciate everything both agencies have done for me. I'm a quadriplegic, and they've made it possible for me to get back to a full life."

"My husband needed to go into chemical dependency, DSHS was on the ball and got him into the program and it really helped him!"

Some clients felt that DSHS could be more helpful.

"It was frustrating dealing with DVR. The people were nice to me, but they didn't have anything for me. It's hard to find work—I was a nurse all my life, and now I'm in a wheelchair."

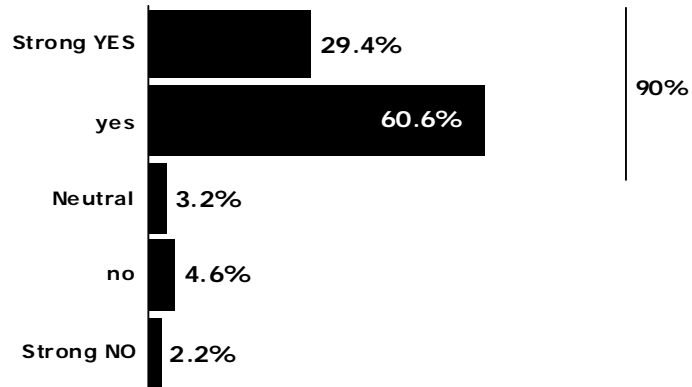
"Mental health needed to come and evaluate someone and never did that in time to avoid them going into the hospital and jail."

"I applied for emergency assistance but DSHS turned me down; I had three days notice from my landlord and DSHS wouldn't help me."

"ESA loses paperwork and then my services get terminated. When you try to rectify the situation, they are not helpful at all. I am trying to work and run a family household. I need the day care to go to work!"

QUESTION | Overall, do DSHS programs help you and your family?

Nine out of ten respondents (90%) felt that DSHS programs have helped them or their families. Less than one in ten (7%) disagreed.

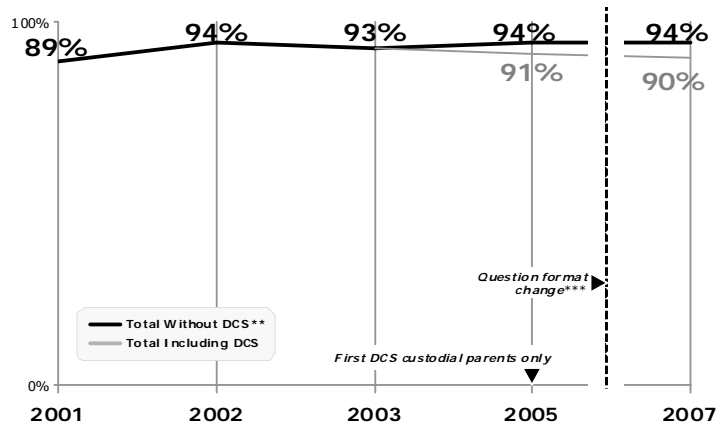


SUBGROUPS: Respondents were more likely to agree* that DSHS programs helped when:

- The client was a child (96% agreed), compared to an adult (87% agreed).
- The client was female (92%), rather than male (88%).
- The client was Hispanic (98%), compared to non-Hispanic Caucasian (88%) or non-Hispanic minority clients (90%).
- The respondent was a representative of the client (95%), compared to when the respondent was the client (87%).
- The client participated only in voluntary programs (93%), rather than in at least one mandatory program (77%).
- The client participated in two programs (95%), compared to one program (88%) or three or more programs (88%).

Trend

The chart below shows the trends in percentage of respondents who answered affirmatively. The change from 2001 to 2007 was statistically significant.* In recent years this rate has remained relatively stable.



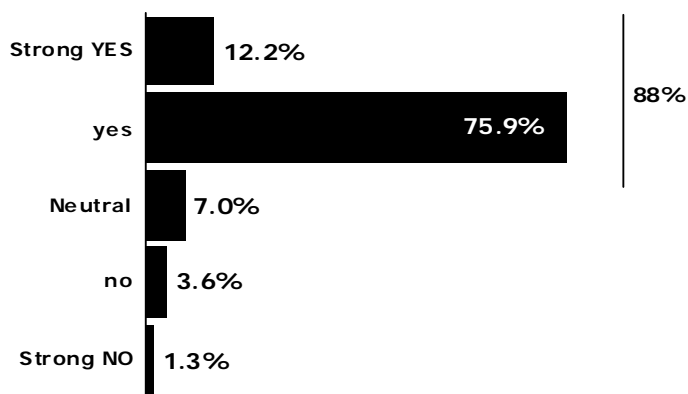
* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.

** The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005 and non-custodial in 2007. To look at trends for comparable groups, use the black line (without DCS).

*** Question format changed between the 2005 and 2007 surveys, which may affect comparisons to previous years. See Appendix A.

QUESTION | Does your DSHS program do good work?

When asked about each DSHS program they used, almost nine out of ten respondents (88%) said that their programs do good work. Only 5% disagreed.

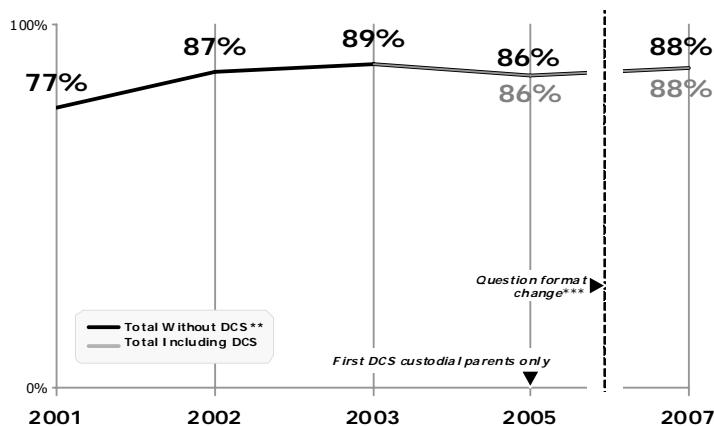


SUBGROUPS: Respondents were more likely to agree* that DSHS programs do good work when:

- The client was Hispanic (93% agreed), compared to non-Hispanic Caucasian (87% agreed).
- The client participated only in voluntary programs (90%), rather than in at least one mandatory program (82%).
- The client participated in one program (90%), compared to three or more programs (83%).

Trend

The chart below shows the percentage of respondents who answered affirmatively from the 2001 survey to present. The change from 2001 to 2007 was statistically significant.*



* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.

** The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005 and non-custodial in 2007. To look at trends for comparable groups, use the black line (without DCS).

*** Question format changed between the 2005 and 2007 surveys, which may affect comparisons to previous years. See Appendix A.



Photo courtesy of the US Census Bureau (with permission)

A number of respondents commended a particular program.

"I like the fact that they were able to put my grandchildren on a program where I get financial and medical assistance."

"I love aging and long term care."

"They provide a childcare program which really helps me."

"My daughter is hearing impaired, and there has never been an issue of going to specialists for her problems. It all worked well."

"We love the WorkFirst program."

"I like the Healthy Options for children, which provides full coverage—it is a very big help."

"DVR has been very good about getting me all the equipment I need to make my life easier and return to the work force."

"I really like the personal care help we are receiving."

"The mental health and drug and alcohol counseling I get is excellent."

"I like the COPES program."

Some clients have had a positive experience with one program but not with another.

"I don't like dealing with DSHS but I like dealing with DVR."

"Medical portion is great, but not the mental portion."

"Medical prescriptions are invaluable, but other services are inconsistent and unreliable. The amount received is insufficient to eat, survive, pay bills and you are penalized for trying to improve your situation."

"I like working with DVR because they are on top of everything. The other programs said they sent me documents and I didn't get them. Then, I had to jump through hoops to get back on track."



Photo courtesy of the US Census Bureau (with permission)

Many clients shared positive outcomes of DSHS program services.

"They helped me become a better person by getting me off the streets—putting a person to work—stopping the cycle of violence and drug addiction."

"I just had a really good experience with DSHS and my life has completely turned around. I am in college and I have a job!"

"They provide the services like day care and money which we need. CPS helped in getting the girls to us."

"It helped me control my DUI situation."

"Without them I wouldn't be able to afford health care."

"They were pretty quick at getting me into treatment. I believe that helped me tremendously."

"When I am unemployed, it helps feed my daughter."

"I have a roof over my head because of DSHS. Without DSHS I would be living on the street."

Others pointed out particular program services in need of improvement.

"DCS could keep closer tabs on the non-custodial parent to ensure timely payments."

"Re-do Child Protective Services for more accountability for the caseworkers."

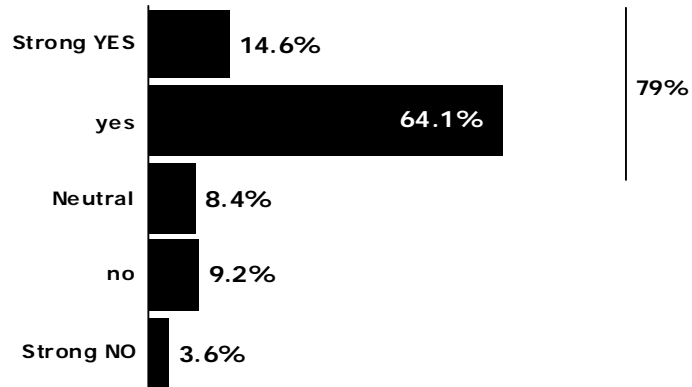
"They could investigate their cases more thoroughly, especially when it comes to COPES."

"I think that DSHS could be more responsive to people that need DVR services."

"DD could be more proactive and visible to the community."

QUESTION | Are you satisfied with DSHS program services?

Nearly 8 out of 10 respondents (79%) were satisfied with services from their DSHS programs. More than one in ten (13%) reported dissatisfaction.

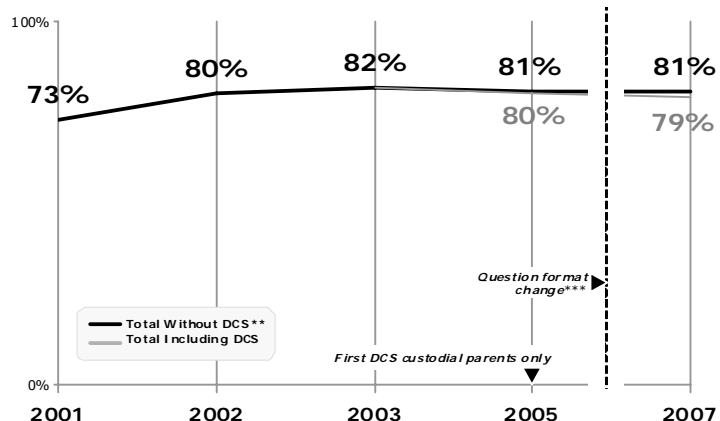


SUBGROUPS: Respondents were more likely to be satisfied with program services when:

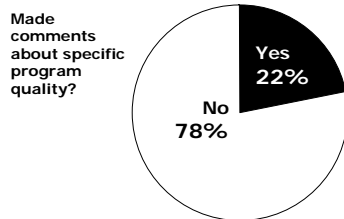
- The client was a child (85% agreed), compared to an adult (76% agreed).
- The client was Hispanic (89%), compared to non-Hispanic minority clients (78%) or non-Hispanic Caucasian clients (76%).
- The respondent was a representative of the client (83%), compared to when the respondent was the client (76%).
- The client participated only in voluntary programs (81%), rather than in at least one mandatory program (69%).
- The client participated in one program (80%), compared to three or more programs (73%).

Trend

The chart below shows the percentage of respondents who answered affirmatively from the 2001 survey to present. The increase from 2001 to 2007 was statistically significant.*

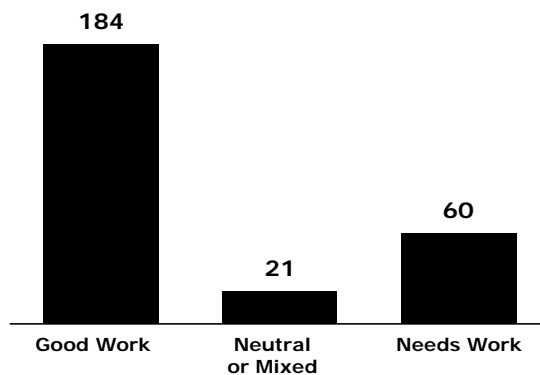


THEME | Quality and helpfulness of specific programs, offices, locations



265 of the 1,195 respondents who made comments (22%) mentioned the quality and helpfulness of specific DSHS services.

Most (69%) of the 265 clients who addressed specific programs, offices and locations made positive comments. Almost one in four (23%) made criticisms or suggestions for improvement.



Some clients mentioned individual programs they think could be improved. Often, the reasons for dissatisfaction stem from other issues with specific program services, such as:

- Long waiting lists
- Overly-narrow eligibility criteria
- Failure to get child support payments
- Limited availability of medical providers

Other comments point to uneven service delivery across programs and locations:

- "I think the quality of services depends on the county that you live in. It really varies county to county."
- "The food stamp aspect was excellent. Support enforcement was abysmal. I had to ask for a fair hearing three weeks ago and I haven't heard a thing from DSHS."
- "In one county, you get food stamp services pretty quickly, but in another it took a couple months."



Photo courtesy of Microsoft (free domain)

Many clients mentioned specific programs and offices that have provided quality services.

"I know that my child is being taken care of through DCS."

"The people at the Lakeway Aging and Adult Service office really care and go out of their way to help."

"Mental health program is a big help, especially for people in financial and health distress like me."

"They are organized in the Aberdeen Office."

"DSHS staff at the Capitol Hill office seem to be more personable and more flexible with us."

"They help me with my doctor's appointments, food stamps and money for rent. Good service."

"The workers treat us well in the Wapato CSO where we go for assistance."

"I like that Support Enforcement makes sure the kids are taken care of."

"In the Wenatchee CSO, they are kind and efficient."

"The 1-800 number for the medical was very helpful—whatever problem I had, the people were very nice and got right on it."

Others shared negative impressions they have of programs or offices.

"The CSO in our area is very inefficient. They continually lost my paperwork."

"They really need to work on services available to clients who need mental health services."

"The people at the welfare office are horribly abusive. They pick and choose who to be nice to."

"DVR is just not at all helpful."

"I had to do a lot of the work that DCS should have been doing!"

"Most services for adults are really screwed up."

"When I was in the local CSO, I felt I was treated very poorly by staff."

CHAPTER 2

DSHS Staff

The quality of interactions with staff color each client's DSHS experience.

Clients praise staff who:

- Treat them with respect and consideration
- Hear and understand their needs
- Are knowledgeable about programs and benefits
- Go out of their way to respond to requests and provide needed services

Clients are frustrated when otherwise capable and caring staff are unavailable or inattentive due to large workloads and understaffed offices.

Clients' suggestions for improvement:

- Don't rush clients through appointments
- Don't pre-judge; take time to listen well
- Take clients' ideas and preferences into account when arranging services
- Remember that each client is an individual with unique needs



Above photos courtesy of the US Census Bureau (with permission)



Photo courtesy of the US Census Bureau (with permission)

Clients want staff to treat them with respect and consideration.

"They are kind and helpful when you apply for services."

"I think one of the things DSHS needs to do is respect the client at all times."

"They treated me with respect and provided me with services."

"The CPS workers were rude! This includes the supervisors!"

"They don't treat you like you are low class, and they provide you with the services that you need."

They also want staff to hear and understand their needs.

"They listen well to our needs and situation."

"They could get better workers that understand and are not so rude. They seem to think it is their job to keep us off government assistance. Some folks milk the system, but my son just needs help."

"Communication between client and workers was great."

"Get people that are more understanding and willing to deal with the problems that clients have."

"People are kind and understanding. They provide the services that I need."

They like dealing with knowledgeable staff who go out of their way to respond to requests and provide services.

"They are like family. They provide the services that we need and go beyond in helping to provide these services."

"They should do their jobs, know their programs, and be there to help the family."

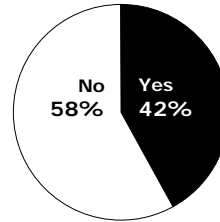
"I like that they are willing to help, and they do what they say they're going to do."

"It was hard to get anyone to help me."

"Some workers have gone the extra mile to help and take care of me and my family."

THEME | All staff comments

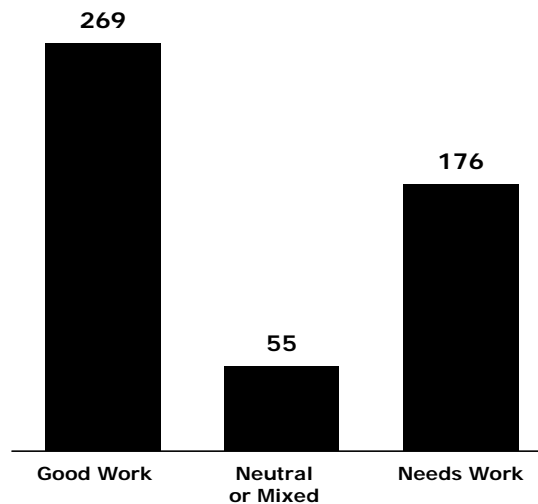
Made comments about DSHS staff?



500 of the 1,195 respondents who made comments (42%) mentioned DSHS staff.

500 respondents mentioned some aspect of their dealings with DSHS staff. The major themes in their comments are discussed in more detail later in this chapter.

More than half of the 500 clients who spoke about DSHS staff (54%) offered praise. More than one in three (35%) made criticisms or suggestions for improvement.



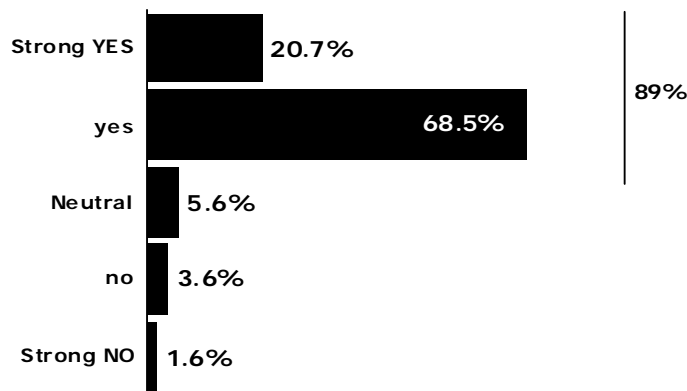
The comments about staff can be divided into four main categories:

- Courtesy and respect. (217 clients addressed these topics.) See pages 17 and 18.
- Listening and understanding. (100 clients mentioned these subjects.) See pages 19, 20, and 21.
- Other comments about staff—mainly addressing staff's responsiveness, knowledge and professionalism. (249 clients offered compliments or concerns in these areas.) See page 22.
- Comments about specific staff. (21 clients praised or criticized individual DSHS staff members.) See page 23.

The final two pages of the chapter discuss client comments about DSHS providers (page 24) and the need for more DSHS staff (page 25).

QUESTION | Do DSHS staff treat you with courtesy and respect?

Almost nine out of ten respondents (89%) said that DSHS staff treat them courteously and respectfully. Only 5% disagreed.

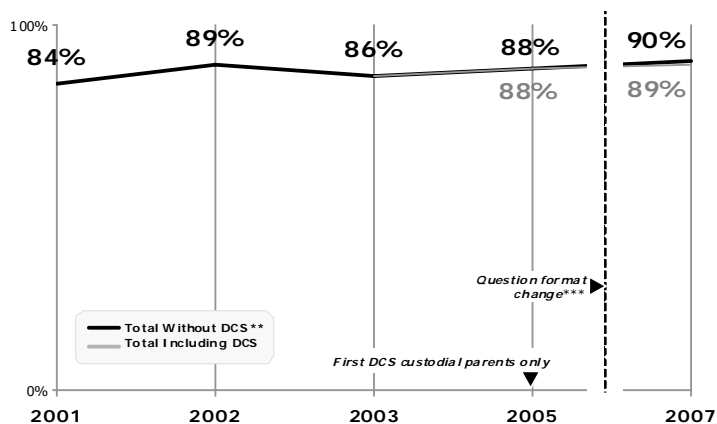


SUBGROUPS: Respondents were more likely to agree* that DSHS helped when:

- The respondent was a representative of the client (93% agreed), compared to when the respondent was the client (87% agreed).
- The client participated only in voluntary programs (91%), rather than in at least one mandatory program (83%).
- The client participated in one program (90%), compared to three or more programs (85%).

Trend

The chart below shows the percentage of respondents who answered affirmatively from the 2001 survey to present. The increase from 2001 to 2007 was statistically significant.*



* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.

** The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005 and non-custodial in 2007. To look at trends for comparable groups, use the black line (without DCS).

*** Question format changed between the 2005 and 2007 surveys, which may affect comparisons to previous years. See Appendix A.



Photo courtesy of the US Census Bureau (with permission)

Clients praised courteous and respectful staff.

"I like their friendliness and willingness to help. 'Is there anything more we can do for you before you leave the office?'"

"I wasn't made to feel like a loser when I applied for assistance."

"I like the fact that they treat me with respect, they have allowed me the opportunity to change my life."

"They treated me like a real person."

"It's nice to know that there are people out there who care."

"Their heart is in the right place."

Some clients reported specific situations where they did not feel respected.

"The Division of Child Support did not treat me and my spouse with courtesy and respect...We felt like DCS thought that we were trying to cheat the system."

"I think that if people want to work at the CSO, they should really care about working with people in need. They seem like they don't like their jobs and make me wonder why they are there. They seem like they are on a power trip and can treat us like they want."

"When you walk in the welfare office door you have a label on you and you are treated like a loser and rudely at the office. I felt I was treated as a third class citizen. I didn't get any respect or any kindness at the office."

Clients particularly resent being "rushed" by staff.

"I know they have large caseloads, but some offices don't treat you with courtesy and respect, they rush you."

"Workers are in a hurry when you do finally get to talk to them."

"Better customer service. The front desk people always seem to be in such a rush."



Photo courtesy of the US Census Bureau (with permission)

Clients want staff to treat them with courtesy.

"They are friendly and considerate to us."

"Better customer service or treatment—how many times I feel just like a number."

"I like the courtesy and kindness that they show."

"Pay more attention to the caseworkers. Make sure they don't get rude to the persons they are working with."

"Workers are burned out. Sometimes they're not the nicest people."

"I have good experiences with DSHS—they have been very polite and helpful."

Clients also want staff's respect, whatever their current circumstances.

"Be more friendly in the DSHS office. Show respect and treat everyone like they are a millionaire."

"I feel very respected."

"DSHS staff could respect the people they serve and not treat them like they are below them."

"Workers need to be more polite and not talk down to you."

"I never get the feeling that someone is looking down their nose at you because you are getting assistance."

For clients, "courtesy and respect" includes caring and compassion.

"I have received help from very good workers...They are concerned and they care."

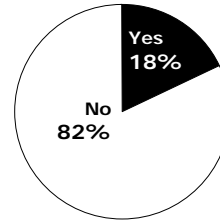
"They could care a lot more."

"Be more compassionate."

"I like the compassion and caring—they really try."

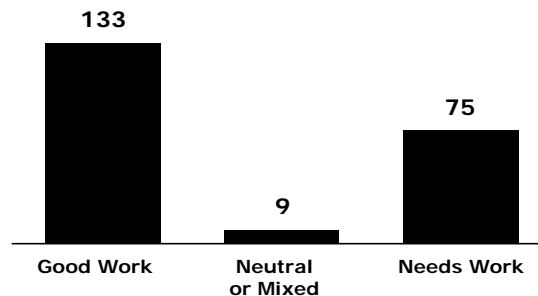
THEME | Staff courtesy and respect

Made comments about staff courtesy and respect?



217 of the 1,195 respondents who made comments (18%) mentioned staff courtesy and respect.

Of the 217 clients who commented on staff courtesy and respect, the majority (61%) were complimentary. More than one in three (35%) made criticisms or suggestions for improvement.



Most of those who commented mentioned one of these points:

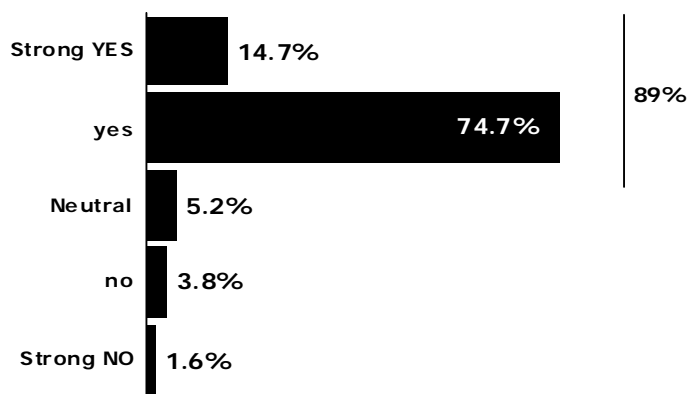
- The friendliness of DSHS staff
- The respect clients are given
- Staff's genuine concern for clients' well-being

Others offered the following suggestions for improvement:

- DSHS staff should not look down on clients, or talk down to them
- Staff should be more caring
- Staff should treat clients like people, not numbers
- Staff who are overworked should not "take it out" on clients

QUESTION | Do staff listen to what you have to say?

Nearly nine out of ten respondents (89%) agreed that staff listen to them. Less than one in ten (6%) disagreed.

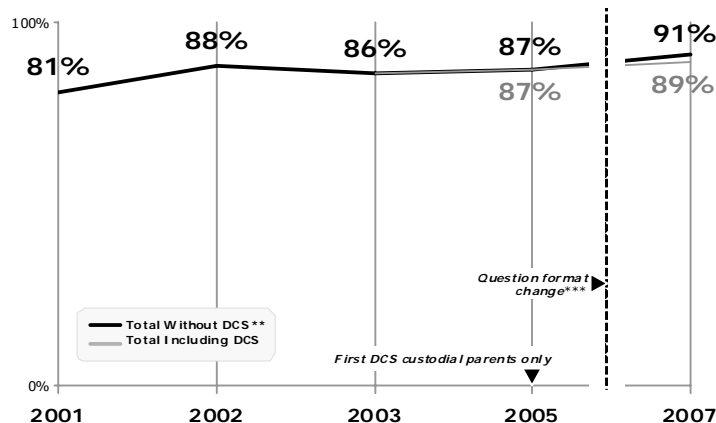


SUBGROUPS: Respondents were more likely to agree* that staff listen when:

- The client was a child (93% agreed), compared to an adult (88% agreed).
- The client was Hispanic (95%), compared to non-Hispanic Caucasian (89%) or non-Hispanic minority clients (86%).
- The respondent was a representative of the client (93%), compared to when the respondent was the client (88%).
- The client participated only in voluntary programs (92%), rather than in at least one mandatory program (80%).
- The client participated in one program (91%) or two programs (90%), compared to three or more programs (83%).

Trend

The chart below shows the percentage of respondents who answered affirmatively from the 2001 survey to present. The increases from 2001 to 2007 and from 2005 to 2007 were both statistically significant.*



* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.

** The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005 and non-custodial in 2007. To look at trends for comparable groups, use the black line (without DCS).

*** Question format changed between the 2005 and 2007 surveys, which may affect comparisons to previous years. See Appendix A.



Photo courtesy of the US Census Bureau (with permission)

Clients appreciate staff who listen carefully to them.

"I like that they have patience with me and are willing to listen."

"They were supportive, flexible, and listened when we had concerns."

"Issues are always open for discussion at DCS."

"I like that they really listen to me and they really did help me find help that I needed."

"They are there for you and they listen to you."

Some clients feel staff should make a stronger effort to listen well.

"Really listen to what clients' needs are."

"Treat people with more respect, and truly listen to what they are saying."

"I would like to see DSHS actively listen to me and my issues."

"Listen to me and take me seriously as to what I need."

Others feel staff should not be too quick to judge clients' character and motives.

"When people call with complaints, look at them with an open mind."

"They should start listening to the guys, instead of jumping to the conclusion the guy doesn't want to pay his child support."

"They could listen better, and not assume that a client is not telling the truth."

"I feel like they deal with lots of rude and inconsiderate people and then the CSO staff behave in a defensive manner, expecting all clients to be rude and inconsiderate."



Photo courtesy of the US Census Bureau (with permission)

The majority of clients reported that staff understand their needs.

"They understand the clients and how to deal with them in their situations."

"I like the fact that they got better in dealing with me and understanding what I need."

"DSHS are very fair people and very understanding."

"They are very understanding and found the solution to what my problems were."

"They understand what I need and help me out with my medical problems."

Clients appreciate staff who take their suggestions seriously.

"They listened to what I had to say and followed up the response."

"They ask us what kind of help we need and, if they can, they help us."

"The people there are knowledgeable and are willing to work with you."

Some feel that staff should be more understanding.

"Be more understanding about clients' living arrangements and their needs."

"The caseworkers on a whole could be more understanding with young parents."

"It takes too long to explain what I want and for them to understand it."

"When we were foster parents, our opinion didn't hold much weight."

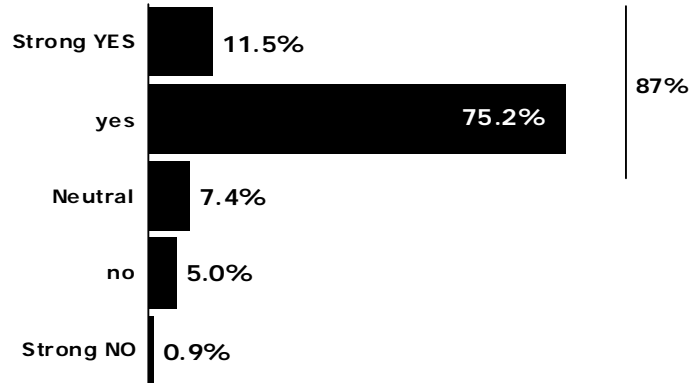
"Have better and more staff/client meetings to communicate ideals, services, and goals."

"DSHS wouldn't let me suggest options...DSHS wouldn't help me learn about my learning disability and they didn't understand it either."

"Be nice when you call with a problem. Open-minded."

QUESTION | Do staff understand your needs?

Nearly nine out of ten respondents (87%) felt that DSHS staff understand their needs. Less than one in ten (6%) disagreed.

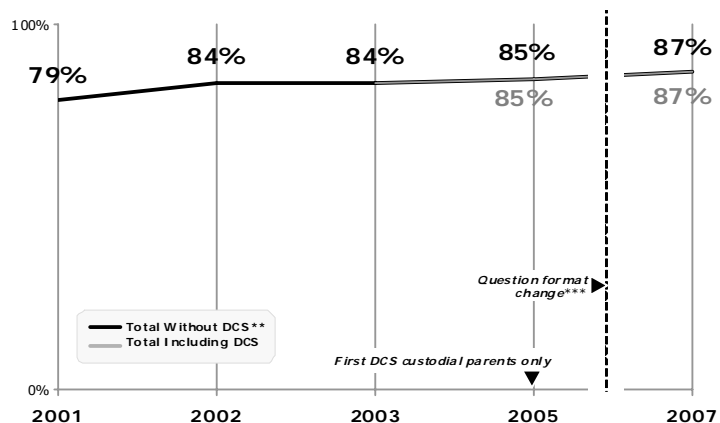


SUBGROUPS: Respondents were more likely to agree* that DSHS staff understand their needs when:

- The client was a child (94% agreed), compared to an adult (83% agreed).
- The respondent was Hispanic (96%), compared to non-Hispanic Caucasian (85%) or non-Hispanic minority clients (82%).
- The respondent was a representative of the client (92%), compared to when the respondent was the client (83%).
- The client participated only in voluntary programs (88%), rather than in at least one mandatory program (76%).
- The client participated in one program (89%) or two programs (87%), compared to three or more programs (79%).

Trend

The chart below shows the percentage of respondents who answered affirmatively from the 2001 survey to present. The increase from 2001 to 2007 was statistically significant.*



* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.

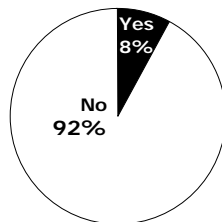
** The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005 and non-custodial in 2007. To look at trends for comparable groups, use the black line (without DCS).

*** Question format changed between the 2005 and 2007 surveys, which may affect comparisons to previous years. See Appendix A.

NOTE: Non-custodial parents were not asked this question about child support enforcement services as it is not applicable.

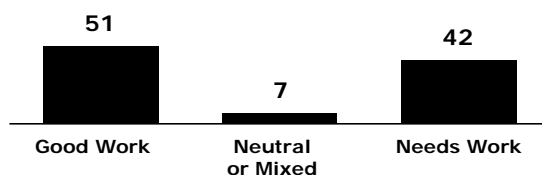
THEME | Staff listen/understand

Made comments about quality and helpfulness?



100 of the 1,195 respondents who made comments (8%) mentioned staff listening or understanding.

Nearly half of the 100 clients who addressed staff listening and understanding (51%), made positive remarks. About four in ten (42%) made criticisms or suggestions for improvement.



Most of those who commented complimented DSHS staff regarding one of these points:

- DSHS staff listen well
- Staff solicit client input, and act upon it
- Staff understand client needs

Some made the following suggestions for improvement:

- DSHS staff need to listen more actively to client concerns
- Staff need to give clients a stronger voice in their own service plans
- Staff need to be more understanding about individual clients' circumstances

For further discussion of client/staff interaction, see the "Client Involvement" chapter (Chapter 5).



Photo courtesy of the US Census Bureau (with permission)

Clients want staff to pay attention to what they have to say.

"I like the fact that help is available and the staff listens to your needs."

"They ask us what kind of help we need and, if they can, they help us."

"Just listen a little more, and have more trust."

"My case manager is very attentive."

"There are staff that are very helpful, listen, and communicate well."

"Really listen to the client."

"It would be nice if they could pay more attention and help people that need help."

Clients feel staff should try to understand their viewpoints.

"It would be great if clients had more input into the process of their recovery."

"They understood my problems and my needs with my disability."

"Encourage people to participate in offering suggestions for improvement, both employees and clients, by offering incentives for them to participate."

"I think they are open to my suggestions."

Some clients want to be treated as individuals, not as members of a group.

"The staff has never been so courteous, thoughtful, and caring about my needs as a person."

"Make a representative available to each person to address their personal needs if they need the help."

"I am very grateful for the personal attention I get. They are always ready to be there for you."

"Don't treat everyone the same. Not all situations are equal."



Photo courtesy of the US Census Bureau (with permission)

Clients like staff who respond to their needs.

"I had a very good case manager who did her best to give me whatever help I needed."

"Respond quicker. They move at a snail's pace."

"I like that they work around our schedule, they help us when we need it, and they have been there for my family. They are helping us get to where we need to be."

"Good services, good response, workers are good to work with."

"Be responsive to the needs of the people."

They want staff to offer service with a caring attitude and a "personal touch."

"The workers are great. I like the personal contact."

"Staff need more training in how to treat the client."

"I am very grateful for the personal attention I get. They are always ready to be there for you."

"Better customer service skills."

"I'm satisfied—they're kind and attentive."

Clients appreciate staff who are honest, professional, and knowledgeable.

"I like the exceptional professionalism of all workers."

"I think that DSHS could have a happier and more professional staff."

"They are very honest, and not as bureaucratic as I thought they would be."

"Need to have people that care about the services offered. People who know what services are available."

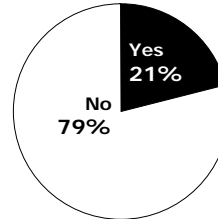
"Have workers who are truthful in the statements that they make, plus follow through with promises."

"Make sure that employees are doing their job, and doing it right."

THEME | Other comments about staff

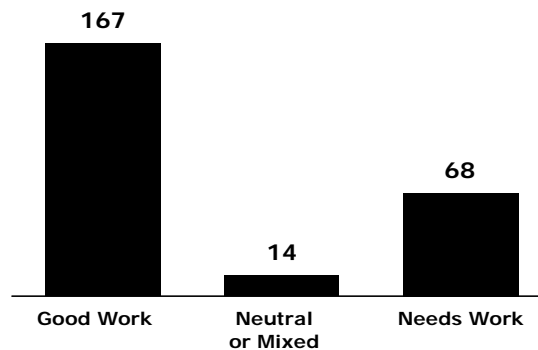
All comments about staff which did not address courtesy, respect, listening, or understanding were categorized as "Other" staff comments.

Made other comments about staff?



249 of the 1,195 respondents who made comments (21%) made other comments about staff.

Most of the 249 clients (67%) who made comments about DSHS staff offered praise. More than one in four (27%) made criticisms or suggestions for improvement.



Most of the comments that did not concern courtesy, respect, listening, or understanding mentioned one of these points:

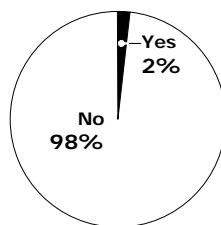
- DSHS staff work hard to meet clients' needs
- Staff provide much-appreciated personal attention
- Staff are honest and professional

Some comments addressed the following concerns:

- Staff should be more responsive to clients' requests
- Staff need to be more knowledgeable
- Staff should show more concern for their clients

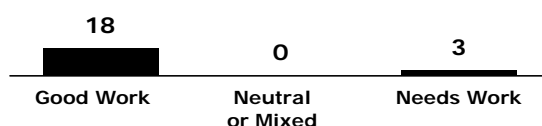
THEME | Specific staff members

Made
comments
about
specific staff
members?



21 of the 1,195 respondents who made comments (2%) mentioned specific staff members.

Nearly all (18 of the 21) clients who spoke about specific staff members were complimentary. Three made negative remarks.



Most of those who commented praised specific staff members for:

- Their overall competence
- Their help in crises
- Their consistent support and responsiveness
- Their concern and caring

The few who offered negative comments felt that specific staff should be:

- More courteous
- More responsive
- More flexible

The kudos list that accompanies this report provides a list of all staff members praised.



Photo courtesy of the US Census Bureau (with permission)

Some clients named staff members they particularly appreciate.

"My DVR case manager, Rick, was outstanding. He did excellent work."

"The DD caseworker, Jan Driscoll, is fantastic!"

"A worker at Ballard, Paul Kimball, visited my home twice to help me get started in straightening out my life! I didn't expect anyone to care that much...he helped save my life."

"Maureen, my worker in the White Center office, went out of her way to make sure I could get to the CSO when I was ill."

"Linda Pomeroy has done an exceptional job in helping me!"

"I have the best DVR counselor God ever made - Richard Foy."

"I lost both babies and DSHS sent a worker to see me at my house—her name is Heather, and she really helped me."

"I liked Pat Sparks in the Puyallup office. She was always so enthusiastic when I came in. When I left that office, I felt like anything was possible."

A few clients mentioned staff members whose behavior they dislike.

"The people at the front desk—one worker in particular—are very rude."

"I have opportunities to go to work immediately, but my worker at DCS demanded a \$500 payment up front or they won't allow my driver's license to be released."

"The lady at the front desk is not too willing to help me, and is not very courteous either."



Photo courtesy of the US Census Bureau (with permission)

Some clients commended the quality of service they receive from providers.

"I like my psychiatrist very much. She helps me to calm down and relax."

"Our family doctor is very good."

"My mental health doctor is a very good person and specialist. At one point, I had 25 pills prescribed by different doctors and my psychiatrist contacted them all to figure out what was going on."

"People treat me very nice when I use medical coupons."

"The doctors we have through Community Health are wonderful and very considerate."

Others reported that service from providers can be improved.

"My nurse practitioner at alcohol and drug treatment put me on four antibiotics in three days. They tried to kill me! I had a deadly allergic reaction and my liver experienced problems."

"I had a severed tendon and DSHS required my surgeon to complete paperwork. The surgeon took about five weeks to do so."

"Doctors don't communicate well with each other...I had medications prescribed to me that can't be taken together."

Clients want providers to treat them with respect.

"One issue is how doctors and providers look at and treat the DSHS patients with medical coupons. It's not good."

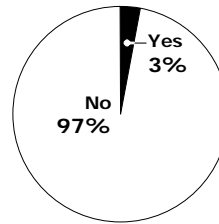
"The front office people at the doctor's office make you feel like you are a second-class patient."

"DSHS should find more dentists that are responsive to patients' needs. They shouldn't act like God (the dentists, that is)."

"Medical providers are snotty, and look down on you when you use coupons."

THEME | Providers

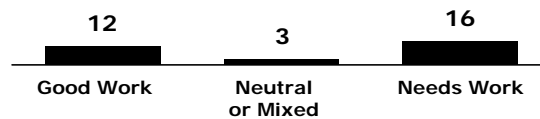
Made comments about providers?



31 of the 1,195 respondents who made comments (3%) talked about DSHS providers.

In addition to comments about DSHS staff, 31 clients commented on the service they received from providers paid through DSHS.

Of the 31 clients who commented on DSHS providers, 16 made criticisms or suggestions for improvement. Twelve made positive remarks.



Most clients who made comments mentioned medical personnel or mental health providers. The main positive points were:

- Providers are competent
- Providers are supportive
- Providers treat patients with courtesy

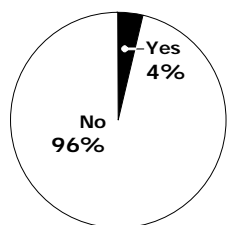
Some clients had specific complaints, such as:

- Providers lack critical skills
- Providers are slow to complete DSHS paperwork
- Providers do not respect clients

The most frequent complaint regarding providers is that it is too difficult to find a provider who accepts medical/dental coupons. This complaint is addressed in the Resources Chapter, Chapter 7, page 66.

THEME | Need more staff

Made comments about the need for more staff?



45 of the 1,195 respondents who made comments (4%) mentioned the need for more staff.

All of the 45 clients who made comments in this area addressed the need for more DSHS staff.

The majority of those who commented mentioned one of these points:

- Understaffing leads to poor or impersonal service
- Understaffing leads to long waiting periods
- Employee turnover creates disruption and extra work for clients

In addition to the 45 comments about the need for more staff, there were a number of complaints about the frequent changing of caseworkers (which may be due to a worker shortage or worker turnover). For example:

"Clients need to be able to keep the same worker...instead of being bounced around from worker to worker. This way the worker gets to know the case and the problems with the case."

Such complaints about frequent changing of workers are addressed in the "Processes and Access" chapter (Chapter 3).



Photo courtesy of Microsoft (free domain)

Clients feel that increased staffing will lead to better, and more personal, service.

"There is not enough funding and not enough employees. There are needs out here that could be met better."

"Attempt to get more caseworkers. I know they have a budget crunch, but a lot of people need their services."

"With more adequate staffing would come more personalized responses to consumer needs."

"My caseworker didn't seem to have the time to help me. I called her over and over and didn't get called back. Does CFS need more staff?"

They also believe hiring more staff will decrease the "wait time" in DSHS offices.

"Have more workers so people don't have to wait for an hour in the lobby to see a caseworker."

"More staff to avoid waiting in long lines."

"Hire more workers to shorten the waiting time when clients visit the CSO."

"More workers, as I had to wait 2 to 3 hours to see a worker at the Vancouver CSO."

Clients think understaffing and staff turnover negatively impact quality of service.

"Understaffed and when I need to have a telephone interview with them it has been hard to schedule time with them."

"A lot of work overload caused problems with receiving my services."

"The downside is the frequent changing of employees that I must deal with. It is a major setback when they change an employee; you must deal with the new employee and submit many documents again."

Processes and Access

Processes and access can be improved.

Clients want easy access to DSHS staff and offices. They appreciate it when they can schedule appointments and obtain services quickly.

Clients become frustrated with processes that are complicated and confusing. They dislike excessive paperwork, program waiting lists, and rules and regulations that block their access to assistance. They suggest that DSHS:

- Simplify automated call-center phone systems, and return client calls within 24 hours
- Speed up the scheduling of office and phone appointments
- Offer more alternatives to in-office visits.
- Get rid of complex, excessive, and redundant paperwork
- Streamline eligibility processes, and decrease program waiting lists
- Be flexible, rather than blindly following rules—if the individual situation warrants

Clients want to be treated well regardless of life circumstance. More clients were concerned about discriminatory treatment based on their life circumstance (poverty, addiction, unemployment, etc.) than about discrimination based on race, culture, age, or gender.



Above photos courtesy of the US Census Bureau (with permission)



Photo courtesy of the US Census Bureau (with permission)

Although most clients responded favorably to questions about office hours, very few made comments about the issue.

"The office hours are good and people can go in and get the help they need."

"They work with me very well in that I am 3 hours away from my father and they have gone above and beyond to be there after five if I could not get to the office in time. Caseworker met me at the facility to help me handle many tasks at one time and get everything needed so my father could have assistance."

The relatively few negative comments about office hours were requests for extended evening and weekend hours.

"Maybe the office could stay open at later hours or on weekends."

"Extend their hours to include Saturday."

"Be open until 6:00 p.m."

"Maybe extend their hours in the evenings."

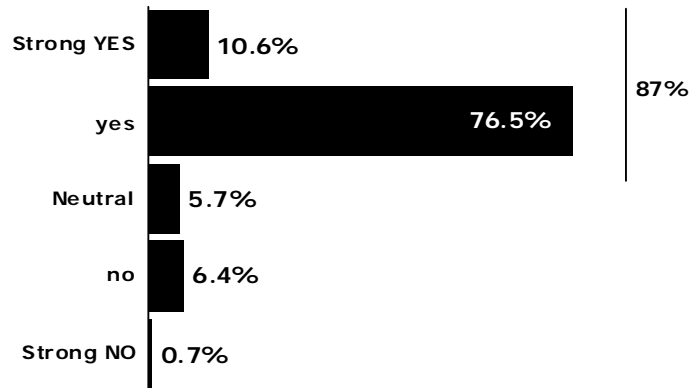
"When working, the hours of DCS would not be convenient; but since I'm not currently employed, the hours would be fine."

"It would be nice if the Child Support office would stay open until at least 5:00 p.m. They close at 4:00. I get off work at 4:00 and couldn't make it before they closed."

"I wish offices were open later, 'cause I have children in school and it's hard to get in and out of the office."

QUESTION | Are DSHS program offices open at times that are good for you?

Nearly nine out of ten respondents (87%) said that DSHS programs are open at convenient times. Less than one out of ten (7%) disagreed.

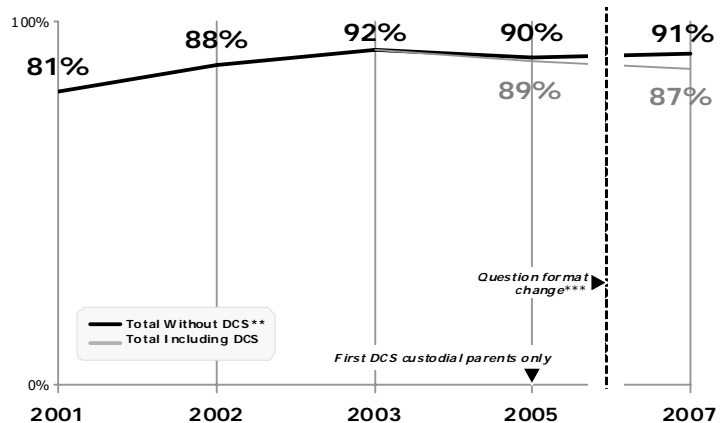


SUBGROUPS: Respondents were more likely to agree* that DSHS program hours are good when:

- The client was a child (92% agreed), compared to an adult (85% agreed).
- The client was Hispanic (97%), compared to non-Hispanic Caucasian (84%) or non-Hispanic minority clients (86%).
- The respondent was a representative of the client (92%), compared to when the respondent was the client (84%).
- The client participated only in voluntary programs (90%), rather than in at least one mandatory program (78%).

Trend

The chart below shows the percentage of respondents who answered affirmatively from the 2001 survey to present. The increase from 2001 to 2007 was statistically significant.*



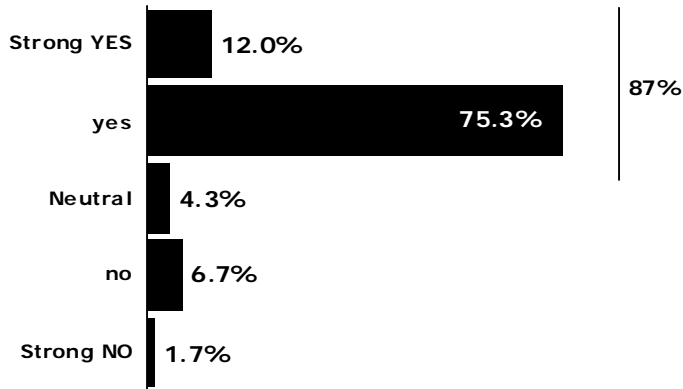
* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.

** The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005 and non-custodial in 2007. To look at trends for comparable groups, use the black line (without DCS).

*** Question format changed between the 2005 and 2007 surveys, which may affect comparisons to previous years. See Appendix A.

QUESTION | Is it easy to get to the DSHS program office?

Nearly nine out of ten respondents (87%) agreed that it is easy to get to program offices. Almost one in ten (9%) disagreed.

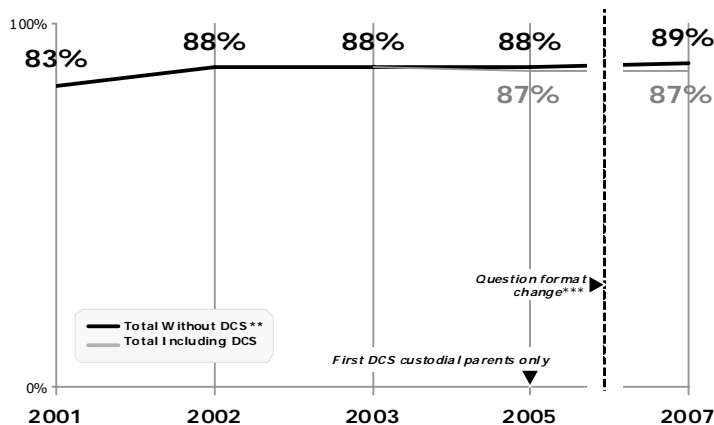


SUBGROUPS: Respondents were more likely to agree* that offices are conveniently located when:

- The client was a child (94% agreed), compared to an adult (84% agreed).
- The respondent was a representative of the client (92%), compared to when the respondent was the client (85%).
- The client participated only in voluntary programs (89%), rather than in at least one mandatory program (79%).
- The client participated in one program (88%) or two programs (88%), compared to three or more programs (82%).

Trend

The chart below shows the percentage of respondents who answered affirmatively from the 2001 survey to present. The increase from 2001 to 2007 was statistically significant.*



* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.

** The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005 and non-custodial in 2007. To look at trends for comparable groups, use the black line (without DCS).

*** Question format changed between the 2005 and 2007 surveys, which may affect comparisons to previous years. See Appendix A.



Photo courtesy of the US Census Bureau (with permission)

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

"They are everywhere and easy to access."

"I like that the CSO is a block from my home."

"I like that their offices are so close and it's easy for me to get there."

"I like the convenience of the location of the CSO."

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

"There needs to be an office in Davenport to help assist the elderly people. They can't easily go to Spokane to get assistance."

"Have both departments in the same building."

"Get more staff or open another office closer to Buckley."

"Provide more parking at the CSO."

"DSHS should open more locations that are more convenient and so clients don't have to drive so far."

A few clients said that once they arrived at the program office, they did not have a very pleasant experience.

"The DSHS offices are a little skanky—that is, dirty and smelly."

"When you are waiting in the CSO waiting room to apply for services, my fellow clients used a lot of profanity, the children ran amok with little or no supervision."



Photo courtesy of Microsoft (free domain)

Very few clients commented on office hours and location. Some that did pointed out positive aspects of their local office.

"I like the new DSHS office in Puyallup—it is more convenient and much more efficient."

"It's easy to get to."

"The fact that the office is open and you can go into it and apply."

"The location of the CSO."

Other respondents unhappy with location or hours were more specific in their suggestions for improvement.

"Please have full time staff available five days per week in Buckley."

"Provide service on weekends."

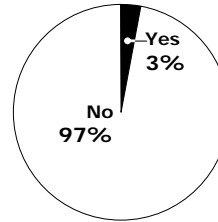
"They can be more available, Aberdeen CSO specifically. Mail takes a couple days longer than other mail, so the customer is continually threatened to get cut off. Having the CSO open on Saturdays would be helpful."

"DSHS needs at least two days per week when the CSO can be open until 8:00 pm. Maybe make the last appointment for 7:30 pm."

"The CSO is not open at good times if I have a morning shift."

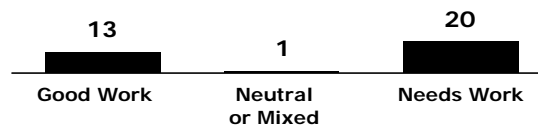
THEME | Location and hours

Made comments about location and hours?



34 of the 1,195 respondents who made comments (3%) mentioned office location and hours.

20 of the 34 clients who commented on location and hours made criticisms or suggestions for improvement. 13 made positive remarks.

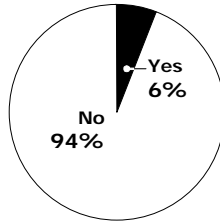


As discussed in the previous two pages, most of those who commented mentioned one of these points:

- Appreciation for a convenient location
- Need for extended hours in the evening to accommodate people who are working
- A desire to have the CSO open on Saturdays

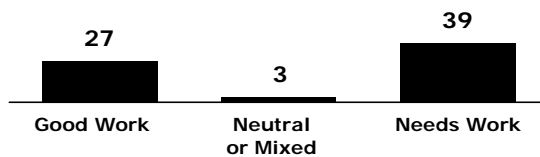
THEME | Appointment processes

Made comments about the appointment process?



69 of the 1,195 respondents who made comments (6%) mentioned the appointment process.

Of the 69 clients who spoke about appointment processes, nearly six out of ten (57%) made criticisms or suggestions for improvement. About four in ten (39%) were complimentary.



Most of those who made positive comments about appointment processes praised one of the following:

- Quick and efficient in-office service
- The option to do business by mail or phone
- The option to do business by e-mail or on the website

Those who made negative comments about appointment processes often complained about one of these issues:

- Late appointment letters (sometimes received after the scheduled appointment time)
- Difficulty scheduling appointments
- Long check-in lines
- Long waits to see a caseworker



Photo courtesy of the US Census Bureau (with permission)

Clients are pleased with the various ways they can do DSHS business without visiting DSHS offices.

"I like it that I don't have to physically go to the CSO, that I can do business by mail."

"We can apply by phone, and we don't have to go into the local office."

"I like that I can do [DSHS business] on-line now."

"I love that DSHS can operate without face-to-face contact. It can be done by phone and/or e-mail."

Some are less satisfied with the in-office appointment process.

"The wait to see a worker sometimes takes half a day—a long wait!!"

"I applied for services and received a letter from DSHS saying I had an appointment that same day. I missed the appointment because the letter was late."

"Open one more line for people to stand in. The main check-in line was extremely long."

"They could give me more time to set up childcare when I have to go to the CSO for an appointment."

"Everyone is hiding in the back. It's impossible to talk to someone when you first walk into the office."

"It takes forever when I go into the DSHS office. Why can't they be a little faster?"

Clients reported that scheduling appointments can be problematic.

"The ADATSA staff lady told me I wouldn't have an appointment for 1.5 months. I told her I needed help now!"

"I had a difficult time getting rescheduled and had to visit the office three or four times."

"Give you more [lead] time on appointments. They make them for the next day and sometimes it isn't easy to make the appointment."



Photo courtesy of the US Census Bureau (with permission)

The majority of clients reported that DSHS services are easy to obtain.

"It's simple and easy to get services."

"I have no trouble getting the care that I need for the girls."

"I like it that the application process is simple."

"They are very prompt about helping...They are willing to help you in any way they can."

"Very easy to get assistance. I don't have to do much."

"For the most part, it is cut and dried."

Some feel services should be easier to access.

"I just wish it was easier to qualify for medical coupons. I have severe dental problems that need to be taken care of."

"I think DSHS should make it easier for self-employed folks to apply. Because of all the paperwork requirements, it is sort of crazy."

"It was very difficult for her to get food stamps."

"Make it easier to get medical."

"Raise the minimum income level to be eligible for DSHS services."

"I can't get transportation assistance."

Others believe that DSHS is serving the wrong people.

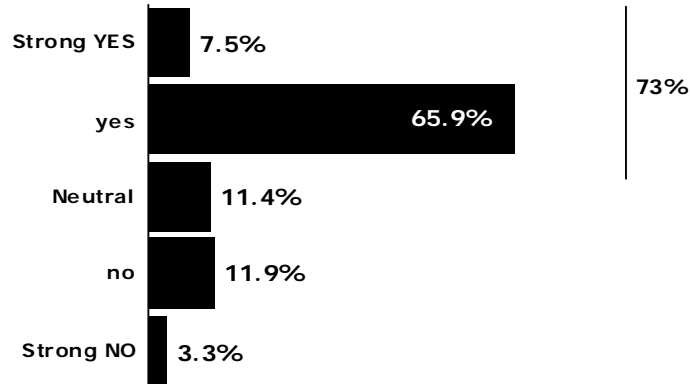
"I wish that they would crack down on people who are abusing the system, because it makes it hard for the people that really need the system to get assistance."

"The people that really need the help are not helped."

"In my opinion, DSHS needs to help the working families more and the deadbeats less."

QUESTION | Is it easy to get services from the DSHS program?

Nearly three out of four (73%) feel it is easy to get services. More than one in ten (15%) disagreed.

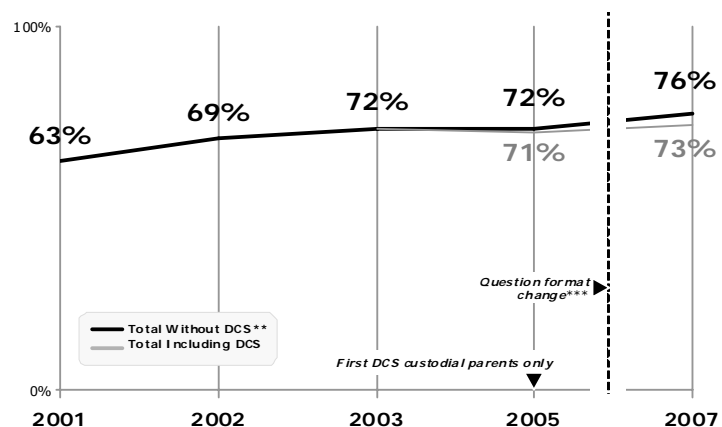


SUBGROUPS: Respondents were more likely to agree* that services are accessible when:

- The client was Hispanic (87% agreed), compared to non-Hispanic minority (72% agreed) and non-Hispanic Caucasian clients (70% agreed).
- The respondent was a representative of the client (78%), compared to when the respondent was the client (71%).
- The client participated only in voluntary programs (76%), rather than in at least one mandatory program (63%).
- The client participated in two programs (76%), compared to three or more programs (69%).

Trend

The chart below shows the percentage of respondents who answered affirmatively, from the 2001 survey to present. The increase from 2001 to 2007 was statistically significant.*



* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.

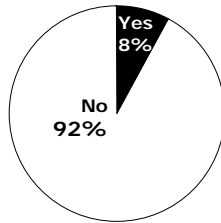
** The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005 and non-custodial in 2007. To look at trends for comparable groups, use the black line (without DCS).

*** Question format changed between the 2005 and 2007 surveys, which may affect comparisons to previous years. See Appendix A.

THEME | General processes

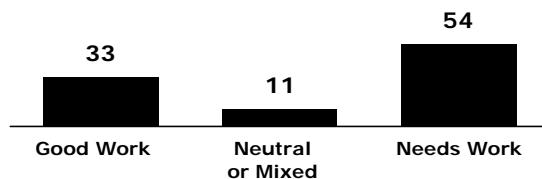
All comments that addressed DSHS processes *in general*—efficiency, bureaucracy, errors, and the need to take individual differences into account—were categorized as “general processes.”

Made comments about general processes?



98 of the 1,195 respondents who made comments (8%) mentioned general processes.

Of the 98 clients who spoke generally about DSHS processes, more than half (55%) made criticisms or suggestions for improvement. About one in three (34%) were complimentary.



Positive comments about DSHS processes often praised specific aspects of DSHS service:

- DSHS processes are very efficient
- DSHS processes are consistent and dependable
- It is easy to get information and services from DSHS

Respondents who made negative comments or suggestions for improvement focused on these points:

- DSHS processes are poorly organized
- DSHS processes are slow and cumbersome
- DSHS processes are inflexible, and fail to take individual needs into account
- Too often, information provided by clients is lost—or asked for repeatedly



Photo courtesy of the US Census Bureau (with permission)

Some clients think highly of DSHS processes.

“In the past 14 years, you guys have improved the system so that it works like clockwork.”

“They are very precise and stick to the procedures and follow up on what they say they will do.”

“Everything seems to be well organized.”

“I like that they do their work accurately.”

“You don’t have to jump through a dozen hoops to get things done.”

Others think DSHS processes are inefficient and ineffective.

“They are not efficient with everybody’s caseload. I know they have large caseloads but...you have to dig for information of what services are available from Child and Family services.”

“The process was a nightmare, and DSHS/SSA lost paperwork.”

“In our case, services are available, but in a package that required me to jump through so many hoops in getting appropriate signatures (and the time that required) that it resulted in the loss of some of the funds that would have otherwise have been disbursed to us.”

“Make sure they enter information correctly into the system, because they keep getting things mixed up.”

“Stop putting me through hell at the DSHS offices! Stop changing things, different payment amounts...too many letters.”

Clients feel it is important that each individual’s voice be heard.

“They tend to be very rigid and follow their procedures rather than listening to me and trying to determine my needs.”

“Not all families are the same, and they should not all be treated the same. Everyone has different needs.”



Photo courtesy of the US Census Bureau (with permission)

Clients like to have ongoing, one-on-one contact with staff.

"I like that I can go to the office and talk face-to-face with a person if I have to."

"Quit changing caseworkers so often!"

"It was helpful to have the same caseworker each time that you needed assistance instead of getting someone different each time as it is now. With the same worker, they understand the situation, and you don't have to explain it each time."

"I like to see consistency in keeping the same DD case manager. They change just about the time they get to know us."

They want ways to keep in contact with DSHS that limit in-office visits.

"I like that they come to us for the reviews."

"I like everything being online at Child Support, especially being able to view my account from my home computer."

"If everything is the same in the living situation between reviews, you should not have to go into the office. Instead, just do paperwork and send it in."

"I like being able to do business over the phone."

"I am very ill and don't have a car. They keep insisting that I keep returning to the office to drop off or pick up very small items."

Clients prefer streamlined and easy-to-understand processes.

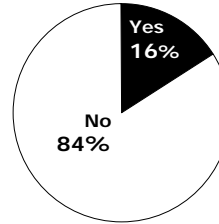
"The process has been easy for me. They just take support out of my paycheck."

"One time I submitted information via computer, as requested. When I checked with the DSHS office, I was told it wasn't there and my benefits would be delayed. Then she checked another computer and found it was there...It seems DSHS communication could be better."

"The convenience of using the food stamp card is great."

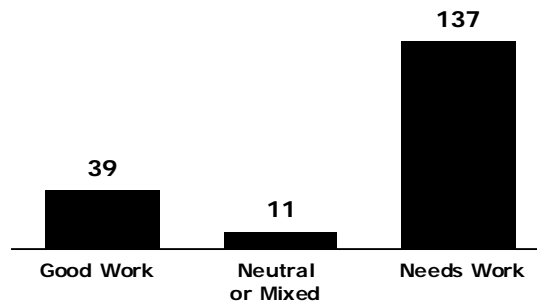
THEME | Specific processes

Made comments about specific processes?



187 of the 1,195 respondents who made comments (16%) mentioned specific processes.

The majority (73%) of the 187 clients who commented about specific DSHS processes made criticisms or suggestions for improvement. About one in four (21%) made positive remarks.



Respondents who made positive comments appreciated the following:

- The opportunity for one-on-one contact with DSHS staff
- The option to do business by mail or phone
- Clear and simple processes

Respondents who made negative comments often provided very specific suggestions for process improvement. Some of these comments can be found in the column to the left.

Additional comments, organized by category, can be found on the facing page.

THEME | *Specific processes, continued*

Clients want long-term connections with assigned caseworkers, if at all possible. They prefer to report to DSHS offices only when absolutely necessary. They feel that many DSHS processes can be streamlined, and that much required paperwork should be eliminated. Many clients offered detailed suggestions for improvement.

VOICES . . .

Clients resent frequent staff turnover.

"It was helpful to have the same caseworker each time you needed assistance instead of getting someone different as it is now."

"There is a need for continuity of case managers."

"Not change workers so often. Have the same worker during the time you are on assistance."

"I have been changed between workers way too much!"

They dislike burdensome reporting requirements and inefficient practices.

"My QUEST card sometimes will not read on the swipe machine."

"In the DSHS office, they should more clearly mark things when I just want to pick up paperwork—speed things up!"

"Not require so much re-verification."

They are particularly displeased with complicated and repetitive paperwork.

"I'm unhappy that I have received a form letter a dozen times and they are also sending the same letter to my husband."

"My daughter is in the custody of my ex-wife. [My daughter] is on medical assistance, but I don't get a copy of her medical coupons anymore. It is very difficult and unhandy when taking her to the doctor."

"You shouldn't have to double up on paperwork when you are receiving services from more than one program within the CSO."

"When I was getting Social Security and working...DSHS required me to send in a copy of my pay stubs. I found that to be very annoying."

"It is difficult to get other clients' change-of-address forms processed!!!"

Clients suggested a variety of ways to improve specific processes.

"The food stamps need to cover more than food items, such as personal incidentals and household cleaning supplies."

"People with disabilities or learning disabilities should have a client advocate or attorney available to assist them with DVR services."

"Not be so strict on the transportation requirement in WorkFirst when someone does not have a vehicle and bus transportation is not available."

"More confidentiality in the drug and alcohol programs."

"They need to continue going out to visit foster care families as a follow-up after the child is placed in the home."

"Have the state hire people from the WorkFirst programs to do temporary jobs, so that they can get the experience to get full-time jobs."

"When an emergency occurs, have some plan in place to take care of or assist with problems due to absence of caregiver."

"Go after the absent parent in other states and collect support."

"I wish that Social Security would use something similar to a QUEST card."

"I think DCS should have some sort of capability to help change support amounts."

"They could keep their computers up to date so that I get my SSI checks in a timely manner. I haven't gotten a check for six months and DSHS keeps sending me a letter saying I owe \$600."

"Make it so respite care doesn't have to be paid back if something happens to the client."



Photo courtesy of the US Census Bureau (with permission)

Some clients are pleased with DSHS' eligibility processes.

"I got approved for assistance without any problems."

"I like to be able to reapply in the mail, and that the services are available for me."

"It's easy to get assistance for medical and food stamps."

"I needed help, and it was easy to get."

"They made it easy to get help."

Others feel the eligibility processes should be improved.

"They need to evaluate the clients better when they assist them for placement and services."

"There are a lot of people who misuse DSHS. Some people should not be eligible for services."

"The system seems to be unfair to the person who is really trying to make it. Sometimes the system lets people be eligible for services that don't need it as bad as some that do because of circumstances...the standards need to be adjusted for the circumstances."

In particular, clients want eligibility processes to be easier to understand.

"So much paperwork to get assistance. The elderly cannot understand all of it."

"Hard to figure out how I can enroll my husband in the medical coupon program."

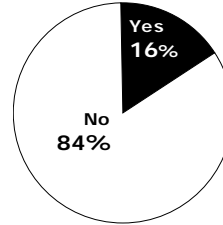
"It was confusing, as I thought once I got medical eligibility, money and meds would continue, but I had to go in every three months to keep it."

"We had some confusion about wrong ID numbers with Molina in the recent past."

THEME | Eligibility processes

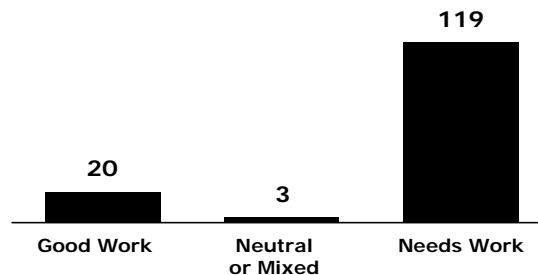
Comments about eligibility processes often addressed the procedures and methods for determining eligibility or the distribution of benefits.

Made comments about specific processes?



142 of the 1,195 respondents who made comments (12%) mentioned eligibility processes.

Of the 142 clients who spoke about eligibility processes, the majority (84%) made criticisms or suggestions for improvement. Only 20 clients made positive comments in this area.



Most of those who made positive comments mentioned one of the following:

- The ease of the eligibility process
- The simplicity of the process
- The ability to apply for services by telephone or mail

Negative comments and suggestions for process improvement were numerous, and tended to be highly specific. Some general complaints and comments about the confusing nature of eligibility processes can be found in the column to the left. Additional comments, organized by category, can be found on the next page.

THEME | Eligibility Processes, *continued*

Clients feel that eligibility standards should be more inclusive, eligibility processes should be simpler, and the spenddown process should be changed or deleted. They dislike inflexible rules that deny individuals the support they need in times of crisis.

One client commented, “The people who really need the help are not helped.” This belief is shared by a number of survey respondents. They expressed concern that some people who truly need assistance are denied services, while those who are less deserving collect benefits.

VOICES . . .

Clients would like to be able to increase their earnings without losing eligibility for DSHS benefits.

“Increase the food and medical standards.”

“They should use your net pay and not your gross pay when they ask for income for assistance standards.”

“Raise the standards for who is eligible and who is not.”

They want eligibility processes simplified.

“The requirements are sometimes too complex when applying for services.”

“Hassle applying for some benefits, they ask for too much information, especially birth certificates.”

“Every time I turn around they want to review my circumstances—my circumstances don’t change. I’m an old lady for heaven sakes!”

They dislike the spenddown process.

“The spenddown has been a struggle and has GREATLY increased my stress level.”

“My brother has diabetes, and is schizophrenic, and...well, he has a lot of problems, and I don’t understand why he has a spenddown. He’d be homeless if I didn’t take him in.”

“I can’t get medical coupons because of the high spenddown.”

Clients feel rules should be more flexible, taking individual circumstances into account.

“Take a more individual look at peoples’ individual needs and expenses in determining amount eligible to receive.”

“The standards need to be adjusted for the circumstances.”

“Recognize that not everyone who qualifies for services fits strictly into the standards of the systems. So people need to have exceptions to policy to be eligible for assistance.”

They also believe individuals should be supported through critical transitions.

“Provide more help to folks trying to go to work, and when they do start work...Help those making low wages, too.”

“Don’t push people into things they aren’t ready to do by telling them they’re going to cut their services.”

“They suspended my driver’s license while I was unemployed and they have interfered with my ability to make a living so I can pay the support.”

Clients believe some groups deserve more DSHS support and services.

“Provide medical for a single parent with children.”

“I am frustrated since I am a 20-year military veteran, and now have to ask for assistance and then am told that I make too much money!”

“It is weird to have to prove you are a U.S. citizen to get benefits.”

“The eligibility process for small business owners such as me and my wife is way too complicated and time consuming.”

“DSHS should provide younger people with food stamps instead of requiring them to wait until age 22.”

They believe other groups should get fewer services.

“Do more screening on the single mother who is collecting, but not being productive in society—who is just using the system.”

“The CHIPS program—you don’t have to be a citizen to get on this program...The undocumented folks got services before I did!”

“Take my ex-husband off his grant and get his ass to work.”



Photo courtesy of Microsoft (public domain)

Clients want paperwork that is simple and straightforward.

"I like the short forms."

"I was able to do paperwork over the phone and on the computer. Did not have to go to the office and sit for a long time."

"Simplify the paperwork so that it is easier to understand."

"The forms need to state what they want and what you need to do to complete them."

"She is in the system and I like the fact I don't have to do paperwork every month to get her assistance."

"Simplify the application paperwork."

They feel there is entirely too much paperwork required.

"They ask for paperwork, I submit it and then DSHS asks for more."

"Cut out the paperwork."

"I don't like the way we got pressured into having our doctors do paperwork that the doctors weren't really happy about doing."

"So much paperwork involved to get assistance."

"Too much paperwork for \$10 in food stamps and too often."

They particularly dislike paperwork that is redundant.

"Stop the paperwork! No need to re-do everything every six months to a year, as things have not changed."

"Quit sending out repetitious notices."

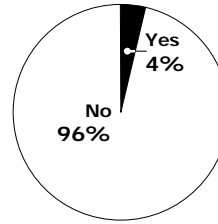
"When you send paperwork to the CSO, they send another questionnaire that I have already submitted the information for. It's a vicious cycle."

"Reduce paperwork by sending out only one set, not multiple sets."

"They need to cut down on the redundant paperwork in the reviews."

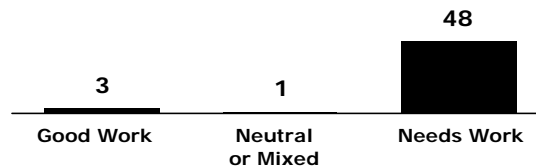
THEME | Paperwork processes

Made comments about paperwork?



52 of the 1,195 respondents who made comments (4%) mentioned paperwork.

As might be expected, most (92%) of the 52 clients who specifically mentioned paperwork made criticisms or suggestions for improvement. Only three offered positive comments.



The positive comments about paperwork praised:

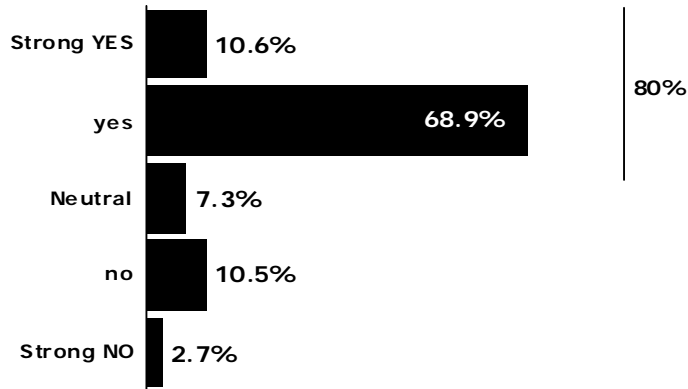
- Clear and simple paperwork
- Infrequent paperwork
- Options to complete paperwork outside of DSHS offices

Negative comments or suggestions for improvement often addressed one of these areas:

- Too much paperwork
- Repetitious paperwork
- "Missing" paperwork

QUESTION | Did you get services as quickly as you needed?

Nearly eight out of ten respondents (79%) said that they got services quickly. More than one in ten (14%) disagreed.

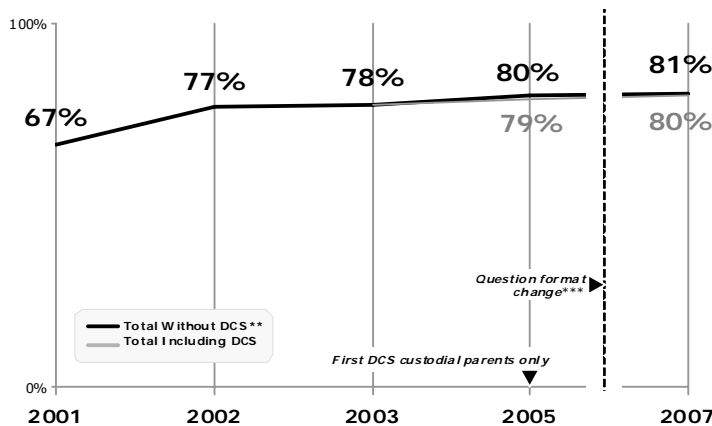


SUBGROUPS: Respondents were more likely to agree* that services were timely:

- The client was a child (87% agreed), compared to an adult (76% agreed).
- The client was Hispanic (88%), compared to non-Hispanic Caucasian (78%) or non-Hispanic minority clients (76%).
- The respondent was a representative of the client (86%), compared to when the respondent was the client (75%).
- The client participated only in voluntary programs (83%), rather than in at least one mandatory program (66%).
- The client participated in one program (81%) or two programs (80%), compared to three or more programs (73%).

Trend

The chart below shows the percentage of respondents who answered affirmatively from the 2001 survey to present. The increase from 2001 to 2007 was statistically significant.*



* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.

** The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005 and non-custodial in 2007. To look at trends for comparable groups, use the black line (without DCS).

*** Question format changed between the 2005 and 2007 surveys, which may affect comparisons to previous years. See Appendix A.



Photo courtesy of Microsoft (public domain)

Many clients reported that DSHS services are provided quickly.

"They help you in time of need, when you need it the most."

"They make sure everything is done in a timely manner."

"They are quick on the mental health services."

"They are prompt and timely on the yearly review."

"They help you as soon as possible."

"I usually get a complete answer in a relatively short period of time."

"They get to me right away with medical coupons and food stamps...right away!!"

"They are organized and don't have you waiting a long time."

For some clients, delay in needed services causes stress and hardship.

"It seems like they want the paperwork in right now, but DSHS takes forever to respond back to me."

"When my wife and I were getting divorced, she applied for DSHS assistance and couldn't get it for three months. She needed help!"

"The waiting period to receive assistance after loss of job, injury, etc. is too long. It should not be six months or a year, because you need the assistance now and not later."

"Sometimes you need things right away, and help comes too slow."



Photo courtesy of the US Census Bureau (with permission)

Clients want eligibility for DSHS services to be established quickly.

"I like that when you apply, you can get help right away."

"Have childcare approved quicker when clients get jobs."

"Services were provided immediately when I asked for them."

"Get people into programs quicker—into actual treatment quicker."

They appreciate receiving established benefits, services, and critical information in a timely manner.

"They help you quick and they are always there for you."

"DVR gave me ideas and options, but they couldn't do anything with me because I was way down on the waiting list."

"They notify me timely on my yearly review, and don't delay benefits."

"Shorten the waiting time to get the services."

"They are efficient and timely with appointments and service."

Clients feel staff should respond promptly when problems arise.

"I like that they fix problems right away."

"I liked how quickly they got me into treatment."

"Speed up the process to get drug and alcohol services."

"When we need a specialist, we cannot get in right away because DSHS delays the process."

"In your time of need they help you really quick, especially when you have children."

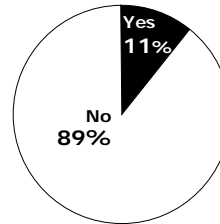
"They scheduled an appointment way out in the future—we were out of food and DSHS didn't seem to care."

"Get responses in a more timely manner. Don't like waiting three weeks for an answer."

"I was on a waiting list for 18 months and never did get services."

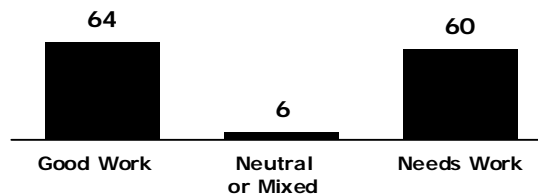
THEME | Timeliness of services

Made comments about timeliness of services?



130 of the 1,195 respondents who made comments (11%) mentioned the timeliness of DSHS services.

Of the 130 clients who commented on the timeliness of DSHS services, 49% were complimentary. Slightly less than half (46%) made criticisms or suggestions for improvement.



Those making positive comments appreciated:

- Quick responses to crisis situations
- Receiving established benefits and services in a timely manner
- Prompt notification of changes and upcoming reviews

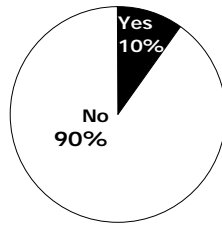
Some respondents disliked:

- Lengthy application processes
- Long waits for appointments
- Program waiting lists*

* There were a notable number of negative comments about DVR's waiting list, in particular. The DVR portion of the survey sample was comprised mainly of people who were on the DVR caseload in June 2006, the month that DVR's waiting list was longest. The waiting list has decreased since that time.

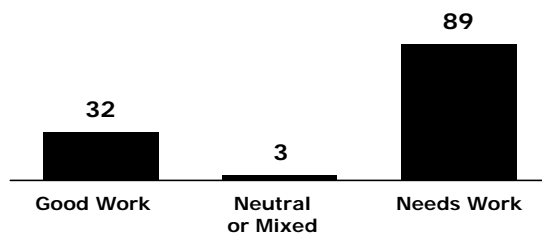
THEME | Phone and staff access

Made comments about phone and staff access?



124 of the 1,195 respondents who made comments (10%) mentioned phone and staff access.

Of the 124 clients who commented on phone and staff access, the majority (72%) made criticisms or suggestions for improvement. About one in four (26%) made positive remarks.



Clients feel strongly about the need to quickly and easily contact DSHS staff. Some clients expressed appreciation for the ability to contact DSHS staff quickly and easily. Others reported frustration at the inability to contact staff. Clients want:

- **Responsiveness.** Clients like calls and e-mails returned within 24 hours.
- **Multiple methods of communication.** Many clients appreciate the use of phone interviews and contact by mail and e-mail in place of office visits.
- **Easy access through call centers and 1-800 numbers.** Call centers can be very helpful because clients can call a facility that is staffed continuously, rather than trying to contact a single worker who may spend much time in the field. Other clients identified problems with call centers and automated phone systems. They cited needlessly complex options and problems reaching the right person. Some clients reported going through the entire menu and then reaching voice mail.

Discussion of these issues continues on the next two pages.



Photo courtesy of the US Census Bureau (with permission)

Some clients spoke highly about DSHS staff phone services.

"DSHS staff have been very accessible."

"I get an answer to a question or problem right away."

"They are always available to answer my questions."

Clients like communicating by phone, mail, and e-mail.

"I like that I am not required to come into the office for interviews."

"They allow me to do appointments by phone. I don't have to visit the office."

"I like use of the Internet."

Some clients complained about call centers.

"The menu options are very confusing when you call the 800 number on the back of the medical coupon."

"I don't like answering 50 questions with the phone pad just to get transferred."

"More staff manning the medical 800 number, so that there isn't such a long waiting period on hold."

"It is awful to sort through the queuing system until you get a live person."

A few respondents complained about local office services.

"It would help if DSHS staff would answer e-mails and follow through on what they say they will do."

"DSHS will not accept scanned documents. Other agencies will accept a fax."

"The local office should have a real person to talk to and not computers. Everyone was hiding in the back!"



Photo courtesy of the US Census Bureau (with permission)

Some clients said that DSHS staff returned phone calls in a timely manner.

"My calls are returned promptly if I leave a voice message."

"I like that they get back to you in 24 hours."

"When I have a question or a problem, I get an answer right away."

"They do get back to you in 24 hours. They are good about answering any questions I have."

"If we call and leave a question, they always get right back to us."

"I can call them anytime and they are there for me."

Clients who had to wait were frustrated.

"I have to wait over 24 hours at times to get a call back."

"Staff need to do better about returning phone calls and explaining the programs a little more."

"The DSHS office was not good at calling me back."

"Return phone calls in a timely manner. Be more courteous to people!"

"When I call DSHS with a question, they should call me back very quickly. I called my DCFS worker over and over and didn't get a call back. Maybe CFS needs more staff?"

"It is very difficult to get someone to answer or return my phone calls at DCS. I had to make a special trip from California to the DCS office because they did not answer my calls or offer any communication."

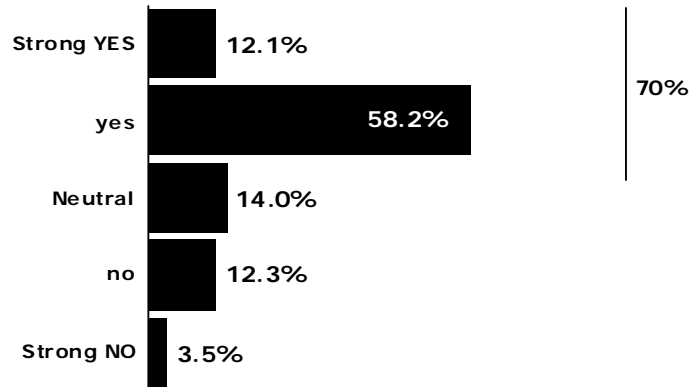
"Staff need to return calls when they say they will call back."

"They don't call me back in a timely manner."

"Staff should answer their phones. The estimated wait time on the phone might say 10 minutes, but then you must wait up to 25 minutes."

QUESTION | Do DSHS staff return your calls within 24 hours?

Most of the clients who talked about phone services (70%) said DSHS staff returned calls in a timely manner. 16% indicated that DSHS staff failed to return calls within the 24 hour guideline.

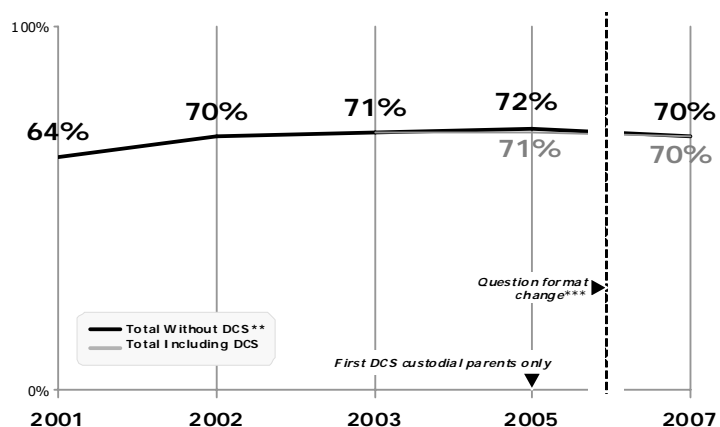


SUBGROUPS: Respondents were more likely to agree* that calls are returned promptly when:

- The respondent was a representative of the client (76% agreed), compared to when the respondent was the client (66% agreed).
- The client participated only in voluntary programs (72%), rather than in at least one mandatory program (64%).
- The client participated in one program (74%), compared to three or more programs (66%).

Trend

The chart below shows the percentage of respondents who answered affirmatively from the 2001 survey to present.



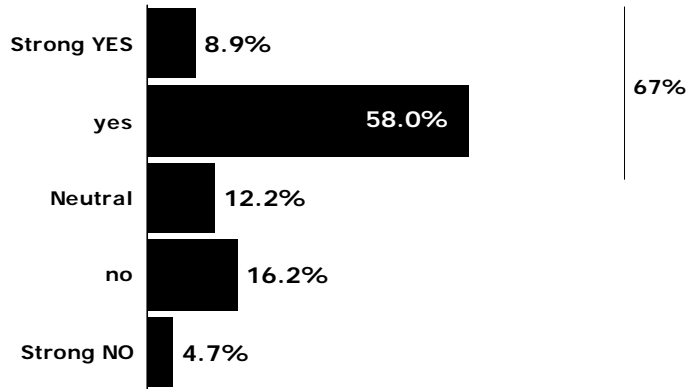
* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.

** The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005 and non-custodial in 2007. To look at trends for comparable groups, use the black line (without DCS).

*** Question format changed between the 2005 and 2007 surveys, which may affect comparisons to previous years. See Appendix A.

QUESTION | When you call DSHS, is it easy to get to a live person when you need to?

More than two out of three respondents (67%) agreed that it's easy to get a live person. 21% said it was difficult.



SUBGROUPS: Respondents were more likely to agree* that it's easy to get a live person when:

- The client was a child (74% agreed), compared to an adult (64% agreed).
- The respondent was a representative of the client (71%), compared to when the respondent was the client (64%).
- The client participated only in voluntary programs (69%), rather than in at least one mandatory program (58%).

Clients appreciate easy and quick access to a real person. Those who experienced difficulties complained about:

- Long and complex call center menus
- Overuse of voice mail
- Waiting too long on hold

Trend

There is no trend data because 2007 was the first year this question was included in the survey.

* All percentages are based on weighted data. Differences between subgroups are listed if significant at the .05 level.



Photo courtesy of the US Census Bureau (with permission)

Clients don't like impersonal phone systems. They like to talk with a real person.

"I like talking with a real person."

"It would be nice to talk to a staff person instead of voice-mail or people who don't know the answers."

"Make sure I can reach a live person."

"The 800 number should have an option right away to talk with a live person."

"When I call the CSO, it is difficult to get a live person—I get automated answering."

"Just make it easier to get a live person on the phone."

A few clients made specific recommendations to improve call center phone service.

"Extend the phone hours to after hours with knowledgeable CFS staff to answer questions."

"I would rather see a live person answering the phones than the call center automated phone system."

"Make it clear when a call goes to the call center or to a worker."

"Make it easier to talk to someone when you call the 800 number."

"The menu options on the back of medical coupons for the 800 number."

Some clients mentioned too much use of voice mail.

"Answer the phones. I always get voice mail."

"Make it a little easier to contact the DSHS office. I'd like to talk with a live person instead of a recording."

Clients don't like being put on hold for long periods of time.

"Make it easier to talk with staff. Don't put us on hold for so long."

"I cannot be on hold for 15-20 minutes waiting to talk to a live person and then get voice mail."

"No more 30 minutes on hold."



Photo courtesy of the US Census Bureau (with permission)

A few clients said DSHS staff sometimes show lack of respect for protected group members.

"When I walked into the DSHS office, I felt that they looked at me differently and made me feel uncomfortable. I understand why they do this and I believe they do it to other races also."

"I feel that many CSO workers are racist."

"My girlfriend is white and I am black and older than she is. I felt we were being criticized for being together by CSO staff."

"I felt like I was discriminated against because of my age and disability."

Other clients spoke generally about experiences unrelated to protected groups.

"One DVR worker was doing one thing and another worker was saying it can't be done. The workers should work together."

"Every year questions are asked the same way two or three times. I feel that I am being asked the same questions many times."

"CSO staff treat me and others like we were cattle and not with dignity and respect. They were not really willing to do what they could do."

"I feel that my needs were not respected during the interview. There was not enough time to complete the paperwork."

"I feel there is income discrimination."

"They didn't want to help when my electricity, heat, and refrigeration went out."

In a few cases, it was unclear whether the complaint was related to discrimination.

"Staff stereotype people and they should not do this."

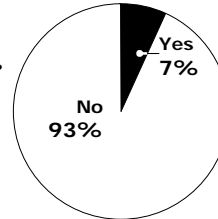
"I feel I am judged and looked down on."

"They put you in a category."

"I have children with ADHD."

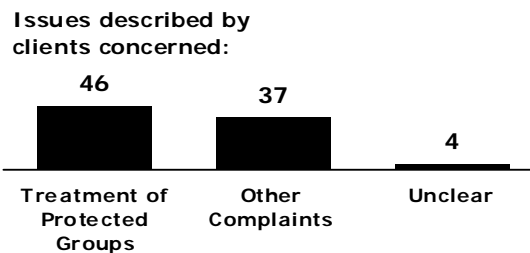
QUESTION | In the past two years, has there been a time when you felt that DSHS staff did not respect your race, culture, sexual orientation, gender, or any special needs related to disabilities?

Felt lack of respect because of background?



Eighty-seven (87) clients of the 1,222 clients replied "Yes" when asked the question above. The majority of clients (1,135) responded "No."

This question was added to the 2007 Client Survey* to address diversity issues. Clients who responded "Yes" were asked to describe their experiences. Only slightly more than half of the 87 clients who replied "Yes" addressed issues relating to the treatment of protected groups.



The reasons for answering "Yes" to this question can be grouped into three main categories:

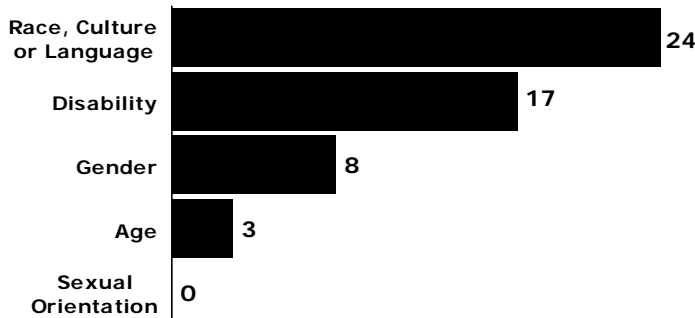
- 46 clients spoke about feeling a lack of respect related to protected group status including race, culture, language, gender, age, or disability. These comments did not show a strong, consistent pattern of complaints about the treatment of any particular group. Comments about treatment of protected groups are discussed further on page 45.
- Even though the question asked about lack of respect for protected group members, 37 clients felt mistreated for reasons other than discrimination. The clients talked about problems they experienced due to rigid rules, poor treatment, or DSHS staff's lack of respect or knowledge. These comments are discussed further on page 46.
- Four clients spoke in such generalities that we could not determine whether they were addressing discrimination or other negative experiences with DSHS staff. These four comments are shown at the bottom of the left column on this page.

* There is no trend data because 2007 was the first year this question was included in the survey.

THEME | Discrimination or preference based on being part of a protected group

The majority of the 46 clients who felt that DSHS staff did not respect them mentioned issues around race, language, culture or disability. Fewer clients reported discrimination based on gender or age, and none mentioned sexual orientation.

Issues described by clients* concerned:



Only very small numbers (less than 4% of all clients interviewed) reported disrespect based on membership in a protected group. However, many of these were clearly distressed about their treatment. Their descriptions fell into four main categories:

- **Race, culture and language.** 24 clients felt they were discriminated against because of race, culture or language. Of these, 7 Caucasian clients described reverse discrimination. Most felt that Hispanic clients receive better treatment than white clients. Most of the remaining 17 clients reported an incident where they felt they received poor service because of their minority race, culture or language. No one minority group was singled out as being a more frequent target of discrimination.
- **Disability.** 17 clients felt discriminated against because of their disability. A few of these clients said that DSHS staff lacked understanding and knowledge of their medical condition.
- **Gender.** 8 clients, mostly men, commented on being treated poorly. The majority of these comments were made by custodial fathers. A few clients mentioned discrimination against white men. One female client felt preferential treatment was given to a male client.
- **Age.** Only 3 clients mentioned disrespect based on age.
- **Sexual Orientation.** None of the respondents mentioned disrespect from DSHS staff based on sexual orientation.

*These issues add to more than 46 because in 6 cases, the respondent mentioned feeling mistreated based on membership in more than one protected group.



Photo courtesy of the US Census Bureau (with permission)

Some clients mentioned lack of respect related to race and culture.

"I live in an area with a high population of black people. The DSHS office in this area is staffed mostly by white people who don't communicate well with all races. This makes the people I know uncomfortable."

"The CSO caseworker said he would help me find one of many Native American programs that could help me. He never helped me find any of the programs."

"I feel the CSO staff don't understand my disabilities or my gypsy culture. They look at my religious symbols and attach a gypsy stigma to me."

"I feel that young Spanish workers do not treat me the same way they treat someone of their own race."

A few talked about failure to respect people with language issues.

"I need more help since I require an American Sign Language interpreter. It is difficult to ask for help without an interpreter."

"I don't speak English well. I always have things to talk about with staff, but they are very impatient and interrupt me. I always feel I am hurried and rushed rather than hearing me out."

Other clients talked about poor treatment of people with disabilities.

"I am confined to home. I do not drive and cannot use public transportation. DSHS staff do not seem to care that I have NO WAY to get to appointments at the office."

"I have to go the DSHS office for an interview, but DSHS won't pay for my transportation. I am a person with disabilities and I cannot drive anymore. I feel like I have been set up for failure. I have MS."

A small number talked about gender discrimination.

"I felt there was reverse discrimination against white men."

"I felt I was treated badly because I am a woman."



Photo courtesy of the US Census Bureau (with permission)

Clients spoke about staff insensitivity.

"I felt a lack of respect."

"Workers should maintain confidentiality and not discuss cases with other employers."

"DSHS checked my criminal history and made me feel like a nobody. It made getting help much harder."

"I had a child removed from my home. I applied to the CSO when I became pregnant. The worker asked the due date of my child and then laughed, saying, 'so we can take that child away too'."

A few clients were unhappy because services were denied.

"I do not receive enough hours of care every month."

"No one understands what is wrong with me. They keep denying my SSA and SSI."

"I was denied food stamps. I think the guy looked at me, saw that I was dressed nicely and made a decision that I was trying to get a free ride."

Clients said some staff were not helpful or knowledgeable.

"I called DSHS for a copy of a letter and the Vietnamese woman who took my call treated me poorly and would not help me."

"I needed help to fill out paperwork. I got no help until I threw a fit."

A few clients felt that rules prevented them from getting help.

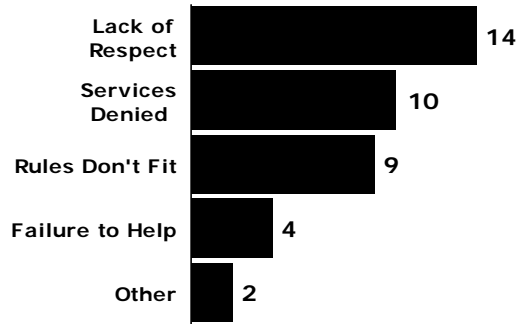
"I lost my job and was about to be evicted. I couldn't get help because I wasn't on drugs or mentally ill."

"I am a single male. I need my teeth fixed. Staff claim they don't have medical for a single person."

THEME | Other complaints

37 clients responded "Yes" to the diversity question, but did not describe any mistreatment based on being part of a protected group.

Issues described by clients* concerned:



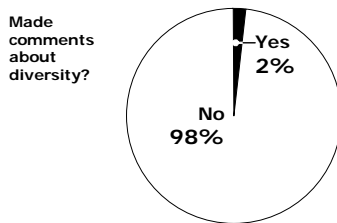
When asked to describe the experience that made them feel that DSHS staff did not respect them, these clients spoke about general respect, denial of or inadequate services, or rules that did not fit.

- **Lack of Respect.** 14 clients talked about experiencing a lack of respect from DSHS workers, including poor or insensitive treatment.
- **Denial of Services.** 10 clients were displeased because they did not receive requested services—or did not receive enough services.
- **Rules that Did Not Fit.** 9 clients spoke about DSHS rules that made it difficult to get help with their needs.
- **Failure to Help.** 4 clients mentioned situations when DSHS staff were not helpful or responsive.

*These add up to more than 37 because in two cases, the respondent mentioned more than one situation

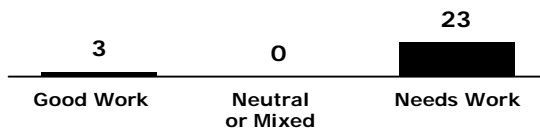
THEME | Other Comments about Diversity

In addition to the question specifically about diversity, discrimination issues emerge in other places in the survey—in answers to the three more general questions asking for narrative answers.*



26 of the 1,195 respondents who made comments in response to the general open-ended questions (2%) mentioned diversity.

Most of the 26 clients who made diversity-related comments were critical of DSHS staff or policies. Three clients praised DSHS for providing sensitive and helpful services to protected group members.



The general narrative comments addressed the following diversity issues:

- **Praise for DSHS Staff.** Three clients expressed appreciation to DSHS staff for sensitive and helpful treatment of protected group members.
- **Discrimination against Dads.** Ten clients spoke vehemently about discrimination against fathers.
- **Reverse Discrimination.** Eight clients mentioned reverse discrimination. Some of these clients complained about poor treatment by DSHS staff of color. Other Caucasian clients expressed the perception that minorities (particularly Hispanics, blacks and illegal immigrants) received faster, more comprehensive services.
- **Discrimination against People with No Children.** Two clients mentioned the lack of services for people without children.
- **Unequal Treatment.** Four clients talked generally about unequal or poor treatment. While no clients specifically mentioned racial discrimination, one client suggested that DSHS hire more people who are culturally competent and will listen to clients' needs and goals.

*The two main open-ended narrative questions ("What do you like best about dealing with DSHS?" and "What is one thing DSHS can do to improve services?") were asked before the question that asked specifically about diversity issues. When asked these two general open-ended questions, clients were unaware that there would be a later question specifically about diversity. The final opportunity for narrative comments ("If you have any additional comments or questions about this survey or DSHS, I can note them now.") was offered immediately after the question about diversity.



Photo courtesy of the US Census Bureau (with permission)

Some clients praised DSHS staff.

"I do believe DSHS services are excellent and that they help people of every race from top to bottom, including those with disabilities."

"The fact that staff members have disabilities and will help you."

"That you can get services even if you're older than the hills."

Some single dads talked about unfair treatment.

"Fathers should be treated as well as mothers."

"I was told by my DCS caseworker that because I am a man, I am able to make money. The female worker said that collecting child support on my behalf was not a priority."

"Don't treat all men like they are deadbeat dads."

"DCS appears to be more for the female non-custodial parent than the male custodial parent. They should be collecting regardless if it is for a female or male custodial parent."

A number of clients spoke of reverse discrimination.

"The working poor should have the same benefits and opportunities as newly arrived immigrants."

"I am an American-born Caucasian and not a minority or foreigner. I get looked down upon as a struggling single mom. It's hard to get help."

"DSHS needs to focus on the needs of legal citizens. Non-citizens are helped more readily—especially with medical and food stamps."

"I felt that DSHS staff were thinking, 'Why is a clean-looking, educated, white guy asking for DSHS help?' It was an uncomfortable feeling."

A few respondents spoke about equal treatment and respect.

"DSHS staff should be more culturally aware and sensitive; don't need to pity people, but have sympathy."

"If you are a millionaire, poor or disabled, you deserve the same respect. When you walk in the welfare office you have a label and you are treated rudely, like a loser."

CHAPTER 4

Information

Clients need clear, comprehensive information.

Many clients praised DSHS staff who take the time to provide information on eligibility and services. The majority were satisfied with the information they receive, but a significant number felt there is room for improvement.

Key suggestions for improvement include:

- Provide complete, timely, and easily accessible information about all available services
- Provide straightforward information about program eligibility rules and requirements
- Standardize information provided by program and call center staff
- Expand language translation and interpreter services



Above photos courtesy of the US Census Bureau (with permission)



Photo courtesy of the US Census Bureau (with permission)

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

"Not only were they following protocol but they were genuinely concerned and exceeded my expectations. They went out of their way to find every avenue that I could utilize."

"When I was pregnant and first came to the U.S. someone from DSHS came to my house and explained options to me."

"I like that you can apply for services and find out other information on the web site."

"They have provided me with the services that I need and explained the different programs to me."

"They are real helpful in helping me find other community resources."

Others expressed a need for more comprehensive information.

"I wish the workers would tell you what services are available under the program."

"Better communication with the family and clients as to the assistance available and what is needed to continue assistance."

"There is a desperate need for a central source of information about available services and how to apply."

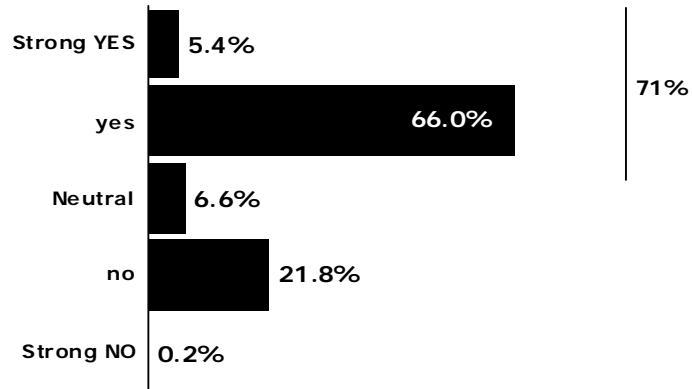
"I would like to see more explanation of what each division of DSHS covers, and how to go about getting these services."

"They need to let their services be known better to people who experience medical hardships. I got really sick and that's how I ended up with DSHS. I had open heart surgery. If I didn't ask about the services, it would have taken a lot longer for me to find out about it if I didn't already know."

"After the DVR interview it's kind of a dead-end. I was on a waiting list and they were not really specific about what options were available."

QUESTION | Do you know what program services there are for you and your family?

More than seven out of ten respondents (71%) agreed that they know what services are available. More than two in ten (22%) disagreed.

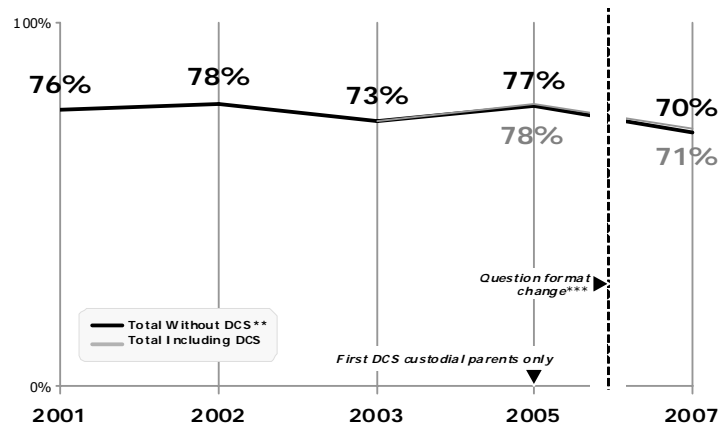


SUBGROUPS: Respondents were more likely to agree* that they know what services are available when:

- The client was Hispanic (83% agreed), compared to non-Hispanic Caucasian (69% agreed) or non-Hispanic minority clients (67% agreed).

Trend

The chart below shows the percentage of respondents who answered affirmatively from the 2001 survey to present. The decrease from 2005 to 2007 was statistically significant.*



* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.

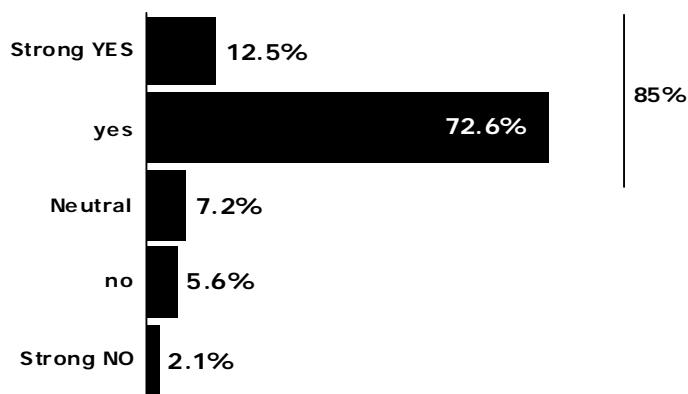
** The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005 and non-custodial in 2007. To look at trends for comparable groups, use the black line (without DCS).

*** Question format changed between the 2005 and 2007 surveys, which may affect comparisons to previous years. See Appendix A.

NOTE: Non-custodial parents were not asked this question about child support enforcement services as it is not applicable.

QUESTION | Did program staff explain things clearly?

More than eight out of ten respondents (85%) agreed that DSHS program staff explain things clearly. Less than one in ten (8%) disagreed.

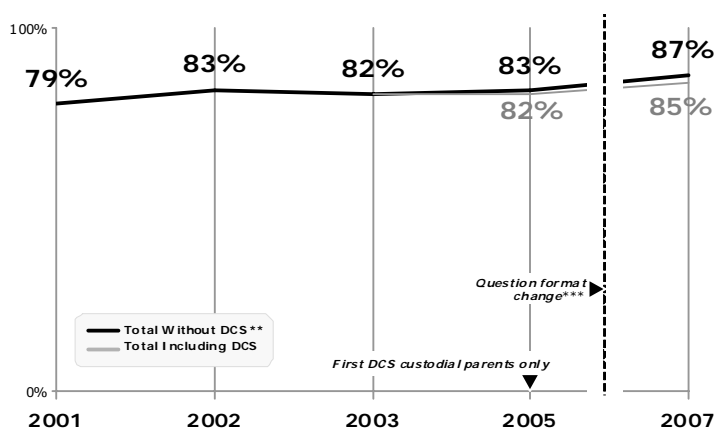


SUBGROUPS: Respondents were more likely to agree* that staff explanations are clear when:

- The client was a child (90% agreed), compared to an adult (83% agreed).
- The client was Hispanic (91%), compared to non-Hispanic Caucasian (84%).
- The respondent was a representative of the client (89%), compared to when the respondent was the client (83%).
- The client participated only in voluntary programs (88%), rather than in at least one mandatory program (76%).
- The client participated in one program (87%) or two programs (86%), compared to three or more programs (77%).

Trend

The chart below shows the percentage of respondents who answered affirmatively from the 2001 survey to present. The increase from 2001 to 2007 was statistically significant.*



* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.

** The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005 and non-custodial in 2007. To look at trends for comparable groups, use the black line (without DCS).

*** Question format changed between the 2005 and 2007 surveys, which may affect comparisons to previous years. See Appendix A.



Photo courtesy of the US Census Bureau (with permission)

Some clients appreciated clear explanations.

"I like that they take the time to explain clearly about services requested."

"I like that if you are not satisfied with information, you can talk to a supervisor."

"They explained everything so I could understand it."

Others found explanations unclear or incomplete.

"I think things need to be better explained when there are changes."

"For new clients, really sit down with them and explain what's required of them."

"Better explanation of what they need their clients to do. Make sure that the requirements are clear."

"Explain the cash assistance program better. One month he was cut off and I didn't understand why."

"Make it more humane: explain why they make certain decisions and explain the options to you, rather than stating on a form that you have the right to appeal."

"Sometimes it was a bit confusing about which program you were going into. I got a sense they didn't have the patience to help folks who are a bit confused about what is going on."

"I like the way they explain things when you are at the CSO, but it is difficult to get a good explanation when I call into DSHS."

"DSHS staff did not explain well what our share of medical bills was. Communication was confusing."

"Explanations of benefits could be improved."

"I know staff have large caseloads, but you have to dig for information for what services are available from CFS. They rush you and they don't return calls timely."



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DSHS staff can be very helpful in providing information.

"The workers were very friendly and helpful and always explained what I needed to know."

"They have kept us well informed of what Cameron is eligible for in services."

"They are really hard workers. As soon as I call, if I have a problem getting my food stamps or rent money—they would work hard to find out what was wrong and answer my questions."

"I like that I can go to the office and talk face-to-face with a person if I have to. Regarding my child support, I get paper reports consistently and can ask for a meeting if I have questions."

Getting needed information from DSHS can also be difficult.

"Staff are helpful but seem disorganized. I would talk to different workers about the same topic and get completely different answers."

"Explain things better and give more information about services."

"DSHS should provide more information about what people are eligible for."

"I'm on GAX and it is very difficult to understand what needs to be done and the paperwork that needs to be completed."

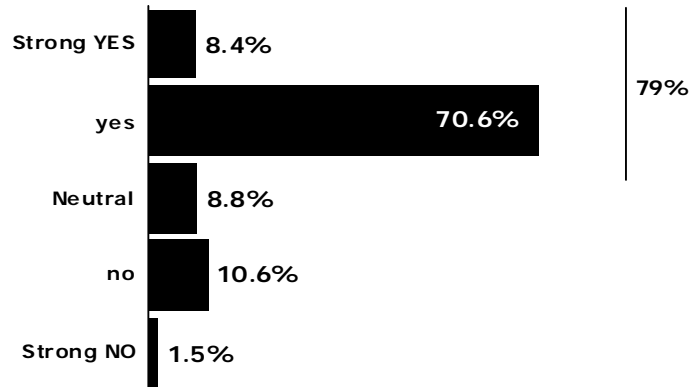
"The workers shouldn't hold back information about programs that could help us."

"They need to explain things better so that a person who does not know the system can figure out what is needed and provide that information in a timely manner. Things should be clearer for a new person on assistance."

"Some aspects of the services are not clear or specific, i.e., the laws and guidelines."

QUESTION | Was it easy to get the facts you needed about services?

About eight out of ten respondents (79%) felt information is easy to get. Slightly more than one in ten (12%) disagreed.

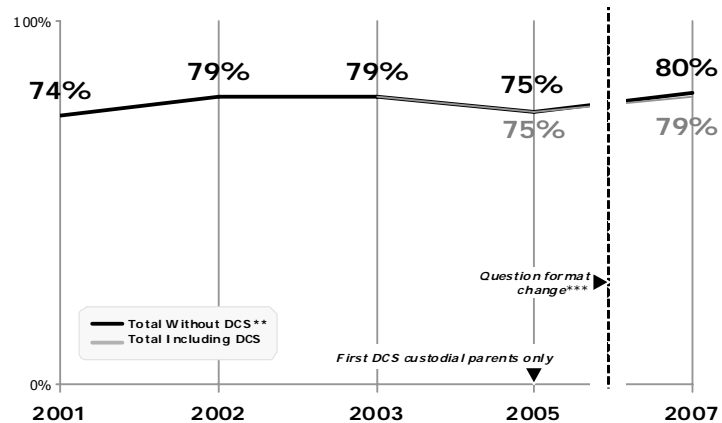


SUBGROUPS: Respondents were more likely to agree* that it's easy to access information when:

- The client participated in one program (83% agreed), compared to two programs (75% agreed) or to three or more programs (74% agreed).

Trend

The chart below shows the percentage of respondents who answered affirmatively from the 2001 survey to present.



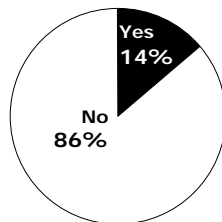
* All percentages are based on weighted data. Differences between subgroups are listed if significant at the .05 level.

** The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005 and non-custodial in 2007. To look at trends for comparable groups, use the black line (without DCS).

*** Question format changed between the 2005 and 2007 surveys, which may affect comparisons to previous years. See Appendix A.

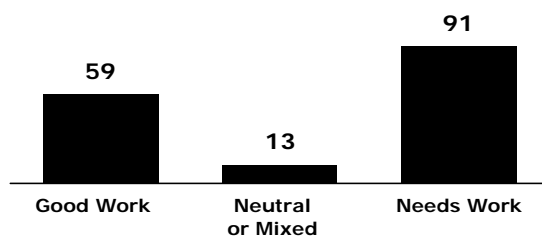
THEME | General information

Made
comments
about
information?



163 of the 1,195 respondents who made comments (14%) mentioned the information they receive from DSHS.

Of the 163 clients who commented on information, more than half (56%) made criticisms or suggestions for improvement. More than one in three (36%) responded favorably.



Many clients made suggestions for how to improve communication:

- **Provide a central source of information about available services**—including comprehensive eligibility information and how to apply
- **Standardize information given out from call centers**—so that clients get the same answer no matter who they speak with
- **Improve the information given to newly enrolled clients**—including detailed program information and requirements
- **Assign single caseworkers for clients**—so that clients have a single source of information
- **Regularly update information about providers**—especially which providers accept medical coupons; make this information available in a variety of formats



Photo courtesy of Microsoft (free domain)

Some clients commented favorably on receiving the information they needed.

"When I call I know that I am going to get the information that I need and with the medical coupons I get the help that I need."

"They are able to refer people to the correct agencies."

"I like that I can log into their website and check out balances, etc."

"I like being able to talk to my case manager when I have questions."

"The web site provides great information regularly."

Others made suggestions about how to improve communication.

"They need more caseworkers and not a call center. The current system is extremely non-personal. I feel like just another number!"

"More contact via the phone to make sure that I am aware of appointments and obligations, due to short term memory loss."

"I think they should have DVR and CPS be required to provide more information to clients."

"Communicate better with the parents when they are going to put your children in foster care. Need better paperwork as to where foster children are."

"DD needs to inform clients if the benefits are about to expire."

"Provide information as to who will accept medical coupons."

"Provide a central source on community and state resources available for people with disabilities."

"Update the list of attorneys for adoptions provided by the State."

"When you are assigned a case manager, it would be nice if DSHS would provide a business card to the client giving the worker's phone number and extension."



Photo courtesy of the US Census Bureau (with permission)

A few clients were pleased with language services.

"I like the interpreter and translation services available by local office employees."

"I appreciate the Spanish interpreter available for interviews."

"They have interpreters, and they help you."

Others mentioned specific resources needed.

"Needs to have more bilingual employees working in local offices."

"Better translation services at ESA."

"DSHS needs to have Spanish-speaking employees in the office. Sometimes I have to wait for interpreters."

"It would be very helpful to have more Vietnamese interpreters available at the CSO."

"Have more information available in Spanish."

"It would be great to have more Russian-speaking people."

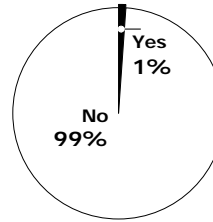
"I hope that medical coupons would expand to the Chinese physician area so I could use a doctor that speaks my language."

"The doctor I saw for 12 years moved to a new office. The program doesn't send an interpreter there so I have to look for a new doctor."

"DSHS should provide more and better interpreter services."

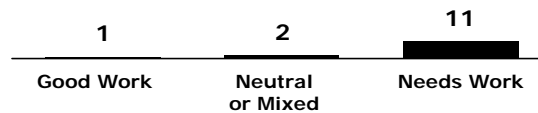
THEME | Language services

Made comments about language services?



14 of the 1,195 respondents who made comments (1%) mentioned the quality and helpfulness of language services.

Most (11 of the 14) clients who commented on language services made suggestions for improvement. Two of those who suggested improvements also made positive comments, while one respondent made only a positive comment.



Clients utilizing language services identified ways to enhance services:

- Provide more DSHS publications in multiple languages
- Increase bilingual employees in offices
- Expand interpreter services

Client Involvement

An active role in planning services is important to some clients.

Most clients said that they are involved in making choices and planning services. Clients appreciate one-on-one interviews with workers. They feel more involved in decisions and plans when workers listen closely to their needs and carefully explain services and program requirements.

Others offered suggestions for involving clients better in plans and decision-making:

- Listen to clients
- Have flexible rules and procedures that fit the individual client's situation
- Assign each client a single accessible worker

Many clients had difficulty applying the questions about client involvement to their experiences with the programs—especially in cases where entitlements are based on a set formula, or when clients are currently on a waiting list. Additionally, some medical assistance clients could not find a provider with whom to make plans and goals.



Above photos courtesy of the US Census Bureau (with permission)



Photo courtesy of the US Census Bureau (with permission)

Some clients felt that they were given choices and input into service decisions.

"Got a good caseworker who explains things clearly and lets you make choices."

"I was treated as an individual with individual needs."

"Give you another option to discuss on the next action that you need to take. They help you trouble-shoot."

"They ensured that every option was offered to me."

"They let me make choices about where I live."

Other clients pointed to a lack of individualized case management as a limiting factor in making choices about services.

"I would like to have the same caseworker. I have been switched back and forth between many caseworkers! The annual case review is a battle."

"Make the drug and alcohol assessment experience more personable and tailor the recommended treatment around the person."

"Individualize the situation more; not be treated like a large group of people who need help."

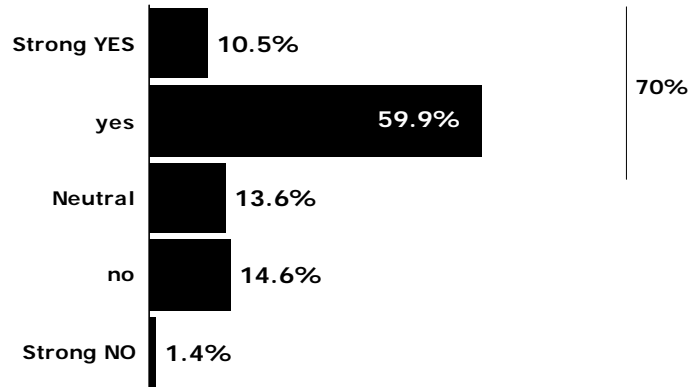
"Look at each case thoroughly on an individual basis before taking drastic action that could prevent the non-custodial parent from being able to pay his support."

"I think there are unique situations when you need their assistance and you cannot get it. I was placed in a domestic violence residence and my child was placed temporarily with my mother-in-law, which made me ineligible to obtain the assistance I really needed."

"It seemed that each DCS person had their own area of responsibility and couldn't deal with anything else. I would prefer to have one worker rather than dealing with several different folks."

QUESTION | Were you involved in making choices about your services?

Seven in ten respondents (70%) said they were involved in decision making about services. Less than one in five (16%) disagreed.

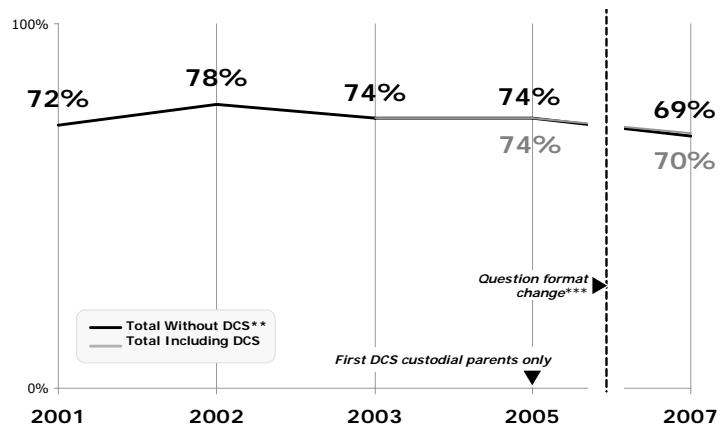


SUBGROUPS: Respondents were more likely to agree* that DSHS helped when:

The client was non-Hispanic Caucasian (77% agreed) or non-Hispanic minority (73%), compared to Hispanic clients (49% agreed).

Trend

The chart below shows the percentage of respondents who answered affirmatively from the 2001 survey to present.



* All percentages are based on weighted data. Differences between subgroups are listed if significant at the .05 level.

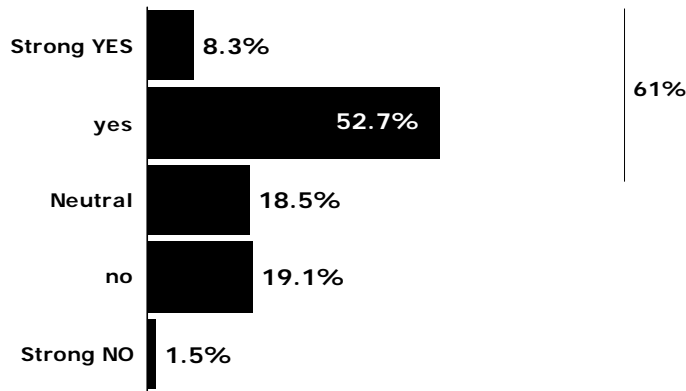
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*** Question format changed between the 2005 and 2007 surveys, which may affect comparisons to previous years. See Appendix A.

**** These questions were not asked in connection with child support services since child support requirements are not set by DSHS.

QUESTION | Did you help make plans and goals about services?

Slightly more than six out of ten respondents (61%) said they helped make plans and goals about services. Two out of ten (20%) disagreed.

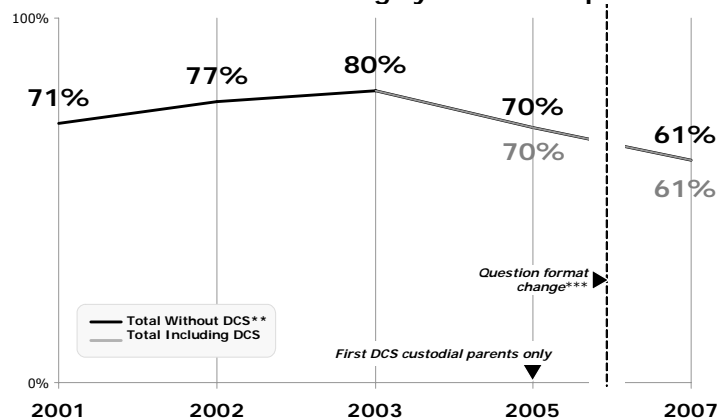


SUBGROUPS: Respondents were more likely to agree* that DSHS helped when:

- The client was an adult (68% agreed), compared to a child (50% agreed).
- The client was non-Hispanic minority (74%), compared to non-Hispanic Caucasian (63%) and Hispanic clients (43%). Non-Hispanic Caucasians were also more likely to agree than Hispanic clients.
- The respondent was a client (66%), compared to when the respondent was a representative of the client (56%).
- The client participated in two programs (68%) or three or more programs (65%), compared to one program (52%).

Trend

The chart below shows the percentage of respondents who answered affirmatively from the 2001 survey to present. The decreases from 2001 to 2007 and from 2005 to 2007 were both statistically significant.* The downward trend is mainly due to fewer Medical Assistance clients answering "yes" to this question.



* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.

** The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005 and non-custodial in 2007. To look at trends for comparable groups, use the black line (without DCS).

*** Question format changed between the 2005 and 2007 surveys, which may affect comparisons to previous years. See Appendix A.

**** These questions were not asked in connection with child support services since child support requirements are not set by DSHS.



Photo courtesy of the US Census Bureau (with permission)

Some clients said DSHS provided assistance as they worked on making plans and setting goals.

"They were really willing to try to help and discuss the situation with me."

"They really did listen to me and they really did help me find help that I needed. We discussed it and they pointed me in the right direction."

"They were good at listening to me and referring me to where we needed to go."

"They were pretty explanatory about the different programs before I made a decision as to what I wanted to do."

"I like one-on-one interviews. I like the personal contact."

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

"Make a program where I can work with someone to make goals and plans to help me get my driver's license back. I also need additional money and help getting a place to live. Basically, offer MORE help to those that really need it."

"I think for people who are pursuing an education, to get off the DSHS programs they need to have more flexibility to help them obtain their goals."

"I have at times felt overwhelmed at the inability to receive services that I felt were necessary for my well-being."

"Be more open-minded at different situations that require more services than usual."

"I had back surgery and was barely out of surgery in physical therapy. DSHS was pushing me to get into work search and threatened to reduce or cut my grant. Some of my health issues got neglected because of the push for me to get back to work."



Photo courtesy of the US Census Bureau (with permission)

Some clients made suggestions for how DSHS can improve services and better involve them in decisions and plans.

"Look at the individual cases and then determine the amount of time needed to correct the problem. Not go by the book."

"There need to be more Medicaid choices. Reimbursement needs to be increased and paperwork reduced."

"Have more counseling staff which would allow more one-on-one activity."

"They need to make adjustments to the programs to allow the client to better their lives."

"Need more money and services. I need to be reminded when it's time to re-apply. I try, but sometimes I forget and I lose my services. It's hard, but I try."

"They need to get their records straight - I send in paperwork and DSHS doesn't acknowledge it."

"Sometimes DSHS staff doesn't listen to what you have to say about certain things. DSHS currently has wrong information on their computer system and they are ready to cut me off of all assistance."

"Improve funding; redefine terms such as "substantial income. DSHS calls some income substantial, but my total income is under national poverty level."

"DSHS needs to quit asking for the same information over and over once you have already provided it."

"Don't change workers so often. Have the same worker during the time that you are on assistance."

"Situations are not always the same for each case, and conflicts need to be dealt with according to the situation."

THEMES related to client involvement

Other portions of this report discuss issues that are closely related to client involvement. These chapters, present client suggestions that DSHS should provide:

- **Individualized assessment and service plans that are tailored to individual needs.** Clients believe that the use of rigid formulas for determining benefits and services can prevent them from receiving the help they need. (See the "Getting Services" section of Chapter 3, pages 32-40.)
- **An accessible, long-term caseworker.** Clients want a caseworker who listens to the client's unique situation, understands, and follows through to meet those needs (See Chapter 2, pages 15-25.)
- **Better access to care.** A common theme is limited coverage for medical services and difficulty locating providers who will accept medical coupons (See Chapter 7, pages 66 and 67.)
- **Streamlined, coordinated, and error-free paperwork and processes.** (See the "Getting Services" section of Chapter 3, pages 32-40, and Chapter 6, pages 59-62.)
- **Benefits sufficient to meet their needs.** Some clients feel that current benefits are inadequate. They also want transition programs to promote stability as they become more self-sufficient (See Chapter 7, pages 64 and 65.)

Clients whose involvement with DSHS is involuntary (for example, some Child Protective Service clients) tend to give low ratings to client involvement.

CHAPTER 6

Coordination

Clients want their programs to work together.

Clients who are served by three or more DSHS programs were asked about coordination. Most rated coordination favorably. However, less than half of the small group of respondents who were asked about services for children felt that staff from DSHS programs work together to serve those children.

Most of the comments about coordination were requests for improvement. Clients made three main recommendations for improving coordination:

- Streamline communication between the caseworkers for people accessing multiple services
- Increase information sharing between programs
- Reduce the duplication of forms and paperwork across the divisions of DSHS



Above photos courtesy of the US Census Bureau (with permission)



Photo courtesy of the US Census Bureau (with permission)

Although many clients served by more than one program rated coordination highly, only a few made positive mention of coordination in their comments.

"Overall, everything is good. All services work together to help us."

"I think they have fairly good communications between the different DSHS programs and keep each other abreast of developments."

Quite a few of the comments in this area addressed a need for better coordination of services and communication between DSHS programs or other state agencies.

"Increase communication between the different divisions about the purpose and functions, so that there is a clear understanding among the workers as to who covers what and how to work together to get the services that the client needs."

"There could be a better system of relating between DSHS offices such as DDD and the CSO."

"Better communication between state agencies."

"Too much red tape, no one is working together as a team in helping with services, other than TANF."

"It seems that Basic Health sends us forms to complete and DSHS also sends us forms to complete—it would be great if the two operations could combine some of the forms!"

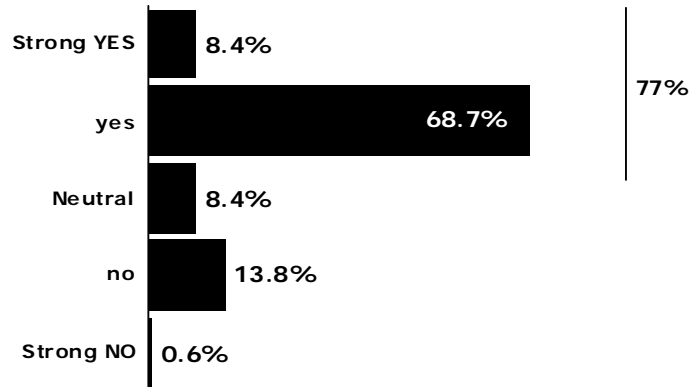
"It appeared at times that the left hand of DSHS didn't know what the right hand of DSHS was doing."

"I think DSHS needs to be more interlinked, where they communicate more with each other and share information."

"Communication needs to improve between the workers of each program and the mailings should be streamlined."

QUESTION | Does DSHS make sure all your services work well together?

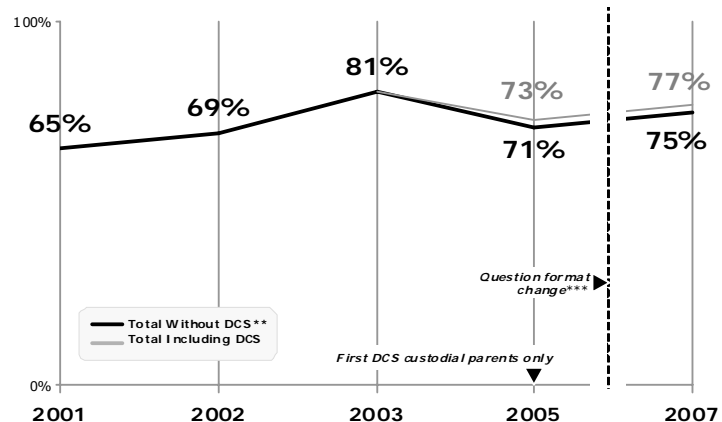
More than three out of four respondents (77%) felt that DSHS services work well together. Less than one in five (15%) disagreed.



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

Trend

The chart below shows the percentage of respondents who answered affirmatively from the 2001 survey to present.



* All percentages are based on weighted data. Differences between subgroups are listed if significant at the .05 level.

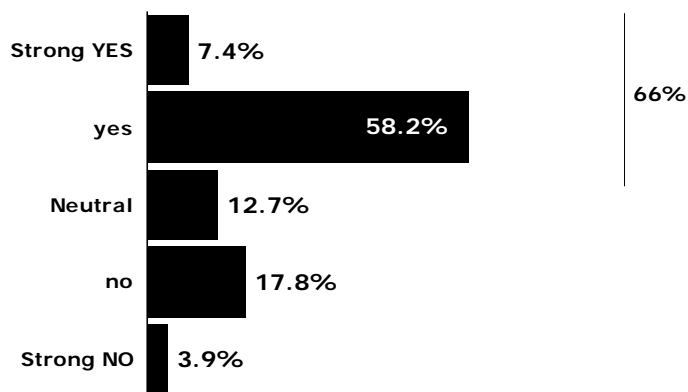
** The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005 and non-custodial in 2007. To look at trends for comparable groups, use the black line (without DCS).

*** Question format changed between the 2005 and 2007 surveys, which may affect comparisons to previous years. See Appendix A.

NOTE: Only clients who received services from 3 or more programs were asked this question.

QUESTION | Do the staff from your different DSHS programs work together as a team to try to help you get the services you need?

Two out of three respondents (66%) agreed that programs work together. More than two out of ten (22%) disagreed.



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

- The client was an adult (70% agreed), compared to a child (48% agreed). The survey only included 38 child clients served by 3 or more programs.

Trend

There is no trend data because 2007 was the first year this question was included in the survey.



Photo courtesy of Microsoft (free domain)

A few clients said DSHS staff work well together.

"I like that they work together as a team."

"They are like a circle and are close together. Access is really good."

Some clients felt there was a need for better communication.

"For families on multiple programs, everybody at the CSO needs to get on the same page. I felt like I was in a ping pong game and I didn't know which way we were going. When I get notices from DSHS, I don't know which worker is sending it to me."

"I had to work with more than one worker, and there seemed to be communication problems."

"They need to communicate between the staff to keep clients informed correctly."

"CPS needs to communicate better with CPS workers."

"Staff didn't keep me up-to-date on what was happening to and for John. Plus, it seems that communication between the three DSHS programs could have been much better and they could have had more answers for me—his financial reporter."

"Staff needs to be more connected. I got numerous communications and it was obvious that there was duplication and communication wasn't there."

* All percentages are based on weighted data. Differences between subgroups are listed if significant at the .05 level.

NOTE: Only clients who received services from 3 or more programs were asked this question.

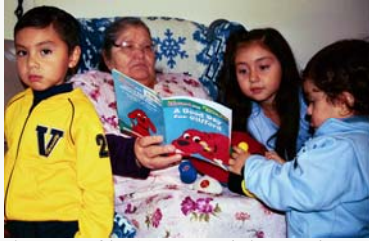


Photo courtesy of the US Census Bureau (with permission)

The comments about coordination tapped into two main issues: (1) coordination between offices and programs and (2) coordination between workers.

"I would like to see more coordination between DVR and other DSHS departments when working with people with disabilities."

"Better communication is needed between childcare workers and providers."

"They could listen and work all the systems better. There seems to be a lack of coordination. I had to work with too many people."

"I think that DSHS has dehumanized the whole mission of what the programs are for. It is like pulling teeth to access many of the programs. I have too many caseworkers and I wonder how often they get together to discuss cases. DSHS should take a look at Tribal TANF programs to see how they work vs. traditional DSHS program delivery."

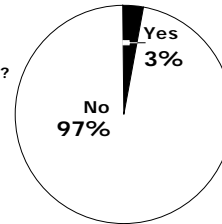
"The different departments did not communicate between themselves very well."

"The workers at the different divisions need to work together as a team and share information."

"Need to be able to do just one review for food stamps and child care. Childcare workers need to communicate with the financial worker."

THEME | All coordination comments

Made comments about coordination?

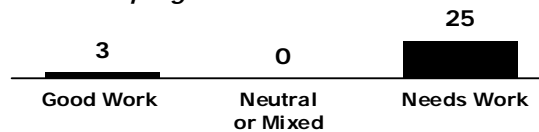


40 of the 1,195 respondents who made comments (3%) mentioned coordination.

28 of the 40 clients who commented on this issue addressed coordination between programs and offices. The other 12 addressed coordination between workers. All but four of the 40 comments were requests for better coordination.

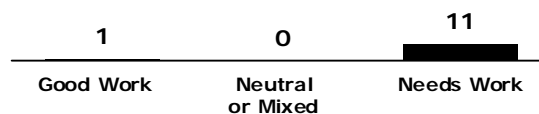
"DSHS should provide more case management to coordinate services between the different DSHS divisions. It is easy to fall through the cracks."

Between programs and offices



"Communication between workers should improve. I don't know what happens to the paper that we fill out. It just disappears and we have to start all over again."

Between workers



CHAPTER 7

Resources

Resources are an issue for many clients.

Although many clients expressed appreciation for assistance, most of those who specifically commented* on resource issues pointed to a lack of adequate program services, benefits, and providers as significant barriers to achieving personal goals and plans to stabilize their lives.

Four primary themes stood out:

- Eligibility standards for many programs are too rigid
- There are not enough benefits or providers
- It is particularly difficult to find providers who accept medical coupons
- Cuts in funding and staff hurt us and our caregivers

*This chapter is based on client comments made in response to open-ended questions. Specific questions about resources were not included in this survey because DSHS often has little control over the amount of resources available from federal and state sources. Clients also commented on the need for more DSHS staff. See Chapter 2, page 25.



Above photos courtesy of the US Census Bureau (with permission)

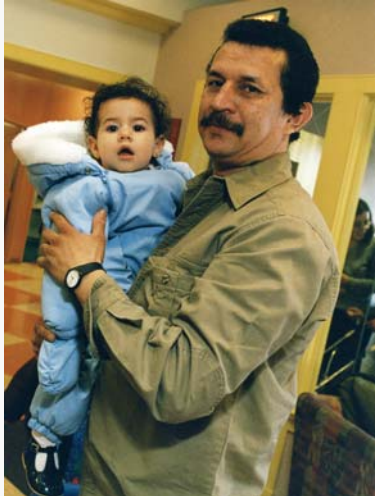


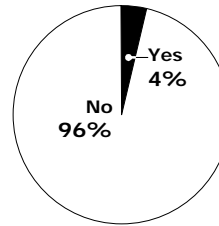
Photo courtesy of the US Census Bureau (with permission)

A number of clients commented on a need for more programs or expanded programs.

- "I would like to see more effort in training and funding so we can get the jobs they want us to get."
- "Need more staff and funding for the programs."
- "Provide DD the funding to implement their services."
- "Provide more help for kids and young adults."
- "Increase funding for the programs; especially for TANF special needs, like fixing a car, gas vouchers, clothing vouchers, etc."
- "There could be more drug and alcohol treatment services available in the Bellingham area."
- "More programs are needed to train and guide people to self sufficiency."
- "I would like to see more transitional programs."
- "Do not stop DSHS transportation. Never take that out. The people really need this."
- "Need more staff, funding and programs at DD."
- "More training for the clients on the WorkFirst program. Can't make a living working at McDonald's. Forces you to take a job even though it may not provide you with enough money to live on."
- "Provide assistance in learning how to budget on \$150 per month of food stamps for one person."

THEME | Need more programs

Made comments about more programs?



52 of the 1,195 respondents who made comments (4%) felt that DSHS needs more programs.

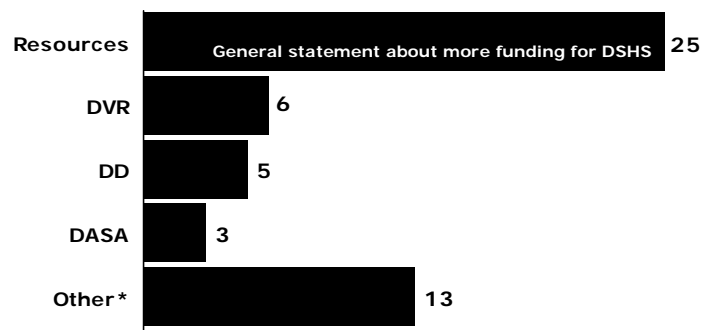
Due to the nature of this category, nearly all (51 of the 52) clients who made comments in this area offered suggestions for improvement. Most of those who commented mentioned one of these points:

- More funding for new and existing programs is needed
 - "I've been on the DVR waiting list since 2004. It's not staff's fault; they just don't have the funding to do what they need to do."
- Need for more staff to run programs and provide case management
 - "They need more funding of their programs and more workers to do the work."
- More specialized programs would help people stabilize their lives
 - "It would be neat if DSHS had an activity program for folks in Adult Family Homes."

Although most clients commented on a need for more funding and services, some mentioned they understand program limits.

- "Rules are clear but hard to accept. Staff are good but staff's hands are tied."
- "They're doing all they can really, they just need more money."

Clients say more programs and resources are needed for:

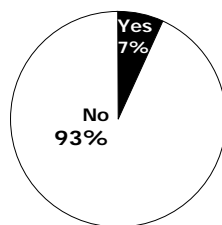


Many clients also expressed a need for more medical, dental and mental health programs and funding. These comments are highlighted later in this chapter.

* Other includes ADSA, CA, and ESA.

THEME | More money and benefits

Made comments about money and benefits?



80 of the 1,195 respondents who made comments (7%) mentioned money and benefits.

Of the 80 clients who commented on the need for more money and benefits, the majority (95%) made criticisms or suggestions for improvement.

The 77 clients who responded “needs work” said they would like to see increased money and benefits in the following areas*:



Some clients also discussed the difficulty in stabilizing their lives—an increase in one area, such as SSI, can result in the reduction of assistance in another area, such as food stamps.

“Increase the amount of food stamps that I get; when I get a raise from SSI they take it right back from me.”

“After I started getting unemployment benefits, my food stamps were reduced to \$10 per month.”

Others pointed out that benefits should better address a person’s current situation:

“This is a very expensive state with very expensive services. DSHS helps, but it is so symbolic and low that we cannot fulfill our needs. Perhaps the state should work to raise these payment amounts.”

“I have been trying to get my child back in the last 6 to 8 months, and I make a little too much to get food stamps, which is what I need in order to make it financially in order to get my son back. I am working and struggling to get him back and just need a little help to make it happen and can’t get it.”

“Give us more money. The standards are too low for the children and their needs.”

“The cash assistance grant standard needs to be increased to a livable level.”

“DSHS needs to get with the times. Standards need to increase with inflation.”

“I was getting \$220 per month and they recalculated my benefits and now I only get \$86 per month. I have a 14-year-old son who has a bottomless pit for a stomach! DSHS should reevaluate income standards when calculating benefits.”

* Numbers in these categories add up to more than 77 because in fifteen cases the respondent mentioned more than one issue.



Photo courtesy of the US Census Bureau (with permission)

Some respondents acknowledged efforts of staff working under funding constraints.

“Improve the programs that workers have to work with. How can mental health help someone when their hands are tied?”

“I think the people at DD give all they can under the restraints of funding.”

A number of clients commented on a need for increased benefits.

“Cut budget and now mother is unable to attend activities to improve her activities for social improvement. Cognitive activities and physical activities.”

“Food assistance needs to be increased. Can’t live on the amount that they issue me.”

“Provide better estimation of caregiver hours elderly get. They cut my hours but I am sick and need more help.”

“Increase the amount of money allowed each month for personal needs.”

“Help us with one-time move-in costs to an apartment.”

“For special needs diets the amount of food stamps should be increased.”

“Currently I am getting \$53 per month in food stamps for a family of four. That is not enough!”

“My apartment rents are rising while financial assistance for food gets cut.”

“With the amount of food stamps that I receive, it is impossible to get the proper amount of food for a whole month and stay on my diabetic diet.”

“Provide services better for people on the edge of eligibility.”

“Increase the food stamp standards. The price of groceries is going up but we get no additional food stamps.”



Photo courtesy of Microsoft (free domain)

One client praised an expansion of services.

"Thank you for finally letting the expanded dental coverage go through."

Clients often highlighted the need for broader coverage and eligibility.

"Children can get medical services but adults sometimes don't. How can an ill adult take care of his or her family? Family wellness is key but DSHS does not support that. Dental services are terrible. Oral health is overall health."

"They can have better services for the mentally ill and more family services for the mentally ill."

"Prescription coverage could include more medicines."

"Assist families without any children with basic medical."

"The program needs to be providing full dental coverage to people who have diabetes."

"They could make psychiatric care more easily available."

"I think that there are a lot of baby boomers in my position that need help and resources for medical assistance when we have drug or alcohol problems."

"Help you get a new wheelchair."

"Preventative dental work for adults would be very beneficial."

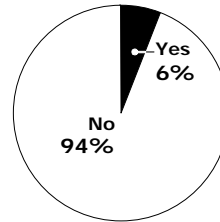
"Medical needs broader coverage for dental."

"Need to improve medical coverage for single and two parent households."

"Coverage of prescriptions outside of generic drugs when the doctor has justified the need."

THEME | More medical and dental services/benefits

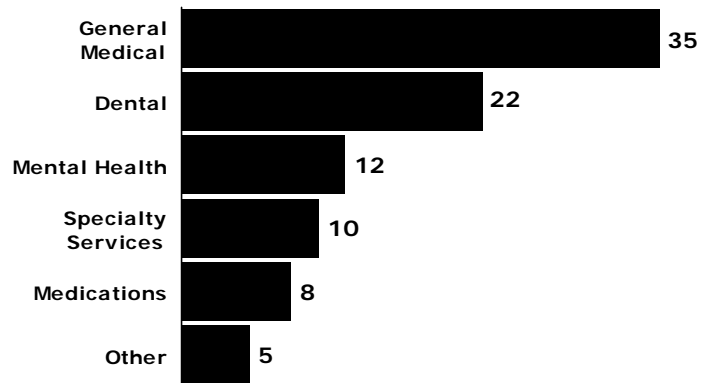
Made comments about medical and dental services/benefits?



70 of the 1,195 respondents who made comments (6%) mentioned medical and dental services.

Most (69 of the 70) clients who commented in this category highlighted the need for more medical and dental services/benefits.

Clients would like more benefits in the following areas*:



Many of those who commented mentioned a need for a specific service:

"Dental needs to cover braces for children and dentures for adults."

"I have a history of migraines. My doctor said I need a CAT scan and my primary care—Molina—will not pay for it. Molina says I have to start passing out before they will pay for it!"

"Extend dental coverage to include medical cosmetic care."

"My daughter has asthma and the medicine she needs most DSHS won't cover."

"Increase chiropractic coverage."

"She needed a root canal, but coupons did not cover that service."

"My younger daughter goes to the dentist for teeth grinding but the dentist says that medical coupons don't cover that!"

"Due to my MS, I have to be put to sleep to have dental work done and I have to pay for that myself."

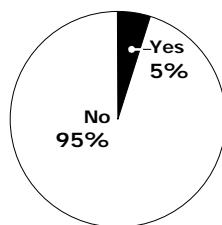
"With Healthy Options, certain procedures are not covered and it is hard to get specialty services."

"They should include out-of-state care in the Medicaid program."

* The numbers in these categories add up to more than 69 because in 22 cases the respondent mentioned more than one type of benefit.

THEME | More providers

Made
comments
about more
providers?



57 of the 1,195 respondents who made comments (5%) mentioned the need for more providers who accept DSHS medical payment.

All 57 clients* who mentioned this issue highlighted the need for more providers who accept DSHS medical coupons.

Clients would like to see more providers for:**



Some clients said they think if providers had a higher reimbursement rate, more would accept their coupons:

"There need to be more Medicaid choices. There is a great deal of under-reimbursement. Clinics that accept medical coupons provide less than adequate care after waiting a long time."

"They could provide more dental services and they could pay a higher rate so more doctors would participate."

"Give medical providers greater benefits so they will accept the medical coupons. I have to drive over 50 miles to get dental for my children."

"Private insurers pay more than people who have medical coupons, so it appears there are not as many providers who accept medical coupons."

A few clients point out that having a limited number of providers who accept medical coupons presents challenges for both patients and doctors, particularly in rural areas where choices are even further limited:

"When they pin you to one provider in a rural area like ours, it overloads the doctor and the patient doesn't have a second choice to go to another doctor, therefore it may take a while to see a doctor."

"You can see a pediatrician out of the area until the baby is born, then you can choose to keep that provider, however it is 60 miles away. If an emergency occurs you can't see a local doctor. It would be nice to be able to have a secondary provider for the first six months."

"It takes a long time to get in to see a doctor. The doctors are always really full with appointments. Need more providers in the Valley that take the medical card."

* One client made a mixed response, mentioning difficulty finding a personal care physician but saying, "It's easy to get emergency services."

** The numbers in these categories add up to more than 57 because in 15 cases, the respondent mentioned more than one issue.



Photo courtesy of the US Census Bureau (with permission)

Some clients indicated that they understand program limits.

"Limited funding makes their job difficult because they have to turn people down that they don't want to."

"Drug and alcohol treatment is available here, unlike a lot of places in the country. Staff are committed to their clients, and are limited on the help they can provide because of limited resources available."

The need for more providers that accept DSHS payment was a common theme.

"Get more doctors and care places that will accept medical coupons."

"Increase funding to the mental health services so that there can be more providers."

"Have more holistic doctors covered under the medical coupon."

"Have more doctors accept medical coupons, especially Chinese speaking ones!"

"Have more alcohol treatment programs that accept medical coupons."

"Help with mental issues. The mental health counselors won't take the medical coupons."

Clients experience difficulty finding quality providers who accept the medical coupons.

"Offer more choices in dental services—places that they would not be afraid to send their own family members to. The dental services need to be available, with proper standards for dental care according to the insurance commissioner."

"Have more dental providers who accept the medical coupon that are actual dentists and not just the community clinic."

"Please let us have good doctors and have doctors with better techniques."

Who are the Respondents?

Respondent Profile

1,222 clients completed the 2007 Client Survey.

- 100 clients were selected from each major program, and clients were asked about all services they received
- The completion rate was 81% and the cooperation rate was 92%
- Most of the surveys were completed by clients, but some were completed by a parent, guardian, or other representative
- The average age was 35 years
- 29% of respondents identified themselves as members of a racial/ethnic minority group
- 55% of respondents were female



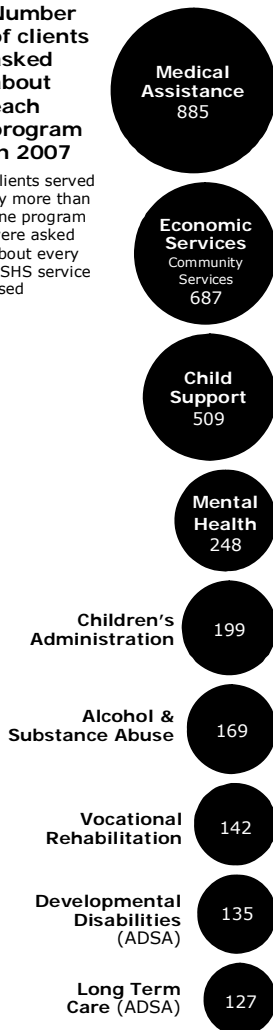
Above photos courtesy of Microsoft (free domain)



Photo: US Census Bureau (with permission)

Number of clients asked about each program in 2007

Clients served by more than one program were asked about every DSHS service used



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 2006.

Over half of DSHS clients use more than one program, so each person interviewed was asked about every DSHS service used in fiscal year 2006 (July 2005-June 2006). 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 2006.

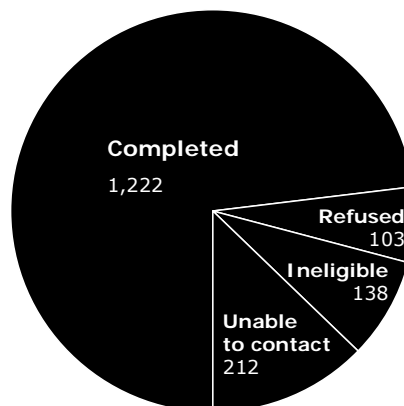
The circles on the left show the number of respondents interviewed about each program. Because a single client was often interviewed about more than one program, the total far exceeds the number of clients interviewed. Well above half of the 1,222 clients in the survey had used the more widely utilized programs: Medical Assistance and Economic Services.

Response Rate

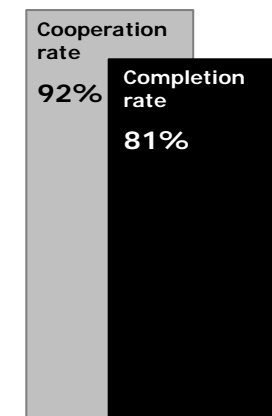
The overall cooperation rate for the survey was 92 percent, and the completion rate was 81 percent.** These response rates are extraordinarily high for any survey, but are especially remarkable for a survey involving the particularly challenging transient population of DSHS clients.

How clients responded

TOTAL = 1,675



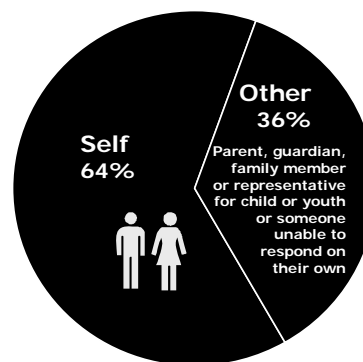
Response rates



*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.

The person who completed the survey was not always the client. In 36 percent of the cases, the client selected for the survey was a child or youth (age 17 or under) or was 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.



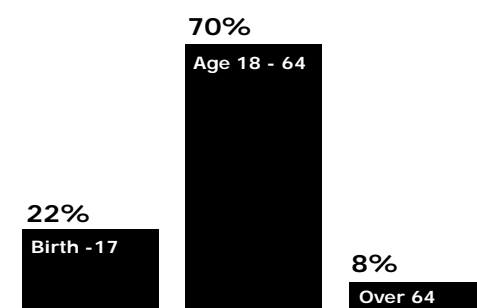
Client Characteristics

Age

Clients' ages ranged from early childhood through late adulthood:

- 22 percent of the clients in the survey were children.
- 70 percent were working age adults.
- 8 percent were older adults.

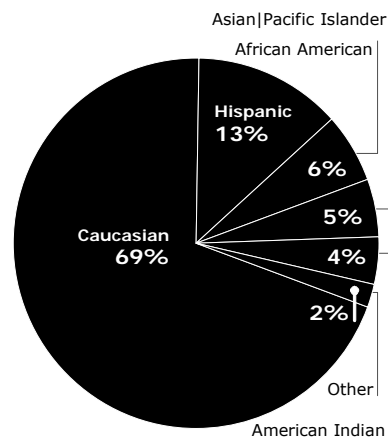
The average age was 35 years.



Race|Ethnicity

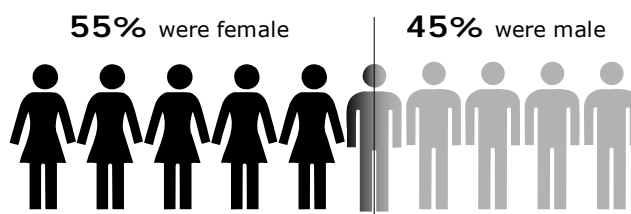
Clients were asked what racial and ethnic group best describes them. In the chart at right, all clients with Hispanic ethnicity are categorized as Hispanic, regardless of racial identification. Thus, for example, the Caucasian category consists of non-Hispanic Caucasians, and the American Indian group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

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



Gender

Clients were more likely to be female than male.





2007 Client Survey
DSHS Clients Speak