

# 2007 Client Survey DSHS Clients Speak

## APPENDICES

November 2007  
Report 11.133



**RDA** Research & Data  
Analysis Division





## Contents

**APPENDIX A:** Methods

- Purpose of the Survey
- The Survey Instrument
- Changes for the 2007 Survey
- The Sample
- Sampling Considerations
- Eligibility Factors
- Interview Methods
- Response Rate
- Analysis and Weighting

**APPENDIX B:** Cooperation and Completion Rates

**APPENDIX C:** Survey Questions

**APPENDIX D:** The Survey Instrument

**APPENDIX E:** Weighting

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

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

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



## Appendix A | Methods



Photo: US Census Bureau (with permission)

## Methods

### The Purpose of the Survey

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

While many individual DSHS programs have ongoing projects to measure client satisfaction and recommendations for change, this is the only DSHS-wide client survey. The measures in this survey were derived from the DSHS Balanced ScoreCard and many of them have been included in the agency's Accountability ScoreCard, the Governor's Performance Agreement, and GMAP (Government Management Accountability and Performance) reports. Beginning with the initial survey in 2001, the survey process provides baseline and repeatable measures. As the survey is repeated, change in client perceptions can be tracked across time. Additionally, open-ended questions are included in the survey to provide an opportunity for clients to communicate more specific perceptions, perceived problem areas and suggestions for improvement. This annual survey provides an avenue for client participation in program planning and evaluation.

### The Survey Instrument

A cross-department survey team led by DSHS Research and Data Analysis (RDA) Division developed the core set of survey questions for the first DSHS Client Survey in 2001. RDA staff completed an extensive review of the customer satisfaction literature and collected samples of customer satisfaction surveys from programs and regions throughout DSHS. The survey team used these reviews to identify the key attributes of client services to be addressed. The final interview consists of 22 basic questions which address all client satisfaction measures from the DSHS Balanced ScoreCard and all the major client satisfaction attributes identified by the team. The first 16 questions refer to specific programs. Lead-ins to the questions help clients identify what services they had received from that specific program, and the questions themselves are customized to reflect the specific program and the respondent's relationship to the client (self, parent, guardian, family member, etc.).<sup>1</sup> Thus, the final survey completed by each respondent is customized to reflect the identified client's service usage and the respondent's relationship to the client.<sup>2</sup> Clients who utilize more than one program answer the 16 basic questions several times—once for each program utilized. The final drafts of the lead-ins and questions were reviewed by DSHS leadership, each program, and the survey team, and were pre-tested several times. A special effort was made to make the questions easily comprehensible.

### Changes for the 2007 Survey

In spring 2006, as part of a review of service coordination in DSHS, the Joint Legislative Audit and Review Committee commissioned Washington State University's Social and Economic Sciences Research Center (SESRC) to review the DSHS Client Survey. DSHS leadership took advantage of this opportunity to conduct a comprehensive review of the DSHS survey process. The agency recruited an expert committee which reviewed the SESRC report and further looked at the entire client survey process. Recommendations from the expert committee were presented to DSHS leadership for final decisions. Several improvements were made in the survey process. Most changes made the survey easier to understand—especially for those with limited English skills or limited cognitive abilities. The major changes included:

---

<sup>1</sup> For example, Question 1 could be read to the client or their representative as: "Do you know what mental health services there are for you?" or "Do you know what medical assistance services there are for your child?" Certain questions are also rephrased for Children's Administration because many CA services are mandatory in nature. For example, Question 2, which usually reads, "Is it easy to get help from (specific program)?" is rephrased because clients from mandatory programs generally do not seek initial assistance. The customized question for CA reads: "If you need help from Child and Family Services, is it easy to get that help?" Likewise, two questions about the Division of Child Support addressing client involvement were skipped because they were not applicable to this program. Additionally, non-custodial parent Child Support clients were not asked the question about whether DSHS staff understood their needs. Appendix C contains a list of the standard wording for the basic 21 questions. Appendix D contains a sample survey for a hypothetical client who utilized all 8 programs. This sample script does not show all possible permutations of the survey. The script with all possibilities written out is more than 100 pages long, with several versions of a question on each page.

## Methods

- Change from using statements (such as: “It is easy to get services from DSHS.”) to questions (such as: “Is it easy to get services from DSHS?”).
- Change in standard response alternatives. In previous surveys, the standard response choices were: Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree. In the 2007 survey, the choices were: Strong Yes, Yes, Neutral, No, Strong No.
- Change in wording for one of the coordination questions. The old question was: “Someone from DSHS helps me with all of my services.” This question was confusing for many clients; it was not clear whether “someone” referred to a single person or multiple persons. The replacement question is: “Do the staff from DSHS work together as a team to try to help you get the services you need?”
- Addition of another question on telephone access, reflecting the trend toward call centers: “When you call DSHS, is it easy to get to a live person, if you need to?”
- Addition of a trial diversity question at the end of the survey—with a follow-up open-ended question for those who answer “yes.”
- Addition of non-custodial parents who are DCS clients to the survey sample.

These changes make it more difficult to compare the 2007 survey to previous surveys—since the questions are not identical. For this reason, DSHS tried to make all needed changes in one year (2007)—so that there will not be many future changes that will make it difficult to compare the 2007 survey to future surveys.

### The Sample

RDA generated the stratified random sample using the Client Services Data Base (CSDB), which contains client service data from all DSHS programs. For each of the 10 identified client programs<sup>3</sup> listed below, RDA staff drew a random sample of all clients who received services from that program during the month of June 2006. Sufficient clients were selected to reach the goal of at least 100 completed surveys from clients selected from each program area.

- Long Term Care - Home and Community and Residential Care Services Divisions, Aging and Disability Services Administration
- Children’s Administration
- Division of Alcohol and Substance Abuse
- Division of Child Support, Economic Services Administration, custodial parents
- Division of Child Support, Economic Services Administration, non-custodial parents
- Division of Developmental Disabilities, Aging and Disability Services Administration
- Division of Vocational Rehabilitation
- Community Services Division, Economic Services Administration
- Medical Assistance Administration
- Mental Health Division

---

<sup>3</sup> Clients are not selected from the caseload of the Juvenile Rehabilitation Administration (JRA). 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. JRA conducts surveys while youth are under their supervision. These surveys incorporate many of the client survey questions.

## Methods

### Sampling Considerations

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

- If a client selected in the initial samples drawn from the Mental Health Division or the Division of Alcohol and Substance Abuse was between the ages of 13 and 17 years old, that client was not included in the sample. This decision protects client confidentiality, since youth between the ages of 13-17 are able to access mental health and substance abuse services without parental knowledge or consent. When clients between the ages of 13 and 17 were selected from other programs, such as Economic Services Administration or Medical Assistance Administration, these clients were included in the survey, but no questions were asked about mental health or substance abuse services.
- Only adult clients (age 18 and over) were selected in the sample from Children’s Administration. As described previously, throughout the survey, parents or caregivers answered survey questions about services for children under the age of 18. The selection of adult Children’s Administration clients ensured that all families receiving services from Children’s Administration were included in the survey, because the Children’s Administration database is organized by families and always includes co-residing parents. Survey questions regarding Children’s Administration inquired about services for all family members. This sampling plan helped to decrease the number of times we selected a child client, only to find out that the responsible adult was an ineligible foster parent or state employee. In some cases, children who were selected as part of the survey sample from other program areas (for example, the Division of Developmental Disabilities or Medical Assistance Administration) also had received services from Children’s Administration. In those cases, the responsible adult was asked about all DSHS services the selected child received, including services from Children’s Administration.
- Clients were drawn from Children’s Administration only if a family received one or more of the following services: Child Protective Services, Division of Licensing Resources Child Protective Services, Family Reconciliation Services, Home-Based Services, or Foster Care Services.

### Eligibility Factors

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

- The client lives in a nursing facility. (Clients residing in adult family homes and boarding homes were included in the survey.)
- The client is receiving long-term hospitalization, this includes state mental hospitals.
- The client is physically or cognitively unable to complete the survey, and no guardian, family member, or other person who handles their affairs was available.
- The client is out of the country.
- The client is a member of the military and currently deployed.
- The client is incarcerated in a jail, prison, or JRA institution.
- The client is currently in an inpatient drug or alcohol detoxification program.
- The client is homeless and could not be contacted through any means listed in DSHS records.
- The responsible adult answering for a child client is a foster parent or state employee.<sup>4</sup>
- The only possible respondent for a client is a DSHS provider.
- The DSHS program has no record of the client, although the client appeared in the database sample from said program.
- Case management services only—no actual contact with the program.
- The client has a confidential address.
- The client is deceased.



## Methods

### Interview Methods

Telephone interviews began in January 2007 and ended on June 30, 2007. If necessary, more than 20 attempts were made to contact each member of the sample. Before the interviews, DSHS-RDA sent all sample members a prior notification letter that: (a) informed the client that an interviewer would be calling, (b) assured the client that all survey data would be confidential and not personally identifiable, (c) emphasized that the interview would be voluntary and would not affect the client's status or benefits in any way, (d) told the client that all respondents who completed the survey would be entered in a random drawing to win one of ten \$250 grocery certificates and (e) provided a toll-free number to call to decline participation in the study. Clients or their representatives were afforded an opportunity to send or call in their correct address and phone number and to request survey administration in a language other than English. If the client was a child (under 18 years of age) or an adult incapable of completing the interview accurately (due to cognitive or physical disabilities), then letters (and subsequent phone calls) were made to the person who acts as decision-maker for the client and/or interacts with DSHS on the client's behalf.

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

Most of the telephone interviews were conducted from the Research and Data Analysis (RDA) office in Olympia, using the Computer-Assisted Telephone Interviewing (CATI) system. The CATI system displays survey questions on a computer monitor, making it possible for the interviewer to read the question to the client and enter the response directly into the survey database. When a bilingual DSHS interviewer was not available, the RDA interviewer used a 3-way phone call to administer the survey with the assistance of an interpreter from Pacific Interpreters. RDA bilingual staff administered some surveys in Spanish and Russian using a customized written script with questions for the programs used by the client. The completed hard-copy records of the phone interviews were translated by the interviewer and then entered into the CATI.

### Response Rate

The overall cooperation rate for the survey was 92% and the completion rate was 81%.<sup>5</sup> These response rates are extraordinarily high for any survey, but are especially remarkable for a survey involving the particularly challenging population of DSHS clients. The main difficulties encountered in locating clients and completing interviews were the following:

- Many DSHS clients are transient and do not maintain a permanent residence. This is particularly true for young adult clients (18 to 21 years old) who have recently been released from foster care or substance abuse programs.
- Like many other Americans, many DSHS clients block non-personal calls, screen their calls through answering machines, or use cell phones instead of residential phones.
- Most DSHS clients are low income, and a number do not have home phones. (Unlike most telephone surveys, this survey included selected respondents without residential telephones in the sample and response rate calculations.)
- A number of the older adult clients receiving Aging and Disability Services were too tired to complete the survey, or found listening and responding too demanding.
- Some substance abuse clients found the survey difficult to comprehend, or did not wish to comment on their experiences.

<sup>4</sup> Other DSHS client surveys address the issues of foster parents and state employees.

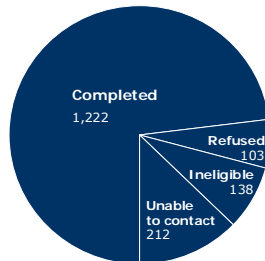
<sup>5</sup> The cooperation rate is the ratio of the number of completed interviews to the number of eligible respondents who were actually contacted. The completion rate is the ratio of the number of completed interviews to the total number of potential respondents who are deemed eligible to complete the interview. See Appendix B for computation tables for the overall cooperation rate and completion rates for each program.

## Methods

Surveyors employed a number of measures to dramatically increase response rates.

- **Skilled staff.** The interviewer staff is comprised of highly experienced interviewers who were chosen not only for their experience, but also because they were retired DSHS employees who had spent many years locating DSHS clients as part of Quality Assurance investigations and other DSHS business. These interviewers were highly skilled at using DSHS records, the Internet and other public sources to find a client's current address and phone number. The Russian language interviewer was not a retired DSHS employee, but was trained and supervised by the interviewer supervisor.
- **Advance notice.** Before clients were contacted by phone, they received a letter explaining the survey, stressing the importance of this opportunity to provide feedback, and assuring them of confidentiality. The letter also gave them an opportunity to send in updated phone numbers and addresses.
- **Incentives.** All clients who completed the survey were entered in a drawing for \$250 grocery certificates. They were informed of this opportunity in the initial letter and at the time of the interview.
- **Multiple attempts.** Interviewers attempted to reach clients at many different times, and made 20 or more attempts to reach each client. If an answering machine was reached, interviewers left a message asking the client or representative to call them at a toll-free number.
- **Alternate contact methods.** Clients were given a toll-free number so that they could call in and complete the survey. Interviewers also worked with caseworkers, relatives and neighbors to make arrangements to administer the survey to clients at convenient times and locations. These strategies were particularly useful for clients who did not have a home phone.
- **Languages.** If selected clients spoke languages other than English, DSHS bilingual staff or staff along with interpreters from Pacific Interpreters administered the telephone survey. The survey was administered in 17 languages: English, Spanish, Russian, Bosnian, Serbo-Croatian, Ukrainian, Korean, Mandarin Chinese, Cantonese Chinese, Mien, Vietnamese, Cambodian, Farsi, Arabic, Laotian, Somali, and Tigrinya.

How clients responded  
TOTAL = 1,675



### RESPONDENTS

The chart at left shows the disposition of all those clients selected for the survey. In order to meet the goal of 100 completed surveys for each of the nine different programs, 1,675 clients were randomly selected as the survey sample. Of those, 1,222 people completed the telephone survey. A relatively small number, 212 of the selected clients, could not be reached. Of those who could be reached, 103 refused to complete the survey. Also, 138 of the selected people were found to be ineligible for the survey. Appendix B shows more detail.

### Analysis and Weighting

Survey data were analyzed using ACCESS, SPSS, SAS and SUDAAN software. In order to obtain DSHS-wide results, clients' responses were weighted according to each client's service profile (the specific combination of services that the client used), so that the final weighted sample reflects the service usage of all DSHS clients.<sup>6</sup> The weighting table is displayed in Appendix E.

An additional type of weighting was used when answers to program-specific questions were combined to give an "All Program" response. When clients used multiple programs, they might answer the same question differently for each program used. For example, a client might strongly agree it is easy to get Economic Services, but disagree that it is easy to get Mental Health Services. Answers are combined in this department-wide report, resulting in the following accounting for the client in this example: ½ of a client gave a "Strong Yes" answer to "Is it easy to get services from your program?" while ½ of a client said "No" to the same question.

<sup>6</sup> For example, 1.67% of all DSHS clients get services from this combination of programs: Economic Services, Medical Assistance, and Mental Health. For DSHS-wide analyses, the 36 responses from people who used this combination of programs were weighted so that they comprise 1.67% of the total survey responses.

**Appendix B | Cooperation and Completion Rates**



Photo: US Census Bureau (with permission)

Cooperation Rates and Completion Rates<sup>1</sup>

		Division of Vocational Rehabilitation									
		HRSA - Mental Health Division									
		HRSA - Medical Assistance									
		Economic Services Administration									
		ADSA - Developmental Disabilities									
		ESA - Division of Child Support—Custodial Parents									
		ESA - Division of Child Support—Non-Custodial Parents									
		HRSA - Division of Alcohol and Substance Abuse									
		Children’s Administration									
		ADSA - Aging and Adult Services (Long-term Care)									
	TOTAL	LTC	CA	DASA	DCS-N	DCS-C	DD	ESA	MA	MHD	VR
<b>A Full Interview</b>	<b>1,222</b>	108	113	114	105	104	111	151	196	113	107
<b>B Refusal</b>	<b>103</b>	15	4	7	20	15	6	5	7	17	7
<b>C Subtotal: Found Eligible (A + B)</b>	<b>1,325</b>	123	117	121	125	119	117	156	203	130	114
<b>D Found Ineligible</b>	<b>138</b>	19	15	7	23	8	6	12	14	29	5
<b>E Subtotal: All Found (C + D)</b>	<b>1,463</b>	142	132	128	148	127	123	168	217	159	119
<b>F % found ineligible (D/E)</b>	<b>9%</b>	13%	11%	5%	16%	6%	5%	7%	6%	18%	4%
<b>G No Contact</b>	<b>212</b>	8	8	33	63	34	7	15	18	15	11
<b>H No Contact/Estimated to be ineligible (FxG)</b>	<b>20</b>	1	1	2	10	2	0	1	1	3	0
<b>I Subtotal: All Eligible (C+G-H)</b>	<b>1,517</b>	130	124	152	178	151	124	170	220	142	125
<b>J Total in Sample (E+G)</b>	<b>1,675</b>	150	140	161	211	161	130	183	235	174	130
<b>K COOPERATION RATE<sup>2</sup> (A/C)</b>	<b>92%</b>	88%	97%	94%	84%	87%	95%	97%	97%	87%	94%
<b>L COMPLETION RATE<sup>3</sup> (A/I)</b>	<b>81%</b>	83%	91%	75%	59%	69%	90%	89%	89%	79%	86%

<sup>1</sup> Often clients received services from several programs. For the purposes of response rate calculations, clients were categorized by the program from which the sample was drawn. So, in this chart, each client appears in the count for only one program.

<sup>2</sup> The ratio of completed interviews to all potential respondents contacted.

<sup>3</sup> The ratio of completed interviews to the total number of potential eligible respondents. Computation assumes that the ineligible proportion of "no contacts" is equal to the ineligible portion of those that were found. The methodology is based on the definitions of response rates issued by the Council of American Survey Research Organizations (CASRO) and the American Association for Public Opinion Research (AAPOR).

**Appendix C | Survey Questions**



Photo: US Census Bureau (with permission)

## Survey Questions

The following is a standardized list of the basic questions in the survey. All questions were customized to fit the respondent's relationship to the client (self, parent, guardian, family member, etc.) The first 16 questions were customized for each program.<sup>1</sup> See Appendix D for a sample of the entire survey with sections for each client program.

1. Do you know what (*name of DSHS program*) services there are for you and/or your family?
2. Is it easy to get services from (*program*)?
3. Is it easy to get to the (*program*) office?
4. Is the (*program*) office open at times that are good for you?
- 5a. When/If you call (*program*), is it easy to get to a live person when you need to?
5. Did (*program*) staff return your calls within 24 hours?
6. Did you/your family get services as quickly as you needed?
7. Was it easy to get the facts you needed about (*program*) services?
8. Did (*program*) staff explain things clearly?
9. Did (*program*) staff who helped you treat you/or your family with courtesy and respect?
10. Did (*program*) staff who helped you/your family listen to what you had to say?
11. Did (*program*) staff who helped you/your family understand your needs?
12. Were you/your family involved in making choices about your services?
13. Did you/your family help make plans and goals about services?
14. Are you satisfied with (*program*) services?
15. Does (*program*) do good work?
16. Overall, has (*program*) helped you/your family?

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

17. Does DSHS make sure all your services work well together?
18. Do the staff from your different DSHS programs work together as a team to try to help you get the services you need?

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

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

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

20. What do you like best about dealing with DSHS?
21. What is one thing DSHS can do to improve services?
27. If you have any additional comments or questions about this survey or DSHS, I can note them now.

A **Diversity Question** was added to the 2007 survey. If the client responded "yes" to this new question (question 26), they were asked two follow-up questions (26a and 26b):

26. In the past 2 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?
  - a. (If yes) In your opinion was the lack of respect due to:
 

<input type="checkbox"/> Race	<input type="checkbox"/> Sexual Orientation
<input type="checkbox"/> Culture	<input type="checkbox"/> Gender
<input type="checkbox"/> Other	<input type="checkbox"/> Special Needs
  - b. Could you please tell us about your experience?

<sup>1</sup> In addition to adding the name of the program and making wording consistent with program usage, a few questions were changed more substantively. Questions 2, 6 and 12 were rephrased for Children's Administration which often provides involuntary services. For example, Question 2 is rephrased because clients from involuntary programs generally do not seek initial assistance. The customized question for Children's Administration reads, "If you need help from Child and Family Services, is it easy to get that help?" Division of Child Support clients were not asked questions 12 and 13. Appendix D shows all program-specific rephrasing.

## Appendix D | The Survey Instrument



Photo: US Census Bureau (with permission)

## The Survey Instrument

### Introduction<sup>1</sup>

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

Hello, this is <<**Interviewer Name**>>.

I have been asked by the Department of Social and Health Services to talk with people who have had contact with DSHS about how well DSHS serves the citizens of our state. You should have received a letter explaining this survey.

The survey results will help DSHS make plans to improve services and to measure whether services improve in the future. You were randomly chosen from all of the people who have received services from or had contact with DSHS. Your participation is completely voluntary but is very important to us. We want to make sure the sample represents all the people who may come in contact with DSHS. Whether or not you participate in the survey will not affect any services you may receive from DSHS. We promise that no one from the DSHS programs that serve you will know how you answered. Reports about the survey will not include any names. We want you to be comfortable telling us how you really feel. Please feel free to ask questions at any time. If I come to any question that you prefer not to answer, just let me know and I will skip over it.

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

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

Check the relationship of this person to the client.

#### RELATIONSHIP TO CLIENT:

- Self
- Parent
- Spouse
- Other Family Member –Same Household
- Other Family Member—Not Same Household
- Guardian, or other non-family decision-maker
- Foster Parent

<sup>1</sup> This sample script does not include all possible variations of the survey (for parents, guardians, family members, and other representatives.) Interviewers modified the survey appropriately to fit the individual situation (See Appendix A). Instructions to the interviewer are in bold font.



## The Survey Instrument

### ADSA—DD (Developmental Disabilities)

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

**[If denies services from DD or is unsure.]** OK. Sometimes people get services and don't know the services were arranged by DD. Let me tell you what kinds of services you might have received:

- You may live in a home for persons with Developmental Disabilities or someone may come to your house to help you with your daily activities.
- Someone may help you with your job or you may go to an activity during the day.
- You may have received therapies that were paid for with state money.
- You may have a case manager who helps you get services.

Have you had any services like that in the past two years? Is it possible that these services may have been sponsored by DD? OK. Let me ask you about your experiences with those services in the past two years.

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

**Denies ADSA-DD Contact**

I'd like to ask some questions about your experiences with Developmental Disabilities in the past two years.

The first question is "Do you know what DD services there are for you?" Would you answer yes, no or neutral? **[If they say yes or no, ask, "Is that a Strong Yes?" or "Is that a Strong No?" Mark Response Below.]**

The next one is: "Is it easy to get services from DD?" Yes, no, or neutral? **[Mark Response Below.]**

	Strong YES!	Yes	Neutral	No	Strong NO!	Don't Know	Refuse	Does Not Apply
1. Do you know what DD services there are for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is it easy to get services from DD?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is it easy to get to the DD office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the DD office open at times that are good for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5a. When you call DD, is it easy to get to a live person when you need to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did DD staff return your calls within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you get services as quickly as you needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Was it easy to get the facts you needed about services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did DD staff explain things clearly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Did staff who helped you treat you with courtesy and respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did staff who helped you listen to what you had to say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Did staff who helped you understand your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Were you involved in making choices about your services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Did you help make plans and goals about services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are you satisfied with DD services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does DD do good work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Overall, has DD helped you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*(Continue on to questions from next program in string OR Concluding Questions)*

## The Survey Instrument

### DVR (Division of Vocational Rehabilitation)

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

**[If denies services from DVR]** OK. Sometimes people get services through some other agency and don't know the services came from DVR. Let me tell you what kinds of services you might have received:

- You might have had counseling about getting a job; help in looking for a job; an assessment of your job interests and skills; an evaluation to see what jobs you could do.
- Job training or training in how to take care of yourself, manage money or use transportation.
- Medical services or treatment needed for you to work; or help in getting things you need to go to work like: equipment, child-care, books, or supplies.

Have you had any services like that in the past two years? Is it possible that these services may have been sponsored by DVR? OK. Let me ask you about those services.

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

Denies DVR Contact

I'd like to ask some questions about your experiences with the Division of Vocational Rehabilitation in the past two years.

The first question is "Do you know what DVR services there are for you?" Would you answer yes, no or neutral? **[If they say yes or no, ask, "Is that a Strong Yes?" or "Is that a Strong No?" Mark Response Below.]**

The next one is: "Is it easy to get services from DVR?" Yes, no, or neutral? **[Mark Response Below.]**

	Strong YES!	Yes	Neutral	No	Strong NO!	Don't Know	Refuse	Does Not Apply
1. Do you know what DVR services there are for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is it easy to get services from DVR?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is it easy to get to the DVR office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the DVR office open at times that are good for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5a. When you call DVR, is it easy to get to a live person when you need to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did DVR staff return your calls within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you get services as quickly as you needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Was it easy to get the facts you needed about services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did DVR staff explain things clearly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Did DVR staff who helped you treat you with courtesy and respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did DVR staff who helped you listen to what you had to say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Did DVR staff who helped you understand your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Were you involved in making choices about your services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Did you help make plans and goals about services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are you satisfied with DVR services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does DVR do good work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Overall, has DVR helped you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*(Continue on to questions from next program in string OR Concluding Questions)*

## The Survey Instrument

### ADSA—LTC (Aging and Disability Services—Long Term Care)

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

**[Read this paragraph only if denies services from ADSA-LTC or is unsure]** OK. Sometimes people get services and don't know the services were arranged by Aging and Adult Services or by Home and Community Services. Let me tell you what kinds of services you might have received:

- You may live in a special home for seniors or persons with disabilities.
- Or someone may come to your house to help you with medical needs, body care, shopping, housework or cooking.
- You may have a case manager who does assessments and helps you get services.
- Someone may have helped you fill out a Medicaid application or helped you get medical coupons for your medicines.

Have you had any services like that in the past two years? Is it possible that these services may have been sponsored by Aging and Adult Services? OK. Let me ask you about your experiences with those services in the past two years.

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

**Denies ADSA-LTC Contact**

I'd like to ask some questions about your experiences with the Aging and Adult Services in the past two years.

The first question is "Do you know what Aging and Adult Services there are for you?" Would you answer yes, no or neutral? **[If they say yes or no, ask, "Is that a Strong Yes?" or "Is that a Strong No?" Mark Response Below.]**

The next one is: "Is it easy to get services from Aging and Adult Services?" Yes, no, or neutral? **[Mark Response Below.]**

	Strong YES!	Yes	Neutral	No	Strong NO!	Don't Know	Refuse	Does Not Apply
1. Do you know what Aging and Adult Services there are for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is it easy to get services from Aging and Adult Services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is it easy to get to the Aging and Adult or Home and Community Service Office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the office open at times that are good for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5a. When you call Aging and Adult or Home and Community Service Office, is it easy to get to a live person when you need to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did Aging and Adult Services staff return your calls within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you get services as quickly as you needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Was it easy to get the facts you needed about services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did Aging and Adult Services staff explain things clearly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Did staff who helped you treat you with courtesy and respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did staff who helped you listen to what you had to say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Did staff who helped you understand your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Were you involved in making choices about your services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Did you help make plans and goals about services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are you satisfied with Aging and Adult Services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does Aging and Adult Services do good work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Overall, has Aging and Adult Services helped you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## The Survey Instrument

### HRSA—MA (Medical Assistance)

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

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

- Yes
- No

**[Read this paragraph only if respondent says no or is unsure],** Has someone else in your family received this? Generally one card covers everyone eligible in your household. If anyone has gotten medical care paid for by the state, you probably got these cards.

- You might use this card to get care from a health care plan like Group Health.
- Or you might have got the card through a program like the Basic Health Plan, Healthy Options or CHIP.

If you're not sure, is there someone you can ask? **[If denies any contact with MAA, mark "Denies Contact" and skip the MAA section. Continue with next program or concluding questions unless MAA is the only service they received. If MAA is the only service, thank them for their help and conclude interview.]**

- Denies MAA Contact

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

- No. Skip questions A, B and C below
- Yes. Continue

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

I'd like to ask you three questions about the people you talked with when you called the 800 number. For each question I read, please tell me if it's a Yes, No or Neutral. **[If they say yes or no, ask, "Is that a Strong Yes?" or "Is that a Strong No?" Mark Response Below.]**

	Strong YES!	Yes	Neutral	No	Strong NO!	Don't Know	Refuse	Does Not Apply
A1. When you call the 800 number, is it easy to get a live person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A. Did staff who helped you when you called the 800 number treat you with courtesy and respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Did they listen to what you had to say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Did they explain things clearly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- Yes
- No

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

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

- Yes
- No

**[If neither the client or any other household member has used the medical coupons to get services, skip the rest of MAA questions. Continue with next program or concluding questions unless MAA is the only service they received. If MAA is the only service, thank them for their help and conclude interview.]**

I'd like to ask some questions about your experiences with Medical Assistance in the past two years. When I ask about your medical provider I mean all doctors, nurses, dentists or other therapists who were paid by using a medical ID card or coupon.

The first question is "Do you know what Medical Assistance services there are for you?" Would you answer yes, no or neutral? **[If they say yes or no, ask, "Is that a Strong Yes?" or "Is that a Strong No?" Mark Response Below.]**

The next one is: "Is it easy to get services with the medical ID card?" Yes, no, or neutral? **[Mark Response Below.]**

	Strong YES!	Yes	Neutral	No	Strong NO!	Don't Know	Refuse	Does Not Apply
1. Do you know what Medical Assistance services there are for you or your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is it easy to get services with the medical ID card?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is it easy to get to the medical providers' offices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are the medical providers' offices open at times that are good for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5a. When you call the medical provider's office, is it easy to get to a live person when you need to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did medical providers' staff return your calls within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you get services with the medical ID card as quickly as you needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Was it easy to get the facts you needed about Medical Assistance services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did your medical providers and their staff explain things clearly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Did the medical providers and their staff treat you or your family with courtesy and respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did the medical providers and their staff listen to what you and your family members had to say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Did the medical providers and their staff understand your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Were you and your family involved in making choices about medical care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Did you and your family help make plans and goals with your providers about medical care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are you satisfied with Medical Assistance services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does Medical Assistance do good work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Overall, has Medical Assistance helped you or your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***(Continue on to questions from next program in string OR Concluding Questions)***

## The Survey Instrument

### ESA (Economic Services Administration)

First/Now I'd like to ask you about the part of DSHS called Economic Services. Economic Services sends money and food stamps from the state to individuals and families and also runs the WorkFirst program to help people getting state money find and keep jobs. When you talk to someone from Economic Services you usually call or go to a CSO, which is a Community Services Office. We see that you or someone in your family has received some state money in the past two years.

**[If denies or unsure],** OK. Sometimes people get money or services they don't know came through DSHS. Let me tell you what types of help you or someone in your family may have received:

- You may have received food stamps, emergency assistance or TANF money, which is Temporary Assistance for Needy Families.
- You may have received General Assistance money because you were blind, pregnant, disabled, in an institution, or unemployable.
- You may have got supplemental Social Security or SSI payments from the state.
- You may have received some money because you were a refugee or because you needed childcare.
- You may also have been in the WorkFirst program which helps people on TANF find and keep jobs.

**[If they don't seem to be familiar with monies that may have supported a child, look for clues that there is someone else who is the "primary decision-maker" for this client. If so, talk to primary decision-maker. If continues to deny, skip the ESA section.]**

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

Denies ESA Contact

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

- Yes  
 No

I'd like to ask about your experiences with Economic Services in the past two years. When we ask about Economic Services we are asking about the people who send you or your family state money or food stamps or run WorkFirst. This generally means the CSO staff which might include your financial worker, case manager or social worker.

The first question is "Do you know what Economic Services there are for you?" Would you answer yes, no or neutral? **[If they say yes or no, ask, "Is that a Strong Yes?" or "Is that a Strong No?" Mark Response Below.]**

The next one is: "Is it easy to get services from Economic Services?" Yes, no, or neutral? **[Mark Response Below.]**

	Strong YES!	Yes	Neutral	No	Strong NO!	Don't Know	Refuse	Does Not Apply
1. Do you know what Economic Services there are for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is it easy to get services from Economic Services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is it easy to get to the Community Service Office (CSO)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the CSO open at times that are good for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5a. When you call Economic Services, is it easy to get to a live person when you need to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did Economic Services staff return your calls within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did your family get services as quickly as they needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Was it easy to get the facts you needed about services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did Economic Services staff explain things clearly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Did staff who helped you or your family treat you with courtesy and respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did staff who helped you or your family listen to what you had to say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Did staff who helped you or your family understand your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Were you and your family involved in making choices about your services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Did you and your family help make plans and goals about services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are you satisfied with Economic Services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does Economic Services do good work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Overall, has Economic Services helped you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***(Continue on to questions from next program in string OR Concluding Questions)***

## The Survey Instrument

### HRSA—MHD (Mental Health Division)

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

**[Read this paragraph only if denies services from MHD or is unsure.]** OK. Sometimes people get services and don't know the services were paid for by the Division of Mental Health. Let me tell you what kinds of services you or a family member might have received:

- You may have talked to a counselor or gone with someone in your family to talk to a counselor.
- You may have had a mental health assessment or received some treatment or medication.
- You may have had a hospitalization related to mental health issues.

Is it possible that you or a family member might have had services sponsored by Mental Health in the past two years? OK. Let me ask you about your experiences with those services in the past two years.

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

Denies MHD Contact

I'd like to ask some questions about your experiences with the Division of Mental Health in the past two years.

The first question is "Do you know what Mental Health services there are for you?" Would you answer yes, no or neutral? **[If they say yes or no, ask, "Is that a Strong Yes?" or "Is that a Strong No?" Mark Response Below.]**

The next one is: "Is it easy to get services from Mental Health?" Yes, no, or neutral? **[Mark Response Below.]**

	Strong YES!	Yes	Neutral	No	Strong NO!	Don't Know	Refuse	Does Not Apply
1. Do you know what Mental Health services there are for you or your family member?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is it easy to get services from Mental Health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is it easy to get to the Mental Health office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the Mental Health office open at times that are good for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5a. When you call Mental Health, is it easy to get to a live person when you need to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did Mental Health staff return your calls within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you or your family member get services as quickly as you needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Was it easy to get the facts you needed about services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did Mental Health staff explain things clearly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Did staff who helped you or your family member treat you with courtesy and respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did staff who helped you or your family member listen to what you had to say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Did staff who helped you or your family member understand your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Were you and your family members involved in making choices about your services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Did you and your family members help make plans and goals about services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are you satisfied with Mental Health services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does Mental Health do good work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Overall, has Mental Health helped you and your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## The Survey Instrument

### DCS (Division of Child Support)—Custodial Parent or Both

First/Now I'd like to ask you about the Division of Child Support, also known as Support Enforcement. The Division of Child Support enforces and collects court orders or administrative orders about child support. You could be involved with Child Support because you have a child that lives with you and you get support money for that child from another parent. I'd like to ask about your interactions with the Division of Child Support.

**[If denies contact with DCS or is unsure]** OK. Have you received money from a child's parent to help support a child who lives with you? Or have you sent money to support a child that lives somewhere else? **[If Yes to either.]**

- Division of Child Support collects money from one parent and sends it to whoever has custody of the child.
- You also could have had contact with Division of Child Support because they tried to help you get child support payments.

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

**Denies DCS Contact**

I'd like to ask some questions about your experiences with Division of Child Support in the past two years.

The first question is "Do you know what child support services there are for your child and family?" Would you answer yes, no or neutral? **[If they say yes or no, ask, "Is that a Strong Yes?" or "Is that a Strong No?" Mark Response Below.]**

The next one is: "If you need help from the Division of Child Support, is it easy to get that help?" Yes, no or neutral? **[Note: If they never needed help from DCS, put N/A.] [Mark Response Below.]**

	Strong YES!	Yes	Neutral	No	Strong NO!	Don't Know	Refuse	Does Not Apply
1. Do you know what child support services there are for you and your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If you need help from Division of Child Support, is it easy to get that help? [If they have not needed help from DCS, put N/A]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If you had to go to the DCS office, is it easy to get to Child Support offices and facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. If you had to go to the DCS office, is the office open at times that are good for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5a. If you call Division of Child Support, is it easy to get to a live person when you need to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did Child Support staff return your calls within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. When you asked for help, did you get it as quickly as you needed? [Note: If they never asked for help, put N/A]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Was it easy to get the facts you needed about services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did Child Support staff explain things clearly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Did Child Support staff treat you with courtesy and respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did Child Support staff listen to what you had to say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Did Child Support staff understand your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. <b>SKIP</b> —Click the DOES NOT APPLY check box								<input type="checkbox"/>
13. <b>SKIP</b> —Click the DOES NOT APPLY check box								<input type="checkbox"/>
14. Are you satisfied with Child Support services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does Division of Child Support do good work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Overall, has Division of Child Support helped your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## The Survey Instrument

### DCS (Division of Child Support)—Non Custodial Parent

First/Now I'd like to ask you about the Division of Child Support, also known as Support Enforcement. The Division of Child Support enforces and collects court orders or administrative orders about child support. You could be involved with Child Support because you have a child that lives with someone else and you send support money for that child. I'd like to ask about your interactions with the Division of Child Support.

**[If denies contact with DCS or is unsure]** OK. Have you sent money to support a child who doesn't live with you?

- Division of Child Support collects money from one parent and sends it to whoever has custody of the child.
- Or they sometimes collect money to repay the state for supporting a child.
- You also could have had contact with Division of Child Support because they tried to help you get child support payments or tried to get you to pay child support.

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

Denies DCS Contact

I'd like to ask some questions about your experiences with Division of Child Support in the past two years. The first question is "If you need help from the Division of Child Support, is it easy to get that help?" Would you answer yes, no or neutral? **[If they say yes or no, ask, "Is that a Strong Yes?" or "Is that a Strong No?" Mark Response Below.]** The next one is: "If you need help from the Division of Child Support, is it easy to get that help?" Yes, no or neutral? **[Note: If they never needed help from DCS, put N/A.] [Mark Response Below.]**

	Strong YES!	Yes	Neutral	No	Strong NO!	Don't Know	Refuse	Does Not Apply
1. <b>SKIP</b> —Click the DOES NOT APPLY check box								<input checked="" type="checkbox"/>
2. If you need help from Division of Child Support, is it easy to get that help? [If they have not needed help from DCS, put N/A]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If you had to go to the DCS office, is it easy to get to Child Support offices and facilities? [If they have not gone to a DCS office, put N/A]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. If you called or had to go to the DCS office, is the office open at times that are good for you? [If they have not called or gone to DCS office, put N/A]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5a. If you call Child Support, is it easy to get to a live person when you need to? [If they have not called a DCS office, put N/A]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If you called DCS, did Child Support staff return your calls within 24 hours? [If they have not called a DCS office, put N/A]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. When you asked for help, did you get it as quickly as you needed? [Note: If they never asked for help, put N/A]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6a. If you asked, did Child Support staff explain the specific actions taken in your case? [If they have not asked about specific actions taken, put N/A]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Was it easy to get the facts you needed about services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did Child Support staff explain things clearly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Did Child Support staff treat you with courtesy and respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did Child Support staff listen to what you had to say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. <b>SKIP</b> —Click the DOES NOT APPLY check box								<input checked="" type="checkbox"/>
12. <b>SKIP</b> —Click the DOES NOT APPLY check box								<input checked="" type="checkbox"/>
13. <b>SKIP</b> —Click the DOES NOT APPLY check box								<input checked="" type="checkbox"/>
14. Are you satisfied with Child Support services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does Division of Child Support do good work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Overall, has Division of Child Support helped the child/children you support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## The Survey Instrument

### HRSA—DASA (Division of Alcohol and Substance Abuse)

First/Now I'd like to ask you about the part of DSHS called the Division of Alcohol and Substance Abuse. The Division of Alcohol and Substance Abuse helps to pay for assessment and treatment related to alcohol and other drugs. I'd like to ask if you have had any experience with a drug or alcohol treatment program.

- You may have talked to a counselor or gone to a drug or alcohol treatment group.
- You may have had an assessment to see if you have any problems with alcohol or drugs.
- You may have received some other type of drug or alcohol treatment or medication.
- You may have gone to an inpatient drug and alcohol treatment program.

Unless you paid for this kind of service entirely by yourself or got it at the VA, the Division of Alcohol and Substance Abuse probably contributed money for your care. Is it possible that you might have had drug or alcohol services paid for or partly paid for by the Division of Alcohol and Substance Abuse? OK. Let me ask you about your experiences with those services.

**[If denies any contact with DASA, mark "Denies Contact" and skip the DASA section. Continue with next program or concluding questions unless DASA is the only service they received. If DASA is the only service, thank them for their help and conclude interview.]**

Denies DASA Contact

I'd like to ask some questions about your experiences with the Division of Alcohol and Substance Abuse in the past two years.

The first question is "Do you know what drug and alcohol treatment services there are for you?" Would you answer yes, no or neutral? **[If they say yes or no, ask, "Is that a Strong Yes?" or "Is that a Strong No?" Mark Response Below.]**

The next one is: "Is it easy to get drug and alcohol treatment services?" Yes, no, or neutral? **[Mark Response Below.]**

	Strong YES!	Yes	Neutral	No	Strong NO!	Don't Know	Refuse	Does Not Apply
1. Do you know what drug and alcohol treatment services there are for you and your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is it easy to get drug and alcohol treatment services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is it easy to get to the agency where you get drug and alcohol treatment services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the drug and alcohol office open at times that are good for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5a. When you call DASA, is it easy to get to a live person when you need to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did drug and alcohol staff return your calls within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you get services as quickly as you needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Was it easy to get the facts you needed about services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did drug and alcohol staff explain things clearly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Did staff who helped you treat you with courtesy and respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did staff who helped you listen to what you had to say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Did staff who helped you understand your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Were you involved in making choices about your services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Did you help make plans and goals about services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are you satisfied with drug and alcohol services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does drug and alcohol services do good work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Overall, have drug and alcohol services helped you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*(Continue on to questions from next program in string OR Concluding Questions)*

## The Survey Instrument

### CA (Children's Administration)

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

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

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

Have you talked to anyone like that in the past two years? Is it possible that these services may have been sponsored by DSHS.

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

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

Denies CA Contact

I'd like to ask some questions about your experiences with the Child and Family Services in the past two years.

The first question is "Do you know what Child and Family services there are for you?" Would you answer yes, no or neutral? **[If they say yes or no, ask, "Is that a Strong Yes?" or "Is that a Strong No?" Mark Response Below.]**

The next one is: "If you need help from Child and Family Services, is it easy to get that help?" Yes, no, or neutral? **[Note: If they have not needed help from CA mark N/A. Mark Response Below.]**

	Strong YES!	Yes	Neutral	No	Strong NO!	Don't Know	Refuse	Does Not Apply
1. Do you know what Child and Family services there are for your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If you need help from Child and Family Services is it easy to get that help? [If they have not needed help from Child and Family Services mark N/A]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is it easy to get to the Child and Family Services office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the Child and Family Services office open at times that are good for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5a. When you call Child and Family Services, is it easy to get to a live person when you need to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did Child and Family Services staff return your calls within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. When you asked for help, did you get it as quickly as you needed? [Note: If they never asked for help, mark N/A]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Was it easy to get the facts you needed about Child and Family Services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did Child and Family Services staff explain things clearly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Did staff who helped you treat you with courtesy and respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did staff who helped you listen to what you had to say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Did staff who helped you understand your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Were you involved in making choices about your services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Did you help make plans and goals about services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are you satisfied with Child and Family Services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does Child and Family Services do good work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Overall, has Child and Family Services helped your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***(Continue on to questions from next program in string OR Concluding Questions)***

## The Survey Instrument

### CONCLUDING QUESTIONS

**Clients receiving services from TWO (2) programs ONLY:**

We have talked about services you get from two DSHS programs. They are \_\_\_\_\_ and \_\_\_\_\_. Now we'd like you to think about the services you got from both programs together.

	Strong YES!	Yes	Neutral	No	Strong NO!	Don't Know	Refuse	Does Not Apply
19. Thinking of both programs together, has DSHS done good work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Clients receiving services from THREE or more (3+) programs ONLY:**

We have talked about services you get from three [four, five] DSHS programs. They are \_\_\_\_\_, \_\_\_\_\_ and \_\_\_\_\_. The next three questions ask about how these services work together.

	Strong YES!	Yes	Neutral	No	Strong NO!	Don't Know	Refuse	Does Not Apply
17. Does DSHS make sure all your services work well together?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Do the staff from your different DSHS programs work together as a team to try to help you get the services you need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Now let's talk about the quality of the work								
19. Thinking of all the programs together, has DSHS done good work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### CONCLUDING QUESTIONS—ALL Participants

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

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

22. What is your [the client's] age? [Record numeric answer, Don't know (-1) or Refuse (-2)]

years

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

- Male
- Female
- Refuse

25.\* Are you [is the client] Hispanic or Latino?

- Yes
- No
- Don't Know
- Refuse

24. What racial or ethnic group best describes you [the client]? . . . **[Mark main one for each category; Read if necessary.]**

- Asian American or Pacific Islander
- American Indian or Native American
- Black or African American
- White or Caucasian
- Other \_\_\_\_\_
- Don't Know
- Refuse

26. In the past 2 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?

- Yes
- No

**[If YES]:**

26a. **[Ask if necessary. Otherwise, just record.]** In your opinion was the lack of respect due to:

- Race
- Sexual Orientation
- Culture
- Gender
- Special Needs
- Other

26b. Could you please tell us about your experience?

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

\*Question 25 was changed to precede Question 24 due to U.S. Census Bureau recommendations.





## Appendix E | Weighting



Photo: US Census Bureau (with permission)

## Weighting

Clients’ responses were weighted according to each client’s service profile (the specific combination of services that the client used), so that the final weighted sample reflects the service usage of all DSHS clients. This survey analysis used two different weighting schemes:

1. Using all survey respondents—used for all analyses looking only at 2007 survey data
2. Using all survey respondents except those selected from Child Support clients—used for all comparisons with previous surveys (since previous surveys did not include both custodial and non-custodial clients chosen from the child support caseload)

### Weighting Scheme 1—Including Child Support, both custodial and non-custodial

The table below shows weighting for the combination of programs utilized in the left-hand column. For example, the highlighted row of the chart (AEM) shows that 42 clients in the completed sample used Aging and Disability, Economic, and Medical Services (3.437% of the 1,222 completed surveys). In the total population of all DSHS clients in fiscal year 2006<sup>1</sup>, 18,688 (0.9651% of the total) used this combination of services. The responses of the 48 survey respondents were weighted by a factor of 0.2808. Thus, in the weighted sample 11.7939 of the 1,222 respondents utilized the combination of Aging and Disability, Economic, and Medical Services—comprising 0.9651% of the sample population. The proportion of clients with this service profile in the weighted sample equals the proportion with this service profile in the overall DSHS population.

Programs	SAMP_N	SAMP_PC	POP_N <sup>1</sup>	POP_PC	WT	WT_N	
ADEHM	1	0.0818%	95	0.0049%	0.0600	0.0600	<b>PROGRAMS:</b> A: ADSA—LTC (HCS & RCS) C: Children’s Administration D: Developmental Disabilities E: Economic Services H: Mental Health M: Medical Assistance S: Alcohol & Substance V: Vocational Rehabilitation Z: Child Support - Custodial X: Child Support—Non-custodial  <b>SAMP_N:</b> Number of clients who completed survey using this combination of programs  <b>SAMP_PC:</b> Percentage of the clients who completed the survey using this combination of programs  <b>POP_N:</b> Number of clients in FY2004 using this combination of programs  <b>POP_PC:</b> Percentage of FY2004 clients using this combination of programs  <b>WT:</b> Weight to produce N of 1,136 with program distribution equal to population program distribution (adjusted for empty cells)  <b>WT_N:</b> Number using this combination of programs after applying WT
ADEM	1	0.0818%	324	0.0167%	0.2045	0.2045	
ADHM	3	0.2455%	167	0.0086%	0.0351	0.1054	
AEHM	22	1.8003%	4127	0.2131%	0.1184	2.6045	
AEHMV	1	0.0818%	142	0.0073%	0.0896	0.0896	
AEHMZ	2	0.1637%	274	0.0142%	0.0865	0.1729	
<b>AEM</b>	<b>42</b>	<b>3.4370%</b>	<b>18688</b>	<b>0.9651%</b>	<b>0.2808</b>	<b>11.7939</b>	
AEMSX	1	0.0818%	23	0.0012%	0.0145	0.0145	
AEMV	1	0.0818%	258	0.0133%	0.1628	0.1628	
AEMX	1	0.0818%	299	0.0154%	0.1887	0.1887	
AEMZ	2	0.1637%	912	0.0471%	0.2878	0.5756	
AHM	10	0.8183%	4597	0.2374%	0.2901	2.9012	
AM	39	3.1915%	29696	1.5336%	0.4805	18.7411	
AV	1	0.0818%	1	0.0001%	0.0006	0.0006	
C	31	2.5368%	63748	3.2922%	1.2978	40.2312	
CD	1	0.0818%	160	0.0083%	0.1010	0.1010	
CDE	1	0.0818%	12	0.0006%	0.0076	0.0076	
CDEHM	1	0.0818%	260	0.0134%	0.1641	0.1641	
CDEHMZ	1	0.0818%	20	0.0010%	0.0126	0.0126	
CDEM	1	0.0818%	1034	0.0534%	0.6526	0.6526	
CDEMZ	3	0.2455%	54	0.0028%	0.0114	0.0341	
CDHMZ	2	0.1637%	1	0.0001%	0.0003	0.0006	
CDM	1	0.0818%	1368	0.0706%	0.8633	0.8633	
CDMZ	3	0.2455%	9	0.0005%	0.0019	0.0057	
CE	3	0.2455%	3304	0.1706%	0.6950	2.0851	
CEHM	3	0.2455%	7940	0.4101%	1.6703	5.0109	
CEHMS	1	0.0818%	854	0.0441%	0.5390	0.5390	
CEHMSV	1	0.0818%	32	0.0017%	0.0202	0.0202	
CEHMSVZ	1	0.0818%	91	0.0047%	0.0574	0.0574	
CEHMSX	1	0.0818%	390	0.0201%	0.2461	0.2461	
CEHMSZ	10	0.8183%	1424	0.0735%	0.0899	0.8987	
CEHMOVZ	1	0.0818%	175	0.0090%	0.1104	0.1104	
CEHMX	1	0.0818%	514	0.0265%	0.3244	0.3244	

<sup>1</sup> Includes the 98.8% of the DSHS population (including DCS clients) whose service profile was represented in the client survey sample.

Programs	SAMP_N	SAMP_PC	POP_N	POP_PC	WT	WT_N
CEHMZ	14	1.1457%	2313	0.1195%	0.1043	1.4597
CEM	12	0.9820%	40703	2.1021%	2.1406	25.6875
CEMS	3	0.2455%	1613	0.0833%	0.3393	1.0180
CEMSVX	1	0.0818%	46	0.0024%	0.0290	0.0290
CEMSX	6	0.4910%	1129	0.0583%	0.1188	0.7125
CEMSZ	16	1.3093%	2904	0.1500%	0.1145	1.8327
CEMVZ	2	0.1637%	219	0.0113%	0.0691	0.1382
CEMX	4	0.3273%	2352	0.1215%	0.3711	1.4843
CEMZ	29	2.3732%	11307	0.5839%	0.2461	7.1358
CESX	1	0.0818%	253	0.0131%	0.1597	0.1597
CEX	3	0.2455%	1931	0.0997%	0.4062	1.2186
CEZ	6	0.4910%	2710	0.1400%	0.2850	1.7103
CHJMZ	1	0.0818%	83	0.0043%	0.0524	0.0524
CHMVZ	1	0.0818%	4	0.0002%	0.0025	0.0025
CM	3	0.2455%	22299	1.1516%	4.6909	14.0728
CMSZ	2	0.1637%	78	0.0040%	0.0246	0.0492
CMX	2	0.1637%	412	0.0213%	0.1300	0.2600
CMZ	3	0.2455%	993	0.0513%	0.2089	0.6267
CVX	1	0.0818%	33	0.0017%	0.0208	0.0208
CX	14	1.1457%	7175	0.3705%	0.3234	4.5281
CZ	8	0.6547%	6663	0.3441%	0.5256	4.2050
D	17	1.3912%	7574	0.3912%	0.2812	4.7799
DEHM	5	0.4092%	1452	0.0750%	0.1833	0.9164
DEHMS	1	0.0818%	101	0.0052%	0.0637	0.0637
DEHMV	2	0.1637%	296	0.0153%	0.0934	0.1868
DEHMZ	1	0.0818%	31	0.0016%	0.0196	0.0196
DEM	15	1.2275%	6885	0.3556%	0.2897	4.3451
DEMSX	1	0.0818%	9	0.0005%	0.0057	0.0057
DEMV	5	0.4092%	704	0.0364%	0.0889	0.4443
DEMZ	7	0.5728%	139	0.0072%	0.0125	0.0877
DHM	5	0.4092%	1131	0.0584%	0.1428	0.7138
DHMV	2	0.1637%	194	0.0100%	0.0612	0.1224
DM	34	2.7823%	11695	0.6040%	0.2171	7.3807
DMV	7	0.5728%	1273	0.0657%	0.1148	0.8034
DMZ	9	0.7365%	63	0.0033%	0.0044	0.0398
DV	3	0.2455%	234	0.0121%	0.0492	0.1477
DZ	2	0.1637%	16	0.0008%	0.0050	0.0101
E	31	2.5368%	123560	6.3812%	2.5154	77.9783
EHM	36	2.9460%	32405	1.6735%	0.5681	20.4507
EHMS	24	1.9640%	6826	0.3525%	0.1795	4.3079
EHMSV	7	0.5728%	583	0.0301%	0.0526	0.3679
EHMSVX	1	0.0818%	136	0.0070%	0.0858	0.0858
EHMSVZ	2	0.1637%	115	0.0059%	0.0363	0.0726
EHMSX	4	0.3273%	1296	0.0669%	0.2045	0.8179
EHMSZ	8	0.6547%	1653	0.0854%	0.1304	1.0432
EHMV	18	1.4730%	2305	0.1190%	0.0808	1.4547
EHMVX	2	0.1637%	246	0.0127%	0.0776	0.1552
EHMVZ	1	0.0818%	478	0.0247%	0.3017	0.3017
EHMZ	3	0.2455%	2245	0.1159%	0.4723	1.4168
EHX	24	1.9640%	6445	0.3328%	0.1695	4.0674
EHX	1	0.0818%	465	0.0240%	0.2935	0.2935
EM	90	7.3650%	443072	22.8823%	3.1069	279.6214
EMS	20	1.6367%	11310	0.5841%	0.3569	7.1377
EMSV	1	0.0818%	462	0.0239%	0.2916	0.2916
EMSVX	2	0.1637%	173	0.0089%	0.0546	0.1092
EMSVZ	1	0.0818%	108	0.0056%	0.0682	0.0682
EMSX	7	0.5728%	3583	0.1850%	0.3230	2.2612
EMSZ	14	1.1457%	4004	0.2068%	0.1805	2.5269
EMV	21	1.7185%	4185	0.2161%	0.1258	2.6411
EMVX	2	0.1637%	575	0.0297%	0.1814	0.3629
EMVZ	5	0.4092%	1175	0.0607%	0.1483	0.7415
EMX	11	0.9002%	13876	0.7166%	0.7961	8.7571
EMZ	75	6.1375%	68320	3.5284%	0.5749	43.1165

Weighting Scheme 1—  
Including Clients Chosen  
from Child Support  
Continued

Programs	SAMP_N	SAMP_PC	POP_N	POP_PC	WT	WT_N	Weighting Scheme 1— Including Clients Chosen from Child Support Continued
ES	3	0.2455%	2740	0.1415%	0.5764	1.7292	
ESX	1	0.0818%	1152	0.0595%	0.7270	0.7270	
EV	8	0.6547%	1454	0.0751%	0.1147	0.9176	
EX	7	0.5728%	16566	0.8555%	1.4935	10.4548	
EZ	20	1.6367%	23291	1.2029%	0.7349	14.6989	
H	1	0.0818%	14268	0.7369%	9.0045	9.0045	
HM	12	0.9820%	12218	0.6310%	0.6426	7.7107	
HMS	1	0.0818%	1084	0.0560%	0.6841	0.6841	
HMV	4	0.3273%	584	0.0302%	0.0921	0.3686	
HMZ	2	0.1637%	384	0.0198%	0.1212	0.2423	
HS	2	0.1637%	452	0.0233%	0.1426	0.2853	
HV	1	0.0818%	184	0.0095%	0.1161	0.1161	
M	107	8.7561%	442003	22.8271%	2.6070	278.9468	
MS	4	0.3273%	3176	0.1640%	0.5011	2.0044	
MSZ	1	0.0818%	200	0.0103%	0.1262	0.1262	
MV	3	0.2455%	1743	0.0900%	0.3667	1.1000	
MVZ	2	0.1637%	128	0.0066%	0.0404	0.0808	
MZ	20	1.6367%	12610	0.6512%	0.3979	7.9581	
S	14	1.1457%	11679	0.6032%	0.5265	7.3706	
SV	1	0.0818%	73	0.0038%	0.0461	0.0461	
SVX	1	0.0818%	22	0.0011%	0.0139	0.0139	
SX	3	0.2455%	1919	0.0991%	0.4037	1.2111	
SZ	1	0.0818%	368	0.0190%	0.2322	0.2322	
V	25	2.0458%	8389	0.4332%	0.2118	5.2943	
VX	1	0.0818%	540	0.0279%	0.3408	0.3408	
VZ	3	0.2455%	412	0.0213%	0.0867	0.2600	
X	77	6.3011%	213357	11.0187%	1.7487	134.6490	
Z	44	3.6007%	157704	8.1446%	2.2620	99.5265	

## Weighting Scheme 2—Without Clients Selected from Child Support

This weighting scheme is used for any analyses that compare the current survey to previous surveys which did not include comparable groups of clients selected from child support.

Programs	SAMP_N	SAMP_PC	POP_N	POP_PC	WT	WT_N	
ADEHM	1	0.0987%	97	0.0061%	0.0622	0.0622	<b>PROGRAMS:</b> A: ADSA— LTC (HCS & RCS) C: Children's Administration D: Developmental Disabilities E: Economic Services H: Mental Health M: Medical Assistance S: Alcohol & Substance V: Vocational Rehabilitation
ADEM	1	0.0987%	330	0.0209%	0.2117	0.2117	
ADHM	3	0.2962%	168	0.0106%	0.0359	0.1078	
AEHM	24	2.3692%	4470	0.2831%	0.1195	2.8675	
AEHMV	1	0.0987%	166	0.0105%	0.1065	0.1065	
AEM	45	4.4423%	19899	1.2601%	0.2837	12.7651	
AEMS	1	0.0987%	286	0.0181%	0.1835	0.1835	
AEMV	1	0.0987%	297	0.0188%	0.1905	0.1905	
AHM	10	0.9872%	4686	0.2967%	0.3006	3.0060	
AM	39	3.8500%	30070	1.9042%	0.4946	19.2897	
AV	1	0.0987%	1	0.0001%	0.0006	0.0006	<b>SAMP_N:</b> Number of clients who completed survey using this combination of programs
C	47	4.6397%	77586	4.9132%	1.0590	49.7708	<b>SAMP_PC:</b> Percentage of the clients who completed the survey using this combination of programs
CD	1	0.0987%	169	0.0107%	0.1084	0.1084	<b>POP_N:</b> Number of clients in FY2004 using this combination of programs
CDE	1	0.0987%	16	0.0010%	0.0103	0.0103	
CDEHM	2	0.1974%	294	0.0186%	0.0943	0.1886	<b>POP_PC:</b> Percentage of FY2004 clients using this combination of programs
CDEM	4	0.3949%	1118	0.0708%	0.1793	0.7172	
CDHM	2	0.1974%	335	0.0212%	0.1074	0.2149	<b>WT:</b> Weight to produce N of 1,136 with program distribution equal to population program distribution (Adjusted for empty cells)
CDM	4	0.3949%	1379	0.0873%	0.2212	0.8846	
CE	8	0.7897%	7945	0.5031%	0.6371	5.0967	<b>WT_N:</b> Number using this combination of programs after applying WT
CEHM	18	1.7769%	10767	0.6818%	0.3837	6.9069	
CEHMS	11	1.0859%	2668	0.1690%	0.1556	1.7115	
CEHMSV	2	0.1974%	166	0.0105%	0.0532	0.1065	
CEHMV	1	0.0987%	328	0.0208%	0.2104	0.2104	
CEM	39	3.8500%	54362	3.4425%	0.8942	34.8728	
CEMS	23	2.2705%	5646	0.3575%	0.1575	3.6219	
CEMSV	1	0.0987%	138	0.0087%	0.0885	0.0885	
CEMV	2	0.1974%	478	0.0303%	0.1533	0.3066	
CES	1	0.0987%	526	0.0333%	0.3374	0.3374	
CHJM	1	0.0987%	4852	0.3073%	3.1125	3.1125	
CHMV	1	0.0987%	41	0.0026%	0.0263	0.0263	
CM	8	0.7897%	23704	1.5011%	1.9007	15.2059	
CMS	2	0.1974%	746	0.0472%	0.2393	0.4786	
CV	1	0.0987%	186	0.0118%	0.1193	0.1193	
D	19	1.8756%	7621	0.4826%	0.2573	4.8888	
DEHM	6	0.5923%	1502	0.0951%	0.1606	0.9635	
DEHMS	1	0.0987%	115	0.0073%	0.0738	0.0738	
DEHMV	2	0.1974%	315	0.0199%	0.1010	0.2021	
DEM	22	2.1718%	7099	0.4496%	0.2070	4.5540	
DEMS	1	0.0987%	59	0.0037%	0.0378	0.0378	
DEMV	5	0.4936%	744	0.0471%	0.0955	0.4773	
DHM	5	0.4936%	1141	0.0723%	0.1464	0.7319	
DHMV	2	0.1974%	196	0.0124%	0.0629	0.1257	
DM	43	4.2448%	11780	0.7460%	0.1757	7.5568	
DMV	7	0.6910%	1284	0.0813%	0.1177	0.8237	
DV	3	0.2962%	236	0.0149%	0.0505	0.1514	
E	38	3.7512%	163417	10.3485%	2.7587	104.8308	
EHM	60	5.9230%	41095	2.6024%	0.4394	26.3621	
EHMS	34	3.3564%	9775	0.6190%	0.1844	6.2706	
EHMSV	10	0.9872%	834	0.0528%	0.0535	0.5350	
EHMV	21	2.0731%	3029	0.1918%	0.0925	1.9431	
EM	140	13.8203%	525268	33.2631%	2.4068	336.9555	
EMS	38	3.7512%	18897	1.1967%	0.3190	12.1223	
EMSV	4	0.3949%	743	0.0471%	0.1192	0.4766	
EMV	28	2.7641%	5935	0.3758%	0.1360	3.8073	
ES	4	0.3949%	4200	0.2660%	0.6736	2.6943	

2 Includes the 99.5% of the DSHS population (not including DCS clients) whose service profile was represented in the client survey sample.

Programs	SAMP_N	SAMP_PC	POP_N	POP_PC	WT	WT_N
EV	8	0.7897%	1867	0.1182%	0.1497	1.1977
H	1	0.0987%	15603	0.9881%	10.0092	10.0092
HM	14	1.3820%	12830	0.8125%	0.5879	8.2303
HMS	1	0.0987%	1209	0.0766%	0.7756	0.7756
HMV	4	0.3949%	626	0.0396%	0.1004	0.4016
HS	2	0.1974%	551	0.0349%	0.1767	0.3535
HV	1	0.0987%	213	0.0135%	0.1366	0.1366
M	124	12.2409%	457946	28.9999%	2.3691	293.7689
MS	5	0.4936%	3738	0.2367%	0.4796	2.3979
MV	5	0.4936%	1931	0.1223%	0.2477	1.2387
S	17	1.6782%	13966	0.8844%	0.5270	8.9591
SV	2	0.1974%	104	0.0066%	0.0334	0.0667
V	29	2.8628%	9341	0.5915%	0.2066	5.9922

**Weighting Scheme 2—  
Without Clients Chosen  
from Child Support**  
Continued

**Appendix F | Responses by Client Sub-Group**



Photo: US Census Bureau (with permission)

Responses by Client Sub-Group (includes Child Support clients)

	Client Gender		Client Age		Race   Ethnicity			Race Differences**		
	Male	Female	Adult	Child	White	Other Minority	Hispanic	C-O	C-H	O-H
<b>QUALITY AND HELPFULNESS</b>										
Overall, do DSHS programs help you and your family?	88%	92%*	87%	96%*	88%	90%	98%		*	*
Thinking of all the programs together, does DSHS do good work?	89%	91%	89%	91%	90%	88%	92%			
Does your DSHS program do good work?	87%	89%	87%	91%	87%	88%	93%		*	
Are you satisfied with DSHS program services?	76%	81%	76%	85%*	76%	78%	89%		*	*
<b>DSHS STAFF</b>										
Do DSHS staff treat you with courtesy and respect?	88%	90%	88%	92%	89%	88%	92%			
Do staff listen to what you have to say?	88%	90%	88%	93%*	89%	86%	95%		*	*
Do staff understand your needs?	87%	87%	83%	94%*	85%	82%	96%		*	*
<b>ACCESS AND PROCESSES</b>										
Are DSHS program offices open at times that are good for you?	87%	87%	85%	92%*	84%	86%	97%		*	*
Is it easy to get to the DSHS program office?	87%	88%	84%	94%*	87%	86%	90%			
Is it easy to get services from the DSHS program?	73%	74%	72%	77%	70%	72%	87%		*	*
Did you get services as quickly as you needed?	77%	82%	76%	87%*	78%	76%	88%		*	*
When you call DSHS, is it easy to get a live person when you need to?	63%	70%	64%	74%*	66%	66%	74%			
Do DSHS staff return your calls within 24 hours?	71%	70%	68%	75%	71%	65%	73%			
<b>INFORMATION</b>										
Do you know what program services there are for you and your family?	68%	74%	70%	75%	69%	67%	83%		*	*
Did program staff explain things clearly?	85%	85%	83%	90%*	84%	84%	91%		*	
Was it easy to get the facts you needed about services?	79%	79%	79%	79%	78%	77%	85%			
<b>CLIENT INVOLVEMENT</b>										
Were you involved in making choices about your services?	72%	69%	73%	66%	77%	73%	49%		*	*
Did you help make plans and goals about services?	61%	61%	68%	50%*	63%	74%	43%	*	*	*
<b>COORDINATION</b>										
Does DSHS make sure all your services work well together?	79%	76%	78%	74%	77%	76%	82%			
Do the staff from your different DSHS programs work together as a team to try to help you get the services you need?	64%	67%	70%	48%*	68%	59%	68%			

\* Statistically Significant Difference (p.<.05)

\*\* Comparisons between various combinations of 2 groups: C= Caucasian (non-Hispanic); H = Hispanic; O = Other minority (non-Hispanic)

Summary of Client Sub-Group Trends

**By Gender**—No statistically significant differences

**By Client Age**—On several questions, children’s guardians reported more satisfaction than did adult respondents.

**By Race/Ethnicity**—Hispanic clients were generally most satisfied, followed by Caucasian clients. Other minority clients tended to be less satisfied.



## Appendix G | Responses by Program Sub-Group



Photo: US Census Bureau (with permission)

Responses by Program Sub-Group (includes Child Support clients)

	Completed By		Mandatory***		Number Programs Used			Differences		
	Client	Other**	Yes	No	1 prgm	2 prgms	3 +	1-2	1-3	2-3
<b>QUALITY AND HELPFULNESS</b>										
Overall, do DSHS programs help you and your family?	87%	95%*	77%	93%*	88%	95%	88%	*		*
Thinking of all the programs together, does DSHS do good work?	89%	91%	83%	92%*	90%	92%	85%			*
Does your DSHS program do good work?	88%	89%	82%	90%*	90%	87%	83%		*	
Are you satisfied with DSHS program services?	76%	83%*	69%	81%*	80%	79%	73%		*	
<b>DSHS STAFF</b>										
Do DSHS staff treat you with courtesy and respect?	87%	93%*	83%	91%*	90%	89%	85%		*	
Do staff listen to what you have to say?	88%	93%*	80%	92%*	91%	90%	83%		*	*
Do staff understand your needs?	83%	92%*	76%	88%*	89%	87%	79%		*	*
<b>ACCESS AND PROCESSES</b>										
Are DSHS program offices open at times that are good for you?	84%	92%*	78%	90%*	87%	87%	87%			
Is it easy to get to the DSHS program office?	85%	92%*	79%	89%*	88%	88%	82%		*	*
Is it easy to get services from the DSHS program?	71%	78%*	63%	76%*	73%	76%	69%			*
Did you get services as quickly as you needed?	75%	86%*	66%	83%*	81%	80%	73%		*	*
When you call DSHS, is it easy to get a live person when you need to?	64%	71%*	58%	69%*	67%	68%	64%			
Do DSHS staff return your calls within 24 hours?	66%	76%*	64%	72%*	74%	67%	66%		*	
<b>INFORMATION</b>										
Do you know what program services there are for you and your family?	70%	72%	71%	72%	72%	72%	69%			
Did program staff explain things clearly?	83%	89%*	76%	88%*	87%	86%	77%		*	*
Was it easy to get the facts you needed about services?	80%	78%	77%	80%	83%	75%	74%	*	*	
<b>CLIENT INVOLVEMENT</b>										
Were you involved in making choices about your services?	72%	68%	68%	71%	68%	73%	70%			
Did you help make plans and goals about services?	66%	56%*	63%	61%	52%	68%	65%	*	*	
<b>COORDINATION</b>										
Does DSHS make sure all your services work well together?	76%	78%	80%	75%	NA	NA	77%			
Do the staff from your different DSHS programs work together as a team to try to help you get the services you need?	68%	57%	66%	65%	NA	NA	66%			

\* Statistically Significant Difference (p. < .05)

\*\* Client Representative

\*\*\* Mandatory programs are Children’s Administration and Division of Child Support services for non-custodial parents.

Summary of Client Sub-Group Trends

**By Status of Respondent**—In general, those who responded on behalf of children or incapacitated clients were more satisfied with access and specific program services than were client respondents.

**By Nature of Program**—Participants in voluntary (rather than mandatory) programs were more likely to indicate satisfaction on all questions concerning quality and staff.

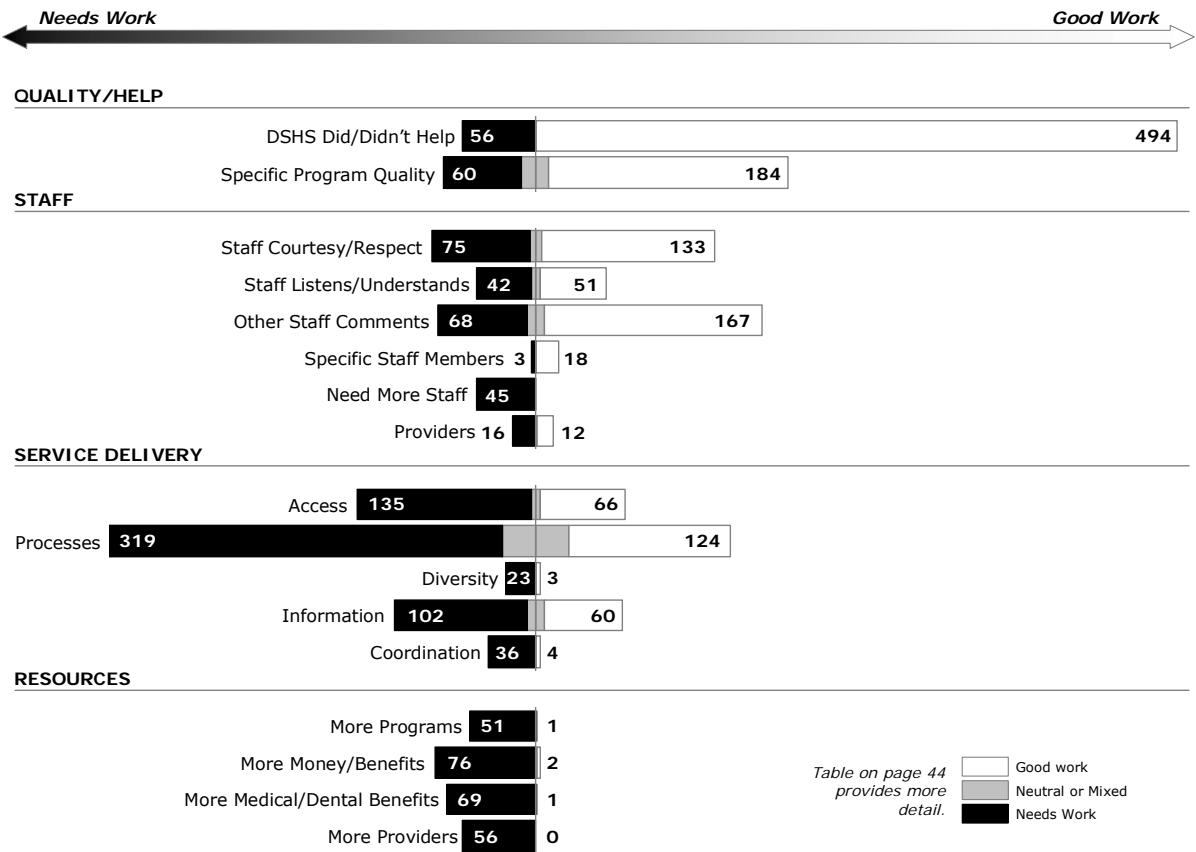
**By Number of Programs**—In general, those who participated in only one DSHS program were more satisfied than those participating in two or more programs.

**Appendix H | Themes from Narrative Questions:  
Detail and Glossary**



Photo: US Census Bureau (with permission)

## Number of Positive, Negative, or Neutral Comments by Theme



## Response Glossary: Themes Identified in Open-ended Questions

QUALITY/HELP	Typical Response Example
DSHS Helped	DSHS has helped me/my family; good service overall; grateful for help; appreciative; likes DSHS
DSHS Didn't Help	
Specific Program Quality	Named a specific program or an office (such as "Kent CSO") that helped/didn't help; likes program/should change program
<b>STAFF</b>	
Staff Courtesy/Respect	Compliments/complaints regarding staff courtesy, respect, attitude, sensitivity
Staff Listens/Understands	Staff listens; is/isn't attentive; gets input from clients; includes clients in decision-making/planning
Other Staff Comments	Staff's responsiveness, flexibility, knowledge, professionalism, etc.
Specific Staff Members	Named a specific staff member who helped/didn't help
Need More Staff	Need more staff; reduce turnover; lower caseloads
Providers	Providers are good/bad; helpful/not helpful; other comments about medical providers, care providers, etc.

## SERVICE DELIVERY

---

### ACCESS

Phone/Staff Access	Ability to reach staff members; phone access, voicemail, e-mail; return calls; call centers
Office Location/Hours	Ease in getting to programs/services; office hours; transportation
Appointment Processes	Intake system; long/short waits to be seen; scheduling appointments; appointment notification; phone interviews

### PROCESSES

General Processes	Compliments/complaints about efficiency, bureaucracy, errors, rules; need to take individuals into account (one size doesn't fit all)
Specific Processes	Compliments/complaints about specific processes; example: "JRA should alphabetize their client lists"
Eligibility Processes	Good/bad process of eligibility; distribution of benefits; rules/requirements concerning eligibility; flexibility/inflexibility of process; easy or difficult to get approved for services
Paperwork Processes	Compliments/complaints about paperwork/forms/applications
Timeliness of Services	Length of time to get services; waiting lists; includes length of time for eligibility determination

### DIVERSITY

Diversity	Compliments about treating all groups equally; complaints about preference for specific groups
-----------	--

### INFORMATION

General Information	Information from staff about clients, programs or eligibility; answers to questions; clear/unclear explanations; lists of services; notification of new programs/services, events and due dates
Language Services	Need more interpreters, DSHS bilingual staff or native English-speakers; grateful for available language services

## COORDINATION

---

Coordination between Programs	Good/poor coordination between DSHS programs, offices; includes coordination with other helping agencies
Coordination between Workers	Good/poor coordination between DSHS workers; good/poor teamwork; need a single worker rather than many; workers' instructions differ or overlap

## RESOURCES

---

More Programs	Don't cut/expand certain programs; DSHS needs better funding; pay providers more; grateful for funded program
More Money/Benefits	Need more/don't cut hours or benefits; grateful for available hours/benefits
More Medical/Dental Benefits	Don't cut/expand medical, dental or mental health services; need medical equipment/procedures; grateful for available funding/benefits
More Providers	Need more medical, dental, mental health, vision or pharmacy providers who take coupons; difficult to find a provider; grateful for available providers who take coupons

## OTHER

---

Other	Miscellaneous comments that don't fit elsewhere
-------	---

# Narrative Comments Report

1,191 of 1,222 Respondents Made Comments

All DSHS Clients • Unweighted Data

MAJOR THEMES AND SUBTHEMES <sup>1</sup>		Total		Good Work		Needs Work		Mixed or Neutral	
		# <sup>2</sup>	% of All <sup>3</sup>	# <sup>2</sup>	%	# <sup>2</sup>	%	# <sup>2</sup>	%
<b>Quality/Help</b>		<b>752</b>	<b>63.1%</b>	<b>617</b>	<b>82%</b>	<b>93</b>	<b>12%</b>	<b>42</b>	<b>6%</b>
DSHS Helped	H	424	35.6%	424	100%				
DSHS Didn't Help	HD	36	3.0%			36	100%		
Things are OK	HO	75	6.3%	75	100%				
Nothing	HN	69	5.8%	36	52%	31	45%	2	3%
Specific Program Quality	HS	265	22.3%	184	69%	60	23%	21	8%
<b>Staff</b>		<b>500</b>	<b>42.0%</b>	<b>269</b>	<b>54%</b>	<b>176</b>	<b>35%</b>	<b>55</b>	<b>11%</b>
Staff Courtesy	SC	217	18.2%	133	61%	75	35%	9	4%
Staff Listens/Understands	SL	100	8.4%	51	51%	42	42%	7	7%
Other Staff Comments	SO	249	20.9%	167	67%	68	27%	14	6%
Specific Staff	SP	21	1.8%	18	86%	3	14%	0	0%
Need More Staff	SN	45	3.8%			45	100%		
Providers	SX	31	2.6%	12	39%	16	52%	3	10%
<b>Process/Access</b>		<b>638</b>	<b>53.6%</b>	<b>143</b>	<b>22%</b>	<b>405</b>	<b>63%</b>	<b>90</b>	<b>14%</b>
<i>ACCESS</i>		<i>207</i>	<i>17.4%</i>	<i>66</i>	<i>32%</i>	<i>135</i>	<i>65%</i>	<i>6</i>	<i>3%</i>
Phone/Staff Access	AP	124	10.4%	32	26%	89	72%	3	2%
Location/Hours	AL	34	2.9%	13	38%	20	59%	1	3%
Appointment Process	AA	69	5.8%	27	39%	39	57%	3	4%
<i>PROCESS</i>		<i>494</i>	<i>41.5%</i>	<i>124</i>	<i>25%</i>	<i>319</i>	<i>65%</i>	<i>51</i>	<i>10%</i>
Process - General	PR	98	8.2%	33	34%	54	55%	11	11%
Process - Specific	PS	187	15.7%	39	21%	137	73%	11	6%
Paperwork	PP	52	4.4%	3	6%	48	92%	1	2%
Process - Timeliness	PT	130	10.9%	64	49%	60	46%	6	5%
Eligibility	PE	142	11.9%	20	14%	119	84%	3	2%
<i>DIVERSITY</i>		<i>26</i>	<i>2.2%</i>	<i>3</i>	<i>12%</i>	<i>23</i>	<i>88%</i>	<i>0</i>	<i>0%</i>
Diversity/Preference	DV	26	2.2%	3	12%	23	88%	0	0%
<b>Information</b>		<b>176</b>	<b>14.8%</b>	<b>60</b>	<b>34%</b>	<b>102</b>	<b>58%</b>	<b>14</b>	<b>8%</b>
Information - General	IN	163	13.7%	59	36%	91	56%	13	8%
Language Services	IL	14	1.2%	1	7%	11	79%	2	14%
<b>Coordination</b>		<b>40</b>	<b>3.4%</b>	<b>4</b>	<b>10%</b>	<b>36</b>	<b>90%</b>	<b>0</b>	<b>0%</b>
Between Programs	CP	28	2.4%	3	11%	25	89%	0	0%
Between Workers	CW	12	1.0%	1	8%	11	92%	0	0%
<b>Resources</b>		<b>230</b>	<b>19.3%</b>	<b>4</b>	<b>2%</b>	<b>223</b>	<b>97%</b>	<b>3</b>	<b>1%</b>
More Programs	RP	52	4.4%	1	2%	51	98%	0	0%
More Money/Benefits	RB	80	6.7%	2	3%	76	95%	2	3%
More Medical/Dental Benefits	RM	70	5.9%	1	1%	69	99%	0	0%
More Providers	RC	57	4.8%	0	0%	56	98%	1	2%
<b>Other</b>		<b>236</b>	<b>19.8%</b>	<b>33</b>	<b>14%</b>	<b>42</b>	<b>18%</b>	<b>161</b>	<b>68%</b>
Other/Miscellaneous	O	137	11.5%	33	24%	42	31%	62	45%
Don't Know	DK	108	9.1%					108	100%

<sup>1</sup>Major themes (in blue rows) and secondary themes (in italics) are rollups of the subthemes listed immediately below. They are unduplicated - not the total of the numbers below. For example, a single person who made "Good Work" comments in "Staff Courtesy" and "Specific Staff" is counted only once in the "Staff" row. Likewise, a person who has a "Good Work" comment in the "Staff Courtesy" row and a "Needs Work" comment in the "Specific Staff" row would be counted as a "Mixed" comment in the "Staff" row.

<sup>2</sup>All # columns show how many **persons** made any mention of this theme. Multiple comments on the same theme by a single person are only counted once in the row for that theme. A single person may make both "Satisfied" and "Needs Work" comments on the same theme - that person will be counted in the "Neutral or Mixed" column.

<sup>3</sup>Respondents who commented on this theme as a percentage of the total number of respondents who made narrative comments.





2007 Client Survey  
**DSHS Clients Speak**  
APPENDICES



---

**RDA** Research & Data  
Analysis Division