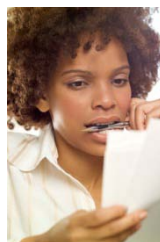


2011 Client Survey DSHS Clients Speak

APPENDICES

August 2011
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Washington State
Department of Social
& Health Services

PPA Planning, Performance
& Accountability



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Methods

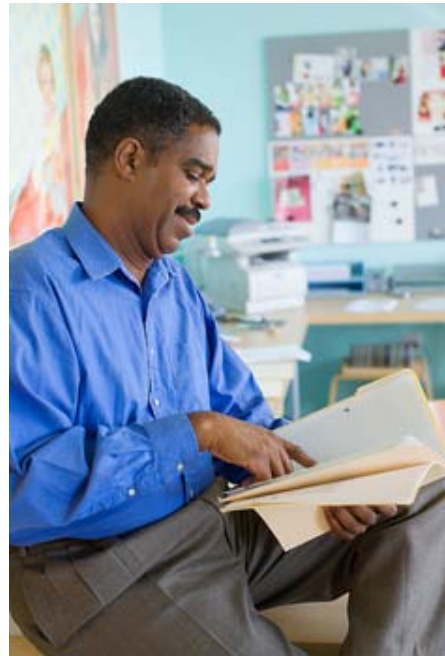


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Purpose of the Survey

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 recurring client survey in order to systematically incorporate 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 in charting 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 Core Metrics, 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 opinions, perceived problem areas and suggestions for improvement. This annual survey provides an avenue for client participation in program planning and evaluation.

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 addresses the major client satisfaction attributes identified by the team. The first 17 questions refer to specific programs. Lead-ins to the questions help clients identify what services they have 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.).¹ 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. Clients who utilize more than one program answer the 17 program-specific 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 craft questions that are easy to comprehend. Other questions address DSHS-wide issues. Complete lists of survey questions can be found in Appendices C and D.

Previous Changes in the Survey

The basic survey questions have remained fairly stable since the first DSHS Client Survey in 2001. There were no changes in basic questions in 2011. However, there were some earlier changes to improve clarity:

2007 Changes. As the result of a comprehensive review, several major changes in question wording and format were made between the 2005 and 2007 surveys. These changes included:

- Change from using statements ("It is easy to get services from DSHS.") to questions ("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 changed to: Strong Yes, Yes, Neutral, No, Strong No.

¹ For example, the question about service knowledge 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, the question 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 survey 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.

- 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. (Custodial DCS parents were added in 2005.)

2009 Changes. At the suggestion of experienced interviewers, the order of questions was rearranged slightly. The wording of a few other questions was changed to increase clarity:

- Addition of the word “set” to a client involvement question. The revised question is: “Did you help make plans and **set** goals about services?”
- Replacement of the word “facts” with “information” in one of the information questions. Too many respondents misheard the word “facts” as “fax.” The revised question is: “Was it easy to get the **information** you needed about services?”
- Change in wording for one of the client involvement questions. The old question was: “Were you involved in making choices about your services?” Many clients felt this was repetitive of the other client involvement question: “Did you make plans and set goals about services?” The replacement question is: “Do you have a say in what kind of services you get?”
- Rewording the diversity question which was introduced in 2007. The revised question reads: “In the past two years has there been a time when you felt DSHS staff treated you unfairly because of your race, culture, age, gender, sexual orientation, or disabilities?”

Additional topical questions were added in some years. See Appendix C.

Sample

RDA staff 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 programs² listed below, they drew a random sample of all clients who received services from that program during the month of December 2009. Sufficient clients were selected to reach the goal of at least 100 completed surveys from clients selected from each program area.

Aging and Disability Services Administration

- Long Term Care—Home and Community and Residential Care Services Divisions
- Division of Developmental Disabilities
- DBHR - Alcohol and Substance Abuse
- DBHR - Mental Health

Children’s Administration

- All Children’s programs
Executive Administration
- Division of Vocational Rehabilitation

Economic Services Administration

- Community Services Division
- Division of Child Support, custodial parents
- Division of Child Support, non-custodial parents

Medicaid Purchasing Administration

- Medical Assistance

² 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.

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 or the Alcohol and Substance Abuse programs 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 Medicaid Purchasing 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 (CA). 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 CA clients ensured that all families receiving services from CA were included in the survey, because the CA database is organized by families and always includes co-residing parents. Survey questions regarding CA inquired about services for all family members. 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 Medicaid Purchasing Administration) also had received services from CA. In those cases, the responsible adult was asked about all DSHS services the selected child received, including services from CA.
- The 2011 sample from Children’s Administration may differ from that used in previous years. Children’s Administration has converted to a new database system (FamLink), and data from this system has not yet been completely incorporated into the agency-wide Client Services DataBase. The sample was taken from the best available list of Children’s clients. Exclusions made in other years were not possible.

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 his or her 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 state employee.
- 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.
- The client received case management services only— had no actual contact with the program.
- The client has a confidential address.
- The client is deceased.

Interview Methods

Telephone interviews began on November 1, 2010 and ended on April 29, 2011. If necessary, more than 20 attempts were made to contact each member of the sample. Before the interviews, survey staff 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 twelve \$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 program(s) utilized by the client.

Most of the telephone interviews were conducted from the PPA Management Information and Survey Research office in Olympia, using the a Computer-Assisted Telephone Interviewing (CATI) system created using SurveyMonkey. 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. No identifying data is entered into the CATI. When a translator was required, the RDA interviewer used a 3-way phone call to administer the survey with the assistance of an interpreter from Pacific Interpreters.

Response Rate

The overall cooperation rate for the survey was 85% and the completion rate was 96%.³

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:

- 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 clients dealing with substance abuse, mental health issues, developmental disabilities, age-related concerns, or other problems found the survey difficult to comprehend, or did not wish to comment on their personal experiences.

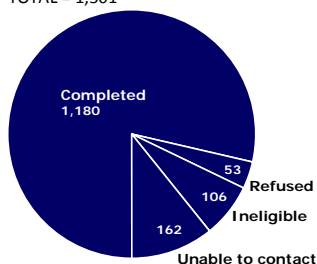
³ The cooperation rate is the ratio of the number of completed interviews to the number of eligible respondents who were actually contacted. The completion rate is the ratio of the number of completed interviews to the total number of potential respondents who are deemed eligible to complete the interview. See Appendix B for computation tables for the overall cooperation rate and completion rate for each program.

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.
- **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. Clients who had to answer survey questions about 5 or more programs were also given a \$20 grocery store gift certificate.
- **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, staff administered the telephone survey in a 3-way conversation with interpreters from Pacific Interpreters. The survey was administered in 17 languages: English, Spanish, Cambodian, Cantonese, Farsi, French, Filipino-Tagalog, Khmer, Korean, Laotian, Mandarin, Punjabi, Romanian, Russian, Somali, Ukrainian, and Vietnamese.

How clients responded

TOTAL = 1,501



RESPONDENTS

The chart at left shows the disposition of all those clients selected for the survey. To meet the goal of 100 completed surveys for each of the ten different programs, 1,501 clients were randomly selected as the survey sample. Of those, 1,180 people completed the telephone survey. A relatively small number, 162 of the selected clients, could not be reached. Of those who could be reached, 53 refused to complete the survey. Also, 106 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 and SAS 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.⁴ 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.

⁴ For example, 0.17% of all DSHS clients get services from this combination of programs: Economic Services, Medicaid Purchasing Administration, and Division of Vocational Rehabilitation. For DSHS-wide analyses, the 13 responses from people who used this combination of programs were weighted so that they comprise 0.17% of the total survey responses.

Cooperation and Completion Rates



Photo: Clipart.com

Cooperation and Completion Rates¹

Division of Vocational Rehabilitation											
ADSA – DBHR – Mental Health											
Medicaid Purchasing Administration											
Economic Services Administration – Community Support Division											
ADSA – Developmental Disabilities											
ESA – Division of Child Support – Custodial Parents											
ESA – Division of Child Support – Non-Custodial Parents											
ADSA – DBHR – Chemical Dependency											
Children’s Administration											
ADSA – Aging and Adult Services (Long-term Care)											
	TOTAL	LTC	CA	DASA	DCS-N	DCS-C	DD	ESA	MA	MHD	DVR
A Survey Completed	1,180	109	100	105	104	102	112	209	127	100	112
B Refusal	53	4	7	2	10	5	4	5	5	5	6
C Subtotal: Found Eligible (A + B)	1,233	113	107	107	114	107	116	214	132	105	118
D Found Ineligible	106	15	23	12	19	3	6	10	3	12	3
E Subtotal: All Found (C + D)	1,339	128	130	119	133	110	122	224	135	117	121
F Percent found ineligible (D/E)	8%	12%	18%	10%	14%	3%	5%	4%	2%	10%	2%
G No Contact	162	2	20	21	37	20	8	20	10	15	9
H No Contact/Estimated to be ineligible (FxG)	13	0	4	2	5	1	0	1	0	2	0
I Subtotal: All Eligible (C+G-H)	1,382	115	123	126	146	126	124	233	142	118	127
J Total in Sample (E+G)	1,501	130	150	140	170	130	130	244	145	132	130
K COOPERATION RATE² (A/C)	96%	96%	93%	98%	91%	95%	97%	98%	96%	95%	95%
L COMPLETION RATE³ (A/I)	85%	95%	81%	83%	71%	81%	91%	90%	90%	84%	88%

¹ 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.

² The ratio of completed interviews to all potential respondents contacted.

³ 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).

Survey Questions



Photo: Clipart.com

Survey Questions

The following is a standardized list of the **basic questions** in the survey. All questions are customized to fit the respondent's relationship to the client (self, parent, guardian, family member, etc.) The first 17 questions were customized for each program.¹ Questions are listed in the order they are asked the survey. The numbering reflects the original order from the 2001 survey. To facilitate historical analysis, questions were not renumbered when the order changed. See Appendix D for a sample of the entire survey with sections for each client program.

3. Is it easy to get to the (*program*) office?
4. Is the (*program*) office open at times that are good for you?
2. Is it easy to get services from (*program*)?
1. Do you know what (*program*) services there are for you/your family?
- 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 information you needed about services?
8. Did (*program*) staff explain things clearly?
9. Did staff who helped you treat you/your family with courtesy and respect?
10. Did staff who helped you/your family listen to what you had to say?
11. Did staff who helped you/your family understand your needs?
12. Did you/your family have a say in what kind of services you get?
13. Did you/your family help make plans and set goals about (*program*) 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, has DSHS done good work?

Three **open-ended questions** were asked of all respondents to gain a sense of clients' 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?
22. If you have any additional comments or questions about this survey or DSHS, I can note them now.

Additional questions.

The 2011 survey included four questions about **internet and smartphone use**. The first two Internet questions were also asked in the 2009 survey. If the client responded "no" to the first question about using the Internet to access DSHS information or services, they were asked a follow-up question about their interest in using the Internet in the future.

- Have you ever used the Internet to find out about or apply for DSHS services?

¹ 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.

- If no, would you like to use the Internet to find out about or apply for DSHS services in the future?
- Do you (or the person who deals with DSHS for the client) have an iPhone, Blackberry, Droid, Palm or other "smartphone"?
- If yes, do you use your phone to do any of the following?
 - Send or receive text messages or e-mail
 - Run "apps" (applications)
 - Use the Internet - to do things such as visit websites or get directions

Two **Voter Registration** questions were also added to the 2011 survey.

- Are you (the client) registered to vote where you live now?
- Has anyone from the Department of Social and Health Services offered to help you (the client) register or to give you information about registering?

The **Diversity question**, first introduced in 2007, was changed to its current form in the 2009 survey. If the client responded "yes" to question 26, they were asked two follow-up questions (26a and 26b):

- In the past 2 years, has there been a time when you felt that DSHS staff treated you unfairly because of your race, culture, age, gender, sexual orientation or disabilities?
 - a. (If yes) In your opinion was the unfair treatment because of:

<input type="checkbox"/> Your Race?	<input type="checkbox"/> Gender?	<input type="checkbox"/> Other
<input type="checkbox"/> Your Culture?	<input type="checkbox"/> Sexual Orientation?	
<input type="checkbox"/> Age?	<input type="checkbox"/> Disabilities?	
 - b. Could you please tell us about the unfair treatment?

Additional program questions. In addition to the questions outlined above, several "customized" questions have been added at the request of the individual programs:

MAA:

These four questions are asked if client says they have called the 800 number in the past two years:

- "When you call the 800 number, is it easy to get a live person?"
- "Did staff who helped you when you called the 800 number treat you with courtesy and respect?"
- "Did they listen to what you had to say?"
- "Did they explain things clearly?"

Personal Doctor – Questions added in 2009:

- "A personal doctor is the one you (client) would see if you (client) need a check-up, want advice about a health program, or get sick or hurt. Do you (client) have a personal doctor or nurse?" [Note: ARNPs or PAs can be primary care providers. If client is a child, you can add: "A personal doctor or nurse is the health provider who knows your child best."]

If answer is Yes: "In the last 12 months, how often was it easy to get appointments with your (client's) personal doctor or nurse?"

If answer is No: "Why don't you (client) have a personal doctor?"

Specialists - Questions added in 2009:

- "When you answer the next question, do not include dental visits or care you (client) got when you (client) stayed overnight in a hospital. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors and other doctors who SPECIALIZE in ONE area of health care."

"In the last 12 months, did you try to make any appointments to see a specialist?"

If answer is Yes: "In the last 12 months, how often was it easy to get appointments with specialists?"

Survey Instrument



Photos: Clipart.com

Survey Instrument

Introduction¹

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 results of this survey will help DSHS make plans to improve services and to measure whether services improve in the future.

You have been 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>>.

Relationship of Person being interviewed 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

¹ 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.

Survey Instrument

ADSA—DD (Developmental Disabilities)

First/Now I'd like to ask you about your experience with DD, the Division that helps persons with developmental disabilities.

We see that you have been helped by DD in the last two years. Some of the services they may have provided you are:

- 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?

☐ Denies Contact with ADSA-DD

If special circumstances—like they are listed as getting DD case management, but they don't know it, put here. (Don't ask):

I'd like to ask some questions about your experiences with ADSA-DD over the past two years. For each question please give one of these 5 answers: Strong Yes, Yes, Neutral, No, or Strong No.

	Strong YES!	Yes	Neutral	No	Strong NO!	Don't Know	Refuse	Does Not Apply
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"/>
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"/>
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"/>
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 information 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. Did you have a say in what kind of services you get?	<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 set goals about 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"/>
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"/>

[Go to next program. These are in preferred selection order – choose TOPMOST agency applicable.]

Survey Instrument

DVR (Division of Vocational Rehabilitation)

First/Now I'd like to ask you about your experience with DVR, the Division that helps persons with disabilities get jobs. Have you talked to someone at DVR or received services from DVR over the last two years?

[If initially denies DVR contact, go on with this explanation before you mark "Denies contact."]

Sometimes people get services through some other agency and don't know these services came from DVR. Let me tell you what kinds of services you may 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?

☐ **Denies DVR Contact**

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

For each question please give one of these 5 answers: Strong Yes, Yes, Neutral, No, or Strong No.

	Strong YES!	Yes	Neutral	No	Strong NO!	Don't Know	Refuse	Does Not Apply
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"/>
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"/>
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"/>
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 information 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. Did you have a say in what kind of services you get?	<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 set goals about your training and employment?	<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"/>

[Go to next program. These are in preferred selection order – choose TOPMOST agency applicable.]

Survey Instrument

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

First/Now I'd like to ask you about your experience with Aging and Adult Services, the Division that helps seniors and disabled adults by arranging a place for them to live or sending someone into the home to help with personal care and medical needs. Their office is often called the Home and Community Services Office. Have you talked to someone at Aging and Adult Services or received services from Aging and Adult Services over the last two years?

[If initially denies Aging and Adult Services contact, go on with this explanation before you mark "Denies contact."]

Sometimes people get services through some other agency and don't know these services came from Aging and Adult Services or from Home and Community Services. Let me tell you what kinds of services you may have received:

- You may live in a special home for seniors or persons with disabilities.
- 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?

☐ **Denies ADSA-LTC Contact**

I'd like to ask some questions about your experiences with Aging and Adult Services over the past two years. For each question please give one of these 5 answers: Strong Yes, Yes, Neutral, No, or Strong No.

	Strong YES!	Yes	Neutral	No	Strong NO!	Don't Know	Refuse	Does Not Apply
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"/>
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"/>
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"/>
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 information 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. Did you have a say in what kind of services you get?	<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 set 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"/>

[Go to next program. These are in preferred selection order – choose TOPMOST agency applicable.]

Survey Instrument

MPA (Medicaid Purchasing Administration)

First/Now I'd like to ask you about your experience with Medicaid, the Division that helps pay for medical services. You should have a plastic client services card that you use to get medical services. Some people call this card a coupon. Have you talked to someone at Medicaid or received services from Medicaid over the last two years?

[If initially denies Medicaid contact, go on with this explanation before you mark "Denies contact."]

Generally one card covers everyone eligible in the household. If anyone in your family 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.
- You might have gotten the card through a program like Basic Health Plan, Healthy Options, or CHIP.

Have you received the plastic Medicaid client services card or the old green and white medical coupons any time in the past two years? (If not sure, is there someone you can ask?)

- ☐ **Yes**
☐ **No – Denies Medicaid Contact**

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

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

I'd like to ask you four questions about the people you talked with when you called the 800 number. For each question please give one of these 5 answers: Strong Yes, Yes, Neutral, No, or Strong No.

	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"/>

A personal doctor is the one you (client) would see if you (client) need a check-up, want advice about a health program, or get sick or hurt. Do you (client) have a personal doctor or nurse? **[Note: ARNPs or PAs can be primary care providers. If Client is a child, you can add: "A personal doctor or nurse is the health provider who knows your child best."]**

- ☐ **No. Answer question "B" before continuing on**
☐ **Yes. Answer question "A" before continuing on**

A. In the last 12 months, how often was it easy to get appointments with your (client's) personal doctor or nurse?

- ☐ **Never Easy**
☐ **Sometimes**
☐ **Usually**
☐ **Always Easy**

B. Why don't you (client) have a personal doctor? **[Check all that patient mentions]**

- ☐ **Didn't need one**
☐ **Haven't looked for one**
☐ **I had one, but no longer available (retired, moved, closed practice, won't take me anymore, etc.)**
☐ **Can't find one that takes the medical coupon**
☐ **Other Please specify for "Other":**

When you answer the next question, do not include dental visits or care you (client) got when you (client) stayed overnight in a hospital. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors and other doctors who SPECIALIZE in ONE area of health care.

In the last 12 months, did you try to make any appointments to see a specialist?

☐ **No. Skip question below**

☐ **Yes. Continue**

Volunteered comments – don't ask:

→ In the last 12 months, how often was it easy to get appointments with specialists?

☐ **Never Easy**

☐ **Sometimes**

☐ **Usually**

☐ **Always Easy**

If client volunteers other information about finding specialists, put here. (Don't ask):

→ Have you used your medical ID card to get medical services in the past two years? Or does anyone else in your household get medical care from the state with the medical ID card?

[If they seem unsure, probe further.] 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?

☐ **Yes**

☐ **No**

You can explain any special circumstances in this box. Like State just pays Medicare premium:

I'd like to ask some questions about your experiences with Medicaid over the past two years. When I ask about your medical provider I mean all doctors, nurses, dentists, or other therapists who were paid by using a medical ID card or coupon. For each question please give one of these 5 answers: Strong Yes, Yes, Neutral, No, or Strong No.

	Strong YES!	Yes	Neutral	No	Strong NO!	Don't Know	Refuse	Does Not Apply
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"/>
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"/>
1. Do you know what Medicaid 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"/>
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 information you needed about Medicaid 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 or 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. Did you and your family have a say in what kind of medical care you get?	<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 set goals about medical 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 Medicaid 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 Medicaid 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 Medicaid 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"/>

[Go to next program. These are in preferred selection order – choose TOP MOST agency applicable.]

Survey Instrument

ESA (Economic Services Administration)

First/Now I'd like to ask you about your experience with Economic Services, the division that 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. Have you talked to someone at ESA or received services from ESA over the last two years?

[If initially denies ESA contact, go on with this explanation before you mark "Denies contact."]

We see that you or someone in your family has received some state money in the last two years. Some of the services they may have provided you are:

- 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.

Have you or a family member had any services like that in the past two years? Is it possible that these services may have been sponsored by Economic Services?

[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 the primary decision-maker.]

☐ 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 some questions about your experiences with Economic Services over the past two years. When we ask about Economic Services we are asking about the people who send you or your family State money or food stamps or run WorkFirst. This generally means the CSO staff, which might include your financial worker, case manager, or social worker.

For each question please give one of these 5 answers: Strong Yes, Yes, Neutral, No, or Strong No.

	Strong YES!	Yes	Neutral	No	Strong NO!	Don't know	Refuse	Does Not Apply
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"/>
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"/>
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"/>
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 information 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. Did you and your family have a say in what kind of services you get?	<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 set 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"/>

[Go to next program. These are in preferred selection order – choose TOPMOST agency applicable.]

Survey Instrument

ADSA-DBHR-Mental Health

First/Now I'd like to ask you about your experience with the Division of Mental Health, the division that helps pay for counseling, medication, and other mental health services. Have you or a family member talked to someone at Mental Health or received services from Mental Health over the last two years?

[If initially denies Mental Health contact, go on with this explanation before you mark "Denies contact."]

Sometimes people get services through some other agency and don't know these services came from Mental Health. Let me tell you what kinds of services you may 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.

Have you or a family member had any services like that in the past two years? Is it possible that these services may have been sponsored by the Mental Health Division?

☐ **Denies MHD Contact**

I'd like to ask some questions about your experiences with Mental Health over the past two years. For each question please give one of these 5 answers: Strong Yes, Yes, Neutral, No, or Strong No.

	Strong YES!	Yes	Neutral	No	Strong NO!	Don't Know	Refuse	Does Not Apply
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"/>
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"/>
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"/>
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 information 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 members 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. Did you and your family have a say in what kind of services you get?	<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 set goals about 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"/>
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"/>

[Go to next program. These are in preferred selection order – choose TOPMOST agency applicable.]

Survey Instrument

DCS (Division of Child Support)—Non Custodial Parent

First/Now I'd like to ask you about your experience with 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 DCS contact 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 they still deny DCS interaction]

☐ **Denies DCS Contact**

I'd like to ask some questions about your experiences with the Division of Child Support over the past two years. For each question please give one of these 5 answers: Strong Yes, Yes, Neutral, No, or Strong No.

	Strong YES!	Yes	Neutral	No	Strong NO!	Don't Know	Refuse	Does Not Apply
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, select 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 a DCS office, select 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"/>
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, select 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, select 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, select 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? [If they never asked for help, select 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?	<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 information 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"/>
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"/>

[Go to next program. These are in preferred selection order – choose TOPMOST agency applicable.]

Survey Instrument

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

First/Now I'd like to ask you about your experience with the Division of Child Support, the Division that enforces and collects court orders or administrative orders about child support. The Division of Child Support is also known as Support Enforcement. 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 DCS contact 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?

- 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 they still deny DCS interaction]

☐ **Denies DCS Contact**

I'd like to ask some questions about your experiences with the Division of Child Support over the past two years. For each question please give one of these 5 answers: Strong Yes, Yes, Neutral, No, or Strong No.

	Strong YES!	Yes	Neutral	No	Strong NO!	Don't know	Refuse	Does Not Apply
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"/>
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, select 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"/>
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"/>
5a. If you call Division of Child Support, is it easy to get to a live person when you need to? [If they have not called DCS office, select 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 DCS office, select 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? [If they never asked for help, select 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 information 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"/>
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"/>

[Go to next program. These are in preferred selection order – choose TOPMOST agency applicable.]

Survey Instrument

ADSA – DBHR – Chemical Dependency

First/Now I'd like to ask you about your experience with Alcohol and Substance Abuse, the program that helps pay for assessment and treatment related to alcohol and other drugs. Have you talked to someone at DASA or received services from DASA over the last two years?

[If initially denies DASA contact, go on with this explanation before you mark "Denies contact."]

Sometimes people get services through some other agency and don't know these services came from DASA. Let me tell you what kinds of services you may have received:

- 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?

☐ **Denies DASA Contact**

I'd like to ask some questions about your experiences with the Division of Alcohol and Substance Abuse over the past two years. For each question please give one of these 5 answers: Strong Yes, Yes, Neutral, No, or Strong No.

	Strong YES!	Yes	Neutral	No	Strong NO!	Don't Know	Refuse	Does Not Apply
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"/>
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"/>
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"/>
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 information 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. Did you have a say in what kind of services you get?	<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 set 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"/>

[Go to next program. These are in preferred selection order – choose TOPMOST agency applicable.]

Survey Instrument

CA (Children's Administration)

First/Now I'd like to ask you about your experience with Child and Family Services, the division that 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. Have you talked to someone at Children's Services or received services from Children's Services over the last two years?

[If initially denies CA contact, go on with this explanation before you mark "Denies contact."]

Sometimes people get services through some other agency and don't know these services came from Child and Family Services. Let me tell you what kinds of services you may 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 teenager.
- 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 teenager or a seasonal worker.
- Your child may have been placed in foster care or been involved in an adoption.
- You may have provided foster care or received adoption support.
- 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 had any services like that in the past two years? Is it possible that these services may have been sponsored by Children's Administration?

[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]

☐ Denies CA Contact

I'd like to ask some questions about your experiences with Child and Family Services over the past two years. For each question please give one of these 5 answers: Strong Yes, Yes, Neutral, No, or Strong No.

	Strong YES!	Yes	Neutral	No	Strong NO!	Don't Know	Refuse	Does Not Apply
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"/>
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 select 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"/>
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"/>
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? [If they never asked for help, select 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 information 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. Did you have a say in what kind of services you get?	<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 set 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"/>

Survey Instrument

CONCLUDING QUESTIONS

Clients receiving services from TWO (2) programs ONLY:

We have talked about services you get from these DSHS programs. [name Program 1, name Program 2]

	Strong YES!	Yes	Neutral	No	Strong NO!	Don't Know	Refuse	Does Not Apply
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 these DSHS programs—[name Program 1, name Program 2, name Program 3, etc.]

	Strong YES!	Yes	Neutral	No	Strong NO!	Don't Know	Refuse	Does Not Apply
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"/>
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"/>
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

Have you ever used the Internet to find out about or apply for DSHS services?

- ☐ Yes
☐ No

Would you like to use the Internet to find out about or apply for DSHS services in the future?

- ☐ Yes
☐ No
☐ Unsure
☐ Other

Put comments here if they make them (include why not, if they volunteer)

Are you (the client) registered to vote where you live now?

- ☐ Yes
☐ No
☐ Not Applicable

Has anyone from the Department of Social and Health Services offered to help you (the client) register or to give you information about registering?

- ☐ Yes
☐ No

One of the ways DSHS may communicate with its clients in the future is through smart phones.

Do you (or the person who deals with DSHS for the client) have an iPhone, Blackberry, Droid, Palm or other “smartphones”?

- ☐ Yes
☐ No
☐ Not Sure

Do you use your phone to do any of the following?

	Yes	No
Send or receive text messages or email	<input type="checkbox"/>	<input type="checkbox"/>
Run "apps" (applications)	<input type="checkbox"/>	<input type="checkbox"/>
Use the Internet - to do things such as visit websites or get directions (note: GPS counts here)	<input type="checkbox"/>	<input type="checkbox"/>

Now we want to ask you two questions about what DSHS does well and how they can improve.

First, what do you like best about dealing with DSHS?

What is one thing DSHS can do to improve services?

What is your [the client's] age in years? [***Must be WHOLE NUMBER – Put 0 if under 12 months**]

Years

[If doesn't answer age]

- ☐ Refuses
☐ Don't Know

Are you [the client] . . . [ask if necessary, otherwise just record]

- ☐ Male
☐ Female
☐ Refuse

Are you [the client] Hispanic or Latino?*

- ☐ Yes
☐ No
☐ Don't Know
☐ Refuse

*Placement of this question was changed in 2007 due to U.S. Census Bureau recommendations.

What race group BEST describes you [the client]? . . . **[select MAIN ONE]**

- ☐ Asian American or Pacific Islander
- ☐ American Indian or Native American
- ☐ Black or African American
- ☐ White or Caucasian
- ☐ Don't Know
- ☐ Refuse
- ☐ Just repeats "Hispanic/Latino" even though it's an ethnicity. Doesn't identify with any of the races above.
- ☐ Other

Please specify for "Other":

In the past 2 years, has there been a time when you felt that DSHS staff treated you unfairly because of your race, culture, age, gender, sexual orientation, or disabilities?

- ☐ Yes
- ☐ No

In your opinion was the unfair treatment because of: **[Read options. They can choose more than one.]**

- ☐ Your Race?
- ☐ Your Culture? *[Don't choose if the same as race]*
- ☐ Age?
- ☐ Gender?
- ☐ Sexual Orientation?
- ☐ Disabilities?
- ☐ Other

Could you please tell us about the unfair treatment?

Since July 2009, which Washington State county have you (the client) lived in the longest? **Please specify for "Other" (City, State if outside WA):**

Thank you for your time and cooperation. We are done with the survey questions. If you have any additional comments or questions about this survey or DSHS, I can note them now.

Weighting



Photo: Clipart.com

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 2011 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 54 clients in the completed sample used ADSA—Long Term Care, Economic, and Medical Assistance Services (4.5763% of the 1,180 completed surveys). In the total population of all DSHS clients in calendar year 2010¹, 22,919 (1.0965% of the total) used this combination of services. The responses of the 54 survey respondents were weighted by a factor of .2396. Thus, in the weighted sample 12.9382 of the 1,180 respondents utilized the combination of Long Term Care, Economic, and Medical Services – comprising 1.0965% 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 ¹	POP_PC	WT	WT_N	PROGRAMS:
A	1	0.0847%	1791	0.0857%	1.0111	1.0111	A: ADSA—LTC (HCS & RCS)
ACDEM	1	0.0847%	3	0.0001%	0.0017	0.0017	C: Children's Administration
ACEMZ	1	0.0847%	93	0.0044%	0.0525	0.0525	D: Developmental Disabilities
ADEHM	1	0.0847%	143	0.0068%	0.0807	0.0807	E: Economic Services
ADM	5	0.4237%	968	0.0463%	0.1093	0.5465	H: Mental Health
AEHM	14	1.1864%	6076	0.2907%	0.2450	3.4300	M: Medical Assistance
AEHMS	5	0.4237%	351	0.0168%	0.0396	0.1981	S: Alcohol & Substance Abuse
AEHMSV	1	0.0847%	8	0.0004%	0.0045	0.0045	V: Vocational Rehabilitation
AEHMSX	1	0.0847%	48	0.0023%	0.0271	0.0271	Z: Child Support - Custodial
AEHMSZ	2	0.1695%	28	0.0013%	0.0079	0.0158	X: Child Support—Non-custodial
AEHMX	1	0.0847%	125	0.0060%	0.0706	0.0706	
AEHMZ	1	0.0847%	378	0.0181%	0.2134	0.2134	
AEM	54	4.5763%	22919	1.0965%	0.2396	12.9382	
AEMS	2	0.1695%	516	0.0247%	0.1456	0.2913	
AEMV	2	0.1695%	168	0.0080%	0.0474	0.0948	
AEMX	1	0.0847%	336	0.0161%	0.1897	0.1897	
AEMZ	1	0.0847%	1161	0.0555%	0.6554	0.6554	
AHM	10	0.8475%	5948	0.2846%	0.3358	3.3578	
AHMS	1	0.0847%	62	0.0030%	0.0350	0.0350	
AHMSX	1	0.0847%	2	0.0001%	0.0011	0.0011	
AHMX	1	0.0847%	45	0.0022%	0.0254	0.0254	
AM	27	2.2881%	25338	1.2122%	0.5298	14.3038	
C	43	3.6441%	35878	1.7164%	0.4710	20.2538	
CD	1	0.0847%	58	0.0028%	0.0327	0.0327	
CDEHM	1	0.0847%	203	0.0097%	0.1146	0.1146	
CDEM	1	0.0847%	15	0.0007%	0.0085	0.0085	
CDM	4	0.3390%	1046	0.0500%	0.1476	0.5905	
CE	5	0.4237%	2448	0.1171%	0.2764	1.3819	
CEHM	7	0.5932%	4243	0.2030%	0.3422	2.3952	
CEHMS	2	0.1695%	518	0.0248%	0.1462	0.2924	
CEHMSV	2	0.1695%	28	0.0013%	0.0079	0.0158	
CEHMSZ	2	0.1695%	1007	0.0482%	0.2842	0.5685	
CEHMX	1	0.0847%	54	0.0026%	0.0305	0.0305	
CEHMX	1	0.0847%	31	0.0015%	0.0175	0.0175	

¹ Includes the 98.24% of the DSHS population in survey-eligible groups (including DCS clients) whose service profile was represented in the client survey sample.

APPENDIX E—Weighting

Programs	SAMP_N	SAMP_PC	POP_N	POP_PC	WT	WT_N	Weighting Scheme 1—Including Clients Selected from Child Support Continued
CEHMX	1	0.0847%	496	0.0237%	0.2800	0.2800	
CEHMZ	5	0.4237%	1110	0.0531%	0.1253	0.6266	
CEM	12	1.0169%	17097	0.8179%	0.8043	9.6516	
CEMS	1	0.0847%	836	0.0400%	0.4719	0.4719	
CEMSX	1	0.0847%	1024	0.0490%	0.5781	0.5781	
CEMSZ	8	0.6780%	1637	0.0783%	0.1155	0.9241	
CEMX	2	0.1695%	1703	0.0815%	0.4807	0.9614	
CEMZ	8	0.6780%	4299	0.2057%	0.3034	2.4269	
CEX	3	0.2542%	1794	0.0858%	0.3376	1.0127	
CEZ	4	0.3390%	1770	0.0847%	0.2498	0.9992	
CHM	3	0.2542%	2723	0.1303%	0.5124	1.5372	
CM	4	0.3390%	13154	0.6293%	1.8564	7.4257	
CX	5	0.4237%	4905	0.2347%	0.5538	2.7690	
CZ	11	0.9322%	4214	0.2016%	0.2163	2.3789	
D	24	2.0339%	9365	0.4480%	0.2203	5.2867	
DE	1	0.0847%	182	0.0087%	0.1027	0.1027	
DEHM	9	0.7627%	2057	0.0984%	0.1290	1.1612	
DEHMV	2	0.1695%	280	0.0134%	0.0790	0.1581	
DEHMX	1	0.0847%	27	0.0013%	0.0152	0.0152	
DEM	29	2.4576%	10314	0.4934%	0.2008	5.8224	
DEMV	7	0.5932%	555	0.0266%	0.0448	0.3133	
DEMVZ	1	0.0847%	26	0.0012%	0.0147	0.0147	
DHM	6	0.5085%	1303	0.0623%	0.1226	0.7356	
DHMSV	1	0.0847%	2	0.0001%	0.0011	0.0011	
DHMOV	3	0.2542%	194	0.0093%	0.0365	0.1095	
DM	43	3.6441%	12138	0.5807%	0.1594	6.8521	
DMV	13	1.1017%	1048	0.0501%	0.0455	0.5916	
E	93	7.8814%	217141	10.3881%	1.3181	122.5800	
EHM	48	4.0678%	42133	2.0157%	0.4955	23.7848	
EHMS	16	1.3559%	7671	0.3670%	0.2707	4.3304	
EHMSV	1	0.0847%	532	0.0255%	0.3003	0.3003	
EHMSVX	1	0.0847%	133	0.0064%	0.0751	0.0751	
EHMSX	10	0.8475%	1808	0.0865%	0.1021	1.0206	
EHMSZ	4	0.3390%	2312	0.1106%	0.3263	1.3052	
EHMV	9	0.7627%	1870	0.0895%	0.1173	1.0556	
EHMX	6	0.5085%	3146	0.1505%	0.2960	1.7760	
EHMZ	14	1.1864%	8856	0.4237%	0.3571	4.9994	
EM	144	12.2034%	619198	29.6227%	2.4274	349.5484	
EMS	27	2.2881%	17315	0.8284%	0.3620	9.7746	
EMSV	3	0.2542%	576	0.0276%	0.1084	0.3252	
EMSVX	1	0.0847%	218	0.0104%	0.1231	0.1231	
EMSVZ	1	0.0847%	113	0.0054%	0.0638	0.0638	
EMSX	11	0.9322%	4648	0.2224%	0.2385	2.6239	
EMSZ	13	1.1017%	5530	0.2646%	0.2401	3.1218	
EMV	13	1.1017%	3603	0.1724%	0.1565	2.0340	
EMVX	3	0.2542%	504	0.0241%	0.0948	0.2845	
EMVZ	6	0.5085%	822	0.0393%	0.0773	0.4640	
EMX	12	1.0169%	18293	0.8751%	0.8606	10.3267	
EMZ	40	3.3898%	81798	3.9133%	1.1544	46.1764	
ES	7	0.5932%	4123	0.1972%	0.3325	2.3275	
ESX	6	0.5085%	1485	0.0710%	0.1397	0.8383	
ESZ	1	0.0847%	437	0.0209%	0.2467	0.2467	
EV	5	0.4237%	1880	0.0899%	0.2123	1.0613	
EVX	1	0.0847%	268	0.0128%	0.1513	0.1513	
EVZ	3	0.2542%	200	0.0096%	0.0376	0.1129	
EX	13	1.1017%	27421	1.3118%	1.1907	15.4796	
EZ	19	1.6102%	31913	1.5267%	0.9482	18.0155	

APPENDIX E—Weighting

Programs	SAMP_N	SAMP_PC	POP_N	POP_PC	WT	WT_N	Weighting Scheme 1— Including Clients Selected from Child Support Continued
HM	12	1.0169%	10230	0.4894%	0.4813	5.7750	
HMS	3	0.2542%	783	0.0375%	0.1473	0.4420	
HMV	1	0.0847%	325	0.0155%	0.1835	0.1835	
HMX	1	0.0847%	139	0.0066%	0.0785	0.0785	
HV	1	0.0847%	115	0.0055%	0.0649	0.0649	
M	42	3.5593%	375220	17.9507%	5.0433	211.8184	
MS	2	0.1695%	3274	0.1566%	0.9241	1.8482	
MV	2	0.1695%	1042	0.0498%	0.2941	0.5882	
MVZ	1	0.0847%	38	0.0018%	0.0215	0.0215	
MX	1	0.0847%	2251	0.1077%	1.2707	1.2707	
S	8	0.6780%	11341	0.5426%	0.8003	6.4022	
SX	5	0.4237%	1569	0.0751%	0.1771	0.8857	
V	39	3.3051%	5590	0.2674%	0.0809	3.1557	
VZ	2	0.1695%	214	0.0102%	0.0604	0.1208	
X	67	5.6780%	207031	9.9045%	1.7444	116.8727	
Z	50	4.2373%	158881	7.6009%	1.7938	89.6912	

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	
A	1	0.0010	1812	0.0010	1.0149	1.0149	PROGRAMS: A: ADSA—LTC (HCS & RCS) C: Children's Administration D: Developmental Disabilities E: Economic Services H: Mental Health M: Medical Assistance S: Alcohol & Substance Abuse V: Vocational Rehabilitation
ACDEM	1	0.0010	5	0.0000	0.0028	0.0028	
ACEM	1	0.0010	258	0.0001	0.1445	0.1445	
ADEHM	1	0.0010	144	0.0001	0.0807	0.0807	
ADM	5	0.0051	969	0.0006	0.1085	0.5427	
AEHM	16	0.0164	6579	0.0038	0.2303	3.6848	
AEHMS	7	0.0072	427	0.0002	0.0342	0.2392	
AEHMSV	1	0.0010	11	0.0000	0.0062	0.0062	
AEM	56	0.0575	24416	0.0140	0.2442	13.6751	
AEMS	2	0.0021	590	0.0003	0.1652	0.3305	
AEMV	2	0.0021	206	0.0001	0.0577	0.1154	SAMP_N: Number of clients who completed survey using this combination of programs SAMP_PC: Percentage of the clients who completed the survey using this combination of programs POP_N: Number of clients in CY2009 using this combination of programs POP_PC: Percentage of CY2009 clients using this combination of programs WT: Weight to produce N of 974 with program distribution equal to population program distribution (adjusted for empty cells) WT_N: Number using this combination of programs after applying WT
AHM	11	0.0113	6059	0.0035	0.3085	3.3936	
AHMS	2	0.0021	67	0.0000	0.0188	0.0375	
AM	27	0.0277	25676	0.0148	0.5326	14.3808	
C	56	0.0575	44997	0.0259	0.4500	25.2023	
CD	1	0.0010	68	0.0000	0.0381	0.0381	
CDEHM	1	0.0010	241	0.0001	0.1350	0.1350	
CDEM	1	0.0010	21	0.0000	0.0118	0.0118	
CDM	4	0.0041	1052	0.0006	0.1473	0.5892	
CE	10	0.0103	6012	0.0035	0.3367	3.3672	
CEHM	13	0.0133	5849	0.0034	0.2520	3.2760	
CEHMS	4	0.0041	1991	0.0011	0.2788	1.1151	
CEHMSV	2	0.0021	89	0.0001	0.0249	0.0498	
CEHMSV	2	0.0021	138	0.0001	0.0386	0.0773	
CEM	22	0.0226	23099	0.0133	0.5881	12.9375	
CEMS	9	0.0092	3497	0.0020	0.2176	1.9586	
CHM	3	0.0031	2782	0.0016	0.5194	1.5582	
CM	4	0.0041	13656	0.0079	1.9121	7.6486	
D	24	0.0246	9407	0.0054	0.2195	5.2687	
DE	1	0.0010	198	0.0001	0.1109	0.1109	
DEHM	10	0.0103	2127	0.0012	0.1191	1.1913	
DEHMS	2	0.0021	300	0.0002	0.0840	0.1680	
DEM	29	0.0298	10566	0.0061	0.2041	5.9179	
DEM	8	0.0082	596	0.0003	0.0417	0.3338	
DHM	6	0.0062	1315	0.0008	0.1228	0.7365	
DHMS	1	0.0010	3	0.0000	0.0017	0.0017	
DHMSV	3	0.0031	195	0.0001	0.0364	0.1092	
DM	43	0.0441	12220	0.0070	0.1592	6.8443	
DMV	13	0.0133	1058	0.0006	0.0456	0.5926	
E	99	0.1016	276475	0.1590	1.5641	154.8502	
EHM	64	0.0657	54135	0.0311	0.4738	30.3203	
EHMS	26	0.0267	11791	0.0068	0.2540	6.6040	
EHMSV	2	0.0021	793	0.0005	0.2221	0.4441	
EHMSV	9	0.0092	2514	0.0014	0.1565	1.4081	
EM	158	0.1622	719289	0.4136	2.5498	402.8648	
EMS	47	0.0483	27493	0.0158	0.3276	15.3985	
EMSV	5	0.0051	907	0.0005	0.1016	0.5080	
EMV	21	0.0216	4929	0.0028	0.1315	2.7607	
ES	13	0.0133	6045	0.0035	0.2604	3.3857	
EV	9	0.0092	2348	0.0014	0.1461	1.3151	
HM	12	0.0123	10668	0.0061	0.4979	5.9750	
HMS	3	0.0031	843	0.0005	0.1574	0.4722	

2 Includes the 98.7% of the DSHS population (not including DCS clients) whose service profile was represented in the client survey sample.

APPENDIX E—Weighting

Programs	SAMP_N	SAMP_PC	POP_N	POP_PC	WT	WT_N	Weighting Scheme 2— Without Clients Selected from Child Support Continued
HMV	1	0.0010	339	0.0002	0.1899	0.1899	
HV	1	0.0010	126	0.0001	0.0706	0.0706	
M	42	0.0431	387472	0.2228	5.1671	217.0182	
MS	2	0.0021	3727	0.0021	1.0437	2.0874	
MV	3	0.0031	1099	0.0006	0.2052	0.6155	
S	11	0.0113	13259	0.0076	0.6751	7.4262	
V	41	0.0421	6066	0.0035	0.0829	3.3975	

Responses by Client Sub-group



Photo: Clipart.com

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
QUALITY AND HELPFULNESS										
Overall, do DSHS programs help you and your family?	89%	93%*	89%	96%*	90%	92%	95%		*	
Thinking of all the programs together, has DSHS done good work?	85%	88%	86%	89%	86%	85%	91%			
Does your DSHS program do good work?	85%	86%	84%	89%	85%	82%	92%		*	*
Are you satisfied with DSHS program services?	79%	80%	77%	83%	77%	77%	91%		*	*
DSHS STAFF										
Do DSHS staff treat you with courtesy and respect?	91%	90%	89%	92%	89%	90%	94%			
Do staff listen to what you have to say?	90%	89%	89%	91%	89%	89%	95%		*	
Do staff understand your needs?	90%	85%	85%	91%*	86%	87%	91%			
ACCESS AND PROCESSES										
Are DSHS program offices open at times that are good for you?	90%	90%	89%	91%	89%	88%	94%			
Is it easy to get to the DSHS program office?	89%	86%	86%	91%*	87%	88%	89%			
Is it easy to get services from the DSHS program?	74%	73%	71%	78%	71%	71%	83%		*	*
Did you get services as quickly as you needed?	76%	77%	76%	78%	76%	66%	87%	*	*	*
When you call DSHS, is it easy to get a live person when you need to?	72%	68%	69%	71%	68%	73%	73%		*	
Do DSHS staff return your calls within 24 hours?	65%	65%	63%	69%	61%	68%	73%			
INFORMATION										
Do you know what program services there are for you and your family?	63%	60%	61%	61%	64%	63%	50%		*	
Did program staff explain things clearly?	86%*	81%	82%	87%	83%	81%	87%			
Was it easy to get the information you needed about services?	80%	80%	79%	80%	81%	76%	80%			
CLIENT INVOLVEMENT										
Did you have a say in what kind of services you get?	74%	75%	71%	78%	70%	76%	84%		*	
Did you help make plans and set goals about services?	68%	64%	62%	71%*	62%	73%	69%	*		
COORDINATION										
Does DSHS make sure all your services work well together?	70%	82%*	79%	60%	77%	76%	90%			
Do the staff from your different DSHS programs work together as a team to try to help you get the services you need?	63%	69%	68%	59%	63%	73%	90%		*	*

* 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—Women were more likely to find DSHS services helpful and coordinated. Men were more likely to find explanations clear.**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, although they are less likely than other clients to know what services are available.

Responses by Program Sub-group



Photo: Clipart.com

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

	Completed By		Number Programs Used			Differences		
	Client	Other**	1 prgm	2 prgms	3 + prgms	1-2	1-3	2-3
QUALITY AND HELPFULNESS								
Overall, do DSHS programs help you and your family?	88%	95%*	91%	93%	89%			*
Thinking of all the programs together, has DSHS done good work?	88%	86%	85%	89%	86%			
Does your DSHS program do good work?	85%	86%	85%	87%	82%			*
Are you satisfied with DSHS program services?	78%	82%	82%	78%	76%			
DSHS STAFF								
Do DSHS staff treat you with courtesy and respect?	89%	92%	93%	89%	88%		*	
Do staff listen to what you have to say?	89%	91%	93%	88%	86%	*	*	
Do staff understand your needs?	85%	90%*	91%	85%	84%	*	*	
ACCESS AND PROCESSES								
Are DSHS program offices open at times that are good for you?	88%	92%	90%	90%	90%			
Is it easy to get to the DSHS program office?	84%	91%*	89%	86%	87%			
Is it easy to get services from the DSHS program?	72%	76%	75%	72%	72%			
Did you get services as quickly as you needed?	76%	78%	79%	74%	75%			
When you call DSHS, is it easy to get a live person when you need to?	69%	71%	75%	65%	68%			
Do DSHS staff return your calls within 24 hours?	62%	68%	67%	61%	66%	*		
INFORMATION								
Do you know what program services there are for you and your family?	60%	62%	60%	61%	63%			
Did program staff explain things clearly?	82%	86%	86%	81%	81%		*	
Was it easy to get the information you needed about services?	80%	80%	82%	77%	80%			
CLIENT INVOLVEMENT								
Did you have a say in what kind of services you get?	71%	77%	79%	72%	70%		*	
Did you help make plans and set goals about services?	62%	69%	66%	64%	69%			
COORDINATION								
Does DSHS make sure all your services work well together?	78%	75%			77%			
Do the staff from your different DSHS programs work together as a team to try to help you get the services you need?	67%	66%			67%			

* 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 program services than were client respondents.

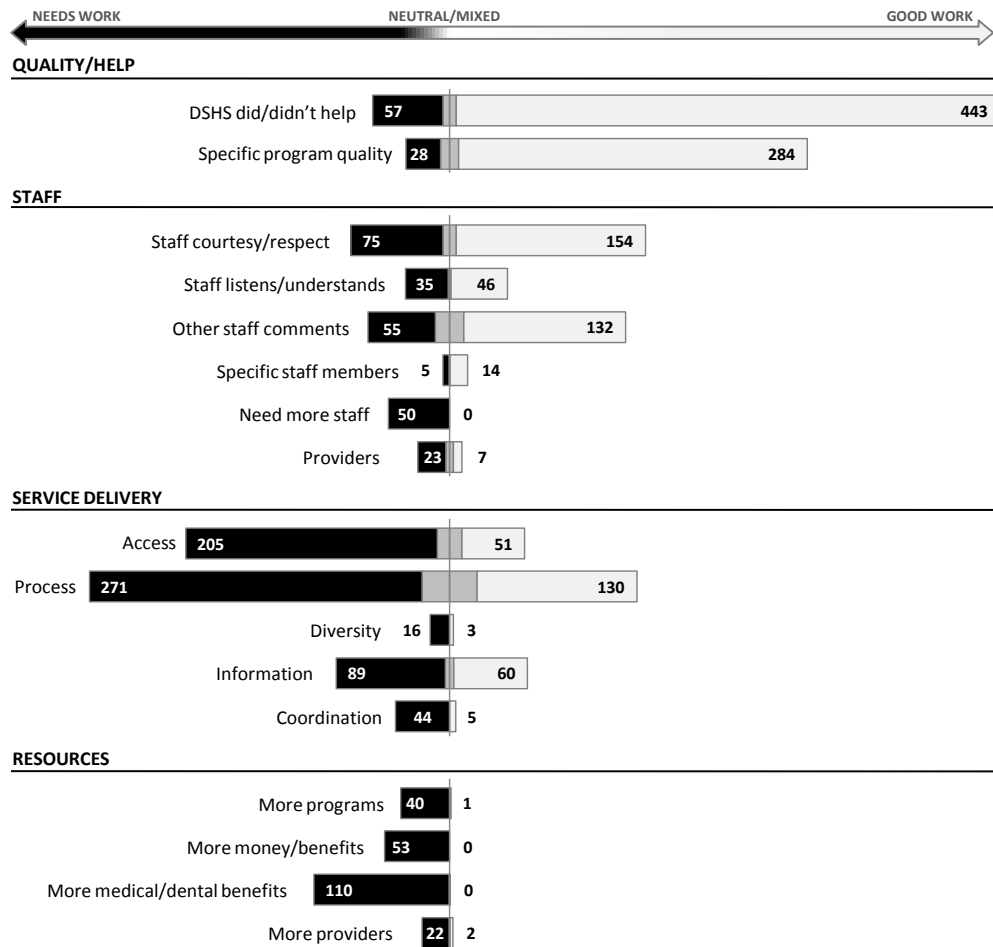
By Number of Programs—No readily apparent pattern of responses.

Themes from Narrative Questions: Detail and Glossary



Photo: Clipart.com

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; didn't like dealing with DSHS; must deal with DSHS to get benefits/services
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
STAFF	
Staff Courtesy/Respect	Compliments/complaints regarding staff courtesy, respect, attitude, sensitivity, friendliness, compassion
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, fairness, 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, voicemail, e-mail, and web-site access; return calls and messages; call centers
Office Location/Hours	Ease in getting to programs/services; office hours; transportation; physical condition of office(s)
Appointment Processes	Intake system; long/short waits to be seen; scheduling appointments; appointment notification; phone interviews/online communications

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 – and to maintain 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
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INFORMATION

General Information	Information from staff to clients about 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
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Narrative Comments Report

1,102 of 1,180 Respondents Made Comments

All DSHS Clients • Unweighted Data

MAJOR THEMES AND SUBTHEMES ¹		Total		Good Work		Needs Work		Mixed or Neutral	
		# ²	% of All ³	# ²	%	# ²	%	# ²	%
Quality/Help		700	63.5%	599	86%	68	10%	33	5%
DSHS Helped	H	399	36.2%	399	100%				
DSHS Didn't Help	HD	36	3.3%			36	100%		
Things are OK	HO	33	3.0%	33	100%				
Nothing	HN	105	9.5%	69	66%	36	34%	0	0%
Specific Program Quality	HS	327	29.7%	284	87%	28	9%	15	5%
Staff		456	41.4%	237	52%	164	36%	55	12%
Staff Courtesy	SC	240	21.8%	154	64%	75	31%	11	5%
Staff Listens/Understands	SL	83	7.5%	46	55%	35	42%	2	2%
Other Staff Comments	SO	210	19.1%	132	63%	55	26%	23	11%
Specific Staff	SP	20	1.8%	14	70%	5	25%	1	5%
Need More Staff	SN	50	4.5%			50	100%		
Providers	SX	36	3.3%	7	19%	23	64%	6	17%
Process/Access		624	56.6%	126	20%	393	63%	105	17%
<i>ACCESS</i>		<i>276</i>	<i>25.0%</i>	<i>51</i>	<i>18%</i>	<i>205</i>	<i>74%</i>	<i>20</i>	<i>7%</i>
Phone/Staff Access	AP	163	14.8%	20	12%	136	83%	7	4%
Location/Hours	AL	59	5.4%	13	22%	44	75%	2	3%
Appointment Process	AA	97	8.8%	34	35%	58	60%	5	5%
<i>PROCESS</i>		<i>446</i>	<i>40.5%</i>	<i>130</i>	<i>29%</i>	<i>271</i>	<i>61%</i>	<i>45</i>	<i>10%</i>
Process - General	PR	78	7.1%	35	45%	41	53%	2	3%
Process - Specific	PS	203	18.4%	60	30%	133	66%	10	5%
Paperwork	PP	26	2.4%	2	8%	24	92%	0	0%
Process - Timeliness	PT	121	11.0%	55	45%	65	54%	1	1%
Eligibility	PE	116	10.5%	22	19%	88	76%	6	5%
<i>DIVERSITY</i>		<i>19</i>	<i>1.7%</i>	<i>3</i>	<i>16%</i>	<i>16</i>	<i>84%</i>	<i>0</i>	<i>0%</i>
Diversity/Preference	DV	19	1.7%	3	16%	16	84%	0	0%
Information		156	14.2%	60	38%	89	57%	7	4%
Information - General	IN	148	13.4%	59	40%	82	55%	7	5%
Language Services	IL	10	0.9%	1	10%	9	90%	0	0%
Coordination		49	4.4%	5	10%	44	90%	0	0%
Between Programs	CP	35	3.2%	2	6%	33	94%	0	0%
Between Workers	CW	17	1.5%	3	18%	14	82%	0	0%
Resources		204	18.5%	3	1%	199	98%	2	1%
More Programs	RP	41	3.7%	1	2%	40	98%	0	0%
More Money/Benefits	RB	53	4.8%	0	0%	53	100%	0	0%
More Medical/Dental Benefits	RM	111	10.1%	0	0%	110	99%	1	1%
More Providers	RC	25	2.3%	2	8%	22	88%	1	4%
Other		156	14.2%	2	1%	2	1%	152	97%
Other/Miscellaneous	O	124	11.3%	2	2%	2	2%	120	97%
Don't Know	DK	41	3.7%					41	100%

¹Major 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.

²All # 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.

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



2011 Client Survey
DSHS Clients Speak
APPENDICES