

# 2013 Social and Health Services Client Survey **Our Clients Speak**

August 2013  
Report 11.197



Washington State  
Department of Social  
& Health Services

Washington State  
Health Care Authority



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**Title:** 2013 Social and Health Services Client Survey: Our Clients Speak

**Abstract:** Between October 2012 and April 2013, DSHS surveyed 1,180 clients who received services between April 2011 and March 2012. These clients were asked about their satisfaction with social and health services and recommendations for change. As in previous years, the great majority of clients expressed satisfaction with services and their interactions with staff. Complaints tended to target specific policies, procedures and staff actions. Trends concerning access were mixed: Clients reported that getting services is easier and quicker, but it is more difficult to speak to a worker familiar with the individual case.

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

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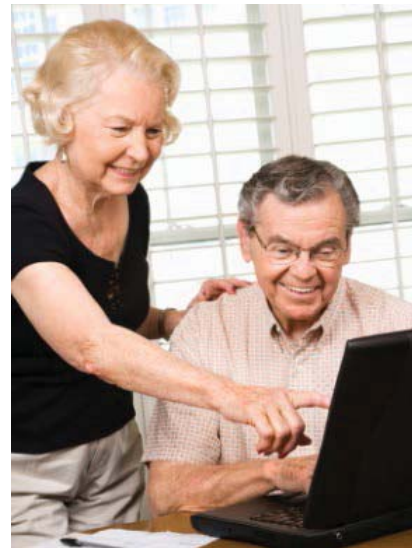
## WWW

### ON THE WEB . . .

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

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

## Highlights of the Survey



### Survey Facts

The 2013 Client Survey is the eighth in a series of agency-wide client surveys initiated in 2001.

- The survey was conducted between October 2012 and April 2013.
- **1,180** clients were interviewed by phone.
- Clients were randomly selected from Washington State social and health service programs, and were asked about all social and health services they utilized.
- Most services covered in the survey were provided by the Department of Social and Health Services. Medical assistance services were provided by the Health Care Authority.
- The **87%** completion rate is extraordinarily high. State social and health service clients are often transient and difficult to locate.
- The cooperation rate is also high. Of the clients who could be contacted, **95%** completed the survey.

## The biggest news is mixed trends in access: Overall access to services and information has improved – but it's more difficult to reach a staff member.

The biggest changes in 2013 client perceptions were in the area of access. Our clients report that getting services is easier and quicker, but it is more difficult to speak to a worker familiar with the individual case. This reflects a societal trend – in both public and private agencies – to more efficient and less personalized service.

- *Clients say that accessing services is faster and easier*

### DATA HIGHLIGHTS

- ▶ 82% of clients reported they get services as quickly as they need them - up from 77% in 2011; a statistically significant increase.\*
- ▶ Positive comments about timeliness of services increased 9% from 2011.
- ▶ 77% of clients said that it is easy to get services – up from 71% in 2005; a statistically significant increase.\*

- *Information is easier to access, and easier to understand*

### DATA HIGHLIGHTS

- ▶ 82% of clients said it is easy to get the information they need - up from 75% in 2011; a statistically significant increase.\*
- ▶ 86% of clients said that program staff explain things clearly - up from 82% in 2005.
- ▶ Positive comments about information increased 42% from 2011.

- *Access to staff is more difficult*

### DATA HIGHLIGHTS

- ▶ Negative comments about phone and staff access increased 150% from 2009.
- ▶ Only 61% said that it is easy to get a live person when needed - down from 67% in 2007; a statistically significant decrease.\*
- ▶ Negative comments about appointment processes increased 32% from 2011.
- ▶ Comments that DSHS needs more workers increased 38% from 2011.

## Other good news

Overall satisfaction with services and staff remains high; some improvements are noted.

- *Satisfaction with the quality and helpfulness of social and health services continues at high levels*

### DATA HIGHLIGHTS

- ▶ 92% of clients reported that social and health service programs help them and their family overall.
- ▶ 88% of clients indicated that, taken together, social and health service programs do good work.
- ▶ 81% said they are satisfied with program services.

\* Changes are statistically significant at the .05 level.



- ***When they can reach workers, most clients are happy with staff interactions***

DATA  
HIGHLIGHTS

- ▶ 89% of clients reported that staff treat them with courtesy and respect.
- ▶ 89% said staff listen to what they say.
- ▶ 89% indicated that staff understand their needs – up from 85% in 2005; a statistically significant increase.\*

- ***Significant improvements in satisfaction were seen in several programs***

DATA  
HIGHLIGHTS

- ▶ Economic Services Administration’s Community Service Offices (CSOs) are the gateway to services for many clients. CSO clients, like clients overall, reported more rapid delivery of services. 78% of clients said they get services as quickly as they need them – up from 67% in 2011.\*
- ▶ CSO clients also reported gains in the area of client involvement. 69% of clients indicated they have a say in what kind of services they get – up from 59% in 2011.\* 57% of clients said they helped to make plans and set goals about their services – up from 50% in 2011.\*
- ▶ Developmental Disabilities Administration client responses were also indicative of positive change. 96% of clients reported that social and health service programs help them overall – up from 87% in 2011.\* Further, 95% of clients reported that staff understand their needs – up from 87% in 2011.\*
- ▶ Medical Assistance clients noted service improvements. 92% said they get services as quickly as they need them, and 89% said it is easy to get services from their program. For both questions, this is an increase of 6 percentage points from 2011.\*
- ▶ Fewer clients complained about a need for more medical and dental benefits. Only half as many commented on this type of problem.

## Other challenges

**Even though most clients report overall satisfaction with staff and services, areas of discontent reflect the ongoing challenges facing social and health service clients and programs. Many clients have suggestions for improvements in the way services are accessed and delivered. Although relatively infrequent, reports of poor treatment by staff are always a concern.**

- ***Clients continue to point to areas that need improvement***

DATA  
HIGHLIGHTS

- ▶ More than one third of the respondents mentioned a need for improvements in processes or access to services
- ▶ Complaints about appointment and eligibility processes increased by nearly one-third from 2011. Some complained about long waits in offices, crowded lobbies, required use of computers without staff support, and inability to schedule appointments. Others reported that eligibility processes are complex and confusing; place unfair income, age, and time limits on benefits and services; and fail to “flex” to accommodate individual circumstances
- ▶ 13% said “No” to “Is it easy to get services from the program?”

\* Changes are statistically significant at the .05 level.

- ***Problematic interactions with staff also concern some clients***

DATA  
HIGHLIGHTS

- ▶ 5% of respondents said staff don't treat them with courtesy and respect
- ▶ 4% said staff don't listen to what they have to say
- ▶ 4% said staff don't understand their needs
- ▶ 7% reported there was a time when social and health service staff treated them unfairly because of disabilities, race, culture, gender, age, or sexual orientation.

- ***Significant decreases in satisfaction were seen in two programs***

DATA  
HIGHLIGHTS

- ▶ 70% of the custodial parent clients of the Division of Child Support answered "Yes" to "Overall, do social and health service programs help you and your family?" This is down from 83% in 2011.\*
- ▶ 71% of custodial clients of the Division of Child support answered "Yes" to "Does your program do good work?" This is down from 86% in 2011.\*
- ▶ 31% of Community Service Office clients answered "Yes" to "When you call, is it easy to get a live person when you need to?" This is down from 54% in 2009,\* and is consistent with the finding that all clients are experiencing more problems reaching staff by phone.



\* Changes are statistically significant at the .05 level.

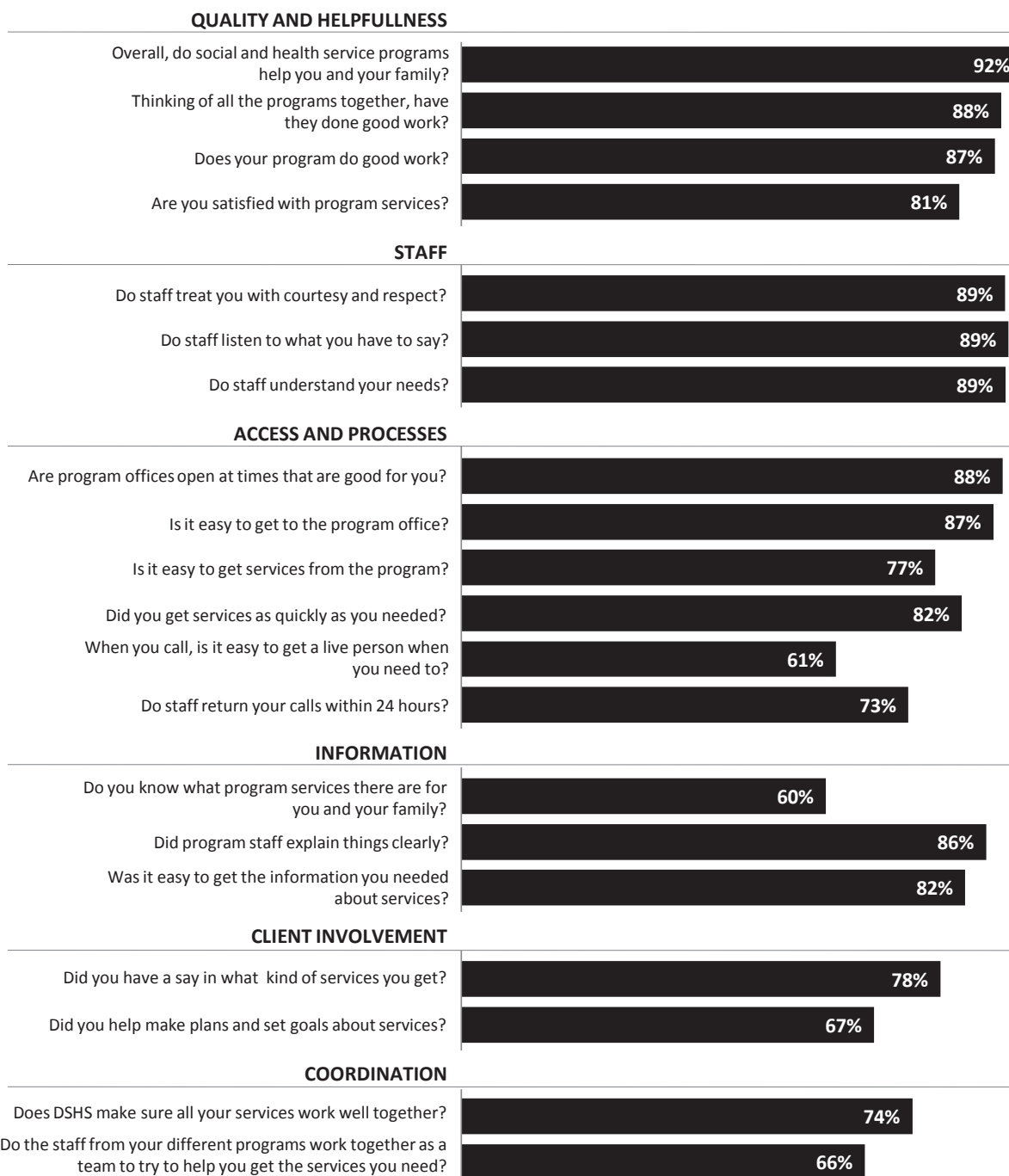


## Survey Results at a Glance

The survey analysis is based on two types of questions. The answers to the 20 standard questions are summarized in the chart below. The chart on page 6 summarizes the narrative responses to the three open-ended questions.

### 2013 Social and Health Services Client Survey satisfaction rates

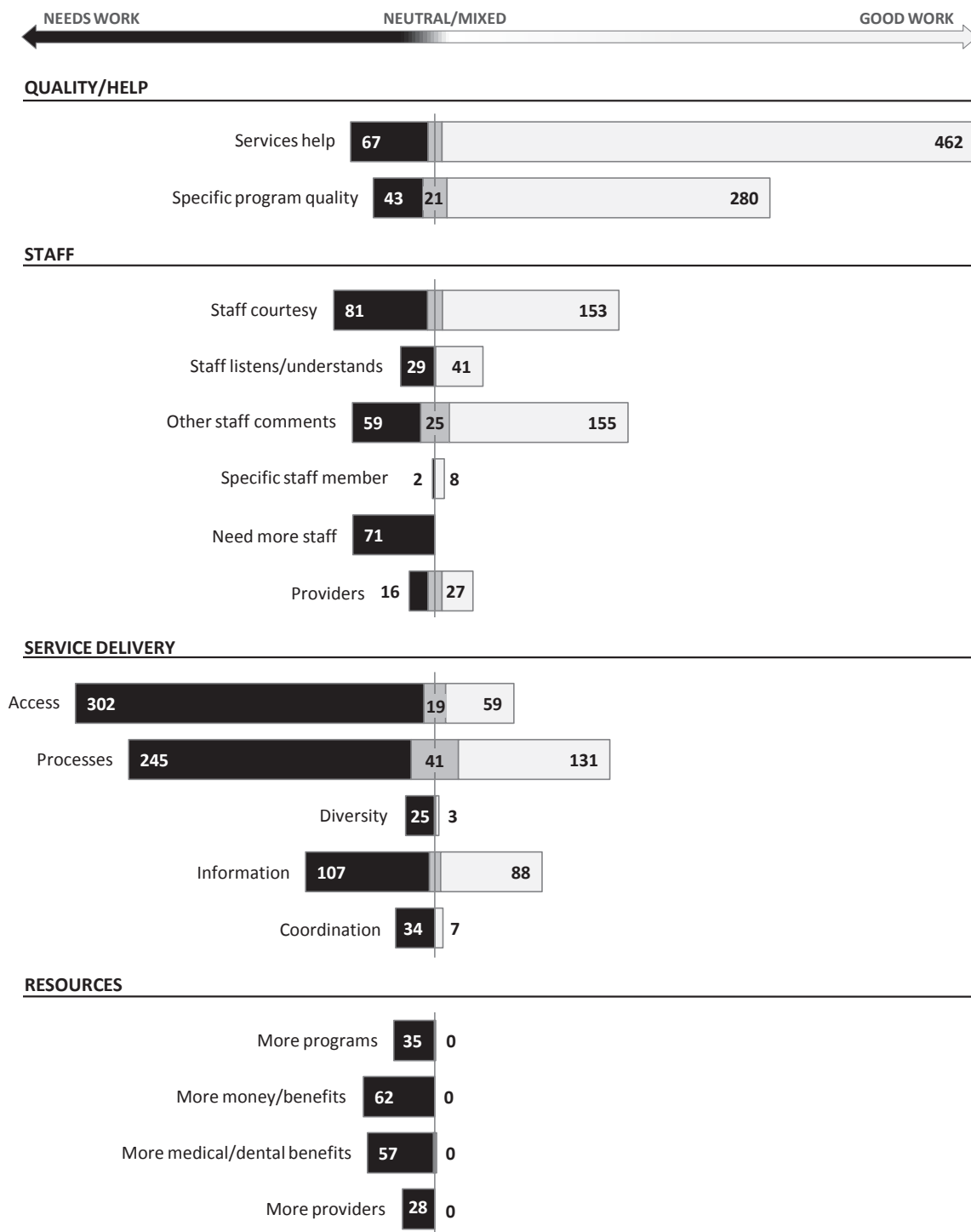
All DSHS and Medical Assistance Clients • Weighted Data



\* Percentage shown is the percent who answered "yes" or "strong yes." Data is weighted.

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

All DSHS and Medical Assistance Clients • Unweighted Data



\* Narrative comments were made in response to three questions. Respondents were asked (1) what they like best about dealing with social and health service programs, (2) how services could be improved, and (3) if they had any additional comments.

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

## Quality and Helpfulness



### Clients are grateful for the social and health services they receive.

The majority of clients appreciate social and health services. Even survey respondents who are dissatisfied with some aspects of their service delivery offered thanks for the services available to them. Many clients are convinced that social and health programs make their lives better by offering them needed support and a measure of safety during periods of personal difficulty.

In the view of most social and health service clients, service quality and helpfulness remain high. The ratings for overall helpfulness, already high in previous surveys, continued on an upward trend in 2013.

This chapter focuses on the overall quality and helpfulness of social and health services.

- The first two pages address questions and comments about social and health services as a whole
- The remainder of the chapter concentrates on the quality of individual social and health service programs

Subsequent chapters address more specific aspects of service delivery and client involvement. While generally satisfied with the social and health services available to them, clients suggested many ways services could be improved or expanded to better meet their needs.



**Most clients were pleased with the overall quality of social and health program or service work.**

"I am grateful that we have services, and that DSHS exists."

"I like how they support people that are in need of help or in tough situations."

"They do a great job – thank you!"

"They are there to help people who really need help."

"Everything they do is good."

"DSHS does good work with essential services."

"I feel like the organization is helpful – they have really succeeded with that."

"They provide a lifeline when a person is in crisis, which helps keep them afloat."

"They help families, and help the world, be a better place."

**Some had mixed feelings about social and health service work.**

"DSHS does well in most areas, except for the intake process."

"[DSHS services] might not always be easy to understand, but they are there and available."

"DSHS is there, even though I have to jump through hoops [to get services]."

"DSHS is helpful, but unfortunately one has to be flat broke to get assistance of any kind."

"They always help me, even when they are rude."

"[DSHS] is a hassle at first, but once you get in the system, everything works pretty well."

**Others were critical of the work done by social and health services.**

"It's a difficult process to do anything with [DSHS], and it has caused my family much grief."

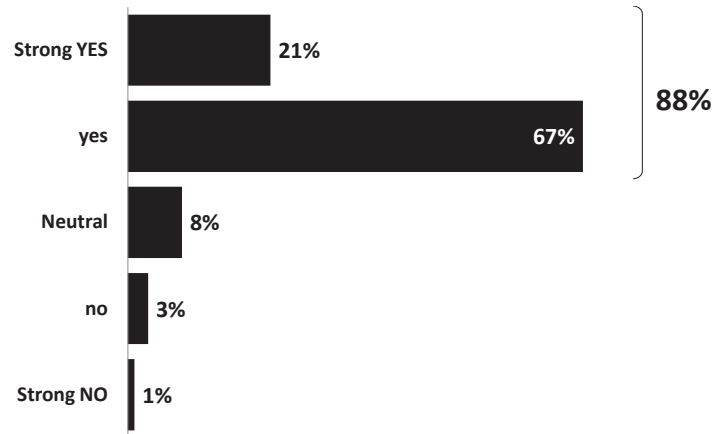
"I can't think of anything I really like about dealing with DSHS."

"I think DSHS stinks, and no one should be on it anymore."

"Sometimes [DSHS] hurts more than it helps. If it wasn't there, people would have to figure it out for themselves. It is a horrible system, a trap...it makes me want to cry, thinking about what I went through."

## QUESTION | Thinking of all the programs together, have they done good work?

Nearly nine out of ten survey respondents (88%) told us that social and health service programs have done good work. Less than one out of ten people (4%) disagreed.



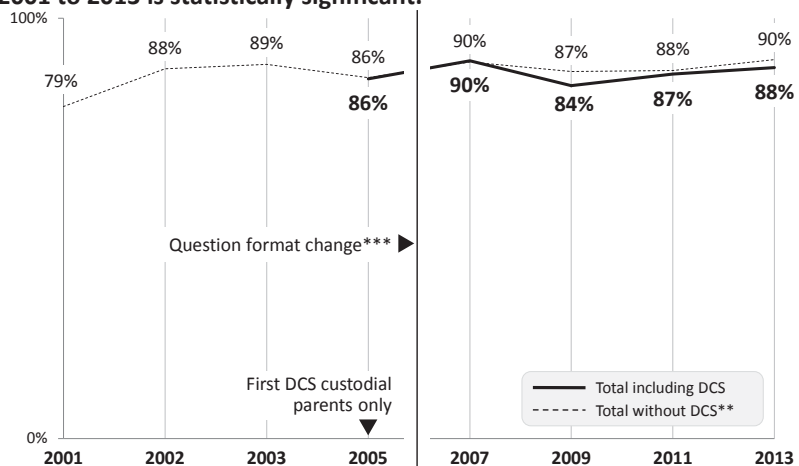
### SUBGROUPS:

Respondents were more likely to agree\* that social and health service programs have done good work when:

- The client participated in two programs (91% agreed), compared to three or more programs (84% agreed)

## Trend

This chart shows the percentage of respondents who answered the above question positively from the 2001 survey to present. The increase from 2001 to 2013 is statistically significant.\*



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

\*\* The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005, and non-custodial in 2007. To look at trends for comparable groups, use the solid black line (with DCS), or compare 2001-2013 using the broken gray line (without DCS).

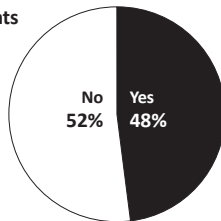
\*\*\* Question format changed between the 2005 and 2007 surveys, which may affect comparisons to previous years. See Appendix A.

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

## THEME | Quality and helpfulness of services

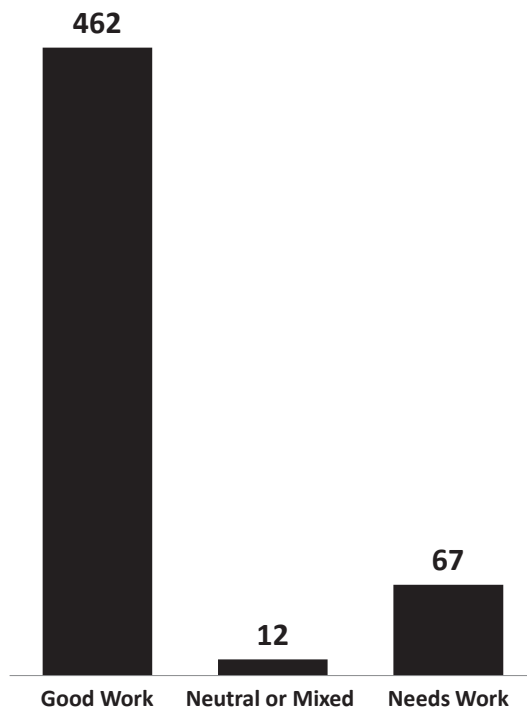
Comments about the overall quality and helpfulness of services (rather than specific programs or processes) were included in this category. Nearly half of survey respondents made a general comment about social and health services.

Made comments about quality and helpfulness?



541 of the 1,135 survey respondents who made comments (48%) mentioned the quality and helpfulness of services.

Of those 541 clients who addressed quality and helpfulness, the overwhelming majority (85%) made positive comments.



The majority of clients praised social and health services, and expressed their gratitude for the services they receive.

Many clients offered specific ideas for improving social and health services (discussed later in this report), but only a few made negative comments about social and health services overall. 36 clients replied “Nothing” to the question, “What do you like best about dealing with social and health services?” A small number of clients offered specific examples of situations where social and health services did not meet their needs.



The majority of clients praised the quality and helpfulness of services.

“I thought that my entire experience with DSHS was really great!”

“They have helped my family tremendously.”

“I like the benefits my family receives. It keeps us from being homeless.”

“They are there for me to help me with my child.”

“I always get what my family needs through DSHS.”

“When we desperately need help, there is somewhere to go.”

“They are always family friendly, and are there to help when we are in need.”

“Without the services, we would not be able to make it month to month.”

“They do everything to help for me and my husband.”

“I really want to say thank you for the help you have given me. I have gone through a very difficult time, and your services have been a life saver.”

“Whenever I needed them, they were there to help me.”

“I think they do an awesome job. They have always helped me out.”

“When I needed them, the services were available for me and my family.”

“I don’t know where I would be without them.”

**Some had complaints about services, or about their need to rely on those services.**

“I am disappointed with my experiences with DSHS. They need to improve customer service. It is not a happy place to go when I need help.”

“I would rather not have to rely on them for services.”

“It seems like they are herding a bunch of cows. It’s like a number deal, they don’t treat you that well.”

“I am homeless and cannot get the help I need.”

“If I had a choice, I wouldn’t deal with them at all, but I don’t have a choice.”

“The programs seem to encourage you to remain poor. It doesn’t feel like you are getting a step up.”



**Gratitude for help provided by social and health services programs was the most common theme in survey comments.**

"They have great programs that help people who are trying to advance themselves."

"DSHS is good for those who need it. Medical was SO important for me!"

"They have helped my mom with her medical needs and food stamps."

"They helped me when I was pregnant. I was able to keep my job and have a healthy baby. When I took time off after the baby, I was able to get support during that transitional phase. Thank you!!"

"They do a good job, and help elderly and sick people."

"I appreciate their willingness to pay for methadone."

"They are helpful if you are down on your luck. I needed money and food and medical for a short time. It was great!"

"They provided hearing aids for me."

"They helped me live in the community. I don't have to live in a group home, institution, or with the family."

**However, some clients find such programs to be less than helpful.**

"They could do better in delivery of services. I'm 3 dollars over the limit and so I do not get food stamps! My children suffer because of it. It seems to incentivize unemployment."

"CPS...it is very frustrating...the complaints they choose to follow up on, and the ones they don't when there have been repeated calls in concern for children's safety."

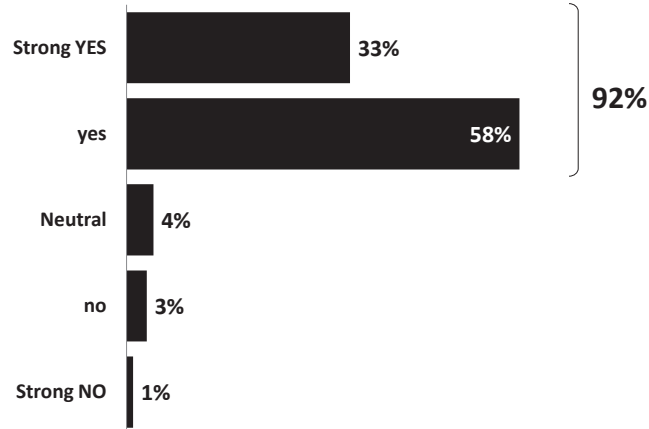
"Feel people on disability need more help."

"DSHS needs to greatly improve their approach to childcare. Too many people with small children can't even get through to DSHS over the phone. They make it too difficult to reach somebody regarding problems. They are unsympathetic and unhelpful."

"Care giving is not being provided for my son, as they cannot locate anyone to do the special needs care he needs"

## QUESTION | Overall, do social and health service programs help you and your family?

More than nine out of ten survey respondents (92%) reported that social and health services programs have helped them or their families. Less than one out of ten people (4%) disagreed.

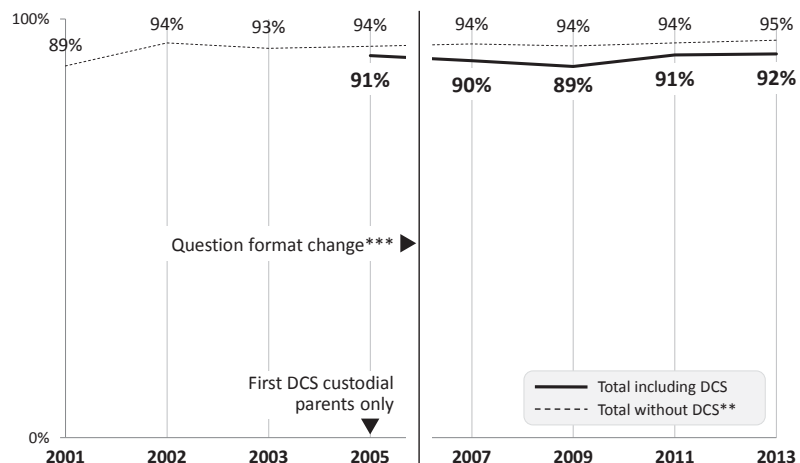


**SUBGROUPS:** Respondents were more likely to agree\* that social and health service programs help when:

- The respondent was a child (96% agreed), rather than an adult (89% agreed)
- The respondent was a representative of the client (96%), compared to when the respondent was the client (89%)
- The client participated in two programs (94%), compared to three or more programs (89%)

## Trend

This chart shows the percentage of respondents who answered the above question positively from the 2001 survey to present. The increase from 2001 to 2013 is statistically significant.\*



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

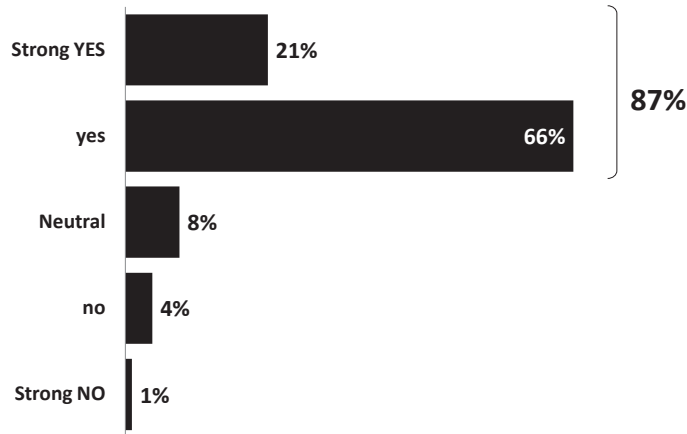
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\*\*\* Question format changed between the 2005 and 2007 surveys, which may affect comparisons to previous years. See Appendix A.



## QUESTION | Does your program do good work?

Almost nine out of ten survey respondents (87%) told us that the social and health service programs they used did good work. Less than one out of ten people (5%) disagreed.

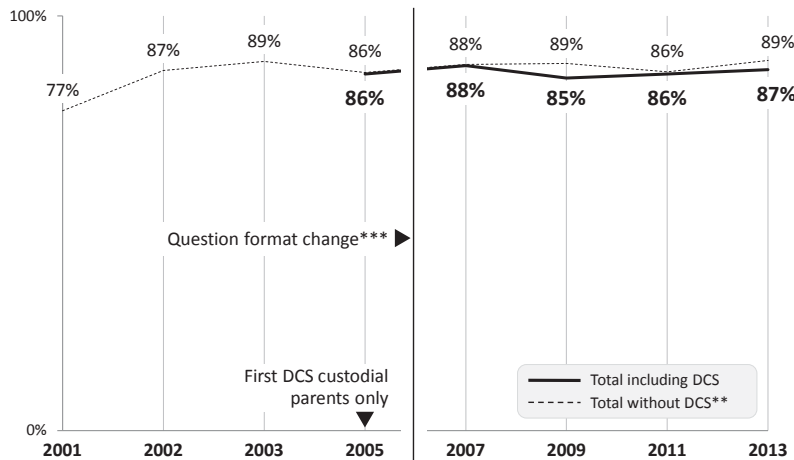


**SUBGROUPS:** Respondents were more likely to agree\* that social and health service programs do good work when:

- The client was a child (92% agreed), rather than an adult (84% agreed)
- The respondent was a representative of the client (90%), compared to when the respondent was the client (85%)

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This chart shows the percentage of respondents who answered the above question positively from the 2001 survey to present. The increase from 2001 to 2013 is statistically significant.\*



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



**Many clients commended a specific program or office.**

"On my own I could not find a job. I have a job now with the help of DVR."

"I like the fact that Children's Administration are supportive from the perspective of the children. They are totally focused on supporting the children and advocating for the children."

"The drug and alcohol treatment program was very good. I appreciate the help."

"I love WIC. I appreciate the availability of vaccinations and well child care."

"TANF – they've been very supportive of my family. We would be out on the streets without their help."

"My most positive experience was with the Work Source Program."

"I really appreciate that we have this Medicaid program for the kids."

"I like that [DCS] tries to keep up on collections. They track down absent parents."

**Some had complaints about a specific program's or office's performance.**

"Fire everybody in child support services. They are all arrogant, unhelpful, rude people. They need to learn to treat people like people. I have had the worst luck with people there."

"They need to improve their customer service in Seattle CSO office. I'd like to see more courtesy. I had a worker call me 'stupid.'"

"CPS – I feel like they have too much power and I think the things they are allowed to do legally have gone far beyond just protecting children and sometimes are damaging to children."

"In Vancouver CSO, I was treated like a criminal, like I had done something wrong, and left the office in tears."

"DVR lost forms, took 1.5 years to complete an assessment, took a year of placement services to say they could not help."

"Martin Luther King and Graham...if you're applying [for food assistance for a DD client or your grandmother, they're helpful, but if you're applying for yourself, they're rude."



**Most clients expressed satisfaction with program services.**

"They have provided me with food stamps, medical, and help with my child support."

"They have provided DD, DVR, food stamps and medical for me."

"I am very thankful for the benefits I receive. Without a caregiver I could not stay in my home."

"They just help my family with services in general, and we wouldn't be able to have medical coverage without them."

"Mental health services were very helpful and respectful. I got lots of help when I was unemployed."

"They set me up with housing and food stamps."

"I like how they help families who need food, cash, and medical coverage."

"DVR and mental health were helpful."

"They did everything possible to help me out with child support."

**Some offered ways to improve specific services.**

"Be more realistic about the amount of food stamps people are allotted."

"It'd be nice, when cases of relatives of children of adoption came up, [if] adoptive parents were notified."

"Make an easier way to find the balance on your food card."

"Give bio-parents less time to get their children back."

"If a person has been caring for a particular person for 15-20 years, rules regarding close family members providing care should have some latitude in them."

"The staff need better education regarding children's mental illness."

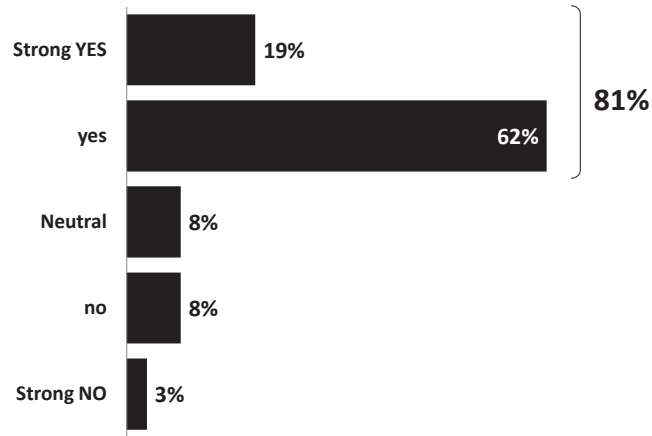
"Don't charge someone unless you can verify they owe the money."

"A person working with DVR needs an interview to get paid training. This is difficult for a person with disabilities to do. It would be better if someone from DVR called in advance or came with me on the interview."

"Stronger penalties for delinquent parents."

## QUESTION | Are you satisfied with program services?

More than eight out of ten survey respondents (81%) reported they are satisfied with services from their social and health services programs. Just over one in ten people (11%) disagreed.

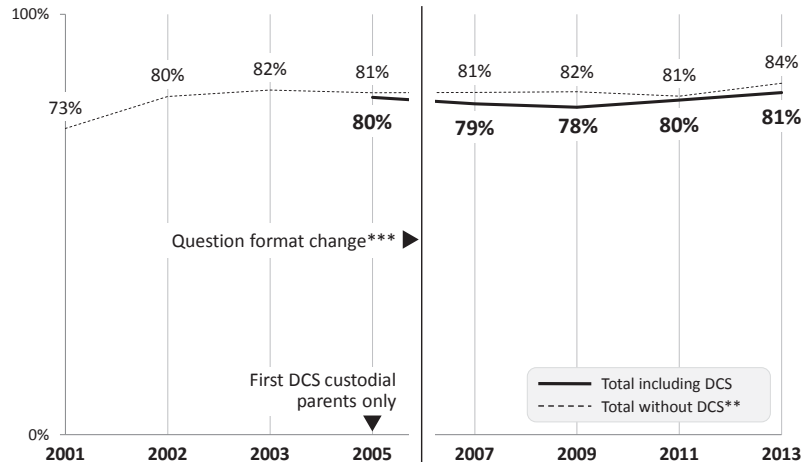


**SUBGROUPS:** Respondents were more likely to be satisfied\* with program services when:

- The client was a child (85% agreed), rather than an adult (79% agreed)

## Trend

This chart shows the percentage of respondents who answered the above question positively from the 2001 survey to present. The increase from 2001 to 2013 is statistically significant.\*



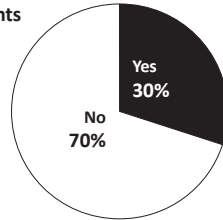
\* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.

\*\* The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005, and non-custodial in 2007. To look at trends for comparable groups, use the solid black line (with DCS), or compare 2001-2013 using the broken gray line (without DCS).

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

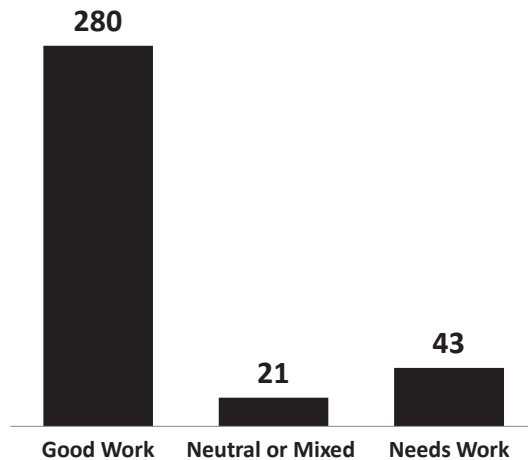
## THEME | Quality and helpfulness of specific programs, offices, locations

Made comments about specific program quality?



344 of the 1,135 clients commenting (30%) mentioned the quality and helpfulness of specific services.

Of those 344 clients who addressed specific programs, offices, or locations, the overwhelming majority (81%) made positive comments. 13% offered criticisms or suggestions for improvement.



Most clients commended the quality and helpfulness of social and health services programs and offices:

- 165 clients thanked social and health services for **medical services**
- 107 clients expressed gratitude for **food stamps**
- Clients also frequently praised **mental health, substance abuse, developmental disability, caregiver, job placement, economic, and child support services**

Some clients believe that individual programs or offices need improvement:

- 32 clients are unhappy with **poor service in their local social and health services office**
- 12 clients had complaints about **inefficient or uneven child support collection methods**
- Clients also criticized inadequate **medical, mental health, food assistance, job placement, and childcare services**.



Many clients spoke positively about the quality and helpfulness of a particular program or office.

"They provide me with food stamps, medical and COPES, which I am grateful for."

"The DD services for our son have been excellent."

"I've gotten more out of the service than I expected. DVR exceeded my expectations."

"They help me with my medication."

"The system in the Vancouver CSO, you don't have to wait a long time, they see you quickly."

"TANF is a good program."

"I can't express how grateful I am for the DCS services provided by your agency."

"The services that I receive are great. I'm very thankful for the medical and food stamps and residential support."

"HEN program is good!"

"They have provided me with medical, food stamps, and mental health services, and I am very grateful."

**Some clients feel certain programs or offices need improvement.**

"There were cutbacks in the Port Angeles office of DVR. There was no one to greet people or answer the phone. Not good for new applicant."

"The medical services – it is very, very hard to get the specialized services, you have to go through a lot of red tape. The mental health services are not good, as they won't return phone calls until after 72 hours."

"Answer the phone. I can't get through to a live person at Smokey Point."

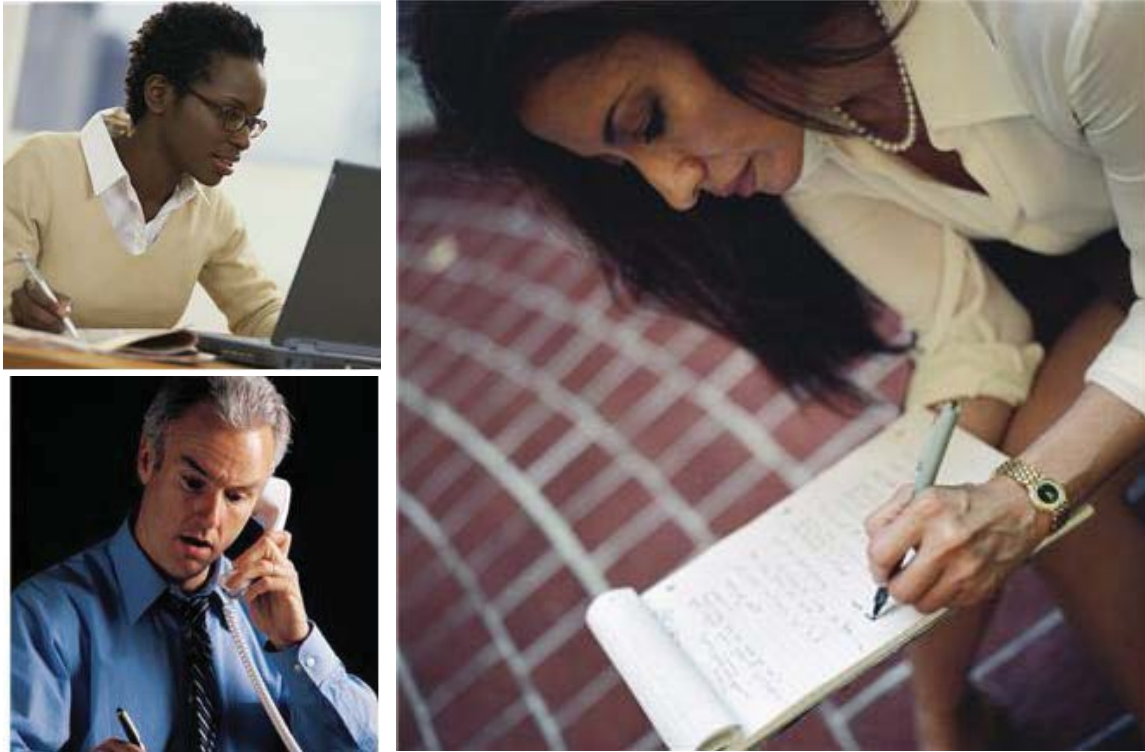
"The 'tribal' unit could have more effective social workers. The one I had does not follow up on her children."

"I did not feel supported by CPS... they should have been in court with me to try and get protection for my child."

"Colville...Social workers and food stamp workers just don't have time...You almost need to know someone or get some coaching on how to access the programs."



## Staff



### Clients want positive and productive interactions with staff.

As in past surveys, many respondents had complimentary things to say about their dealings with social and health services staff.

Clients appreciate staff who are:

- Courteous and respectful
- Good listeners, and understanding of their circumstances
- Fast and efficient in responding to their needs
- Knowledgeable about their work, and strong advocates for their clients

They dislike staff who are:

- Rude or judgmental
- Unable to listen well, or understand information they provide
- Poor at providing the help they need
- Lacking in job knowledge, job experience, or concern for their clients' welfare

Clients also commented on service providers paid through social and health service program. Their comments about providers – positive or negative - were much the same as comments they made about social and health services staff.



### Clients want staff to be courteous and respectful.

"The staff are very helpful and courteous."

"People are very respectful and understanding of your situation. They don't treat you poorly."

"Be a little bit nicer. Whenever I have to call the office, they make me feel worthless."

"I appreciate the respect of the individual, the common courtesy. It is very good in our area."

"Most of the time workers are in a bad mood and don't treat you good."

"They need to be more kind to the customer."

"All the workers treated me well, and respectful."

### They also want staff to listen well and understand their needs.

"They listen to what we have to say, and they help us with what we need."

"Listen to my needs better. Not hang up the phone on me."

"They really try to understand and go to bat for me."

"They don't ask how you are, and what you need."

"We were adoptive parents and the social worker discounted our input."

"They understand her problems."

### Clients like to deal with staff who are professional, knowledgeable, and hard-working.

"I got very efficient service, very kind and professional."

"The case manager is very energetic and knowledgeable."

"Train the people to be better at customer service and not so judgmental."

"I think they would rather push paper than actually work hard on my case."

"It is quick professional help whenever I have a question."

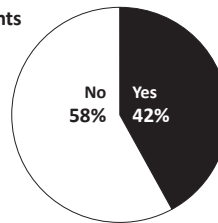
"People at the call center do not know about the programs that DSHS has to offer, or the qualifications."

"Caseworkers press their opinions and values into the situation."

"Workers are very knowledgeable and provide me with whatever I need."

## THEME | All staff comments

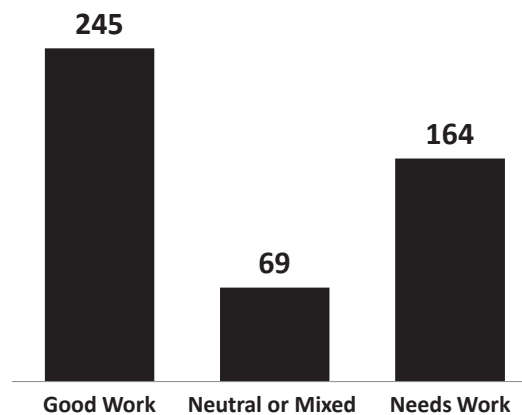
Made comments about staff?



478 of the 1,135 respondents who made comments (42%) mentioned social and health services staff.

478 clients commented on their interactions with social and health service staff. The topics that clients mentioned most often are discussed in some detail later in this chapter.

Just over half of respondents who spoke about social and health service staff (51%) made positive remarks. Slightly more than one third (34%) made negative comments or suggestions for improvement. 14% made neutral or mixed comments.



Comments about staff fall into four primary categories:

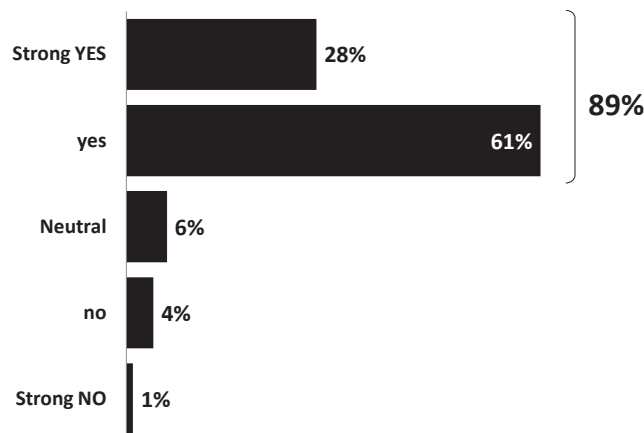
- Courtesy and respect. 247 clients addressed how they were treated by staff. See pages 17 and 18.
- Listening and understanding. 71 clients addressed these topics. See pages 19, 20 and 21.
- Other comments about staff – covering topics like responsiveness, professionalism, and knowledge. 239 clients made comments in this category. See page 22.
- Comments regarding particular staff. 10 clients praised or criticized individual social and health services staff members. See page 23.

The last two pages of this chapter review client comments about social and health services providers (page 24) and the need for more social and health service staff (page 25).



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

Nearly nine out of ten respondents (89%) said staff treat them with courtesy and respect. Less than one out of twenty (5%) disagreed.

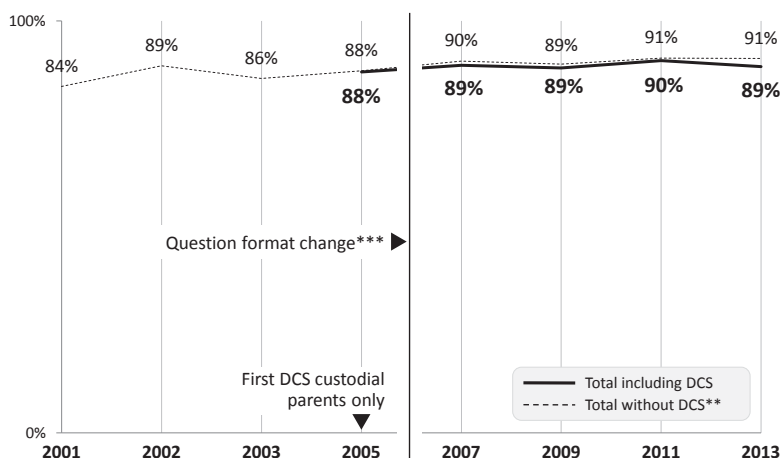


**SUBGROUPS:** Respondents were more likely to agree\* that staff are courteous and respectful when:

- The client was a child (92% agreed), rather than an adult (87% agreed)
- The respondent was a representative of the client (91%), compared to when the respondent was the client (87%)

## Trend

The chart below shows the percentage of respondents who answered positively from the 2001 survey to present. The increase from 2001 to 2013 is statistically significant.\*



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

\*\* The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005, and non-custodial in 2007. To look at trends for comparable groups, use the solid black line (with DCS), or compare 2001-2013 using the broken gray line (without DCS).

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



**Most clients praised staff's courteous and respectful behavior.**

"When I go to the CSO, the staff is friendly."

"I like how they respect me, and make sure that my needs are met."

"The lady who helped me get these food stamps was the nicest lady I know. She made me feel great."

"I always get a nice and helpful operator when I call the office."

"Overall friendliness of the workers there - they are very respectful and courteous."

"The people at the office are really nice and helpful, and they treat me with respect."

**Some found staff to be rude or disrespectful.**

"Some of the staff need to be a bit friendlier. The receptionist staff are rude!"

"Staff need 'attitude adjustments.' Some people answering the phone seem short and impatient."

"TREAT PEOPLE WITH RESPECT. Some of us are not deadbeats. I have met with disdain, contempt by a worker."

"We've had some people who were really rude. Made us feel worthless and low."

"I was required to bring my disabled daughter to the interview at the time of the death of her father...The staff were disrespectful toward me and her."

"Most of the staff treat you like the bottom of the barrel."

**Clients dislike feeling "judged" by staff.**

"Caseworker attitudes feel like judgments. They act like money is coming out of their pocket."

"They are judgmental about my history."

"Train people to be better at customer service, and not be so judgmental."

"I had court papers from another state and did not understand the protocol...I felt like I was being judged and criticized for not knowing both state's rules on disbursement of funds for child support."



**Clients want staff to treat them with courtesy and friendliness.**

"They are always very kind and courteous."

"The workers are very friendly."

"Those who are at the front desk are not courteous."

"Ask the staff to be more friendly. Staff look like they are not happy with their jobs, showing anger."

"I think they are nice people. They treat me well and help me."

"They need staff that are more personable with the public."

"They have been very pleasant and they are always good to me."

**They also want staff's respect, whatever their present circumstances.**

"I have always been treated with respect whenever I have gone to the CSO. You are doing a great job."

"They don't treat you like you are from a lower class."

"The customer service is deplorable! I see them being rude to clients all the time. They are condescending!"

"I feel I get talked down to quite a lot."

"They are always respectful."

"I think [staff] look down at people. They should show respect even for those who don't have money and are disabled."

"After the caseworker got to know me, I felt respect."

**Clients like staff who are caring and concerned about their welfare.**

"They have really nice people who seem to really care about you."

"They are understanding and empathetic."

"I've been met with grumpiness from workers, lack of caring, which makes me feel lowly. I often have to remind myself that this service is there to help people, even though the people don't seem like they want to help."

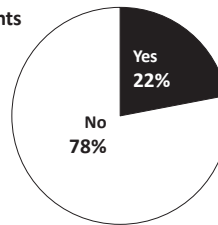
"Most of the people I have worked with are compassionate and caring."

"The customer service is very cold and official, like they have been trained to say 'No.'"

"So far I have received good service. They have been kind. Thank you!"

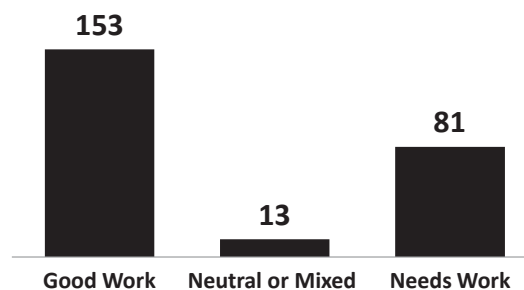
## THEME | Staff courtesy and respect

Made comments about staff courtesy and respect?



247 of the 1,135 clients commenting (22%) mentioned staff courtesy and respect.

The staff issue most frequently mentioned in the survey was courtesy and respect. Of the 247 clients who commented on staff courtesy and respect, the majority (62%) were complimentary. One third (33%) made criticisms or suggestions for improvement.



Most clients who offered comments found staff to be:

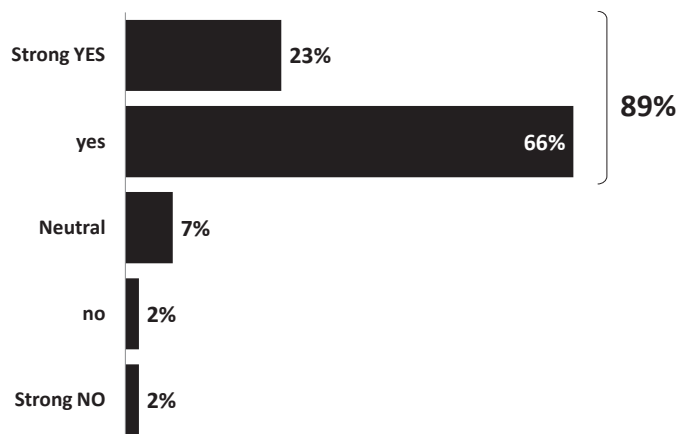
- Pleasant to deal with, and willing to help
- Respectful to them, regardless of their circumstances
- Genuinely concerned about clients and their needs

Some clients suggested staff should:

- Quit being rude to their clients
- Be kinder and friendlier to those they serve
- Have a more positive attitude in the workplace
- Never act "superior" to clients
- Never behave as if a client's concern is unimportant

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

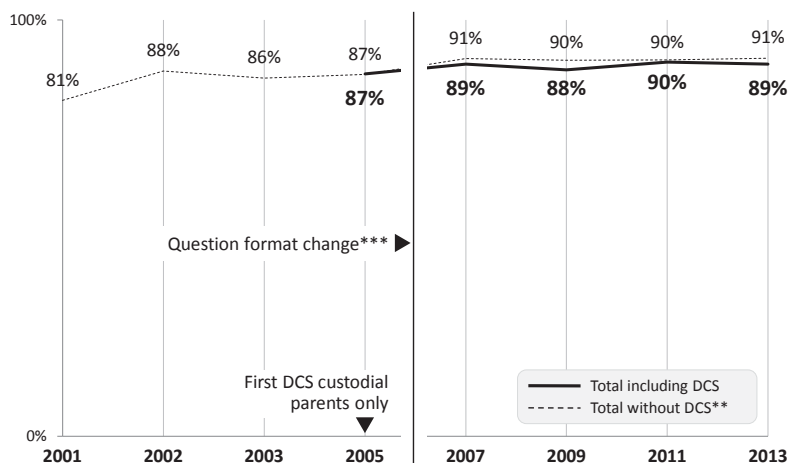
Nearly nine out of ten respondents (89%) feel that staff listen to them. Only 4% disagreed.



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

## Trend

The chart below shows the percentage of respondents who answered positively from the 2001 survey to present. The increase from 2001 to 2013 is statistically significant.\*



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

\*\* The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005, and non-custodial in 2007. To look at trends for comparable groups, use the solid black line (with DCS), or compare 2001-2013 using the broken gray line (without DCS).

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



**Most clients feel staff listen well to the information and ideas that they share.**

"They listen. I appreciate that."

"When you have a problem you can go in and workers will listen to you and direct you in the right way to solve the problem."

"They listen and they help me."

"My caseworker listens to me."

"They listen, and are concerned about my son."

"DSHS/DVR listened to me, and looked out for me."

"They listen to what I have to say."

**Some clients feel staff could improve their listening skills.**

"The caseworkers do not listen, or give us what we really need."

"DD should listen to answers to their questions at annual review."

"When I tried to communicate about my unique situation, I was disregarded."

"Please listen."

"Have an orientation where the client can talk about what can be changed for the better. Ask for our input."

"Don't be so quick to turn people away...listen kindly."

"They could have listened to me better, as there was a huge communication gap which was a totally bad experience for me."

"The new counselor seems to not be listening now."

"Children's Administration needs to invest more time into listening to the facts and not making up their minds."

"Check with kids to see what they are doing with their lives. If they are good kids, they would have good input about what is needed."

"Listen better to people's needs."



**The majority of clients say that staff understand their needs clearly.**

"I like all of the staff at DSHS. I think they understand me."

"They help, and understand your problems, and point you in the right direction."

"They see the big picture as far as your needs."

"They understand my situation."

"The workers that I have now have been understanding of my unique situation and my mental health issues."

"They have an understanding of the problems we have."

"The individual I work with is on top of things. They understand what I need."

"They are understanding of needs."

"They are always very understanding, and willing to work with me."

"They were very understanding of my situation. It took a lot of stress out of dealing with my ex-husband."

"They are courteous, and they seem to understand."

**Some clients report that staff fail to understand their needs.**

"The worker did not understand that I needed immediate attention on the application for my brother's urgent medical needs. It was a stressful situation."

"My case manager does not seem to understand me."

"The workers need to communicate with the clients and understand what their situation is."

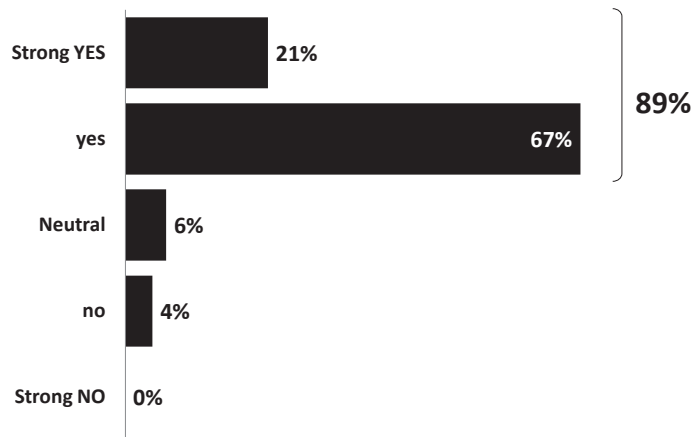
"Understand the people who really need the help."

"Have better people who understand what is going on with the person they are dealing with."

"Take a look at everybody's situation thoroughly, and consider all of their circumstances."

## QUESTION | Do staff understand your needs?

Nearly nine out of ten respondents (89%) feel that staff understand their needs. Just 4% disagreed.

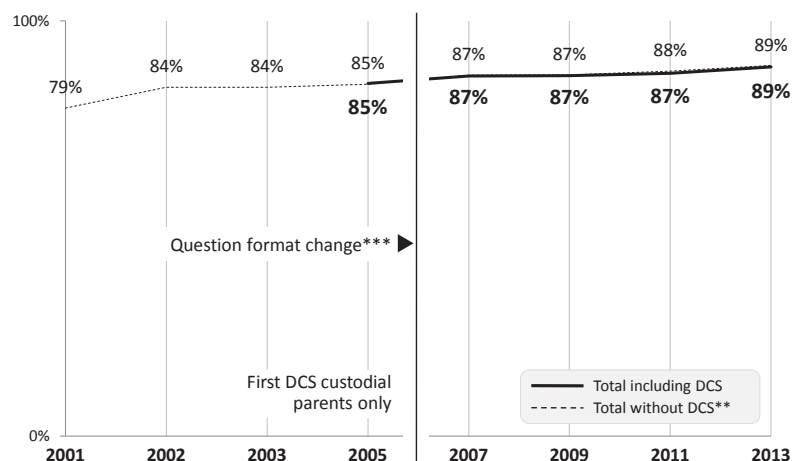


**SUBGROUPS:** Respondents were more likely to agree\* that staff understand their needs when:

- The client participated in one program (92% agreed), compared to three or more programs (85 % agreed)

## Trend

The chart below shows the percentage of respondents who answered positively from the 2001 survey to present. The increase from 2001 to 2013 and the increase from 2005 to 2013 are both statistically significant.\*



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

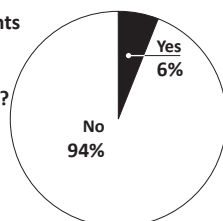
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\*\*\* Question format changed between the 2005 and 2007 surveys, which may affect comparisons to previous years. See Appendix A.

NOTE: Non-custodial parents were not asked this question about services from the Division of Child Support services as the question is not applicable for these clients.

## THEME | Staff listen/understand

Made comments  
about staff  
listening or  
understanding?



71 of the 1,135 respondents who made comments (6%) mentioned staff listening or understanding.

Nearly six out of ten (58%) of the clients who addressed staff listening and understanding made positive remarks. About four out of ten (41%) offered criticisms or suggestions for improvement.



Some clients complimented staff for:

- Being attentive when they share information
- Listening well to their needs and concerns
- Understanding the particular needs of each client
- Considering their input when service decisions are made

Others would like staff to:

- Listen more carefully
- Respond to each client's personal circumstances and specific needs
- Give clients more "say" in their service plans
- Make clients feel they are an important part of the team

For more information concerning client/staff interaction, see the "Client Involvement" chapter (Chapter 5).



**Clients want staff to hear and understand them.**

"The lady here at the CSO is a very nice person, and she really listens and understands."

"They definitely listen to me. They (DVR) understand my health issues."

"Could listen a little harder to the problems that we Medicaid people have. They don't get to the root of the problem as quickly as they could (financial service workers and social service workers)."

"They listen, and are pretty understanding of what you need."

**They appreciate staff who are attentive to their specific needs.**

"The case manager is great in that she shows attention and gets the help that we need."

"I like the attention you receive when you request help."

"Individualize more so that caseworkers could actually talk to the clients in a more individual way."

"I like the attention and services."

"Staff are nice and attentive."

**Clients want to be part of the "team" when decisions are made about their services.**

"I appreciate the collaborative and empowering process of assessment."

"I felt like they were more than willing to work with me for what my daughter needs."

"Treat foster parents like part of the team."

"I like that we all work like a team to help the tenant or resident – this is HUD housing apartments. In person or over the phone, it seems like the case manager and people involved in her care really want to work as a team."

"Decisions were made without my knowledge or approval."

"I like the way they cooperate with us. They have made me feel so comfortable."

"Case managers (social workers) should make a plan with a client about how to care for his health."

"They are very cooperative, and provide me with what I need."



**Clients like staff who are responsive to their requests for assistance.**

"My caseworker is great. They have provided me with the services and mental health services that I need."

"They did not call me back and work with me. The case worker was unresponsive."

"The people at DCS are very responsive. The caseworker gets back to me quickly and helps solve the problem."

"The workers that I have dealt with are great. They have provided me with the things that I have needed."

"My worker should be there when I show up for appointments."

"Better communication between the clients and the social workers."

"They were very helpful with the foster children I was caring for. I appreciate their willingness to help."

**They also like staff who go out of their way to provide good service.**

"When we need help we feel like our social worker drops what he is doing to help us right away."

"It would be good for them to call us and see how we are doing."

"They bent over backwards to help us when we had our grandkids."

"Maybe come by more often and make sure everything is good."

"Once you are engaged in the service, they go the long haul with the client."

**Clients value staff who are efficient, professional, and know their job well.**

"They meet our daughter's needs, through DD, in a timely and professional manner."

"They are very knowledgeable about what they are doing."

"The social workers need to have better knowledge as to what services are available and how to use them."

"They are helpful, they explain things, and they are good to talk to."

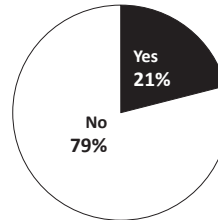
"Have more efficient, knowledgeable workers who know eligibility and rules."

"They have been very professional, and have helped us so very much."

## THEME | Other comments about staff

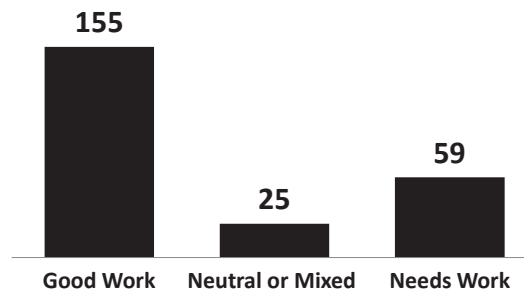
All comments about staff which did not refer to courtesy, respect, listening, or understanding were categorized as "Other" staff comments.

Made other comments about staff?



**239 of the 1,135 clients commenting (21%) made other comments about staff.**

The majority of the 239 clients (65%) made positive comments about staff. One quarter (25%) made criticisms or suggestions for improvement.



If clients' positive comments were not about courtesy, respect, listening, or understanding, they most often commended:

- Staff's strong efforts to respond to client needs
- Staff's outstanding customer service
- Staff's professional conduct
- Staff's knowledge and efficiency

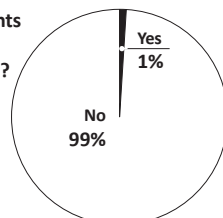
Some clients suggested:

- Staff should respond more quickly and effectively to client needs
- Staff should keep in better contact with clients
- Staff should know more about the rules and operations of the programs and agencies that employ them
- Staff should know about their agency's client services, and about client services offered by other agencies in the community



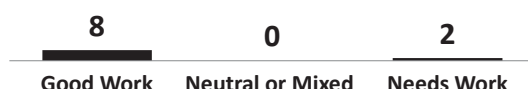
## THEME | Specific staff members

Made comments  
about specific  
staff members?



10 of the 1,135 respondents who made comments (1%) named specific staff members.

Most of the clients who mentioned particular staff members (8 of 10) made positive comments. Two clients were critical of staff members.



Clients who complimented specific staff members noted:

- Their intelligence
- Their courteous manner
- Their prompt and helpful responses to client needs
- Their mentoring skills
- Their respect for clients' interests and goals
- Their genuine caring for clients

The two clients who made negative comments suggested that certain staff members should be:

- Less irritable
- Less rude and condescending
- More helpful



**Some clients offered compliments to a particular staff member.**

"I love Peter, our caseworker. He is brilliant and he sincerely cares about us. I know that without question."

"Pam Marshall, DDD Social Worker. She is great."

"Mostly I like my caseworker. She is an extremely pleasant person, and when I ask her a question, she has the courtesy to tell me she will have to find out or tell me where I can find out. She has always been extremely prompt and helpful. I really applaud her. Her name is Rachel Silva."

"My counselor, Bob Hayes, is incredible. DVR."

"Judy Warren is an awesome caseworker."

"Have more people like Velvet in locations like Sea Mar Medical Clinic. I probably never would have been brave enough to go down to the CSO. Velvet reached out to me when I was at Sea Mar and saved me from drowning."

"The DSHS representative at Sea Mar Medical Clinic – Velvet. She is awesome."

"My daughter's DD worker, Ursula Weiss, is the best of the best."

"My Vocational Rehabilitation counselor, Katie, is awesome. She is on time, cares about me, and shows me how to get what I need. She honors what I am interested in and what I am capable of succeeding at."

**Two clients were critical of specific staff members whose behavior had offended them.**

"[Name deleted] is one who always seems irritable."

"Fire [name deleted]! He was rude and talked down to me. I told him my situation. He wasn't much help at all."



**Some clients applauded the service they receive from providers.**

"My primary care physician takes care of my DD son...that doctor has been great."

"I couldn't ask for better care for her at Yakima Valley School."

"My Lifeline counselor is great. I have really benefited from their services."

"I love Harborview Mental Health. My primary care is through Pioneer Clinic. It is great! I get in as quickly as I need."

"I have had a great experience with the Adult Family Home. They are fantastic."

"They sent me to a vendor for a vocational assessment. This was helpful."

"The mental health provider has been wonderful across the board!"

**Other clients suggested that service from providers needs improvement.**

"The HMO, Community Health Plan of Washington, has not been easy to deal with, whether it be treatment or medication."

"DVR set up a worksite that did not work out. The employer was not there most of the time, and refused to hire me after the practice period. This was not a good experience."

"There are long lines when I go see my regular doctor, sometimes it takes a long time to see him."

"Sound Mental Health. It is very difficult to get there, taking the bus. It took 2 months to find out they didn't have a therapist for me...the only thing they have for me is a graduate student."

"He hates his psychiatrist and needs an updated psychiatric evaluation as he is not being treated properly."

"I believe I get lesser medical services from the providers because I am low income vs. someone with money."

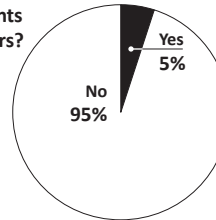
"Doctors should keep appointments and operate on schedule better."

"The doctor I had to talk to in Richland about my son's medical condition acted like he thought I was lying."

"The community agency that is working with him hasn't found him a job in 2 years."

## THEME | Providers

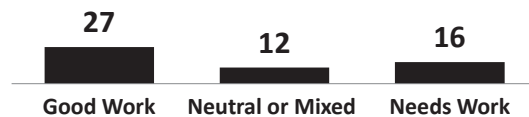
Made comments about providers?



**55 of the 1,135 clients commenting (5%) spoke about social and health service providers.**

**In addition to comments about social and health services staff, 55 clients commented on the quality of services received from providers paid through social and health service programs.**

**Of those who commented on providers, 27 (49%) offered positive comments. Sixteen (29%) made negative comments or suggestions for improvement, and twelve (22%) made mixed or neutral comments.**



Clients who made positive comments about providers praised:

- Competent providers
- Caring providers
- Helpful services

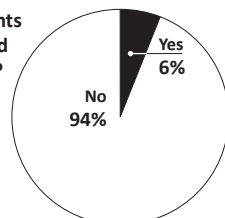
Some clients suggested providers need to:

- Be more accommodating
- Be more accessible
- Offer better quality services

Other clients complained that it is difficult to find a provider who accepts medical/dental coupons. This issue is addressed in the Resources chapter (Chapter 7), page 63.

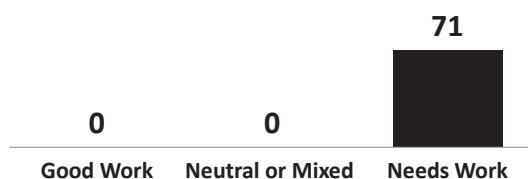
## THEME | Need more staff

Made comments  
about the need  
for more staff?



**71 of the 1,135 respondents who made comments (6%) noted the need for more staff.**

**All but one of the 71 clients who made comments addressed the need for more social and health services employees.**



All of the clients who commented on the need for more staff made one or more of the following points:

- More staff would lead to better client service
- More staff would mean more individualized client service
- More staff would result in more staff engagement with clients
- More staff would encourage more relaxed – and more courteous – staff interactions with clients
- More staff would shorten wait times in offices
- More staff would shorten telephone hold times, and make it more likely a “real person” would answer the phone



**Clients see staff being overworked, and believe hiring more staff would lead to better customer service.**

“DSHS staff are overworked, and don’t have time to treat each person as an individual.”

“Caseloads are too big. This causes people to do the minimum and have less personal involvement with clients.”

“I think the workers are stressed and have way too many people to deal with and may not be able to help all people well. They need more employees.”

“Really need to hire more staff. People are too rushed when dealing with the public.”

“Hire more staff and help staff be more engaged in their work so they seem happy to work with us.”

“Increase their staff because they are overloaded with cases, and families tend to fall through the cracks.”

“More staff are needed. People would probably be more courteous if they were not overwhelmed.”

**They also believe hiring more staff would result in shorter wait times in offices and on the phone.**

“Get more people to work for them, so you don’t have to spend 3 hours in the office when you go in.”

“Hire more people to answer the phone so you don’t get the recorder and have to wait hours.”

“They need more help in local offices. The lines are very long, always.”

“Get people in and out of ESA more quickly. Hire more staff.”

“Shorten the waiting time by hiring more qualified staff.”

“Reduce the lines – hire more staff in front lobby.”

“Reduce wait times on the phone. Hire staff to answer the phone.”

“DASA needs more people in their office. There are people that need services now, who cannot wait a month for services. They are swamped.”

**One client feels fewer staff are needed.**

“They need to slim down the employment. The people don’t need to create jobs just for job security.”



## Access and Process



### Overall access to services has improved, but it's more difficult to reach staff

**Clients report that getting services is easier and quicker.**

- 82% of clients reported they get services as quickly as they need them – up from 77% in 2011
- 77% of clients said it is easy to get services from their program – up from 73% in 2011
- Positive comments about timeliness of services increased 9%
- Negative comments about process – excluding phone and staff access - decreased 11%

**Access to staff is a greater problem as services are streamlined and automated.**

- Negative comments about phone and staff access increased 150% from 2009. Most of these negative comments in 2013 (76%) came from Community Service Office (CSO) customers
- 29% of all clients – and 53% of CSO clients – said that it is NOT easy to get a live person when needed
- Clients want quicker and easier ways to connect with staff by phone, mail, e-mail or website

**Complex processes that are hard to use and understand continue to frustrate clients.** They want social and health services to:

- Offer more efficient ways to schedule and complete appointments
- Decrease wait-times in offices
- Make online services easier to use
- Simplify paperwork, and decrease the amount of paperwork
- Streamline the process of applying for services



Most clients responded positively to the question about program office hours, but all who made comments on the topic suggested office hours be expanded.

"They need to have more staff to answer the phones and do reviews after 2 PM."

"Don't limit hours to see people."

"A few hours in the morning and a few hours in the afternoon make it hard to see someone."

"They need to expand their hours."

"They have an outstation office here and they come once a week. It would be nice if they came out here more often."

"Be open and available more hours of the day."

"I live very far from the office. If you don't catch the first bus to that office, I cannot get into the office because they cut off services at 2 PM."

"Expand hours that I can call in about medical coverage problems."

"Be a little more understanding of people who are rushing from a long distance to make an appointment, and not just cut them off."

"They have cut office hours...we need a break."

"They need more staff who can spend time communicating about services, answering phones after 2 PM. Expand office hours past 2 PM so it is more convenient to drop off paperwork and see staff."

"Be open to see people more hours."

**Clients who are employed want program offices open at times that accommodate their work schedules.**

"Make it easier to get an interview at the CSO – it is very difficult if the client is working at all."

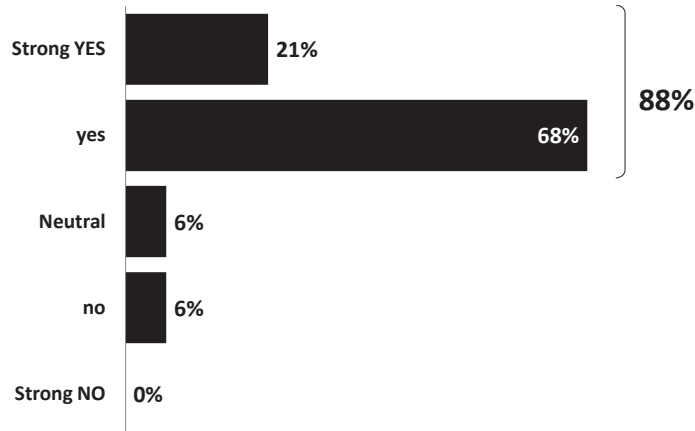
"I work 4 AM to 2 PM. That makes it difficult to access the program."

"They used to be open until 5 PM, but now they stop taking clients at 2 PM. It is difficult if I work until close at 5 or later."

"Make it easier for people to contact the office when you are working full time. So, extended office or phone hours."

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

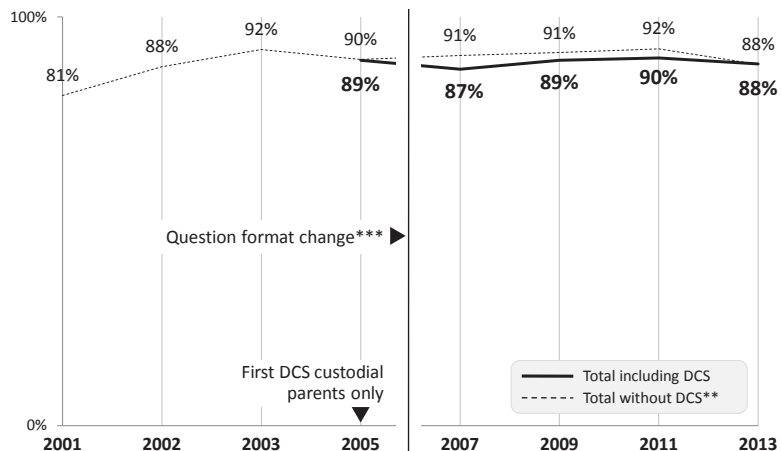
Nearly nine out of ten survey respondents (88%) reported that social and health services programs are open at convenient times for them. Less than one out of ten people (6%) disagreed.



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

## Trend

This chart shows the percentage of respondents who answered the above question positively from the 2001 survey to present. The increase from 2001 to 2013 is statistically significant.\*



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

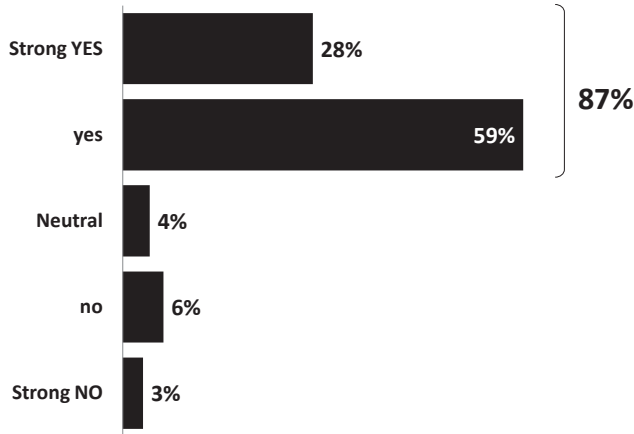
\*\* The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005, and non-custodial in 2007. To look at trends for comparable groups, use the solid black line (with DCS), or compare 2001-2013 using the broken gray line (without DCS).

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



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

Almost nine out of ten survey respondents (87%) agreed that it is easy to get to social and health services program offices, while nearly one in ten people (9%) disagreed.

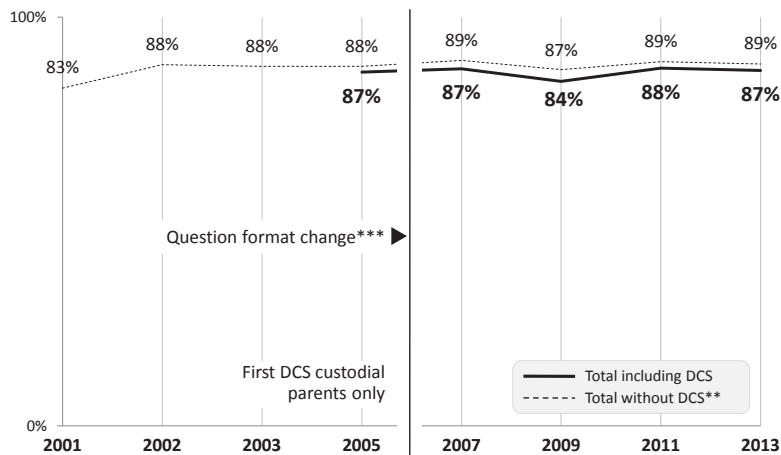


**SUBGROUPS:** Respondents were more likely to agree\* that offices are easy to get to when:

- The client was a child (95% agreed), rather than an adult (82% agreed)
- The respondent was a representative of the client (91%), compared to when the respondent was the client (83%)
- The client participated in two programs (92%), compared to one program (82%) or three or more programs (85%)

## Trend

This chart shows the percentage of respondents who answered the above question positively from the 2001 survey to present. The increase from 2001 to 2013 is statistically significant.\*



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

\*\* The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005, and non-custodial in 2007. To look at trends for comparable groups, use the solid black line (with DCS), or compare 2001-2013 using the broken gray line (without DCS).

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



The majority of clients responded positively to the question about ease of access to social and health services program offices, but only a few made positive comments on this topic.

"I like that DSHS is conveniently located."

"The office is close to my house."

"I live in a small town, so access is good here."

"They are located convenient to where I live."

"Easy access to get there."

"The office is close by."

**Some clients suggested that access to program offices could be improved.**

"Have a local DSHS office closer to Mattawa. Takes an hour and 20 minutes each way to get to the closest office."

"It has been a hardship to have consolidated the CSOs in Seattle into the Federal Building in the financial district. This new location is a nightmare. There is no parking, and you have to go through security with no lockers for the homeless to put their stuff and go into the CSO. Are told to come back without your stuff. This does not serve the population the CSO is intended to serve."

"Open an office nearer my home."

"I have been advised to get up and go into the office at 8 AM and speak with someone. That is the best access but not convenient. I do not drive, and I have to take the bus to get there."

**The lack of transportation to program offices is a primary issue for some clients.**

"I don't have any way to get to their office. I don't have enough money for buses, and have no car."

"Provide more transportation for handicapped people."

"Broaden provision of transportation for people to go back and forth to their appointments."

"Transportation is difficult, especially for first-time visitors."

"Be more understanding about gas prices...when we have to come in and do work search 40 hours per week. I live a long way from CSO and ESD."



**Some clients made positive comments about social and health services program offices, or office locations.**

"I'm happy that they're easy to access."

"I thought that they provided a comfortable atmosphere to apply for services."

"They are easy to get to and find."

"I like the easy access."

"They are local. I can get to a DSHS by bus."

"They're close."

"I like the friendliness in the lobby, and it has chairs for people waiting."

**Most client comments were complaints about office locations or hours.**

"Move [DSHS office] to someplace where there is parking and easier to get to."

"I wish there was a location closer to where I live."

"Make reception hours longer, they cut off at 2 PM."

"My case was transferred out of town. It makes it more difficult to access programs. I live in Tacoma but must go to Olympia for services."

"It was difficult to find DCS at the beginning."

"Have longer office hours and better phone access."

"I live in Dayton, and sometimes I can't afford to get to the office in Walla Walla. It would be better if we had someone available closer to Dayton."

"More locations to get the services."

**Some clients see a need for in-office improvements.**

"Have larger offices with more efficient lines."

"Provide more toys for the children in the lobby."

"The odors in the lobby and bathrooms are horrid!"

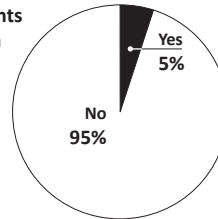
"Coffee in the waiting area. Sometimes I have to sit and wait for two hours – coffee would be nice."

"There aren't even enough chairs in the lobby for their customers."

"Maybe not have their offices so dreary! I hate going there."

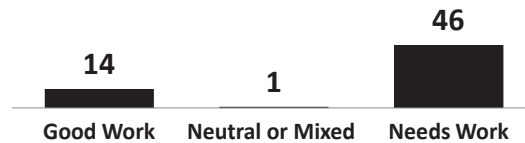
## THEME | Location and hours

Made comments about location and hours?



**61 of the 1,135 clients commenting (5%) mentioned office location and hours.**

**Of those 61 clients who commented on location and hours, three quarters (75%) were critical or made suggestions for improvement. Less than one quarter (23%) made positive remarks.**



Clients who commented on location and hours frequently noted the need for:

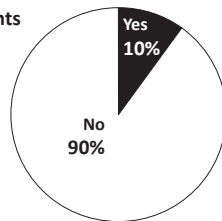
- More social and health services offices
- An office closer to their home
- Better transportation to and from offices
- Better parking
- Larger offices, and additional seating
- Cleaner offices
- More attractive offices, with conveniences such as coffee and children's toys
- Expanded office hours

Some clients spoke positively about:

- Easy access to social and health services offices
- The pleasant atmosphere in social and health services offices

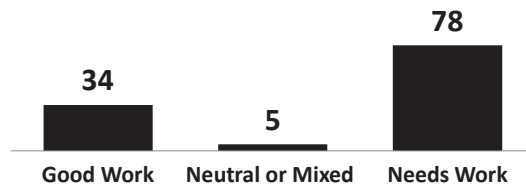
**THEME | Appointment processes**

Made comments about the appointment process?



117 of the 1,135 respondents who made comments (10%) mentioned the appointment process.

Of those 117 clients who commented on the appointment process, nearly seven out of ten (67%) were critical or made suggestions for improvement. About three out of ten (29%) made positive remarks.



Clients offering negative comments about appointment processes often raised these issues:

- Lack of methods - such as staff 'greeters' and 'take a number' stands - to manage the flow of client through offices
- Too much reliance on kiosks/computers, as these systems confuse some clients
- Inability to schedule appointments in social and health services offices, leading to long wait times to resolve simple matters
- Crowded office lobbies
- Long waits before scheduled office appointments

Those making processes positive comments about appointment processes frequently mentioned one of the following:

- Timely and efficient in-office service
- The ability to do business by phone or mail
- The option to do business using e-mail or a website



Some clients are pleased with the variety of ways they can do business with social and health services.

"It's an easier process than it used to be. It's hard for me to get around, so I do interviews on the phone."

"The services are available through the mail. That is helpful as I live out of town."

"I like that I can go to the CSO as a walk-in and meet with them and give them the paperwork and get services."

"I like the fact that you can get help online rather than going in and talking to someone."

"They changed the program, so we don't need so many appointments. We can go there and work on the computer. It's very good now."

**Others are clearly dissatisfied with appointment processes.**

"[Have] a better way to call the people. Like take a number. Maybe a screen that shows the name or number so people can see that."

"Increase Monday staff. The lobby is very full sometimes."

"Have an informational guy when you come in."

"Not rely so much on the computers. Have more people working at the CSO to assist the people coming in. Not everyone is good with computers."

"Make a schedule for appointments to reduce waiting."

"Every time I go into the office, I am so confused. Starting with the Kiosk. I have problems with entering errors on it and I get shuffled around and my visits last forever."

**Long wait times in program offices are a source of frustration for many clients.**

"Reduce the wait time to below an hour, please!!!!!! just have one quick question, but I still have to wait."

"Get more workers and see people faster."

"Improve your customer service. Even when I have an appointment I have a long wait!"

"Reduce wait time in the lobby. Minimum of two hours is common."

"The lines at Division of Child Support are too long."

"Move people in and out of the CSO more quickly."



**Most clients feel that social and health services are easy to access.**

"I like the simplicity of it. It was easy to get everything figured out."

"They get you in if you qualify for the service."

"It is really, really easy and they help you really fast."

"It has been very easy to use and we have had no trouble – it's been great!"

"It is simple."

"Everyone made it super easy for me – it has not been confusing."

"You are easy to work with."

"The process is fairly simple; services are available when we need them."

"It is quite straightforward and easy."

"They help me out in a snap, pretty efficient."

"I do not get the runaround."

**Some reported difficulty accessing services.**

"It has been difficult getting through the maze to get services, even after several years."

"They have services, but it's hard to tailor them to the individual child."

"When I call in, the message says 'All our operators are busy, try again.'"

"I can get some immediate help, but I need the big picture help, not just temporary assistance."

"Make things easier to understand. I'm not always sure where to go when I have a problem."

"Be easier to understand all the programs."

"If I fax something it always gets lost, then I get a letter saying I'm kicked off."

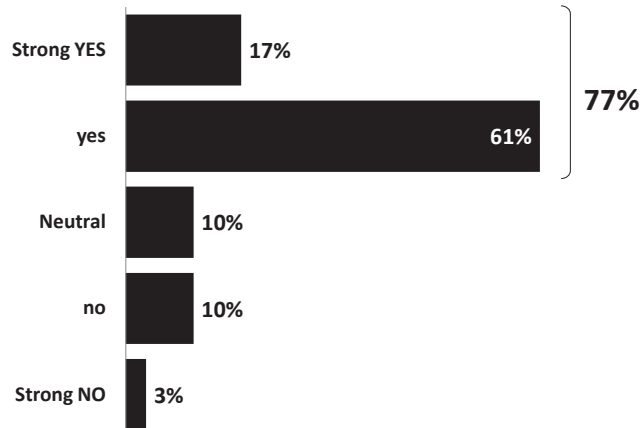
"Sometimes things are confusing, which requires repeated trips to the office."

"You have to know the terms they use to describe what you want. I was denied medical services because I didn't use the correct language."

"They need to get their act together."

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

More than three quarters of survey respondents (77%) feel it is easy to get the services they need. 13% disagreed.

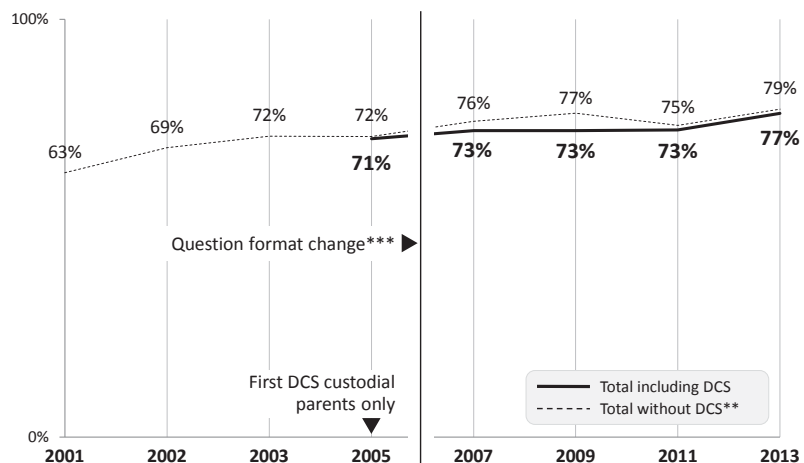


**SUBGROUPS:** Respondents were more likely to agree\* that services are accessible when:

- The client was a child (83% agreed), rather than an adult (74% agreed)
- The respondent was a representative of the client (82%), compared to when the responded was the client (74%)

## Trend

This chart shows the percentage of respondents who answered the above question positively from the 2001 survey to present. The increase from 2001 to 2013 and the increase from 2005 to 2013 are both statistically significant.\*



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

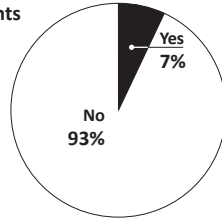
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## THEME | General processes

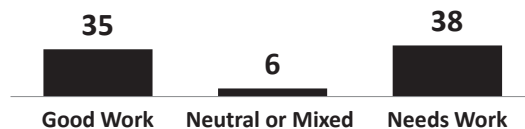
All comments regarding overall processes – their efficiency, bureaucracy, errors, and ability to accommodate individual differences – were categorized as “general processes.”

Made comments about general processes?



79 of the 1,135 clients commenting (7%) mentioned general processes.

Of the 79 clients who spoke generally about social and health services processes, nearly half (48%) made criticisms or suggestions for improvement. 44% made positive comments.



Some clients are pleased that social and health services processes are:

- Easy to understand
- Simple and convenient to use
- Fast
- Well-organized
- Dependable

Others are frustrated that social and health services processes are:

- Confusing
- Difficult to negotiate
- Too slow
- Inefficient
- Not tailored to individual needs



**Some clients are impressed with processes used by social and health service programs.**

“The services are dependable and reliable...the quality is wonderful, my quality of life has improved.”

“Everything runs smoothly year to year.”

“They are efficient.”

“They keep all the expectations and requirements realistic.”

“[I like] the convenience.”

“The best thing is that they are pretty clear cut about the rules and process.”

“They are pretty organized.”

“Not so much red tape currently. A little more prompt after getting through the initial wait.”

“They are very thorough, and make sure they get all the information they need.”

**Others believe that these processes need improvement.**

“Improve handling of paperwork. Reduce clerical errors that cost the state time and money, and make me have to come back again because of errors.”

“Their rules change continuously, the information they give out varies from each worker.”

“I would like to see them streamline services...We have to provide the same information over and over again.”

“Eliminate the middle management that eats up so much of the DSHS budget.”

“Outcomes need to be measured as well as the level of services.”

“They should take into consideration the type of help people need a little better.”

“No one individual at the DSHS offices is accountable.”

“They could individualize cases, so they could empathize with clients individually and treat them as individuals.”

“Shift from crisis-driven to actually supporting individuals with disabilities.”

“Keep better track of the paperwork.”



**Clients like processes that are simple, efficient, and easy to understand.**

"I grew up on welfare and used old food stamps. I like the swipe card better, and cutting down on paper."

"The medical card takes care of itself. No problems with bills. Thank you!"

"When it comes to EDP and checking on it, it works like clockwork. There is no confusion. It's very efficient."

"I do child care for foster kids and the billings have gotten easier."

"They have an information desk to offer help to people before they get help."

"It makes paying my support payment easy."

"I still have money on my EBT card and I don't have to make phone calls or look anything up on the web."

"I like the fact they put benefits on a card and you don't have to deal with a check anymore."

"They provided medical and food stamps for the family, and the program was really easy to understand."

**They appreciate processes designed to meet client needs.**

"I get home visits from Mental Health and they bring my medication."

"I lost my birth certificate and social security card and they helped me get it back in just a few weeks."

"The DVR office moved to Colfax, but now come to the facility to see me."

"I now have contact people for each administration. I know who to call for what issues."

"The training classes are helpful."

"When I missed my renewal, I was able to come in the following Monday to do it, and then my food stamps continued."

**They particularly appreciate alternatives to frequent office visits.**

"I like that I don't have to go into the office all the time."

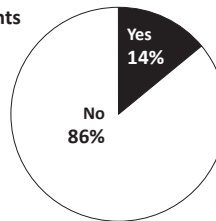
"I liked that I could pay my child support payments online."

"It has been great to be able to communicate with DSHS with the computer or the phone."

"I like how easy it was to go online and enter all of the information."

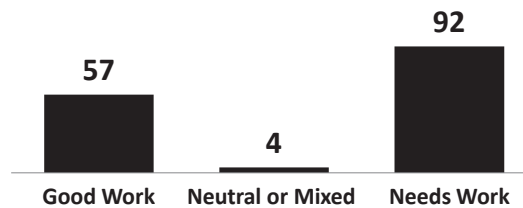
## THEME | Specific processes

Made comments about specific processes?



**153 of the 1,135 respondents who made comments (14%) addressed specific processes.**

**Six out of ten (60%) of the 153 clients who commented on specific processes offered criticisms or suggestions for improvement. Nearly four out of ten (37%) made positive comments.**



Clients who made positive comments about specific processes favor:

- Simple and easy-to-understand processes
- Convenient and efficient processes
- Flexible processes that cater to their individual needs
- The ability to do business by phone or online
- Having staff available to "mentor" them through processes

The column at left lists some of the comments clients made about processes that serve them well.

Those who made negative comments about specific processes frequently offered detailed descriptions of ways to improve processes. Some of these comments, arranged by category, can be found on the next page.



## THEME | Specific processes, *continued*

Clients dislike frequent turnover of social and health services staff, as it disrupts their relationships with particular staff members. They want expanded online services that are easier to use. They are frustrated by cumbersome, error-ridden social and health services processes that block access to services they need. They believe a wide variety of processes could – and should – be improved. Many of their specific suggestions for improvement can be found below.

### VOICES . . .

#### Clients want consistency in their relationships with staff.

“Social workers change too often.”

“My daughter gets a new case manager every 6 months. Why the high turnover?”

“You cannot establish a relationship with someone, as the worker changes so often.”

“DVR and DDD have high turnover, changing counselors many times. Have one permanent one and not so many changes.”

“Stop changing the case manager every two years.”

“Give you a worker and not change them, as you have to start again telling them everything. It would be much more efficient.”

“Reduce staff turnover so there is not so many changes in caseworker.”

#### They also want online services to be more comprehensive and user-friendly.

“Make our records available online.”

“Improve their website – make it more user-friendly. Make it easier to find contact information for caseworkers in particular offices.”

“Put in documents on the Internet for people to fill out for auditing.”

“Make their web page information a little more useful. It tends to be clunky – hard to navigate.”

“I would like some training to learn how to get on the Internet to do necessary paperwork for DSHS.”

“Have the Kiosk be more user-friendly. It is very confusing.”

#### Clients dislike inefficient and inconvenient DSHS processes.

“The medication coverage process is cumbersome and changes often. When the social worker changes, we have to start all over again. Another prescription and new authorization needs to occur.”

“I lost my EBT card and the replacement never came when I reported it. I had to take time off work to go to the office to pick it up.”

“My daughter was just given food stamps. The activation process had errors that caused a delay. It is still not activated because I cannot get anyone on the phone to discuss the problem.”

“The yearly visits for DD take a lot of time and questions asked are unnecessary.”

#### They suggested many different ways processes could be improved.

“They need to make it easier to get a replacement EBT card. You should be able to go into the office and get one, and not have to wait for it to be mailed to you.”

“DSHS can stop sanctioning families after one missed appointment.”

“I am greatly disappointed that DVR is not more connected to the business world. They should spend half of their time networking and finding employers and opportunities for their customers.”

“Investigate fraudulent situations more.”

“Change back to local call centers rather than regional. It is almost impossible to reach a person now.”

“I feel the state should give the custodial parent a drug test, and have a protective payee if they fail the test.”

“More home visits.”

“Take the stupid child care off the phone only and let people talk to DSHS staff face-to-face. When I spoke on the phone, I said one word wrong and it caused me a lot of problems with collecting my child care.”

“Verify identity when we call in to make sure staff is talking to the right person.”

“I think they should allow me to look for several jobs at the same time. The job market is tight right now, and I would like to be able to consider more than one type of job.”

“Send out an e-mail reminder when there is a review coming up.”

“Instead of volunteering to reduce adoption monies individually, they should cut each rate by maybe \$10. Overall, they could save money.”

“Call the clients once in awhile to ask how things are going.”



**Some clients are pleased with the ease of social and health services eligibility processes.**

"I like best how quick they are to get me in for an appointment and get services started."

"My application went easily."

"It is easy to go down and apply and get benefits."

"Services are pretty easy to get."

**They like being able to renew their eligibility for services without visiting a social and health services office.**

"I like being able to do my application review for food stamps over the phone. That is very convenient."

"I like that you can recertify your assistance over the Internet."

"I can do my reviews over the phone. That saves me child care expense and the stress of taking the children with me."

**Most clients believe that eligibility processes need improvement.**

"I did my interview over the phone and the girl lost half of the information so it took a long time for me to get the medical."

"The child care is my main thing. It is difficult to get help with this item."

"Increase the standards so that more people can get medical and food stamps."

"They could fix their system for recertification...It is very frustrating and confusing, and not very efficient."

"It feels like I am fighting to receive basic assistance."

**They want processes they can understand clearly, and complete without difficulty.**

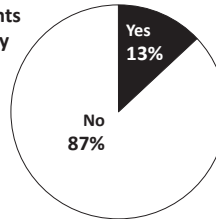
"We were a 'relative of specified degree' and the worker had to keep going to the supervisor and it seemed very complicated to us and the worker to determine our eligibility."

"Eligibility is confusing sometimes."

"When I went to the CSO, they told me to apply online. When I did it online, I never heard anything from them. After 2 ½ weeks, I called to inquire what the status was on my application. Why didn't they tell me to arrange a telephone interview? There is a breakdown in the process."

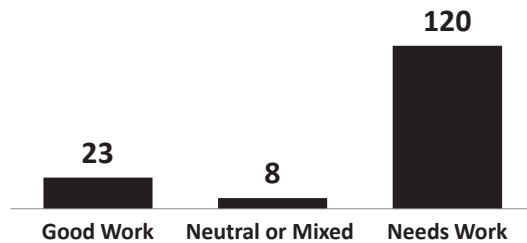
## THEME | Eligibility processes

Made comments about eligibility processes?



**151 of the 1,135 respondents who made comments (13%) mentioned eligibility processes.**

**Of the 151 clients who remarked on eligibility processes, nearly eight out of ten (79%) offered criticisms or suggestions for improvement. Only 23 clients (15%) made positive comments in this area.**



Clients who made positive comments about eligibility processes are pleased that:

- Applying for social and health services is easy
- They can obtain, or renew, services quickly
- They can apply for services by phone, mail, or e-mail

Most negative comments about eligibility processes included specific suggestions for process improvement. Some of these comments can be found in the column to the left. Additional comments, organized by category, can be found on the next page.

## THEME | Eligibility Processes, *continued*

Clients would like to be able to earn more money and still qualify for social and health services benefits. They would also like expanded time limits and age limits for services; simpler eligibility processes; and eligibility rules that can “flex” to accommodate individual situations. Some clients believe that certain groups deserve more social and health services, while others believe that particular individuals or groups should be denied services.

### VOICES . . .

#### Clients want social and health services to raise income limits for benefits.

“Lower the qualification threshold. I think people who work need help. I make just a little too much money to qualify for food stamps now. This is unfortunate, as I am always on the edge.”

“They cut me off medical because I make \$1500 a month as a caregiver for the state, and they say I make too much... we have been on the Basic Health waiting list for 3 years, my husband is unable to work and his L & I is running out and we have no medical.”

“I do not qualify for cash assistance because I earned money in the summer. Now I am not working but I do not qualify for cash assistance. They could not help me with emergency when my electricity was shut off.”

“They don’t want you to get ahead... The second you are even a dollar above poverty level, that’s the end, you don’t get any help.”

#### They also want time limits and age limits for services to be broadened.

“Don’t take away help for the poor...60 months for TANF is unfair.”

“I wish I could get medical for my arthritis pain. They say I am too young.”

“The minute I returned to work all of my benefits eliminated. I would have appreciated a transition.”

“Not try to push people off their caseload just because [they] turned 18...I am talking about DD.”

“I’m still doing an internship, but they said no to coverage. They need to extend it until I’m done being an intern and can get a job.”

#### Clients find eligibility processes too cumbersome and confusing.

“Way too many hoops to get mental health services. This is not easy when you are already experiencing distress.”

“It was very, very difficult to apply and finally get cash assistance. It seems like it shouldn’t be that difficult.”

“I had a hard time being able to talk with someone for information on how to get medical when I found out I was pregnant. I also found it difficult who to talk to and who to give information to when I first applied for food stamps.”

“The qualifications for Medicaid are hard – need to be easier to get and easier to understand.”

“Make it easier for moms to get child care. I’ve been trying to get child care arranged and it has been a week entering information into the computer and I still don’t have it arranged yet.”

“The application is only good for 6 months. It is difficult for me to remember to get another application in at the right time.”

#### They feel eligibility rules should “flex” to accommodate individual circumstances.

“I don’t feel like they take into consideration all your information to determine the amount. I was only eligible for \$16 in food stamps a month. Ifelt like the amount was an insult.”

“I need chore services to help me. I need assistance because I cannot walk very far and have chronic incontinence. This makes for regular changing of my bed, which I cannot do alone. I’m told I don’t qualify because I can still get to the tub and bathe myself. It would be much less expensive to have a chore worker once a week than for me to go to a nursing home. HELP!”

“I would like to see a gradual cutback as I begin working again. I am only working part time while I go to school for English. I would like this taken into consideration.”

#### Some clients think certain groups should receive more support from social and health services.

“Make it easier for women who are leaving an abusive situation to have some financial resources.”

“Work with me even though I am past 18 not in my own home.”

“Assist people with rent, one time only, even if I don’t have children.”

“I think child care should be included for non-working college students such as myself.”

“Give medical to working mothers.”

#### Others think some clients should have services cut back or taken away.

“More restrictions on money that goes directly to drug addicts. Speaking from experience, it just goes to drugs.”

“If they asked people if they have a smart phone, that would tell you they can afford food and don’t need to apply.”

“There are people who are getting assistance who should not be getting assistance. They work under the table.”

“Do not give assistance to people using the system, continuing to get pregnant, and having kids to qualify.”



**If clients must deal with paperwork, they want it to be easy to understand and complete.**

"Sometimes the letters I receive are not clear enough and I don't understand them as to what I need to do."

"I like that the yearly review paperwork is the same year after year. It helps me and I don't have to figure out something new."

"There is a lot of paperwork at DSHS. It's not really clear what it takes to get benefits. You just fill out the forms, and then 'they' give you money."

"I have had so many problems getting paperwork returned to me over and over and delays getting child care."

"Stop the automatic letters. Sometimes you get three letters in one week, and they are confusing, because they haven't input the information we sent in yet, so letters are mailed out incorrectly."

**They don't want to be burdened with unnecessary paperwork.**

"I had to repeat the exact same paperwork for Medicaid and food stamps. Could this not be condensed?"

"Get rid of unnecessary process, including paperwork."

"I sometimes got mail that was redundant. I would prefer to renew online, rather than paper."

"I really like that I don't get any more paperwork, and that everything is in the system."

"The paperwork should be streamlined. Too much redundancy."

**Most clients feel social and health services require too much paperwork.**

"The paperwork burden for individuals is huge."

"It would be nice if someone like me didn't have to complete paperwork every six months."

"Less paperwork would be good."

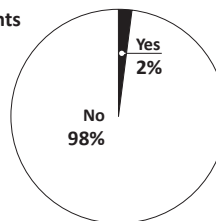
"It is difficult to arrange suitable day care. The paperwork was overwhelming, so I passed on it."

"Recertification for medical...I don't know why we have to be swamped with paperwork if there are not changes."

"All the paperwork is frustrating."

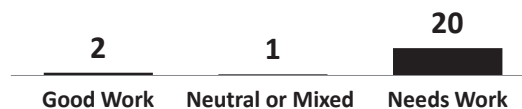
## THEME | Paperwork

Made comments about paperwork?



**23 of the 1,135 respondents who made comments (2%) mentioned paperwork.**

**Most (87%) of the 23 clients who commented on paperwork made criticisms or suggestions for improvement. Only two offered positive comments.**



Negative comments included complaints about:

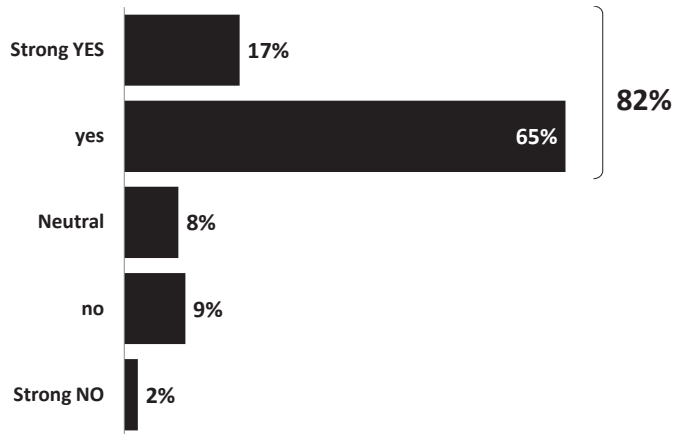
- Too much paperwork
- Redundant paperwork
- Confusing, difficult-to-complete paperwork
- The inability to provide information online, instead of on paper

Positive comments praised:

- A decrease in paperwork
- Alternatives to paperwork
- The consistency of paperwork for yearly reviews

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

More than eight out of ten survey respondents (82%) thought that they received social and health services quickly. Just over one in ten people (11%) disagreed.

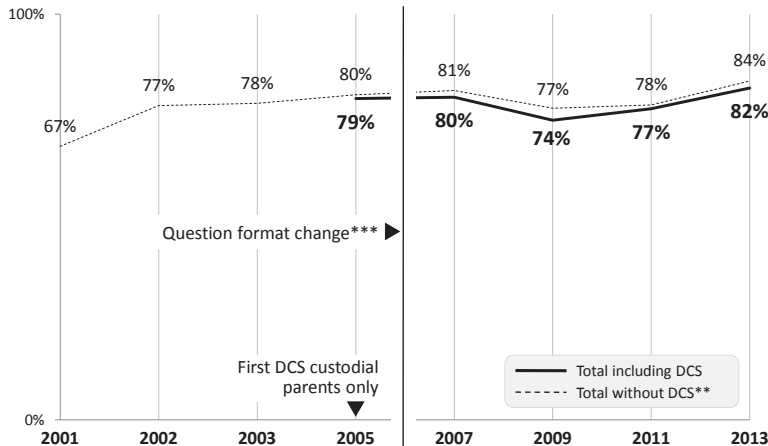


**SUBGROUPS:** Respondents were more likely to agree\* that services are timely when:

- The client was a child (89% agreed), rather than an adult (77% agreed)
- The respondent was a representative of the client (86%), compared to when the respondent was the client (79%)
- The client participated in one program (82%) or two programs (86%), compared to three or more programs (73%)

## Trend

This chart shows the percentage of respondents who answered the above question positively from the 2001 survey to present. The increase from 2001 to 2013, the increase from 2005 to 2013, and the increase from 2011 to 2013 are all statistically significant.\*



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

\*\* The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005, and non-custodial in 2007. To look at trends for comparable groups, use the solid black line (with DCS), or compare 2001-2013 using the broken gray line (without DCS).

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



**Most clients are happy with how quickly they receive social and health services.**

"I like the fact that I can get help as soon as possible if needed."

"Very quick service."

"When I have needed help, I have gotten help almost immediately."

"They got me services the same day."

"They have improved their speed – they deal in a much quicker and efficient manner."

"Service is quick and easy."

"The times I needed their services, it was quick."

"They are courteous and quick to answer my questions when I need help."

"Right now they are faster and more efficient than before."

"They usually work fast when I need something."

**Some clients have been frustrated by long waits for services.**

"We had to wait a very long time to get my son into mental health services."

"They could be quicker at responding to my requests."

"Children stayed with my mother while I was in treatment. It took a full year after the kids were back with me to resume benefits. I don't know what happened."

"Provide housing in a faster way when needed."

"Do things in a timely manner. We are still waiting for paperwork from the social worker to arrive in the mail that was promised over a month ago."

"It takes a long time to change providers, too long."

"I wish DVR would get back to me. I need help from them."

"Things take too long."

"I left a message 30 days ago regarding my mother being dropped. The worker said they would get back to me, as it was clearly an error. I still have not heard back."

"Response time for specialty treatment could be reduced."

"Process service requests much faster!"



**Clients want fast processing of their applications for social and health services.**

"I instantly got food assistance...I was shocked at how easy and fast it was!"

"My mom's Medicaid eligibility took a long time, and I had to pay out of pocket for her care at the memory care facility."

"They provided medical for the kids quickly. Same day service was awesome."

"It took too long to get approval for school and books."

"The computer system speeds the process of applying."

"We need to know if we are eligible quickly, and not a month later."

"Move more quickly on processing applications through DVR."

**They also want prompt delivery of benefits and services.**

"Provide the services faster to poor people."

"They are prompt to get me my medicine and food stamps."

"The response to medical equipment is very slow. I know someone who waited a year for a wheelchair for their child."

"When I call they get me an interpreter right away."

"Mental health services through Children's needs to be expanded so there is not a 3-year waiting list for special needs and syndromes."

"You can get services pretty quick."

"It takes a long time to get eyeglasses."

"They take a long time to do things – should be able to get services easier."

**Clients appreciate staff who address their needs quickly.**

"When I talk to someone, they take care of the issue right away."

"They are always quick to respond and take care of things."

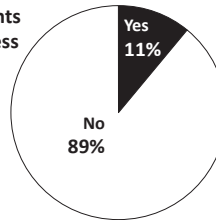
"I like the speed at which they take care of your needs."

"The worker answered any question I had in a quick manner."

"The people and their service – they help us fast."

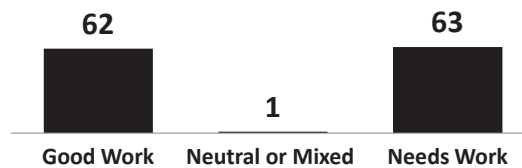
## THEME | Timeliness of services

Made comments about timeliness of services?



126 of the 1,135 clients commenting (11%) addressed timeliness of services.

Half (50%) of the clients who commented on timeliness of services offered criticisms or suggestions for improvement. Very close to the same percentage (49%) made positive comments.



Clients who made positive comments applauded:

- Fast and easy application processes
- Prompt delivery of established benefits and services
- Staff who are quick to respond to their needs

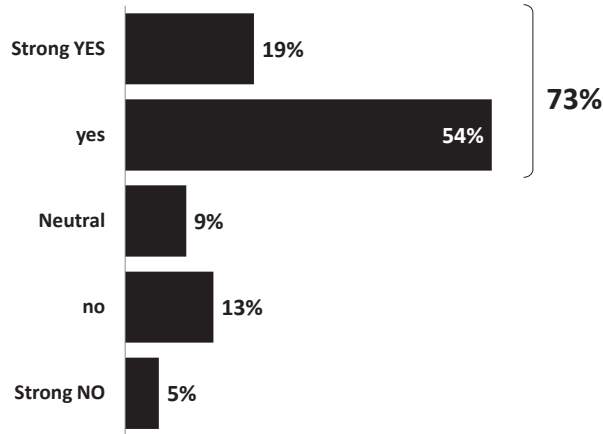
Some clients criticized:

- Long-drawn-out application processes
- Extended waits for established benefits and services
- Staff whose actions – or inactions – delayed their receipt of benefits and services



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

Nearly three quarters of survey respondents who talked about phone services (73%) said social and health services staff returned calls in a timely manner. But nearly two in ten people (18%) reported that staff failed to return calls within 24 hours.

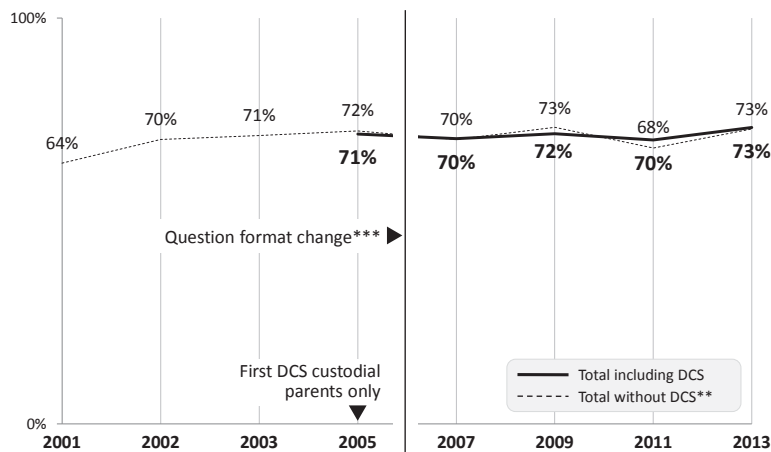


**SUBGROUPS:** Respondents were more likely to agree\* that calls are returned within 24 hours when:

- The respondent was a representative of the client (78% agreed), compared to when the respondent was the client (69% agreed)

## Trend

This chart shows the percentage of respondents who answered the above question positively from the 2001 survey to present. The increase from 2001 to 2013 is statistically significant\*



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

\*\* The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005, and non-custodial in 2007. To look at trends for comparable groups, use the solid black line (with DCS), or compare 2001-2013 using the broken gray line (without DCS).

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



**Many clients are satisfied with staff's response to their calls.**

"They will call me back pretty much on the same day, and I appreciate that."

"ESA returns calls within 24 hours."

"They always get back to me as soon as possible."

"People get back to me within 24 hours."

"They are responsive to my calls."

"[DD case manager] is always very good about returning [client's] call."

"I can get information and call backs quickly."

"Usually they call back within 24 hours and explain things to me."

"They get back to you as soon as they can."

"Caseworker gets back to me and answers my questions."

"They return calls quickly."

**Some clients feel staff should return calls more quickly.**

"The caseworker needs to return calls in a more timely manner."

"Make sure people return calls quickly. Last time I called, they didn't call back for two days. I needed help right away."

"Improve the promptness of return calls."

"Please return calls within 24 hours."

"Get back to me promptly when I leave a message."

"Faster respond time with returning calls."

"Return phone calls promptly."

"Have staff return calls within 24 hours."

**Others report that staff fail to respond to some – or all – of their calls.**

"When I leave a voicemail they don't return calls."

"Return phone calls. It sometimes takes weeks continuing to call to get a call back. Or I have to end up going into the office."

"Return calls when I leave a message."

"They can respond faster. We have had to call back a number of times."



Clients want their calls to be answered by a live person, not an automated system.

"The automated phone system is very frustrating. I cannot get anyone on the phone!"

"Answer the phone! It is very time consuming and confusing to use messaging system."

"I like that I can talk to a person."

"The automated system is very frustrating. I cannot get anyone on the phone! The prompts do not lead to a live person...It takes me a week trying all day long to get through."

"Have a live person to talk to on the phone, and not go through the phone computer routine."

"I like that I get a live person on the phone."

"The automated phone system confused me. There should be an option to talk to a live person for those of us who get confused."

"More access to a human person when you call in. You should not have to talk to a recorder."

**They also want to be spared the frustration of long hold times and dropped calls.**

"When I call, I don't like waiting on the phone for 45 minutes."

"I am either on hold for an hour, or it disconnects me."

"They answer the phone promptly, and give me the information I need."

"I hate waiting on the phone 30 to 40 minutes to talk to someone."

"When I call, the lines are busy, and it hangs up on me. It is very frustrating, and can take me half a day to actually get through on the phone."

"Folks are easy to get in touch with. Not on hold forever."

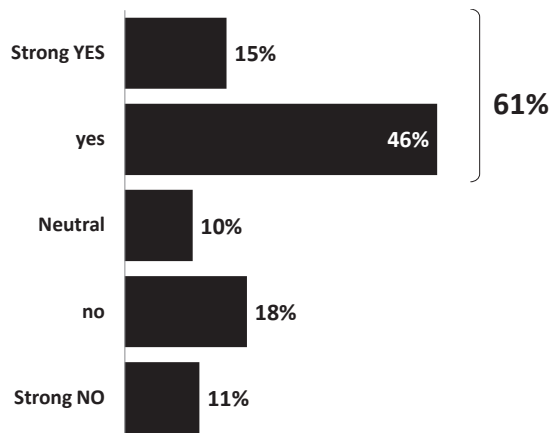
"I was put on hold for two hours and then got a message that said, 'We are sorry, no one is available' and hung up on me."

"I appreciate that they improved wait times on the phone by offering that a caller could leave a call back number."

"Reduce hold time to 5 minutes or less. That would be a vast improvement."

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

More than six out of ten respondents (61%) feel they are able to talk to a live person when needed. Nearly three out of ten (29%) reported difficulty reaching someone when they needed help. Difficulties were most frequently noted among clients receiving services through Community Service Offices (CSOs). Only 31% of CSO clients said it is easy to reach a live person – down from 54% in 2009.\*

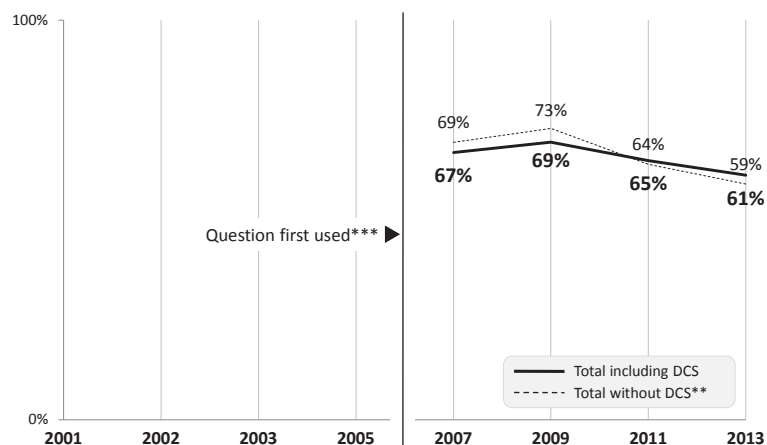


**SUBGROUPS:** Respondents were more likely to agree\* it is easy to get a live person on the phone when:

- The client was a child (67% agreed), rather than an adult (58% agreed)

## Trend

When the client survey started in 2001, most clients were concerned about caseworkers returning their calls. This question about the ability to reach a live person was added in 2007 due to increased use of call centers and automated phone systems. The chart below shows the percentage of respondents who answered the question positively from 2007 to 2013. The decrease from 2009 to 2013 is statistically significant.\*



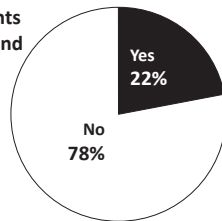
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\*\*\* Question format changed between the 2005 and 2007 surveys, which may affect comparisons to previous years. See Appendix A.

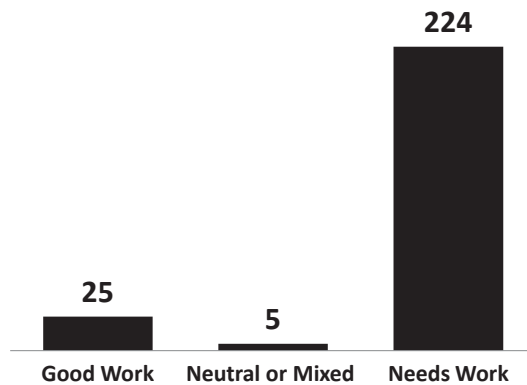
## THEME | Phone and staff access

Made comments  
about phone and  
staff access?



254 of the 1,135 respondents who made comments (22%) mentioned phone and staff access.

Of the 254 clients who commented on phone and staff access, the majority (88%) were critical or made suggestions for improvement. One in ten (10%) made positive remarks.



Clients want to be able to contact social and health services staff when they are in need of help. Some clients reported they can reach social and health services staff with no difficulty, but the majority who made comments indicated they have problems connecting quickly with staff. Clients want:

- Phones answered by “real” people, not automated voices
- A reduction in hold times and dropped calls
- Timely responses to their phone messages and e-mails
- The option to communicate with staff online

Negative comments about phone and staff access increased by 65% from 2011. This trend was particularly marked among clients of Community Service Offices, who were responsible for 76% of the negative comments on this topic.



**Many clients are unhappy with social and health services phone and online services.**

“We need a faster and better way to get through to DSHS staff!!!!”

“I have had to wait on the phone for an hour and a half...it is really frustrating for someone as busy as me.”

“They have got to streamline the process to contact them via online or phone.”

“I have had to make many calls to get through, and rarely get a call back.”

“The lines are always busy, and it is hard to get through.”

“Too much phone automation makes it difficult for me.”

“It takes a long time to get a response by e-mail or phone when I want to reach someone.”

**When they call, they want a “real person” to answer.**

“Have someone answer the phone, instead of using an automated service and then having it ring and then hang up on you.”

“Have live people answer the phone. I only get a recording when I call.”

“Take the phone off automated, and use an actual caseworker.”

“Get rid of the automated voice system. More live persons to answer questions on the phone.”

“I need to talk to a person, not a machine.”

**Some clients are satisfied with the options they have to access DSHS staff.**

“They were always pleasant, and always returned my phone call.”

“They are easy to access.”

“They are available when I call.”

“They always give me lots of options as far as to how to contact them. Phone numbers, letters, websites.”

“The person in charge of my case...was good about returning my calls.”

“They are easy to access by phone.”

“They return my calls when I leave a message.”



## Information



### **Clients want clear and comprehensive information about services.**

#### **Clients are grateful to social and health services staff who provide them with needed information.**

Overall, they are satisfied with the written and verbal information that they receive. However, some believe the quality of information needs to be improved. Some clients are unclear about what program services are available to them.

#### **Their suggestions for improving the quality of information include:**

- Provide more complete information about all social and health services
- Allow clients to access information in different formats, including printed materials, online offerings, and person-to-person exchanges
- Make sure information in all formats is easy for clients to understand
- Inform clients in a timely manner about changes that affect their cases
- Increase and improve interpreter services



**Most clients believe they are well-informed about program services available to them and their families.**

"They explain the services well, and how the services can help."

"They have provided me with the care and information that I need."

"When I applied for medical and food stamps, the woman was extremely helpful! I did not qualify...She explained fully why I didn't meet the criteria. She gave me some options."

"They point you in the right direction you need to get pointed in."

"Staff actually take the time to get the help I need, and the correct information."

"They have the information I need, and they support my nephew in many ways."

**Some would like more information about existing program services, and how to access those services.**

"I would like to get information about more services for people with disabilities."

"More information on what is available for the 'non-custodial' parent. This seems like a gray area."

"I just wish DVR would be more forward about their services."

"Advertise their services better and help more people. There is a neighbor that needs home care. She does not know the system and needs help."

"Talk to people more to inform them of what they can or cannot get."

"Help parents have a better understanding of what DD services are out there."

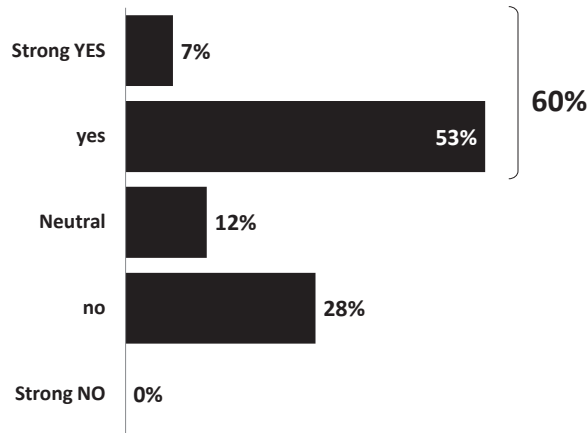
"There is not a clear statement about services, how you qualify, how things can be coordinated."

"Make people aware of counseling options."

"Let me know what all the service options are, instead of me having to find out on my own."

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

Six out of ten respondents (60%) told us that they know what services are available. Nearly three out of ten (28%) disagreed.

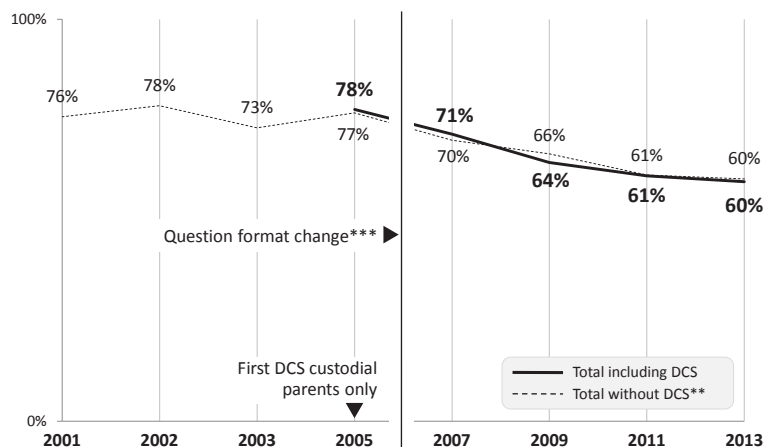


**SUBGROUPS:** Respondents were more likely to agree\* that they know what program services are available when:

- The client was non-Hispanic Caucasian (64% agreed), compared to Hispanic (50% agreed)

## Trend

This chart shows the percentage of respondents who answered the above question positively from the 2001 survey to present. The decrease from 2001 to 2013 and the decrease from 2005 to 2013 are both statistically significant.\*



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

\*\* The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005, and non-custodial in 2007. To look at trends for comparable groups, use the solid black line (with DCS), or compare 2001-2013 using the broken gray line (without DCS).

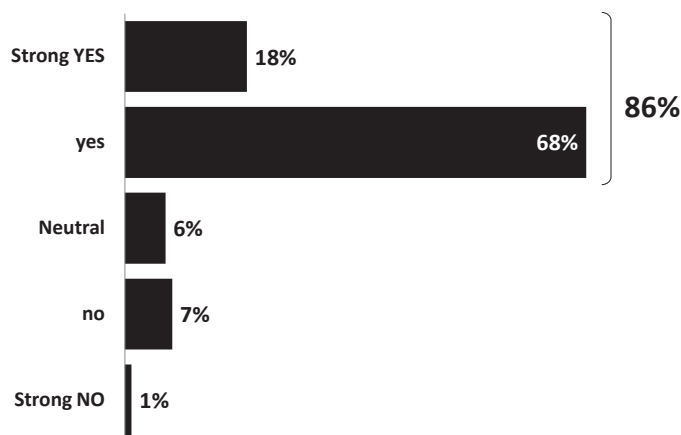
\*\*\* Question format changed between the 2005 and 2007 surveys, which may affect comparisons to previous years. See Appendix A.

NOTE: Non-custodial parents were not asked this question about services from the Division of Child Support services as the question is not applicable for these clients.



## QUESTION | Did program staff explain things clearly?

More than eight out of ten survey respondents (86%) told us that social and health services program staff explain things clearly. Less than one out of ten people (8%) disagreed.

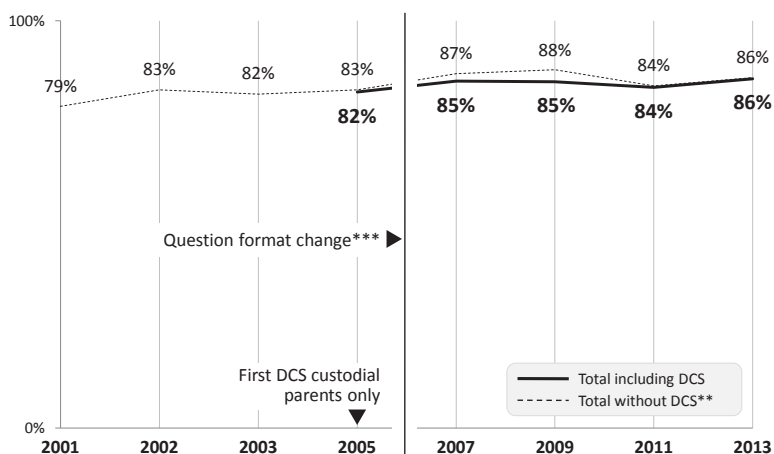


**SUBGROUPS:** Respondents were more likely to agree\* that staff explain things clearly when:

- The client was male (89% agreed) rather than female (84% agreed)
- The client participated in one program (88%), compared to three or more programs (82%)

## Trend

This chart shows the percentage of respondents who answered the above question positively from the 2001 survey to present. The increase from 2001 to 2013 is statistically significant\*



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

\*\* The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005, and non-custodial in 2007. To look at trends for comparable groups, use the solid black line (with DCS), or compare 2001-2013 using the broken gray line (without DCS).

\*\*\* Question format changed between the 2005 and 2007 surveys, which may affect comparisons to previous years. See Appendix A.5



**Many clients commended the clear explanations provided by staff.**

"They explain everything real well."

"They help me step-by-step and walk me through things. They explain section by section."

"They are very good about explaining how we can get help."

"They provide me with a good understanding with letters of service, and if you don't understand you can call and they explain it."

"They explain why things are happening clearly."

"I like when I find the right person who can explain things clearly."

"They explain things, and they are good to talk to."

**Some think the quality of explanations could be improved.**

"Unfortunately, there are some who are just rushing through a process and do not explain things."

"They could explain the whole process better, as I was left with questions and misunderstandings."

"If they could explain more what might be offered, it would help clients."

"CPS allegations...the situation was not explained to me well, and I suffered as a result."

"One woman at DSHS...Her attitude was cold, all business, and she didn't want to explain anything."

"The workers need to follow through with their job, and explain your options."

"I got a giant packet with information. I have glaucoma and can't read a 20-page packet. I need someone to explain what is in it."

"They could explain things better, so we know what is available."

"Give more information about the child support process and how you have to pursue the other party. It is a legal process that was not explained clearly."

"Have case managers help with paperwork and explain services."

"Explain things to me clearly. Do not beat around the bush."



**The majority of clients have no difficulty accessing information about services.**

"They give me information and options for my problems."

"My caseworker is nice, and gives me a lot of information."

"When we were going to adopt our child, they were very forthcoming with the services we could get. They told us about what was available even though we didn't seek it."

"They are very clear about whether they can or cannot help you."

"They pointed me in the right direction to get help."

"Easy to get information. Helpful staff."

"They make sure you get the right information to get the help you need."

**Some reported that getting needed information is a struggle.**

"They could be more forthcoming about what they have to offer."

"I wish the offices would tell us what we qualify for, instead of us trying to find out ourselves."

"There is not good information about what can happen post-adoption...I'd like some support or information."

"Give me clearer information on what kids are eligible for, and names of dentists."

"Outline what is available to us more clearly. We are in the dark about available services."

"Send me information about services that are available."

"I think they could communicate to people their available services instead of just speaking to clients about what they ask about."

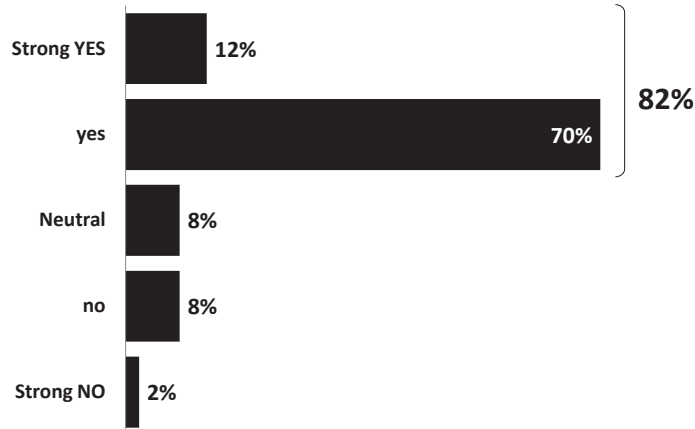
"Make it easier to understand all that DSHS will cover."

"Give information on what services are available for you specifically."

"They don't offer information. Unless you ask, you won't find out about services."

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

More than eight out of ten survey respondents (82%) told us that information was easy to get. One out of ten people (10%) disagreed.

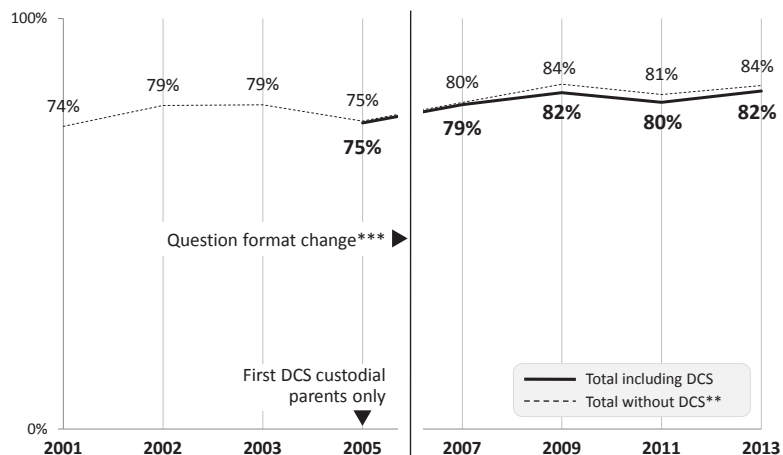


**SUBGROUPS:** Respondents were more likely to agree\* that it is easy to get information when:

- The client was a child (87% agreed), rather than an adult (80% agreed)
- The respondent was a representative of the client (85%), compared to when the respondent was the client (79%)
- The client participated in one program (82%) or two programs (86%), compared to three or more programs (74%)

## Trend

This chart shows the percentage of respondents who answered the above question positively from the 2001 survey to present. The increase from 2001 to 2013 and the increase from 2005 to 2013 are both statistically significant.\*



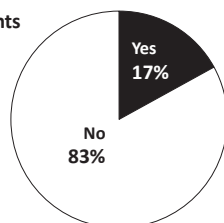
\* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.

\*\* The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005, and non-custodial in 2007. To look at trends for comparable groups, use the solid black line (with DCS), or compare 2001-2013 using the broken gray line (without DCS).

\*\*\* Question format changed between the 2005 and 2007 surveys, which may affect comparisons to previous years. See Appendix A. Also, in 2009, the word "information" replaced the previous word "facts." Many phone respondents thought they heard "fax."

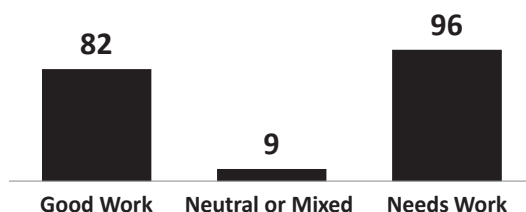
## THEME | General information

Made comments  
about  
information?



**187 of the 1,135 clients commenting (17%) mentioned the information they receive from social and health services.**

**Of those 187 clients who addressed information, more than half (51%) made criticisms or suggestions for improvement. More than four in ten (44%) responded favorably.**



Clients made the following suggestions for improving communication between social and health services staff and clients:

- Ensure that all staff understand, and can clearly explain, how their program can help clients
- Make certain all staff are knowledgeable about services available to clients in the larger community
- Encourage staff to take the initiative in sharing information about benefits and services, as clients may not know what questions to ask
- Inform clients of changes in staff, services, or specific procedures related to their case
- Provide information in a variety of formats – including print, online, *and* person-to-person – and distribute it widely



**Some clients are pleased with the way in which information is shared, and their questions are answered.**

"They answer my questions and make it really easy."

"They are a good resource, and provided us with the information needed."

"I call when I have a question and I get an answer."

"They all helped and, if they didn't know, they would research it."

"They give me the information that I need."

**Others expressed dissatisfaction with their access to service-related information.**

"There needs to be more information about what services are available."

"I would like to reach someone who is knowledgeable and can answer my questions about services."

"They need to be more informational, so people can get the resources they may be eligible for."

"I want communication between the client and the department about what benefits are available."

**Some clients had specific suggestions for improving social and health services' communication with clients.**

"Have the office phone numbers more available in the phone book."

"When there is a change [in workers], I would appreciate a contact from the new worker."

"Offer classes and orientation on what they can help you with, and what they cannot."

"Better website that has current policies on each program available."

"When something changes about our case, call us or send us an e-mail."

"When there is a change in procedure, you need to let people know this."

"Have a program in which you can go on the computer and it will tell you what you may be eligible for."

"The workers could give more information about eligibility for other programs or resources...we don't know the right questions to ask."



**Clients appreciate interpreters being available when they need them.**

"When I need an interpreter, DSHS provides one."

"It would be good to have a Vietnamese interpreter to help us with our paperwork."

"When I call, they give me an interpreter right away."

"The hardest part for me is that I need an interpreter and they are not always available to help me."

"It helps to ask for an interpreter, and then I can talk on the phone with someone and get [problems] resolved."

"My child can speak English, but I (mom) need to be involved to explain things to the worker. Sometimes the interpreters are all busy."

**Clients also want access to staff who speak their first language, and to written materials in that language.**

"I like that they have staff that speak Spanish."

"Some information has not been translated to Vietnamese. It would save me having to ask someone to translate and save the government money."

"The staff are bi-lingual, and understand what I'm trying to say."

"Sometimes with the language barrier it is hard to communicate. I think they should have more Spanish interpreters or workers."

"We have a Spanish worker that helps us with the medical and DD services for my daughter."

**Some clients feel that all DSHS staff should speak English clearly.**

"I think they could hire more people that speak better English and are more clear in usage of English."

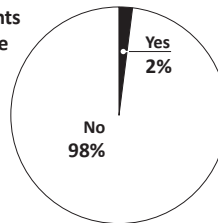
"Sometimes when I call, I get an accent so heavy that I can't understand the person."

"If a client speaks English, they need to be given an English-speaking person to interview them."

"Have more staff in the DSHS office that speak English."

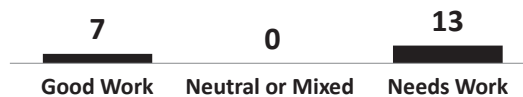
## THEME | Language services

Made comments about language services?



20 of the 1,135 respondents who made comments (2%) mentioned the quality and helpfulness of language services.

Of those 20 clients who addressed language services provided by social and health services programs, 13 (65%) made criticisms or suggestions for improvement. Seven clients (35%) made positive comments.



Clients who commented on language services or language issues appreciate:

- Interpreters for non-English speaking clients
- Interpreters for the deaf
- Staff who speak their language

Some would like:

- Better, and more timely, access to interpreters
- Access to staff who speak their language
- Access to printed and online information in their language
- Staff who speak English more clearly

## Client Involvement



### Clients like having an active role in planning their services.

**Most clients reported they had a strong voice in creating their service plans.** They appreciate being part of the planning and decision-making about which services they receive.

**Some offered ways to expand client involvement, such as:**

- Having social and health services staff who understand and attend to their clients' needs
- Making information-sharing with clients a staff priority
- Cutting down on the “red tape” clients must negotiate to get services
- Decreasing caseworker turnover, so trusting client-caseworker relationships can be built

**Some clients struggled to answer the questions about client involvement,** because the services they want are currently unavailable, have a waiting list, or are at risk to be cut back for economic reasons.





Some clients reported that social and health services staff make a real effort to work with them to create service plans and goals.

"Generally, once an appointment is made, they are nice to you and offer programs and ideas."

"I have quality medical care with educational materials sent to me regarding a condition I was concerned about. Great follow up."

"DVR has helped me with school."

"Staff are easy to work with, and reliable."

"I'm not just another number when dealing with staff. Staff actually do take the time to get the help I need."

"Mental health services have been critical. DSHS staff are easy to talk to. If they do not know the answer, they give me a name and number of someone who they think can help. They do not treat any question as an unimportant question."

"I like that I can do reviews over the phone. They help us out and give me what I need as a single parent."

**Others described roadblocks that slow or stop their access to the services they need.**

"The medical services are very, very hard to get – the specialized services, you have to go through a lot of red tape."

"It is almost impossible to get child care because of all the information they want."

"I've overpaid between Washington and Wyoming over \$40,000. Neither state will give me an accounting of where my money went."

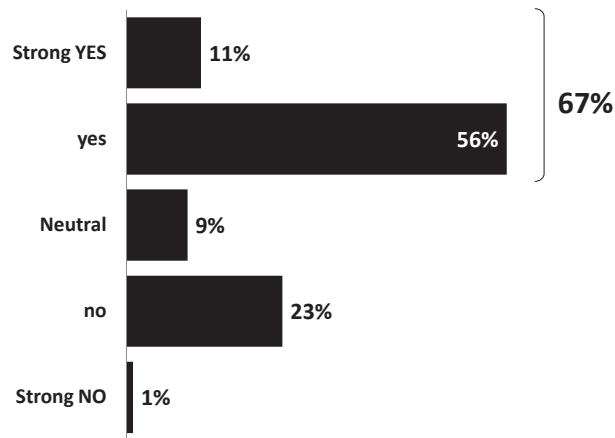
"The social worker acts as though she has a vendetta against the Adult Family Home operator and myself."

"My case has gone to various caseworkers at different times. So, I don't have any consistency and they sometimes don't even conduct a review of case and therefore don't know any of the history of the case."

"I have had difficulty accessing the mental health program, and did not get sufficient support during intake. It took 2 months to get eligibility for mental health service."

## QUESTION | Did you help make plans and set goals about program services?

More than two out of three survey respondents (67%) told us that they helped make plans and set goals about their services. Nearly one quarter (24%) disagreed.

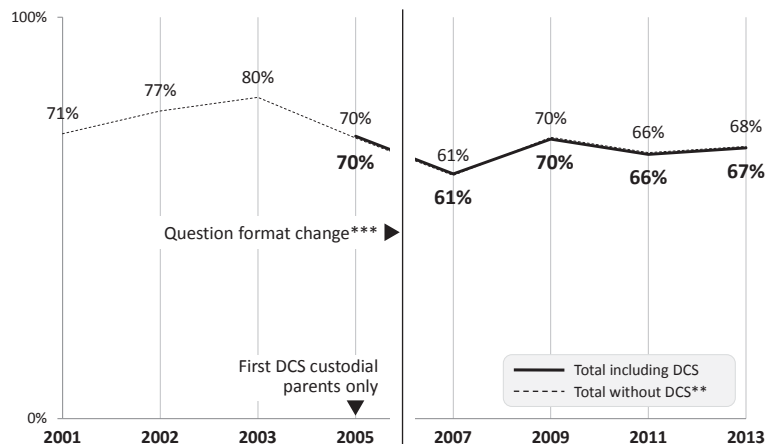


**SUBGROUPS:** Respondents were more likely to agree\* that they help make plans and set goals about their services when:

- The respondent was a representative of the client (72% agreed), compared to when the respondent was the client (62% agreed)

## Trend

This chart shows the percentage of respondents who answered the above question positively from the 2001 survey to the present.\*



\* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level. This question was not asked in connection with child support services since child support requirements are not set by DSHS.

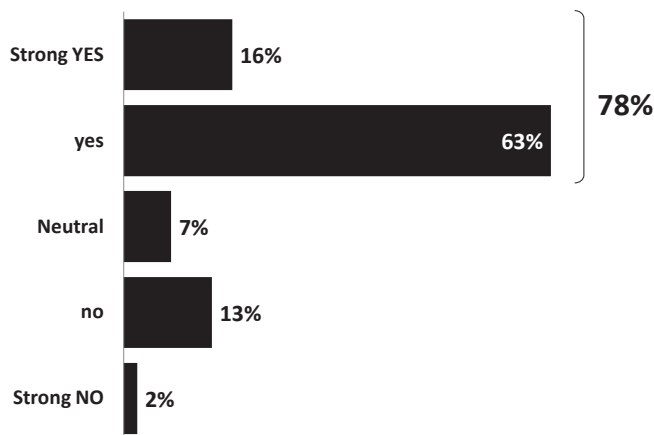
\*\* The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005, and non-custodial in 2007. To look at trends for comparable groups, use the solid black line (with DCS), or compare 2001-2013 using the broken gray line (without DCS).

\*\*\* Question format changed between the 2005 and 2007 surveys, which may affect comparisons to previous years. See Appendix A. Also, in 2009 the word "set" was added to this question to improve question clarity.



## QUESTION | Did you have a say in what kind of services you get?

Nearly eight out of ten survey respondents (78%) told us that they had a say in the services they got. 15% of respondents disagreed.

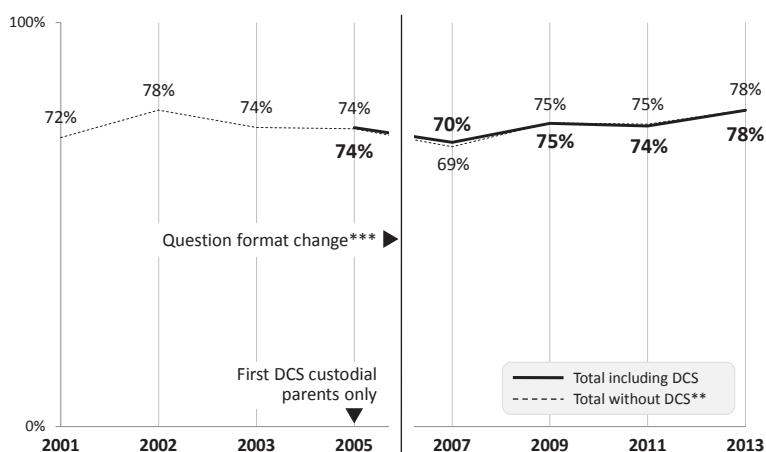


**SUBGROUPS:** Respondents were more likely to agree\* that they have a say in the services they receive when:

- The client was non-Hispanic minority (84% agreed), compared to Hispanic (74% agreed)
- The client participated in one program (82%) or two programs (78%), compared to three or more programs (72%)

## Trend

This question was new in the 2009 survey. It replaced the question: "Were you involved in making choices about your services?" This change was made to improve survey clarity. The increase from 2001 to 2013 is statistically significant.\*



\* All percentages are based on weighted data. Differences between subgroups are listed if significant at the .05 level. This question was not asked in connection with child support services since child support requirements are not set by DSHS and the courts.

\*\* The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005, and non-custodial in 2007. To look at trends for comparable groups, use the solid black line (with DCS), or compare 2001-2013 using the broken gray line (without DCS).



### Most clients feel they have a voice in choosing their services.

"The people at ESA I got to talk to once I was eligible seemed to care about what I had to say."

"I like the person-to-person conversation [with staff]."

"They ask the proper questions when needed, give advice, and manage the situation for you month to month."

"They are understanding of my needs."

"The investigators 'SWAT' team was amazing. They were the first people to actually listen to me and believe me, and they uncovered everything from my complaints."

"[CSO employee] waited for me to get the necessary paperwork and saw me again that day and went out of her way to help me."

"The people are really helpful. If I am having problems, I can talk to them about my problems and they will direct me to who can help."

### For some, poor communication with staff or lack of information makes selecting services difficult.

"DVR is overwhelmed, but I still do not know what they have to offer you. I think I should ask for a new counselor."

"I have never heard a result from my appeal of reduction of COPES hours. I need an answer."

"They don't ask you how you are and what you need. Could they say hello and talk to us?"

"As a learning disabled individual, my son needs TLC in understanding questions and process."

"I gave CA low scores because of my adoption support person. She calls me back, but gives me zero support."

"I'd like to know why my counselor won't talk to me one-on-one. He won't talk to me – I don't get that. I'd like to hear from him."

"I have not had any contact with DCS. They are supposed to collect support from the father of my child, but I have not spoken to anyone from that department."



Some clients suggested changes that social and health service programs could make to improve service quality and give clients more say about their services.

"Have someone available to talk face-to-face to get help filling out paperwork for child care."

"When there is an issue, it needs to be taken care of – not get a call back a month later."

"I hope they hire new counselors soon so I can begin to get services again."

"[I would like] if they had an advocate to help me get directions on how to apply for disability."

"Make people feel more individualized, and not such a number."

"Follow up with adoptive parents, we adopted 7 years ago and have never been contacted."

"They need to adjust the food stamp scale as to who is eligible and who isn't and how much they deserve."

"It would be great to have one division specifically toward non-needy kids that are not their own. There are some unique situations that arise. Not every TANF worker knows all the programs that are available."

"They should not cut people off assistance after five years. There should be another plan in place."

"They need to reevaluate the Copes clients more than once a year. Their condition changes and they may need more hours."

"Help the people that try and can't make it, rather than people who want to stay on DSHS services forever."

"It is complicated to get an application submitted. I don't like the automated phone services as I would prefer to talk to a real person."

"Give people a chance...Don't take their kids away and make them take all kinds of classes before they can see their kids – that's not fair."

"Please support citizenship pathways so children of 'illegal' individuals who need care can get services."

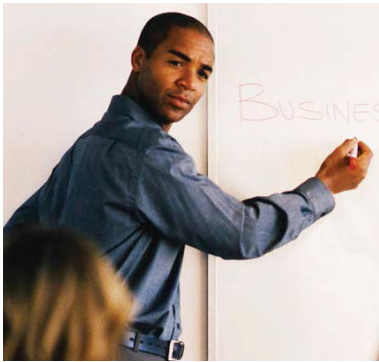
"Raise the standards so people who don't have enough to live on can get medical coverage."

## THEMES related to client involvement

Several other sections of this report address issues closely tied to client involvement. They include comments from clients suggesting they want social and health services to provide:

- **Assessments and service plans that take individual needs into account.** Clients want more "flex" in formulas used to determine their benefits and services, so they can more easily access the specific help they need. (See the "Getting Services" section of Chapter 3, pages 32-40.)
- **Caring caseworkers who are with them for "the long haul."** Clients want their caseworkers to know, hear, and understand them. They also want to team with their caseworker in planning their services. When they develop a trusting relationship with a caseworker, they want to continue that relationship for as long as possible. (See Chapter 2, pages 15-25, and Chapter 6, pages 55-58.)
- **Improved access to health care.** Clients want access to all the health services they need, and to providers willing to accept medical coupons. (See Chapter 7, pages 62 and 63.)
- **Streamlined processes and paperwork that are simple to understand.** For clients, complicated, confusing, and poorly coordinated processes and paperwork that block their access to needed services are a source of great frustration. (See the "Getting Services" section of Chapter 3, pages 32-40, and Chapter 6, pages 55-58.)
- **Benefits which are generous enough to meet their needs.** Many clients report the benefits they receive are insufficient to meet their needs, or that they fear loss of benefits they currently depend on. Some clients would like to see specific programs expanded, or are afraid specific services will soon be cut. (See Chapter 7, pages 60-63.)

## Coordination



### Clients want their programs to work as a team

Clients who receive services from three or more social and health service programs were asked about coordination between those programs. As in the past, most clients reported that the programs they deal with coordinate well with one another.

Most clients who commented about coordination registered complaints or made suggestions for improvement. Some clients feel there should be:

- Better partnering between different social and health services programs and offices
- Increased coordination between social and health service programs and other social service organizations
- Improved communication between staff who share clients, but work in different programs
- A single caseworker to handle their various services



**Most clients served by multiple programs are grateful that all of their services are well coordinated.**

"I like that there are different programs and that they work together in one direction to help my mom."

"I like coordination of services."

"I got my GED through the TANF program. I am grateful for that. I know there are coordinated services, and that helps. I have a job now, and medical. They helped me get through a tough time."

"They have always tried to meet my needs...I am getting aligned with housing."

"I like that different sections work together better than 5 or 10 years ago."

**Some clients see a need for improved coordination and communication among programs and services.**

"Have the different services work together. They're located in one office but don't always work together."

"Coordinate services amongst different programs."

"It took 4 months for a VR counselor to actually sit down with a counselor [from another agency]. By the time I got services, it was 6-7 months."

"It'd be nice if all information given to DSHS, any branch, is shared so you don't have to repeat over and over."

"Government process slows things down. Improve communication within divisions."

"The 800 number service and the DSHS local office don't work closely or quickly enough."

"Communication in all divisions could be improved, in my experience."

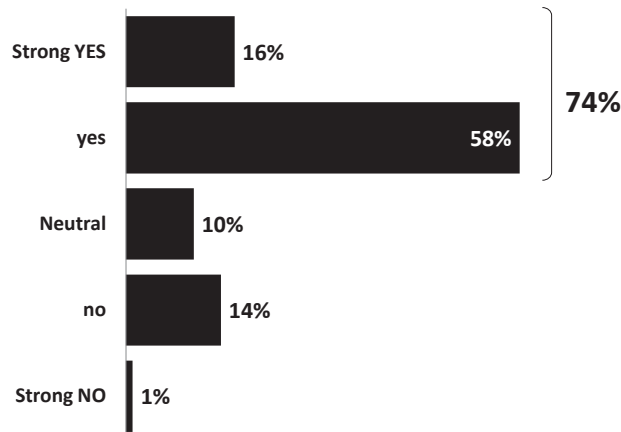
**Others feel social and health services' connections with providers and other outside agencies should be improved.**

"Hopelink has really produced for me over the past six months. Just recently DVR connected with them to find out what has been going on."

"Associated services, like telephone assistance and heating assistance, can be more accessible to the disabled. They should be coordinated with DSHS so that you don't have to fight every year for the services."

## QUESTION | Does DSHS make sure all your services work well together?

Nearly three quarters of those who commented (74%) feel that their services work well together. 15% of respondents disagreed.

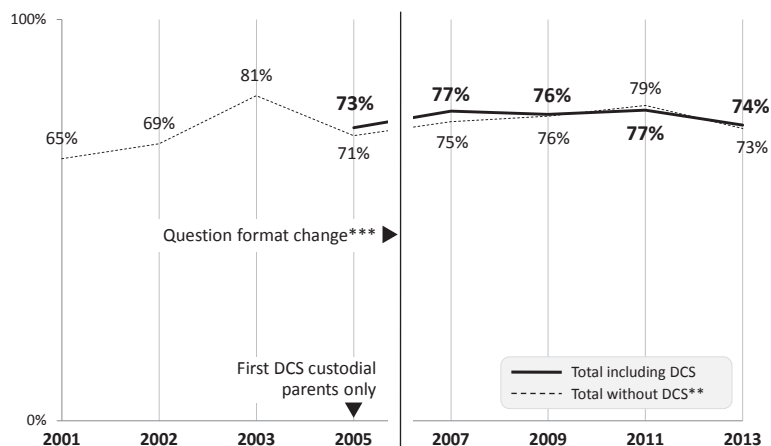


**SUBGROUPS:** Respondents were more likely to agree\* that social and health services makes sure their services work well together when:

- The client participated in three or more programs (66%), compared to two programs (57%)

## Trend

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



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

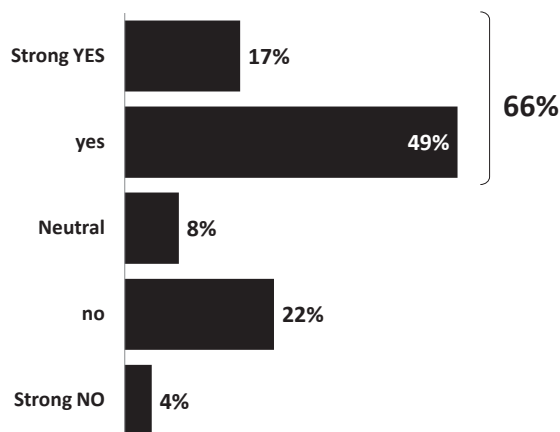
\*\* The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005, and non-custodial in 2007. To look at trends for comparable groups, use the solid black line (with DCS), or compare 2001-2013 using the broken gray line (without DCS).

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

NOTE: Only clients who received services from two or more programs were asked this question.

## QUESTION | Do the staff from your different programs work together as a team to try to help you get the services you need?

More than six out of ten survey respondents (66%) reported that staff from different social and health services programs work well together. Just over one quarter of respondents (26%) disagreed.

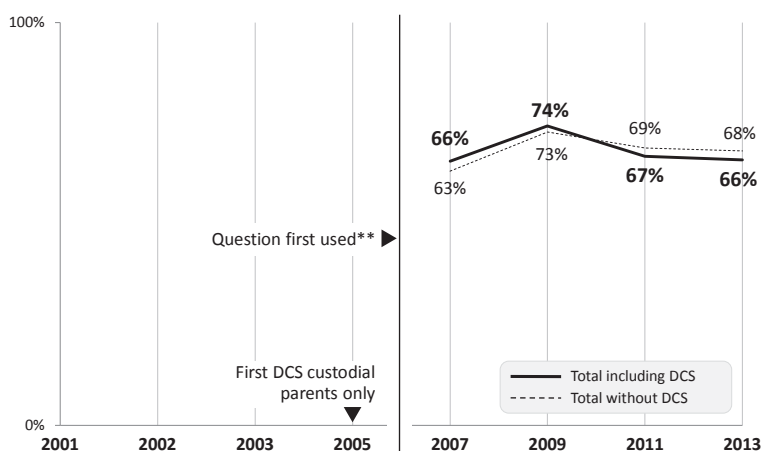


**SUBGROUPS:** Respondents were more likely to agree\* that staff from different programs work together to help them when:

- The client was Hispanic (82% agreed), compared to non-Hispanic Caucasian (64% agreed)
- The client participated in three or more programs (66%), compared to two programs (57%)

## Trend

The chart below shows the percentage of respondents who answered positively from the 2007 survey to present.\*\*



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

\*\* This question was first asked in 2007. It replaced a previous question about coordination that was confusing to respondents.

NOTE: Only clients who received services from two or more programs were asked this question.



Although most clients gave staff's ability to function as a team across programs a high rating, they made no positive comments on the topic of coordination between workers.

**All client comments about staff teamwork suggest that staff from different programs should work together more effectively.**

"They need to get the social workers and the financial worker to talk to each other and be on the same page for payments."

"Their communication with each other is not good, as far as between DVR and ESA...Does anybody know what is going on? Their communication could be improved."

"Improve communication between [staff in] different divisions to better serve the individual. Mental Health and DVR minimally communicate about my care. There is not sincere effort or interest in that communication. It would serve me better if they genuinely coordinated care. It would create a better outcome."

**Some clients want all of their services to be handled by a single caseworker.**

"I would like one case manager that could coordinate all services."

"I think that one person does not deal with the same client all the time, which makes for confusion and different information from different workers, and may cause expensive delays in services."

"It would be nice to have 'a' worker."

**They described the difficulties of dealing with multiple staff.**

"I have called several times, spoken to several folks, and gotten different answers."

"When I talk to people on the phone or in the office, I get inconsistent information."

"I had to go down there 3 different times, and they weren't on the same page on what I needed to provide. It ended up being a hassle."

"I can never speak to the same person twice. It is very annoying, and I never get a clear answer."





**Clients want social and health services programs and offices to coordinate their different services.**

"They have a lack of communication and availability across the different agencies, which is a huge problem."

"I like that things have improved about coordinating services."

"Work together as a team...I have sent in paperwork that one department knows about and another doesn't."

"I like the concept of helping families, and the concept that Mental Health, Medical, Child Support and Children's and Economic can all be coordinated."

**They feel strongly that all staff should be on the "same page."**

"Some case managers at DD are 'not on the same page' as others."

"They switch me from worker to worker when I call. If they could assign you to a worker and stick with it, services would be much better."

"The second counselor does things very differently than the first, with no explanation."

"Better communication. When people go on vacation, the person replacing them doesn't know what you are talking about, and they make you feel like you are imposing on them."

"I am tired of the workers changing the rules with every worker I talk to."

**They also want social and health service programs to improve their coordination with other agencies.**

"Work hand-in hand with Military One Source."

"Maybe work with WorkSource to help clients find jobs."

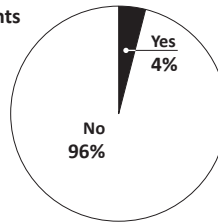
"DSHS should communicate with SSA, as well as with different divisions within the agency. They are connected, but do not work in cooperation with one another."

"I would like to see a bridge between Medicare and Medicaid."

"On interstate cases, they could work a bit more closely. Interagency cooperation could be better."

## THEME | All coordination comments

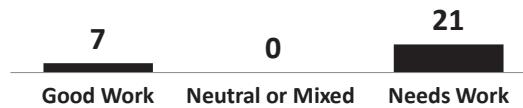
Made comments about coordination?



**41 of the 1,135 clients commenting (4%) mentioned coordination.**

**28 of the 41 clients who commented on this issue remarked on coordination between programs and offices. 15 spoke about coordination between workers. All but seven of the 41 comments addressed the need for better coordination.**

### Between programs and offices



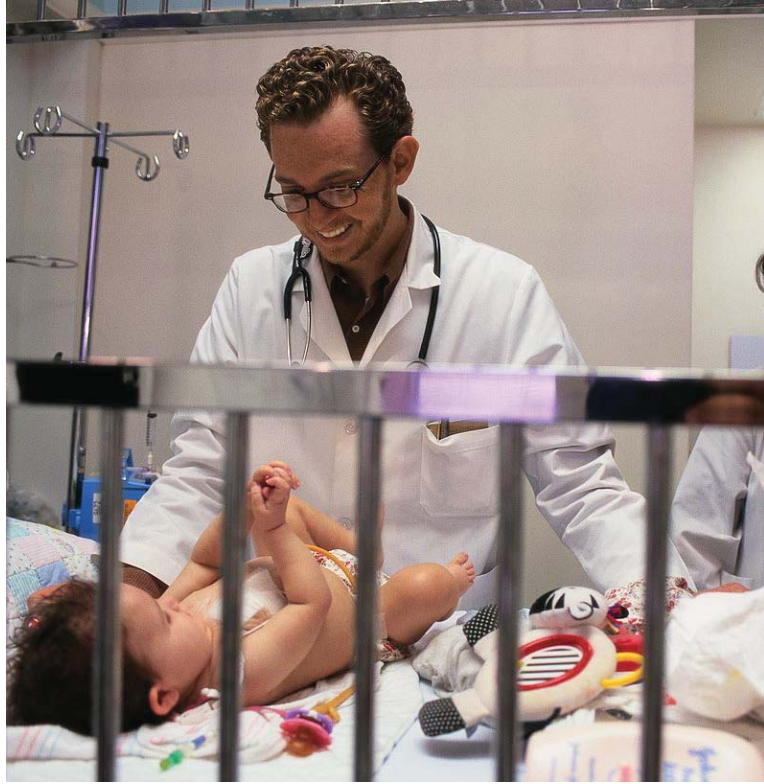
### Between workers



\* Total is more than 41 because some clients spoke about both coordination between program/offices and coordination between workers.



## Resources



### Clients want ready access to the resources they need

Many clients appreciate the resources that social and health services provides them. However, the majority of clients who commented indicated that the resources they need are hard to access, in short supply, or completely unavailable. They suggested that social and health services:

- Expand current programs to meet client needs
- Create new programs to address unmet client needs
- Provide more money and benefits, given the rising cost of living
- Stop cutting cash grants, benefits and services
- Provide clients of all ages more medical services, including primary and specialist care, hospitalization, vision care, and mental health services
- Provide clients of all ages more dental services, including routine check-ups, a full range of dental treatments, and preventative care
- Give clients current information about, and easier access to, health care providers

\*NOTE: This chapter is based on client comments made in response to open-ended questions. Specific questions about resources were not included in this survey because social and health service programs often have little control over the amount of resources available from federal and state sources. Clients also commented on the need for more social and health service staff. See Chapter 2, page 25.



#### Clients spoke of a need for more programs, or expanded programs.

"I wish they had more activities and day care for my adult developmentally disabled sister."

"Provide housing for homeless folks."

"They should provide more programs, especially emergency assistance."

"More available respite care."

"I would like more outreach programs. I have 3 children and one is severely disabled. I could use some support in parenting."

"Provide more services for those unemployed and disabled."

"Help access more funds for programs for the kids."

"More programs for over 18 services. When one is under 18, there are more services available."

"It would be good if DSHS had a special unit that deals specifically with returning veterans."

"Provide a daycare for infants."

"Offer housing assistance."

#### They are unhappy about social and health services budget cuts, and the effect those cuts have on needed services.

"The budget cuts have been difficult."

"I think they should continue with the grandparent grant program...It's important that grandparents can get the help they need for their grandchildren's basic needs."

"Stop punishing the elderly in all of the cutbacks."

"They help out a lot, but it is not always what is needed...Budget cuts are contributing to this."

"I am fearful that with the cutbacks we won't qualify [for counseling]."

"Sometimes programs stop, and we need them."

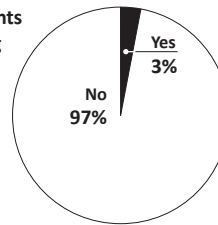
"It's hard in these economic times, there's just not enough money."

"They need to stop cutting the services to the elderly big time."

"I know economics are changing, but help will still be needed by some. Please be there."

## THEME | More programs

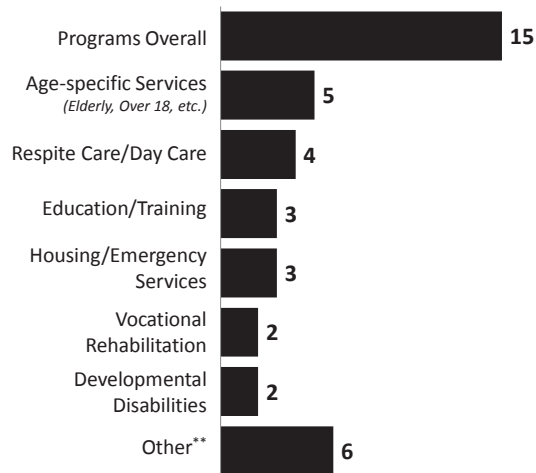
Made comments about needing more programs?



36 of the 1,135 respondents who made comments (3%) mentioned that social and health services needs more programs.

### All 36 comments on this topic offered suggestions for improvement.

Clients indicated that more programs and resources are needed for\*:



Many clients who commented are upset that the social and health service programs they rely on have been cut back or eliminated. They also expressed their opinions and concerns about:

- Programs that are currently operating, but need to be expanded to meet client needs
- Programs that should be created to meet client needs that are not being met by any existing social and health services program
- Their lack of support, safety and stability due to lack of specific types of assistance from social and health services

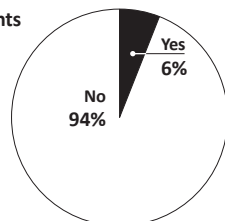
As shown in the chart above, some clients expressed a need for more **age-specific** services (such as elder care, or services for children or youth of certain ages). Other clients requested more assistance with **respite care** or **day care**, **education** and **training**, **housing** and **emergency services**, **vocational rehabilitation**, and **developmental disabilities**.

\* Numbers in these categories add up to more than 36 because in 5 cases the respondent mentioned more than one program.

\*\* Other includes requests for more counseling (2), food stamps (1), returning veteran services (1), parenting support (1), and grandparent grant program services(1)

## THEME | More money and benefits

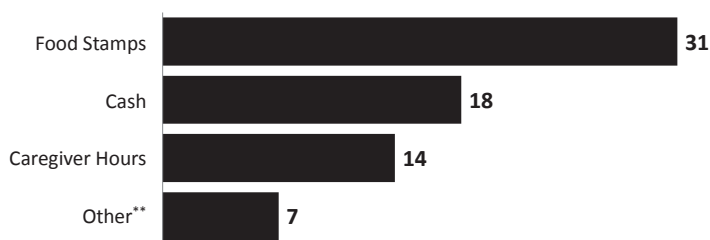
Made comments  
about money  
and benefits?



**62 of the 1,135 clients commenting (6%) mentioned social and health services money and benefits.**

**All of the 62 clients who addressed the need for more money and benefits made criticisms or suggestions for improvement.**

Clients would like money and benefits to increase – or, at least, remain at current levels - in the following areas\*:



Clients often addressed these issues:

- Food stamp allotments are too small, as the price of food is rising
- Cash grants need to be larger, to cover the current cost of decent housing and other basic necessities
- The number of caregiver hours allowed and the wages caregivers are paid both need to increase
- Child care and respite care allotments are insufficient
- Reductions in money or benefits cause both practical and emotional difficulties in clients' lives

\* Numbers in these categories add up to more than 62 because in 6 cases the respondent mentioned the need for more than one resource.

\*\* Other includes requests for overall cash assistance/benefits (4), bus passes (2), and graduate school financial help (1).



**Clients would like to see increases in cash or benefits for themselves or their caretakers.**

"They won't pay for any of my child care needs."

"I need money to pay rent."

"The Copes program – they need to adjust the amount of money that Copes workers receive to care for a person. It is not enough."

"I need money for incidentals (non-food items)."

"Offer bus passes as a way to become more independent and look for work."

"It would be great to have a little respite, maybe once per year."

"Care for a resident is \$60 a day, includes food and care, it is very, very bad pay for Adult Family home."

"Send me more money!"

**They particularly want an increase in food stamps.**

"I would like more money in the food program. \$100 is not enough."

"Increase the amount of food stamps allowed as the price of food has increased a whole bunch."

"I would like more food program support. We live paycheck to paycheck."

"I don't get enough food stamps to live on. I have to spend all my Social Security money on food because I only get \$16 a month."

"Increase the amount of food stamps for homeless people."

"She likes to eat...more food stamps."

**They have difficulty adjusting to benefit cuts and reductions.**

"The amount of TANF is hard to get by with. I know it has something to do with the budget, but it's hard."

"My food stamps were reduced from \$54 to \$24, so that makes it hard."

"I have autoimmune disease...The case worker lowered my hours for in-home care from 100 hours to 60. I do not understand that my condition is worse and hours were reduced."

"As a caregiver, I keep getting threatened that they are going to take more hours away from me. I have lost 25 hours in the last three years."



**Clients want broader medical, dental, and mental health coverage, and easier access to that coverage.**

"Offer medical benefits to adults that don't have children."

"I am completely dissatisfied with mental health services. There are very limited resources. Huge waiting list at the county provider."

"Bring back dental and optical coverage."

"They need to provide medical for all people in the home."

"Make requesting special medical needs easier and more efficient."

**Some clients addressed the need for more and better dental care.**

"Need better dental coverage for children and adults. People can't get jobs because their teeth are so bad."

"I had teeth pulled rather than filled because dental is not covered. This is a huge problem and a health issue."

"Provide dental with low co-pay so I could afford root canal or [care for] gum disease."

"[Client's] dentures don't fit anymore and she cannot get them repaired."

"Provide dental care for adult handicapped people."

"I need dental and now I can only get extractions. I cannot afford the \$500 for tooth filling."

**Other clients outlined other specific types of assistance needed.**

"They need to provide vision and dental care and hearing aids for the old people."

"DSHS used to cover medications. I wish they would still cover them. I need those medications. It hurt a lot of people when they stopped coverage of pharmaceuticals."

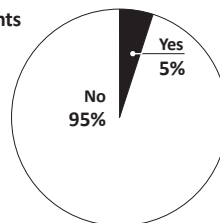
"There is no coverage for eyeglasses."

"Provide adequate mental health services in regard to Fetal Alcohol Syndrome."

"My daughter has taken Singular since she was a baby and about 6 months ago the state won't cover it anymore, and she has severe asthma. The steroid inhalers do not work for her. She has reactions to them."

## THEME | More medical and dental services/benefits

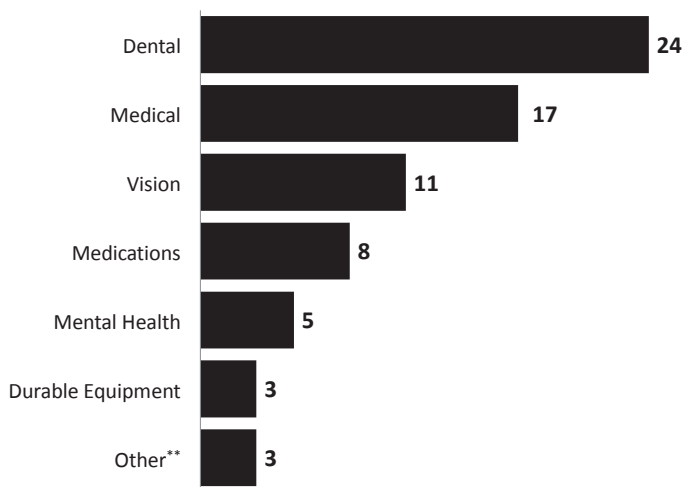
Made comments about medical and dental services/benefits?



60 of the 1,135 respondents who made comments (5%) mentioned a need for medical and dental services.

All of the 60 clients who commented in this category spoke of the need for more medical and dental services/benefits. Fewer respondents mentioned this need than in the 2011 survey, when 10% saw such a need.

Clients want more benefits in the following areas\*:



Clients were clear about their need for:

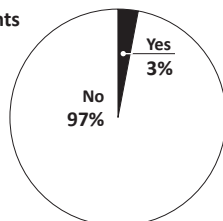
- Comprehensive dental care for clients of all ages, including regular checkups, preventative procedures, and dental appliances.
- Vision coverage, including eye examinations and "hardware" (such as eyeglass frames and lenses, and contact lenses)
- Medical services, including primary care, referrals to specialists, and hospitalization
- Mental health services, including evaluation and treatment for chronic mental health problems and those of shorter duration
- Prescription coverage, including medications for both physical problems and mental health issues
- Coverage for specialized equipment such as wheelchairs and hearing aids, and specialized services such as physical therapy and substance abuse treatment

\* Numbers in these categories add up to more than 60 because in 14 cases the respondent mentioned more than one type of benefit.

\*\* Other includes requests for hearing aids (1), podiatry (1), and physical therapy (1).

## THEME | More health care providers

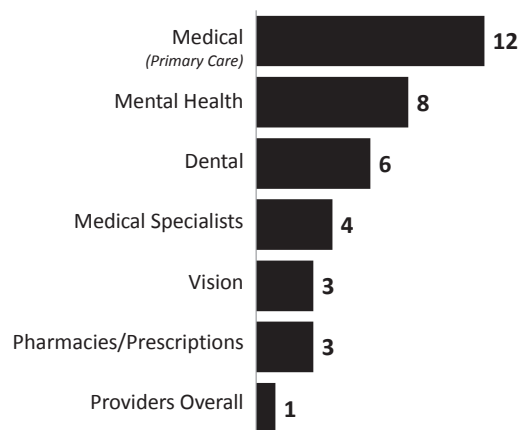
Made comments about needing more providers?



28 of the 1,135 clients commenting (3%) mentioned the need for more health care providers who accept Medicaid payments.

All of the 28 clients who mentioned this issue requested more providers who would accept Medicaid payments.

Clients reported their need for more providers in these areas\*:



The lack of health care providers is a major concern for some clients. In commenting on this topic, they frequently noted that:

- It is difficult, if not impossible, to find a primary care doctor or medical specialist in their area who is willing to accept social and health services coupons
- It is also hard to find local mental health professionals who accept coupons
- Dental care is often inadequate, or completely unavailable
- Vision care, if covered at all, is very limited
- Social and health service programs could do much better at keeping clients up-to-date on which providers in their area are available to serve them

\* Numbers in these categories add up to more than 28 because in 8 cases the respondent mentioned more than one issue.



Clients are frustrated by the small number of providers who accept medical assistance payments.

"Get more eye doctors that accept DSHS [payment] for exams and eyeglasses."

"My doctors for my children won't take Medicaid anymore."

"It is difficult to find a dentist who will take DSHS payment."

"It is really hard to get into a doctor, and they tell us that DSHS doesn't pay for it."

"There were only two choices for doctors who took both Medicare and Medicaid."

**Many clients cannot find the doctors, dentists, and other health care providers they need.**

"My son was injured and needed a specialist...Medicaid wouldn't approve it. Apparently, many specialists don't take Medicaid clients."

"I'm looking for a counselor that lives on MLK. They were all booked. I don't know how to get a counselor."

"All of his teeth have been pulled because we could not find a dentist that would take DSHS payments. He cannot wear dentures. Sad story!"

"Increase the number of psychiatrists available."

"It is difficult to find a doctor or a dentist who will accept DSHS payment. Recruit doctors who would be willing to accept DSHS payment."

**They want complete and current information about health care providers who will serve them.**

"They could give me a list of doctors or places to get medical services."

"Provide accurate information about service providers that accept payment from DSHS. It took a long time and lots of looking to figure out where to go for mental health services."

"[I want] help in finding a dentist who takes the coupon."

"Provide a list of medical providers that actually accept the DSHS medical card – doctors in my area."





## Diversity



### A detailed look at diversity issues

**Relatively few clients made survey responses focused on diversity. However, because leaders of social and health service agencies are strongly committed to diversity, we carefully reviewed each of the responses citing diversity concerns.** The reader may find this chapter different than previous chapters in its approach. Rather than looking at broad trends, it focuses on including every client voice.

**When asked what social and health service programs do well and could do better to serve clients, only 29 clients mentioned diversity issues:** 3 complimented social and health services commitment to equality, 1 was neutral; and 25 suggested a need for improvement. **An additional 86 reported mistreatment** when asked specifically about any unfair treatment because of race, culture, age, gender, sexual orientation, or disabilities.

- The most common perceived factor causing unfair treatment was disability. Respondents reporting mistreatment based on disability frequently referred to mental health issues, developmental disabilities, or limitations stemming from physical injuries.
- The second most common perceived factor causing unfair treatment was race. Respondents reporting mistreatment based on race were more often minority clients than white clients.
- The majority of complaints about gender-based discrimination related to unfair treatment of men.
- Concerns about age-based mistreatment (reported by people of working age, young mothers, and older individuals) were almost always combined with other issues, such as disability, race, or gender.
- Others who answered “Yes” to the diversity question discussed a variety of issues, including religious issues, income level, marital status, disrespectful staff, communication difficulties, and limited access to benefits and services.
- Differences in the responses of different racial/ethnic groups (Hispanics, non-Hispanic whites, and non-Hispanic minorities) to standard survey questions were less pronounced in 2013 than in 2011.



**Three clients praised social and health services for treating everyone equally.**

"They are organized, and all people seem to be treated the same."

"I guess [I like] the assistance, and no discrimination."

"I like that they have helped me when I needed help. I have not been discriminated against."

**In response to the diversity question, some clients criticized staff for being rude and disrespectful.**

"At one of the DSHS offices (CSO) I went to, it was like the staff did not care. I felt like I did not exist. One time I had a real low blood sugar and they told me I couldn't eat anything in the office. They had to call 911 to get me out of these. My wife had food in their purse, but the staff would not let her give it to me."

"They should understand that it is embarrassing to ask for help. When they talked loudly to me when others who were nearby could hear, I was uncomfortable. More privacy, please!"

"I had DSHS, and maybe they thought I was underclass. I see that a lot Spanish people get mistreated because they don't speak English."

"I called [DCS] because my ex-wife called me crying because of how they talked to her. They told her she was a bad mom. The lady was just as rude to me when I called her."

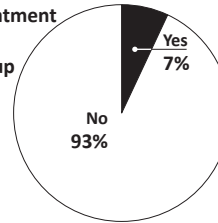
"I have a neurological deficit and it sometimes affects my thought and speech processes, and it can make it difficult for me to clearly express myself. Even when this is explained up front, they cut me off, or are impatient with me."

"Before I was approved for SSI, I went in to see if there was a program that would help me pay for some of my living expenses. Before I explained my circumstances, they said that we don't have any programs to help you. I thought they were rude, as they did not even listen to my situation."

"When I went to the office to explain what was going on in my mental case, they were very rude to me. They had an attitude and the male receptionist was degrading and made me feel like I didn't know anything."

## QUESTION | In the past two years has there been a time when you felt social and health services staff treated you unfairly because of your race, culture, age, gender, sexual orientation, or disabilities?

Felt unfair treatment because of protected group status?



**86 of the 1,180 clients replied "Yes" when asked this question. The majority (1,094) responded "No."**

**In addition to the 86 clients who responded "Yes" to the question above, this chapter incorporates all clients who addressed diversity issues in answering three more general questions in the survey.\***

A total of 100 clients reported that social and health services staff treated them unfairly. The majority (73) said that the unfair treatment was related to membership in one or more protected groups based on disabilities, race, gender, age, and sexual orientation. 27 said their mistreatment was wholly or partly due to other factors.

### Unfair treatment related to DISABILITIES:



39 clients said they were mistreated because of their disabilities. The majority (24) feel this mistreatment was due to their disabilities alone. 15 clients spoke of disabilities along with membership in other protected groups. (See more on page 68.)

### Unfair treatment related to RACE:



32 clients spoke of unfair treatment due to their race. Half of these clients feel the mistreatment was due solely to their race, while the other half also related it to membership in one or more additional protected groups.

Of the 32 clients who said that they were ill-treated based on race, nearly one third (10) believe they were victims of reverse discrimination because they are not part of a minority group. (See more on page 69.)

\*Footnotes and legend are on adjacent page.

**Unfair treatment related to GENDER:**

20 clients feel they experienced discrimination because of their gender. Of those, 12 feel gender was the only reason for unfair treatment. Most clients complaining about gender discrimination were men. (See more on page 70.)

**Unfair treatment related to SEXUAL ORIENTATION:**

3 clients reported unfair treatment due to sexual orientation. Of those, none reported it as the single reason for their mistreatment, and some may have misunderstood the phrase “sexual orientation.” (See more on page 70.)

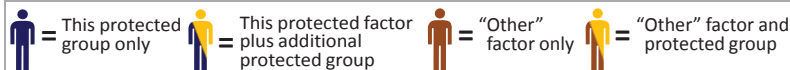
**Unfair treatment related to AGE:**

20 clients reported their mistreatment was related to their age. Of those, only 4 feel it was due solely to their age. (See more on page 71.)

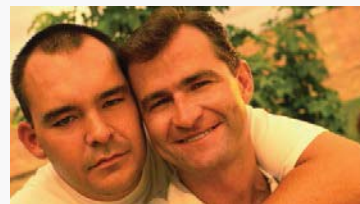
**Unfair treatment related to OTHER FACTORS:**

10 of the 101 clients who reported they encountered diversity-related problems failed to identify any reason related to membership in protected groups. These clients spoke about problems related to religious beliefs, income levels, family circumstances, rudeness or disrespect, and denial of benefits or services.

10 clients indicated they faced diversity issues unrelated to protected groups, as well as diversity issues related to a protected group or groups. Narrative comments related to the “Other” category are discussed further on page 72.

**LEGEND**

\* Before they were asked the specific question regarding diversity issues, respondents were asked (1) what they like best about dealing with social and health service programs and (2) how services could be improved. When asked these two general open-ended questions, clients were unaware that there would be a later question specifically about diversity. The final opportunity for narrative comments (“If you have any additional comments or questions about this survey or your services, I can note them now”) was offered immediately after the question about diversity.



**Some respondents reported their frustration about lack of access to, or long waits for, needed benefits and services.**

“If I was Latino I would receive more assistance with housing. There are Latino people I know who got a 3-bedroom house and I did not. I am on a long waiting list because I am not the lowest income. I am disabled and I cannot work.”

“They choose to help those they want to help...I had stage 4 cancer and they refused to help me because I was supposed to be receiving child support when I was not receiving the owed child support at that time. I had left a domestic violence situation and had no money or place to stay with my children.”

“If one is a specific ethnic background, you get more services than others. I have a neighbor who works and makes about the same as my husband. Yet, when they received food assistance, they got \$900 per month and my family got \$40 per month. (White client)

“I now have full custody of the children. I paid child support for 5 years to her. Now my ex-wife will not pay child support to me, and she earns more than me. Go figure.”

“They did not give him a CPS case manager. He has no parents and no one to turn to. He has no resources. No legal guardian. This is child neglect. He is homeless and has not been released from juvenile detention because he has nowhere to go.” (Client is 17)

“My business was successful, and all I needed was \$1500 annually. I am an independent adult, but I was being treated like a 2-year-old.”

“Client needs a Medicaid-funded wheelchair. She has been waiting 6 months...It took 6 months to get approval for catheters. She had bladder infections while waiting for approval. I spend hours every week to find out where the authorizations are.”

“I’m on a fixed income on SSI, and my son is mentally handicapped and on SSI. Our food stamps went down to \$191, and that is impossible to live on for a family of 4.”



**Many clients wish staff were more understanding about their disabilities.**

"I told [my caseworker] I had problems following through with things due to my disabilities. When I didn't show up for an appointment, they reduced my benefits by 40%, and I and my children were evicted. Due to my head injuries 11 years ago, I have anxieties and anger issues and have a hard time understanding or remembering some things. I hated to go back there because I feel like they pre-judge me due to my disabilities."

"They wanted me to do WorkFirst, which I was unable to do with my [knee] surgery recovery, and so they sanctioned me. Now I have to attend a class for 30 days to get it lifted...they have reduced my money, and I cannot afford gas to commute."

"The man at intake didn't understand that I couldn't fill out the forms. He must have thought I was joking, but I could not do those forms and he didn't believe me. He did not help me. I got a letter in the mail saying I didn't do the forms right and I had to go in and straighten a big mess that could have been avoided had he believed me. I have mental health issues, and they did not accommodate."

"I have trouble walking and hearing. When my name was called in the office, I was skipped over. I could barely walk to the counter. I can't stand in line. The staff treated me rudely when I finally made it up to talk to somebody."

**Some were frustrated because needed benefits or services were unavailable or slow in coming.**

"I think DSHS could have offered more for my son's disability, like resources in the community, like child care for special needs kids."

"I have limited use of my right hand and am recovering from surgery. Because it doesn't look that bad, they're reluctant to give me benefits."

"We tried to get him some type of help for his disabilities through DSHS, and were denied medical for him."

"I have ADHD. [DSHS] ignored my learning disability and didn't give me some other learning options [besides self-directed computer classes]."

## THEME | Discrimination based on a client's disabilities

The 39 clients who reported discrimination based on their disabilities were asked to describe the unfair treatment they experienced. In their responses, some clients named specific disabilities, such as mental health issues and developmental disabilities. Others did not describe their disability in specific terms.

### Unfair treatment related to MENTAL HEALTH:



8 clients who described unfair treatment based on disabilities described their disability as a mental health issue. Clients spoke about anxiety attacks, anger problems, and depression.

### Unfair treatment related to DEVELOPMENTAL DISABILITIES\*:



5 clients perceived unfair treatment related to developmental disabilities. This group included clients who have speech and hearing problems, motor skills issues, and learning disabilities.

### Unfair treatment related to OTHER SPECIFIED DISABILITIES:



11 clients reported unfair treatment due to other specified disabilities. This group included clients dealing with cancer, scoliosis, low blood sugar, light sensitivity, limited use of one hand, and being in a wheelchair. It also included clients with back, knee and shoulder problems.

### Unfair treatment related to OTHER UNSPECIFIED DISABILITIES:



15 of the clients who told interviewers they were treated unfairly because of their disabilities did not specify the type of disability. 8 just spoke about their disability in general terms, and 7 did not mention anything about a disability in their description of the unfair treatment.

#### LEGEND



\* According to the CDC, developmental disabilities are a group of severe chronic conditions that are due to mental and/or physical impairments. People with developmental disabilities have problems with major life activities such as language, mobility, learning, self-help, and independent living. This includes autism spectrum disorders, cerebral palsy, hearing loss, intellectual disability, and vision impairment.

## THEME | Discrimination based on a client's race

Of the 32 clients who reported unfair treatment based on race, ethnicity, or language, half (16) feel discrimination was based solely on their race/language.\*\* The other half said mistreatment was due to race along with membership in other protected groups.

### Unfair treatment related to being WHITE:



9 of the 756 white non-Hispanic clients who took the survey (1.2%) said they were mistreated because of reverse discrimination. 6 believe Hispanics get better treatment than whites, 2 reported whites are "singled out" for poor treatment, or treated worse than others.

### Unfair treatment related to being HISPANIC:



13 of 165 Hispanic survey respondents (7.9%) reported unfair treatment based on their race/ethnicity. Some commented on staff behaving in a rude or discounting manner. Others focused on the difficulties they face because of language problems.

### Unfair treatment related to being AFRICAN AMERICAN:



5 of 121 African-American survey respondents (4.1%) feel they experienced discrimination because of their race. They of barriers between black culture and other cultures; denial of benefits; subjection to specific requirements due to race; and wanting more services for "citizens of America" and more English-speaking staff.

### Unfair treatment related to being . . .

#### AMERICAN INDIAN



#### ASIAN AMERICAN



3 of the 57 American Indian respondents (5.3%) and 1 of 71 Asian American respondents (1.4%) described ill-treatment based on their race. They talked about racially insensitive services, poorly handled home visits, and rude staff.

1 client of unknown race also complained of racial discrimination.

#### LEGEND



\* As detailed on the next page, the rate of complaints about racial discrimination ranged from 1.2% for white respondents to 7.9% for Hispanic respondents. The difference between the rate of complaints for white non-Hispanic respondents and minority respondents was statistically significant ( $p=.05$ ). 18 of 787 white non-Hispanic respondents reported racial discrimination (2.3%). 21 of 388 minority respondents reported racial discrimination (5.4%).



**Some white clients complained members of minority groups have easier access to good treatment and needed services.**

"It seems easier for Hispanics to get help than the white people."

"I am a white American, but my mother is Hispanic. When I spoke Spanish in the CSO (I speak fluent Spanish) the workers helped me before the people that did not speak Spanish. I feel bad for the other people, because they were there longer than me."

"A black worker treated me not the same as she treated another black person."

**Some Hispanic clients feel that they are the subject of discrimination.**

"It is hard to call into the office, as they don't want to talk to us if we talk Spanish. I have difficulty speaking over the phone, the phone tells me to dial '9' if I speak Spanish, and when I do, the phone hangs up."

"I don't think they listen close enough, and they want you out of there right away. Mostly they treat Hispanics like a number. They should pay more attention."

"They had a computer in reception for clients to use, and the receptionist came out and told us not to use the computers, because I didn't know how, and she was very rude and I felt she was rude because I was Hispanic."

**Non-Hispanic minority clients also reported unfair treatment.**

"They treat other races nice, but since they (CSO) can't understand me, they treat me unkindly. I also ask questions and they are unwilling to answer me." (Asian American client)

"They wanted me to take a urinalysis. The caseworker told me stuff he later denied. It's always about race and discrimination." (African American client)

"Adequate services are not available in a culturally sensitive way. There is racial insensitivity to my son. Counseling is not culturally competent therapy. For example, sand therapy is not appropriate as it is used in a very different way by native culture. (American Indian client)

**See page 73 for more on the concerns of minority clients**





**Many men feel that women are better served than men.**

"They need to understand that your gender doesn't make you right or wrong. They treated me badly because I was male, and believed my partner even though she was lying."

"I think they treat women differently than men who are homeless. Be more lenient in regard to medical and cash benefits for males."

"I'm a man...I have had trouble [paying] child support, they treat me like a bag of s\*\*t! If I were female, they would work with me much better."

"Everything my ex said to DCS was the truth, and I was guilty until proven innocent, and had to go to court with attorney expenses to be exonerated."

"I didn't really get a say-so in the amount of the child support I was required to pay. There were discrepancies in what my ex-wife said ... I felt discriminated against because of my gender!"

"I am a single parent and have not received child support. Is DCS pursuing her as vigorously as they pursued me when I was the payer?"

"Help the child support-paying fathers!"

**Some feel unfairly stereotyped as "dead-beat dads."**

"They called me a 'deadbeat dad,' and I felt highly threatened by the conversation."

"I was assumed to be a 'deadbeat dad' by the staff worker. I've always paid ahead or on time. I did not like their attitude, which seemed prejudicial."

"I felt profiled as a 'deadbeat dad.' I'm responsible...I don't think it would have happened had I been female."

**A number of women reported mistreatment related to their gender.**

"When I was pregnant, I was belittled in the CSO. I was told that in order to receive assistance I would need to quit my job and become homeless."

"Women tend to want to avoid modification [of child support] to 'not rock the boat.' They should be strongly informed of the consequences of NOT modifying. The state does not provide legal counsel...I was left to pay legal fees and arrears."

"A worker told me that I had to get my tubes tied. I didn't think that was right her giving me that advice."

## THEME | Discrimination based on a client's gender

Of the 20 clients who reported unfair treatment based on gender, 13 men and 2 were women concerned about the treatment of male clients.

### Unfair treatment related to being MALE:



The majority of reported gender bias in this survey targeted males. Of the 13 male clients and 2 female clients who reported mistreatment of men, all but one were clients of the Division of Child Support (DCS). 12 of the DCS clients were non-custodial fathers, one was a custodial father, and one was a custodial mother. Of the 13 men commenting, 6 said mothers get preferential treatment including better access to services, a stronger voice regarding their services and obligations, and more help from staff. 7 spoke about staff's rude and disrespectful behavior. Of the two women commenting, one said there should be more help for fathers who pay child support, and the other indicated more medical and financial services for men are needed.

### Unfair treatment related to being FEMALE:



5 female respondents reported mistreatment due to their gender. Of the 2 respondents who were DCS clients, one said female clients should be better educated about the modification process, and the other said female staff were rude to her. Of the 3 respondents who were not DCS clients, one said she was belittled during her pregnancy, one said she was told to get her tubes tied, and the other did not describe her mistreatment.

#### LEGEND



## THEME | Discrimination based on a client's sexual orientation

### Unfair treatment related to SEXUAL ORIENTATION:



3 clients selected "sexual orientation" as the cause of unfair treatment. None of the three indicated sexual orientation was the sole reason for their mistreatment, specified their sexual orientation, or described the discrimination they suffered due to their orientation. It is not clear that all understood the meaning of the phrase "sexual orientation."

#### LEGEND





## THEME | Discrimination based on a client's age

The 20 clients who reported unfair treatment based on age can be grouped into four categories: people of working age, young mothers, older adults, and other.

### Unfair treatment related to being WORKING AGE:



8 working age clients described mistreatment connected to economic issues. They reported they were denied needed services - including food stamps, housing, and cash assistance - because staff wrongly concluded they were able to work. 6 of the 8 indicated the mistreatment was due to a combination of their age and other factors such as disability and race.

### Unfair treatment related to being YOUNG MOTHERS:



3 young mothers reported they were treated unfairly. 1 felt disapproval for being young and a mother; 1 felt judged because her children have different fathers; and 1 felt disrespected by female staff.

### Unfair treatment related to being OLDER:



3 clients over 50 years of age believe benefits and services were denied to them that should have been available, both because of their age and because of other factors including race, disability, and gender.

### Unfair treatment related to OTHER FACTORS RELATED TO AGE:



6 respondents reported mistreatment due to factors other than being of working age, a young mother, or older. 1 respondent said a youth was held in custody because needed services were unavailable in the community; 1 said children with Fetal Alcohol Syndrome lack access to appropriate mental health services; and 4 did not relate the specifics of their reported mistreatment.

#### LEGEND



**Some clients of working age are frustrated they failed to qualify for needed benefits or services.**

"My knee was injured and I was told that because of my age (24) and my ability to still work, although limited, I was not eligible for assistance. I had to wait until age 36 when my knee was completely blown out before I could get assistance."

"I was getting an apartment for housing, but it was only for those above 65 years for housing assistance."

"My wife didn't qualify because of her age and because she wasn't from here. We had to wait one year to get food stamps."

"I have chronic scoliosis and asthma. I was a disabled child collecting SSI. When I turned 19 I was terminated from SSI. I cannot hold down a job due to pain. It has been difficult to prove to SSI that I am still in need of assistance. I need their help and have not received it."

**Several young mothers feel they were treated poorly due to their age and circumstances.**

"I am a young mom and I thought I had the right paperwork. They said I did not. I think they judged me because I have several different fathers of my children."

"The fact that I had a child...the way they treated me because of that."

"I feel like when I talk to a female [on the phone] they treat me rude, but when I get a man he treats me nicely."

**Some older clients believe their mistreatment was partly because of their age.**

"I am homeless. My disability is from something that has not been fully diagnosed yet. I have to stay out of the light. I got denied services but I am disabled! I got denied because I had a \$500 per month part-time job and I was struggling to continue work." (Age 61)

"I felt that more was expected of me than what I could do." (Age 62)

"My caseworker assumed that because I looked healthy I should be able to work. I have a bad back and am homeless. I felt misunderstood." (Age 52)



**Two clients spoke of discrimination related to their religious beliefs.**

"The social worker thought we were too restrictive with daughter relative to our religious beliefs. The supervisor seemed to understand, and helped deal with the situation."

"I'm a pagan, and was wearing a symbol of my faith in the office. I saw a worker talking to another worker about it, and they were rude to me."

**Other clients reported unfair treatment due to a variety of factors.**

"Ex-husband was a job-hopper and I often called DCS with his employment information. I do not feel that I was prioritized in collection efforts, [as] I was not on public assistance."

"They should show respect even for those who do not have money and are disabled."

"DSHS standards allow unmarried folks living together with child or children to earn money, and it doesn't count against their benefits. I think the 'system' needs to be reviewed."

**Some clients feel staff treated them in a rude or disrespectful manner.**

"I had the same worker as my sister, and he always treated me worse than my sister. He talked down to me as though I was stupid."

"The receptionist was quite judgmental about my spend-down. She implied that since I was working, I should not be receiving services."

"Most of the staff is passive-aggressive. I feel diminished, minimized, trivialized, ignored."

"They came to the house and investigated us unfairly. We were very afraid, and it made [the child] uncomfortable because she thought they would be taking her away."

**Others complained about being denied services or benefits.**

"They would only give me medical when I was pregnant, and not when I had other medical needs."

"They denied me for food stamps because I was a full-time student."

"DSHS denied me services when I needed them for my children."

"To go to the hospital, I asked for a bus ticket, but DSHS blew me off...I'm under-subsidized."

## THEME | Discrimination based on other factors

21 clients indicated that mistreatment was due – or partly due – to reasons other than protected factors (disabilities, race, gender, sexual orientation, and age). 7 respondents named specific factors, including religious beliefs, income level, bias against married couples, bias against unmarried couples, and bias against women whose children had different fathers. The remaining 14 respondents chose "Other" as a source of unfair treatment, but failed to specify the nature of the "Other" factor or factors in their comments.

### Unfair treatment related to SPECIFIC OTHER FACTORS:



7 respondents related their unfair treatment to specific "other" factors. 2 clients spoke about negative experiences related to their religious beliefs. 1 client perceived negative staff bias against her because her children have different fathers; 1 client felt she received inferior service at Division of Child Support because she is not on public assistance; 1 client reported bias against married couples; 1 client reported bias against unmarried couples; and 1 client spoke of lack of respect for the poor.

### Unfair treatment related to UNSPECIFIED OTHER FACTORS:



12 respondents did not identify a specific "other" factor which led to their ill-treatment. Of these, 6 clients indicated that social and health services staff treated them with rudeness or disrespect, 5 clients expressed their displeasure at being denied benefits or services, and 1 client suggested staff communicated information poorly.

### Unfair treatment related to PROTECTED GROUPS:



2 clients chose the "Other" category as one of the sources of their mistreatment, but their narrative comments referred only to one of the protected groups.

#### LEGEND

	= "Other" factor only		= "Other" factor plus one or more protected groups
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## Racial/ethnic differences in standard questions

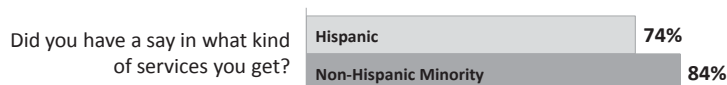
Most of this chapter examines diversity issues through client comments and responses to a diversity-specific question. Standard survey questions (with Agree or Disagree answers) also help us look at diversity issues.\*

In 2013, there were statistically significant\*\* differences between racial/ethnic groups on only 3 out of 20 standard survey questions. No one racial/ethnic group was generally more satisfied than the others. This stands in contrast to 2011, when there were statistically significant differences between groups on 12 out of 20 standard survey questions, and Hispanic respondents were generally more satisfied.\*\*\*

**Non-Hispanic white** respondents reported significantly greater\*\* satisfaction than Hispanic respondents on one question:



**Non-Hispanic minority** respondents reported significantly higher\*\*\* satisfaction than Hispanic respondents on one question:



**Hispanic** respondents were significantly more\*\*\* satisfied than non-Hispanic white respondents on one question:



\* For this analysis, race was divided into 3 categories (Non-Hispanic Minority, Hispanic, and Non-Hispanic White) to make numbers in each group large enough for statistical comparison.

\*\* Statistically significant at the .05 level. For all demographic comparisons, see Appendix F.



Some minority clients feel they are targeted for rude behavior, or have difficulty obtaining needed services because of their race.

"They treat me like I don't speak good enough English, and they act like I might be illegal and I don't deserve what they are giving me...when I go I am scared on how they are going to treat me that day." (Hispanic client)

"They wouldn't give me food stamps because of my race and age." (African American client).

"I do not like to go into that office. I think that I don't look deserving. I am Hispanic. I don't think I was told about the services that were available. The workers are not proactive about what programs were available to help me improve. It feels like I am fighting to receive basic assistance."

"I needed help with my water bill and, according to a state flyer, I might be able to get help. So I called DSHS and the receptionist was very rude. She told me that I needed lots of documentation, etc. So, I went in with lots of paperwork and eviction paperwork – the receptionist was again mean and told me that I didn't have all of my paperwork. The other DSHS lady said I should pay my bills better and I would have funds left for the water bill. She made me feel it was because of my race. (American Indian client)

**Some white clients feel that their race puts them at a disadvantage.**

"I went in to apply for food stamps. My friend was Latino and he applied at the same time. He got his food card immediately, and I had to wait until the next day. The worker was Latino, and I think she favored him."

"I got treated different because I was white and not Mexican. I have a 'conversion disorder,' it is a stress disorder, and because of my discrimination in the past I can't go into the office on my own, as it may trigger an anxiety attack."

"It stems back to if I were Hispanic or Russian or a different ethnicity than I am – there is not the same equality...It is just wrong! I don't feel I am prejudiced but it is true and it is politics. We should not be singled out by race or ethnicity." (White client)



## Who are the Respondents?

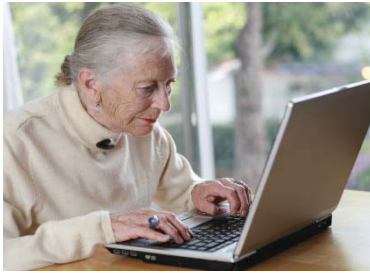


### Respondent Profile

1,180 clients completed the 2013 Client Survey.

- **At least 100 clients** were selected from each major program, and clients were asked about all services they received
- The completion rate was **87%** and the cooperation rate was **95%**
- Most of the surveys were **completed by clients**, but some were completed by a client's parent, guardian, or other representative
- The average age was **36 years**
- **35%** of respondents identified themselves as members of a racial/ethnic minority group
- **54%** of respondents were female





### Number of clients asked about each program in 2013

Clients served by more than one program were asked about every DSHS service used

**Medical Assistance**  
821

**Economic Services**  
*Community Services*  
782

**Child Support**  
*Custodial and Non-Custodial*

379

**Mental Health**

221

**Children's Administration**

200

**Aging and Long-Term Support**

144

**Chemical Dependency**

144

**Developmental Disabilities**

136

**Vocational Rehabilitation**

133

## Program Representation

Approximately 100 clients selected from each of nine major programs\* were represented in the completed survey. Survey participants from each program were randomly chosen from those clients who received services from that program during the month of March 2012.

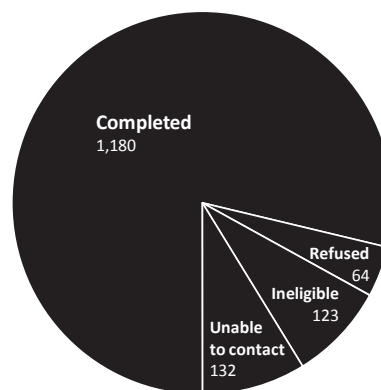
Over half of social and health service clients use more than one program, so each person interviewed was asked about every social or health service used from April 2011 to March 2012. Thus, a client who was selected from among those receiving economic services might also be asked about the medical assistance and vocational rehabilitation services received between April 2011 and March 2012.

The circles on the left show the number of respondents interviewed about each program. Because a single client was often interviewed about more than one program, the total far exceeds the number of clients interviewed. Well above half of the 1,180 clients in the survey had used the more widely utilized programs: Medical Assistance and Economic Services.

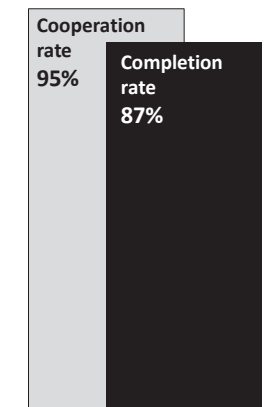
## Cooperation and Completion Rates

The overall cooperation rate for the survey was 87 percent, and the completion rate was 95 percent.\*\* These response rates are extraordinarily high for any survey, but are especially remarkable for a survey involving the particularly challenging transient population of social and health service clients.

**How clients responded**  
TOTAL = 1,499



**Response rates**

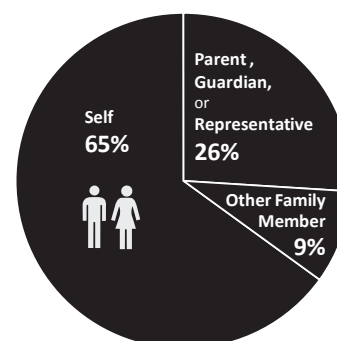


\*The survey did not ask about client interactions with the Juvenile Rehabilitation Administration. Experience has shown that a survey administered after youth are released from JRA supervision is not an effective or representative method to obtain JRA client feedback. 200 clients were chosen from the Child Support caseload—100 custodial and 100 non-custodial parents. Appendix A contains further information about methodology.

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



The person who completed the survey was not always the client. In 35 percent of the cases, the client selected for the survey was a child or youth (age 17 or under) or was otherwise unable to complete the survey. In these cases, a parent, guardian, family member, or other representative who deals with social and health service programs was asked to complete the survey.



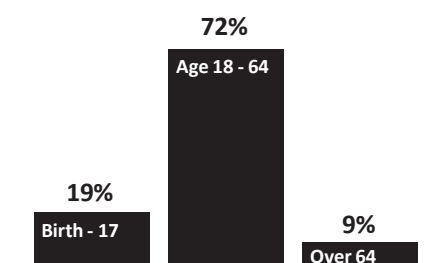
## Client Characteristics

### Age

Clients' ages ranged from early childhood through late adulthood:

- 19 percent of the clients in the survey were children
- 72 percent were working age adults
- 9 percent were older adults

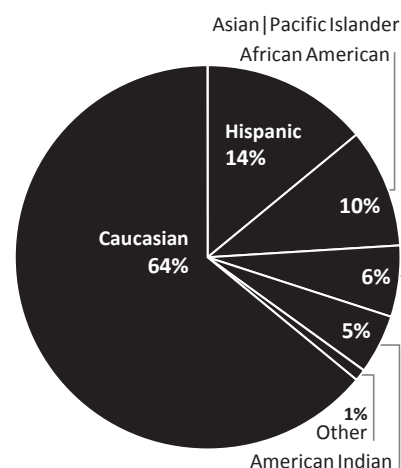
The average age was 36 years.



### Race | Ethnicity

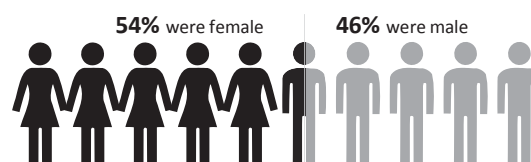
Clients were asked what racial and ethnic group best describes them. In the chart at right, all clients of Hispanic ethnicity are categorized as Hispanic, regardless of racial identification. Thus, for example, the Caucasian category consists of non-Hispanic Caucasians, and the American Indian group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

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



### Gender

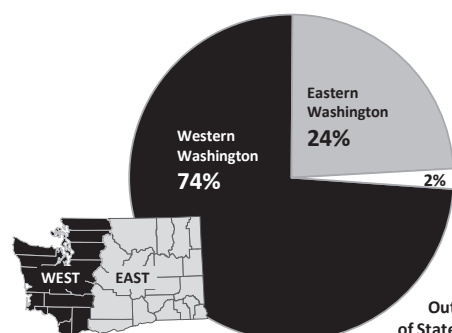
Clients were more likely to be female than male.



### Geography

Clients were more likely to live on the west side of the state:

- 74% lived in Western Washington
- 24% lived in Eastern Washington
- 2% were from out of state









2013 Social and Health Services  
Client Survey

## **Our Clients Speak**