

2017

Our Clients Speak

Social and Health Services
Client Survey



Getty Images/iStock

January 2018 | Report 11.241



Transforming lives

Washington State
Health Care Authority



Sponsored by:

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

Headquarters located at:
14th and Jefferson Street
Olympia, WA 98504

AND

WASHINGTON STATE
Health Care Authority

Headquarters located at:
14th and Jefferson Street
Olympia, WA 98504



WASHINGTON STATE
Office of the Governor
Jay Inslee, Governor


DEPARTMENT OF
Social & Health Services
Cheryl Strange, Secretary

**Services & Enterprise Support
Administration**

**Research & Data Analysis
Division**

Contact:

Nancy K. Raiha, MSW, PhD
Nancy.Raiha@dshs.wa.gov
360.902.7667

Information About this Publication

Title: 2017 Social and Health Services Client Survey: Our Clients Speak

Abstract: Between October 2016 and April 2017, the Washington State Department of Social and Health Services and the Washington State Health Care Authority surveyed 1,229 clients who received services between April 2015 and March 2016. 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. Considering all programs together, ratings either stayed the same or improved on all questions. There were statistically significant increases in ratings of overall helpfulness, ease of getting to program offices, getting services as quickly as needed, and program staff explaining things clearly. The survey identified opportunities for improvement in certain programs, such as getting services quickly (Mental Health) and being able to talk to a live person when needed (Community Services). Suggestions for process improvement indicated interest in expanding online services, streamlining application processes, and finding easier ways to connect with staff.

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

Category: Social and health service issues

Geography: Washington State

Research Time Period: October 2016 – April 2017

Publication Date: January 2018

Publication Number: 11.241

Project Name: DSHS Client Surveys

Primary Investigator/Project Manager: Nancy Raiha, MSW, PhD

Main Authors: Amy Case, PhD; John Rogers, PhD

Survey Supervisor: Monica Stanley

Statistical Analysis/Sampling: John Doane; Elizabeth Mancuso; and Dan Nordlund, PhD

Report/Survey Assistance and Proofreading: Deborah Macy, Andrea Jamieson, Kevin White

Interviewers and client finders: Sharon Brown, Joyce Bryant, Maggie Bumford, Angee Eldridge, Cynthia Ivey, Linda Marvel, Charles Pollock, Zachary Simpson, Darlene VanRooy, Kevin White.

Acknowledgments:

- Social and health services clients and families
- DSHS/HCA executive management and program managers

Project Supported by: Washington State Department of Social and Health Services and Health Care Authority Executive Leadership Teams

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

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

Order Publication 11.241: 360.902.0701

RDA's Online Library: <https://www.dshs.wa.gov/sesa/research-and-data-analysis>

Contents



Getty Images/iStock



Getty Images/ Jupiter Images



Getty Images/iStock

- Highlights of the Survey 1**
 - Survey results at a glance 4
- CHAPTER 1 | Quality and Helpfulness 7**
 - ALL SOCIAL AND HEALTH SERVICES..... 8**
 - Question: Thinking of all the programs together, have they done good work? 8
 - Theme: Quality and helpfulness of services..... 9
 - Question: Overall, have social and health service programs helped you and your family? 10
 - SPECIFIC PROGRAMS 11**
 - Question: Does your program do good work? 11
 - Question: Are you satisfied with program services? 12
 - Theme: Quality and helpfulness of specific programs, offices, locations 13
- CHAPTER 2 | Staff 15**
 - Theme: All staff comments 16
 - Question: Do staff treat you with courtesy and respect? 17
 - Theme: Staff courtesy and respect 18
 - Question: Do staff listen to what you have to say? 19
 - Question: Do staff understand your needs? 20
 - Theme: Staff listen/understand 21
 - Theme: Other comments about staff 22
 - Theme: Specific staff members 23
 - Theme: Providers 24
 - Theme: Need more staff 25
- CHAPTER 3 | Access and Processes..... 27**
 - GETTING INTO THE OFFICE..... 28**
 - Question: Are program offices open at times that are good for you? 28
 - Question: Is it easy to get to the program office? 29
 - Theme: Location and hours 30
 - Theme: Appointment processes 31
 - GETTING SERVICES 32**
 - Question: Is it easy to get services from the program? 32
 - Theme: General processes..... 33
 - Theme: Specific processes 34
 - Theme: Eligibility processes 36
 - Theme: Paperwork..... 38
 - Question: Did you get services as quickly as you needed? 39
 - Theme: Timeliness of services 40
 - CONTACTING STAFF..... 41**
 - Question: Do staff return your calls within 24 hours? 41
 - Question: When you call, is it easy to get a live person when you need to? 42
 - Theme: Phone and staff access..... 43



Getty Images/ Wavebreak Media



Getty Images/iStock



Getty Images/iStock



Getty Images/iStock



Getty Images/iStock



Getty Images/iStock



Getty Images/iStock



Getty Images/iStock



Getty Images/iStock



Getty Images/iStock



Getty Images/iStock

CHAPTER 4 | Information 45

Question: Do you know what program services there are for you and your family? 46

Question: Did program staff explain things clearly? 47

Question: Was it easy to get the information you needed about services? 48

Theme: General information 49

Theme: Language services 50

CHAPTER 5 | Client Involvement 51

Question: Did you help make plans and set goals about program services? 52

Question: Did you have a say in what kind of services you get? 53

Themes related to client involvement 54

CHAPTER 6 | Coordination 55

Question: Do social and health services make sure all your services work well together? 56

Question: Do the staff from your different programs work together as a team to try to help you get the services you need? 57

Theme: All coordination comments 58

CHAPTER 7 | Resources 59

Theme: More social and economic programs 60

Theme: More benefits 61

Theme: More health care providers 62

Theme: More health benefits 63

CHAPTER 8 | Diversity 65

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? 66

Theme: Discrimination based on a client’s disabilities 68

Theme: Discrimination based on a client’s race 69

Theme: Discrimination based on a client’s gender 70

Theme: Discrimination based on a client’s age 71

Theme: Discrimination based on other factors 72

Racial/ethnic differences in structured questions 73

CHAPTER 9 | Who Are the Respondents? 75

Program Representation 76

Client Characteristics 77

APPENDIX A: Methods

APPENDIX B: Cooperation and Completion Rates

APPENDIX C: Survey Questions

APPENDIX D: Survey Instrument

APPENDIX E: Weighting

APPENDIX F: Responses by Client Sub-Group

APPENDIX G: Responses by Program Sub-Group

APPENDIX H: Themes from Narrative Questions: Detail and Glossary

Highlights of the Survey



Getty Images/iStock

The purpose of the Client Survey is to include the voices of customers in the strategic planning processes of the Washington Department of Social and Health Services (DSHS) and Health Care Authority (HCA). We contact a representative sample of DSHS and HCA clients to assess satisfaction with social and health service programs. The survey includes both structured and open-ended questions, so we are able to compare responses among different groups and across time periods as well as providing rich context based on the clients' own words.

The survey participants represent more than one out of every three Washington residents, including our neighbors, friends, and family members. Their responses help agencies, legislators, advocates and the public to understand their experiences during what is often a very difficult time in their lives.

The 2017 Client Survey is the tenth in a series of agency-wide client surveys initiated in 2001.

- Clients were randomly selected from Washington State social and health service programs, and were asked about all social and health services they utilized.
- **1,229** clients were interviewed by telephone between October 2016 and April 2017.
- 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 completion rate was **77%** of sampled clients, which is very high for a survey of this type. Of the clients who could be contacted, **91%** completed the survey.

Most clients continue to be *highly satisfied* with social and health service staff and the overall quality and helpfulness of programs. Satisfaction *increased* for ratings of helpfulness, clarity of information given by staff, and access to offices and services.*

Taken together, the results suggest that service quality has mostly stayed the same or improved.

- ▶ Considering all programs together, ratings either stayed the same or improved on all questions, and there were statistically significant increases on four questions.
- ▶ There were no statistically significant changes for HCA or DSHS when considered separately.
- ▶ Among the trends (not statistically significant), DSHS ratings increased on nine questions and decreased on four; HCA ratings increased on 12 questions and decreased on only two.

More clients believe social and health service programs help them and their families. Other measures of satisfaction with the quality and helpfulness of social and health services continue at high levels.

- ▶ 93% of clients agreed that social and health programs helped them and their families, an increase of three percent from 2015 and the highest percentage since 2002.
- ▶ 91% of clients agreed that social and health service programs do good work.
- ▶ 87% of client comments on the quality and helpfulness of services overall (565 comments) and 85% of comments about specific programs (289 comments) were positive.
- ▶ 84% expressed overall satisfaction with program services, the highest percentage since the survey started in 2001.

Most clients are happy with staff interactions.

- ▶ 92% of clients agreed that staff treat them with courtesy and respect.
- ▶ 91% agreed that staff listen to what they have to say.
- ▶ 90% agreed that staff understand their needs.
- ▶ 88% agreed that program staff explained things clearly, an increase of 5 percentage points from 2015 and the highest rate observed since 2001.

More clients say that it's easy to get services

- ▶ 90% of clients agreed that it is easy to get to the program office, an increase of 4 percentage points compared to 2015.
- ▶ 90% of clients agreed that program offices are open at times that are good for them.
- ▶ 84% of clients agreed that they get services as quickly as they need them, an increase of 5 percentage points relative to 2015.
- ▶ 84% of clients receiving developmental disability services agreed that it was easy to get services from their programs, an increase of 14 percentage points compared to 2015.



If I had not received those services I don't think I would be alive right now.

—Client of WA Social and Health Service Programs, 2017



* Except where noted, listed changes over time are statistically significant at the .05 level.

The survey highlighted multiple opportunities for improvement.*

Although more clients in total said that it is easy to get services, there were several notable exceptions.

- ▶ Among clients receiving child support, vocational rehabilitation and mental health services, less than 70% agreed that they got services as quickly as they needed.
- ▶ There was a decline of 13 percentage points among mental health clients for getting services as quickly as needed.

Contacting staff continues to be a challenge in some areas.

- ▶ Just 43% of DSHS clients agreed that they were able to call and talk to a live person when needed.
 - Only 31% of the Economic Services Administration's (ESA) Community Services Division clients agreed that they could talk to a live person when needed, a decline of 10 percentage points from 2015, returning to the rate observed in 2013.
- ▶ Only 59% of DSHS clients agreed that staff return their calls in 24 hours.

Clients continue to identify opportunities for improvement in their comments.

- ▶ Among clients who made comments, 64% described access issues or processes they would like to see improved.
- ▶ The most common requests included more availability of online services, faster and simpler application processes, and easier ways to connect with staff.

As in past surveys, a small but important number of clients report difficult interactions with staff.

- ▶ 7% said that they felt social and health services staff had treated them unfairly because of disabilities, race, culture, gender, age, or sexual orientation.
- ▶ 4% of respondents agreed that staff do not listen to what they have to say
- ▶ 4% said staff do not understand their needs.



Have a better phone system and not just a recording that you have to be on hold for two hours or more just to talk to a person.



—Client of WA Social and Health Service Programs, 2017

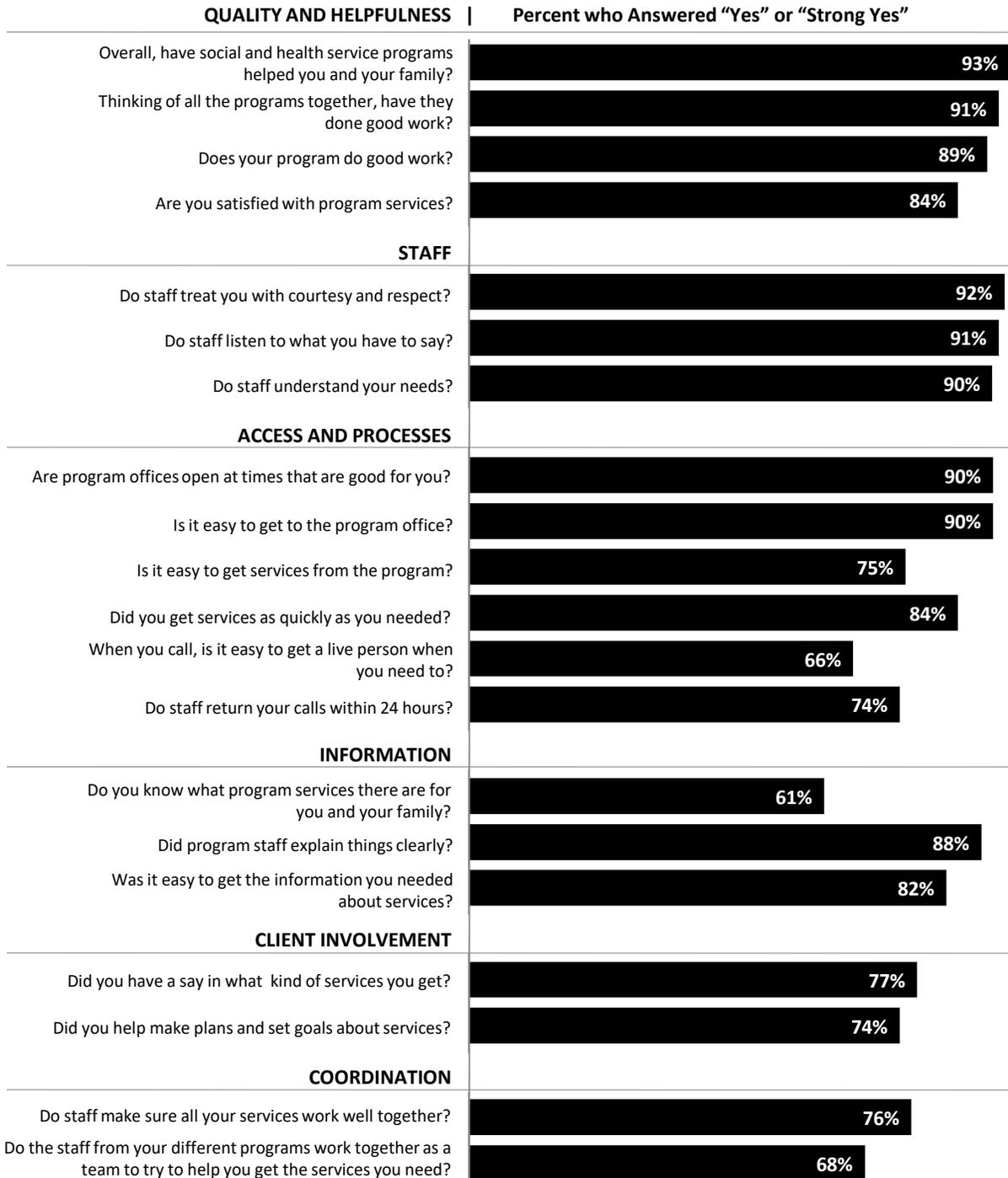
* Listed changes over time are statistically significant at the .05 level.

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 5 summarizes narrative responses to the three open-ended questions.

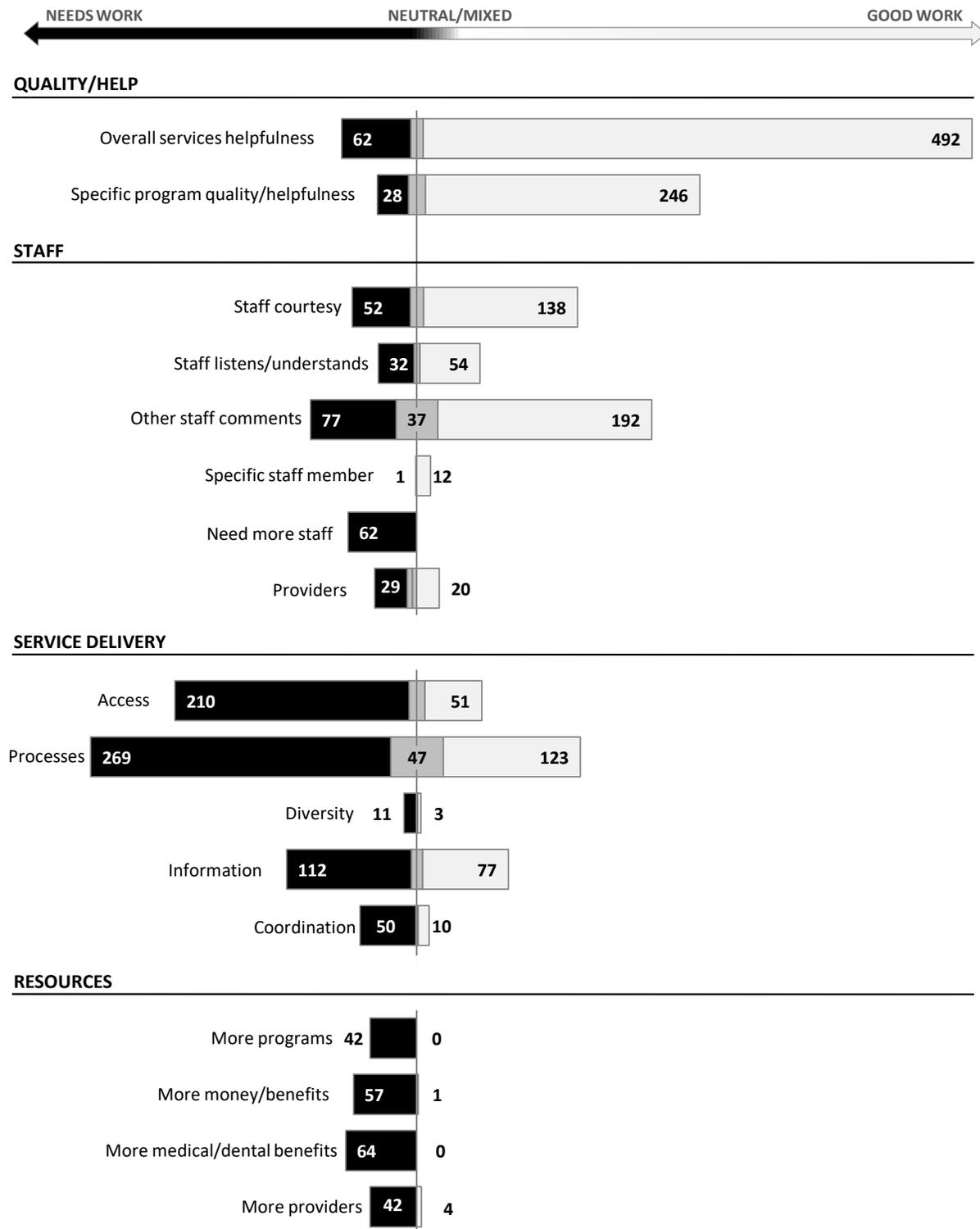
2017 Social and Health Services Client Survey satisfaction rates

All DSHS and HCA Clients • Weighted Data



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; and (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.

About this report

Chapter front pages provide an overview of the topics and results presented in each chapter.

Question pages describe the results of standard questions, each of which consists of a statement with the response choices “Strong Yes,” “Yes,” “Neutral,” “No,” and “Strong no.” The figure reported most often is the percent of respondents who chose “Strong Yes” or “Yes” – indicating agreement with the statement.

- ▶ For each question, we compare the results across several subgroups of interest, for example whether the client was a child or an adult.
- ▶ For each question, there is a chart showing the percent who answered “Strong Yes” or “Yes” in each year of the survey since 2001. We show the results of statistical significance tests comparing results in the current year to the previous survey year (2015) and also to the results in 2007. Before making decisions based on historical trends, please review the list of previous changes in the survey questions and methods (Appendix A).
- ▶ The results combine responses to each question for all of the services received by a given client. For example, if a client received Aging and Long Term Support services as well as economic services, the heading “Are you satisfied with program services” includes the average of that client’s responses to the questions “Are you satisfied with Aging and Long Term Support?” and “Are you satisfied with Economic Services?”
- ▶ All percentages are based on weighted data. Results by subgroup and year are only listed if significant at the .05 level.

Theme pages describe the results of thematic content analysis of responses to the open-ended questions “What do you most like about dealing with DSHS and Apple Health/Medicaid?” and “What is one thing social and health services can do to improve services?”

- ▶ For each theme, we show the number and percent of clients who made a comment that was coded in that category, relative to all clients who provided any comment.
- ▶ For each theme, we show the number of comments coded as “Good Work,” “Neutral or Mixed,” or “Needs Work” relative to all clients who commented on that theme.
- ▶ Percentages show how many persons made any mention of that theme. Unless otherwise indicated, multiple comments on the same theme by a single person are only counted once.
- ▶ Illustrative quotes from respondent comments are shown in sidebars throughout the report.

The **Appendices** provide detailed information on methodology, including previous changes to the survey, the survey questions, sampling and weighting procedures, response rates and a glossary describing the themes used in content analysis.

Quality and Helpfulness



Getty Images/iStock

Clients give high ratings to the quality and helpfulness of social and health services.

The questions addressed in this chapter focus on the core reasons that social and health services exist: Do they help Washingtonians in need, and do they do so effectively?

Between 84-93% of clients agreed or strongly agreed when asked:

- Thinking of all the programs together, have they done good work? (91% agreed)
- Overall, have social and health service programs helped you and your family? (93% agreed; a sustained improvement since 2009)
- Does your program do good work? (89% agreed)
- Are you satisfied with program services? (84% agreed; a sustained improvement since 2009)

Also included in this chapter are quotes from clients that provide insights into how the quality and helpfulness of these services directly affect clients' lives, and how they could be improved.

Subsequent chapters address more specific aspects of service delivery and client involvement.



Getty Images/iStock

Positive comments focused on getting needed services from helpful staff.

“They helped me at a time in my life when I really needed a leg up. They made it possible for me to look for work and not starve while doing it.”

“From my standpoint, if you do your part, the state does theirs. I don't think there is much that needs to be improved on.”

“They do respond to my needs and have programs that help me.”

“I have gone through a lot of trials and tribulations in my life and without the help I have gotten from the Department, I would be so much worse now.”

“We are on our feet now but very much appreciate the help we received.”

“You are all doing the very best you can with what you have. We can't expect miracles when resources are short.”

“Surprised on how good everything worked compared to other states.”

Several clients pointed out that needing social and health services is rarely pleasant, but that the help they received was essential.

“Even though I don't want to need the programs, I do and it's one less thing I have to worry about. Without the programs I don't know what I would do.”

“I try to avoid them as much as possible. But, they are helpful.”

“I don't really like to deal with them but I have to get help.”

“I wish he did not need them, but he does need them.”

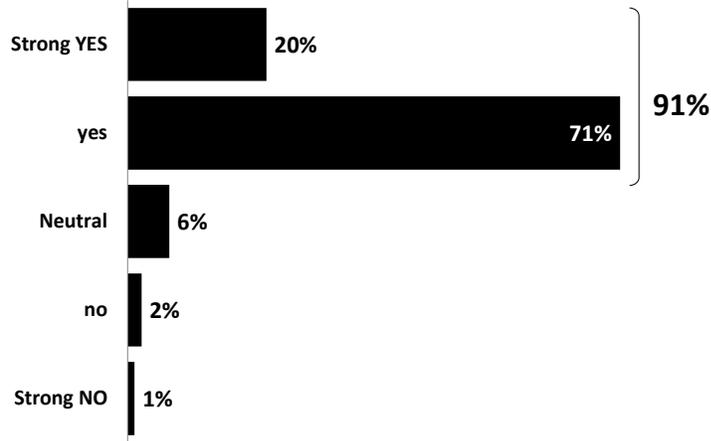
Some mentioned shortcomings in program helpfulness.

“Not all people fit into the same category. The state needs a broader range of the 'levels of distress.' If someone is hungry, the state needs to just feed them.”

“Need more help and staff.”

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

More than nine out of ten survey respondents (91%) told us that social and health service programs have done good work. Only 3% disagreed.

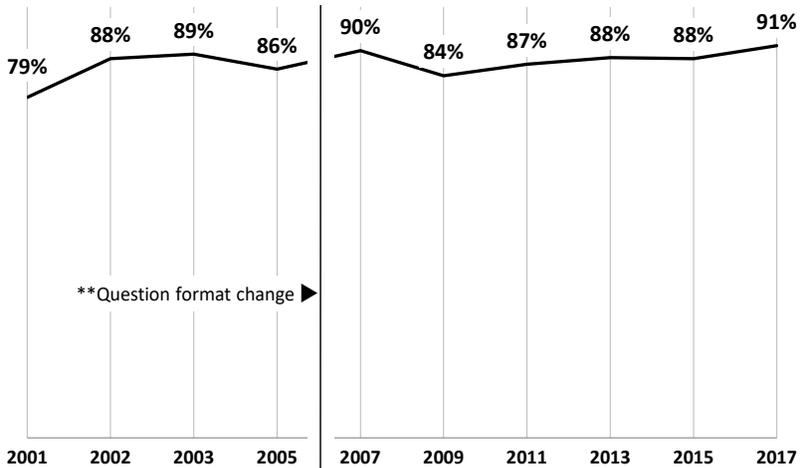


SUBGROUPS: Respondents were more likely to agree* that social and health service programs have done good work when:

- The client was a child (94% agreed), rather than an adult (88% agreed)
- The respondent was a representative of the client (93%), compared to when the respondent was the client (89%)
- The client participated in one program (92%), compared to three or more programs (86%)

Trend

This chart shows the percentage of respondents who answered the above question positively from the 2001 survey to the most recent year.



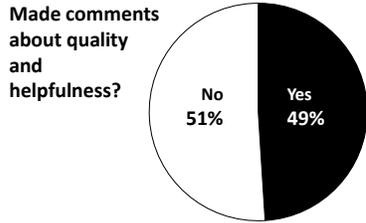
* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.

** 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?”

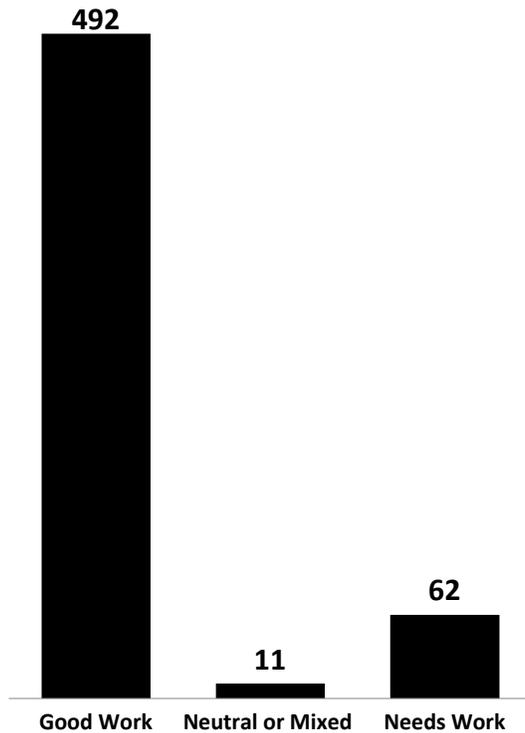
THEME | Quality and helpfulness of services

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



565 of the 1,152 survey respondents who made comments (49%) mentioned the quality and helpfulness of services.

Most of the 565 clients (87%) who addressed quality and helpfulness of services made positive comments.



In general, responses to open-ended questions that addressed overall helpfulness and quality of social and health services were very positive about the good work done by these programs. Some offered their insights into how services can be improved.

These general comments include clients who replied “Nothing” to the questions “What do you like best about dealing with social and health services?” or “What is one thing social and health services can do to improve services?” A reply of “Nothing” to the question “What is one thing social and health services can do to improve services?” would be coded as “Good Work.”



Getty Images/amanaimagesRF

Some clients gave examples of how social and health services were helpful.

“I can at least provide you two positive feedbacks: both of the programs provided me an opportunity to open up my mind and communicate with the outside world. They encouraged me to participate with the outside world and helped me walk out of my self-imposed confinements.”

“I am very happy with all services I received. I am finally getting back to normal and if I had not received those services, I don't think I would be alive right now. I really appreciate all my doctors and make sure to tell them.”

“Everything has more than exceeded my expectations for the services received for my daughter.”

“We are very grateful that the services were there for us. They were able to help my son, and they were able to help our family, and for that I am grateful.”

“They make it possible for my brother to have independence and dignity.”

“They help lighten the load for single income families like mine.”

“They were really helpful and supported me to find a job.”

Although some noted areas that need work, overall comments in this theme were positive.

“They do a good job with what they have.”

“Some help is better than no help.”

“Less dealing with the social and health services translates to me that there are no problems. So I have had no problems.”

“They have avenues to help my family to eventually get what we need.”

“I like that they help people when you are really in need and there is nothing to complain about. I am just happy!”

“The services provided are ones that I need, although they are not always easy to get. It's a one-size fits all system. But, the services have been a help to me.”



Getty Images/iStock

Social and health services help individuals and families in diverse ways.

“I had my daughter when I was very young. I have been trying to better my life situation and DSHS has been very helpful in my pursuit!”

“They actually help us with our needs and help us with emergency. My son has asthma and the state has been a great help for when my child gets sick.”

“We're glad that we were foster parents for nine years. Thank you for allowing us to be a licensed foster home and for helping us adopt our child. We really want to help children and enjoy the opportunity to do that, when given a chance.”

“That they were there when my family needed a helping hand.”

“They always help during difficult times; husband laid off in November so they helped.”

“Thank you for your patience and for helping us. Thank God we have not needed the counseling for alcohol for a long time.”

“I can get the things that I need to better myself.”

“If my daughter needs to be seen, they see her and help her.”

“I never planned to be in a position where I would need this type of assistance. I am thankful that this help is available.”

Others described mixed or negative experiences.

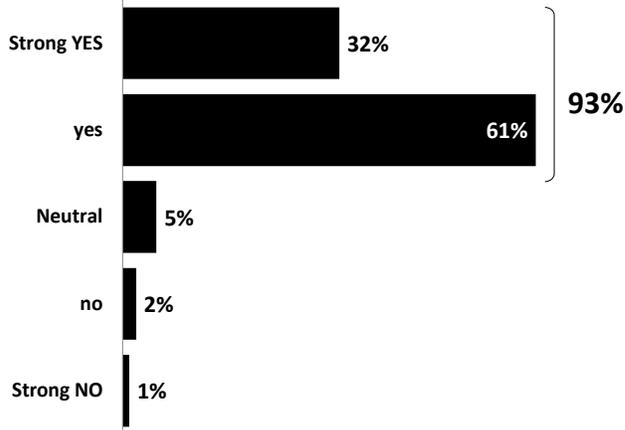
“I like the steady income and I like that they quickly provide the services we need. Not dealing with them.”

“Children's Administration made some changes that were not good and did not help the family.”

“The number of hours I have to do other things to satisfy DSHS requirements interferes with my ability to go to class and study. I am appreciative of the help I have received, however.”

QUESTION | Overall, have social and health service programs helped you and your family?

More than nine in ten survey respondents (93%) reported that social and health services programs have helped them or their families.

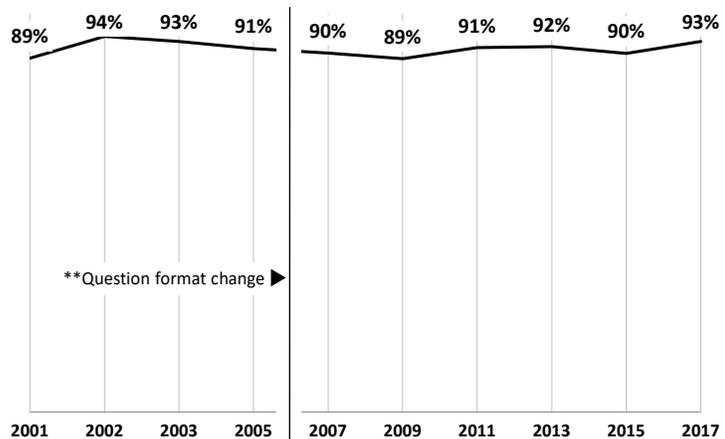


SUBGROUPS: Respondents were more likely to agree* that social and health service programs help when:

- The client was a child (96% agreed), rather than an adult (91% agreed)
- The respondent was a representative of the client (95%), compared to when the respondent was the client (91%)
- The client participated in one program (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 increases from 2007 to 2017 and from 2015 to 2017 are both statistically significant.*

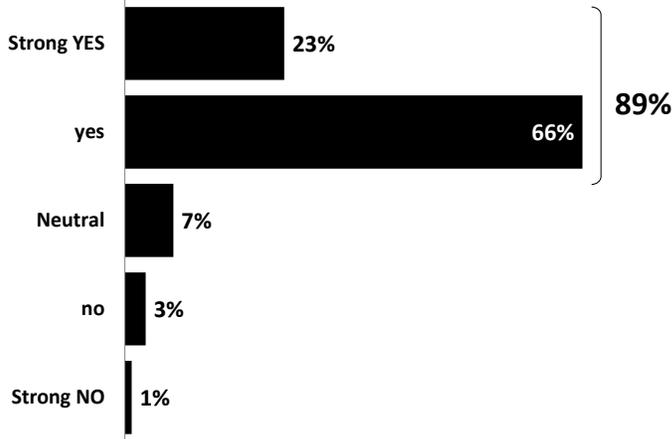


* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.

** 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 (89%) told us that the social and health service programs they used did good work. Less than one in 20 (4%) disagreed.

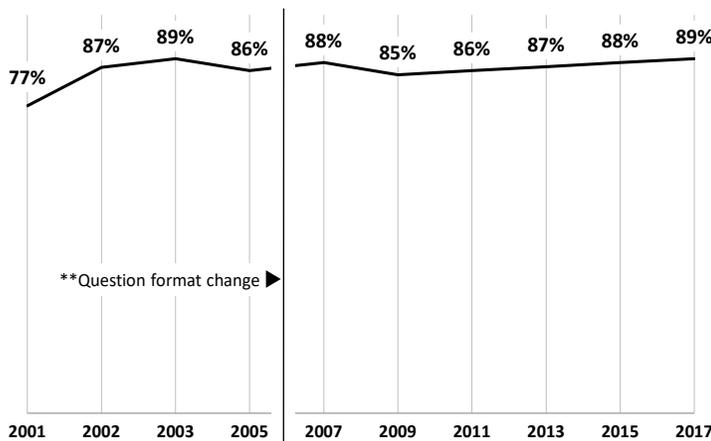


SUBGROUPS: Respondents were more likely to agree* that social and health service programs do good work when:

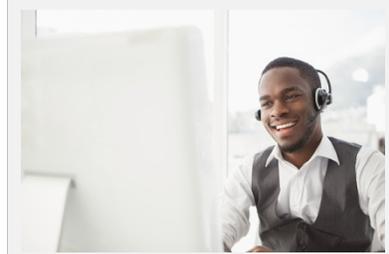
- The client participated in one program (92%), compared to two programs (86%) or three or more programs (85%)

Trend

This chart shows the percentage of respondents who answered the above question positively from the 2001 survey to present.



* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.
 ** Question format changed between the 2005 and 2007 surveys, which may affect comparisons to previous years. See Appendix A.



Getty Images/iStock

Clients who have had positive experiences often noted ways that their lives were improved.

“They’re helping me get back on my feet and get me back into the workforce.”

“The many services that my mom gets like medical and food stamps have been very great as she is 101 years old and would not be able to live without the services.”

“Well, most of the programs work well to get you the help you need and seem pretty good.”

“Actually I have no problems whatsoever and I can see my doctor at any time, and I love the doctor to which I was assigned. I couldn’t be happier.”

“Just want to say thank you for services for my daughter and her chance for developing her skills to get a job.”

Some respondents noted where things could be better.

“I really don’t like dealing with them. I am glad they help us, and I like the food stamps, even though they have cut us way down.”

“The medical facility that we have gone to, we are so lucky to have it. But, dealing with the DSHS social services office, it isn’t so good.”

“I was trying to get some physical therapy, but I wasn’t able to because the insurance wouldn’t cover it.”

“The most disappointing thing is our horrible mental care in Washington State. I have two sons with autism and there is such a shortage of providers that I can’t get the help I need. My son was in the DDA system, but I had to jump through hoops to get him back into it with another autism diagnosis because he has a high IQ. It’s been crazy dealing with this every time he is reviewed. This is very stressful to our entire family.”

“I think that DSHS works with Olympia to keep people wrapped up in the drug and alcohol rehab system. Once we get in it is hard to get out.”



Getty Images/istock

Most responses reflect the high rate of overall satisfaction with social and health services.

“I appreciate that the services are available and that I can access them and they are there for me.”

“I like that they are here to help, with the different types of services they offer, it makes it very nice for my family when we need the help.”

“I’m really grateful that these services exist, because the care that my family needs, wouldn’t have been possible without the state.”

“They help me stay alive. I would be on the streets if I did not get their help.”

“Overall, they’ve done a good job of getting me the services that I have needed when I needed help.”

“I like that they are there to help me and I have gotten good services from them.”

“I like the services they provide, because I’m not sure what we’d do without them.”

“I think they are doing just fine. I feel like if I ever need help they are going to be there for me.”

“The many neutral answers were based on the negative experience I had with a case manager. Services are now being provided and I am happy.”

Some clients described challenges in getting the assistance they need.

“It’s really hard to get people to qualify for disabilities. It took a lawyer and multiple years and tons of my own money to get these services.”

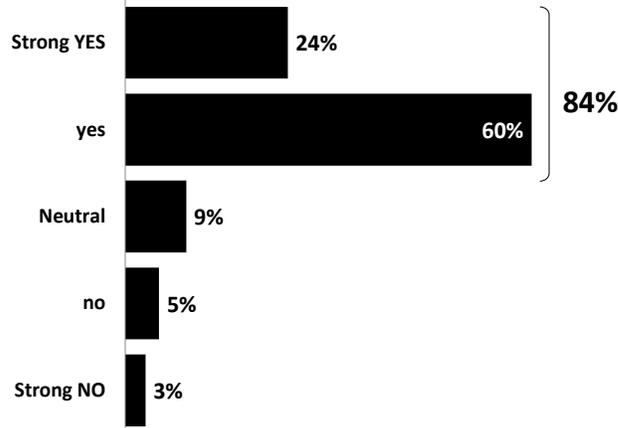
“It’s not always easy qualifying for certain things even when you really need it.”

“The connection between one state to another. I felt really lost when we moved from Washington to Nevada.”

“My wife does caregiving and is paid for it and she has spent more than a dozen hours on the phone, trying to get everything squared away.”

QUESTION | Are you satisfied with program services?

More than eight out of ten survey respondents (84%) reported they are satisfied with services from their social and health services programs. Less than one in ten (8%) disagreed.

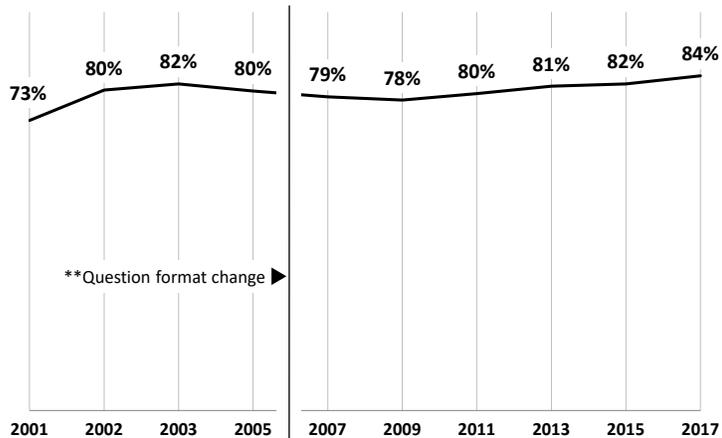


SUBGROUPS: Respondents were more likely to be satisfied* with program services when:

- The client participated in one program (88%), compared to two programs (80%) or three or more programs (79%)

Trend

This chart shows the percentage of respondents who answered the above question positively from the 2001 survey to present. The increase from 2007 to 2017 is statistically significant.*

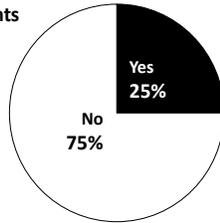


* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.

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

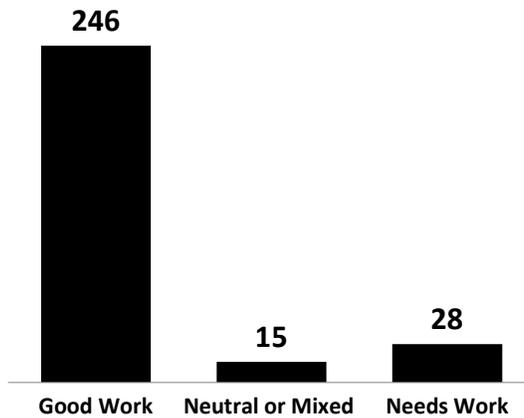
THEME | Quality and helpfulness of specific programs, offices, locations

Made comments about specific program quality?



289 of the 1,152 clients commenting (25%) mentioned the quality and helpfulness of specific programs or locations.

Of those 289 clients who addressed specific programs, offices, or locations, most (85%) made positive comments. Ten percent offered criticisms or suggestions for improvement.



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

- 185 clients were pleased with medical services
- 75 clients expressed appreciation for food stamps
- Clients also praised mental health, substance abuse, developmental disability, caregiver, employment, economic, and child support services

Some clients commented on the need for improvement in specific programs or offices:

- Nine mentioned Division of Vocational Rehabilitation programs
- Eight specified problems with Medicaid/Apple Health
- Six complained about a local Community Services Office
- There were also comments critical of medical, mental health, food assistance, job placement and child protective services



Getty Images/iStock

Many clients expressed appreciation for the quality and helpfulness of services.

“I would not survive without the food stamps and free bags of food I get.”

“The services from DVR changed my life. It was absolutely amazing. They put me through school and I am currently working in the field I studied. I am no longer in need of any type of social services.”

“It is really hard to like anything about asking for any kind of help. I am sober today because of the help I received from the drug and alcohol program.”

“Being a single parent of two children, I appreciate that there is no cost for the coverage and services. It gives me peace of mind to know that if something happens, they do have medical coverage and I don't have to worry about more bills. My daughter had to have surgery, it took place at a nice hospital and it was all covered.”

“We adopted our grandson and the financial relief we get through Apple Health has been a blessing.”

“I don't have any family and if it were not for SSI and the help the State gives me, I would not be alive.”

Although the exception, some clients were disappointed or frustrated with their experiences.

“DCS is not willing to help families who are trying to do better for their kids. They won't even point us in the right direction to get answers to our questions.”

“The Medicaid program is not fair to people who have worked all their life. When you meet your spend-down, you should be able to get dental and vision services.”

“You can't lump deaf or disabled kids in one basket. Some of these kids are incredibly bright and capable. They deserve to work day jobs like everyone else and not be warehoused somewhere at night with other deaf people is all I am saying.”

“The State of Washington truly cares about people.”



Getty Images/Jupiterimages

Interactions with staff can make a difference in whether receiving social and health services is a positive experience.

When Washingtonians are in need, the first encounter they have with social and health services will be with program staff. Clients' comments often reflect strong positive or negative feelings about the staff who have served them.

Responses to the structured survey questions in this section represent a new high in client ratings of staff. More than nine in ten clients agreed or strongly agreed when asked:

- Do staff treat you with courtesy and respect? (92%, a significant increase since 2007)
- Do staff listen to what you have to say? (91%)
- Do staff understand your needs? (92%, a significant increase since 2007)

Clients provided comments about whether the staff that they have encountered:

- Demonstrate courtesy and respect
- Listen carefully and understand the individual's present situation
- Provide responsive and efficient service
- Know their field and can provide access to the most helpful resources
- Treat each person as an individual with unique strengths and challenges

Clients also commented on the courtesy, helpfulness, and availability of service providers paid through social and health service program contracts.



Getty Images/iStock

Client comments noted the importance of competent, compassionate and dependable staff.

“I witnessed some very bad treatment of the patients. Make sure the right people are working in the mental health facilities.”

“They're very responsive to requests and I think they work diligently trying to resolve issues.”

“They take care of business when needed. When I need assistance with serious problems, I can depend on them.”

“One in five seem to know what they are doing and really try to help you. Most of them are nice and respectful.”

“A lot of the people that work for each division are user-oriented and try to find common ground that worked for my son. There are some bad seeds but the good seeds make it worth it.”

Clients also note that staff performance can have far-reaching effects in clients' lives.

“They are all excellent people. I've gotten my life back thanks to these fine people, and I really, really couldn't be happier with everything.”

“A social worker should be held accountable for decisions that they make when it ends up very badly. There are no ramifications for poor choices and bad decisions, and the adoptive parents and other relatives are left to pick up the pieces.”

“My daughter is adopted and they've really helped us along the way. We have dealt with some people who have caused some really crucial heartbreaks, but we also have dealt with good people and everything at the moment is really good.”

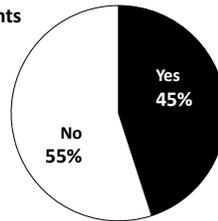
Individualized attention is appreciated.

“They really, sincerely, want to help. It was very important to feel like they cared about my situation.”

“The fact that they can adapt to the situation and help me. They are adaptable; they help us individually.”

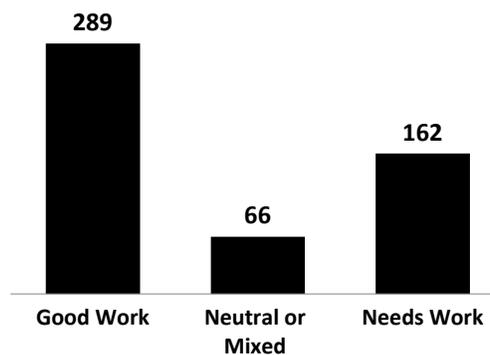
THEME | All staff comments

Made comments about staff?



517 of the 1,152 respondents who made comments (45%) mentioned social and health services staff.

More than 500 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. Over half of respondents who spoke about social and health service staff (56%) made positive remarks. Nearly one-third (31%) made negative comments or suggestions for improvement. Thirteen percent made neutral or mixed comments.



Clients acknowledge that DSHS and HCA staff have great responsibility, and that how they do their jobs can have important consequences.

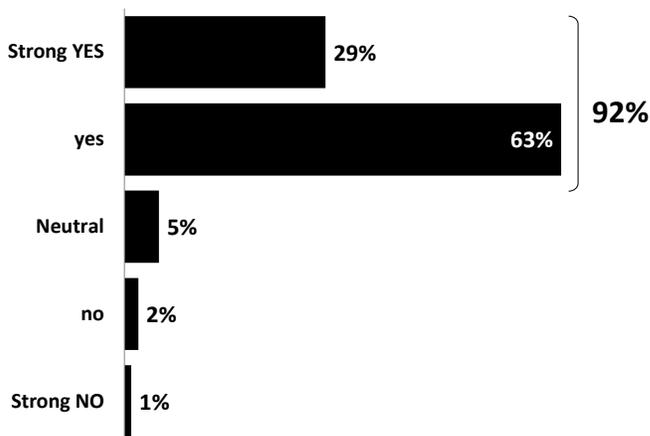
Comments about staff fall into four primary categories:

- Courtesy and respect. 202 clients addressed how they were treated by staff (see pages 17 and 18)
- Listening and understanding. Ninety-one clients addressed these topics. (see pages 19, 20 and 21)
- Other comments about staff included topics like responsiveness, professionalism, and knowledge. 306 clients made comments about other staff characteristics (see page 22)
- Comments regarding specific staff. Thirteen 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 service providers (page 24) and the need for more social and health service staff (page 25).

QUESTION | Do staff treat you with courtesy and respect?

More than nine out of ten respondents (92%) said staff treats them with courtesy and respect. Fewer than one out of 20 (3%) disagreed.

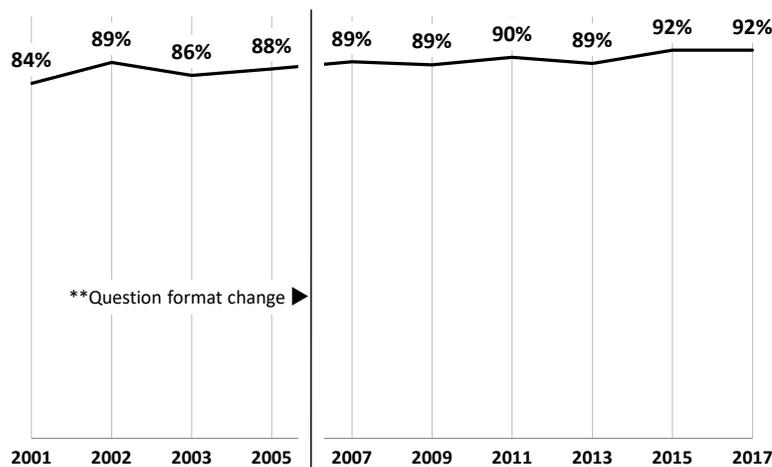


SUBGROUPS: Respondents were more likely to agree* that staff are courteous and respectful when:

- The client was a child (95%), rather than an adult (90%)
- The respondent was a representative of the client (94%), compared to when the respondent was the client (90%)
- The client participated in two programs (93%), compared to three or more programs (89%)

Trend

The chart below shows the percentage of respondents who answered positively from the 2001 survey to present. The increase from 2007 to 2017 is statistically significant.*



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

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



Getty Images/iStock

Most clients responded that DSHS/HCA staff demonstrate courtesy and respect.

"The people at the CSO are very personable. They seem like people who have gone through some hard times themselves and they really try to help you."

"Staff really care. They are very well suited for this kind of work."

"Anytime I have to call in about adoption services, I'm always helped by someone who is simple and kind."

"There are a lot of people in social work who are very dear."

"I appreciate the way social workers treat you now. I was on assistance for a time in the 80's and 90's and they have improved a lot since those days."

"They are very friendly and always have a warm welcome and good services."

"Everyone treats me with respect. It's not 'here's another person in line.' They treat me like a person."

Acceptance of clients' situation and a non-judgmental attitude is important.

"Sometimes when communicating with the staff, some are really nice and understanding. Those that are not, seems to me, are judgmental, and that makes me uncomfortable."

"They're nice, when they come in contact with people who need help, they don't judge."

"The way I was talked to was above and beyond expectations. They made me feel like a person. They did not degrade my self-esteem."

"I really don't like the way the staff treats my family and I. They really act like they're bothered that you're asking for help, acting in a way that the money and help the state gives is coming from their paycheck."

"Address the homelessness issue with compassion."

"I have always been treated well. I have never been made to feel bad for needing the help."



Getty Images/iStock

Staff interactions based on mutual respect are appreciated.

“When you get to know the people in the offices, it makes things so much easier. I like it when I walk into the CSO and some of the people smile at me and make me feel respected.”

“I personally have never had a problem. I believe that is because of mutual respect. If you give mutual respect, you get it back.”

“When I got seriously hurt and I was recovering from that bad injury and physically couldn't work, the worker talked to me like I was dirt. That worker made me angry at how she thought she had the right to talk to me and treat me like that.”

“Don't talk down to people who look different or are different.”

Clients may feel especially vulnerable when they are receiving benefits, and value courtesy and kindness.

“I love that they have never treated me badly because I have needed so much help from them through the years.”

“More effort on making people feel more comfortable. Children's Administration was very scary at first.”

“When you're in a very embarrassing situation the people that help you are very compassionate.”

“There is a lot of compassion for my client and his special needs. It is handled very well in this state.”

“Washington State has the friendliest bureaucrats that I have ever dealt with, and I mean that in the very best way.”

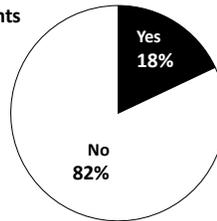
Some clients noted that their sense of courtesy and respect depends on the staff they encounter.

“The personnel at the Economic Services Administration and just the DSHS office are sometimes very rude. Not all staff are like this though.”

“When I go to the offices, sometimes I get someone that treats me well or persons that are not happy I am there and they don't treat me well.”

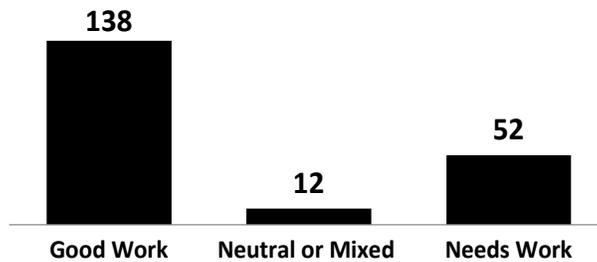
THEME | Staff courtesy and respect

Made comments about staff courtesy and respect?



202 of the 1,152 clients commenting (18%) mentioned staff courtesy and respect.

Of the 202 clients who commented on staff courtesy and respect, most (68%) were complimentary. Fewer than one third (26%) made criticisms or suggestions for improvement.



Most clients who made comments said DSHS staff are:

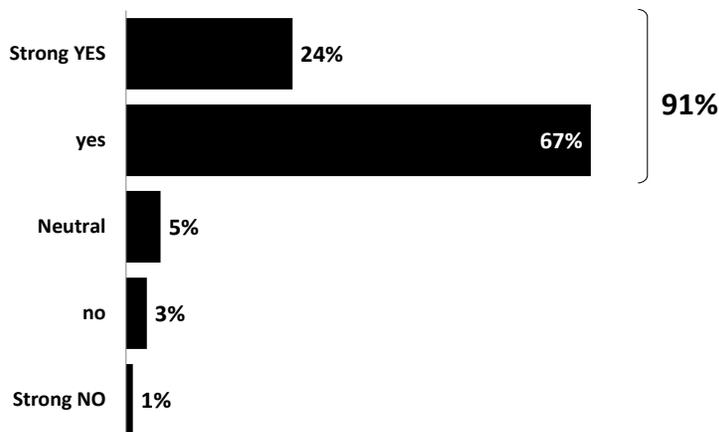
- Understanding of client situations and want to help
- Respectful and nice when dealing with them
- Genuinely concerned about clients and their needs
- Polite, regardless of the circumstances

Some clients suggested staff should:

- Replace condescending attitudes with politeness
- Not treat clients as if they are begging
- Be less judgmental and demonstrate that they care about each person's situation
- Treat everyone with the same attitude of respect

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

More than nine out of ten respondents (91%) feel that staff listen to them. Fewer than one out of 20 (4%) disagreed.

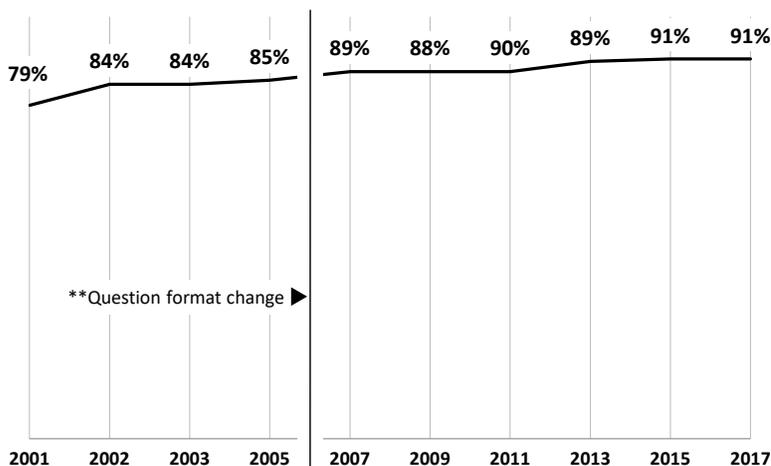


SUBGROUPS: Respondents were more likely to agree* that staff listened to what they had to say when:

- The client was a child (95%), rather than an adult (89%)
- The client was Hispanic (94%), compared to non-Hispanic white (90%)
- The respondent was a representative of the client (95%), compared to when the respondent was the client (88%)
- The client participated in one program (93%), compared to three or more programs (88%)

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 and years are listed if significant at the .05 level.

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



Getty Images/BananaStock

Many clients indicated that they feel heard by DSHS staff

“Very good listeners and also they make a point to know you.”

“People are really nice and they have listened to me and treated me very well. If not for these programs, I would be in a world of hurt.”

“The fact that they care and listen to me.”

“I just like that someone is helping me and paying attention to me.”

Active listening can help clients’ needs be more effectively met.

“I like the way DVR listens to my needs and try to gear me towards something that will be a good fit.”

“I like the staff. The people I encountered were really friendly and want to help me as much as they can. They listen and try to find other resources.”

“They tried to explain things clearly and listened to what I had to say.”

“The counselors don’t really listen and they need more understanding. They just read my record from 30 years ago and not the present situation.”

“Social worker needs to be more complete in the information she gets from the caregiver and needs to listen to what they have to say so agency gets the big picture of [his] needs. Records don’t get updated to get the points needed for the care he needs; he’s diabetic and social worker didn’t get it inputted, so didn’t get the hours needed to get additional care.”

“Be more engaged with the people who come into the office. Not everyone who walks through your door is trying to abuse the system.”

“My negative answers were based on my experience up until 3 months ago and are because my Child Support Officer during that time was unhelpful and wouldn’t listen; all the positive answers are based on the officer I now have on my case who is amazing and extremely helpful.”



Getty Images/iStock

Most clients say that staff are understanding and try to meet their needs.

“They listen and seem to understand. I don’t feel so confused with what I am going through.”

“I appreciate the fact that the staff seem to care and understand my process of betterment.”

“I like that my counselor is very understanding. I’ve been in his group for the last year and he has been nothing but great to me. He makes the people in his group want to be there. I look forward to going to group.”

“They are understanding for helping my daughter to go to school and find a job with help from her job coach.”

“The cooperation. When I need a change in condition assessment, they are very quick to respond.”

“The social workers are really good about understanding her social problems. They actually take time to understand where someone is coming from.”

“They understand my family’s needs and help us.”

Frustration can result when complex situations are not well understood.

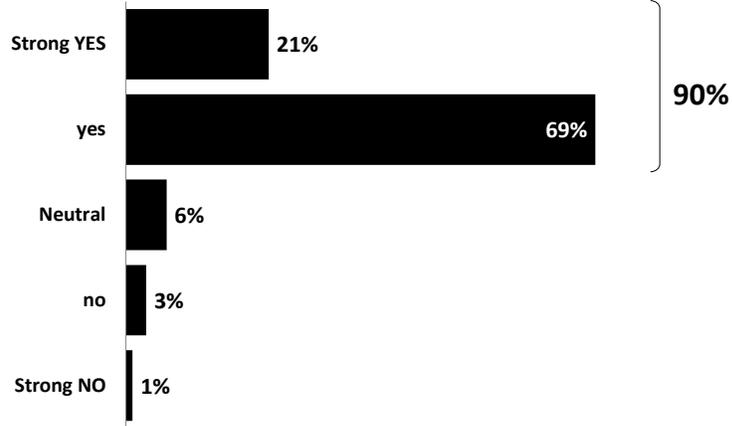
“They need to understand, you know, I do work during the summer, but my slow times are in the fall and winter; I’m not being paid during that time. So, the wages they have marked for me are not consistent like that year round.”

“My only gripe is DVR. When I came in there and said I wanted to go to work, my counselor wanted me to skip work and apply for Social Security, which got denied after several months and that left me back at square one. They should listen to me when I say I want to get a job and go back to work.”

“I don’t think those working in the agencies understand how overwhelmed the caregivers are with all the paperwork expected.”

QUESTION | Do staff understand your needs?

Nine out of ten respondents (90%) feel that staff understand their needs. Less than one out of 20 (4%) disagreed.

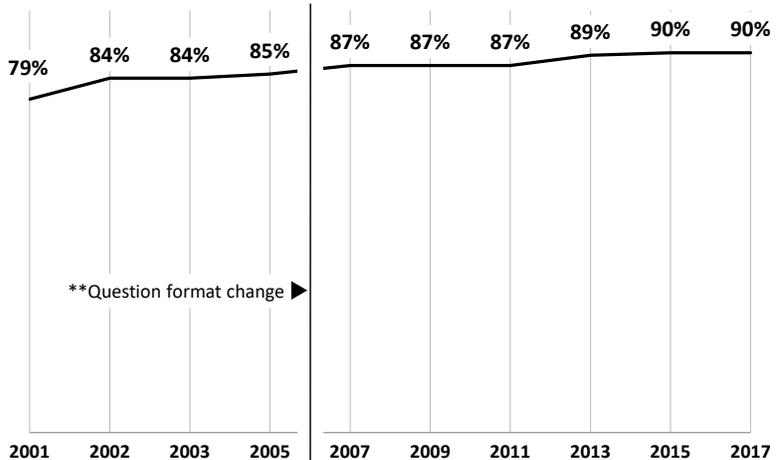


SUBGROUPS: Respondents were more likely to agree* that staff understand their needs when:

- The client was a child (93%), rather than an adult (88%)
- The respondent was a representative of the client (93%), compared to when the respondent was the client (87%)
- The client participated in one program (92%) or two programs (89%), compared to three programs (85%)

Trend

The chart below shows the percentage of respondents who answered positively from the 2001 survey to present. The increase from 2007 to 2017 is statistically significant.*

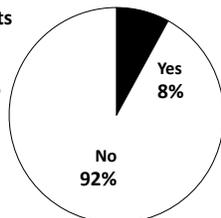


* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.

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

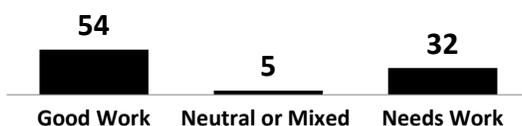
THEME | Staff listen/understand

Made comments about staff listening or understanding?



91 of the 1,152 respondents who made comments (8%) mentioned staff listening or understanding.

Nearly six in ten (59%) of the clients who addressed staff listening and understanding made positive remarks. About one-third (35%) offered criticisms or suggestions for improvement.



Positive comments about staff listening or understanding often emphasized:

- Being seen as an individual with unique strengths and needs
- Feeling that staff listened well
- Being able to have input into which services are helpful

Negative comments or suggestions for improvement tended to highlight:

- A sense that clients and staff are on opposing sides
- A “one size fits all” approach to administering services
- A desire for staff to be more proactive in following up with their clients

More information concerning client/staff interaction is available in the “Client Involvement” chapter (Chapter 5).



Getty Images/iStock

Clients highlighted the importance of being seen as a whole person with a unique situation.

“They understand us, and our challenges in life.”

“The claims manager does not understand that I’ve already completed the chemical dependency program. They don’t understand that I have to go through the program again, to continue my services.”

“I like the fact that they are understanding and that they realize that everyone has their own story.”

“Listen better and go by the facts in the case. Deal with the person who is sitting in the chair today, not the person who messed up five years ago. People change.”

“They did well helping me get a job and seeing what I can do.”

“When a grandparent takes the time to ask you for counseling for the grandchild they are adopting, please listen and respond.”

Open-mindedness and listening skills are greatly valued.

“What I like is the medical part. They listen to me and ask me how I am doing.”

“I like that the staff are not prejudiced against anything. They are open-minded and have some form of compassion.”

“They were always friendly and helpful and they listened to me.”

“Contact us once in a while to find out how things are going.”

“Be open-minded and accept feedback. Understand that the foster parent is an advocate and be open to their suggestions.”

“Being more understanding of people in need of services.”



Getty Images/Stock

Staff attitudes toward their jobs affect the client's experience.

"The fact that the employees care about what they are doing."

"I believe that they really do have the best at heart for the people who are in need."

"Social workers that are more focused on bringing families together instead of ripping them apart."

Clients appreciate having someone in their corner.

"I like that they are always on my side no matter what I have been through."

"I appreciate all your good work and how you encourage me to be better."

"They help me on a straight path and keep me on task."

"They have gone over and beyond in helping us."

Some clients praised personal characteristics of staff they have encountered.

"The staff are very responsive, very welcoming, very friendly, thoughtful, thorough (DCS)."

"I have to admit that I like my case worker a lot. She actually remembers and acts like she knows who I am. She is always no b.s., straight shooter, always has a good answer, and almost always follows through."

"The people. Really and totally the people. I couldn't get to my counselor sometimes, but someone else was always available to me."

There were also comments on specific areas of staff skills and competence that could be improved.

"Communication with social services staff could be better."

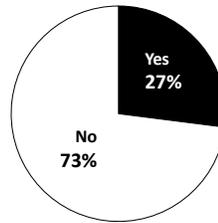
"Staff could probably use a little education on how to deal with people. Having some training in inter-personal relations would really help some of the staff deal more effectively with clients."

"Get competent social workers; not all the members of a broken family are broken."

THEME | Other comments about staff

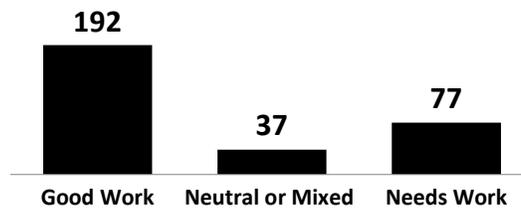
Comments about staff that did not refer to courtesy, respect, listening, or understanding were categorized as "Other" staff comments.

Made other comments about staff?



306 of the 1,152 clients commenting (27%) made other comments about staff.

Nearly two-thirds of the 306 clients (63%) made positive comments about staff. One quarter made criticisms or suggestions for improvement.



Clients commended staff for:

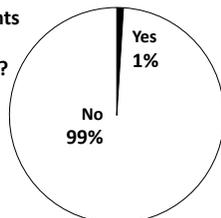
- Positive attitudes toward their jobs and commitment to helping
- Responsiveness to client needs
- Projecting friendliness and compassion

Some clients suggested staff should:

- Be fair and understanding when making decisions
- Provide timely and efficient customer service
- Always interact with clients in a professional manner
- Be knowledgeable about DSHS client services, and aware of additional services available through community agencies

THEME | Specific staff members

Made comments about specific staff members?



13 of the 1,152 respondents who made comments (1%) named specific staff members.

Twelve of the 13 clients who mentioned particular staff members made positive comments. One client was critical.



Twelve clients complimented specific staff members, saying they:

- Went above and beyond to help
- Exceeded client expectations
- Made sure services fit client needs
- Made things easier for the client

The client who made a negative comment was upset that a staff member behaved irresponsibly in communicating about the status of their children.



Getty Images/iStock

Twelve clients complimented the good works of specific staff members.

“Sean Cheatham helped me get a job and I start it tomorrow.”

“Rebecca Lohan is my counselor and she does an excellent job at working with me. Katharine Willis is also wonderful. I really like the both of them.”

“I love DVR, they are amazing, especially Jennifer Weikem. I have terrible anxiety and she has even helped me with that.”

“One person who helped us a lot was Theresa Rainey.”

“I appreciated the cheerfulness and calm presence from our son's social worker and G.A.L. (Jessica Tomkins and Kathy Winslow) during our home visits, permanency meetings and court hearings. Kathy especially was wonderful to communicate with as she was quick to respond to my e-mails and questions.”

“I really like our caseworker Kristie. She was always nice and supportive of our needs!”

“Be more consistent between social workers and have better support for foster parents. The first social worker that we had the privilege of working with was MaShelle Hess. She was an incredible social worker! She was honest, helpful, supportive and always consistent. Unfortunately, the next six social workers just weren't any of those things.”

“I have only dealt with DCS and with a gentleman named Robert. What I liked is that he explained things in a way I could understand and he never talked down to me.”

“I love Marilyn (caseworker with DSHS).”

“I like my caseworker Nancy and I like to go to the local office in Stevenson because I have a more personal experience than I would if I went to the Vancouver office.”



Getty Images/iStock

Complaints that clients expressed about providers ranged from poor communication to serious unprofessional behavior.

“The man who was supposed to place my son somewhere was verbally abusive. My son walked in on him yelling and cussing at other employees there. Our new contract provider has been fantastic after the first nightmare, so this person was a breath of fresh air.”

“I called again and it took about two weeks before I talked to someone and then it was another month before I could get an appointment. They sent me all the way to Everett. I made an appointment and got there on time. The doctor was late and then the office cancelled my appointment!”

“The staff at my doctor’s office were not very friendly and not very informative.”

“I had a counselor who worked at a school as well, he would not call me back. I need medication and couldn’t contact him to get what I needed. This affected my attendance at college because of these issues and I had to call the Crisis Line because of this.”

Clients also commented on the many ways that providers support and encourage them.

“Definitely the respect and care I got from my clinic. It was life changing.”

“Northwest Disabilities in Seattle, WA is amazing! The women over there go above and beyond. They are great, I couldn’t have done any of this without them.”

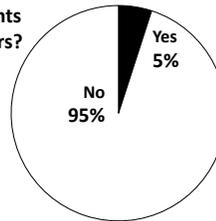
“The psychologist the state set us up with was a really positive experience. The doctor met with us once a week, and it really made a huge difference for our whole family.”

“I like the adult family home. I cannot think of anything that can be better.”

“One person at Sunrise Services is very good and she keeps my mind from going astray. People like Jennifer are few and far between.”

THEME | Providers

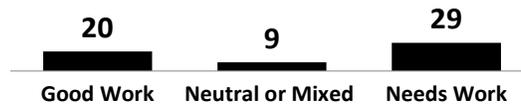
Made comments about providers?



58 of the 1,152 clients commenting (5%) spoke about social and health service providers.

In addition to comments about social and health services staff, 58 clients commented on the quality of services received from providers paid through social and health service programs.

Of those who commented on providers, 20 (34%) offered positive comments. Twenty-nine (50%) made negative comments or suggestions for improvement.



The clients who made positive provider comments praised them for:

- Being competent and knowledgeable
- Showing concern and support for client needs
- Providing needed services
- Working together to ensure the best client care

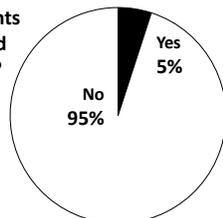
Others pointed out that there are providers who:

- Seem unprofessional
- Are inflexible with service options
- Are not responsive
- Do not treat all patients with kindness and respect

Other clients complained that it is difficult to find a provider who accepts state health plans. This issue is also addressed in the Resources chapter (Chapter 7), page 59.

THEME | Need more staff

Made comments about the need for more staff?



62 of the 1,152 respondents who made comments (5%) noted the need for more staff.

Sixty-two clients made comments about the need for more social and health services employees; by definition, comments in this theme are negative or suggestions for improvement.

The clients who commented thought having more staff would:

- Improve customer service
- Allow for more stability in staff-client relationships
- Speed up processes
- Shorten wait times in offices
- Reduce telephone hold times, and make it more likely a “real person” would answer the phone
- Lessen the disruption caused by excessive staff turnover



Getty Images/iStock

Clients think customer service would be better if staff were not overworked.

“The staff seem to be spread too thin with too many kids on their caseload, so they can't give as much direct contact as is sometimes needed.”

“More people out front; more people to help the customers in the community offices. We need to be helped in a timely matter.”

“Aging and Long Term Support: It took five months for assessments and getting the services needed in the home (Sept to mid-January). In February, the case manager left and we still have not been assigned another case manager. Need an increase in staff!”

“The wait times on the phone are crazy. You guys need more people answering the lines.”

“For the food stamp portion and some of the other DSHS programs, hire more people for those windows. It seems like there are 20 windows but only five of them are open for business.”

“I feel bad for you guys because your department across the board is spread too thin. I think the workload is enormous and causes more delays. It isn't that they do it incorrectly, just not enough people.”

Clients are also affected by disruption caused by turnover in the staff who help them.

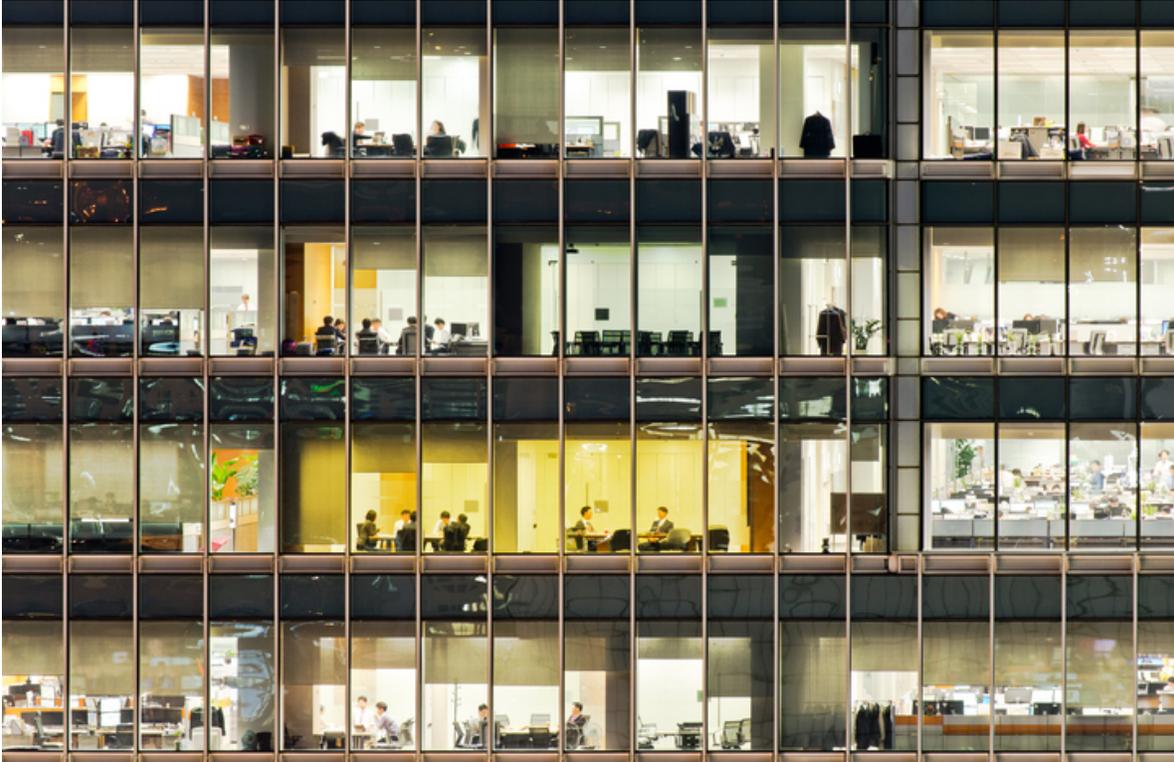
“The revolving door is too much. We get a wonderful case manager, they get involved with our family and get to know us, and then they're gone.”

“I think case managers are overworked and underpaid. That causes a lot of turnover That is hard on all of us.”

“Too much turnover in case managers. It is hard to deal with one and then the next time that you call it is a different one.”

“More permanent and stable staff on hand. Whatever they can do to keep staff and prevent so much turnover.”

Access and Process



Overall access to services remains high, and comments suggest that it's a little easier to reach staff.

Clients reported that getting services is fairly easy.

- 90% agreed that it is easy to get to the program office, and that the offices are open at times that are good for them. This is a new high rating for the ease of getting to the program office.
- 75% of clients said it is easy to get services from their program.
- 84% of clients reported that they get services as quickly as they need them. This is a statistically significant improvement compared with 2015.
- There were many comments about improvements in access to staff and managing processes online.

Clients noticed some positive changes in staff access, but also suggested ways to improve.

- Some clients suggested that having Community Service Offices (CSOs) stay open for extended hours at least one day a week would be a big help.
- Several respondents mentioned that they find it much easier to communicate with staff via e-mail.

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

- Expand the availability of online services.
- Streamline and simplify the process of applying for services.
- Provide quicker and easier ways to connect with staff by phone, mail, e-mail or web site.



Getty Images/iStock

Most clients agreed that program offices are open at convenient times, but some suggested specific ways that office hours could be improved.

“Sometimes I do work late and the offices I need to visit are closed. So, it is difficult at times to talk with my counselor.”

“Offer one day out of the week where the CSO stays open about an hour later.”

“More caseworkers! More hours for clients, especially if both parents are on disability and especially in the summer!”

“They need to have an after-hours appointment maybe once a month for the people that are working and not able to come into the office.”

“More staff working different hours so that people could come to the CSO after hours if necessary.”

“More classes and make the times available for working folks, more accessible.”

“I wish they were open later.”

“I feel they should have a night shift for those who work during the day.”

“Maybe a few more hours of availability for their office hours.”

“Offices need to open earlier, that would help. It gets too busy and the wait lines get too long. There isn't much they can do, but if they open earlier they would be able to accommodate more clients.”

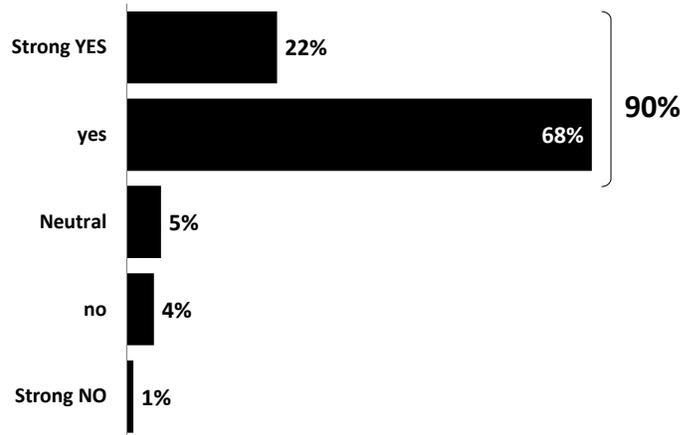
“Extend the food stamps hours past two o'clock.”

“Please have a way for us to identify if and when staff are in the office. I have waited a long time at the office or on the phone. When are they available?”

“They call me during my working hours when I cannot talk and get in touch. Being able to contact them outside of regular business hours and use e-mail would be great.”

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

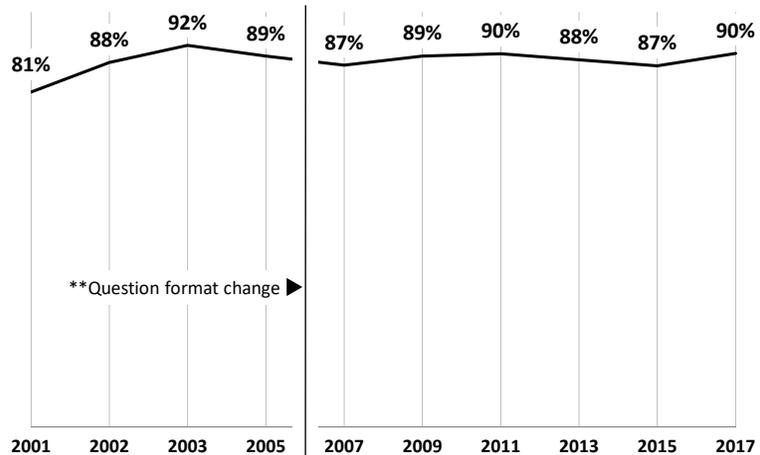
Nine out of ten survey respondents (90%) reported that social and health services programs are open at convenient times for them. One in twenty (5%) disagreed.



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.

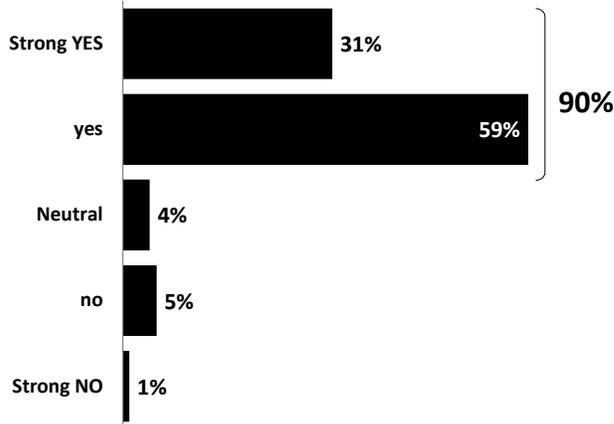


* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.

** 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?

Nine out of ten survey respondents (90%) agreed that it is easy to get to social and health services program offices. Less than one in ten (6%) disagreed.

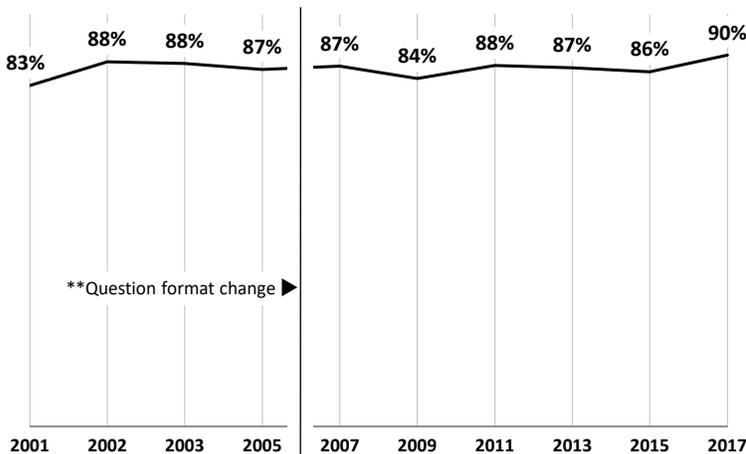


SUBGROUPS: Respondents were more likely to agree* that it is easy to get to program offices when:

- The client was a child (95%), rather than an adult (86%)
- The respondent was a representative of the client (94%), compared to when the respondent was the client (85%)
- The client participated in one program (91%) or two programs (91%), compared to 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 2015 to 2017 is statistically significant, representing a new high for this measure.



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

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



Getty Images/Eyecandy Images

Clients expressed appreciation when office locations are local and easy to access.

“They are just around the corner from where I live. They are close.”

“They are low cost and the offices are easy to get to. Usually, I can talk to a live person or they call you back.”

“The Tacoma and Bremerton offices were easy to locate and the Bremerton waiting room was friendly to children in that they enjoyed the toys.”

“How easy it is to find them.”

“For me, I like that the office is so close. I like the receptionist there and they know how to do all the work to make things smooth. There are options there for when you need them, if you can get approved for the services.”

“That they're close.”

“They are local, so easy to access.”

“The transportation they provide to get him to the different services.”

For some, access is difficult.

“The location was a factor; it was hard to get to the office in Seattle.”

“It is really hard if you live in Grays Harbor and you are disabled to get a ride to the CSO. So, whatever they could do to make that better would be good.”

“I'm expected to go to Mental Health twice a month to stay eligible and no money for transportation plus a bus pass when not on the bus line.”

“Make it a little bit more obvious that they are on the other side of the building from the street (Kent office).”



Getty Images/Jupiterimages

People in some areas face long drives to CSOs.

“I wish they had more CSO's available. The smaller towns are having to drive quite a distance to get to places. That would be very helpful for everyone. Everybody could benefit from more offices. Having to drive 20+ minutes is a little bit of a burden.”

“Open an office in Friday Harbor.”

“More locations.”

It is difficult to communicate with the office for people who are not available during usual business hours due to work, school, or family obligations.

“Have availability on Saturdays for people who work during the week or work night shifts and sleep during the day.”

“Hours need to be more flexible for those in school, working, etc.”

“Stay open an hour or so longer (CSO).”

“Hours are such that they can't call when it's convenient (like swing shift). Husband works until 5pm so impossible to call during work hours.”

Some facilities need physical improvements.

“Better play areas for children who need to accompany their parents to the CSO. I know some of the offices have coloring books, but they really need toys and other things in a little friendly play area. Also, stools in the bathrooms so that little ones can wash their hands.”

“Make it a little bit more obvious that they are on the other side of the building from the street (Kent office).”

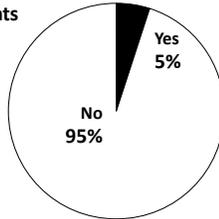
“Maybe improve some of the buildings. They are old and outdated.”

“More parking!”

“The offices need a liaison who can help us with paperwork and be available for people out of state who live in a different time zone.”

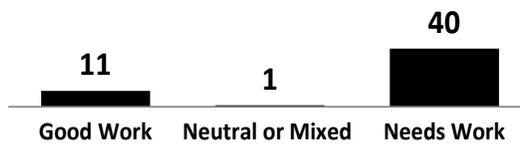
THEME | Location and hours

Made comments about location and hours?



52 of the 1,152 clients commenting (5%) mentioned office location and hours.

Of the 52 clients who commented on location and hours, more than three-quarters (77%) were critical or made suggestions for improvement. Only 21% made positive remarks.

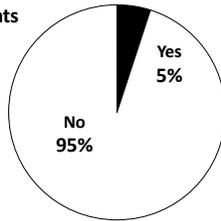


Comments on location and hours of Community Services Offices (CSOs) and other offices generally expressed dissatisfaction or provided suggestions for how they could be improved. These suggestions included:

- Opening satellite offices in more locations could allow clients who live in rural areas greater access, as they would not always have to drive to the nearest urban area.
- Others pointed out that work situations, having moved to another state, or having young children made it difficult to contact staff during standard office hours.
- Making (sometimes minor) changes such as parking, signage and other accommodations could improve accessibility.

THEME | Appointment processes

Made comments about the appointment process?



53 of the 1,152 respondents who made comments (5%) mentioned the appointment process.

Of those 53 clients who commented on the appointment process, about seven out of ten (72%) were critical or made suggestions for improvement. About one quarter (26%) made positive remarks.



Clients addressed several aspects of the appointment process:

- Dissatisfaction with the amount of time a client must wait in a CSO or other office
- Appreciation for being able to apply for or maintain services over the phone or through the Internet, requiring fewer in-person visits
- The opportunity to speak with staff face-to-face



Getty Images/iStock

Some clients have experienced excessively long wait times.

“Last time I visited the CSO, I had to wait at least one hour. That’s too long.”

“Get a better system in the waiting room; you have to wait hours and hours to have your name called. If you’ve waited for hours, and then go to the bathroom then when you come back your name may have been called and then you have to be at the end of the line again and wait additional hours.”

“The wait times and the lines are ridiculous. They need to do something about that quickly.”

“Cut down the wait time in the office. We are told to come into the office, then have to sit there and wait forever.”

“They need to work on how much time you sit in the waiting room.”

“I had to renew my application and I sat on the phone for over two hours. When you go into the office it takes forever, literally 2-4 hours to see someone, every time I go in.”

Online and phone options can ease some of the need to make appointments.

“Glad there are resources available through face-to-face, internet, and phone.”

“It is not that bad of a hassle, I can call and they do everything over the phone.”

“I like that you can do a lot of things over the phone and online, that makes it very convenient.”

“Lessen the wait times at the CSO or give us more options for applying.”

In-person options are still appreciated.

“I like when I can call or go to the office and they might be able to help me with what I need at the time.”

“I like online access but I really like face-to-face contact with folks I have to deal with at DSHS.”

“If you are early, they provide prompt service, and it is very simple.”



Getty Images/iStock

Some respondents mentioned frustrations they've experienced, while others said the process was easy.

"I need more help with maneuvering through the medical program."

"Don't terminate benefits without sending a warning, especially if it's regarding paperwork that was needed and yet the client did send it in; then make them go through the whole process again."

"Nothing is ever easy. It always takes time and I always have to take days off of work to accommodate."

"Dealing with them has taught me perseverance. I feel like I have been butting my head up against a wall."

"It is hard to think of a positive answer because it has been such a struggle to get the services needed."

"Don't make it so hard to get help from mental health."

"For the most part, it's easy and it's available. It's been a good experience all around."

"It has been very easy for me to get the information I need on behalf of my mother. Things just seem to work seamlessly as long as I get her paperwork back in a timely way."

"Straightforward and easy. So far I have had a very positive experience."

"I was in a situation where I was unemployed, and it was so quick and easy and helpful in time of need."

Others acknowledged that the help that they received was worth the difficulties encountered.

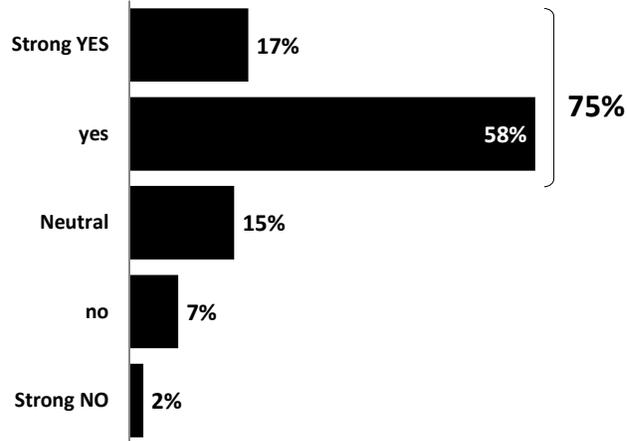
"The services provided are ones that I need, although they are not always easy to get. It's a one-size-fits-all system."

"The process is long but pretty easy to follow."

"Once you get through all the hoops, they work really hard to keep you on track. I can truly say without the methadone services, I would be living on the street or dead."

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

Three quarters of survey respondents (75%) feel it is easy to get the services they need. Fewer than one in ten (9%) disagreed.

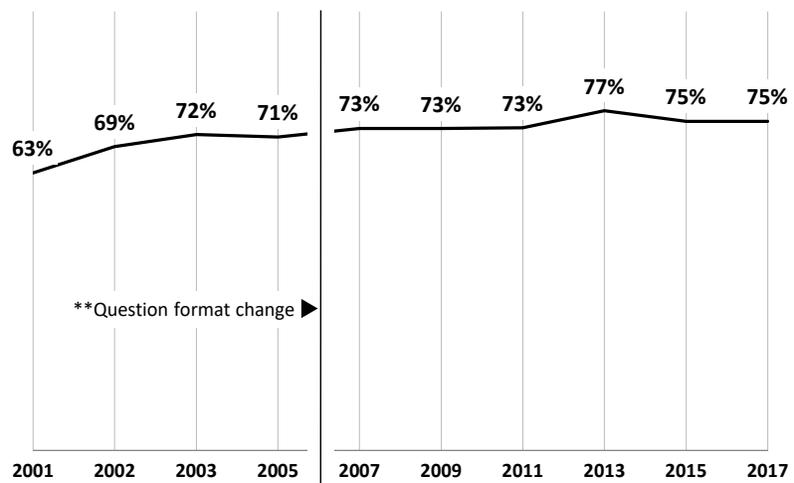


SUBGROUPS: Respondents were more likely to agree* that it is easy to get services when:

- The respondent was a representative of the client (78%), compared to when the respondent was the client (72%)

Trend

This chart shows the percentage of respondents who answered the above question positively from the 2001 survey to present.*



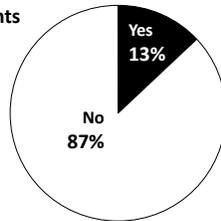
* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.

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

THEME | General processes

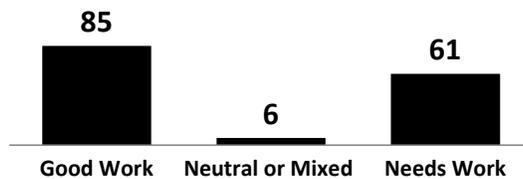
Comments regarding processes that did not name a specific process were categorized as “general processes.”

Made comments about general processes?



152 of the 1,152 clients commenting (13%) mentioned general processes.

Of the 152 clients who spoke generally about social and health services processes, more than half (56%) made positive comments. Forty percent made criticisms or suggestions for improvement.



Clients made positive comments about:

- Processes that require minimal interaction with staff, including improvements in Internet-based accessibility.
- Services and processes tailored to their individual needs, rather than "one-size-fits-all," although some acknowledge that this is not always possible.

While some clients feel that processes associated with getting and maintaining services are overly bureaucratic and need to be streamlined and reevaluated, responses to the open-ended questions in this survey seem to indicate that they nonetheless appreciate the help.



Getty Images/AID/a.collectionRF

Clients commented on several aspects of general processes.

"I like that it is organized and that they communicate very well. I like the services available and what they entail."

"That the system is streamlined enough that I don't have to deal with them very much."

"The programs seem well thought out. Apple Health saved my life at a time when I really needed to get it together."

"We've been very happy with our services. They work around our schedule and everything they've suggested to us so far, we've been happy with."

"I like everything and it is easy to get what I need."

"They are good at getting involved with the community and giving out resources."

"That the checks come on time and they don't bother you if you are doing what you're supposed to."

There were several comments about the need to design processes so that they take individual situations into account.

"More attention to detail and specific needs. I had some very unprofessional discussions at one point, it had a lot of inaccuracies."

"More individuality would be nice, but I understand you have a lot of people to help."

"Fit services to the individual better."

"They are available to everybody, but they are not tailored to everyone's needs. But, they do work and we are better off because we have them."

"I like how it is case by case with lots of specifics and not just an average overall situation."

"They are efficient and they try and structure my services to fit me and not a 'one size fits all' kind of experience."

"Let the clients catch up before they ding them."



Getty Images/iStock

Clients want processes that are humane, efficient, and meet their needs.

“Be more flexible about payment options for paying child support.”

“With the Community Health Plan it is easy to fill prescriptions and go to the doctor.”

“I get the food stamps every month and it is easy to use them.”

“They need more people who know how to handle people who are part business owners as far as income and stuff. It was so stressful to try and get food stamps that we just finally gave up.”

“Testing for the aging programs needs to include not only the physical but also the mental.”

“The class my son had to take so he could care for me did not address mental health issues.”

“When a child leaves the house and the family depends on the food stamps that they were getting, you should step them down a little at a time instead of cutting them by 90%.”

Clients appreciate alternatives to office visits.

“They should have an advocate that could come to your house to help you get signed up. I am disabled and bedridden (pending surgeries) and it's almost impossible for me to get out to an office.”

“I like that there is a case worker that comes to our building so we can discuss any concerns I have and that they have.”

“Do in-home visits for people who have a hard time getting out.”

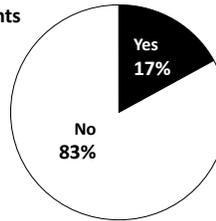
Some processes seem wasteful of clients' time and state resources.

“Make the online experience easier and more understandable and less time consuming. There is something really wrong when it takes less time to go into the office.”

“When someone calls with a recertification only, there should be a dedicated line for that.”

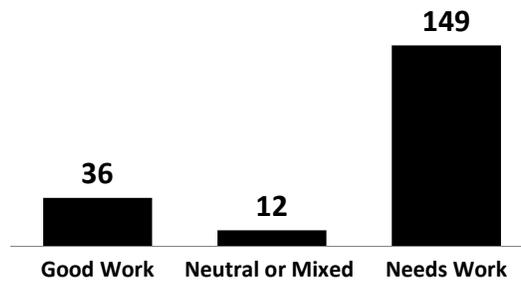
THEME | Specific processes

Made comments about specific processes?



197 of the 1,152 respondents who made comments (17%) addressed specific processes.

More than three-quarters (76%) of the 197 clients who commented on specific processes offered criticisms or suggestions for improvement. About two out of ten (18%) made positive comments.



Comments were included in this section if they referred to any specific process involved in access to or delivery of social and health services, including core program services, business processes, and online services. Although most respondents who provided comments in this theme were critical or offered suggestions for improvement, there were also bright spots. Comments focused on the need for:

- More user-friendly online services
- Expanded options for applying for services or managing existing services through the website
- Improving efficiency and reducing waste
- Home visiting by DSHS representatives for clients who cannot travel without hardship

THEME | Specific processes, *continued*

Clients appreciate it when HCA and DSHS facilitate assistance for themselves or their family members. The services mentioned commonly involve health care and securing child support payments from non-custodial parents. Some clients like that representatives meet them personally to better understand their specific needs. Some also appreciate when services are delivered predictably and without excessive interaction.

VOICES**Some respondents mentioned specific program services that they think work well or poorly.**

"What needs to be done is to connect up with the jails better. Some of the inmates spend too long in jail while waiting for substance abuse services. Get them into rehab while they are incarcerated."

"Addiction therapy for alcoholics should be delineated from methadone clinics as a treatment for alcoholism."

"There were a lot of things that catered to the receiving parent and not the paying parent, so I think there should be more resources available for both sides."

"We are part of the Mockingbird Group for foster parents and the kids. Our group leader has asked Apple Health to give us training and they did. Answered all our questions."

"We like that the nurse comes and visits every month and that she gets services and help from people other than her family. We really like this and it is very helpful to us."

"DSHS also helps to provide free lifeline phones and I am grateful for that."

"The thing I like most is the fact that I don't have to worry about if my kids need medical attention, I have medical coverage. I like the fact that my grandson will be covered until he is 26 years old."

"You didn't ask about child care but I wanted to comment about it. They make us go through too many hoops for child care, etc. and we are trying to continue working many hours."

"Need provisions when paying parents are unemployed or off work due to injury or surgery (like knee surgery in regards to the support that accrues). Possibly assist paying parents in getting a temp reduction in their monthly obligation until they're back to work, or negotiate a payment plan that is reasonable and not so drastic."

Other comments in this section focused on processes required to receive services.

"They do a big, extreme reduction which affects us a lot. It is hard to get used to having less benefits. Have a way for people to disagree with these changes."

"It is nice that I don't have to deal with my ex directly, they are a good go-between."

"My facility does a meet and greet with me before doing any kind of assessment which makes me comfortable."

"The application process was easy. Washington Health Plan Finder worked really well."

"They keep a record of what I pay and deduct it each pay period out of my check."

"ESA's phone system needs improvement. Long wait and up to hour holds. Need direct lines available for group homes and other agencies to get issues resolved."

"Well, I came out here from Mississippi and me and my boys were hungry. I applied for help and got TANF and Food Stamps. I got into trouble because I forgot to report something and DSHS made me go to a class. At first I thought I was being punished by going to this class, but I wasn't. If it hadn't been for this class, I would not have gone to school and would not be doing as well as I am right now, so I really have to say thank you to DSHS."

"There is a record of the support paid and also a record of CPS referrals."

"The only problem I have had is the long lines at the CSO. Maybe all people need to be seen by appointment only."

Most comments about website usability were positive, though some encountered problems.

"Everything is pretty much online, so everything is easy to access and finish by yourself. That is really nice. They should look into your file before they automatically select a provider for you."

"It would be better if there were more things that you could do online. I wait too long on the phone."

"For me, I liked that it has all been automated or done by mail."

"We like to renew online."

"Website that is more user-friendly. I would like to email the officer handling her case and get responses to her questions."

"I think the website needs more help. I've tried to pay my premiums online there and I was unsuccessful."



Getty Images/iStock

Many comments in this category focused on specific eligibility requirements.

“Easier ways to apply for help and understand requirements.”

“They do have good programs available for single moms but some of them are hard to get into.”

“I think that Food Assistance needs to be examined. I know a person who works at my company in a very similar life situation and we get totally different amounts for food assistance.”

“Make it easier to work and still get the help that you need. It shouldn't be that you don't work just so you can get some help.”

“They can be more forthcoming about budgeting and income. I have five children and I pay \$1,300 in rent and they cut me off of food stamps. I can't understand why.”

“Increase the wage limit for Title 20 daycare. \$310 was copay and now \$480 because I was \$20 over the income level.”

Comments about specific steps needed to access benefits were more likely to be positive.

“Approvals for care are easily obtained.”

“It is extremely simple to receive food stamps and very helpful.”

“It's nice that they are there when we need them. When my hours were cut, I was able to call in and get recertified.”

“Make it more readily accessible for two-parent households to receive services. There is a lot of red tape involved with two parent households with common children.”

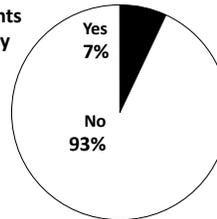
“Medical was great and convenience of application.”

“The application process could be easier and shorter to complete.”

“They are very friendly and it was very easy for me to get the benefits I am receiving right now.”

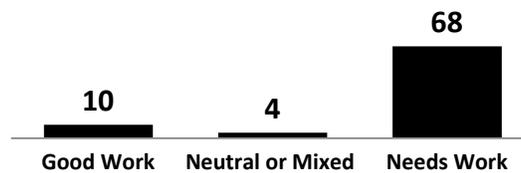
THEME | Eligibility processes

Made comments about eligibility processes?



82 of the 1,152 respondents who made comments (7%) mentioned eligibility processes.

Of the 82 clients who remarked on eligibility processes, 83% offered criticisms or suggestions for improvement. Only 10 clients (12%) made positive comments in this area.



Although some clients expressed satisfaction with eligibility processes and noted the processes' ease and convenience, concern was expressed about perceived unfairness, disincentives and inefficiencies, such as:

- Situations in which increasing certain services leads to decreases in other services
- Fluctuations in benefit levels due to changes in reported income. Food assistance was often cited when this issue was mentioned
- Sudden, drastic reductions in benefits when client circumstances begin to improve, which can lead to their situations becoming unstable again
- Extremely low income cutoffs for some programs
- Lengthy, complicated and confusing policies and procedures associated with qualifying for benefits

THEME | Eligibility Processes, *continued*

Clients would like to be able to earn more money and still qualify for social and health services benefits. They also feel that benefits are too low for clients near the cutoff mark for benefits, and that cutoff levels for income and age are arbitrary. Certain clients suggested that eligibility rules should be more flexible to accommodate individual situations.

VOICES**Some clients expressed frustration with rigid eligibility processes that do not seem to take in to account individual challenges.**

"Not kick people out when people turn 18. They need to ease people out of treatment. It took me two years to find a new doctor and that's not right."

"Making services and resources more available, and clear. They need to examine the crisis that families are going through."

"I think that if the State is going to make the financial investment of letting children go through the first phase of orthodontia, that they should let them continue with orthodontic care until they are 18 years old."

"Get rid of spend-down. It's hard to help our son when they have spend-down."

"With childcare, it's easy to get it when I'm working, but I was trying to get it when I was in school and it was difficult so I had to get a job and go to school at the same time, just to be eligible for daycare and also take care of my daughter. So, it was not equitable."

Many comments in this theme described situations in which the client's income changed and they lost eligibility for some benefits, causing greater need and instability in their situation.

"Had been on SSI with medical but because I started doing caregiving services and was considered employed. I lost my medical and am getting no help in figuring out what to do and how to get on a medical program. I now have thousands of dollars of medical bills. Feeling frustrated."

"Stop giving us more benefits in one program and then taking away benefits in another program. Just when our quality of living improves - poof, it's gone."

"They terminated my Apple Health even though I'm on dialysis and I'm on disability. I'm still dying and I'm still on dialysis, yet they cancelled it. I was told that I make too much money on disability. Like what? I don't need these nonsense answers, I need real answers, but they just keep repeating themselves like terrorists. I don't even make that much and it seems ridiculous to me. Nobody can give me a straight answer, they just jump around. There are all of these services available, and at the time in my life when I really need them, they are not there for me. My disability income is the only source of income I get, and I'm getting penalized for all of that. I'm dying, I'm terminally ill, so it seems like people don't care."

"They should tell people why the amount of their food stamps is always going up and down."

"Everyone should be entitled to health care and there should be a sliding scale as your income goes up so that you don't have to remain in poverty to get help."

"I would like to see food assistance increase because when I make a few dollars more the assistance goes down, so there's no win/win. They only look at the gross and not all the expenses related to everyday life with two kids, such as toiletries, clothes, gas to work, bus money, school lunches, etc."

"Once HUD was approved, food assistance dropped. There was no help and the standards needs review as she's only getting \$34 of the \$200 allowed for one person. When she went from SSI to SSD her medical benefit spend down ended up at \$1500 and so she doesn't get dental, glasses, etc. That needs to be reviewed."

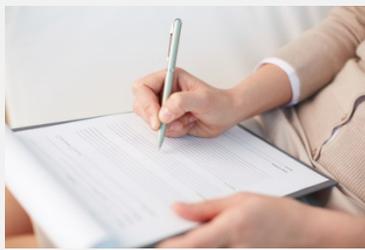
"Just because my SSI goes up, you shouldn't take money away from my food stamps. This is unfair and I can never get ahead. I have a 15-year-old boy and he eats a lot."

"Food assistance. I don't think they should look at my gross income. They should look at my take home income. Also, they changed my food assistance because I showed my gross pay that included job related meetings and classes which then reduced my food assistance allocation."

"In general, I've always wanted their enrollment and qualification to be adjusted because I know I am not currently on now. It seems there is a very dramatic gap between when you can qualify or not (i.e. you are not able to work or you will be dropped, and when you do want to work and get ahead you are penalized or dropped from medical). You are rewarded with medical if you don't work, and have huge medical premiums if you do."

"Take my spend-down of \$638 per month regarding Apple Health! It is too high. When I got my disability payment, it cut my coverage."

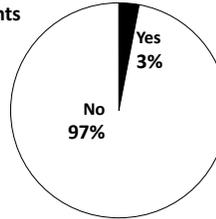
"I have a feeling of desperation at the end of the month knowing I might run out. Food assistance needs to increase it's maximum income levels because minimum wage in Washington increased and it has caused a hardship by making the food assistance benefit drop. With inflation and being a single mother it has been a significant hardship."



Getty Images/iStock

THEME | Paperwork

Made comments about paperwork?



37 of the 1,152 respondents who made comments (3%) mentioned paperwork.

Some clients observed that letters and forms are often redundant.

"The organization constantly tells me the same thing, sends me duplicates of paperwork and what not."

"Cut down on the paper to tell me my food benefits are reduced \$1. Six full pages to tell me this is very wasteful."

"Less paperwork of the same thing. They already have the information and it costs them money to keep repeating and asking for the same thing."

Others noted the benefits of electronic correspondence.

"I don't need the monthly notices showing what was paid as they just go into recycling, but would like them to come via e-mail."

"Having the ability to fill forms out online is very helpful. I really like that."

"No paperwork. I can do everything online."

Some clients talked about specific ways that various types of paperwork are hard to understand, or could be improved.

"The whole system is confusing. I got six letters that state that I am eligible for food stamps and they all show the amount as zero. Why get so many letters and then no food stamps?"

"I keep getting letters in the mail about renewing the medical coverage but it doesn't explain how to do it."

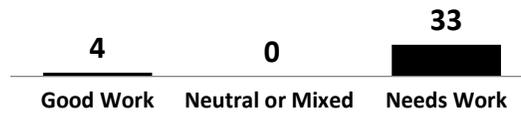
"Too much paper and confusing jargon. Reduce paperwork or take time to explain. Send letters with Child Support enforcement officer's name and contact information every time it changes, with contact information like phone number and hours."

Others commented on the amount or complexity of paperwork involved.

"Cut down on their paperwork."

"I really don't have any negatives at this time. Maybe too much paperwork; there is a lot of paperwork."

Most (89%) of the 37 clients who commented on paperwork made criticisms or suggestions for improvement. Four clients made positive comments.

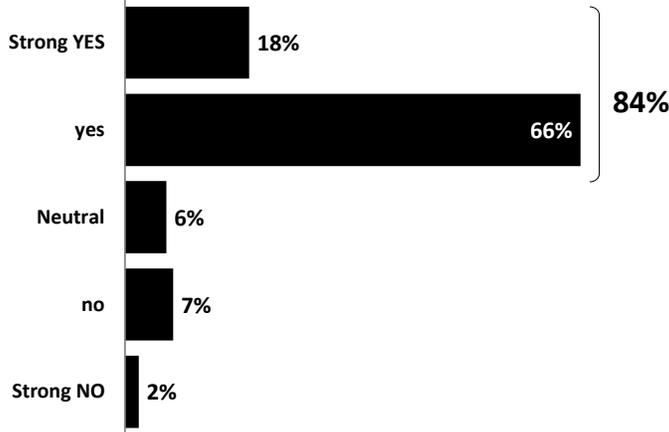


Few people enjoy doing paperwork, but some did express appreciation for simple forms and improved processes. The main areas of concern were:

- Too many redundant requests for the same information
- Letters containing information that is either not important, or could have been sent electronically
- Instructions that are difficult to understand
- Requests for actions that are not clear
- Too much paperwork in general

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

More than eight out of ten survey respondents (84%) thought that they received social and health services quickly enough. Less than one in ten (9%) disagreed.

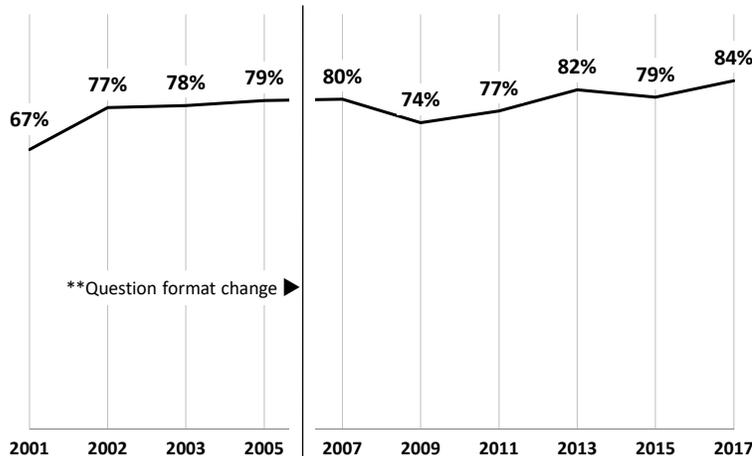


SUBGROUPS: Respondents were more likely to agree* that services are timely when:

- The client was a child (89%), rather than an adult (81%)
- The respondent was a representative of the client (88%), compared to when the respondent was the client (80%)
- The client participated in one program (88%) or two programs (83%), compared to three or more programs (77%)

Trend

This chart shows the percentage of respondents who answered the above question positively from the 2001 survey to present. The increases from 2007 to 2017 and from 2015 to 2017 were both statistically significant.*The 2017 level of 84% is a new high for positive responses to this question.



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

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



Getty Images/Wavebreak Media

Most clients expressed satisfaction with the timeliness of services.

“Apple Care provider helped get me an appointment quickly when needed.”

“Everything is good and they help me with everything that I need quickly.”

“I get quick service and I get my answers quickly.”

“The convenience of the services and the quickness of the services. They are very good at getting me what I need as I need it.”

“The mental health has helped me. I can get help quickly if I need it.”

“It was a long process and I had to do a lot of the footwork myself, so a faster process would have been helpful.”

“They are very fast about providing you with the services you requested.”

“They help you right away.”

“They need to have a better system to help us faster in the Apple Health arena.”

“They are very helpful and prompt.”

“You can get service in time and they are always nice to the family.”

“They reacted quickly in helping out with our grandchild and I am grateful for that.”

“I get benefits eventually after all the paperwork is submitted. Eventually.”

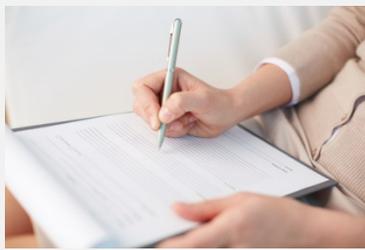
In some situations, clients felt that delays were excessive and made their situation even more difficult.

“Just getting a diagnosis for my autistic child had him on a waiting list for over one year here locally. It took another six months to get an appointment.”

“They don't give out the food stamps that are needed right away. They could look at the situation case by case and realize when the need is emergent.”

“Getting medical equipment for [client] took over six months, and that was difficult.”

“They need more workers. It took nine months to get a modification to child support to trial.”



Getty Images/Stock

Many of the comments about timeliness addressed health care assistance programs.

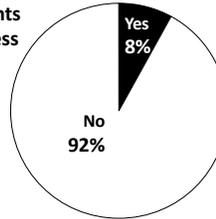
- “Got quality care fast and efficiently.”
- “It seems to take an inordinate amount of time and paperwork to get approved for medical services.”
- “Maybe faster accessibility to specialist doctors.”
- “They need to communicate better about prescription coverage. The insurance will haggle with the doctor on what medicines to write.”
- “We applied for a surgery in May or June and we weren’t able to get him in until September. My son had to miss school because of that.”
- “It would be easier if state office doctors would approve medical services that are needed faster when special approval is needed.”
- “It means a lot to me to be able to get the medical help that we have requested in a quickly manner.”
- “I like the coverage, but I don’t like how long it takes to get things processed.”

Timeliness Comments reflect a range of issues, including service initiation, communications and special needs.

- “I still have an open case with CA and it’s just taking forever to get anything going. I’ve been clean for eight months and they still haven’t done anything.”
- “Their quick response when my family is in need.”
- “It’s not that I don’t like dealing with them, they just take so long.”
- “Improve wait times in getting the services, in general. When I have to go to the office, they generally help me within a good time.”
- “It has been fast and convenient.”
- “They are timely getting me my yearly paper to fill out for food stamps.”
- “They sure made it easy when I went to child support and DSHS. I needed them to expedite things when my daughter went to prison and my granddaughter came to live with us.”

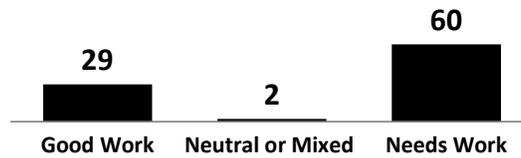
THEME | Timeliness of services

Made comments about timeliness of services?



91 of the 1,152 clients commenting (8%) addressed timeliness of services.

One-third (32%) of the clients who commented on timeliness of services made positive comments. Two-thirds (66%) offered criticisms or suggestions for improvement.



Clients say that they appreciate:

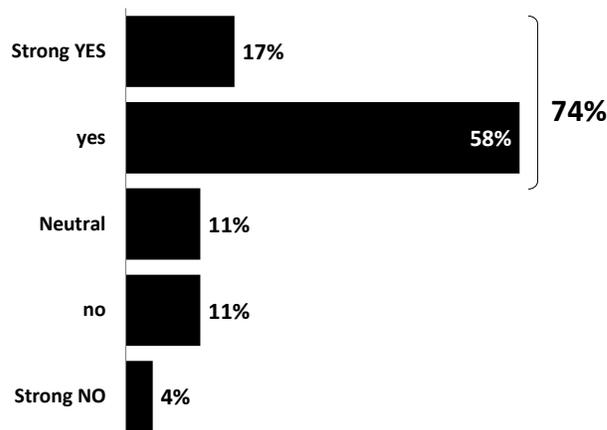
- Receiving services at the time that they need it
- When workers recognize vulnerable clients in emergent situations and take the steps to ensure the client receives the help they need.

Some express a desire for:

- Better ways to expedite urgent issues, especially involving medical needs
- Services that can be accessed as soon as the client has fulfilled all requirements

QUESTION | Do staff return your calls within 24 hours?

Nearly three quarters of survey respondents who talked about phone services (74%) said social and health services staff returned calls in a timely manner. Less than one-fifth reported that staff failed to return calls within 24 hours.

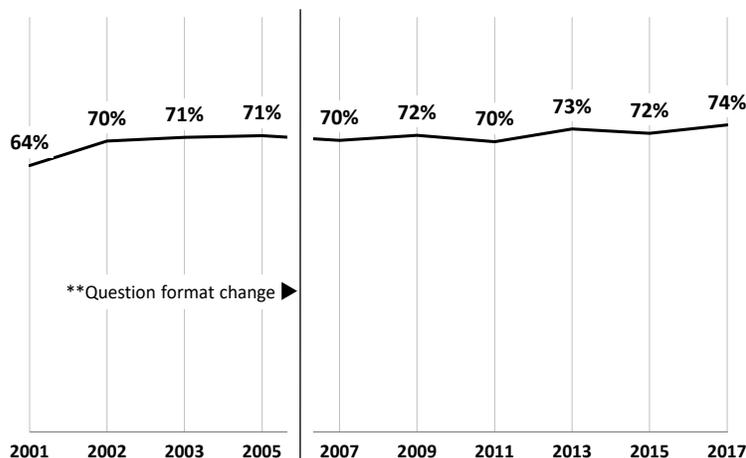


SUBGROUPS: Respondents were more likely to agree* that calls are returned within 24 hours when:

- The client was a child (80%), rather than an adult (71%)
- The respondent was a representative of the client (79%), compared to when the respondent was the client (70%)
- The client participated in one program (80%), compared to two programs (71%) or three or more programs (66%)

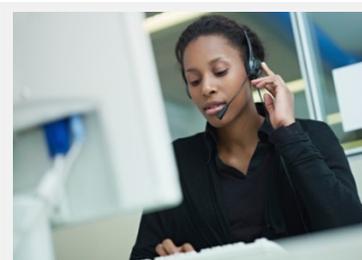
Trend

This chart shows the percentage of respondents who answered the above question positively from the 2001 survey to present.* The 2017 level of 74% is a new high for positive responses to this question.



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

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



Getty Images/iStock

Many clients are satisfied with the response to their telephone calls.

“Officer always called back and addressed my concerns.”

“Quick response to my calls.”

“When you call in and there is a long wait time, you can leave your number and they will call you back. It sure beats waiting on the phone.”

“Any time I have a question, all I have to do is call and they find someone to call me right back with an answer. I really appreciate that about the Washington State Children’s program.”

“I like the new system where we can leave our name and phone number and someone calls us back, rather than having to hold on the line.”

Some clients feel staff should return calls more quickly.

“The call center is awful. Long waits and can never get to talk to anyone. It takes several days to return calls.”

“Call back when you need questions answered. On hold for a half hour or so, never get calls back within 24 hours.”

“I think maybe a couple of the bad seeds should attend customer service classes. I left messages a week ago at the CSO and had to keep calling back.”

“I needed to revise my child support, so I left a message with my information. Then they didn’t call me for four or five days. Then they would call me while I was in class and say they left me a message and e-mail, but they only left me one message and just kept calling without leaving a voice mail. I called a couple weeks ago again, but I haven’t heard from them since I called and left that message.”

Some say that calls are not returned.

“The biggest problem I have seen is when I need to call in it takes two plus hours to get to a live person. Sometimes they give an option to get a callback, but I have waited for five days for a callback.”



Getty Images/Stockbyte

Most respondents agreed that they can get a live person when they need to.

“Easy to contact staff.”

“Getting ahold of a live person to talk to is fairly easy.”

“I like how I can call and talk to a live person right away.”

“They have always been there when I have called and we have not had any problems getting services.”

“The programs allow me to receive care I have to have, and that I get a real person when contacting the programs who is friendly and respectful.”

“They are easy to get ahold of, quick to answer my questions and we get things taken care of.”

Some have had less positive experiences.

“More live people on the phone and not automated.”

“The hold time on the phone is terrible. It was nerve-racking and frustrating.”

“The phone service needs to be corrected when you call the Service One line. You need to be able to talk to someone that can help you rather than a recorder or someone that keeps routing you all around.”

“Have a better phone system and not just a recording that you have to be on hold for two hours or more just to talk to a person.”

“I don't want to press 1, 2, 3, 4, etc. We need an office to go into. When I call in, I am on the phone for two hours.”

“I hate how the system is set up now. I feel like a number and not a person when I call and get a machine.”

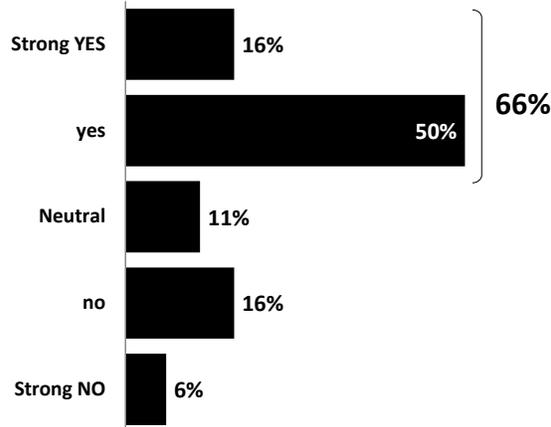
“They should make it less difficult to get a real person on the phone. I don't like the queuing system and the waiting time is outrageous. It would be nice to find a contact number for the local offices.”

“When I am lucky enough to talk to a live person and explain what I need, they usually do all they can to get me what I need.”

“They are very kind once you get to talk with someone.”

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

Nearly two thirds of respondents (66%) said that they are able to talk to a live person when needed. More than two out of ten (22%) reported difficulty reaching someone when they needed help.

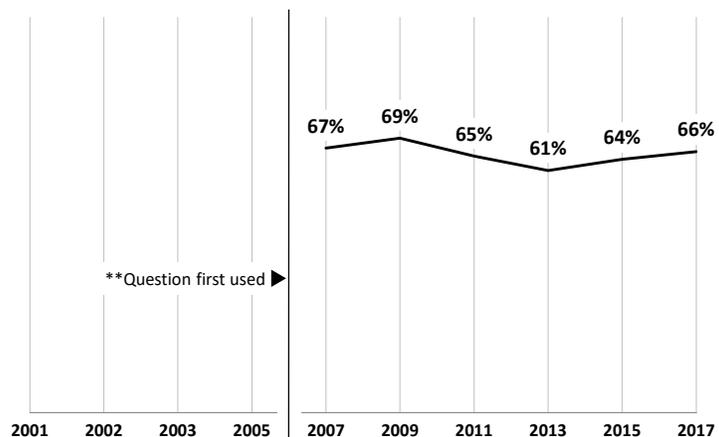


SUBGROUPS: Respondents were more likely to agree* it is easy to get a live person on the phone when:

- The client participated in one program (72%), compared to two programs (61%) or three or more programs (62%)

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 2017.* The positive response rate of 66% in 2017 is the second consecutive year of improvement.

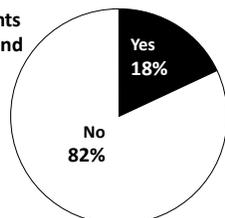


* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.

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

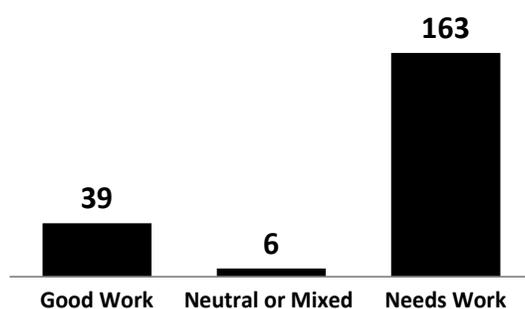
THEME | Phone and staff access

Made comments about phone and staff access?



208 of the 1,152 respondents who made comments (18%) mentioned phone and staff access.

Of the 208 clients who commented on phone and staff access, the majority (78%) were critical or made suggestions for improvement. Nineteen percent made positive remarks.



Opinions vary about which method of communicating works best, but clients would like at least one method of communication that gets them the information they need when they need it. Overall, the comments focus on:

- Dissatisfaction with long wait times on the phone.
- Although automated call menus can help with access, they do not always direct the client correctly, and can result in more frustration.
- Positive views of e-mail as an alternative to phone calls both for the client's convenience and the speed with which DSHS workers respond to the client's questions.
- Once they can access someone, clients appreciate the professional and helpful demeanor of DSHS staff. However, many said that their phone messages are not returned promptly enough, and some state that they do not receive any return-calls. This appears to vary by program and location.



Getty Images/iStock

Comments about automated and electronic options are generally positive.

"I like the fact I can communicate by e-mail with the mental health counselors."

"You can call the automated phone line at any time. That is very convenient."

"Convenience with using e-mail because caseworker gets back quickly."

"I like communicating by e-mail, the one social worker that he has now has constant contact with him."

Wait times continue to be a challenge.

"Make it less time-consuming on the phone. Even when I go to the CSO it takes a very long time to see a social worker."

"Just make it a bit easier to get in touch with someone, instead of hours and hours in person for assistance."

"Trying to get ahold of CSO staff by phone through their main line is horrible. I finally gave up and called my case manager in long-term care."

"Make it more accessible to people on the phone. I've been on hold, on the phone for over 2 hours when calling DSHS and CSO's! However, DCS was good at answering the phones, which I definitely appreciate!"

"Not so long a wait on the phone. It is easier to go to the office."

Personal contact is still appreciated.

"I have always been able to call someone and get the help that I have needed."

"Always very available and personable."

"When I call to get help, if the person who is helping me cannot fulfill my request, they usually will direct me somewhere where I can get that help."

"If I can go to the CSO and talk with someone in person I have a much better experience. It is hard to communicate on the phone because they don't understand sometimes."



Getty Images/Wavebreak Media

Clients want clear and comprehensive information about services.

Clients appreciate information about benefits, requirements, deadlines and other policies when it is proactively and clearly communicated. Self-reported knowledge of program service availability increased somewhat from 2015-2017 (not statistically significant), ending a decline in this rating that had persisted since 2005. Also, the proportion of clients who agreed that staff present information clearly increased significantly.

Clients' suggestions for improving the quality of information include:

- Proactively provide complete information about social and health services
- Allow clients to access information in different formats, including printed materials, online offerings, and one-on-one coaching
- Make sure information from all sources is consistent, up-to-date and easy for clients to understand
- Ensure that all staff who have contact with clients are trained in and informed of the latest changes in programs and services
- Improve availability of assistance for clients who have trouble communicating in written or spoken English



Getty Images/Hemera

Clients made many positive comments about the information that they have received.

“I would say it’s easy to maneuver, to figure out what services are available and how to get to them.”

“While we were going through the adoption of our four boys, it was comforting to know that there were services to help us through the process.”

“When we need something they are always there for us and they point us in the right direction.”

“They actually tell me what I need to work on regarding jobs, etc. Also, on Apple Health they tell me what has actually gone on in my body.”

Others find that they do not have all of the information they need to access appropriate resources.

“Give more information about the different services that are available. We don’t know what we don’t know. Know what I mean? Maybe there are things that could benefit us and we just don’t know they exist.”

“Give more information about what they provide, how they provide it, and not assume that the caregiver knows.”

“Somehow they need to get the word out about available services. A lot of times I seem to find out about things through a second or third party. Have better distribution of information.”

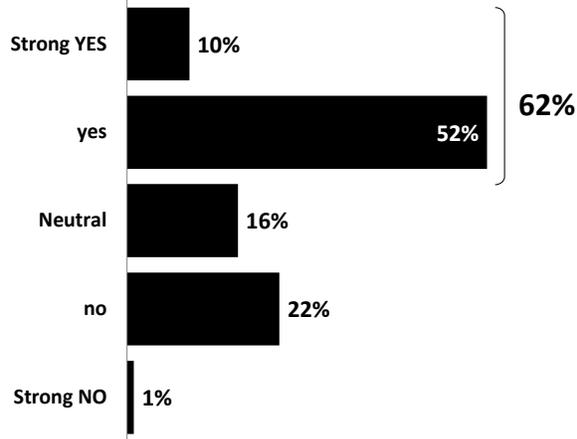
“There should be a list of all of the things that are available through DDA. We had no idea that there were monies available for car ramps, updated electronics for the kids, respite care, etc. If it were not for talking to other people, we still would not know.”

“Better PR about what is available to people in need. I don’t think a lot of people know that there is help out there for them.”

“Still not sure how to access resources. Help on using the medical and getting answers; need to know what I can and can’t do.”

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

More than six out of ten respondents (62%) told us that they know what services are available. Nearly one out of four (23%) disagreed.

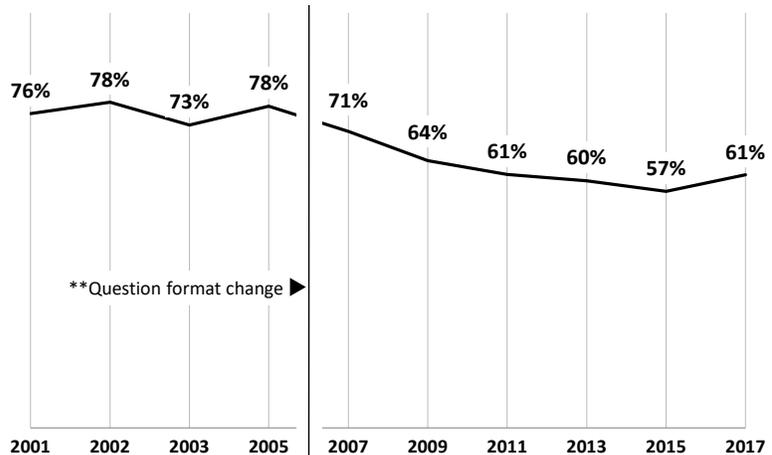


SUBGROUPS: Respondents were more likely to agree* that they know what program services are available when:

- The client was a child (66%), rather than an adult (58%)
- The respondent was a representative of the client (65%), rather than the client (58%)

Trend

This chart shows the percentage of respondents who answered the above question positively from the 2001 survey to present. The decrease from 2007 to 2017 was statistically significant.*



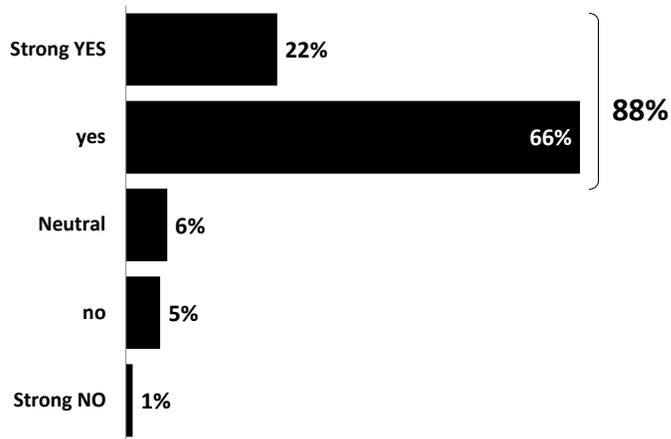
* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.

** 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 to them.

QUESTION | Did program staff explain things clearly?

Nearly nine out of ten survey respondents (88%) told us that social and health services program staff explain things clearly. Only ten people (6%) disagreed.

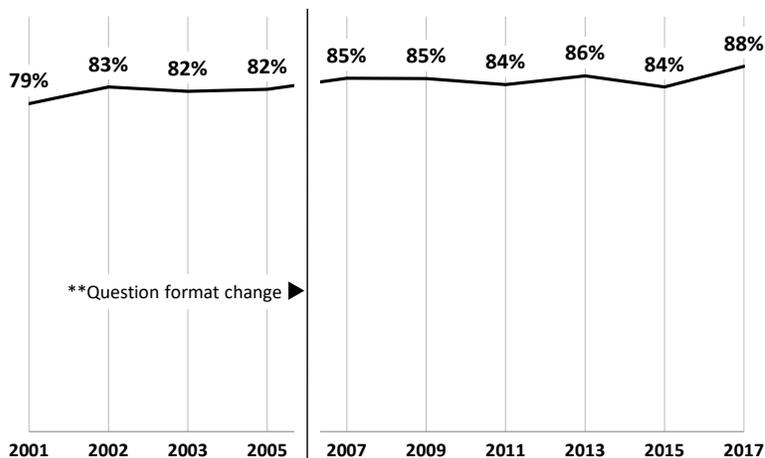


SUBGROUPS: Respondents were more likely to agree* that staff explain things clearly when:

- The respondent was a representative of the client (90%), rather than the client (86%)
- The client participated in one program (91%) or two programs (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 2015 to 2017 was statistically significant and is a new high for positive answers to this question.*



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

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



Getty Images/iStock

Programs and services can be complicated, and clients appreciate careful explanations.

"I want to know how much Apple Health coverage I have when I go visit a doctor."

"I like how they explain things and try to help me out. They also give other options."

"The ease of access and the fact that things are explained very thoroughly."

"They help explain things very well. The care has been great, I've never felt like we weren't able to get what we needed."

"They are good about helping me. They explain things really well."

"They are very helpful. You sometimes have to wait a long time but they explain everything really well."

"Just that they are available and if I ever have any questions, they take the time to explain things clearly."

Some do not feel that they understood everything as well as they needed to.

"Maybe go into more detail about what is available when you apply. I have questions about dental and optical. I think they should explain more when you apply for help."

"They need to explain what is needed if someone does not understand."

"Explain in more detail about what Apple Health services are available."

"Explain about the dental and vision. Provide more information regarding those services upon approval of medical."

"Need to explain all the options available in the beginning."

"DCS does their job but they don't explain things up front."

"We need more explanations about the application process."

"They could be a little more clear about the do's and don'ts after a person qualifies."



Getty Images/iStock

Many clients had good things to say about the information they receive about DSHS programs.

“They inform us about everything. When we have questions they always help.”

“They tell me what I need to know and what I need to qualify.”

“If I don't understand they give me pamphlets and show me.”

“Every time I have any questions, they have been there to answer them.”

“Very helpful in relaying information about different programs available.”

Others mentioned how specific programs could or did provide helpful information.

“Fifteen months ago I did not know about mental health counseling services. There should be more information easily available. Friends have asked me about them.”

“The DDA social worker has proven to be a wealth of information!”

“I would like to see more events at the DVR office that are informational as far as the services they offer.”

Clients noted getting information through a variety of channels.

“I like that I can access what I need over the phone or on the internet.”

“If one person did not have the answer, they found someone who could help me or got the answer.”

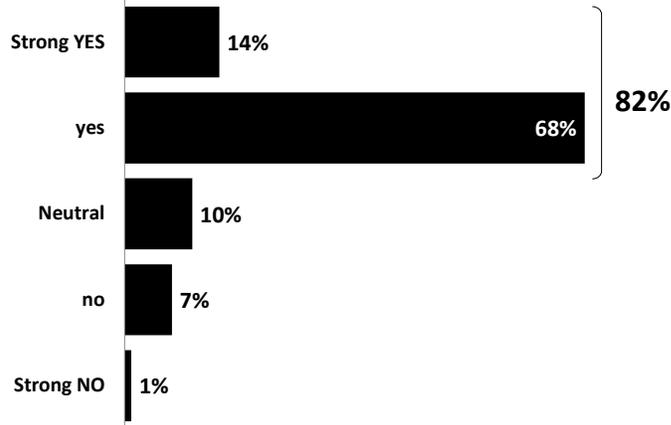
“The interface on the website needs to be modernized. Information needs to be more condensed and more accessible.”

“More public service announcements about where to go and get help, or information about handling adolescent teens, especially girls.”

“The Department's terminology can be difficult. Put more basic information on the website in language we can understand.”

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

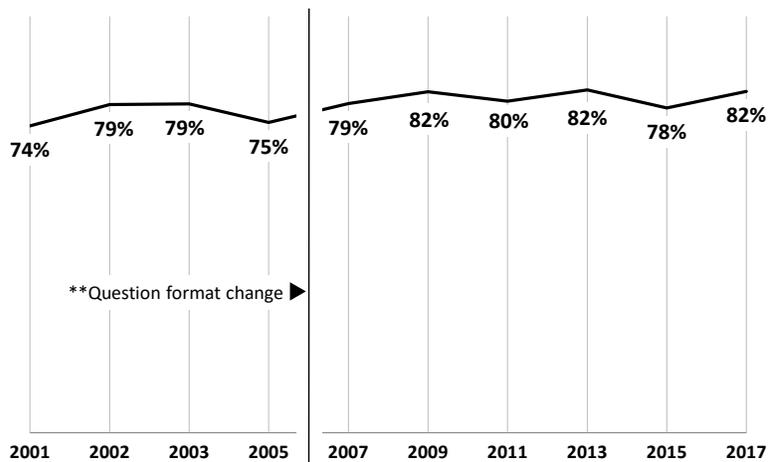
More than eight out of ten survey respondents (82%) told us that information was easy to get. Less than one out of ten people (8%) disagreed.



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 the present.

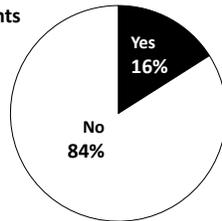


* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.

** 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.”

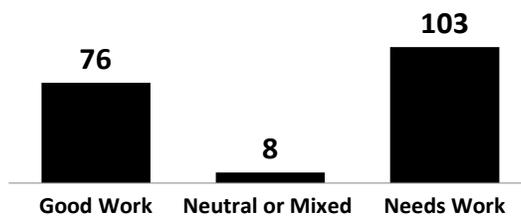
THEME | General information

Made comments about information?



187 of the 1,152 clients commenting (16%) mentioned the information they receive from social and health services.

Of the 187 clients who addressed information, more than half (55%) made criticisms or suggestions for improvement. About four in ten (41%) responded favorably.



Client responses suggest that communication about available resources could be more proactively and widely distributed. This includes lists of who to contact with questions or problems and resources like pamphlets and up-to-date Frequently Asked Questions (FAQ) pages on an easy-to-access website.

Program rules and regulations can be confusing, so clients appreciate various types of help in understanding the information, including online, e-mail, one-on-one coaching and printed aids.



Getty Images/iStock

Program information can be complex and confusing, and clients may require support in understanding it.

“When I am unable to talk to someone in person, I don't understand so well and when people use big words. When I see someone's face, I am not scared to ask them what things mean.”

“Apple Health sent me the list of providers that were approved. But it needs explanation and smoothing of how to handle things.”

“Finding out who can answer my question is difficult.”

“If I don't understand they give me pamphlets and show me.”

“Sometimes the written information can be very confusing. My husband and I are educated, and we still had a hard time taking in that information.”

“If one person did not have the answer, they found someone who could help me or got the answer.”

“The social worker provided a huge notebook about the child that had everything needed, including medical background.”

Clients expressed the need for information that is consistent, transparent and easy-to-access.

“I like the open one-on-one talks while discussing my needs.”

“It would be nice to have a yearly e-mail that reminds people of all the resources available through CA.”

“They could do a better job notifying clients if there are benefits that they qualify for.”

“Have more knowledgeable staff on hand to answer questions that are too hard for the person who answers the phone. I asked for a matrix of eligibility so that I could figure out why this person was telling me that if I cut my hours and made less, I could get more in food stamps.”

“Develop a website where you can get quick answers. Portal so e-mails can be sent back and forth from agency to client.”



Getty Images/iStock

Help with understanding complex written and verbal communication for people who aren't fluent in English, or who cannot hear or read, is very important.

"Children that have special needs, such as hearing loss, and need sign language and staff and providers who understand hearing loss and that communicate in American Sign Language."

"More Spanish-speaking representatives or interpreters for Spanish-speaking clients since we don't understand English."

"Please be more diligent about providing sign language interpreters for doctor visits. I need a flu shot, and I am dreading going in because it is so hard to communicate."

"Have more resources in the CSO for non-English speakers."

"Have more people that speak different languages."

"Have an interpreter when you ask for one."

"They need more Spanish interpreters because it is very hard to make them understand me."

"Maybe more accessibility for interpreter services and in my case it would be American Sign Language."

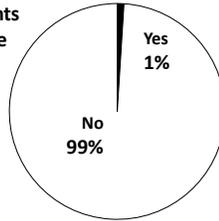
"I dropped out of the DVR program once because I speak Spanish and did not have an interpreter. I ended up sleeping on the street since all the shelters were full. They said they would call me and I waited for six months. I felt like they pretty much threw me out on the street."

"English is my second language and I always need someone to assist with letters that I receive from DSHS that are in English. I have to contact someone that can interpret for me so I don't lose my services."

"I like it that they have a Vietnamese interpreter to help me."

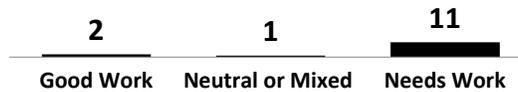
THEME | Language services

Made comments about language services?



14 of the 1,152 respondents who made comments (1%) mentioned the quality and availability of language services.

Of those 14 clients who addressed language services provided by social and health services programs, 11 (79%) made criticisms or suggestions for improvement. Two clients (14%) made positive comments.



Several clients shared specific ways that access to language services has been difficult for them. Some said that they have no trouble in typical everyday written or spoken communication, but communicating about social or medical services is complex and may require specialized support.

Client Involvement



Getty Images/iStock

Clients expressed interest in being active participants in their own care and support.

Most clients agreed that they have a say in the kind of services they get and are part of making plans and setting goals for their services.

- Respondents were more likely to agree that they have a say in the services they receive when the client was a child, rather than an adult. Likewise, they were more likely to agree if the respondent was a representative of the client, compared to when the respondent was the client.

Some offered ways to expand client involvement.

- Have social and health services staff who listen to their clients' needs and provide a variety of flexible options to meet those needs.
- Improve communication between programs and staff to better coordinate clients' services.
- Make it easier for the client to receive information about programs that could help their situation.
- Allow the client more access to services by phone or Internet.



Getty Images/iStock

Worker empathy and active client participation are important in delivering helpful services.

“They understand what I need and are in tune with me.”

“They seem to be very understanding and really try hard to get you the help you are requesting. Sometimes, they even get help for you that you didn't seek out but turned out to be really good for you.”

“I am involved with the care I receive. This is important to me.”

“Provide the opportunity to get people involved in these plans, recommend or find something that will help fit my overall situation.”

“They take whatever he says to heart and try to provide the services he wants and needs within the realm of what's possible.”

“They help us set goals and get my life back together.”

“I had a worker that was amazing. She actually put herself in our shoes and got us the help we need.”

Some comments highlighted situations where program services could better address a person's unique situation.

“I would like to see them individualize their services (The child needed in-home daycare because he got kicked out of regular daycares; would be willing to pay half but the rules said they couldn't do that.) Need the ability to do exceptions due to the circumstances; need to do what's in the best interest of the child.”

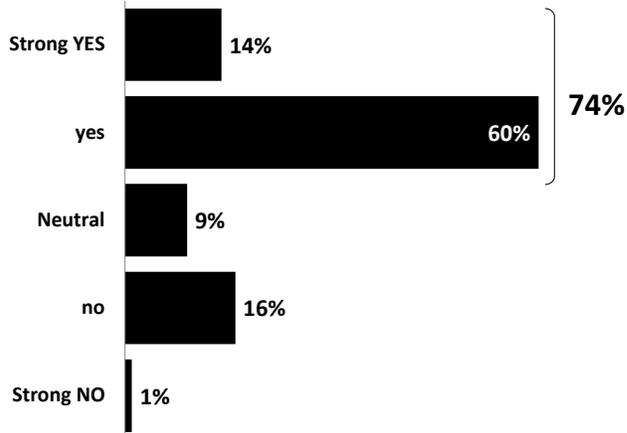
“More understanding from officers regarding people's situations and have an understanding that every case isn't the same.”

“DDA needs to individualize children's services and not throw them all into the same category. Welcome parents' input more.”

“Consider the client as to what their needs are and try and help them.”

QUESTION | Did you help make plans and set goals about program services?

Nearly three out of four survey respondents (74%) told us that they helped make plans and set goals about their services. Almost two in 10 (17%) disagreed.

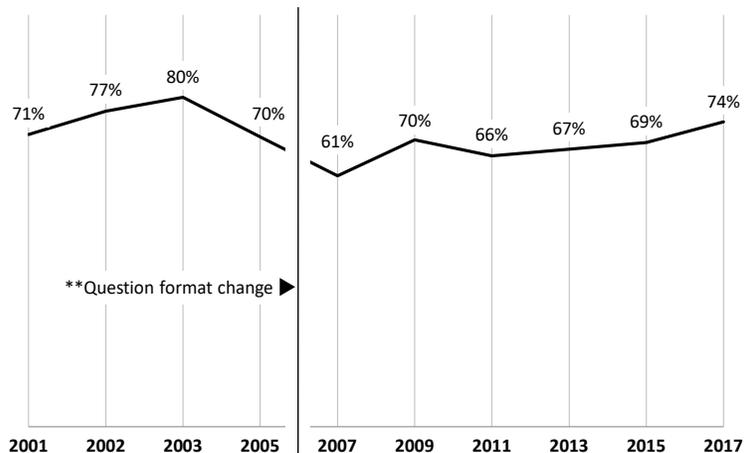


SUBGROUPS: Respondents were more likely to agree* that they help make plans and set goals about their services when:

- The respondent was a representative of the client (77%), compared to when the respondent was the client (71%)

Trend

This chart shows the percentage of respondents who answered the above question positively from the 2001 survey to present.*

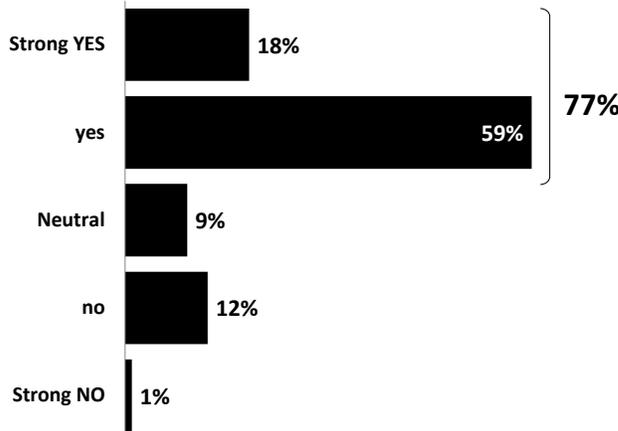


* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level. This question was not asked in connection with child support services since child support requirements are not set by DSHS.

** 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 (77%) told us that they had a say in the services they got. Thirteen percent of respondents disagreed.

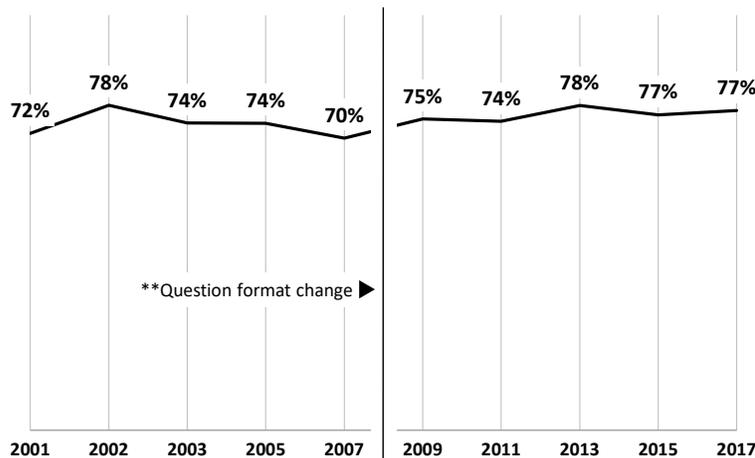


SUBGROUPS: Respondents were more likely to agree* that they have a say in the services they receive when:

- The client was a child (81%), rather than an adult (74%)
- The respondent was a representative of the client (81%), compared to when the respondent was the client (73%)

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.*



* 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.

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



Getty Images/iStock

Many comments expressed the need for and appreciation of active listening on the part of staff.

“They do listen to what I have to say and if it is not possible to get what I want, they refer me to the resource that provides that.”

“They have always treated me with respect over the phone and listened to my requests and provided my needs and answers.”

“He always feels like he’s being listened to. If he says he doesn’t want a certain med, the doctor listens to him. They are respectful of his opinion.”

“What I like best is that they listen to us and try to help us out with food.”

“They listen to my needs and my desires and they do their best to try and help me.”

“They have always been responsive and they have listened to me and taken my comments seriously.”

“I liked that they listened to my issues and did not get irate with me.”

“They really listen to the clients they are serving.”

“I like that they listen to me and they give me support.”

“Have people that actually listen not just appear to listen with their own agendas.”

“DVR was really polite and they really listened. They had a pretty good plan.”

“I had a case manager who didn’t listen and that is now in the past. I am happy with the services I have now.”

“Listen to the people who come in there for help. Not all the people who come there are bad people.”

“Listen to the client and stop assuming you know everything.”

“If I had a concern, they listened and helped with solutions.”

“I was treated with respect and they would always listen to my suggestions. I had an excellent relationship with them.”



Getty Images/iStock

Clients expressed their need and willingness to be active participants, and have ideas for making that happen.

"I like that they listen and do what I say and I can ask questions."

"Keep people more informed as a case progresses so that they don't have to call and ask what is going on. Even if it is to say that there is nothing new, a little news goes a long way. Something like a monthly progress report, if that is even possible."

"I am glad you all are doing this survey because I am sure there are folks out there with lots to tell you."

"Shorten the lines. The worst wait I had was two and a half hours! They asked me what I wanted and I said that I already filled out the form and that's what I need."

"I haven't worked since 2011 and DCS has no way to assist in preparing paperwork for modification; my debt is accruing each and every month. They need to help paying parents with paperwork."

"You all do a good job there in Washington State and I appreciate that you are trying to get input from us so that you can improve services."

"Take more time when doing assessments to make sure you are giving a person the right kinds of help. In my case, I think I need more mental health and less alcohol and drug abuse. One size does not fit all!"

"If I can go to the CSO and talk with someone in person I have a much better experience. It is hard to communicate on the phone because they don't understand sometimes and it is just easier to go there."

"I don't feel I'm being heard and they aren't listening to me. I feel pushed out so the doctor or counselors can see the next patient or client. Often times, I don't feel they understand me."

THEMES related to client involvement

Issues closely tied to client involvement are also addressed in other parts of this report, including comments from clients suggesting they want social and health services to provide:

- **Assessments and service plans that take the client's individual needs into account.** Clients want flexibility in the processes that determine their benefits and services. They also want services that can help with continued need or enhanced services during difficult or transitional times (see the "Getting Services" section of Chapter 3, pages 32-40).
- **Caseworkers who are truly engaged with the client's long-term well-being.** Clients want their caseworkers to take the time to fully understand their situation. They also want caseworkers to collaborate with them when planning their services. When they develop an effective relationship with a caseworker, they want to continue that relationship for as long as possible (see Chapter 2, pages 15-25).
- **More access to services and information outside of traditional office hours.** Clients want to be able to access, update, and modify their services at times that don't interfere with family, school or work obligations. Clients often suggest that this could be done through the Internet, but requests for more print material and extended phone or office availability were also made (see the "Getting Services" and "Contacting Staff" sections of Chapter 3, pages 32-43).
- **Forms and correspondence that are easy to complete, and processes that are reasonable in light of their needs.** For some clients, poorly coordinated services, extended communication or processing delays, and complicated paperwork block access to needed services and are a source of great frustration (see the "Getting Services" section of Chapter 3, pages 32-40, and Chapter 6, pages 55-58).
- **Benefits that meet their needs.** Some clients report that the benefits they receive do not adequately meet the needs that they are designed to address. Many of the clients who requested an increase in benefits specifically mention their food stamp allotment. Some clients would like to see expansion of other programs (see Chapter 7, pages 59-63).

Coordination



Getty Images/iStock

Clients want staff from different programs to work together as a team.

Clients who receive services from more than two social and health service programs were asked about coordination between those programs. Most clients responded positively when asked directly about coordination among programs and staff. However, those who offered remarks about coordination in response to open-ended questions were more likely to express dissatisfaction.

Client satisfaction with coordination differed somewhat depending on who was responding:

- Respondents were more likely to agree that social and health services make sure services work well together when the client was female rather than male
- Respondents were more likely to agree that social and health services staff from different programs work together as a team to help them get the services they need when the client was Hispanic rather than non-Hispanic white

Respondent comments focused on the need for:

- Better collaboration between different social and health services programs and offices
- Consistent information from all programs and staff
- Improved communication between staff who share clients



Getty Images/iStock

Although most clients responded positively to this question, the open-ended responses focused on coordination were more likely to be suggestions for improvement.

“They need to find a way to improve program communications with each other DSHS programs. They all need to talk to one another.”

“All four programs I dealt with felt very disconnected.”

“I'd personally like to thank the state for offering programs like DSHS has and it has been a great help to me. They all work together as a group.”

“Maybe having it all work together better. It seems very separate.”

“I feel that the different departments do not communicate. We get sent all over the place.”

“They work well with the doctors that we have. This is a big plus. When we transitioned from private insurance to Medicaid, we were able to keep our doctors.”

“The Mental Health staff are good and they are good at working with the other programs at DSHS.”

“Have better communication between the different departments.”

“Communicate better with each other, within agencies, and with the client.”

“Communication between programs is rough, there needs to be more of it.”

“All the departments and services need to work together better.”

“I think communication between different offices could be improved. They need more communication between divisions so we are all in sync.”

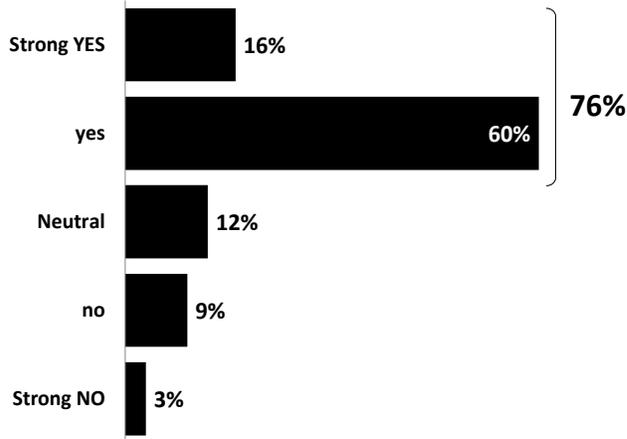
“The programs need to work together.”

“I like that everyone knows me, and they share my information between agencies so I don't have to repeat myself and they all know my information.”

“Better communication between the state agencies.”

QUESTION | Do social and health services make sure all your services work well together?

More than three quarters (76%) of survey respondents served by more than two programs (493 clients) feel that their service agencies make sure their services work well together. More than one out of ten (12%) disagreed.

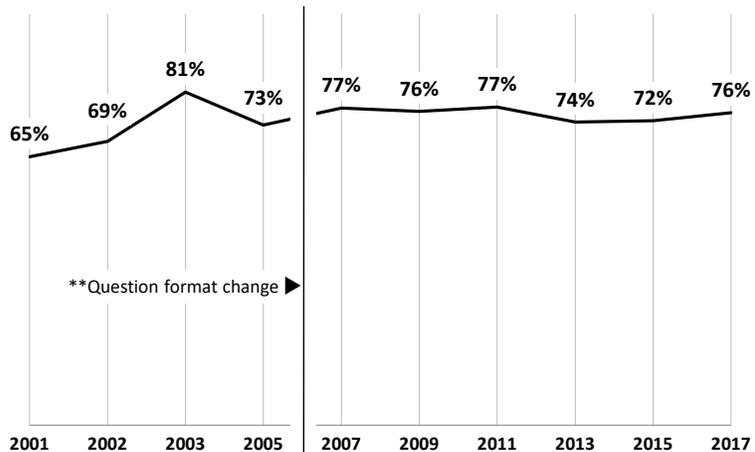


SUBGROUPS: Respondents were more likely to agree* that social and health services make sure services work well together when:

- The client was female (81%) compared to male (70%)

Trend

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



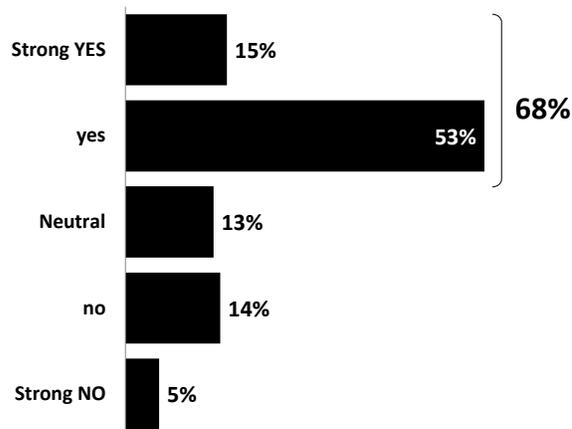
* All percentages are based on weighted data. Differences between subgroups are listed if significant at the .05 level.

** 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 two out of three (68%) of the 493 survey respondents served by more than two programs reported that staff from different social and health services programs work well together. Nearly two out of ten (19%) disagreed.

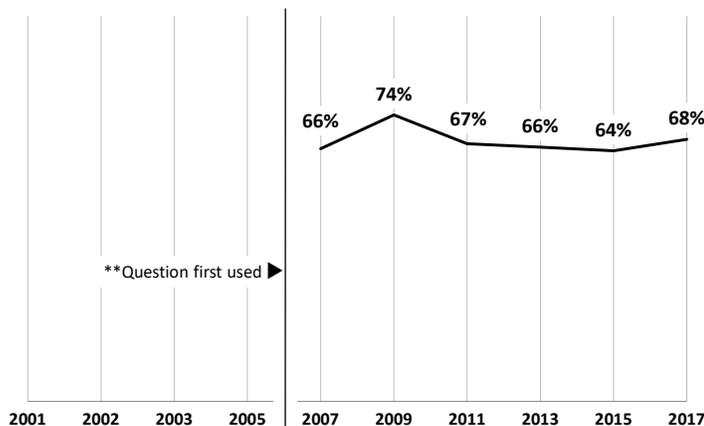


SUBGROUPS: Respondents were more likely to agree* that social and health services staff from different programs work together as a team to help them get the services they need when:

- The client was Hispanic (83%) rather than non-Hispanic White (64%)

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.



Getty Images/iStock

Comments related to coordination among staff from different programs noted that teamwork, consistency and communication are key.

“They work together with the caregivers for his best interest.”

“Case workers are helpful; great team.”

“I think they have a good team, they're good services.”

“I feel it's been nice to deal with one person only because they know the case.”

“My mom has had the same caseworker for five years and so anything that she needs is really easy to get.”

“They really seem to work well together.”

“If you keep the same caseworkers it is easy to get things done when you need them.”

“The programs should talk to each other, plus medical providers should talk to the people that they refer me to.”

“Make sure that they listen to the staff and caregivers who work with clients.”

“Talk to each other about the programs I'm in and communicate with each other.”

“When they change caseworkers all the time, you have to start all over again and it sets you back a lot. “

“They could all work better together. There seems to be a lack of communication. I had to repeat myself a lot.”

“I think they need to work with other departments outside of the state would help them serve the clients better.”

“Better communication between the different departments.”



Getty Images/Stockbyte

Many comments about coordination—whether among programs or among staff—dealt with the need to improve communication.

“Workers need to be on the same page and educated on program eligibility. One says one thing and the other says another.”

“Don't pass you around so much from person to person. It gets so frustrating to repeat yourself and when you get a new caseworker, you have to prove yourself all over again.”

“Be more consistent between social workers and have better support for foster parents.”

“They could increase their staff training. Their staff need more knowledge and consistency of knowledge. I need to be told the same thing by staff instead of different things by different staff.”

“Working with one another, different entities need to communicate with one another.”

“Maybe get on the same page with other service providers (school, work, etc.) that client and relatives have.”

“The different programs need to communicate better with each other. I swear the right hand does not know what the left hand is doing.”

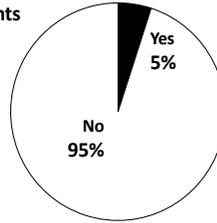
“Better cross-communication between programs so that I don't have to repeat everything over and over.”

“I can only speak as someone from out of state. Need better communication and ease of sending cases from state to state.”

“Communication with each other; programs could talk to each other to help improve services. Huge agency, so all programs need to be able to access each other so they can verify situations and get a complete picture of the circumstances.”

THEME | All coordination comments

Made comments about coordination?



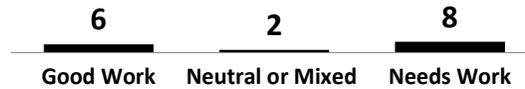
62 of the 1,152 clients commenting (5%) mentioned coordination.

Forty-eight of the 62 clients* who commented on this issue remarked on coordination among various programs and offices. Sixteen spoke about coordination among workers. Two discussed both aspects of coordination.

Among programs and offices



Among workers



Comments coded as “Coordination” tended to express frustration with the inefficiency of having to repeat the same tasks, or confusion experienced when told different things by different offices or staff. Other issues related to coordination included:

- Satisfaction when clients perceived that DSHS staff work as a team to help them
- Requests for improved communication among programs to ensure that the client receives the services appropriate for their situation
- Lack of consistency in how a client’s case is handled and what information they are given when there is a shift between case workers, or when no case worker is assigned

Resources



Getty Images/iStock

Meeting individual needs is a challenge.

Many clients appreciate the resources that social and health services provide them. However, the majority of clients who commented about resources said that the resources they need are hard to access, in short supply, or unavailable. Comments described a desire for:

- New programs or expanded programs to address unmet client needs
- More reliable access to Basic Food resources
- More medical services for clients of all ages, including primary and specialist care, hospitalization, vision care, and mental health services
- Expanded dental services to clients of all ages, including routine check-ups, a full range of dental treatments and preventative care
- Increasing provider reimbursement rates so that there is better access to all types of 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.



Getty Images/iStock

Some comments suggested more programs, or expanded programs.

“There needs to be a program for the disabled who cannot type and need an iPod and internet free so that they can communicate, plus news, and be able to read and communicate with friends and family out of state.”

“Increase the number of Youth Homes and make kids more accountable and monitor those homes.”

“Provide more activity for developmentally disabled adults, such as more outings.”

“There should be a place where families can go to get wheelchairs and hospital beds and other medical needs that the family can't afford.”

Several clients focused specifically on the wide-ranging needs of people who are homeless.

“We've got people that sleep in the street and they've been there for years. They need to do something about it and take action head on. How come the state doesn't just take the resources they have to help the people in real need?”

“Have bathing facilities available for homeless people.”

“Help the homeless better. There are not enough shelters and there aren't any shelters for homeless couples.”

There were also comments about the need for greater support in finding employment.

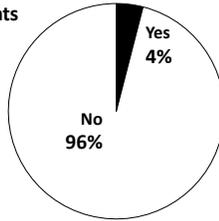
“I am out of work right now and I have done everything WorkFirst asked me to but I still cannot find a job. There should be extra help or somewhere else to go if you are having a really hard time finding a job.”

“More opportunities to find work when you have done all they ask of you.”

“They're on the right track with ‘Work Source.’ I don't think they have the resources. They need to have a way to get people back to work.”

THEME | More social and economic programs

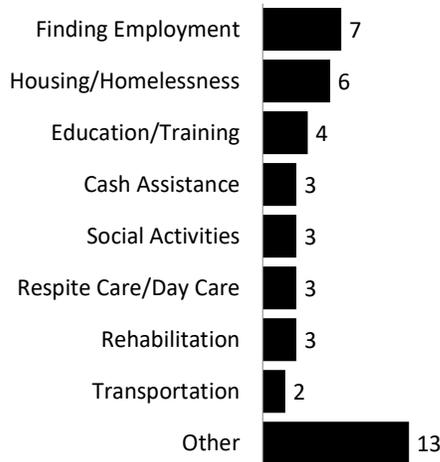
Made comments about needing more programs?



43 of the 1,152 respondents who made comments (4%) mentioned that more social and health services are needed.

All but one of the 43 clients who commented on this topic offered suggestions for improvement. One client made a neutral remark suggesting that resources for people in need be maintained.

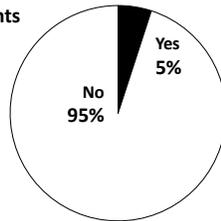
Clients said that more programs and resources are needed for:*



Clients expressed a need for more programs overall, and some suggested particular areas of need, including suggestions for expanding programs in ways that would make program goals easier to achieve in the long run. For example, some suggested helping non-custodial parents find or keep employment so that they can meet their child support obligations.

THEME | More benefits

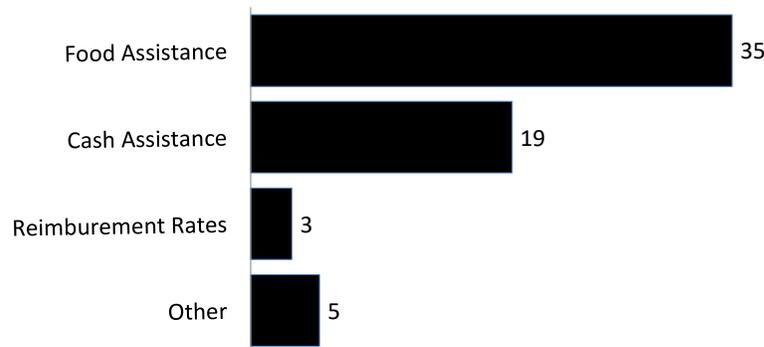
Made comments about money and benefits?



58 of the 1,152 clients commenting (5%) mentioned a desire for more social and health benefits.

Nearly all of the 59 clients (98%) who addressed the level of available benefits made criticisms or suggestions for improvement.

Clients would like to see benefits to increase in the following areas:



* The bar graph represents 62 different suggestions about benefit levels made by 58 clients.



U.S. Air Force photo by Airman 1st Class Victoria Taylor

Many of the requests for additional benefits were about the need for more food assistance.

“Increase the amount of food stamps that I get each month. I have to go to all the food banks to make ends meet. They need to put all of the paperwork for each of the programs into one so that you only have to fill out one instead of one for each program.”

“I think it is horrible that the State cut the amount of food stamps I am getting. Everything went up in price and I get less food stamps. I am a disabled lady and I really need the help I am getting.”

“I find the restrictions on the food stamp program to be ridiculous. There are some people I know that only qualify for \$1. That is crazy! The fact that you need to choose between putting gas in your car or getting food is horrid.”

“The amount of food stamps that people receive per person should be increased to meet the cost of food in Washington State.”

“They continue to reduce the food assistance I get with no reason given.”

“Please can't somebody help me get food stamps and clothing vouchers more quickly? I have a 14-year-old that needs a coat and shoes, and I can't afford to buy them. My home is a revolving door for my grandchildren. I really don't mind taking them in and trying to help, but I am on disability and if I take the children in, I really need help from the Department.”

Some addressed other programs.

“The \$60 that they give us each month is not enough to pay the phone bill and a medicine that is not covered and any extra things I need. That only allows me about \$30 to live on.”

“Assist families who are trying. The kids get older and the cost gets more expensive.”

“Post-adoption support needs to be better.”

“Increase the reimbursement rate.”



Getty Images/iStock

Shortages of providers who will accept new Apple/Medicaid patients continues to be a problem for some.

“Medical service can be better. Can’t find doctors that take my medical card.”

“Coordinated care is a poor system because hardly anyone takes the patient; they need more practitioners.”

“We need more medical providers in our area. We have to drive really far to get the help we need.”

“No one takes Apple Health. None of the doctors in my area take the Apple Health. Took time off work to see a doctor that was far, far away and then they didn’t even take my insurance.”

“The shortage of psychiatrists here is astronomical. There are none available and we have to travel a long distance just to get the care we need. We wait for months to get in to see somebody.”

“Every mental health provider I called was not taking new patients.”

“The biggest problem is if you are a Medicaid client, dentists or other providers don’t want to work on you because Medicaid doesn’t pay very much. Even if I offer to pay cash they won’t work on you.”

“It is difficult to find dental providers. I found a dentist for my girls but I haven’t been yet.”

“Our long time pharmacy will not accept the new insurance and now we have to go to Fred Meyer and pay for things we never had to before.”

A few respondents described more positive experiences in finding health care providers.

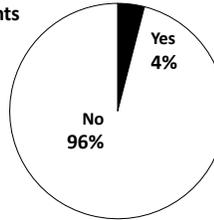
“I think having the Medicaid and the Medicare together really helps our daughter. She doesn’t have any problems getting in to see a specialist or getting her medicine.”

“Availability of doctors who participate and the convenience of locations.”

“Lots of options to choose from. Lots of providers.”

THEME | Health care provider availability

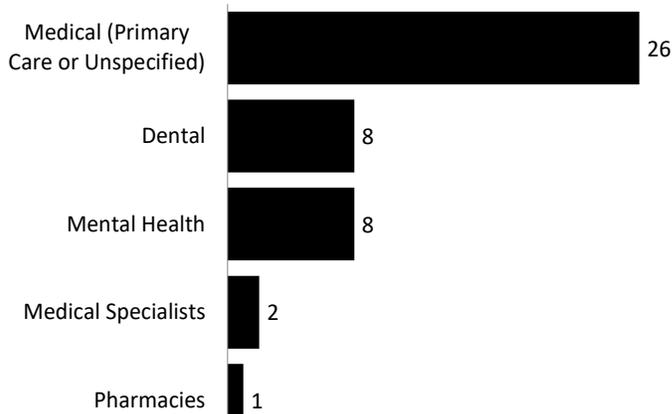
Made comments about needing more providers?



46 of the 1,152 clients commenting (4%) mentioned the availability of health care providers who accept Apple Health/Medicaid.

Nearly all of the clients (96%) who mentioned this issue requested more providers who will accept Apple Health/Medicaid. Only four made positive comments about provider availability.

Clients reported a need for more providers in these areas:*



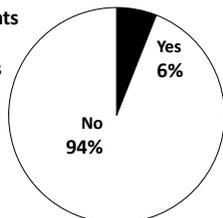
Availability of health care providers is a major concern for some clients. In commenting on this topic, they frequently noted that:

- Dentists who accept clients’ coverage are particularly hard to find
- It is difficult to find a mental health professional or other specialist in some areas who are accepting new patients with Apple Health/Medicaid

* The bar graph represents 44 different comments about needing more medical providers, made by 42 clients.

THEME | More health benefits

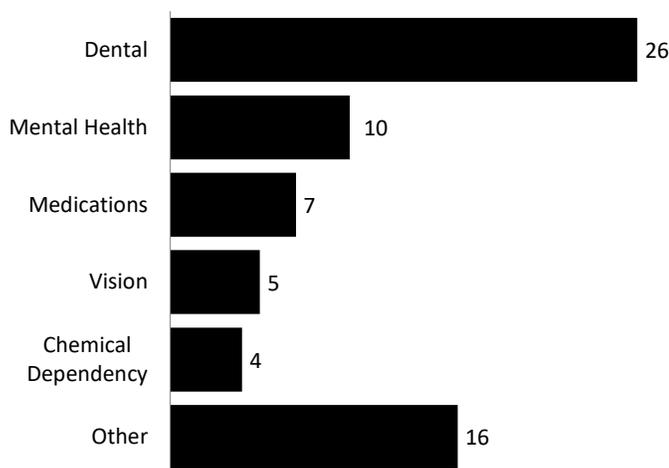
Made comments about more health services or benefits?



64 of the 1,152 respondents who made comments (6%) mentioned a need for more health-related benefits.

All of the comments that spoke of the need for more medical and dental services/benefits were negative or suggestions for improvement.

Clients would like to see more benefits in the following areas:*



“Other” suggestions for additional health services included:

- More emergency mental health resources
- Substance abuse services that are more integrated with other systems, such as criminal justice
- Ensure that orthodontia begun during childhood can be continued beyond the 18th birthday
- Less of a “one-size-fits-all” approach to mental health and chemical dependency care
- Add online mental health providers
- Provide access to chiropractors, speech pathologists, naturopaths, flu shots for children, and preventative care



Getty Images/Hemera

Some clients pointed out ways that policies seem to unnecessarily limit access to health-related services.

“If we need help, we need help. The mental health care is so crappy in Washington, and that was with a physically abusive son with emergency needs. I couldn't restrain him, couldn't call the police, couldn't get help from the state. It's an awful system.”

“Find additional agencies for mental health treatment rather than just handing out medications. Have Medicaid people be able to see a psychiatrist and get real treatment.”

“The first half hour of the counseling (mental health) is just paperwork, and then you only get 30 minutes, if that, to work through issues. I feel like they need to have more time to work out issues and what not.”

“Provide the flu shot to children under the age of 18.”

“Free medications and get rid of the co-pay for the meds.”

Many comments in this theme focused on dental health.

“Please move the guidelines up about \$139. I only make \$890 a month but I still cannot get dentures. Hello.”

“Dental is not easy to find.”

“They could improve the dental program. I need teeth that can chew my food and I can't get any help for that. It's awful!”

“There needs to be more dental services available.”

“It would be very helpful if Medicaid covered dental needs.”

“Have more services for dental. Shorten the time frame for replacement of dentures.”

“More dental help for adults.”

“We need more dental offices to choose from.”

“I wish there was dental insurance for the clients.”

“It is difficult to find dental providers.”



Getty Images/iStock

A detailed look at diversity issues

The leaders of Washington’s social and health service agencies are strongly committed to diversity, equity, inclusion, and cultural competency. This chapter differs from previous chapters in its approach. Instead of focusing on broad trends, it presents a more detailed analysis to reflect the full range of issues.

When asked what social and health service programs do well and could do better to serve clients, only 15 clients mentioned diversity issues. Three clients complimented social and health services’ commitment to equity, and 12 discussed concerns. When asked specifically about any unfair treatment due to race, culture, age, gender, sexual orientation, or disabilities, **87 said they had been treated unfairly (7%).**

- The most commonly perceived factor related to unfair treatment was disability. The 47 respondents reporting mistreatment based on disability frequently referred to differential treatment because of mental health, developmental disabilities, or hearing issues. Some clients did not specify the type of disability.
- The second most commonly perceived factor linked to unfair treatment was race or ethnicity. Of the 23 clients who addressed this area, most (15) complained about treatment of racial or ethnic minorities. The remaining eight were non-Hispanic Whites alleging reverse discrimination.
- All 12 complaints about gender-based discrimination were made by men. Most addressed treatment related to child support issues.
- Twelve respondents voiced concerns about age discrimination, for younger as well as older clients.
- Others who said they had been treated unfairly discussed treatment, policies or procedures, and cited a variety of factors outside the specified protected groups, including appearance, life circumstance, socio-economic status, education, religion, criminal history, and substance abuse.



Getty Images/Moodboard

Although they were not specifically asked about positive experiences related to diversity, some clients praised social and health services for equal, non-discriminatory treatment.

“They treat me like I’m not different, like I’m equal. They never discriminate.”

“It is non-discriminatory and available to families in need.”

“I like that the staff are not prejudiced against anything. They are open-minded and have some form of compassion.”

Some respondents feel that they are treated poorly due to prejudice.

“I feel like they judged me because I was a white woman in nice clothes.”

“I was looked at as an addict, and was treated like garbage.”

“I had a very hard time with learning how to operate the computer in cutting and pasting. DVR staff was upset with me and yelled at me since I was not very good at it.”

“I am Muslim and feel I’m treated unfairly.”

“I was put through parenting classes for my kids, and I didn’t fully understand the parenting classes because I have learning disabilities. I tried to express this to the head of the parenting classes and my social worker and the teacher didn’t really do anything. I had to take several more classes due to my inability to understand. And because my social worker did not understand me, she claimed that I was not compliant and not cooperating.”

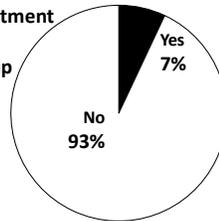
“My support officer always seems very short and snippy with me. I feel it is because I am a male.”

“I was yelled at for being there.”

“The social worker yelled at me in front of everyone at the CSO. She accused me of lying! I came in to get help because my autistic son was biting himself and I wanted to see if there was any kind of help I could get for him. I was very humiliated.”

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?



87 of the 1,229 clients replied “Yes” when asked this question. The majority (1,142) responded “No.”

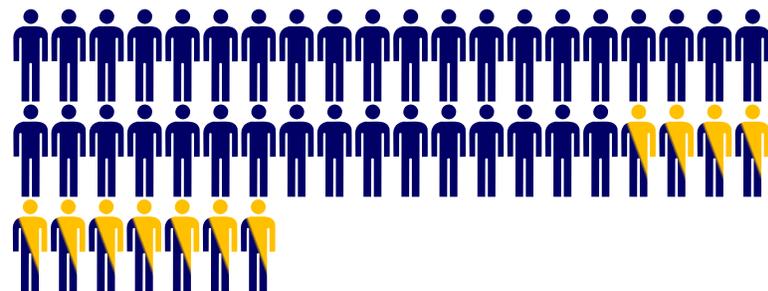
In addition to the 87 clients who responded “Yes” to the question above, this chapter includes the clients who gave comments pertaining to diversity issues in their answers to the open-ended questions in the survey. This resulted in a total of 94 clients reporting unfair treatment related to diversity.

Most of this group (80) said the unfair treatment was related to membership in one or more of the groups referenced in the question above – based on disabilities, race, gender, age, or sexual orientation. The remaining 14 did not mention these groups.

LEGEND (pp. 66-67)



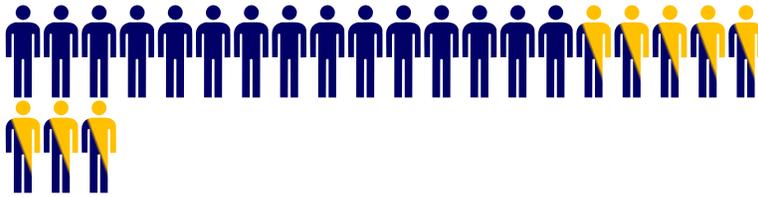
Unfair treatment related to DISABILITIES:



Forty-seven clients said they were mistreated because of their disabilities. The majority (36) said this mistreatment was due to their disabilities alone. Eleven clients spoke of disabilities along with membership in other groups. (See page 68.)

* 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.

Unfair treatment related to RACE/ETHNICITY:



Twenty-three clients spoke of unfair treatment due to their race. Fifteen of these clients attributed mistreatment solely to their race or perceived race, while the other eight also related it to membership in one or more additional groups. Eight of the 30 believed they were victims of discrimination because they are white. (See page 69.)

Unfair treatment related to GENDER:



Twelve male clients said they experienced discrimination due to gender. Of those, eight indicated only gender as the reason for unfair treatment, while four also mentioned other factors. (See page 70.)

Unfair treatment related to SEXUAL ORIENTATION:



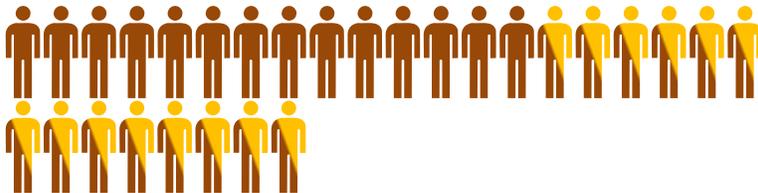
One client reported unfair treatment due to sexual orientation. (See page 70.)

Unfair treatment related to AGE:



Twelve clients spoke about mistreatment related to their age. Of those, three did not give any other reasons for mistreatment. (See page 71.)

Unfair treatment related to OTHER FACTORS:



Fourteen of the 94 clients who reported they encountered diversity-related problems did not identify any reason related to membership in the specified groups. An additional 14 clients indicated that, in addition to diversity issues related to the specified groups, they also faced unfair treatment related to other factors, such as family circumstances or agency processes and procedures. Narrative comments related to the “Other” category are discussed further on page 72.



Getty Images/iStock

A number of diverse clients reported difficulty getting services.

“Once they find out you are disabled, they sign a person off. They want us to put our tail behind our rear and get out of there.”

“If you’re a woman, you can get any type of service. But if you’re a man — a white man, you can’t get shit. I’m homeless, and they still don’t do shit.”

“I’m legitimately disabled and I seriously cannot work. I’m very sick and they don’t care. I just don’t have the funds to pay for treatment. I had a good job and education and now it’s almost biting me in the ass, because I’m getting too much on disability.”

Some clients described problems.

“Making her go through numerous assessments for failing one class, when they knew she came into the program with PTSD/anxiety. Now their expectations have created issues. When they told her, in a roundabout way, that she was stupid, she started a downhill spiral in her other classes.”

“I was invited to a crisis center. When I got there, they told me I was too early and sent me away. Then, they called the police and told them I was upset. I drove over an hour to get there. They have never apologized. They said it was all my fault.”

“She had been raped, and they tried to give her a male counselor at Mental Health and told her ‘like it or leave it.’”

“Because the tribe has their own services, we get caught in between the tribe and the State sometimes — too many different rules and stuff.”

“DVR counselor said that I wasn’t ready to go to work and they didn’t want to spend money on school because they said I couldn’t get work. Now, I am working and found the job on my own. I have been nothing with happy with all the help I have gotten from DSHS, but DVR left me unhappy.”

“Some social workers are just not good to me because of my disabilities.”



Getty Images/Huntstock

Clients with disabilities would like staff to treat them with understanding, respect, and patience.

“They talk down to our son. Because he is in a wheelchair, they expect he will not understand.”

“Multiple agencies don't treat her as an adult; they talk around her and don't address her directly and when they do, they talk to her like a child.”

“She has cerebral palsy and sometimes people want to treat her like she is not normal.”

“I'm treated with respect most of the time; no one has ever been rude. But I don't always feel like people truly listen to what I feel is in my best interest due to my condition.”

Some believe benefits are insufficient.

“Quit cutting food stamps for the disabled.”

“Improve the dental program for people with disabilities.”

“They didn't really take my disabilities into consideration when I applied for benefits. They told me that the system was set up to make people want to go to work and not stay on Food Stamps and so forth. But I am disabled and have been for 45 years.”

“My doctor recommended surgery for a medical condition, and the State will only pay for injections. The injections do not prevent seizures and can bring them on. I have two little kids and I cannot afford to be having a seizure. I worry about it all the time.”

Some find that the programs' actions impede communication.

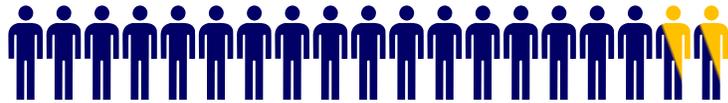
“The biggest problem we've had has been trying to talk to someone about our daughter's care. She's over 21 and they won't give any info. She's special needs and we're her guardians. We should be able to get that info.”

“My profile says I need a sign language interpreter. When I get to the doctor or CSO, often there isn't one. I'm not sure they understand me and I don't understand everything they tell me.”

THEME | Discrimination based on a client's disabilities

The 47 clients who reported discrimination based on their disabilities were asked to describe the unfair treatment they experienced. In their responses, some clients described specific disabilities, such as mental health issues or developmental disabilities. Others did not specify their disability.

Unfair treatment related to SPECIFIC DISABILITIES:



Nineteen clients spoke directly about the kind of disability associated with unfair treatment. Seven cited mental health issues. Five talked about developmental disability, and five more about problems related to being deaf or hard of hearing. Cerebral palsy, seizures, and wheelchair use were also mentioned.

Unfair treatment related to UNSPECIFIED DISABILITIES:



Sixteen clients spoke in general terms about disabilities or programs serving those with disabilities, but did not specify a specific disability related to the perceived unfair treatment.

Unfair treatment but no mention of DISABILITIES:



Twelve clients indicated that they received unfair treatment due to disabilities, but when asked about this treatment did not mention disabilities or programs serving clients with disabilities. Most of these clients reported other reasons for unfair treatment in addition to disabilities.

Further analysis looked at the programs serving the 47 clients who complained about unfair treatment related to disabilities. Twenty-one of these received services from Mental Health, ten from Vocational Rehabilitation, and seven from Aging and Long Term Services.*

LEGEND



* Some of these clients are served by more than one of the listed programs.

THEME | Discrimination based on a client's race/ethnicity

Of the 23 clients who reported unfair treatment based on race or ethnicity, more than half (15) felt discrimination was based solely on their race or language.* The other eight said mistreatment was due to race/ethnicity along with membership in other protected groups.

Unfair treatment related to being WHITE:



Eight of the 789 white non-Hispanic respondents (1%) described experiencing discrimination, saying that minority or Spanish speaking clients get quicker and better access to services.

Unfair treatment related to being AFRICAN AMERICAN:



Five of 77 African American survey respondents (7%) feel they experienced discrimination because of their race. Most did not specifically explain how their mistreatment related to race, although one stated that his appearance made people think he was a thug.

Unfair treatment related to being HISPANIC:



Five of 227 Hispanic survey respondents (2%) reported unfair treatment based on ethnicity. Three reported judgmental staff attitudes. One could not take advantage of services without an interpreter. One did not specify the unfair treatment. Two white respondents reported poor treatment because they spoke Spanish or were mistaken for Hispanic.

Unfair treatment related to being . . .

AMERICAN INDIAN



ASIAN AMERICAN



Three of the 52 American Indian respondents (5.8%) said there was unfair treatment based on race or culture, but two did not elaborate. One felt caught between differing tribal and state rules. None of the 81 Asian American respondents described any ill-treatment based on race.

LEGEND



* The rate of complaints about racial discrimination ranged from 0% for Asian/Pacific Islander respondents to 7% for African American respondents. The difference between the rate of complaints for white non-Hispanic respondents and minority respondents was statistically significant (p=.05). Eight of 789 white non-Hispanic respondents reported racial discrimination (1%). 13 of 437 minority respondents reported racial discrimination (3%).



Getty Images/VStock

Several minority clients reported unfair treatment.

“They made me feel ashamed to be asking for help. They seem to lump all Latinos into one basket as unworthy or shiftless.”

“They were going to get me into a program, and all of the sudden they didn't. I felt very offended.”

“I have been treated poorly because of my race.”

Two complained because they were assumed to be Hispanic.

“A case manager who was Mexican assumed I was Mexican and was very rude to me. She was assuming all Mexicans are on drugs and never get off of them. She made inappropriate comments to me and made me feel bad about myself.”

“People think I am Hispanic just because I speak Spanish and they treat me wrong. I am white and just as good as they are.”

Some white clients complained that members of minority groups have easier access to services and receive better benefits.

“I can't put my finger on it but it seems that if I were Hispanic, Russian, Black or anything other than white, I would get services more quickly. It seems like they treat white people like, for lack of a better explanation, as if they should know better and be doing better and not be on the dole.”

“I've had scheduled appointments before and then get put on the back burner because I'm not bilingual.”

“My sister's ex-husband is Mexican and when she uses her maiden name she doesn't get anything. I kid you not, when she started using her Mexican name again, she got everything and anything she needed. Why is that? It should not matter what color you are, just as long as you can read and write.”

Page 73 shows additional comments about discrimination reported by white clients.



Getty Images/iStock

Some men feel that women receive preferential treatment.

“I really feel like as a male, people are very snippy and short with me, especially with the child support factor. It is 2017 and in this new age, not every woman is the victim. Men and women should be treated equally, and this should be stressed, mainly to the workers at DCS.”

“I haven't gotten the help I need. They seem to not be willing to help me as a male.”

“The officer treated me different because I was a guy collecting child support. I do feel they treat the father differently than the mother whether he is the one paying or the one receiving.”

“I feel the tone used toward men in some cases is far different and less pleasant than women.”

“They appear to be pro-female. DCS needs to pull their head out of the dirt.”

“Help single fathers more.”

“I honestly think that they listen to women and not men. I am referring to the Children's Service office.”

Some men feel they are subjected to stereotypes and unfair expectations.

“Too many times DSHS has tried to make me look like a deadbeat father. I have always paid my support, my daughter's lunches, after school activities, and clothes every year, while her mother does not. Does not feed her breakfast before school. Can't buy her clothes, can't drive her to appointments. When DSHS stops demonizing fathers maybe they will get better!”

“I lost my job. I was trying to get assistance for my rent and stuff like that. They said that I did not qualify since I am not married and do not have children. I went homeless for a little while. At the same time, they are saying they are trying to help us and keep us off the streets.”

THEME | Discrimination based on a client's gender

The 12 clients who reported unfair treatment based on gender were all men.*

Unfair treatment related to being MALE:



Men made all reports of gender bias in this survey. Ten of the 12 clients who reported problems were clients of the Division of Child Support (DCS). Nine of the DCS clients were non-custodial fathers; and one been both a custodial and non-custodial parent. Male clients said that treatment by child support staff can be biased or dismissive. Others said that men have a more difficult time getting social and health benefits.

Unfair treatment reported by FEMALE clients:



No female respondent to the 2017 client survey identified gender as a cause of unfair treatment

LEGEND



THEME | Discrimination based on a client's sexual orientation

Unfair treatment related to SEXUAL ORIENTATION:



One client reported unfair treatment due to sexual orientation. When asked to describe the unfair treatment, the respondent answered, “You will have to talk to me. Too much to put down on paper.” (This client had requested a printed questionnaire.)

LEGEND



* Two additional clients said that they were treated unfairly due to “all of” the factors asked about in the 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?” One talked specifically about age, race and disabilities. The other, a woman, made no further comment. These two respondents are not included in the counts for either gender or sexual orientation due to the difficulty of correctly interpreting their intent.

THEME | Discrimination based on a client's age

Of the 12 clients who reported unfair treatment based on age, seven attributed poor treatment to their youth. Three reported poor treatment based on older age, and two did not specify.

Unfair treatment related to being YOUNGER:



Seven clients under the age of 35 said that social and health services workers were judgmental due to the client's young age, combined with other factors. They described workers who lacked empathy, and who seemed to believe the young clients should be working despite limitations, or should not have so many children at a young age.

Unfair treatment related to being OLDER:



Three clients over 60 years of age felt they had been subjected to age-related discrimination. One of these was upset because a worker thought he should retire at age 63.

Unfair treatment but no mention of age:



Two younger clients indicated that they received unfair treatment due to age, but when asked about this treatment did not mention age. Both reported other reasons for unfair treatment.

LEGEND



Getty Images/iStock

Some younger clients feel that they are unfairly judged because of their youth.

"I am 24 years old and some people think because I am Mexican and young, that I am not really trying as hard as I should. Not everyone mind you, just a few. But they made me feel really bad."

"When I went to CSO office, there was an older lady who was very rude to me and made me feel like I didn't know what I was talking about."

"I felt like they looked down on me since I am so young and had so many kids."

"Because I am a man and not very old, I feel I get treated like I am not trying very hard to better myself."

"When I started on the program I was 18 years old. I felt like they gave me the run around and kept asking for more and more information, I felt like it was because I was so young."

"I was told that there is no way that I have a disability because I was young and healthy. I was denied services because of that."

Older clients voiced several age-related complaints.

"It is just mainly they want things done in ten days or less. And, then I am the one that has to do all the leg work to get it done. I will be 60 in a little while and when I walk into the office with any kind of gray hair or not moving like a younger person...they are impatient. My husband is hard of hearing and needs things repeated."

"Because we are old and have disabilities and the race that we are, they make us wait for services."

"The first woman I dealt with made a suggestion about me just retiring early; she wanted to put me down as 'ineligible.' I felt disrespected, just because of my age. I was treated as an elderly person, which in my eyes, was wrong. I'm not even that old, and it's not anyone's decision but mine."



Getty Images/iStock

Some clients feel that unfair staff treatment can be based on appearance and life circumstance.

“My appearance, people think I am a thug by the way I dress. I am a big guy with a few tattoos and people assume I am a bad guy.”

“The doctor and I are from completely different socio-economic spectrums and he didn't have an understanding of my needs from where I am on the spectrum.”

“When I applied for food stamps she was rude and asked why I was back applying for food stamps when I had been to school.”

“I have an alternate vibe when I walk around. People treated me like they didn't want to work with me. I got shut out.”

Clients spoke of discrimination related to substance abuse or criminal convictions.

“Since I abused drugs, I felt like they looked down upon me.”

“Substance abuse appears as a disability for many people; found some judgmental situations because of that.”

“Biased because of criminal background when I was between 17 and 21.”

“I would say the past convictions I've had made them very short with me.”

Other clients complained about unfair agency policies and procedures.

“On paper it looks like we make a lot of money, when we really don't. So we don't qualify for some services because it looks like that.”

“My daughter broke her arm at daycare. Everyone at DSHS treated me like I was the one who did it.”

“I was denied benefits at first. My kids had no medical or anything. It took forever to get the food stamps too.”

“They won't even let us talk about our religious beliefs, our hope and the fact that we pray for our grandson.”

THEME | Discrimination based on other factors

Twenty-eight clients indicated that mistreatment was at least partly due to reasons other than the specified factors (disabilities, race, gender, sexual orientation, and age). Fourteen respondents named factors related to life circumstances. Nine complained about agency processes and procedures. The remaining five respondents chose “Other” as a source of unfair treatment, but did not specify the nature of the “Other” factor or factors in their comments.

Unfair treatment related to LIFE CIRCUMSTANCE:



Fourteen respondents related their unfair treatment to specific “Other” factors. Their descriptions mainly concerned life circumstances and choices. Clients felt they were treated unfairly or disrespectfully due to factors such as appearance, education, religion, socio-economic status, criminal history, and substance abuse.

Unfair treatment related to PROCESS and PROCEDURES:



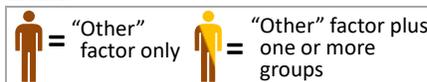
When asked to describe unfair treatment based on “Other” factors, nine respondents complained about social and health service processes and procedures.

Unfair treatment related to PROTECTED GROUPS or UNSPECIFIED:



Five clients chose the “Other” category as one of the sources of their mistreatment, but did not mention the nature of this other factor. Four referred only to one of the protected groups in their narrative comments. One did not explain at all.

LEGEND

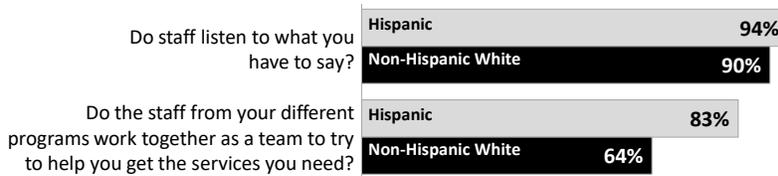


Racial/ethnic differences in structured questions

Most of this chapter examines diversity issues through client comments and responses to a diversity-specific question. Structured survey questions (with Agree or Disagree answers) also help us look at differing response patterns among racial or ethnic groups.*

In 2017, there were statistically significant** differences between racial/ethnic groups on two out of 20 structured survey questions. Hispanic respondents were more satisfied with staff’s listening and teamwork than non-Hispanic Whites. This is a relatively small number of significant contrasts, compared to 2015 when there were nine statistically significant differences between racial/ethnic groups.

Hispanic respondents were significantly more satisfied** than non-Hispanic white respondents on two questions.



* 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.



Getty Images/iStock

Some white clients feel that minority clients get better assistance.

“Seems like he’s always the last to be seen because others with Spanish-speaking language are seen first.”

“When my husband and I first applied we felt we were ignored and put to the back of the line in the application process. We live in the Tri-Cities and I honestly feel the Latino/Hispanic applicants received services quicker. Once my husband and I divorced and I applied as a single mother, the process was better.”

“Sometimes, there are people who definitely take advantage of the system. I feel that many minorities get a lot more services and help paying their bills. Benefits should be available the same across the board.”

Listening is an issue for many clients, especially for those with disabilities.

“They do not understand her and what she is asking for. She has trouble hearing and understanding what they are asking her.”

“She’s very complicated and on the edge so she is discounted, and yet her needs are plentiful.”

“I need benzodiazepines very badly. They are the only things that have worked for me and I can’t get anyone to listen to me. I know they can be addictive, but they are the only things that work and keep me sane.”

“Sometimes I get depressed and I think the state takes it too lightly.”

“I feel like I’m being pushed into it. (Mental Health). The nurses are pushy.”

“The case worker was just completely unwilling to listen to my problems, and shrugged them off. Wouldn’t acknowledge my disability.”

Who are the Respondents?



Photos from Getty Images. ROW 1 = Ron Chapple Stock, iStock, iStock, iStock, iStock. ROW 2 = iStock, Digital Vision, iStock, iStock, iStock. ROW 3 = iStock, Digital Vision, iStock, iStock, iStock.

Respondent Profile

1,229 clients completed the 2017 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 **77%** and the cooperation rate was **91%**
- 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 **38 years**
- **36%** of respondents identified themselves as members of a racial/ethnic minority group
- **51%** of respondents were female



Getty Images/iStock

Number of clients asked about each program in 2017

Clients served by more than one program were asked about every DSHS service used



Child Support
*Custodial (184) and
Non-Custodial (150)*



Mental Health



Children's Administration



Substance Use Disorders



Vocational Rehabilitation



Developmental Disabilities



Aging and Long-Term Support



Program Representation

More than 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 2016.

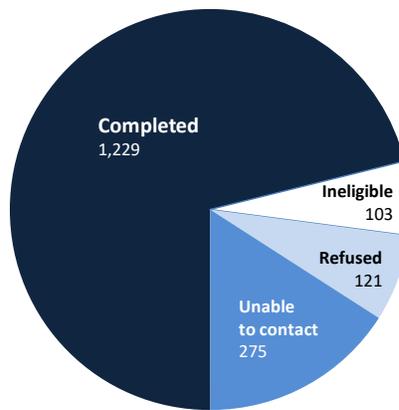
Over half of social and health service clients use more than one program, so each person interviewed was asked about every social or health service used from April 2015 to March 2016. Thus, a client who was selected from among those receiving economic services might also be asked about the medical assistance and vocational rehabilitation services received between April 2015 and March 2016.

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. More than half of the 1,229 clients in the survey had used the most widely utilized programs: Apple Health/Medicaid and Economic Services.

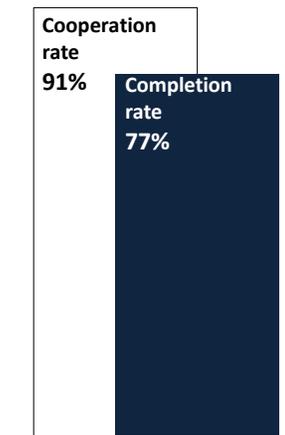
Cooperation and Completion Rates

The completion rate was 77% of sampled clients. Of the clients who could be contacted, 91% completed the survey.** These response rates are very high for any survey, but are especially remarkable for a survey involving the particularly challenging and often transient population of social and health service clients.

How clients responded
TOTAL SELECTED = 1,728



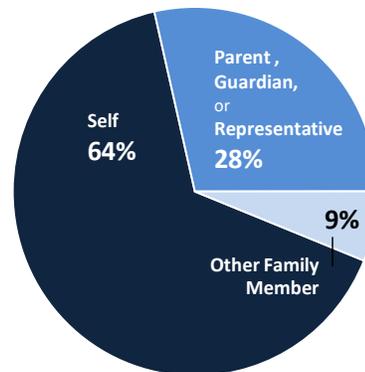
Response rates



* 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. 213 clients were chosen from the Child Support caseload (106 custodial and 107 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 36 percent of the cases, the client selected for the survey was a child or youth (age 17 or under) or was otherwise unable to complete the survey. In these cases, a parent, guardian, caregiver, family member or other representative who deals with social and health service programs was asked to complete the survey.



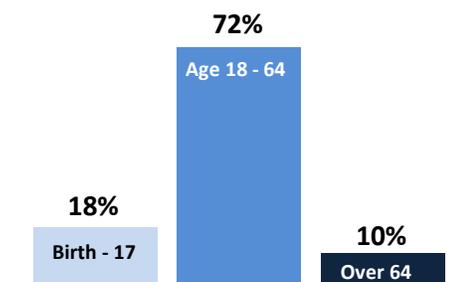
Client Characteristics

Age

Clients' ages ranged from early childhood through late adulthood:

- 18 percent of the clients in the survey were children
- 72 percent were working-age adults
- 10 percent were older adults

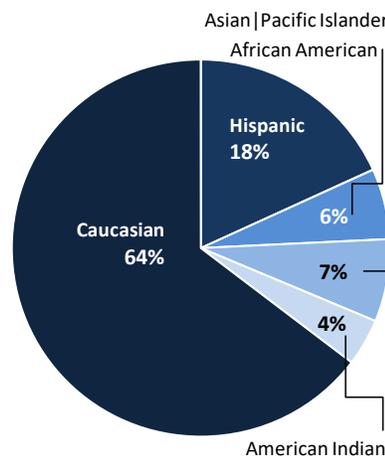
The average age was 38 years.



Race | Ethnicity

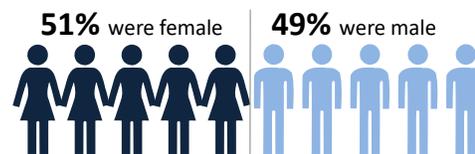
Clients were asked what racial and ethnic group best describes them. In the chart at right, all clients of Hispanic ethnicity are categorized as Hispanic, regardless of racial identification. Thus, for example, the Caucasian category consists of non-Hispanic Caucasians, and the American Indian group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

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



Gender

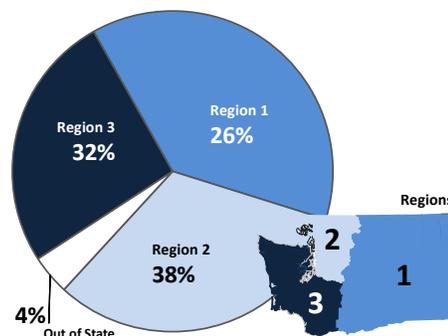
51% of clients were female and 49% were male.



Geography

Clients were more likely to live on the west side of the state:

- 26% lived in Region 1, in Eastern Washington
- 38% lived in Region 2, in Northwestern Washington
- 32% lived in Region 3, in Southwestern Washington
- 4% lived out of state





Getty Images/iStock

2017 Social and Health Services
Client Survey
Our Clients Speak





Getty Images, iStock

Contents

APPENDIX A:	Methods
	Purpose of the Survey
	Survey Instrument
	Previous Changes in the Survey
	Sample
	Sampling Considerations
	Eligibility Factors
	Interview Methods
	Response Rate
	Analysis and Weighting
APPENDIX B:	Cooperation and Completion Rates
APPENDIX C:	Survey Questions
APPENDIX D:	Survey Instrument
APPENDIX E:	Weighting
APPENDIX F:	Responses by Client Sub-Group
APPENDIX G:	Responses by Program Sub-Group
APPENDIX H:	Themes from Narrative Questions: Detail and Glossary

Methods



Getty Images, iStock

Purpose of the Survey

The Washington State Department of Social and Health Services (DSHS) and Health Care Authority (HCA) are committed to continuous quality improvement in services to their customers, the residents of Washington State. Agency leadership commissioned this recurring client survey in order to systematically incorporate customer feedback into the agency's strategic planning process. This survey assesses clients' satisfaction with social and health service programs and provides guidance to agency leadership for planning and risk management.

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

Survey Instrument

A cross-department survey team led by the DSHS Research and Data Analysis (RDA) Division developed the core set of survey questions for the first Client Survey in 2001, when Medicaid was still a program within DSHS. RDA staff completed an extensive review of the customer satisfaction literature and collected samples of customer satisfaction surveys from programs and regions throughout DSHS. The survey team used these reviews to identify the key attributes of client services to be addressed. The final instrument addresses the major client satisfaction attributes identified by the team. The first 17 questions refer to specific programs. Lead-ins to the questions help clients identify what services they have received from that specific program, and the questions themselves are customized to reflect the specific program and the respondent's relationship to the client (self, parent, guardian, family member, etc.).¹ Thus, the survey completed by each respondent is customized to reflect the identified client's service usage and the respondent's relationship to the client. Clients who utilize more than one program answer the 17 program-specific questions several times—once for each program utilized. The final drafts of the lead-ins and questions were reviewed by agency leadership, each program, and the survey team, and were pre-tested several times. A special effort was made to craft questions that are easy to comprehend. Other questions address system-wide issues. Complete lists of survey questions can be found in Appendices C and D.

Previous Changes in the Survey

The standard survey questions have remained fairly stable since the first Client Survey in 2001. There were no changes to the standard questions in 2017.

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

- Change from using statements (“It is easy to get services from the program.”) to questions (“Is it easy to get services from the program?”).
- Change in standard response alternatives. In previous surveys, the standard response choices were: Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree. In the 2007 survey, the choices were changed to: Strong Yes, Yes, Neutral, No, Strong No.

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

- Change in wording for one of the coordination questions. The old question was: “Someone from DSHS helps me with all of my services.” This question was confusing for many clients; it was not clear whether “someone” referred to a single person or multiple persons. The replacement question was: “Do staff from your different social and health service programs work together as a team to try to help you get the services you need?”
- Addition of another question on telephone access, reflecting the trend toward call centers: “When you call [Program Name], is it easy to get to a live person when you need to?”
- Addition of a trial question about discrimination at the end of the survey with a follow-up open-ended question for those who answer “yes.”
- Addition of non-custodial parents who are DCS clients to the survey sample (custodial DCS parents were added in 2005).

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

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

2015 Changes. No standard questions were added or removed in the 2015 survey. Several revisions were made to reflect organizational changes.

- Some questions formerly asked with respect to the Aging and Disability Services Administration were changed to reflect that Administration’s division into three entities in 2013. References to ADSA-DD (Developmental Disabilities) and ADSA-DBHR (Mental Health) were unchanged, as the questionnaire language did not specify the Administration involved. References to “Aging and Adult Services” (ADSA) were changed to “Aging and Long-term Support” (AL TSA). The Division of Vocational Rehabilitation was transferred to the Juvenile Justice and Rehabilitation Administration (JJRA). Medicaid services were transferred from DSHS to the Health Care Authority as Apple Health.
- Several revisions were made to questions concerning the Health Care Authority (Medicaid):
 - In all questions, “Medicaid” was changed to “Apple Health/Medicaid.”
 - In the introductory script, the definition of a medical provider was changed to “all doctors, nurses, or other therapists who were paid by the state.”
 - The question about using Apple Health/Medicaid insurance was revised: “Have you used your state Apple Health or medical insurance to get medical or dental services in the past two years? Or does anyone else in your household get medical services from Apple Health or Medicaid?” [If needed] “Has the state paid for any part of your medical care in the past two years? Is it possible that you used Apple Health, Medicaid or other state programs like CHIP, Healthy Options or Basic Health to get that care?”
 - The question about calling the toll free Apple Health/Medicaid number was substantially revised to: “We want to know if you have called the Apple Health/Medicaid 800 number in the past two years. This phone number is found on the back of your Apple Health Medicaid Services Card and in mailings from Apple Health. The Services Card is the blue card with the Washington State seal and “Provider One” on the front. Have you called the Apple Health/Medicaid 800 number in the past two years?”

- The question “Did you and your family help make plans and set goals about medical services?” was changed to “Did you and your family help your medical providers make plans and set goals about your health and health services?”
- Questions about Urgent Care were substantially revised: “In the last 6 months, did you (client) ever need care right away for an illness, injury, or condition?” [IF YES] “Did you go somewhere other than the Emergency Room?”
- Questions referring to a “personal doctor” were changed to “a personal doctor or nurse.”
- The question about discrimination, first introduced in 2007, was edited slightly to reflect organizational changes, substituting “DSHS or Health Care Authority” for “social and health services.”

Sample

RDA staff generated the stratified random sample using the Client Services Database (CSDB), which contains client service data from all social and health service programs, supplemented by the FAMLINK case management system. For each of the 10 identified client programs^{2,3,4} listed below, they drew a random sample of all clients who received services from that program between April 1, 2015 and March 31, 2016. Sufficient clients were selected to reach the goal of at least 100 completed surveys from clients selected from each program area. Additional clients were oversampled from programs with the largest share of the population, to ensure appropriate representation in the sample while reducing the impact of weighting on sample precision (sample sizes by program are shown in Appendix B, page 12). Programs sampled include:

- Aging and Long-Term Support Administration
 - Long Term Care—Home and Community and Residential Care Services Divisions
- Behavioral Health Administration
 - Division of Behavioral Health and Recovery³
- Children’s Administration (All Children’s programs)
- Developmental Disabilities Administration (All programs)
- Economic Services Administration
 - Community Services Division
 - Division of Child Support, Custodial and Non-Custodial Parents⁴
- Health Care Authority
 - Apple Health (Medicaid)
- Rehabilitation Administration
 - Division of Vocational Rehabilitation

² Clients are not selected from the juvenile caseload of the Rehabilitation Administration (RA). Experience has shown that a survey administered after youth are released from supervision is not an effective or representative method to obtain RA client feedback. RA conducts surveys while youth are under their supervision. The Division of Vocational Rehabilitation is now under RA, and these clients continue to be represented in the survey.

³ Clients of Mental Health and Substance Use Disorder programs were sampled as two groups.

⁴ Custodial and Non-Custodial Parents were sampled as two groups.

Sampling Considerations

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

- If a client selected in the initial samples drawn from the Division of Behavioral Health and Recovery was between the ages of 13 and 17 years old, that client was not included in the sample. This decision protects client confidentiality, since youth between the ages of 13-17 are able to access mental health and substance abuse services without parental knowledge or consent. When clients between the ages of 13 and 17 were selected from other programs, such as Economic Services Administration or the Health Care Authority, these clients were included in the survey, but no questions were asked about mental health or substance abuse services.
- Only adult clients (age 18 and older) were selected in the sample from Children’s Administration (CA). As described previously, throughout the survey, parents or caregivers answered questions about services for children under the age of 18. The selection of adult CA clients ensured that all families receiving services from CA could be selected to participate in the survey, because the CA database is organized by families and always includes co-residing parents. Survey questions regarding CA inquired about services for all family members. In some cases, children who were selected as part of the survey sample from other program areas (for example, the Developmental Disabilities Administration) also had received services from CA. In those cases, the responsible adult was asked about all DSHS services the selected child received, including services from CA.
- The Children’s Administration sample was taken from the best available list of CA’s clients, which is partially derived from the agency-wide Client Services Database (CSDB), but supplemented from other sources. More complete information was available in 2017 than in 2015, so the make-up of this sample continues to change from year to year.

Eligibility Factors

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

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

Interview Methods

Telephone interviews began on October 3, 2016 and ended on May 12, 2017. When necessary, more than 20 attempts were made to contact each member of the sample. Before the interviews, survey staff sent all sample members a prior notification letter that: (a) informed the client that an interviewer would be calling, (b) assured the client that all survey data would be confidential and not personally identifiable, (c) emphasized that the interview would be voluntary and would not affect the client's status or benefits in any way, (d) told the client that all respondents who completed the survey would be entered in a random drawing to win one of twelve \$250 grocery certificates, and (e) provided a toll-free number to call to decline participation in the study. Clients or their representatives were afforded an opportunity to send or call in their correct address and phone number and to request survey administration in a language other than English. If the client was a child (under 18 years of age) or an adult incapable of completing the interview accurately (due to cognitive or physical disabilities), then letters (and subsequent phone calls) were made to the person who acts as decision-maker for the client and/or interacts with social and health service programs on the client's behalf.

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

Most of the telephone interviews were conducted from the RDA Management Information and Survey Research office in Olympia, using a Computer-Assisted Telephone Interviewing (CATI) system created using SurveyMonkey®. The CATI system displays survey questions on a computer monitor, making it possible for the interviewer to read the question to the client and enter the response directly into the survey database. No identifying data are entered into the CATI system. When a translator was required, the RDA interviewer used a 3-way phone call to administer the survey with the assistance of an interpreter from a contracted service (Pacific Interpreters).

Response Rate

The overall cooperation rate for the survey was 91% and the completion rate was 77%.⁵

These response rates are extraordinarily high for any survey, but are especially remarkable for a survey involving the particularly challenging population of DSHS and HCA clients. The main difficulties encountered in locating clients and completing interviews were:

- Many social and health service clients are transient and do not maintain a permanent residence. This is particularly common among young adult clients (18 to 21 years old) who have recently been released from foster care or substance abuse programs.
- Like many people, social and health service clients may screen their calls and do not always respond to survey calls.
- Most social and health service clients have low incomes, and a number do not have home phones. (Unlike most telephone surveys, this survey included selected respondents without residential telephones in the sample and response rate calculations.)
- Some of the older adult clients receiving Aging and Disability Services were too fatigued to complete the survey, or found listening and responding too demanding.
- Some clients dealing with substance abuse, mental health issues, developmental disabilities, age-related concerns, or other problems may have difficulty understanding survey questions, or may find them to be intrusive.

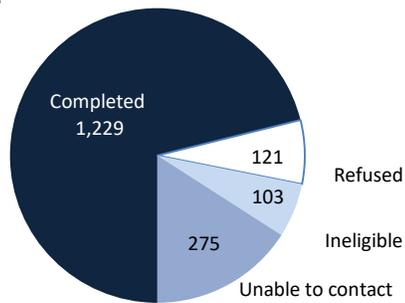
⁵ The cooperation rate is the ratio of the number of completed interviews to the number of eligible respondents who were actually contacted. The completion rate is the ratio of the number of completed interviews to the total number of potential respondents who are deemed eligible to complete the interview.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

Surveyors employed a number of measures to maximize response rates.

- **Skilled staff.** The telephone survey team includes experienced interviewers who were chosen for their survey experience, and are mostly retired DSHS employees who had spent many years locating social and health service clients as part of Quality Assurance investigations and other DSHS business. These interviewers are highly skilled at using administrative records, the Internet and other public sources to find a client’s current address and phone number.
- **Advance notice.** Before clients were contacted by phone, we mailed a letter to them explaining the survey, stressing the importance of this opportunity to provide feedback, and assuring them of confidentiality. The letter also gave them an opportunity to send in updated phone numbers and addresses, and best times to call.
- **Incentives.** All clients who completed the survey were entered in a drawing for \$250 grocery certificates. They were informed of this opportunity in the initial letter and at the time of the interview. Clients who answered survey questions about five or more programs were also offered a \$20 grocery store gift certificate.
- **Multiple attempts.** Interviewers attempted to reach clients at many different times, and made 20 or more attempts to reach each client. Upon reaching voice mail, interviewers left a message asking the client or representative to call them at a toll-free number (no more than one message within seven days).
- **Alternate contact methods.** Clients were given a toll-free number so that they could call in and complete the survey. Interviewers also worked with caseworkers, relatives and neighbors to make arrangements to administer the survey to clients at convenient times and locations. These strategies were particularly useful for clients who did not have a home phone.
- **Languages.** If selected clients spoke languages other than English, staff administered the telephone survey in a 3-way conversation with interpreters from Pacific Interpreters. Respondents were contacted using 24 languages: English, Amharic, Arabic, Armenian, Bosnian, Burmese, Cantonese, Castilian, Farsi, Khmer, Korean, Laotian, Mandarin, Portuguese, Punjabi, Russian, Samoan, Somali, Spanish, Tagalog, Taishanese, Ukrainian, and Vietnamese.

How clients responded

TOTAL = 1,728



RESPONDENTS

The chart at left shows the disposition of all those clients selected for the survey. To meet the goal of 100 completed surveys for each of the ten different programs, 1,728 clients were randomly selected as the survey sample. Of those, 1,229 people completed the telephone survey. 275 of the selected clients could not be reached. Of those who could be reached, 121 refused to complete the survey. Also, 103 of the selected people were found to be ineligible for the survey. Appendix B shows completion and cooperation rates for all programs.

Analysis and Weighting

Survey data were analyzed using SAS and Microsoft Access software. In order to obtain system-wide results, clients’ responses were weighted according to each client’s service profile (the specific combination of services that the client used), so that the final weighted sample reflects the service usage of all social and health service clients.⁶ The weighting table is displayed in Appendix E.

An additional type of weighting was used to combine program-specific questions into an “All Program” response for this summary report. When a client is served by multiple programs, that client might answer the same question differently for each program. For example, a client might strongly agree it is easy to get Economic Services, but disagree that it is easy to get Mental Health Services. The answers pertaining to all of a respondent’s programs are averaged to give a single “all program” answer to each question for that respondent.

⁶ For example, 1% of all social and health service clients get services from this combination of programs: Aging and Long Term Support, Economic Services, and Medical Assistance. For system-wide analyses, the 63 responses from people who used this combination of programs were weighted so that they comprise 1% of the survey response total.

Cooperation and Completion Rates



Getty Images/iStock

Cooperation and Completion Rates¹

		Vocational Rehabilitation										
		Behavioral Health Administration – Mental Health										
		Medical Assistance (Health Care Authority)										
		Economic Services Administration – Community Support Division										
		Developmental Disabilities										
		ESA – Division of Child Support – Custodial Parents										
		ESA – Division of Child Support – Non-Custodial Parents										
		Behavioral Health Administration – Substance Use Disorders										
		Children’s Administration										
		Aging and Long-Term Services Administration										
	TOTAL	AL TSA	CA	CD	DCS-N	DCS-C	DD	ESA	MA	MH	VR	
A	Survey Completed	1,229	104	108	103	106	107	104	152	233	104	108
B	Refusal	121	4	12	13	10	5	2	17	22	22	14
C	Subtotal: Found Eligible (A + B)	1,350	108	120	116	116	112	106	169	255	126	122
D	Found Ineligible	103	16	8	28	17	3	6	4	7	11	3
E	Subtotal: All Found (C + D)	1,453	124	128	144	133	115	112	173	262	137	125
F	<i>Percent found ineligible (D/E)</i>	7%	13%	6%	19%	13%	3%	5%	2%	3%	8%	2%
G	No Contact	275	1	24	56	60	30	13	22	41	18	10
H	<i>No Contact/Estimated to be ineligible (FxG)</i>	19	0	2	11	8	1	1	1	1	1	0
I	Subtotal: All Eligible (C+G-H)	1,606	109	143	161	168	141	118	190	295	143	132
J	Total in Sample (E+G)	1,728	125	152	200	193	145	125	195	303	155	135
K	COOPERATION RATE² (A/C)	91%	96%	90%	89%	91%	96%	98%	90%	91%	83%	89%
L	COMPLETION RATE³ (A/I)	77%	96%	76%	64%	63%	76%	88%	80%	79%	73%	82%

¹ Clients often receive services from several programs. For the purposes of response rate calculations, clients were categorized by the program from which the sample was drawn. So, in this chart, each client appears in the count for only one program.

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

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

Survey Questions



Getty Images/iStock

Survey Questions

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

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

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

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

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

19. Thinking of all (or "both of") the programs together, have they done good work?

Three **open-ended questions** were asked of all respondents to gain a sense of clients' experiences with social and health services:

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

Changes in references to DSHS Administrations.

- The Behavioral Health and Service Integration Administration (BHSIA) was renamed as the Behavioral Health Administration (BHA).
- The Juvenile Justice and Rehabilitation Administration (JJRA) was renamed as the Rehabilitation Administration (RA).

Changes to presentation of standard questions.

- Noncustodial parents were asked with two questions that had previously been suppressed for this group: “Do you know what Child Support services there are for you and your family?” and “Did Child Support staff understand your needs?”

Revisions to Health Care Authority questions.

In addition to the questions outlined above, several “customized” questions were revised for medical assistance clients in order to improve comprehension and account for changes in programs and terminology.

The question about a client’s personal doctor was simplified:

- A personal doctor is the one you would see if you need a check-up, or get sick or hurt. Do you have a personal doctor or nurse?

The question about the amount of time one waits before trying to get care and actually seeing a provider was changed to be more specific to urgent care:

- How long did you have to wait between trying to get urgent care and actually seeing a provider?

References to medical “coupons” have been removed.

References to Healthy Options and Basic Health have been removed.

Survey Instrument



Getty Images/iStock

Survey Instrument

Introduction¹

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

Hello, this is <<Interviewer Name>>.

I have been asked by the Department of Social and Health Services and Health Care Authority to talk with people who have had contact with them about how well they serve the citizens of our State. You should have received a letter explaining this survey.

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

You have been randomly chosen from all of the people who have received social and health services from the state.

Your participation is completely voluntary but is very important to us. We want to make sure the sample represents all the people who may come in contact with social and health services.

Whether or not you participate in the survey will not affect any services you may receive from DSHS or HCA. We promise that no one from the social and health service programs that serve you will know how you answered. Reports about the survey will not include any names.

We want you to be comfortable telling us how you really feel. Please feel free to ask questions at any time.

If I come to any question that you prefer not to answer, just let me know and I will skip over it.

[If respondent is a parent, family member, guardian, or other decision-maker, say:]

You have been selected to receive this survey because you have helped deal with agencies or make decisions for <<Client Name>>.

We would like to ask about any experiences you may have had with DSHS or Medicaid while helping <<Client Name>>.

Relationship of Person being interviewed to Client:

- Self
- Parent
- Spouse
- Other Family Member – Same Household
- Other Family Member – Not Same Household
- Guardian, or other non-family decision-maker
- Foster Parent
- Other Non-Family Caregiver (NOT decision-maker)

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

Survey Instrument

DDA (Developmental Disabilities Administration)

First/Now I'd like to ask you about your experience with DDA, the Division that helps persons with developmental disabilities. We see that you have been helped by DDA in the last two years. Some of the services they may have provided you are:

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

Have you had any services like that in the past two years? Is it possible that these services may have been sponsored by DDA?

Denies Contact with DDA

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

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

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

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

Survey Instrument

DVR (Division of Vocational Rehabilitation)

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

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

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

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

Have you had any services like that in the past two years? Is it possible that these services may have been sponsored by DVR?

Denies DVR Contact

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

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

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

Survey Instrument

AL TSA (Aging & Long Term Support)

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

[If initially denies Aging & Long Term Support contact, go on with this explanation before you mark "Denies contact."]

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

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

Have you had any services like that in the past two years? Is it possible that these services may have been sponsored by Aging & Long Term Support?

Denies AL TSA Contact

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

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

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

Survey Instrument

Apple Health/Medicaid

First/Now I'd like to ask you about your experience with Apple Health or Medicaid, the programs where the state pays for your medical insurance. Have you received medical insurance from Apple Health or Medicaid or another state-paid program over the last two years?

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

- You might get this insurance from a health care plan like Molina, Community Health Plan, Coordinated Care, United Health Care, or Amerigroup.
- You might have gotten health insurance or services through a program like CHIP, SSI, pregnancy medical, spenddown, or family medical.
- Sometimes Medicaid has paid part of your Medicare costs.

EXPLAIN THAT: WE WILL CALL ALL OF THESE "APPLE HEALTH OR MEDICAID" IN THE SURVEY

- Yes
- No – Denies Apple Health/Medicaid/other state-paid health insurance

We want to know if you have called the Apple Health/Medicaid 800 number in the past two years. This phone number is found on the back of your Apple Health Medicaid Services Card and in mailings from Apple Health. The Services Card is the blue card with the Washington State seal and "Provider One" on the front. Have you called the Apple Health/Medicaid 800 number on the back of your blue Apple Health/Medicaid card in the past two years?

[If they seem confused – explain:]

You usually get two insurance cards when you enroll in Apple Health or Medicaid.

- The blue card that says "Provider One" is the Services Card which shows you have state health insurance. You can use this card to check that your enrollment has started or change health care plans. We want to know if you have called the number on the back of THIS card.
- Most people ALSO get a card from their insurance plan (a plan like Community Health Plan of Washington). We are NOT asking right now about talking directly to your plan.

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

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

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

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

- Yes. Skip question A below
- No. Answer question “A” before continuing on
- A. Why don’t you (client) have a personal doctor or nurse? [Check all that patient mentions]
 - Didn’t need one
 - Haven’t looked for one
 - I had one, but no longer available (retired, moved, closed practice, won’t take me anymore, etc.)
 - Can’t find one that takes my Apple Health (Medicaid) insurance
 - I have a clinic I go to, but I see whatever doctor is on call or available
 - Other *Please specify for “Other”:*

In the last 6 months, did you (the client) ever need care right away for an illness, injury or condition?

[If no, check “No” below and continue to next page]

[If yes] Did you go somewhere other than the Emergency Room? [Please note: Urgent Care qualifies as “somewhere other than the Emergency Room.”]

- No – You never needed care right away OR No – You went to the Emergency Room. Skip question below**
 - Yes – You needed care right away AND Yes – You went somewhere other than the Emergency Room. Continue**
- Volunteered comments – don’t ask:**

→ For your last appointment with your personal doctor, how long did you usually have to wait between trying to get care and actually seeing a provider?

- Same day**
- 1 day**
- 2 days**
- 3 days**
- 4-7 days**
- 8-14 days**
- 15-29 days**
- 30 days or longer**
- Never saw my personal doctor**

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

In the last 6 months, did you try to make any appointments to see a specialist?

- No. Skip question below**
 - Yes. Continue**
- Volunteered comments – don’t ask:**

→ How long did you usually have to wait between trying to get care and actually seeing a specialist?

- Same day**
- 1 day**
- 2 days**
- 3 days**
- 4-7 days**
- 8-14 days**
- 15-29 days**
- 30 days or longer**
- Never got the specialty care I tried to get**

Have you used your state Apple Health or Medicaid medical insurance to get medical or dental services in the past two years? Or does anyone else in your household get medical care from Apple Health or Medicaid?

[If they seem unsure, probe further.] Has the State paid for any part of your medical care in the past two years? Is it possible that you used Apple Health, Medicaid, or other state programs like CHIP to get that care?

- Yes**
- No**

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

APPENDIX D—Survey Instrument

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

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

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

Survey Instrument

ESA (Economic Services Administration)

First/Now I'd like to ask you about your experience with Economic Services, the Division that sends money and food stamps from the State to individuals and families and also runs the WorkFirst program to help people getting state money find and keep jobs. When you talk to someone from Economic Services you usually call or go to a CSO, which is a Community Services Office. Have you talked to someone at ESA or received services from ESA over the last two years?

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

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

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

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

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

Denies ESA Contact

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

- Yes
 No

APPENDIX D—Survey Instrument

I'd like to ask some questions about your experiences with Economic Services over the past two years. When we ask about Economic Services we are asking about the people who send you or your family State money or food stamps or run WorkFirst. This generally means the CSO staff, which might include your financial worker, case manager, or social worker. For each question please give one of these 5 answers: Strong Yes, Yes, Neutral, No, or Strong No.

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

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

Survey Instrument

BHA-MH (Mental Health)

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

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

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

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

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

Denies MH Contact

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

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

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

Survey Instrument

DCS (Division of Child Support)—Non Custodial Parent

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

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

- Division of Child Support collects money from one parent and sends it to whoever has custody of the child.
- Or they sometimes collect money to repay the State for supporting a child.
- You also could have had contact with Division of Child Support because they tried to help you get child support payments or tried to get you to pay child support.
- Sometimes the Division of Child Support still works on getting child support payments long after the child is out of the home receiving the payments.

[If they still deny DCS interaction]

Denies DCS Contact

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

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

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

Survey Instrument

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

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

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

- Division of Child Support collects money from one parent and sends it to whoever has custody of the child.
- You also could have had contact with Division of Child Support because they tried to help you get child support payments or tried to get you to pay child support.
- Sometimes the Division of Child Support still works on getting child support payments long after the child is out of the home receiving the payments.

[If they still deny DCS interaction]

Denies DCS Contact

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

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

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

Survey Instrument

BHA-SUD (Substance Use Disorder)

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

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

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

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

Unless you paid for this kind of service entirely by yourself or got it at the VA, the Alcohol and Substance Use Disorder program probably contributed money for your care. Is it possible that you might have had drug or alcohol services paid for or partly paid for by Substance Use Disorder?

Denies SUD Contact

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

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

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

Survey Instrument

CA (Children's Administration)

Note to Interviewers: The formal name of this program is "Children's Administration" although few of our clients would recognize that name. Most of the services we ask about come under the Division of Child & Family Services (DCFS), but a few come under the Division of Licensing Resources (DLR).

First/Now I'd like to ask you about your experience with Child and Family Services, the program that provides social services to children and families, such as helping families with run-away or difficult teens, looking into reports of child abuse or neglect, or providing child care, foster care and adoption support. Have you talked to someone at Children's Services or received services from Children's Services over the last two years?

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

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

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

Have you had any services like that in the past two years? Is it possible that these services may have been sponsored by Children's Administration?

[If parent does not know whether child has had any services and/or is not personally familiar with these services, try to find out whether there is another family member or decision-maker who is more familiar.]

Get GOOD name, address, and phone numbers. We may replace this respondent with a more knowledgeable one]

Denies CA Contact

APPENDIX D—Survey Instrument

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

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

Survey Instrument

CONCLUDING QUESTIONS

47. The next set of questions is based on the number of services received by the client:

- Client received services from only ONE program
- Client received services from TWO (2) programs
- Client receives services for THREE or more (3+) programs
- Client denies ANY contact with services

Clients receiving services from TWO (2) programs ONLY:

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

	Strong YES!	Yes	Neutral	No	Strong NO!	Don't Know	Refuse	Does Not Apply
Thinking of both programs together, have your social and health service programs done good work?	<input type="checkbox"/>							

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

We have talked about services you get from these programs—[name Program 1, name Program 2, name Program 3, etc.]

	Strong YES!	Yes	Neutral	No	Strong NO!	Don't Know	Refuse	Does Not Apply
Do social and health services make sure all your services work well together?	<input type="checkbox"/>							
Do the staff from your different social and health service programs work together as a team to try to help you get the services you need?	<input type="checkbox"/>							
Thinking of all the programs together, have your social and health service programs done good work?	<input type="checkbox"/>							

CONCLUDING QUESTIONS—ALL Participants

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

First, what do you like best about dealing with social and health services programs?

What is one thing social and health services can do to improve services?

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

 Years

[If doesn't answer age]

- Refuses
- Don't Know

What is your [the client] gender? **[DON'T READ OPTIONS]** If needed: **"We understand that not everyone identifies as male or female. We are asking people how they describe themselves in order to find out the best way to ask this question."**

- Male
- Female
- Other (please specify)

Are you [the client] Hispanic or Latino?*

- Yes
- No
- Don't Know
- Refuse

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

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

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

Please specify for "Other":

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

- Yes (continue)
- No (skip both questions below)

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

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

Could you please tell us about the unfair treatment?

Since January 2015, which Washington State county have you (the client) lived in the longest? **Please specify for "Other" (City, State if outside WA):**

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

Weighting



Getty Images/iStock

Weighting

Clients’ responses were weighted according to each client’s service profile (the specific combination of services that the client used), so that the final weighted sample reflects the service usage of all social and health services clients.

The table below shows weighting for the combination of programs utilized in the left-hand column. For example, the highlighted row of the chart (AEM) shows that 49 clients in the completed sample used Aging and Long Term Support, Economic, and Apple Health/Medicaid services (3.987% of the 1,229 completed surveys). In the total population of all social and health services clients from April 2015 to March 2016¹, 31,880 (1.1893% of the total) used this combination of services. The responses of the 49 survey respondents were weighted by a factor of 0.2983. Thus, in the weighted sample 14.6164 of the 1,229 respondents utilized the combination of Long Term Care, Economic, and Medical Services – comprising 3.987% of the sample population. The proportion of clients with this service profile in the weighted sample equals the proportion with this service profile in the overall social and health services population.

Programs	SAMP_N	SAMP_PC	POP_N ¹	POP_PC	WT	WT_N	
A	1	0.0814%	1,208	0.0451%	0.5538	0.5538	PROGRAMS: A: Aging and Long Term Support C: Children’s Administration D: Developmental Disabilities E: Economic Services H: Mental Health M: Medical Assistance (HCA) S: Substance Use Disorder V: Vocational Rehabilitation Z: Child Support - Custodial X: Child Support—Non-custodial
ACEHMOVZ	1	0.0814%	6	0.0002%	0.0028	0.0028	
ACEMX	1	0.0814%	24	0.0009%	0.0110	0.0110	
AE	1	0.0814%	451	0.0168%	0.2068	0.2068	
AEHM	21	1.7087%	7,817	0.2916%	0.1707	3.5840	
AEHMOV	3	0.2441%	145	0.0054%	0.0222	0.0665	
AEM	49	3.9870%	31,880	1.1893%	0.2983	14.6164	
AEMZ	1	0.0814%	1,363	0.0508%	0.6249	0.6249	
AHM	10	0.8137%	4,178	0.1559%	0.1916	1.9155	
AM	34	2.7665%	25,939	0.9677%	0.3498	11.8926	
AMV	1	0.0814%	86	0.0032%	0.0394	0.0394	
AMZ	1	0.0814%	223	0.0083%	0.1022	0.1022	
C	58	4.7193%	52,024	1.9408%	0.4112	23.8521	
CDEV	1	0.0814%	1	0.0000%	0.0005	0.0005	
CDHM	1	0.0814%	256	0.0096%	0.1174	0.1174	
CDMV	1	0.0814%	27	0.0010%	0.0124	0.0124	
CE	4	0.3255%	5,093	0.1900%	0.5838	2.3350	
CEHM	4	0.3255%	10,516	0.3923%	1.2053	4.8214	
CEHMS	1	0.0814%	1,131	0.0422%	0.5185	0.5185	
CEHMSX	5	0.4068%	834	0.0311%	0.0765	0.3824	
CEHMSZ	7	0.5696%	1,584	0.0591%	0.1037	0.7262	
CEHMX	1	0.0814%	1,142	0.0426%	0.5236	0.5236	
CEHMZ	7	0.5696%	2,893	0.1079%	0.1895	1.3264	
CEM	12	0.9764%	50,666	1.8901%	1.9358	23.2295	
CEMS	3	0.2441%	1,694	0.0632%	0.2589	0.7767	
CEMSX	4	0.3255%	1,402	0.0523%	0.1607	0.6428	
CEMSZ	5	0.4068%	2,073	0.0773%	0.1901	0.9504	
CEMVZ	1	0.0814%	85	0.0032%	0.0390	0.0390	
CEMX	5	0.4068%	4,327	0.1614%	0.3968	1.9839	
CEMZ	11	0.8950%	11,300	0.4215%	0.4710	5.1808	
CEZ	3	0.2441%	1,848	0.0689%	0.2824	0.8473	
CM	6	0.4882%	25,572	0.9540%	1.9541	11.7243	
CMSX	2	0.1627%	174	0.0065%	0.0399	0.0798	
CMZ	1	0.0814%	1,706	0.0636%	0.7822	0.7822	
CX	2	0.1627%	4,820	0.1798%	1.1049	2.2099	
CZ	9	0.7323%	5,637	0.2103%	0.2872	2.5845	
D	5	0.4068%	10,206	0.3807%	0.9359	4.6793	

PROGRAMS:
A: Aging and Long Term Support
C: Children’s Administration
D: Developmental Disabilities
E: Economic Services
H: Mental Health
M: Medical Assistance (HCA)
S: Substance Use Disorder
V: Vocational Rehabilitation
Z: Child Support - Custodial
X: Child Support—Non-custodial

SAMP_N: Number of clients who completed survey using this combination of programs

SAMP_PC: Percentage of the clients who completed the survey using this combination of programs

POP_N: Number of clients in using this combination of programs from April 2015 to March 2016

POP_PC: Percentage of clients using this combination of programs from April 2015 to March 2016

WT: Weight to produce N of 1,229 with program distribution equal to population program distribution (adjusted for empty cells)

WT_N: Number using this combination of programs after applying WT

¹ Includes the 99.11% of the social and health service population in survey-eligible groups whose service profile was represented in the client survey sample. Previous surveys also presented an additional weighting scheme which excluded Division of Child Support (DCS) clients. Since DCS clients were first added in 2005 and there are now more than 10 years of data including DCS clients, we have determined it is no longer necessary to present this scheme. It is available upon request.

APPENDIX E—Weighting

Programs	SAMP_N	SAMP_PC	POP_N	POP_PC	WT	WT_N	Weighting Scheme Continued
DE	1	0.0814%	433	0.0162%	0.1985	0.1985	
DEHM	10	0.8137%	2,090	0.0780%	0.0958	0.9582	
DEHMV	3	0.2441%	331	0.0123%	0.0506	0.1518	
DEM	37	3.0106%	12,870	0.4801%	0.1595	5.9007	
DEMV	9	0.7323%	972	0.0363%	0.0495	0.4456	
DHM	4	0.3255%	1,172	0.0437%	0.1343	0.5373	
DHMV	1	0.0814%	124	0.0046%	0.0569	0.0569	
DM	44	3.5801%	14,235	0.5310%	0.1483	6.5265	
DMV	9	0.7323%	1,192	0.0445%	0.0607	0.5465	
E	38	3.0919%	198,437	7.4028%	2.3942	90.9798	
EH	2	0.1627%	2,823	0.1053%	0.6471	1.2943	
EHM	51	4.1497%	62,435	2.3292%	0.5613	28.6253	
EHMS	18	1.4646%	9,145	0.3412%	0.2329	4.1928	
EHMSV	3	0.2441%	419	0.0156%	0.0640	0.1921	
EHMSX	4	0.3255%	2,283	0.0852%	0.2617	1.0467	
EHMSZ	2	0.1627%	1,916	0.0715%	0.4392	0.8785	
EHMV	18	1.4646%	2,152	0.0803%	0.0548	0.9867	
EHMVZ	6	0.4882%	319	0.0119%	0.0244	0.1463	
EHMX	7	0.5696%	5,369	0.2003%	0.3517	2.4616	
EHMZ	10	0.8137%	9,228	0.3443%	0.4231	4.2309	
EHS	2	0.1627%	214	0.0080%	0.0491	0.0981	
EHV	1	0.0814%	90	0.0034%	0.0413	0.0413	
EM	150	12.2050%	749,734	27.9691%	2.2916	343.7397	
EMS	20	1.6273%	17,703	0.6604%	0.4058	8.1165	
EMSX	12	0.9764%	5,180	0.1932%	0.1979	2.3749	
EMSZ	11	0.8950%	4,087	0.1525%	0.1703	1.8738	
EMV	24	1.9528%	3,638	0.1357%	0.0695	1.6680	
EMVZ	2	0.1627%	548	0.0204%	0.1256	0.2512	
EMX	20	1.6273%	35,274	1.3159%	0.8086	16.1725	
EMZ	38	3.0919%	78,570	2.9311%	0.9480	36.0229	
ES	5	0.4068%	1,181	0.0441%	0.1083	0.5415	
ESZ	1	0.0814%	102	0.0038%	0.0468	0.0468	
EV	5	0.4068%	1,380	0.0515%	0.1265	0.6327	
EVZ	1	0.0814%	79	0.0029%	0.0362	0.0362	
EX	7	0.5696%	14,578	0.5438%	0.9548	6.6838	
EZ	7	0.5696%	16,312	0.6085%	1.0684	7.4788	
H	6	0.4882%	13,822	0.5156%	1.0562	6.3371	
HM	9	0.7323%	23,578	0.8796%	1.2011	10.8101	
HMS	2	0.1627%	1,211	0.0452%	0.2776	0.5552	
HMV	2	0.1627%	370	0.0138%	0.0848	0.1696	
HMX	1	0.0814%	693	0.0259%	0.3177	0.3177	
HV	1	0.0814%	63	0.0024%	0.0289	0.0289	
M	150	12.2050%	766,792	28.6054%	2.3437	351.5605	
MS	12	0.9764%	5,928	0.2211%	0.2265	2.7179	
MSX	1	0.0814%	973	0.0363%	0.4461	0.4461	
MV	10	0.8137%	1,689	0.0630%	0.0774	0.7744	
MX	12	0.9764%	16,253	0.6063%	0.6210	7.4517	
MZ	7	0.5696%	21,666	0.8083%	1.4191	9.9335	
S	7	0.5696%	5,357	0.1998%	0.3509	2.4561	
SX	2	0.1627%	380	0.0142%	0.0871	0.1742	
V	25	2.0342%	3,664	0.1367%	0.0672	1.6799	
X	64	5.2075%	155,335	5.7948%	1.1128	71.2183	
Z	52	4.2311%	135,864	5.0684%	1.1979	62.2912	

Responses by Client Sub-group



Getty Images/iStock

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

	Client Gender		Client Age		Race Ethnicity			Race Differences**		
	Male	Female	Adult	Child	White	Other Minority	Hispanic	W-O	W-H	O-H
QUALITY AND HELPFULNESS										
Overall, have social and health service programs helped you and your family?	94%	92%	91%	96%*	93%	91%	94%			
Thinking of all the programs together, have they done good work?	91%	90%	88%	94%*	90%	88%	93%			
Does your program do good work?	89%	89%	88%	91%	89%	85%	91%			
Are you satisfied with program services?	84%	83%	83%	86%	83%	81%	88%			
STAFF										
Do staff treat you with courtesy and respect?	91%	93%	90%	94%*	91%	93%	93%			
Do staff listen to what you have to say?	91%	92%	89%	95%	90%	91%	94%		*	
Do staff understand your needs?	90%	90%	88%	93%*	89%	89%	92%			
ACCESS AND PROCESS										
Are program offices open at times that are good for you?	91%	88%	89%	90%	90%	89%	90%			
Is it easy to get to the program office?	88%	91%	86%	95%*	90%	88%	90%			
Is it easy to get services from the program?	76%	74%	73%	78%	76%	69%	77%			
Did you get services as quickly as you needed?	74%	83%	81%	89%*	84%	80%	87%			
When you call, is it easy to get a live person when you need to?	68%	65%	65%	69%	64%	69%	69%			
Do staff return your calls within 24 hours?	74%	74%	71%	80%*	76%	70%	73%			
INFORMATION										
Do you know what program services there are for you and your family?	59%	63%	58%	66%*	62%	60%	59%			
Did program staff explain things clearly?	87%	89%	87%	90%	87%	86%	91%			
Was it easy to get the information you needed about services?	82%	82%	81%	84%	80%	82%	86%			
CLIENT INVOLVEMENT										
Did you have a say in what kind of services you get?	76%	79%	74%	81%*	77%	77%	77%			
Did you help make plans and set goals about services?	75%	73%	72%	77%	74%	73%	74%			
COORDINATION										
Do social and health services make sure all your services work well together?	70%	81%*	77%	64%	76%	75%	79%			
Do the staff from your different social and health service programs work together as a team to try to help you get the services you need?	69%	66%	69%	51%	64%	69%	83%		*	

* Statistically Significant Difference (p < .05)

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

Summary of Client Sub-Group Trends

By Gender—Women were more likely to agree that social and health services make sure all their services work well together.

By Client Age— On 9 questions, children’s guardians reported more satisfaction than did adult respondents.

By Race/Ethnicity—Hispanic clients were more likely than non-Hispanic white clients to report that social and health service staff listen to what they have to say, and that social and health service staff work together as a team to try and help get the services the client needs.

Responses by Program Sub-group



Getty Images/Blend Images

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

	Completed By		Number Programs Used			Differences		
	Client	Other**	1 prgm	2 prgms	3 + prgms	1-2	1-3	2-3
QUALITY AND HELPFULNESS								
Overall, have social and health service programs helped you and your family?	91%	95%*	94%	93%	89%		*	
Thinking of all the programs together, have they done good work?	89%	93%*	92%	90%	86%		*	
Does your program do good work?	88%	90%	92%	86%	85%	*	*	
Are you satisfied with program services?	82%	86%	88%	80%	79%	*	*	
STAFF								
Do staff treat you with courtesy and respect?	90%	94%*	92%	93%	89%			*
Do staff listen to what you have to say?	88%	95%*	93%	91%	88%		*	
Do staff understand your needs?	87%	93%*	92%	89%	85%		*	*
ACCESS AND PROCESS								
Are program offices open at times that are good for you?	90%	90%	92%	88%	89%			
Is it easy to get to the program office?	85%	94%*	91%	91%	85%		*	*
Is it easy to get services from the program?	72%	78%*	77%	73%	74%			
Did you get services as quickly as you needed?	80%	88%*	88%	83%	77%		*	*
When you call, is it easy to get a live person when you need to?	65%	68%	72%	61%	62%	*	*	
Do staff return your calls within 24 hours?	70%	79%*	80%	71%	66%	*	*	
INFORMATION								
Do you know what program services there are for you and your family?	58%	65%*	61%	61%	62%			
Did program staff explain things clearly?	86%	90%*	91%	88%	82%		*	*
Was it easy to get the information you needed about services?	81%	83%	83%	81%	80%			
CLIENT INVOLVEMENT								
Did you have a say in what kind of services you get?	73%	81%*	80%	75%	74%			
Did you help make plans and set goals about services?	71%	77%*	76%	72%	75%			
COORDINATION								
Do social and health services make sure all your services work well together?	78%	69%			76%			
Do the staff from your different social and health service programs work together as a team to try to help you get the services you need?	69%	62%			68%			

* Statistically Significant Difference (p < .05)

** Client Representative

Summary of Client Sub-Group Trends

By Status of Respondent—Overall, those who responded on behalf of children or incapacitated clients were more satisfied with all aspects of program services than were client respondents.

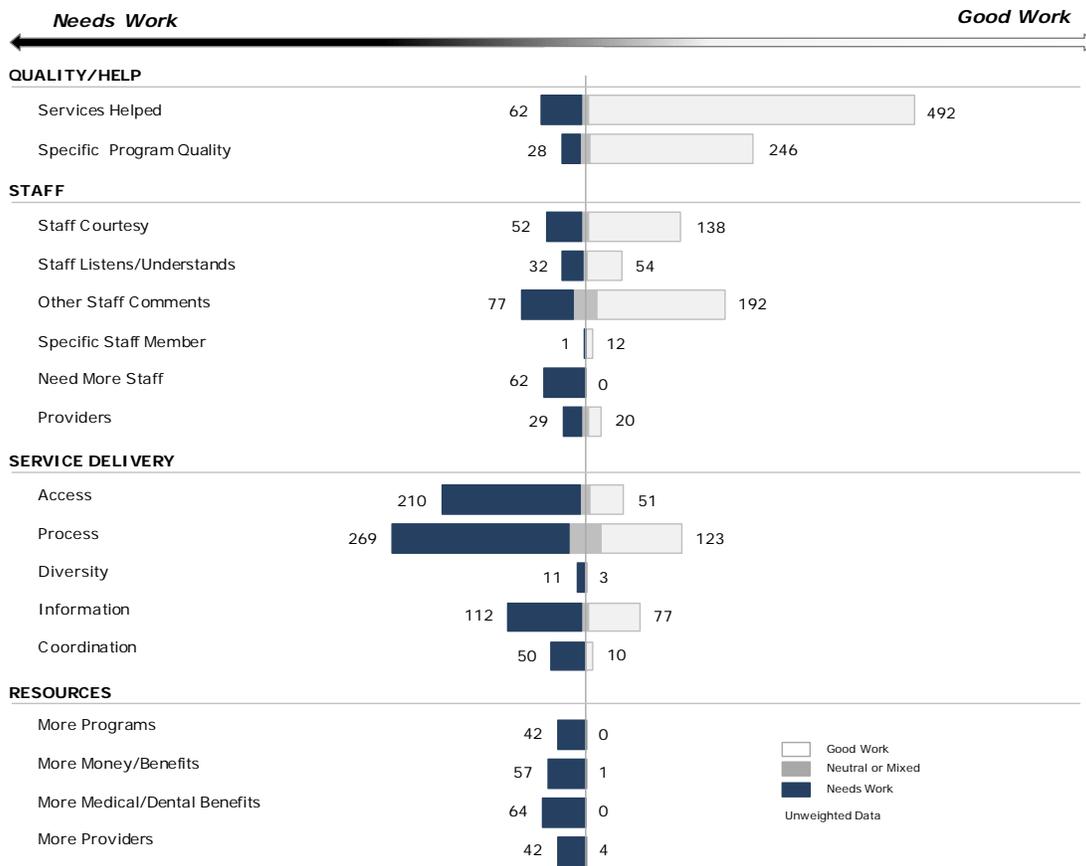
By Number of Programs—When there were significant differences between groups, clients served by one program were the most satisfied and clients served by three or more programs were the least satisfied.

Themes from Narrative Questions: Detail and Glossary



Getty Images/Stockbyte

Number of Positive, Negative, or Neutral Comments by Theme



Response Glossary: Themes Identified in Open-ended Questions

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

SERVICE DELIVERY

ACCESS

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

PROCESSES

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

DIVERSITY

Diversity	Compliments about treating all groups equally; complaints about preference for specific groups Reference to specific issues of groups defined by race, ethnicity, gender, disability status, or age.
-----------	--

INFORMATION

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

COORDINATION

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

RESOURCES

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

OTHER

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

Narrative Comments Report

1,152 of 1,229 Respondents Made Comments

All Social and Health Services Clients • Unweighted Data

MAJOR THEMES AND SUBTHEMES ¹	Total		Good Work		Needs Work		Mixed or Neutral	
	# ²	% of All ³	# ²	%	# ²	%	# ²	%
Quality/Help	752	65.3%	646	86%	72	10%	34	5%
Services Helped	H	398	34.5%	398	100%			
Didn't Help	HD	38	3.3%			38	100%	
Things are OK	HO	58	5.0%	58	100%			
Nothing	HN	176	15.3%	138	78%	34	19%	4
Specific Program Quality	HS	289	25.1%	246	85%	28	10%	15
Staff	517	44.9%	289	56%	162	31%	66	13%
Staff Courtesy	SC	202	17.5%	138	68%	52	26%	12
Staff Listens/Understands	SL	91	7.9%	54	59%	32	35%	5
Other Staff Comments	SO	306	26.6%	192	63%	77	25%	37
Specific Staff	SP	13	1.1%	12	92%	1	8%	0
Need More Staff	SN	62	5.4%			62	100%	
Providers	SX	58	5.0%	20	34%	29	50%	9
Process/Access	625	54.3%	131	21%	400	64%	94	15%
<i>ACCESS</i>		275	23.9%	51	19%	210	76%	14
Phone/Staff Access	AP	208	18.1%	39	19%	163	78%	6
Location/Hours	AL	52	4.5%	11	21%	40	77%	1
Appointment Process	AA	53	4.6%	14	26%	38	72%	1
<i>PROCESS</i>		439	38.1%	123	28%	269	61%	47
Process - General	PR	152	13.2%	85	56%	61	40%	6
Process - Specific	PS	197	17.1%	36	18%	149	76%	12
Paperwork	PP	37	3.2%	4	11%	33	89%	0
Process - Timeliness	PT	91	7.9%	29	32%	60	66%	2
Eligibility	PE	82	7.1%	10	12%	68	83%	4
<i>DIVERSITY</i>		15	1.3%	3	20%	11	73%	1
Diversity/Preference	DV	15	1.3%	3	20%	11	73%	1
Information	199	17.3%	77	39%	112	56%	10	5%
Information - General	IN	187	16.2%	76	41%	103	55%	8
Language Services	IL	14	1.2%	2	14%	11	79%	1
Coordination	62	5.4%	10	16%	50	81%	2	3%
Between Programs	CP	48	4.2%	4	8%	44	92%	0
Between Workers	CW	16	1.4%	6	38%	8	50%	2
Resources	190	16.5%	5	3%	184	97%	1	1%
More Programs	RP	43	3.7%	0	0%	42	98%	1
More Money/Benefits	RB	58	5.0%	1	2%	57	98%	0
More Medical/Dental Benefits	RM	64	5.6%	0	0%	64	100%	0
More Providers	RC	46	4.0%	4	9%	42	91%	0
Other	257	22.3%	17	7%	66	26%	174	68%
Other/Miscellaneous	O	165	14.3%	17	10%	66	40%	82
Don't Know	DK	107	9.3%					107

Notes for Narrative Comments Report (previous page)

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

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

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

Quality and Helpfulness of Services is reported on p. 9 as an unduplicated rollup of all subthemes *except for* "Specific Program Quality". "Nothing" responses are combined with "Good Work" and "Needs Work" comments according to question context (p. 9).

