

Our Clients Speak

Results from the Social and Health Services Client Survey



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2021

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626 8th Ave SE
Olympia, WA 98501

WASHINGTON STATE
**Department of Children,
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1500 Jefferson Street SE
Olympia, WA 98501



WASHINGTON STATE
Office of the Governor
Jay Inslee, Governor


DEPARTMENT OF
Social & Health Services
Don Clintsman, Acting Secretary

**Facilities, Finance & Analytics
Administration**

**Research & Data Analysis
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Title: Our Clients Speak: Results from the 2021 Social and Health Services Client Survey

Abstract: Between October 2020 and March 2021, the Research and Data Analysis Division of the Washington State Department of Social and Health Services (DSHS) conducted 1,251 telephone interviews with randomly selected clients who received services between May 2019 and April 2020. Most services covered in the survey were provided by DSHS; medical assistance, community-based mental health services, and substance use disorder services were provided by the Washington State Health Care Authority; and children and family services were provided by the Department of Children, Youth, and Families. Clients were asked about their satisfaction with social and health services and for recommendations for change. The 2021 Client Survey started seven months into the COVID-19 pandemic, giving us a window into the client experience during a momentous shift in service provision. Overall, satisfaction with social and health services remained high. As in previous years, the great majority of clients expressed satisfaction with services and their interactions with staff. Compared to 2019, responses to three questions increased in positivity, 10 decreased, and two stayed the same. None of the changes were statistically significant. Access to a live person continues to be a challenge for many clients – an existing issue that worsened during the pandemic. Comments show that clients appreciate remote options for service delivery, but would like more user-friendly online services and easier ways to connect with staff.

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THE SURVEY TEAM

Primary Investigator/Project Manager: John Rogers, PhD

Authors: Michaela Beals, MA; Andrea Jamieson, MS; John Rogers, PhD; Nancy Raiha, MSW, PhD

Editors: John Rogers, PhD; Deborah Macy; Kevin White

Report Design: Barbara Felver, MES, MPA

Photo Selection: Angee Eldridge

Survey Supervisor: Monica Stanley

Statistical Analysis/Sampling: John Doane; Elizabeth Mancuso; Elizabeth Greener, PhD; Teri Lane; Kevin Campbell, PhD; Robert Hughes, PhD; Chuck Moore; Qinghua Liu, PhD; Ken Lee; Monica Stanley

Coders: Andrea Jamieson, Deborah Macy

Survey Assistance and Research: Deborah Macy, Kevin White, Linda Marvel

Interviewers: Sharon Brown, Joyce Bryant, Maggie Bumford, Kathy Clixby, Angelica Eldridge, Cynthia Ivey, Charles Pollock, and Meri Waterhouse.

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Contact:

John Rogers, PhD
john.rogers@dshs.wa.gov
(360) 902-0804

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Executive Summary

The Client Survey is a voice for Washington’s social and health services clients.

**“ THEY HAVE BEEN
EXTREMELY
HELPFUL WITH
HAVING KIDS IN
THE HOME,
ESPECIALLY
DURING THE
PANDEMIC. ”**

*- Client of WA
Social and Health
Service Programs, 2021*

From October 2020 to March 2021, the Research and Data Analysis Division of the Department of Social and Health Services conducted 1,251 telephone interviews with randomly selected social and health services clients in the state of Washington. The survey consisted of standardized and open-ended questions about clients’ satisfaction with the programs they interacted with over the past two years.

Social and health services are a helping hand and lifeline for people who need protection, comfort, food assistance, financial aid, medical care, and other services. The clients who participated in this survey represent one in every three Washingtonians. They are neighbors, friends, and family. Their voices tell us about the successes and challenges of Washington state social and health services systems.

The 2021 Client Survey started seven months into the COVID-19 pandemic, giving us a window into the client experience during a momentous shift in service provision. Overall, satisfaction with social and health services remained high – a remarkable outcome that speaks to the extraordinary efforts of clients, staff, and leadership during this trying time.



“Smoke on the water”/2019 Employee Survey Photo Contest/Mary Boyd

Successes

Despite the far-reaching impacts of COVID-19, most clients continue to be highly satisfied with the quality and helpfulness of social and health service programs. **More than nine of 10 clients (93%) said that services help them and their families.**

Notably, there was no change in the ease of getting services. **More than eight of 10 clients (83%) said that it was easy to get services.** Many clients commented on the ease of signing up for services, especially Apple Health and food assistance. Others expressed appreciation for remote options (phone or online) for getting services.

Clients also continue to be happy with staff interactions. More than 9 in 10 clients said staff treat them with courtesy and respect (93%) and listen to what they have to say (92%) – representing a new high for staff listening.

Compared to 2019, three questions increased in positivity (responses of “Yes” or “Strong Yes”), 10 decreased, and two stayed the same. **None of the changes were statistically significant.** Six of 15 questions matched or exceeded previous high points.

Over half of the client comments (61%, 713 comments) mentioned the high quality or helpfulness of specific programs or social and health services generally. Clients expressed gratitude for the many ways social and health services help them and their families, with several clients noting that services were now more important than ever.

Opportunities to improve

Although overall survey results are encouraging, some responses show challenges related to the COVID-19 pandemic or areas of opportunity. Clients continue to give relatively low ratings about **knowing what services are available** to them and their families. At 67 percent positive, this question received the lowest score of the survey. Similarly, **access to a live person** continues to be a challenge for many clients – an existing issue that worsened during the pandemic. Seven of 10 clients (70%) said it was easy to get through to a live person when they needed to, representing one of the larger non-significant downward trends compared to 2019.

Clients continue to identify opportunities for improvement in their comments. Among clients who made comments, 29% described access issues or processes they would like to see improved. As in past years, common requests included shorter wait times on the phone, faster and simpler application processes, and more user-friendly online systems.

A small but important number of clients reported unfair treatment. One of 25 clients (4%) said they were treated unfairly because of disabilities, race, culture, gender, age, or sexual orientation. Reports of unfair treatment have steadily decreased since 2011.

“ I JUST APPRECIATE, APPLAUD, AND PRAY FOR EVERYONE WHO IS WORKING TO GET US THE HELP WE NEED. COVID HAS REALLY THROWN OUR FAMILY INTO A LOOP AND IT CAN'T BE EASY FOR YOU EITHER. ”

- Client of WA Social and Health Service Programs, 2021

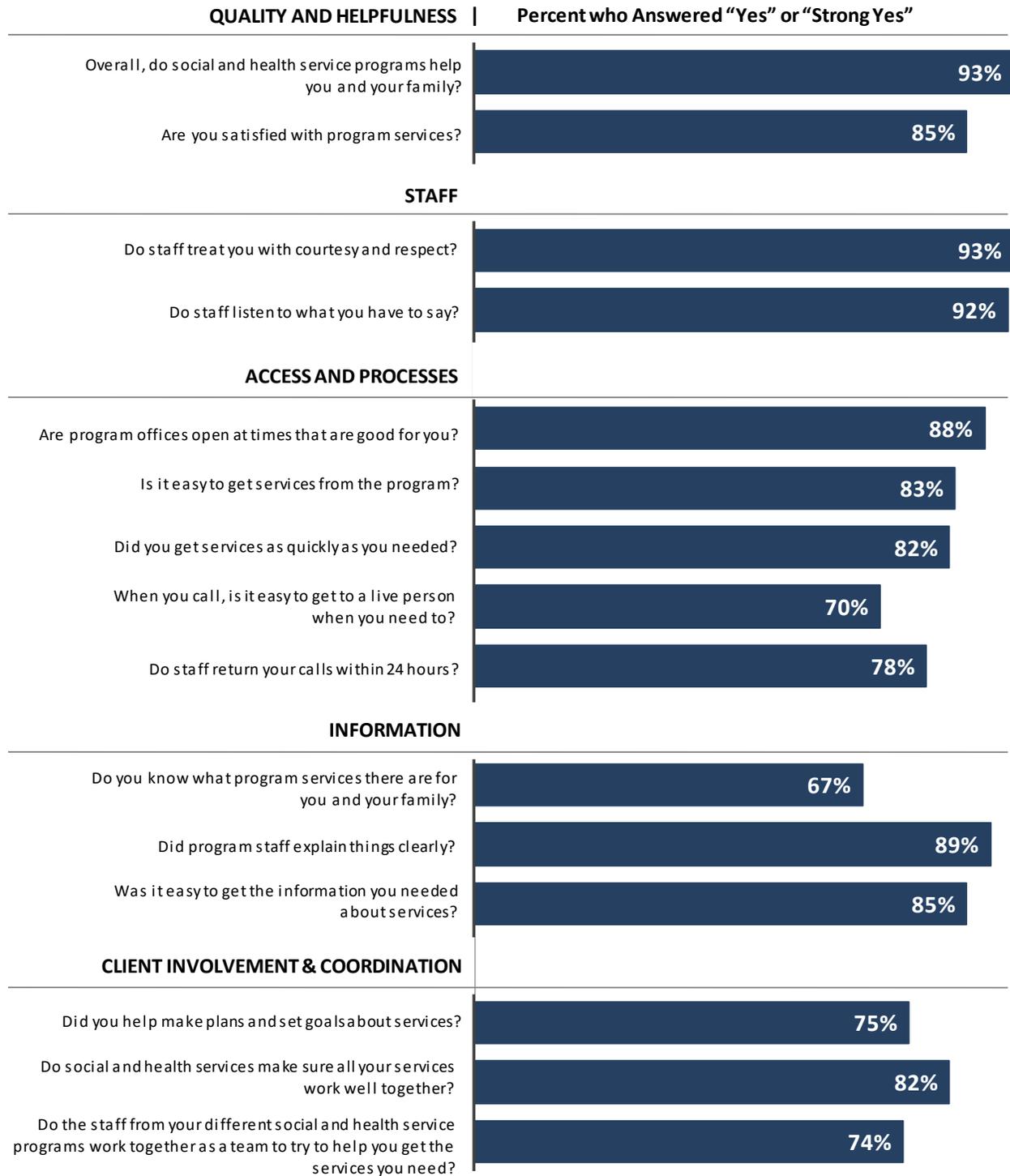
“ BEFORE COVID, RETURNING CALLS WAS AN ISSUE AND CONTINUES TO BE AN ISSUE, SO RETURNING CALLS NEEDS IMPROVEMENT. ”

- Client of WA Social and Health Service Programs, 2021

Survey results at a glance

2021 Client Survey Satisfaction Rates: Responses to the Standard Questions

All Social and Health Services Clients (DSHS, HCA, DCYF) • Weighted Data

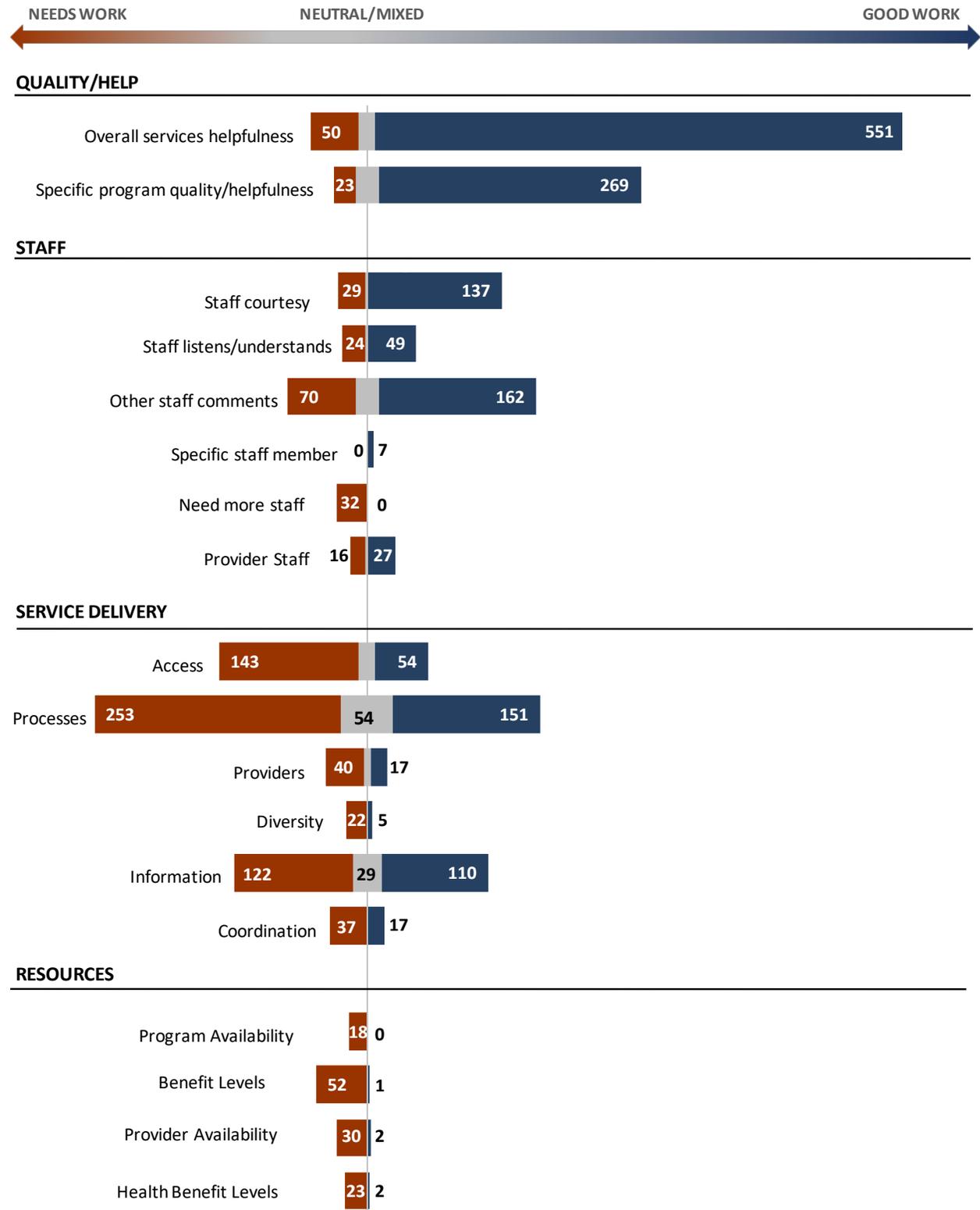


2021 Number of Comments by Topic: Responses to the Open-Ended Questions

“What do you like best about dealing with social and health services?”

“What is one thing social and health services can do to improve services?”

All Social and Health Services Clients (DSHS, HCA, DCYF) • Unweighted Data



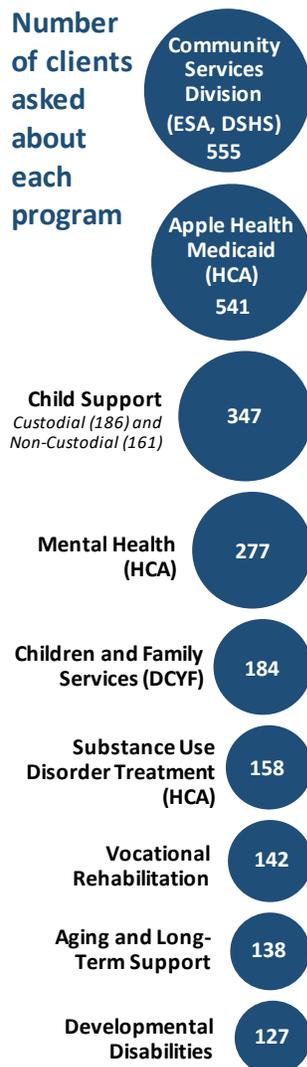
About the respondents

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 between May 2019 and April 2020.

Most social and health service clients use more than one program, so each person interviewed was asked about every social or health service used in the past two years.

The figure below shows 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. About 40% of the 1,251 clients in the survey used the most widely utilized programs: Medicaid/Apple Health and Economic Services.

The person who completed the survey was not always the client. In 422 cases (34%), 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

The average client age was 37.5 years, but ranged from early childhood through late adulthood:

- 18 percent of the clients in the survey were children (under 17)
- 71 percent were working-age adults (18 to 64)
- 10 percent were older adults (65+)

Clients were slightly more likely to be female:

- 52 percent of the clients were female
- 48 percent were male
- 1 client identified as androgynous (0.08%)

Clients were more likely to live on the west side of the state:

- 26 percent lived in Region 1, in Eastern Washington
- 35 percent lived in Region 2, in Northwestern Washington
- 35 percent lived in Region 3, in Southwestern Washington
- 4 percent lived out of state at the time of the interview

Clients were asked what racial and ethnic group(s) best describes them.

Race/Ethnicity	Number	Percent
White	950	76%
White, Non-Hispanic	792	63%
Hispanic	189	15%
More than one race/ethnicity	181	14%
Black	126	10%
Asian	86	7%
American Indian or Alaska Native	69	6%
Native Hawaiian or Other Pacific Islander	24	2%
Unknown	2	0.2%

Note: Race/ethnicity groups are not mutually exclusive with the exception of non-Hispanic white.

About the survey

- The 2021 survey is the 12th in a series of biennial 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 used.
- 1,251 clients were interviewed by telephone between October 2020 and March 2021.
- 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, 93% completed the survey.
- Most programs covered in the survey were administered by the Department of Social and Health Services; medical assistance, community-based mental health services and substance use disorder services were provided by the Health Care Authority; children and family services were provided by the Department of Children, Youth, and Families.

About this report

Question pages describe the results of standard questions, each of which consists of a question with the response choices “Strong YES,” “Yes,” “Neutral,” “No,” and “Strong NO.”

- For each question, there is a chart showing the percent who answered “Strong Yes” or “Yes” in each year of the survey since 2007.
- All percentages are based on data weighted according to each client’s service profile (the specific combination of services that the client used).
- Results are rounded to the nearest whole number. Due to the effects of rounding, some percentages reported as whole numbers may not add to 100%.
- Differences between years (the current year compared to the previous survey and compared to 2007) are listed if statistically significant at the .05 level.
- 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 from the Community Services Division, 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 DSHS Community Services?”

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

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

Common acronyms that appear in this report

CPS – Child Protective Services	DSHS – Department of Social and Health Services
CSO – Community Services Office	DVR – Division of Vocational Rehabilitation
DCS – Division of Child Support	EBT Card – Electronic Benefits Transfer Card for food benefits
DCYF – Department of Children, Youth, and Families	HCA – Health Care Authority
DDA – Developmental Disabilities Administration	TANF – Temporary Assistance for Needy Families

CHAPTER 1

Quality and Helpfulness

Clients remain highly satisfied with the helpfulness of social and health services.

This chapter addresses the core reasons that social and health services exist: Do they help Washingtonians in need, and are clients satisfied with services?

Ratings of program helpfulness are among the highest in the entire survey, demonstrating the positive impact of social and health services on clients' lives, especially during challenging times. Survey scores show most clients are also highly satisfied with their program services, though ratings of program satisfaction are lower than ratings of overall helpfulness.

- *Overall, have social and health services helped you and your family? (93% positive)*
- *Are you satisfied with program services? (85% positive)*

Clients had a lot to say about the helpfulness of social and health services generally, and about certain programs specifically. Seven of 10 client comments (70%) discussed quality and helpfulness, by far the most frequently mentioned topic. The comments were overwhelmingly positive. Of the 818 comments about general or specific program helpfulness, 713 were positive, 44 were mixed, and 61 were suggestions for improvement.

Many clients said social and health services provided much-needed support during difficult times in their lives, including the COVID-19 pandemic. This was especially true for clients receiving food assistance or other financial benefits. Some clients described the negative impacts of COVID-19, including fewer in-person activities and fewer job opportunities. Though small in number, some clients expressed general dissatisfaction or said specific programs were unhelpful.



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

More than nine of 10 survey respondents (93%) reported that social and health services helped them and their families. Fewer than one of 20 (3%) disagreed.

RESPONSE



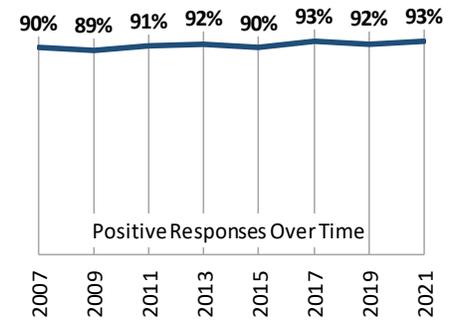
DETAIL

At 93 percent positive, overall helpfulness is tied with staff courtesy and respect as the most positive topic in the survey.

Positive responses are stable compared to 2019, but increased by three percentage points compared to 2007, a statistically significant difference ($p < .05$).

Comments show that clients are grateful for help during times of need, including the challenges of the COVID-19 pandemic and resulting economic impacts.

TREND



Our clients speak . . .

“**SOUNDS CLICHÉ, BUT JUST THAT THEY EXIST. IT HAS BEEN ESPECIALLY IMPORTANT DURING THIS PANDEMIC.**”

Many clients said programs provide help during challenging times, including the pandemic.

“I’m just happy that it’s available. Without it, my family and I might not be as healthy and hopeful as we are in times like this, with the virus.”

“When I needed the help to get on my feet they were there to help me.”

“So thankful that these programs exist, especially now.”

“I am so thankful that we have a system to help people in their time of need and to get them back on track.”

Some clients described just how much they rely on services.

“I just want to say thank you. I have brain damage from years of domestic violence and I do not know what I would have done without your help.”

“For me, it’s the only way I can afford life. I could not get medical or any other kind of help on my own because I can no longer afford it.”

“I am glad that they are there. They have literally saved my life.”

Clients are grateful for the help.

“The quality of people I have encountered and the services provided have been fantastic. I can’t say thank you enough!”

“It helps me provide for my children when I am unable to make ends meet. I am very thankful that they are there.”

“It is not comfortable to be on assistance, but I need it right now. I really appreciate it and it is a wonderful benefit.”

A small number of clients think services are not helpful.

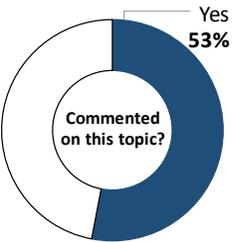
“They haven’t been real helpful to me.”

“My biggest problem is my ex-husband is expected to pay a portion of medical support. DCS hasn’t been able to help me with that.”

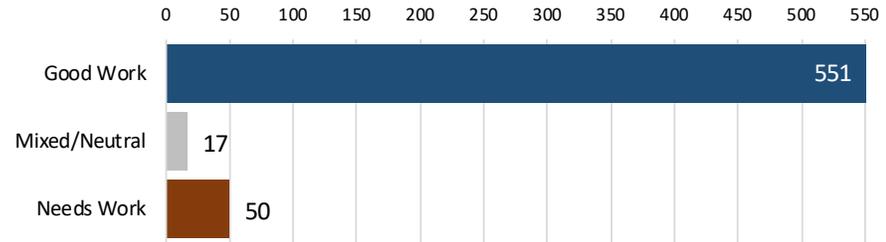
“As far as services, they were not helpful. The first three months, they kept denying me for cash advances. I didn’t get any services or help.”

618 of the 1,168 clients who made comments (53%) mentioned the overall quality of services.

PERCENT



NUMBER



KEY FINDINGS

Client comments about the overall quality and helpfulness of services were overwhelmingly positive.

- Most clients simply said that they were grateful for the help, that things were going well, or that their needs were being met. Many clients noted that social and health services offered help during challenging times, providing both practical solutions and peace of mind.
- Some clients described specific ways that services helped them make ends meet financially, stay sober, or improve their mental health.
- The negative comments were mostly general, with some clients simply saying they didn't like anything about dealing with social and health services. A few clients said services only helped sometimes, or alluded to income requirements limiting the helpfulness of services.

Our clients speak . . .

“
THEY HELP EVERYONE AND GIVE EVERYONE A CHANCE.
 ”

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

“It gives me a solid umbrella of support and lets me know I am not by myself. The medicine has quickly advanced my ability to communicate and makes me feel confident.”

“They were able to help my nephew find a job that was suited to him.”

“They have been a blessing to help a single mom and her children in getting some of the essential things we need.”

“These programs have helped me become stable, clean, and sober and I’m caring for my child.”

“I was so tickled because I called to see if I could get a little help with my energy bills and, guess what? They sent me money.”

“They help me get food on the table and it has been very helpful.”

Knowing that help is available gives many clients peace of mind.

“Knowing that there are programs available when I need them.”

“I was just happy that there was a program out there when I decided to get help.”

“It was mainly just peace of mind to have it.”

Some clients said there were limitations to the quality and helpfulness of services.

“Sometimes they help and sometimes they don’t.”

“You could be more helpful to people that are actually working for a living and only need a little help.”

“I don’t like anything about dealing with social and health programs.”

¹ Note: “Quality and helpfulness of services” is reported in Appendix F as an unduplicated rollup of all subthemes. This page reports the unduplicated rollup of all subthemes *except for* “Specific Program Quality,” which is described separately on page 11.

QUESTION | **Are you satisfied with program services?**

More than eight of 10 survey respondents (85%) reported they are satisfied with program services. Fewer than one of 10 (7%) disagreed.

RESPONSE

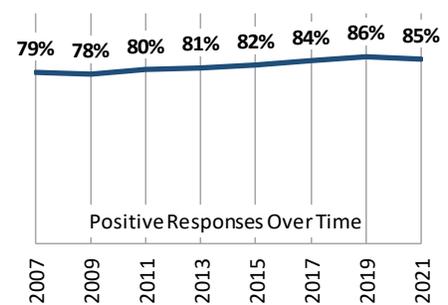


DETAIL

At 85 percent positive, responses show a non-significant decrease of one percentage point compared to 2019. Longer-term trends show positive responses increased six percentage points compared to 2007, a statistically significant difference ($p < .05$).

As in past surveys, ratings of program satisfaction are lower than ratings of overall helpfulness of services. Clients are grateful for the help they receive, but see areas where service delivery could improve.

TREND



Our clients speak . . .

“
THEY ARE VERY HELPFUL AND EFFECTIVE AND I CANNOT PRAISE THEM HIGHLY ENOUGH.
 ”

Most clients said they are satisfied with the services they receive.

- “I am very satisfied with DSHS making sure the various programs help clients out.”
- “I love everything about the program. They treat me with respect and I have no complaints.”
- “I am satisfied.”
- “They cater to my family’s needs.”
- “Both services I have been getting have changed my life and helped me become a better person.”
- “They are very helpful.”
- “I like everything. I am satisfied with everything.”
- “I like the availability of the programs. There seem to be a lot of services.”
- “They were great. I could not ask for more.”
- “I have no objections. I like all of the services.”
- “I like the fact that it’s available for those of us that need it. Some countries don’t have these kind of things and I’m very grateful.”

Some said the help gives them and their families a better quality of life.

- “I like that it gives me the ability to provide for my family.”
- “They have provided services for my daughter to give her a better and more independent life.”
- “I like that they are there to help people like me. Otherwise, we would be a lot worse off.”

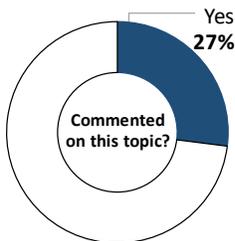
Other clients were not satisfied with their experience receiving services.

- “I’ve been really dissatisfied with their services. Pay me the money they have collected. It doesn’t matter how long the case has been open.”
- “Provide some kind of housing or cash assistance for single individuals, especially those coming out of prison. Those of us with less offenses get no help transitioning.”
- “I don’t like dealing with them and would prefer not to. But, they do provide valuable services for my son.”

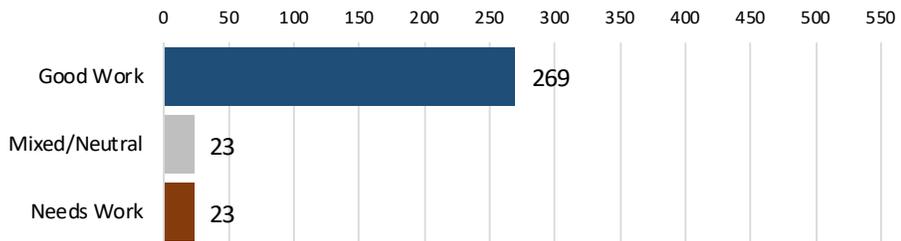
Quality and helpfulness of specific programs, offices, and locations

315 of the 1,168 clients commenting (27%) mentioned the quality and helpfulness of specific programs or locations.

PERCENT



NUMBER



KEY FINDINGS

Most comments about the quality of specific programs were positive or expressed satisfaction.

- Over 100 clients were pleased with medical services and 100 said they appreciate food assistance.
- Though smaller in number, clients also specifically praised aging services (36), mental health services (27), children and family services (17), developmental disabilities services (13), vocational rehabilitation services (11), and substance use disorder treatment programs (7).
- Some clients suggested improvements for specific programs. The most frequently mentioned program was child support services with 11 comments. A few clients mentioned improvements for medical coverage, food assistance, child protective services, mental health services, vocational rehabilitation services, and developmental disabilities services.

Our clients speak . . .

“ I HAVE FOOD STAMPS AND MEDICAID AND THEY’VE BEEN VERY, VERY GOOD. ”

Most clients appreciate the quality and helpfulness of specific programs.

“Our son has sensory problems and Apple Health has given us so many helpful programs that we would otherwise not be qualified for. We are very grateful.”

“The support from mental health has really been fantastic.”

“They have given the support in everything we’ve asked for in her care. We are totally happy with everything including the perfect family home.”

“I wouldn’t have any support if it weren’t for the child support office.”

“DVR has helped me get books and get started in school. They are pretty amazing when they have the funding.”

“When we were going through our adoption, everyone was very open to getting emails and that was so helpful to us. We really had a great experience.”

“DDA [Developmental Disabilities Administration] is absolutely phenomenal.”

“The food stamps that I receive help the most.”

“Medical assistance is awesome. It has helped me take care of my needs.”

“The substance abuse services were awesome.”

Some mixed comments described service impacts from COVID-19.

“The vocational services have helped me until COVID-19.”

“We have different activities when not on lockdown for coronavirus.”

Though less common, some clients said specific programs could be improved.

“I’ve never had a positive experience dealing with Child Support.”

“Make sure that the kids are covered for medical and mental no matter what. No kid should go without any health insurance.”

“DDA should communicate better with the other programs.”

Staff

Social and health services staff make a difference in the client experience.

When Washingtonians are in need of social and health services, the first encounter they have is likely with program staff. A positive experience can be especially meaningful to clients during challenging times, and a negative one can create barriers to seeking services in the future.

Survey scores about program staff are among the highest in the entire survey, demonstrating their commitment to person-centered care. More than nine of 10 clients agreed when asked:

- *Do staff treat you with courtesy and respect?* (93% positive)
- *Do staff listen to what you have to say?* (92% positive)

Clients had a lot to say about program staff. Almost four of 10 client comments (36%) discussed staff, addressing both social and health services staff employed by state agencies and by contracted providers. Of the 424 total comments about staff, 258 were positive, 48 were mixed or neutral, and 118 were suggestions for improvement.

Both positive and negative comments often mentioned aspects of the relationship between the client and staff member, such as courtesy, respect, listening, responsiveness, and competence. Some clients mentioned that systemic issues, including high workloads and frequent turnover, have negative consequences for interactions with staff. With some important exceptions, clients generally praised staff for treating them as individuals, listening to their needs, and providing much-needed services. Comments revealed few negative implications of COVID-19 on staff interactions, with a few clients mentioning that staff really “stepped it up” to maintain high-quality service delivery.



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QUESTION | Do staff treat you with courtesy and respect?

More than nine of 10 survey respondents (93%) reported that social and health services staff treat them with courtesy and respect. Just one of 50 (2%) disagreed.

RESPONSE



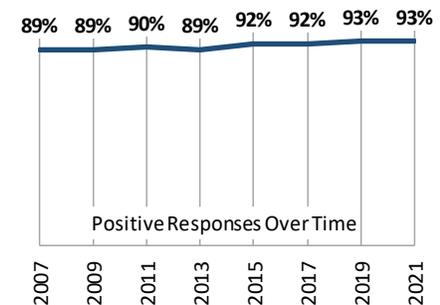
DETAIL

At 93 percent positive, this question is tied with overall helpfulness as the most highly rated topic in the survey.

Positive responses are stable compared to 2019, representing maintenance of the high level of satisfaction that was set in the prior survey. Compared to 2007, positive responses increased by four percentage points, a statistically significant difference ($p < .05$).

In their comments, clients noted the importance of being treated as a human being rather than a number. Clients also appreciated staff who maintained a positive attitude, even in difficult circumstances.

TREND



Our clients speak . . .

“
THEY ARE COURTEOUS AND RESPECTFUL. THEY ARE A BRIGHT SPOT IN MY WELFARE.
”

Most clients praised staff for treating them with courtesy and respect.

“I thank everyone and I appreciate their courtesy.”

“They are always there when we need them and they know how to treat people.”

“I appreciate the professionalism and the fact that they treat everyone with respect, even when it’s not easy to sometimes.”

“The staff treat all of us as equals even though we have nothing.”

“DDA personnel are very good in knowing the program and they are very compassionate. They give the utmost respect to the client themselves, whether the client understands or not.”

“The caseworkers are courteous to my daughter regardless of how she’s acting towards them.”

“The employees have always been courteous, easy to understand and have patience.”

“They treat me with respect. I have not had a bad experience with anyone.”

Staff kindness can turn a challenging situation into a positive one.

“I don’t really like to have to deal with them at all but they are kind and considerate.”

“Some of the particular social workers I’ve had have been very kind and that makes a difference.”

“Honestly, I never thought I would be one of those people who would need to ask for help and it was not easy for me to do. I was so scared to take that first step. I felt a little humiliated, but everyone I have talked to has treated me so kindly and been so helpful. You guys are the best.”

A few clients said respect is lacking.

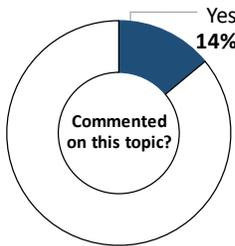
“Treat people with courtesy and respect. Some of the staff were condescending. I could tell they didn’t like their job.”

“For most of the support workers I have been really disappointed in how they treat their customers.”

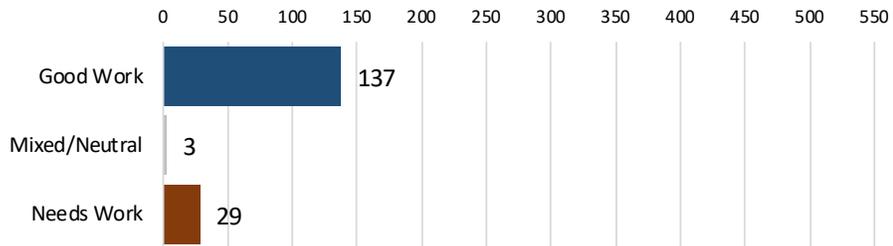
“Treat people with respect. We are all human and deserve that.”

169 of the 1,168 clients who made comments (14%) mentioned staff courtesy.

PERCENT



NUMBER



KEY FINDINGS

Over eight of 10 client comments about staff courtesy and respect were positive (81%).

- Most clients praised staff for treating them with respect, compassion, and kindness. Many expressed gratitude for staff who sincerely cared about them as individuals and did not judge them for their circumstances.
- A few noted that their sense of courtesy and respect depended on the particular staff they encountered, with some positive and some negative interactions.
- Some clients felt they were treated rudely, without compassion, or judged for needing services. Some said negative interactions with staff discouraged them from seeking services in the future—and likely present barriers for others in need.

Our clients speak . . .

“
**I LIKE THAT THEY
 LEAVE JUDGEMENT
 AT THE DOOR WHEN
 YOU WALK IN.
 EVERYONE IS SO
 CARING.**
 ”

Clients appreciate staff who truly care about them and their children.

“The guys at DVR have been working great with my son. They really care about the individual and about doing a good job.”

“I think the compassion of the people I worked with was extraordinary.”

“They always have the best interest of the child at heart and are very loving and caring. They look at all possible solutions and really try to make the very best one for the child.”

“They care about the customers.”

“People have been so patient and caring. It has bolstered my self-esteem so much.”

They also appreciate friendliness.

“I like how friendly the CSO staff are.”

“Even though I’m a needy mom, I’m not treated as such. Everyone’s been so nice.”

“I like how friendly the people are on the phone. I don’t think I have had a rude person ever with Washington State Apple Health.”

“They’ve been really nice to me.”

Clients praised staff who don’t judge them for needing services.

“They don’t look down on you just because you’re struggling. Everyone treats you with kindness and respect.”

“I don’t feel judged and they treat me like a human being.”

“I have never felt judged by any of the staff and could be honest with them about my needs and challenges.”

But some clients did feel judged.

“When our family was in complete distress, I called to ask about what options were available when our income was suddenly gone. The person I talked to had such a negative attitude. I felt like I was being criticized for having no income. I never wanted to approach the CSO again after this.”

“It’s a life-saver, but there are too many employees that act like they’re better than the people coming in. It makes me sad thinking about the people who just give up on getting help.”

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

More than nine of 10 survey respondents (92%) reported that social and health services staff listen to what they have to say. About one of 30 (3%) disagreed.

RESPONSE



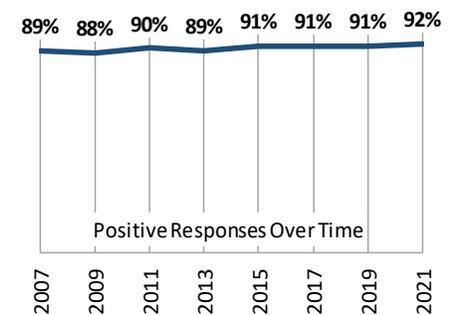
DETAIL

At 92 percent positive, this question is the second-highest rated topic in the survey.

The one-point increase from the prior survey is not statistically significant, but the current score represents a new high since 2007, when the current version of the survey was adopted.

Many clients said they appreciated staff who really listened to their concerns, which allowed them to find the most appropriate services. One client noted that the pandemic provided a good opportunity to make sure listening to clients is a priority.

TREND



Our clients speak . . .

“
JUST TAKE TIME OUT DURING COVID AND REALLY PAY ATTENTION TO WHAT CLIENTS ARE SAYING AND NEEDING. I THINK THIS IS A REALLY GOOD LEARNING OPPORTUNITY FOR THE DEPARTMENT.
 ”

Many clients said they feel heard by staff.

- “Everybody I dealt with were great listeners. They seemed like they were concerned and had empathy and compassion with what I was dealing with.”
- “I love that they help me afford different programs for her and they really listen.”
- “The people involved are very kind and they listen.”
- “They are very good listeners.”
- “I like that they were available to give information and listen to me.”
- “He is happy in having other people to talk with when he is down. They are kind to him.”
- “They were friendly and listened to what we had to say. They’re easy to work with.”
- “They listen to him and value his opinion.”
- “When I need them there’s usually someone there to listen.”
- “The people do listen to me and try to help me and explain things clearly to me.”

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

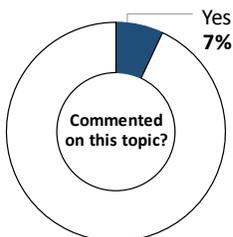
- “[I like] the quick service and the attention to what is needed by the client.”
- “I like that they listen to me and do what they can to help me.”
- “They actually listened to my concerns for my child and did a good job in answering all my questions.”
- “They listen and help with whatever I need as to my medical and food stamps.”
- “For one, it is easy to express what I need and there are staff who are very helpful.”
- “The way they help the seniors to maintain their daily life and willingness to find the right caregiver for my brother.”

Some clients do not feel heard.

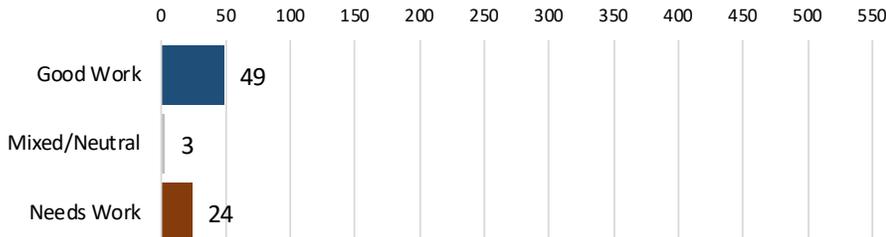
- “More attentive listening to what I have to say.”
- “Listen to the customers and what their needs are.”
- “Please just listen to people more.”

76 of the 1,168 clients who made comments (7%) mentioned staff listening and understanding.

PERCENT



NUMBER



KEY FINDINGS

Over six of 10 clients commenting about staff listening and understanding said something positive (64%), and three of 10 said improvement was needed (32%).

- Clients praised staff for listening to their concerns, taking action on their needs, and for being seen as an individual with unique strengths and needs. Clients receiving services from regulatory programs conveyed appreciation for staff who listened to “all sides” of the story.
- However, some clients felt that staff did not listen to them or understand their needs. Several clients noted that staff members didn’t listen to all parties involved, like parents of clients, caregivers, or non-custodial parents paying child support. A few clients mentioned that staff did not understand their difficult circumstances.

Our clients speak . . .

“ I’VE ALWAYS COME IN CONTACT WITH SOMEONE WHO’S UNDERSTANDING AND THEY’VE ALWAYS GONE ABOVE AND BEYOND. ”

Good listening often involves action.

- “The way they listen to us and take action on what we need.”
- “They listen very well to what I need and figure out what we can do together to help with what I need.”
- “They listen to me and they help right away.”
- “I like that they listen and don’t judge. They try to see what programs you qualify for and let you know about different programs.”

Clients appreciate staff who understand their unique circumstances.

- “I have talked with a lot of people that are understanding. They know that when someone walks through their doors, that they are in some kind of need.”
- “The case manager we have has always asked thorough questions and has a good understanding of what we need.”
- “They are understanding of the individual and try to meet their needs.”

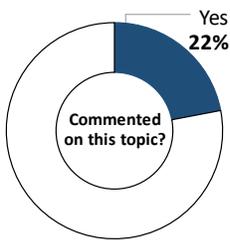
- “They are serviced individually and take my needs individually.”
- “I like the fact that I am not treated [badly] if I miss a child support payment and my DCS officer works with me.”
- “Staff members were nice and easy to talk to. They understood the situations we were going through and helped with all programs and benefits we’re eligible for.”

Some clients said staff need to listen to all parties involved.

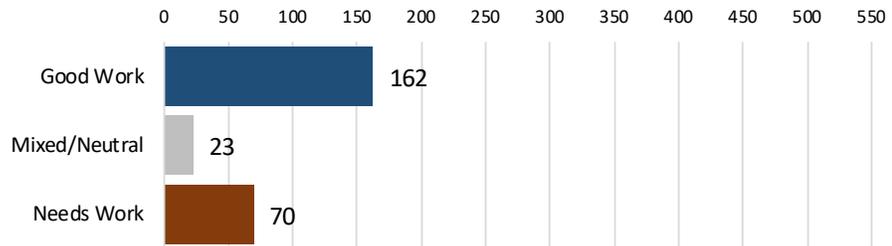
- “Listen to parents when it comes to their children.”
- “They need to listen to the other side a little bit more (the person who has to pay) and not just the person receiving the services.”
- “Be more aware of what the circumstances are of the families. Be more sympathetic to the circumstances.”
- “Listen to what everyone has to say and adjust accordingly.”
- “Listen to caregivers more.”

255 of the 1,168 clients who made comments (22%) mentioned something else about staff.

PERCENT



NUMBER



KEY FINDINGS

Any comments about staff that did not refer to courtesy, respect, listening, or understanding were categorized as “other” staff comments. These comments were mostly positive, but revealed a few areas in need of change.

- Most clients commended staff for being helpful, responsive, and answering their questions. They especially appreciated staff who went “above and beyond” to help them, like staying on the phone after hours to make sure they got the help they needed.
- A few clients mentioned that some staff have been helpful, while others have not; or that they have worked with staff who had good intentions, but were limited by policies or workload.
- A number of clients noted that communication and responsiveness were lacking. They suggested staff training as an avenue to address communication skills, poor client treatment, and insufficient job knowledge.

Our clients speak . . .

“
ESPECIALLY SINCE THE LAST YEAR WITH THE PANDEMIC AND EVERYTHING, THEY HAVE REALLY STEPPED IT UP AND DONE EVERYTHING THEY COULD TO KEEP THINGS ACCURATE AND BE ON TOP OF IT.
 ”

Clients appreciate staff who are helpful, responsive, and knowledgeable.

“The financial worker at the CSO went over and above in getting me food assistance. I was just released after being incarcerated.”

“I am on the waiting list for Voc Rehab, but they still continue to stay in contact with me, which I appreciate.”

“My medical got terminated and the gentlemen who helped me get back on stayed after hours to make sure I got back on medical. Very nice guy.”

“Staff members are always responsive to answer our questions.”

“I have knowledgeable people who take the time to help me.”

“All I have to do is ask and they are there for me. The help has been great.”

Clients praised high-quality staff.

“The workers are actually wonderful once you get in to see them.”

“For the most part, everyone wants you to succeed and they do what is within their power to help you achieve your goals.”

“The staff at your office are all top notch. Applying for DSHS services was a humbling experience for me at the start, however each person I have had contact with has gone to bat for me and I have appreciated each one of them.”

Some clients noted areas where staff improvement was needed.

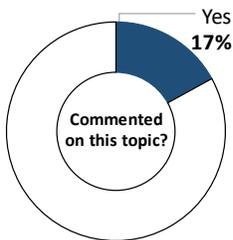
“Better communication with the client.”

“I think the people doing the work aren’t paid enough. They all seem to be on a different page, so better training.”

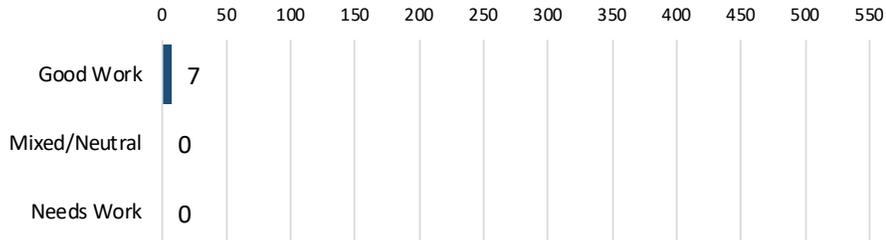
“I have been really disappointed in how the support workers treat their customers. They have been rude, arrogant, and have an ugly attitude towards parents who are receiving this service. Instill some customer service training as a basic requirement for people who do this job.”

7 of the 1,168 clients who made comments (1%) mentioned specific staff members.

PERCENT



NUMBER



KEY FINDINGS

Seven clients mentioned specific employees who were particularly helpful, exceptional at their jobs, or went out of their way to help.

- Clients appreciated staff who had excellent customer service skills. One client called their case manager a “guardian angel” in helping navigate the system, and another attributed their extra child support payments to the good work of a specific staff member.
- Clients were grateful when staff were honest, professional, and proactive about calling them when issues arose.
- In difficult circumstances, clients might not like anything about dealing with social services, except their experience with exceptional staff members.

Our clients speak . . .

“
**LADY ABIGAIL IS
 HONEST AND SHE’S
 TRUTHFUL AND SHE
 DOESN’T COAT
 ANYTHING WITH A
 SUGAR PILL.**
 ”

Clients complimented the good work of specific staff members.

“Todd, my agent at DCS, is really respectful and would call me about issues. He is great.”

“I like my caregiver manager, Angie. I like her a lot and she has been really helpful for me.”

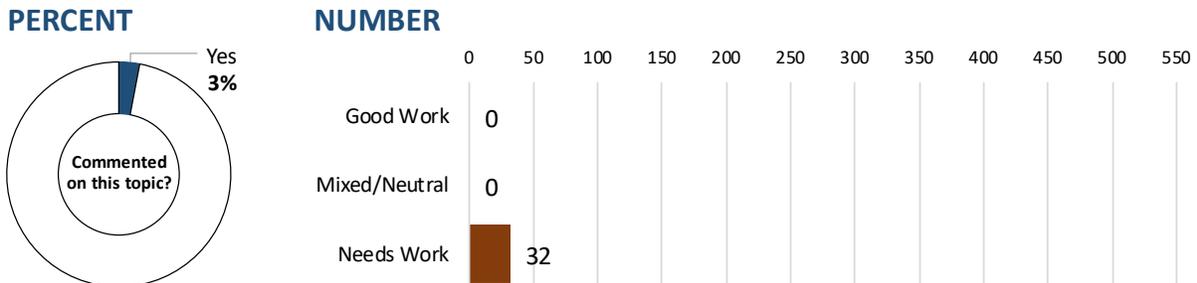
“Anna Fischer, our case manager through DDA, has helped us coordinate services through all the different parts of DSHS. There is so much paperwork that comes to me that I don’t understand and Anna helps us figure it out and make sense of all of it. I had some contact with people from DCYF early when my child first came to live with me and Anna helped us navigate all of that. Anna has been like our guardian angel as we have navigated all of this. She has so much patience and has kept us on track. I can’t thank her enough.”

“Specifically, I appreciate working with Michelle in the Yakima DCS field office. Michelle is assigned to my case, she has always answered my questions and dealt with me in a professional manner. I know I can count on a return call upon leaving a message within 24-hours when I reach out to Michelle. Michelle truly goes above and beyond in her work as a DCS officer/worker.”

“I had Ms. Morgan and she was thorough and helpful, with excellent customer service. I was fortunate to receive a big lump sum when he inherited the money and I do attribute that to my DCS worker Ms. Morgan.”

“[I like] absolutely nothing except for my one caseworker, Julie, at CPS.”

32 of the 1,168 clients who made comments (3%) mentioned the need for more social and health services staff.



KEY FINDINGS

Comments included in this category were negative, by definition. Clients noted that high workloads:

- Lead to poor response time and poor communication.
- Affect staff’s ability to be attentive, causing client needs to go unmet.
- Contribute to staff stress and burnout.
- Lead to turnover, which causes difficulties in service delivery and negatively affects the overall client experience.

Our clients speak . . .

“ I THINK THAT THE CASELOADS ARE TOO HUGE AND THEY ARE UNABLE TO MANAGE. ”

Clients think customer service would be better if staff weren’t overworked.

“My support officer is only available a few days a week. I think they might need more staffing so they would be more available.”

“Have more people available to answer questions or to explain things.”

“I think there is no secret, there is a high need but not enough staffing. So raging fires get addressed first and we got pushed back as they fought bigger fires.”

“I think getting more people to answer the phones.”

“Have more people to help with issues on food stamps.”

“It took a little longer to get things in order, but that could just be lack of employees.”

“Their caseloads are high and the work is challenging for them to stay on top of everything. Sometimes there was only one person providing that particular service and I had to wait to hear back from them.”

“Hire more people so that more people can get help.”

Many clients are concerned about staff burnout.

“Their caseloads are so heavy and that would devastate the average person. The more people that are needing services just adds to the shortage and burnout, but we’ve been blessed with the ones we’ve been dealing with.”

“Hire more staff. It seemed like the staff were overwhelmed with their caseloads.”

“Maybe they need to hire more staff since some staff appear to be overworked and are stressed out. That makes it a lot harder for them to do their job. I feel they really do try, but I can tell in their voice they are overworked and frustrated.”

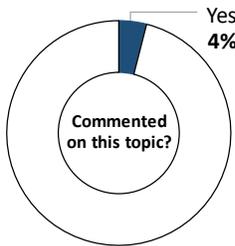
Some clients said there’s too much staff turnover.

“The workers change so often. It would be nice if they stayed for a year or two.”

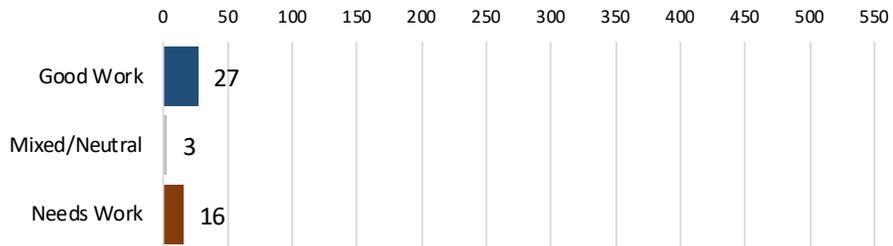
“Less turnover. The minute we build a rapport we get a new one; they’re here and then they’re gone.”

46 of the 1,168 clients who made comments (4%) mentioned provider staff.

PERCENT



NUMBER



KEY FINDINGS

In addition to comments about social and health services staff, some clients commented on the quality of staff or providers paid through social and health service programs. Over half (57%) of these comments were positive.

- Many of these clients mentioned positive interactions with primary care doctors and their staff. Some expressed appreciation for the high quality care received in group homes or from individual caregivers. Others noted the high quality counselors and therapists they have worked with while receiving services.
- Some clients suggested counselors and therapists should be well-trained and empathetic towards clients’ past experiences. A few clients said their caregivers did not speak their language, which presented problems.

Our clients speak . . .

“
THE CAREGIVER WHO COMES TO MY HOME THREE TIMES A WEEK IS AMAZING.
 ”

Clients noted the many ways providers support them and offer high quality care.

- “The doctors are very willing to find help for me.”
- “I really like my son’s therapist. He got ADA [Applied Developmental Analysis] therapy and it’s just amazing. He’s speaking and he knows his name now. It’s just so amazing.”
- “I am extremely satisfied with the caregiver I currently have.”
- “I have someone to talk to and I trust her. She makes sure that I have enough food. She takes me to the dentist and wherever I need to go.”
- “[I like] the compassion of the providers.”
- “My Coordinated Care representative is awesome. She told me that anything I need, just give her a call and she will do her best to get it done.”
- “We really liked our in-home therapist and the fact that they could come to our home. This made it so much easier on our family.”
- “The mental health counselor has saved my life.”

“The way they teach us to teach our son is so incredible and we can’t appreciate it enough. The two women have been so amazing to work with. They’ve come into our lives and have just helped us so much. I’m actually going to tear up thinking about how great they are and how much fulfillment they’ve brought into our lives.”

“My current primary medical provider is absolutely fantastic. She listens to all I have to say and carefully considers my circumstances together with what I need.”

Others saw room for improvement.

- “Make sure providers are more empathetic regarding past drug use.”
- “They have not be able to find a caregiver for me that speaks my language. I cannot communicate with the people that they have provided for me, so I am not trusting them with helping me and my chores.”
- “Mental health needs to improve on the quality of staff and counselors and psychiatrists.”

Access and Processes

Overall access to services remains high, but comments suggest continuing challenges reaching staff.

The processes for applying for and using services – and asking for help along the way – must be easy for clients to navigate.

Survey scores about access and process are mixed. Clients generally agreed that offices were open at good times and that it was easy to get services quickly. These are very encouraging results as many services shifted to remote delivery during the pandemic. However, contacting staff continues to be a challenge for many clients.

- *Are program offices open at times that are good for you? (88% positive)*
- *Is it easy to get services from the program? (83% positive)*
- *Did you get services as quickly as you needed? (82% positive)*
- *When you call, is it easy to get to a live person when you need to? (70% positive)*
- *Do staff return your calls within 24 hours? (78% positive)*

Clients also had a lot to say about this topic. Just over half of the comments (51%) mentioned access or processes. Of these 601 comments, 343 were suggestions for improvement and 175 were positive. Many comments noted improvements in managing processes online and appreciation for remote options for appointments. However, clients expressed frustration with long wait times over the phone – an existing challenge that was made worse during the pandemic.

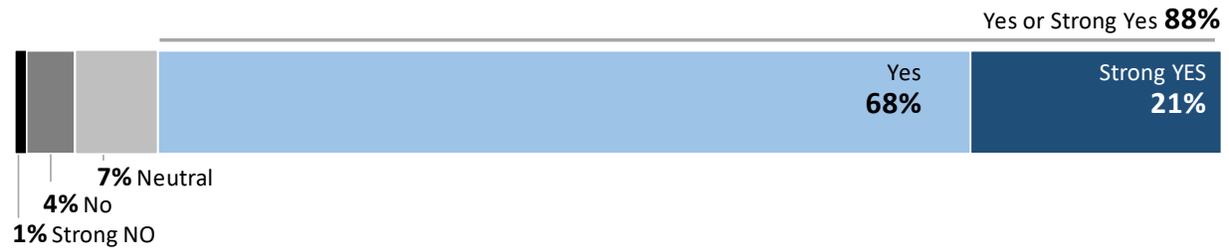


Pexels.com/Cottonbro

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

Nearly nine of 10 survey respondents (88%) reported that offices are open at times that are convenient for them. One of 20 (5%) disagreed.

RESPONSE

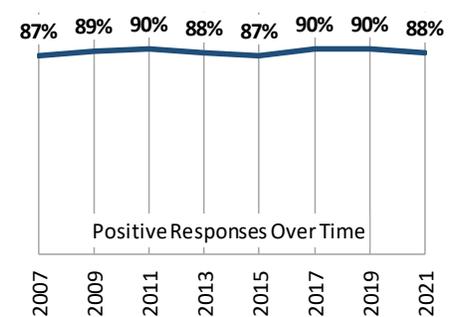


DETAIL

At 88 percent positive, responses are down from the last survey, but the change is not statistically significant. Most offices closed during the COVID-19 pandemic and services shifted to remote delivery.

Thirty of the 1,168 clients commenting (3%) mentioned office hours or location. Of these, 25 comments were suggestions for improvement, four were positive, and one neutral. Clients continue to want longer hours of operation, including weekend and evening hours.

TREND



Our clients speak . . .

“
**THE HOURS THAT
 THE CALL CENTER IS
 OPEN IN THE CSO
 NEED TO BE
 EXTENDED.**
 ”

Some clients think longer hours would improve services, especially during COVID-19.

- “Have longer office hours on the phone during COVID.”
- “Having more times to be open.”
- “Better business hours, such as eliminating protected hours for the financial staff or have them available more hours during the day for us working people.”
- “Change the hours that they are open.”
- “Have availability at the CSO beyond 2:00 pm.”
- “Now with COVID, open some of the offices for more hours and make these hours more available.”
- “Open the offices as soon as you can or sooner.”
- “Improve hours of operations.”

Others want evening and weekend hours.

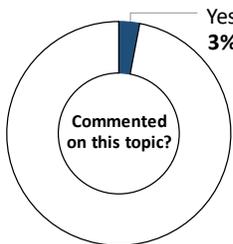
- “Have later times available for people who are employed.”
- “I wish the offices were open later for the people that have work shifts that end after 5:00.”
- “Maybe have someone to keep in contact, such as on Saturday and not just Monday through Friday.”

For some, it’s not the hours, but the office location that presents a barrier.

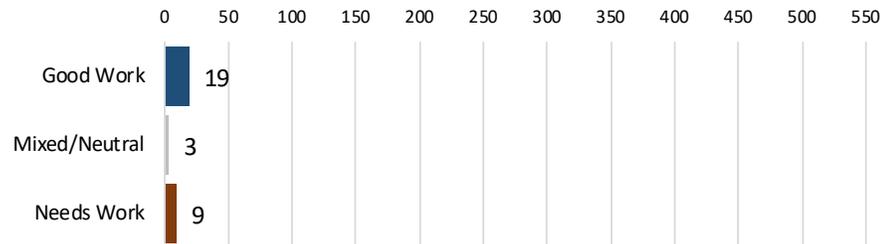
- “Move services closer to my home town.”
- “Sometimes a central location closer to my home would be easier.”
- “The closest office is about 15 to 20 miles away. I would like some way that I wouldn’t have to drive so far.”

31 of the 1,168 clients commenting (3%) mentioned appointment process.

PERCENT



NUMBER



KEY FINDINGS

Few clients mentioned appointment processes, but most of the comments (61%) were positive.

- The most common theme in the positive comments was appreciation for remote options (phone or online) for appointments. Clients cited many benefits of remote services, including convenience, avoiding the transportation challenges of getting to an office, and safety for those with compromised immune systems.
- A few clients noted that remote services can present challenges for some, including those without internet, or clients who respond better to in-person therapy.
- Many of the negative comments were about long wait times in Community Services Offices (CSOs) before COVID-19, or long wait times on the phone.

Our clients speak . . .

“ I LIKE THAT I DON’T HAVE TO GO TO THE OFFICE AND I CAN DO EVERYTHING OVER THE PHONE. ”

Clients appreciate remote options for appointments.

“I have no transportation and it is easy to get services over the phone.”

“They give you the ability to do things online. I have a disabled child with a very low immune system, so that’s helpful for me to do things online.”

“The fact that you can do everything online instead of going into the office is great.”

“I do all my business with the CSO online or through the mail.”

“They accommodate access to their services through phone calls.”

“I like that I don’t have to deal with them. I do everything online.”

A couple clients noted difficulty with remote services.

“We noticed since our therapy sessions switched due to COVID, he reacts differently to them. When they were coming to the house, he was doing so well. I wish we could do some outdoor sessions.”

“Some people don’t have access to the internet, so they have to come in.”

Some clients said they had short wait times for appointments.

“When I go into the office they do not take long to see me.”

“The office I go to when it’s not COVID, you get in quick.”

“I like the ability to start the appointment early if I come ahead of schedule.”

“I think their in-person service was pretty friendly and very quick.”

Others said they experienced long wait times in the office.

“Before COVID, wait times were really long in the office, that’d be my only complaint.”

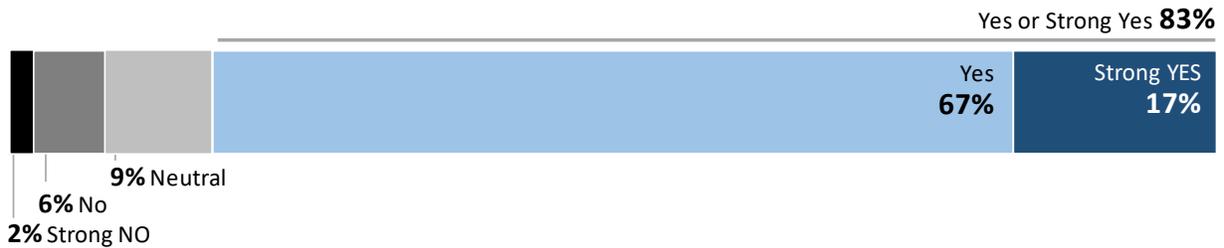
“A shorter wait time at the CSO would be helpful.”

“Calling the CSO on the phone or going into their office is a nightmare. Do something to make that process better.”

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

Over eight of 10 survey respondents (83%) reported that it is easy to get the services they need. Fewer than one of 10 (8%) disagreed.

RESPONSE

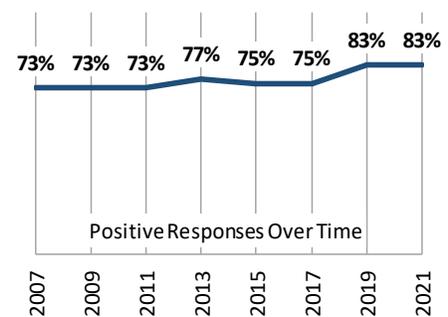


DETAIL

Positive responses are stable compared to 2019, but have increased by 10 percentage points compared to 2007, a statistically significant difference ($p < .05$).

Many clients made comments about how easy it was to sign up for and receive services, especially for Apple Health/Medicaid services (HCA) and food assistance (Community Services Division, ESA, DSHS). Some clients mentioned frustration they experienced, especially at the beginning of the process.

TREND



Our clients speak . . .

“**THE DIFFERENT AGENCIES MAKE IT EASY FOR US TO GET THE HELP WE NEED.**”

Many clients said it's easy to get services.

- “I like how easy they make it for us to receive benefits.”
- “Compared to Oregon, you guys really have it together. It is much easier to get services and you are clear about expectations.”
- “It has been easy to get what I needed.”
- “They are providing me with medical coverage and the process was easy to do.”
- “It is easy to get help when needed for my medical and drug and alcohol treatment.”
- “I like the ease with which we were able to get the service. They made it very easy on us, so that was wonderful.”
- “I’m able to access services easily.”
- “They make it easy to complete the process.”
- “I can’t really think of anything other than it was an easy in and out.”
- “It’s easy to get what you need; it’s simple.”
- “It was pretty easy to sign up for Apple Health.”

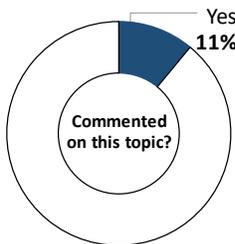
- “This program is really easy to use. I haven’t had any problems.”
- “They are easy to deal with. They have helped my family so much.”
- “It was easy working with DSHS and going through what we did to adopt our great-grandson.”

Some clients said it was difficult to establish services.

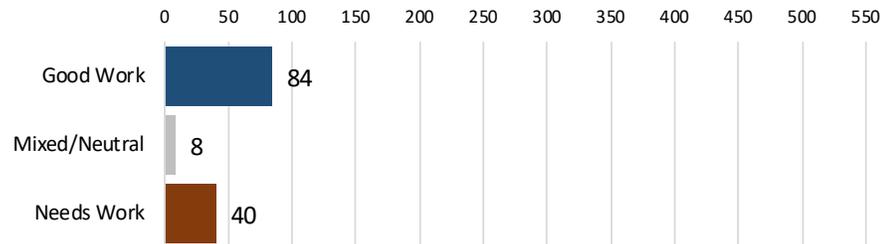
- “The services are implemented and then it is reliable after a struggle at the front end of services.”
- “Initially there was confusion on who to call and navigation was difficult in the beginning.”
- “Make it easier for people to apply for benefits.”
- “These services have helped better my daughter’s life, but she wouldn’t have been able to get everything in order if it wasn’t for me and if I wasn’t educated. It’s hard to figure out all of the different programs and paperwork for it all.”

132 of the 1,168 clients commenting (11%) mentioned processes in general terms.

PERCENT



NUMBER



KEY FINDINGS

Most comments about general social and health services processes were positive (64%), but some comments revealed areas in need of improvement.

- Many clients expressed appreciation for services that were easy to get and use. They were grateful for processes that were accessible, efficient, and effective. They also liked processes that ran smoothly with minimal interaction. A few clients explicitly noted that social and health services have done a good job maintaining services during the COVID-19 pandemic.
- Some clients said they felt processes for getting and maintaining services were fair, but others were frustrated with rules they found unfair or inconsistent. Some said the process was overly bureaucratic and needs “more humanity put back into services.”

Our clients speak . . .

“
I KNOW WHAT SERVICES I AM GETTING, AND DON'T HAVE TO GO THROUGH ANY HOOPS TO GET THEM.
”

Many clients described processes that were smooth and free of error.

“With Aging, as long as I do the paperwork every year, things work smoothly. It’s very hands-off, which I like. DVR is a little more hands-on, but it works like a well-oiled machine.”

“I think they are adapting well to the COVID crisis.”

“It’s fast and efficient.”

“The program runs great, just like clockwork.”

“I appreciate how easy it was to get the services I needed and once I got them, it was a very smooth process.”

“Apple Health is very organized.”

“They have provided me with medical and food stamps and I have not had to deal with them because everything works as it should.”

“It is not complicated and it is straight forward.”

“Washington makes things relatively accessible and navigable.”

Clients appreciate processes that are fair and consistent.

“They don’t flip flop. You know where they stand, so it feels like it’s a straight forward process. It feels fair.”

“I like the fact that there is a consistent system set up. It works for everyone.”

“I enjoyed that we had a set plan and set providers. It was reliable.”

But some clients found processes unfair, inconsistent, or overly bureaucratic.

“You say we did something wrong and we get penalized for it. I don’t think it’s fair when we’re not even given all the information to begin with.”

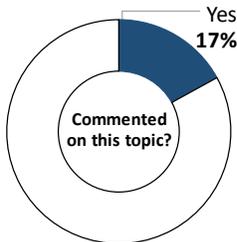
“It seems like some of the people you contract with like Molina or United Health, don’t work under the same rules. Some have better coverage than others.”

“I am thankful for what I get. I just wish there was more humanity put back into services.”

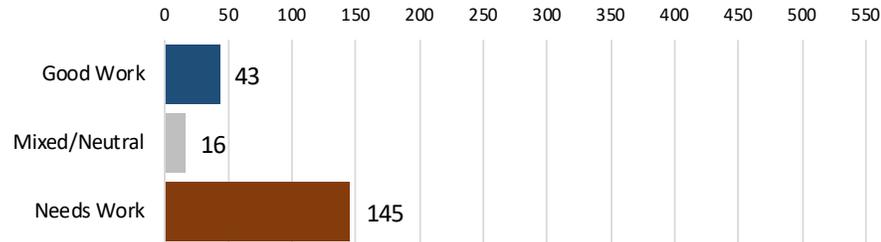
“There is a ton of red tape and just policy structure that prevents actual help.”

204 of the 1,168 clients commenting (17%) mentioned specific processes.

PERCENT



NUMBER



KEY FINDINGS

Over seven of 10 clients (71%) commenting about specific processes related to access or delivery of social and health services offered suggestions for improvement.

- The positive comments noted appreciation for a range of processes, with several positive comments about the availability of online services, especially automated payment and benefit systems. Others noted processes they liked about staffing, including having in-home caregivers and assigned caseworkers.
- Some negative comments described frustration with processes common to many programs, like excessive or confusing paperwork and websites that are not user-friendly.
- Many clients also noted program-specific suggestions, like changes to recurring review processes, more options for noncustodial parents to make payments, and changes to the training requirements for caregivers.

Our clients speak . . .

“
MOST OF THE MAIL FROM STATE LOOKS THE SAME NO MATTER HOW IMPORTANT THE CONTENT. I WISH YOU WOULD SEND ME AN EMAIL OR TEXT WHEN IT'S TIME TO RENEW MY APPLICATION.
 ”

Clients described many specific processes they appreciate.

- “I like that the food stamps are on a card now. I don't feel embarrassed bringing it out and swiping it.”
- “Using an online system to make payments is pretty streamlined.”
- “I liked that they came to my home and we did not have to take him somewhere to get help.”
- “I like that we have a specific caseworker assigned to us.”

But most described difficulty with specific processes.

- “The annual income review is always nightmarish. I've never been able to finish it in a reasonable amount of time.”
- “DCYF needs to give credit for life experience towards the 36 hours of training to either get licensed or a license renewal.”
- “They could have more options to make payments.”

“The assessment (DD) could be streamlined. It is way too long.”

Clients want more services to be available on a user-friendly website.

- “Have online forms instead of everything going through the mail.”
- “It would be awesome to have more electronic communication.”
- “If I schedule payment ahead of time, it would be nice to get a verification of that change.”
- “Make the website more user-friendly.”

Others noted issues with paperwork that was redundant or too complex.

- “Things could be more concise. I receive many duplicate calls and letters.”
- “Reduce the amount of paperwork, especially for the medical assistance.”
- “If I did not have an amazing social worker I would have given up with the paperwork and the application.”

Some client comments revealed program-specific challenges.

Our clients speak . . .

AGING AND LONG-TERM SUPPORT ADMINISTRATION

Some clients said staff or caregiver training would improve services for clients with unique needs.

“Aging needs to have special training available so that I can have someone come into my home to help me. No one ever lasts long because they are so afraid of symptoms that I have no control over.”

“The people they deal with sometimes have mental issues and I think the workers need more training and more support in that area. They need to be prepared for those issues when they encounter them. Classes or training of some sort would be helpful to them in those situations.”

DEVELOPMENTAL DISABILITIES ADMINISTRATION

Some clients said paper mailings were redundant.

“They could probably streamline the mail for example. He is only 8 and lives at home but we get a letter almost monthly that says he doesn’t have to pay any participation. Save a stamp and don’t mail us a letter all the time.”

“Honestly, I think they are wasting a lot of money by sending so many reports through the mail. We get duplicate copies of the same reports. Maybe they should send them electronically instead of so much postage.”

DIVISION OF VOCATIONAL REHABILITATION

Some clients would benefit from more communication.

“I wish that, when you are on a waiting list, they would contact you now and again and let you know that you haven’t been forgotten. I understand that COVID has really made it a lot harder, but it makes me so anxious not to know where I stand. This mostly applies to DVR.”

“Move faster with the DVR services. He was a level 2, but now he’s been moved to a level 1. I’m hoping something comes of it, but we just haven’t heard anything.”

ECONOMIC SERVICES ADMINISTRATION - DIVISION OF CHILD SUPPORT

Both custodial and noncustodial clients expressed frustration with the online payment system/website.

Custodial Parents

“The child support website was too hard to work with.”

“More efficient online services (DCS).”

Noncustodial Parents

“Make paying online easier.”

“It would be nice if there was a way to check my current balance owed online.”

ECONOMIC SERVICES ADMINISTRATION - COMMUNITY SERVICES DIVISION

Some clients mentioned issues with EBT cards.

“I had so many problems with my Quest card I finally threw it away. I had to call every time I used it to check my balance and every time it said zero even though I should have had a balance.”

“I also wish we were given more than one EBT card, my husband sometime doesn’t have it and if we need something from the store he can’t use the card.”

HCA - MEDICAID/APPLE HEALTH SERVICES

Some clients had suggestions for new processes.

“Make sure to check the credentials of the physicians who accept Apple Health/Medicaid. Have a rating system like Yelp.”

“Have the medical coverage be included on a card like the food stamps are.”

HCA - MENTAL HEALTH SERVICES

Some client comments indicate gaps in knowledge about coverage.

“Need to have insurance that covers mental health.”

“Having more information about what mental health services are available.”

HCA - SUBSTANCE USE DISORDER SERVICES

Clients had specific suggestions for improvement.

“I think they need to do more follow-up after treatment and setting up a plan for the future before discharging someone.”

“Expand the mental health and substance abuse services, especially the location of the services. Sometimes we have to drive quite a ways to access services. For the more rural areas, have someone stationed once or twice a week to provide the substance abuse services.”

DCYF - CHILDREN AND FAMILY SERVICES

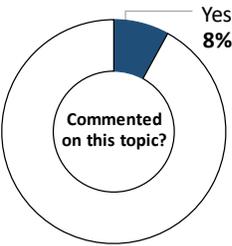
Some clients had ideas on how to improve information sharing.

“Create a notebook with copies of licensing materials, license certificate, and a page for business cards for social workers, doctor cards, and appointment cards. Divide it into sections for family, medical, things that came from the Department. The notebook should follow the kids when they move from a placement, so it can be available when a child comes to your home.”

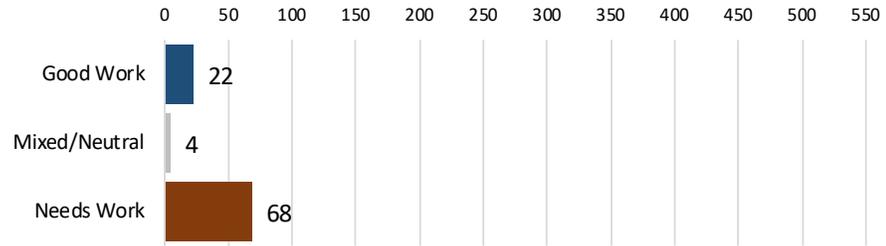
“When you send a letter to family members to ask if they are interested in taking children in, I think it would save time to have an immediate link for response and steps to let DCYF know they are interested.”

94 of the 1,168 clients commenting (8%) mentioned eligibility processes.

PERCENT



NUMBER



KEY FINDINGS

Over seven of 10 clients (72%) commenting on eligibility processes made suggestions for improvement.

- Many of the positive comments noted it’s easy to apply for services. Clients especially appreciate online applications and help from staff when they run into questions. But some clients said the application process was confusing or wished there was a common application and renewal process for different services.
- Many of the negative comments were about income limits that were generally too low, too strict, or based on gross (rather than net) pay. Some expressed concern with situations where increases in one service lead to decreases in other services, or when child support payments aren’t adjusted for income loss.
- Others questioned the policies and procedures associated with qualifying for benefits based on level of disability.

Our clients speak . . .

“
LOWER THE CAP SO THAT MORE PEOPLE LIKE ME WHO ARE ON THE BORDER CAN GET HELP. WE WANT TO BE SELF SUFFICIENT BUT CAN NEVER GET THERE BECAUSE WE CANNOT GET THE FOOD OR HOUSING WE NEED.
 ”

Many clients had good things to say about applying for services.

- “Qualifying for Medicaid was relatively straightforward. Even as my income changed, I remained eligible when I really needed it, so I am really thankful for it.”
- “I appreciated that they helped me get through the process of signing up for these programs.”
- “It was easy to apply for food assistance.”
- “I like that everything is pretty streamlined and once you apply you can follow things online.”

Others had challenges with the application process.

- “The application process is confusing. You can do one thing wrong and you can get denied.”
- “Improve the process to get assistance. It would be nice just to have one application for everything.”
- “When you apply for something it would be nice to log on and see how things are progressing. It would certainly free up your phones.”

Many clients noted frustration with income limits.

- “Take real expenses into consideration when determining benefits.”
- “We really do struggle trying to get food. Because we get adoption support we don’t qualify.”
- “When people have a job, you should not base your help on their gross income but rather their net. It was tougher after I went to work and that does not make sense.”

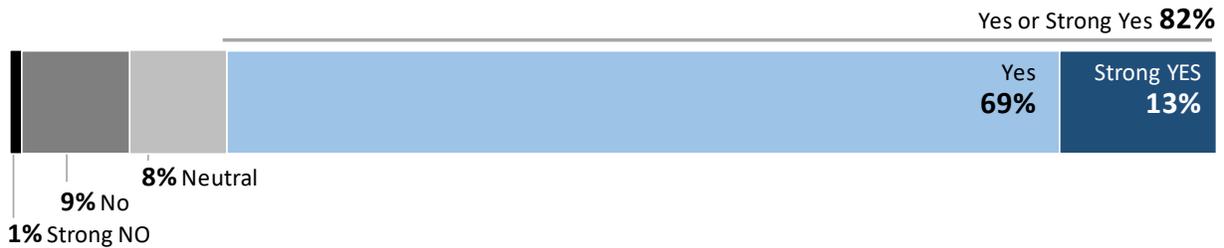
Others described rules that they find problematic.

- “I wish they didn’t use a ‘tier-level’ system on help and support you can get. I feel like our daughter should’ve gotten more mental health services.”
- “Make services more available (DVR) to individuals at a higher level of functioning.”
- “My child support is based on income in the past that was higher than what I am now earning, especially with COVID. Why do we have to go to court to get this changed?”

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

More than eight of 10 survey respondents (82%) reported that they got services quickly. One of 10 (10%) disagreed.

RESPONSE

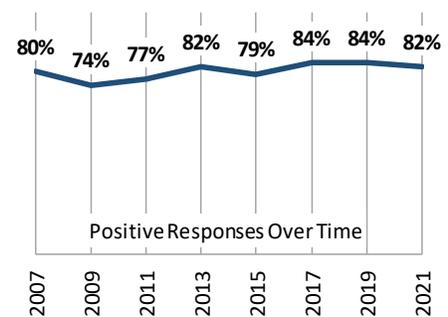


DETAIL

The two percentage point decrease in positive responses compared to 2019 is not statistically significant.

Client comments show that most clients continued to appreciate timely receipt of services, even as most service delivery and staff operations shifted from in-person to remote methods because of the COVID-19 pandemic.

TREND



Our clients speak . . .

“
FOR THE ECONOMIC SERVICES, I EXPLAINED MY SITUATION AND I HAD FOOD ASSISTANCE WITHIN 48 HOURS.
 ”

Most clients expressed satisfaction with the timeliness of services.

- “I like the promptness of the services.”
- “It’s quick and convenient.”
- “Now things happen more quickly.”
- “In my experience, they have been fairly responsive with services for my son.”
- “They were prompt.”
- “When he needs something, they take care of it right away.”
- “I like it that they are to the point and that you get services quickly.”
- “They are prompt with help.”
- “They help me with the foster children quickly and well.”
- “When I need help, I can get the help quickly.”
- “They are good at getting me the services I need quickly.”
- “They have helped me when I needed help. And they were fast at it also.”

“When we applied they were very fast and made sure we received the benefits quickly.”

“I like that they’re always on time. It’s working out for me, especially with the food.”

“They helped me quickly.”

“Just that I get stuff done quickly when I need it.”

But some clients are frustrated with long waits.

“Child support needs to get things done in a more reasonable time. It should not take 11 months to review a case.”

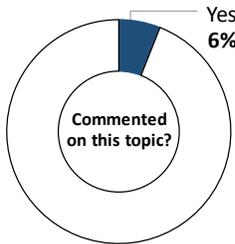
“Don’t have such long timeframes in determining eligibility.”

“The turnaround time could be better in getting the help.”

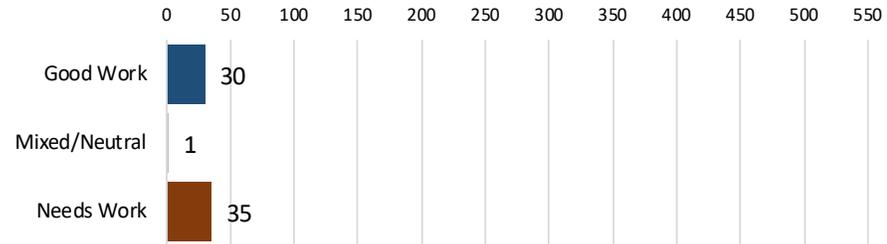
“There should be faster service available.”

66 of the 1,168 clients commenting (6%) mentioned timeliness of services.

PERCENT



NUMBER



KEY FINDINGS

Comments on timeliness of services were almost evenly split between positive comments and suggestions for improvement.

- The positive comments described appreciation for timely receipt of services, swift communication, and staff who were quick to help.
- Many of the negative comments described long approval times to begin services or receive certain benefits. Clients noted long wait times for various services, including vocational services for people with disabilities, updates to the child support payment system, and approvals for medical equipment.
- Some clients mentioned certain administrative processes that slowed down service, including delays with processing paperwork or making updates to client information.

Our clients speak . . .

“WHEN WE DO ALL THE NECESSARY STUFF AND GET OUR PAPERWORK IN ON TIME, WE EXPECT YOU TO DO THE SAME.”

Positive comments about timeliness often mention helpful staff.

- “I like that I can talk to a person and get things resolved quickly.”
- “When I applied, the guy I was working with helped me get everything I needed within 24 hours.”
- “The quickness and that everyone is helpful and courteous and that there’s help available.”

Others specifically mentioned timely communication.

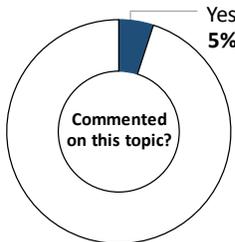
- “I like the quick mail communication.”
- “They were timely and had good punctuality in communicating.”
- “They communicate in a timely manner and get services quickly.”
- “They respond in a timely manner always.”

Some clients wish certain processes were faster.

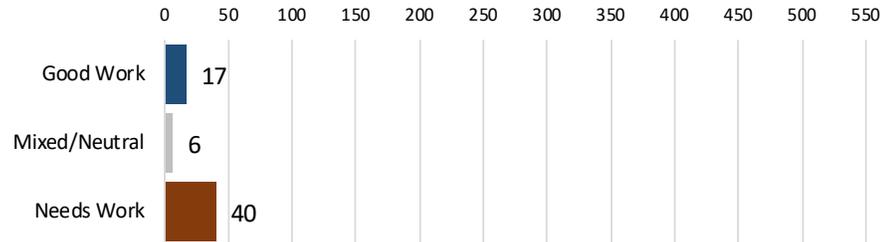
- “The paperwork is kind of slow to get processed.”
- “It would be great if they would approve the therapy equipment the occupational therapist recommends much sooner. Last time it took six months to get approval for equipment.”
- “The process of making someone a payee should be a smoother process. It took about 4 months.”
- “DCS could be better at updating what is owed and paid in a timely manner.”
- “The only reason I had any negative answers about DVR is that my son has been on a waiting list for over a year. We had our initial contact and now we are in waiting mode. But the staff are very nice.”
- “The one time I needed to use food assistance it took 2 months after approval to get benefits added to my card. They need to have better explanation of the benefits.”

63 of the 1,168 clients commenting (5%) mentioned provider processes.

PERCENT



NUMBER



KEY FINDINGS

In addition to comments about social and health services processes, some clients commented on the processes of providers paid through social and health services programs. Most comments were suggestions for improvements.

- Many of the clients who made positive comments mentioned the efficiency or accessibility of their doctors’ offices. Others noted high quality care received in group homes or from individual caregivers.
- Some clients receiving Apple Health services complained that the referral process was difficult. Others experienced long waits before they could get an appointment to see specialists or dentists. Others had long wait times on the phone with providers, or in the waiting room before their appointment.
- Clients also suggested providers should improve processes concerning interns, caregiver training, and cleaning procedures.

Our clients speak . . .

“
THE AVAILABILITY OF APPOINTMENTS COULD BE IMPROVED. SOMETIMES MY DAUGHTER NEEDS TO BE SEEN BEFORE 15 DAYS HAVE ELAPSED.
 ”

Clients noted many provider services and processes they appreciated.

- “My son broke both of his arms and there wasn’t a hassle taking him to a different emergency room. There wasn’t a hassle coming to the billing or transferring the patient. I like that part.”
- “I can get in contact with the doctor easily.”
- “The New Alliance counseling was wonderful.”
- “I like the idea that I can keep my same provider as I had before.”
- “The facility she’s at does everything by the book. The man there takes it very seriously. If anything changes or any new information comes up they always let me know right away.”

Some clients were frustrated with the referral process.

- “Allow people to choose their own doctors without referrals. Referrals are a pain in the rear!”
- “Make referrals easier.”

“The initial referral process for Apple Health is really cumbersome and slow.”

Other mentioned long wait times.

- “The wait time to see a specialist is really long.”
- “When I call a clinic, I have to wait a long time and sometimes I never get to talk with the person.”
- “You have to wait for a long time to get into the doctor’s office outside. Sometimes over an hour.”

Some clients described others provider processes that need improvement.

- “It would be very nice if we could have more video telehealth visits with my daughter’s doctor.”
- “The interns at the mental health office switch around too much at some places and it’s hard on the kids.”
- “More free continuing education for the DD caregivers.”
- “The facility she is in is not clean and her room needs to be cleaned.”

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

Seven of 10 survey respondents (70%) reported that it was easy to get to a live person when they needed to. Less than one of six (15%) disagreed.

RESPONSE

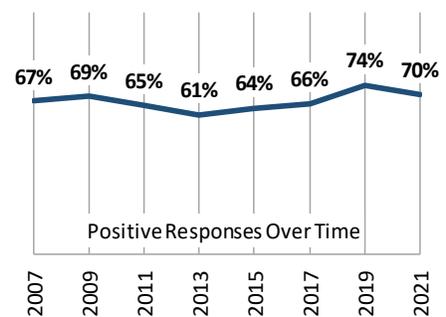


DETAIL

At 70 percent positive, this question remains the second-lowest scoring question in the survey. The decrease from 2019 is not statistically significant.

In their comments, many clients said it was easy to reach a live person when they needed to. But even more said it was difficult to get through to someone, citing complaints with long waits on the phone, or frustration with impersonal automated phone systems.

TREND



Our clients speak . . .

“**TRY BETTER TO ANSWER THE PHONE IN THIS EXTREMELY STRESSFUL TIME.**”

Many clients said it's easy to get to a live person when they need to.

“Any time I call they answer me and help me with my medical and food stamps.”

“I can get ahold of them easily.”

“I have an awesome representative. I can call her anytime, she's very nice.”

“I always getting a case worker when I need them.”

“I like the direct deposit options and that I get a live person when I call.”

“If have an issue and call they are able to help.”

“They're easy to get ahold of, I guess.”

“Case worker was accessible.”

“I like it that I can get ahold of a live person and get my answer, and also that they can answer my emails in a timely manner.”

Others think it's difficult to get to a live person.

“Have a live person answer the phone when I call. It is hard to get to a live person when calling.”

“Being able to talk to live people would improve services. You leave a message and then you don't get an answer quick enough.”

“Improve getting ahold of someone when calling in.”

“It would be nice if we had a live person when I called rather than phone tree. As a single parent raising my family, sometimes you just need to hear 'Hi. How can I help you?' And not be stuck in a phone tree.”

“Sometimes when I call the office no one is available to talk with me.”

“Respond to phone calls! My gosh, it is so horrible! You can get stuck in a circle of pushing buttons and you just cannot get anyone to answer. I get we're all suffering due to COVID, but it needs to be fixed.”

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

Nearly eight of 10 survey respondents (78%) reported that social and health services staff returned their calls in a timely manner. Just over one of 10 (11%) disagreed.

RESPONSE

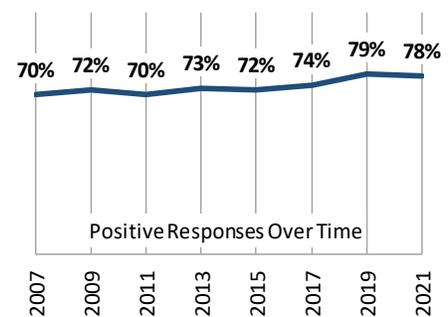


DETAIL

Positive responses are stable compared to 2019, but were eight percentage points higher than in 2007, a statistically significant difference ($p < .05$).

Comments show that clients appreciate staff who respond to them in a timely manner and can offer answers to their questions. But some clients said it took days for them to get a response – if they got one at all.

TREND



Our clients speak . . .

“
WHEN I DO LEAVE A MESSAGE, A REAL PERSON DOES CALL ME BACK IN A REASONABLE AMOUNT OF TIME.
 ”

Many clients said staff get back to them quickly.

- “They return phone calls.”
- “They are very responsive and helpful with my situation.”
- “The case manager leaves current voicemails if she is not in the office. She responds quickly.”
- “When I call or send email they respond.”
- “They are very responsive.”
- “I like their response. When I call them they get back in contact with me whether it’s good news or bad.”
- “They’re prompt in getting back to me.”
- “They are really responsive on answering any questions I may have.”
- “We don’t have a lot of interaction, but when we’ve reached out to our adoption support specialist she’s been really responsive and helpful.”

Some clients said staff should return calls more quickly.

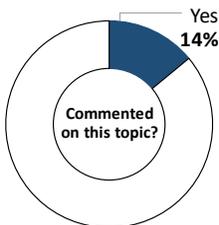
- “Only thing is answer the phones and return calls quicker.”
- “Return calls faster.”
- “I wait a while for them to call back.”
- “Better communication. Faster phone calls returned.”
- “Get back to me sooner. Sometimes it would take two days before I heard back after I left a message.”

Others said calls were not returned.

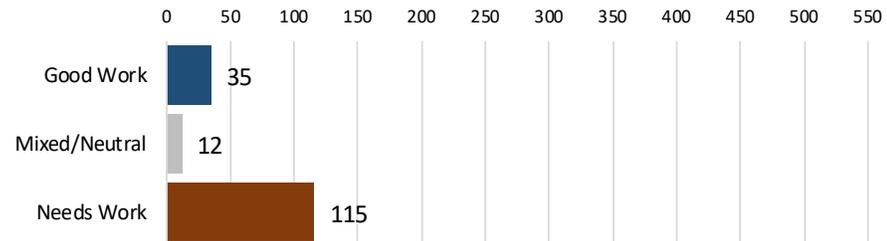
- “It’s so hard to get ahold of your case manager. They never call you back. You can never get in touch with anyone.”
- “DVR never called me back.”
- “My mental health office hasn’t shown me enough information about how to get in touch with someone. No one calls me back ever.”

162 of the 1,168 clients commenting (14%) mentioned staff access, including over the phone.

PERCENT



NUMBER



KEY FINDINGS

Over seven of 10 comments (71%) about access to staff were negative. Compared to 2019, there were more comments about staff access – and more of them were negative, likely due to the effects of the pandemic.

- Positive comments were varied, with clients expressing appreciation for quick responses from staff, access to live people, and multiple channels to reach staff, especially over email.
- As in past surveys, negative comments were overwhelmingly about long wait times on the phone. Multiple clients mentioned waiting on the phone for 45 minutes to an hour. Some noted that more staff could help.
- Some clients specifically mentioned the effect of the pandemic on access to staff, acknowledging both the difficult circumstances agencies are under – but also the importance of reaching help during these challenging times.

Our clients speak . . .

“
THE TELEPHONE IS VERY DIFFICULT TO GET THROUGH AND IT IS VERY DISCOURAGING AND FRUSTRATING.
 ”

Clients appreciate having access to staff who can provide guidance.

“They’re always very helpful and polite and thoughtful on the phone.”

“I like the fact that I can deal with them over the phone. They have always been helpful and great to me.”

“It’s nice to have that relationship and continuity with someone that you can call if you have any questions or just to chat.”

They also like communicating with staff through email.

“The phone system is pretty efficient, and I like it that I can do things online.”

“I like being able to communicate with them online.”

“Being able to email my support officer is amazing.”

Some clients noted how the pandemic has affected access to staff.

“Sometimes, it has taken some time to get people on the phone, but we’re in a pandemic so what do you expect?”

“I understand why this is, but it would be nice not to have to wait so long on the phone when I call.”

“It is tough to get through on the phones. With the pandemic that is even more important.”

“No one is answering the phone due to COVID and I never know if they will get back to me.”

Wait times continue to present challenges.

“They could make it easier to reach them on the phone. It is always difficult to reach them with a long wait. This is in regard to the CSO and HCA.”

“I had to wait 45 minutes to get to talk to someone. I have been disconnected and had to start all over again.”

“Six hours is way too long to have to wait to speak to someone.”

“It is not fair that we have to stay on the line and then after the second or third person we get disconnected and we have to start all over again.”

Information

Clients value reliable information and clear channels to obtain it.

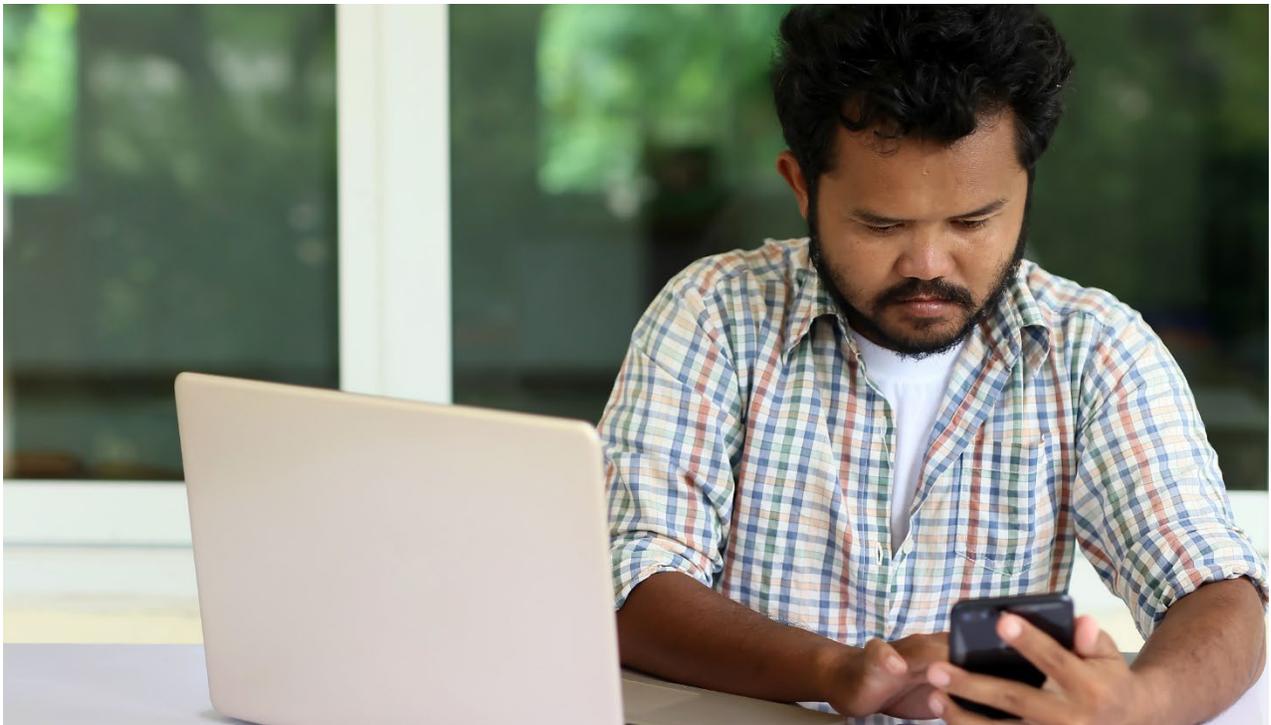
Washington state offers a wide variety of programs and services. These can be overwhelming and difficult to navigate. Clients may need assistance to find options that best fit their specific situation.

Scores across all information questions remain generally steady from the previous survey. More than eight of 10 clients agreed staff explain things clearly and that it's easy to get information about services. Although the percent positive remains stable, knowledge of available services continues to be the lowest scoring question in the survey.

- *Do you know what program services there are for you and your family? (67% positive)*
- *Did program staff explain things clearly? (89% positive)*
- *Was it easy to get the information you needed about services? (85% positive)*

261 of the 1,168 total client comments (22%) mentioned information, identified as either “general information” (254), “language services” (12), or both (5).

Clients appreciate staff who answer their questions accurately. They are interested in gaining more knowledge about all of their options and want updated communication methods. Several comments were requests for better website content or even development of a mobile app. Clients want more real-time communication and greater efficiency with the process of distributing information.



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

Close to seven of 10 survey respondents (67%) reported that they know what services are available. Nearly one of five (19%) disagreed.

RESPONSE



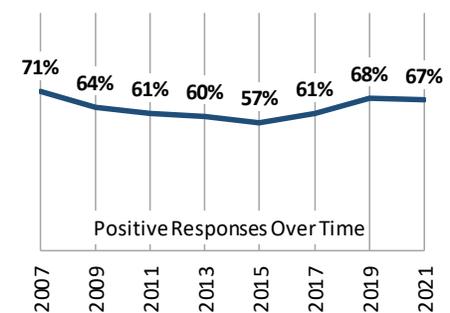
DETAIL

At 67 percent positive, this question is the lowest-scoring in the survey.

The general trend is positive from 2015 forward, but the current percentage has not yet rebounded to the high set in 2007.

Clients want to hear more detail about services and have options presented to them. They might not know the questions to ask in order to receive that guidance, and they appreciate when staff explain and expand on the resources and services they might qualify for.

TREND



Our clients speak . . .

“
**IF YOU DON'T
ALREADY KNOW
ABOUT THE
PROGRAM THEY
DON'T ACTUALLY
VOLUNTEER
INFORMATION
FREELY ABOUT IT.**
”

Clients who know their options expressed gratitude.

“They just really gave me lots of information and provided me with insight that I hadn't thought about. They helped the whole process along, going through foster care to adoption. They answered any questions we had. They helped with the whole thing.”

“They were there to help me find the services I needed. They pushed for my success.”

“The best help I got was with the social worker in explaining what was available. They asked why I was there and I had no idea what was available at Community Services.”

“They help me understand why I need it and the benefits that I get, knowing that I need to do my own research.”

“They have been very helpful for giving me preparation and getting me back into college. I did get some ideas about how to get some jobs through DVR.”

Some want the information to be shared more broadly.

“Let people know that there is free care for mental health. My sister, who is a therapist, told me and that is how I found out. Publicize it a bit more.”

“Inform the clients of your services. If we don't know, we won't be looking. Everyone has a different situation.”

“I guess one thing is, when COVID-19 hit there was a program that could help, but it was never broadcasted so I had to find out through another source. Those kinds of helps need to be made available to all and need to be advertised.”

A few mentioned language issues.

“Have more languages available when filling out [applications] for services.”

“I don't like dealing with the programs because it is difficult due to deafness. The language the different programs use doesn't always make it understandable to me.”

QUESTION | **Did program staff explain things clearly?**

Nearly nine of 10 survey respondents (89%) reported that program staff explain things clearly. One of 20 (5%) disagreed.

RESPONSE



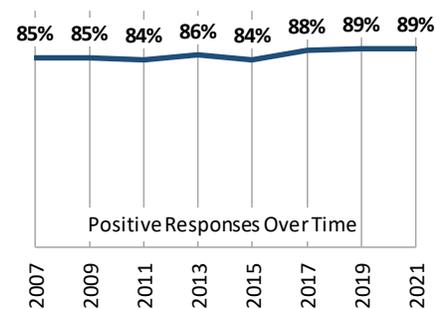
DETAIL

At 89 percent positive, this question remains the most highly-rated of the information questions.

Positive responses are stable compared to 2019, but increased by four percentage points compared to 2007, a statistically significant difference ($p < .05$).

Client comments remained positive and express gratitude for thorough explanations. They also appreciate language options. There is room for improvement, specifically with sharing information in a timely manner and with having a willingness to clarify.

TREND



Our clients speak . . .

“
THEY EXPLAIN THINGS VERY THOROUGHLY AND ARE VERY ATTENTIVE.
 ”

Clients appreciate clarity, details, and complete information.

“Good communication and giving direction to resources and having reassurance of any question I have.”

“The case manager has been really good at explaining how things work.”

“When I needed to understand how everything worked with the case, they were on top of it, explaining stuff.”

“When you need resources they’re able to tell you the different things.”

“They assist and answer questions and make sure she receives the benefits she’s eligible for.”

“They know how to explain things to people who don’t really understand.”

“I liked how they were there for my family. It was easy to talk to them and they explained things in great detail.”

“They just made the process very simple for me. They were very clear on what I needed to do.”

Some were grateful for language options.

“Having the paperwork in Russian is very helpful.”

“Always having an interpreter is good.”

“What I like the most is that since I don’t speak English there is always someone available to give me all the information in Spanish and if the letters come in English they will find someone to help translate.”

A few wanted more clarity.

“I wish they would be more upfront or honest in the beginning of the services they provided me instead of months into a program.”

“Some staff are much better than others. Some are like, ‘here you go’ and others are really helpful and share info about other things that will help us.”

“Sometimes when I ask for information there are misunderstandings because the agents don’t have the time or patience to explain things correctly.”

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

More than eight of 10 survey respondents (85%) reported that it was easy to get information about services. Fewer than one of 10 (6%) disagreed.

RESPONSE

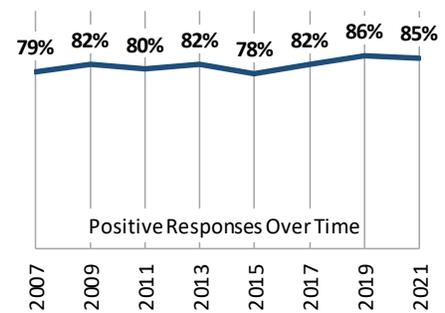


DETAIL

At 85 percent positive, responses are stable compared to 2019, but increased by six percentage points compared to 2007, a statistically significant difference ($p < .05$).

Clients want answers to their questions and clarity on how to obtain information. They responded with gratitude for the programs and instances when they were given information and also noted the improvements that allow them to access certain information online or within a mobile app. Some requested more updates or details.

TREND



Our clients speak . . .

“
THEY ARE VERY HELPFUL IN GIVING INFORMATION AND NEVER GET FRUSTRATED WITH ME ASKING QUESTIONS.
 ”

Most clients praised staff availability and explanations.

- “I would say that DDA is very informative in letting us know what services are available and assist in finding a day program for my son. They encouraged him to go through DVR for training and work.”
- “The staff explained things as we went along in the adoption process.”
- “The availability to get answers without a lot of hassle.”
- “They keep information readily available, such as information pamphlets.”
- “It was easy to get the answers we needed.”
- “They are very informative and keep us updated. Everybody is so willing to help in any way we need.”
- “The Birth to Three services are easy to access. There is a coordinator who is available to answer my questions.”
- “When I call and have questions about my balance of child support they are there to help me.”

Clients appreciate the ability to receive updates and check information online.

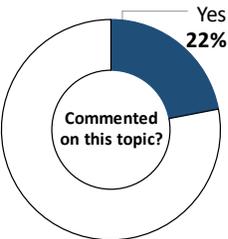
- “I like the app they have, to upload and look for things. It’s much easier than calling and waiting on the phone.”
- “The website has improved.”
- “Usually I can check when my deposit’s made online.”
- “I can see what’s owed to me through the DSHS child support website.”
- “I like that they have an online website as well as a number to call.”

Some clients described challenges.

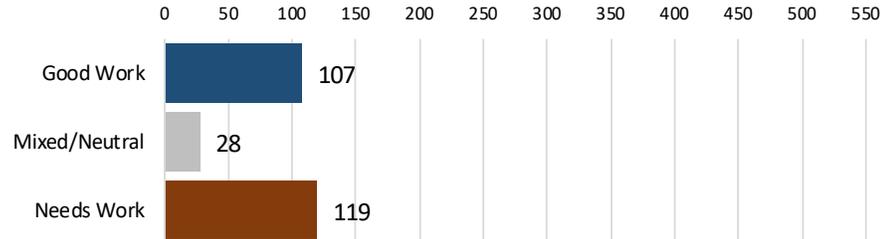
- “[I want] more details about the programs that are available.”
- “I don’t understand the emergency funding program. I get different answers.”
- “Those of us in DVR who are on a waiting list should be updated occasionally on our status, especially now with COVID.”
- “In the future it’d be good to advise us on other services even if it’s not DD. It would enable us to get some help somewhere.”

254 of the 1,168 clients who made comments (22%) mentioned the information they receive from social and health services.

PERCENT



NUMBER



KEY FINDINGS

While the survey questions about information remain largely positive, client comments about this topic were mixed. The total positive and negative comments were nearly equal.

- Clients made positive comments about general communication and the ability to get questions answered.
- Some of the negative comments were about website access and requests for mobile apps that would allow clients to look up information efficiently.
- Clients want to know what services are available and noted a lack of clear and complete explanations of options. They also asked for lists of providers and contact information for staff.

Our clients speak . . .

“ I’VE BEEN UNDERWHELMED WITH THE LACK OF INFORMATION. ”

Clients value answers to their questions.

“They do a good job giving me clarity when I’m confused about something.”

“I liked the fact that they were always helpful and let me know the tools that were available to me about housing and other things (DVR).”

“What I really appreciate is that if they don’t know the answer to my question, they point me in the right direction.”

“I get a straight answer when I ask a question.”

“DCS always answers my questions. No grey area and they make sure I understand.”

“I had a paragraph of questions and the detailed response was appreciated.”

“I get my questions answered quickly.”

“If you have any questions they are there to help you.”

Some asked for more information.

“It would be helpful to have people explain things clearly and explain what programs you are eligible for.”

“Make it more clear as to all the things that Medicaid can provide and explain it in layman’s terms so the general public can have a better understanding of what Medicaid does overall.”

“For new people to the system, be more precise and clear in informing people of what is available and how to access.”

Some mentioned website issues.

“Their website has a bunch of broken links and they need updating.”

“Possibly a cleaner website; it’s hard to find things on their website.”

“Educate people on the website access.”

Others want lists of providers.

“Find a list of providers that are available to use.”

“I wish there was a directory or a handbook with the phone numbers and services and something that told you where you could go for what.”

“A better list of providers in our area.”

Client Involvement and Coordination

Clear communication helps clients feel included and improves coordination of services.

Clients want to be active participants in their own care and services. Three of four clients agreed they help make plans about their services.

- *Do you help make plans and set goals about services? (75% positive)*

Respondents who received services from two or more programs were asked about coordination between those programs. Survey scores in this area are generally high, but ratings of staff teamwork across programs are lower than other topic areas in the survey, highlighting an opportunity for improvement.¹

- *Do social and health services make sure all your services work well together? (82% positive)*
- *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? (74% positive)*

Client comments about coordination were generally suggestions for change. Out of the 1,168 total client comments, 56 (5%) discussed coordination. Of these, 37 were negative and 17 were positive.

Many comments were about general communication, both between programs or among staff. Clients appreciate the opportunity to give input and assist in the process of creating plans and setting goals. Some suggested specific routes that programs could take to improve coordination, such as having one point of contact for all services or more consistency in answers from different caseworkers.



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¹ Because only a subset of respondents are eligible to answer the coordination questions, score changes must be larger for these questions to reach statistical significance. Trends must be interpreted with caution as years 2019 and prior included clients served by three or more programs, and 2021 includes clients served by two or more programs.

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

Three of four survey respondents (75%) reported that they help make plans and set goals about services. Fewer than one of 5 (17%) disagreed.

RESPONSE



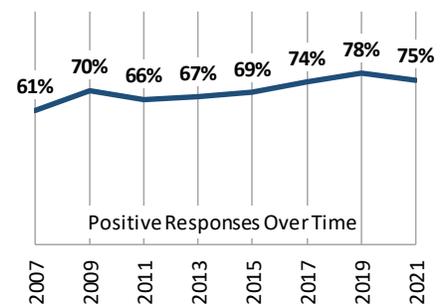
DETAIL

At 75 percent positive, this question shows a non-significant decrease compared to the last survey, but remains higher than all years prior to 2019.

Positive responses have increased by 14 percentage points compared to 2007, a statistically significant difference ($p < .05$).

Clients are interested in being part of the process. Over the years, they have found increasing opportunities to help make plans and set goals for their services.

TREND



Our clients speak . . .

“THEY TOOK MY CONCERNS SERIOUSLY AND WORKED WITH ME.”

Many clients praised having the opportunity to participate and give input.

“They work with you like you are part of their staff.”

“They give me options and allow me to decide on which treatment is best for me.”

“They care about our opinion and they ask about what we and the child wants. It gives us a voice.”

“They are very organized. I like that our case manager gives me some independence on how my care is given. She trusts me and gives me flexibility. Case manager is not over-controlling.”

“They have identified issues that I was not quite able to sort out. They have helped me clarify things to put into perspective and work on them. They have helped me break things down into manageable chunks. They help remind me of what we are working for. I can’t say enough good things about them and how they have worked with me.”

“Very supportive on the step-by-step in the process of getting into the system and being conscientious towards me in helping me understand what I need.”

“When I actually have a conversation about changes, I’m more content with it.”

“[I like] dealing with the programs. They are actually there and understand you and help provide support and don’t give you a run around. They go beyond normal to provide services.”

Some struggled with having a say.

“Sometimes my officer worked with me and called me before making judgments but not so much now.”

“Maybe the individual caseworkers could take more time to develop individual plans and make sure all the resources are explored to execute the plan.”

“Reach out to kids because there are a lot of kids out there who may be where they’re not comfortable. So listen to the children and what they want.”

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

Just over eight of 10 survey respondents (82%) served by two or more programs reported that their services work well together. One of 10 (10%) disagreed.

RESPONSE

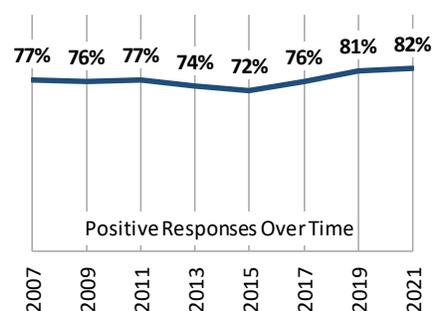


DETAIL

At 82 percent positive, responses are trending upward and the 2021 score represents a new high. The increases compared to 2019 and 2007 are not statistically significant.

Clients referred to specific services that coordinated well in order to produce better outcomes. While the data shows a majority of positive responses, the clients who commented on the topic of coordination were mixed and contained many suggestions for improvement.

TREND



Our clients speak . . .

“
THE PEOPLE ARE FRIENDLY AND COORDINATE SERVICES.
 ”

Clients praised teamwork between programs.

- “My son is in the hospital a lot and I appreciate that they do try to coordinate care for him.”
- “They provide me the ability to see doctors and get the care I need; they work well together.”
- “They work together well.”
- “It’s a good program to help us obtain medical coverage for our adopted son. We worked through a private agency and they were very helpful as a go between.”
- “There isn’t anything I can think of to make improvements. I have dealt with insurance and billings before and I know it can be challenging, so I commend them all for being on the same page. I don’t know how they do it, but they do.”
- “The agencies have been good at coordinating. The group home coordinates very well and shares info about resources. They also help him with his independence and he is now working.”

Some mentioned challenges.

- “It seems that the right hand does not talk to the left hand. For instance, I got a letter in the mail from Apple Health telling me about an awesome program that Molina has. Then I called Molina and they said, ‘Well I guess some areas might offer that but we don’t.’ It would be really nice if all that stuff was in place before you send out notices that certain programs and promotions are available.”
- “Communication between entities – that is between other state programs.”
- “DVR needs to have better communication and cooperation with other states’ DVR programs.”
- “It would be really helpful if they communicated with each other more! If the renewals all worked together instead of separately – it would be great. Right now it is aggravating.”
- “It is very frustrating to have to call so many different departments to receive services. All I ever hear is ‘that is not my department, you have to call...’”

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?

Nearly three of four survey respondents (74%) served by two or more programs reported that staff from different programs work as a team. Just over one of 10 (13%) disagreed.

RESPONSE



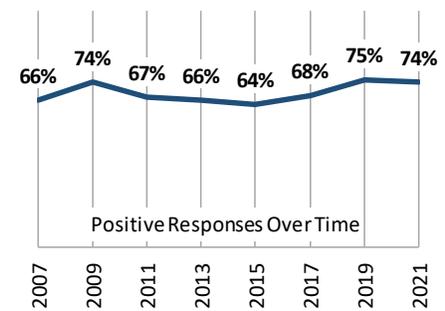
DETAIL

At 74 percent positive, this question is in the bottom three of the survey overall.

Positive responses are stable compared to 2019, but have increased by eight percentage points compared to 2007, a statistically significant difference ($p < .05$).

Clients clearly stated that they want consistency of services. While the data shows a majority of positive responses, the client comments on the topic of coordination were mixed and contained many suggestions for improvement.

TREND



Our clients speak . . .

“
HAVE ONE POINT OF CONTACT FOR ALL SERVICES.
 ”

Clients appreciate staff availability to answer questions.

“I like that even if my particular caseworker wasn’t available, someone else was always available to answer any questions we had.”

“I like it that even if you can’t get the assigned worker you can talk with someone and they answer your questions.”

“If they didn’t know the answer to my questions they would forward me to the next person, they wouldn’t just drop my calls. I like that a lot. I like that they wanted to get to the bottom of the problem. It wasn’t like, ‘Hey, we’ll call you back.’ They always tried to help me.”

They praised effective partnership.

“I like that they have counselors on campus and meet with the students.”

“They really help the people taking care of the patient and show patients when we try to understand the rules.”

Some made suggestions or expressed frustrations.

“Maybe have a social worker who helped me with everything instead of different websites or staff in separate programs.”

“When I was trying to find services, it was really frustrating going from one person to the other and being on the phone for hours.”

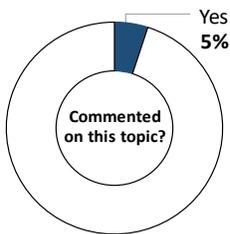
“Locate the DCS employees in one place. The paying parent deals with an employee in one city and the receiving parent is in another city. Shouldn’t it be the same person in one location?”

“Make the transfer from one caseworker to another more seamless. We have to basically start all over again and it becomes really frustrating.”

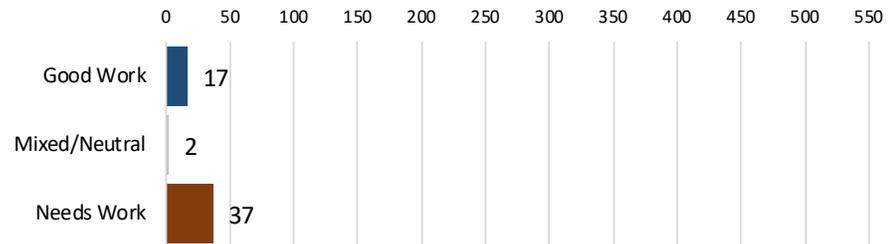
“[I want] consistency. From the time my son got in the program, caseworkers switch way too often. Things seemed to change depending on which caseworker he had. The caseworkers need to provide consistent services!”

56 of the 1,168 clients commenting (5%) mentioned coordination.

PERCENT



NUMBER



KEY FINDINGS

Client comments about coordination refer to both coordination between different social and health service programs and coordination between staff in the same program. Thirty-eight comments mentioned coordination between programs and 20 mentioned coordination between workers (two mentioned both). Comments were largely requests for improvement.

- Many clients were frustrated with poor communication between workers or programs, redundant questions or tests, or a sense of confusion about where to turn for answers or assistance.
- Clients made several specific suggestions on process improvements that could create better coordination, such as central databases for all programs, information sharing between entities on standard items (e.g., evaluations), and input on the client journey from all sources involved.
- Some clients pointed out areas where teamwork and communication between programs improved services.

Our clients speak . . .

“**THEY SAY IT TAKES A VILLAGE, BUT WITH THE STATE, EVERYONE HAS THEIR OWN PLOT OF LAND AND THEY ARE VERY TERRITORIAL.**”

Clients shared ideas to create better coordination.

“A more holistic approach is needed. All the programs are their own little domain and don’t talk to the other programs. It’s not just ok to feed someone if they don’t have anywhere to live or no hope of ever getting out of the hole they are in. For instance, Workfirst has this model: job search - get a job - get off welfare. But if a person is never asked what they are good at or never have the opportunity to get a decent paying job, they will just end up back on welfare.”

“I just wish that the agencies talked to each other. There should be some kind of central database so that when you put in your name and SSN and checked a box that says everything is the same, it would pre-fill all the stuff so that you don’t have to fill it out time after time when nothing has changed.”

“[I don’t like] all the evaluations we had to go through because it seemed that different programs do not trust each other’s data.”

“There should be wraparound services throughout the state. This is where everyone who has a stake in the case is involved and works together for the betterment of the child/family. This way everyone knows what is happening and can give input.”

“Link the services statewide and operate the same in each county.”

Communication is a common issue.

“Interagency communication could be better. They could link up better.”

“Between the agencies, one doesn’t know what the other is doing.”

Some praised the coordinated effort.

“I like that they’re willing to work as a team and just create a team around our child.”

“I like the fact that they work really close with my clinic and mental health.”

“I like that the programs work together (long-term care & Medical Assistance). Typically Aging will advocate for me and do a lot of the legwork to get me what I need.”

Resources

It is difficult to match client needs with adequate resources.

The survey does not include specific questions about resources because programs often have little control over what is available from federal and state sources. However, many clients offered comments about resources in response to the open-ended questions.

Clients want benefit levels that meet their needs. Some mentioned challenges with the financial effects of COVID-19 and asked for food benefit assistance to be increased. Others struggle with accessing providers. They often noted distant locations and limited provider options as barriers.

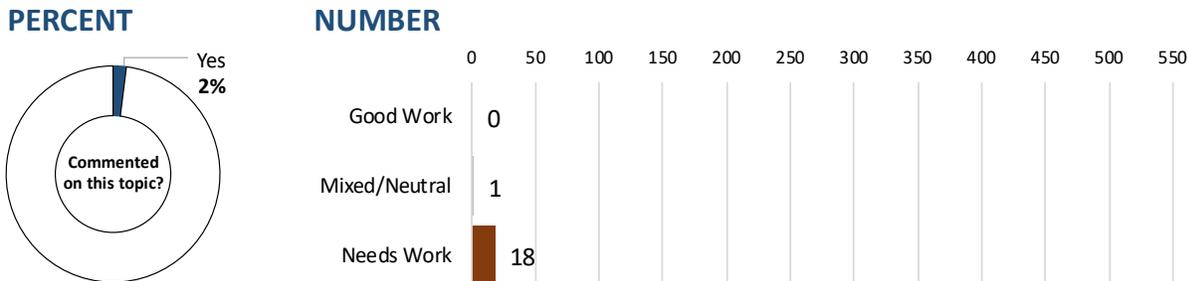
117 of 127 comments about the availability of programs and benefits (92%) were suggestions for improvement. Six comments were neutral and 4 were positive. These comments make up 11% of the 1,168 total client comments.

Clients continue to request housing assistance and access to specific services. These include: dental care, orthodontia, eye care, programs for at risk youth, caregiver hours/pay, disability services, prescription medication coverage, alternative care options, speech therapy, and education/tuition assistance. Mental health services were also mentioned frequently, with clients noting long wait lists and a lack of providers.



Pexels.com/Michael Burrows

19 of the 1,168 clients who commented (2%) mentioned the availability of social and health programs.



KEY FINDINGS

All but one of the comments about program availability were suggestions for improvement.

- Clients made general comments about funding and assistance, including requests for more locations.
- A few made specific requests for programs ranging from adult day health to at-risk youth.
- Housing assistance continues to be a common request among these comments, with several clients saying they need help with the cost of rent and utilities.

Our clients speak . . .

“**THERE SHOULD BE A HOUSING PROGRAM FOR PEOPLE WHO ARE REALLY TRYING HARD TO GET THEIR LIFE TOGETHER.**”

Some clients asked for specific assistance.

- “Have more services for persons on disability.”
- “Please bring back Adult Day Health. My son has no peer interaction and what [kid] wants to spend the entire day with their father?”
- “I think there needs to be classes on personal safety before putting our challenged individuals back into the community. They need support - a person to teach them how to avoid the predators out there.”

Housing and assistance with rent continue to be mentioned.

- “Help with my rent and utilities.”
- “Provide more help with housing – especially for families with children.”
- “Share more information about rental assistance. The cost of rent is high and going up. Any help DSHS could give in this area would be so helpful.”

Clients made general comments about funding and service availability.

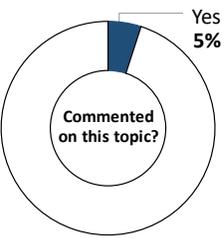
- “More services in Chewelah.”
- “I’m native and was able to get Tribal TANF in Spokane County. I wish more counties offered Tribal TANF. I had to move to Spokane County.”
- “The obvious, just provide more services [to those] that still need them and to expand services that they already provide.”
- “I guess, maybe provide more services.”
- “Better state funding is always good.”
- “When someone needs help and they apply they need to have other programs that help those who are slightly ineligible.”

A few clients requested programs focused on youth/teenagers.

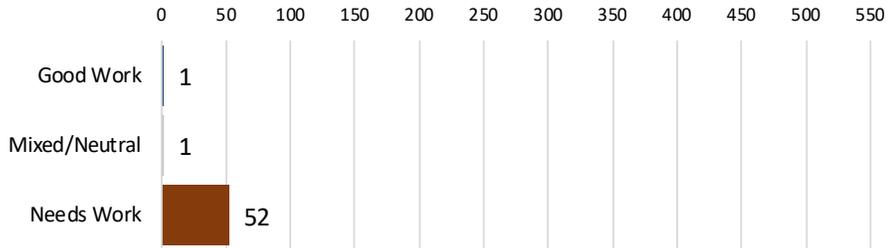
- “Not enough help for young teenagers. Job coaching needs to be available at a younger age.”
- “More programs geared toward at-risk youths.”

54 of the 1,168 clients who commented (5%) mentioned benefit levels.

PERCENT



NUMBER



KEY FINDINGS

Nearly all of the comments about benefit levels (52 of 54) were suggestions for improvement.

- Food assistance and caregiver hours continue to be the most requested areas for increase.
- A few clients brought up COVID-19 and its effects on food assistance needs. Most asked for additional funds but one client shared about extra benefits received as a result of the pandemic.
- Other areas mentioned include: caregiver pay, clothing vouchers, general support amounts, and education/tuition assistance.

Our clients speak . . .

“
THE COST OF FOOD IS GOING UP SO THE FOOD BENEFITS SHOULD ALSO GO UP.
 ”

Clients want additional food assistance.

“They don’t provide enough to barely help us get by. We have to choose how to make these dollars stretch. If we want to eat healthy, we can’t do that on our dollars allocated. We all know that healthy foods cost the most.”

“Having some food benefits is better than none, but I’m still struggling.”

“More money in food stamps. Mine run out in 2 weeks even when I try to get cheaper stuff.”

Some referenced the effects of COVID-19 on food benefits.

“Have resources available during COVID-19. Up the food stamp amount when you are employed.”

“I think with the pandemic going on, we should be able to get a little more food stamps so we can buy food that will last us for the entire month or a little longer.”

“I like the food benefit program because it helps feed me. I like the extra benefits due to the pandemic.”

“Raise the benefits for families and lower the income threshold for families, especially during the pandemic.”

Others want rate changes and more caregiver hours/pay in specific programs.

“Increase the reimbursement rate for caretakers.”

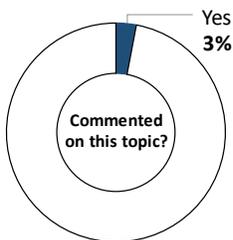
“Reimburse the adult family home providers for money they pay out of their own pockets for client’s personal things. Or, add a little extra money each month for clients so that providers don’t have to pay out of their own pocket.”

“I could use more caregiver hours.”

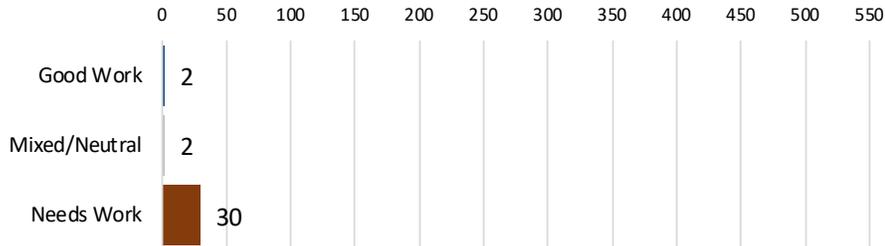
“People that are looking for disability [assistance] need more help. Not everyone is lucky enough to have people to help them and take them in. The amount of money that was allotted to me is not nearly enough to live off of. If I didn’t have the few friends I have, I mean I sleep on my ex’s floor, my computer is in the garage and that’s my life right now.”

34 of the 1,168 clients who commented (3%) mentioned health care provider availability.

PERCENT



NUMBER



KEY FINDINGS

Nearly nine of 10 clients commenting (88%) suggested improvements to the availability of health care providers.

- Clients noted difficulty in finding a provider that accepts Apple Health, as well as challenges with availability of appointments. Some described long wait lists.
- Mental health providers and services were repeatedly mentioned as areas in need of improvement. A few clients pointed to staffing issues in addition to lack of choices.
- Others struggle to find dental services and providers that accept Apple Health.

Our clients speak . . .

“
THEY HAVE IMPROVED DRAMATICALLY OVER THE LAST 10 YEARS. I DO THINK THEY NEED MORE AVAILABLE PROVIDERS OUT THERE BECAUSE YOU ARE STILL STUCK WITH MINIMAL PLACES TO GO.
 ”

Clients frequently mentioned a need for more mental health providers.

- “Have more psychologists or psychiatrists on staff to evaluate. That is a big one.”
- “More people available to provide mental health services.”
- “I do know when one of my sons had to go to counseling, the counselors were very limited. More mental health choices would be better.”
- “In regards to the mental health, more counselors being trained across the board.”
- “Kitsap County is so overwhelmed with mental health needs that there are not enough providers to serve them all and the waiting list is a nightmare. Please hire more providers in that area.”
- “I have found that finding a provider that will take Medicaid is really difficult, especially in mental health services.”
- “They need to have more options and clinics available under Apple Health, and mental health services needs to have more clinics and times available for service.”

Dental provider availability continues to be an issue.

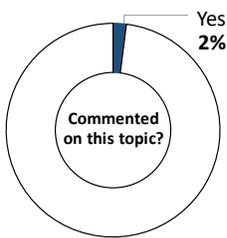
- “Expand the [number of] dentists. Put more dentists on the ‘in-network’ list.”
- “The dental program really needs to be improved. I can’t find more than one place that takes Apple Health and they have a very long waiting list. In the meantime I am walking around with rotten teeth in my mouth.”
- “Improve the dental program – some vendors will not accept state insurance.”

Clients also want more medical care options in areas closer to home.

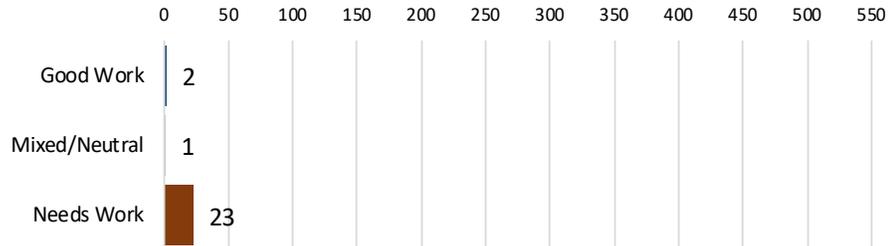
- “It’s been a horrible experience finding a primary care physician, especially during COVID-19.”
- “Get contracts with other medical facilities in the rural areas.”
- “The medical and dental options for providers are poor in my area. The only one available is Sea Mar and the services were subpar.”

26 of the 1,168 clients who commented (2%) mentioned the level of health-related benefits.

PERCENT



NUMBER



KEY FINDINGS

Nearly all of the comments about health-related benefits (23 of 26) were suggestions for improvement.

- Clients requested coverage for a wide variety of services, including orthodontia, vision care, physical therapy, and mental health services.
- Some clients addressed the lack of alternative care options such as nutritional guidance and referrals.
- Others want broader prescription medication coverage.

Our clients speak . . .

“**WHAT WE NEED IS MENTAL HEALTH. IT WOULD BE VERY HELPFUL TO GET SERVICES FOR TESTING FOR ADHD, AUTISM, FETAL ALCOHOL, ETC. AND TO GET TREATMENT FOR THESE ISSUES.**”

Clients mentioned a lack of adequate medication coverage.

- “They need to broaden their prescription drugs that we qualify for under Apple Health and too many drugs are denied.”
- “Medical coverage for medicines and some treatments aren’t covered and I don’t understand why.”
- “You should make more medical programs available to people like us. My husband and I both work and we do not have insurance. We would get more help if we were homeless but we want to work and make our own way. We are lucky that we do not get sick very often.”

A few mentioned specific therapies and treatments.

- “Having orthodontic services available.”
- “Probably work harder on getting some more funding for the eyeglasses and dental services.”
- “Allow more visits with physical therapy.”
- “They need more therapies available. More like March of Dimes: Offer speech therapy and occupational therapy.”

Some asked for expanded coverage of mental health services.

- “Expand mental health services for children who have finalized adoptions. This would help them be better equipped as they face adulthood.”
- “Have marriage and family counseling covered under our medical and mental health services that are offered.”

Clients want alternative care options.

- “Biggest issue is a need to provide nutritional guidance. Provide more alternative preventative care.”
- “When it comes to my doctors, they are only going to address one issue at a time and yet many of my ailments are overlapping so things don’t get taken care of. The traditional doctors need to refer to alternative services. Alternative services need to be covered by insurance. Doctors aren’t treating the core issue but masking it with meds. People need to know what resources are out there for alternative care that’s covered.”

Diversity and Disparity

The experiences of diverse clients deserve detailed examination.

The leaders of Washington’s social and health service agencies are strongly committed to diversity, equity, inclusion, and cultural competency. This chapter focuses on broad trends, but also presents more detail about individual responses to reflect the full range of issues surfaced in the survey.

When asked specifically about any unfair treatment due to personal characteristics, 45 respondents said they had been treated unfairly, a substantial drop from 77 in the 2019 survey.

- *Has there been a time when you felt that social and health services staff treated you unfairly because of your race, culture, age, gender, sexual orientation, or disabilities? (4% said “yes”)*

The 45 clients who answered “yes” were then asked about the basis for unfair treatment. The analysis in this chapter includes the responses of those 45 and of the 24 additional clients who mentioned diversity when asked what social and health service programs do well and could do better to serve clients. Of those 24, four clients made positive comments on services for diverse clients, while 20 raised concerns.

Looking at all relevant responses, the protected group factors most commonly mentioned as leading to unfair treatment were: disability (30 respondents mentioned this), gender (17), race/ethnicity/culture (9), and age (4). Fifteen clients made comments in response to the diversity question that did not address protected group status, including three complaints of “reverse discrimination.”

Responses to standard survey questions varied by race/ethnicity, but often on different measures. Asian and Hispanic clients reported more positive experiences than other groups. Asian clients were most positive about access and program helpfulness, but Hispanic clients were more positive about respectful treatment and involvement in their service planning. Black clients were less positive about the timeliness of service and communications with staff, as were multiracial clients. White clients were less positive than others about the ease of getting services, timely return of calls, overall satisfaction, and overall helpfulness. White clients were more positive than others about knowledge of available services.



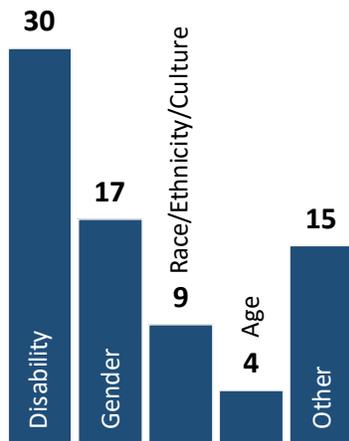
Getty Images/iStock

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?

45 of the 1,251 respondents (4%) answered “Yes” to the question about unfair treatment.

RESPONSE

What was the basis for unfair treatment?



Total exceeds 65 because some indicated more than one basis for unfair treatment.

DETAIL

The chart at left shows the bases for unfair treatment cited by respondents.

- A total of 65 clients reported unfair treatment. This includes the 45 respondents who answered “Yes” to the question above, along with 20 clients who said “No,” but expressed concerns about the treatment of diverse groups in response to other survey questions.
- 8 responded “Yes,” but none of the instances of unfair treatment reported were related to the protected groups listed in the question. (These are included in the “Other” comments on page 61.)
- 4 clients made positive comments about diversity and one gave mixed responses.

TREND

As shown in the table below, reports of unfair treatment related to diversity have steadily decreased since 2011.

Year	2007	2009	2011	2013	2015	2017	2019	2021
Percentage	7%	9%	9%	7%	7%	7%	6%	4%

Our clients speak . . .

Clients shared stories of unfair treatment or difficulty accessing services.

“**THERE SEEM TO BE TIMES WHEN WE’RE LECTURED OR TREATED LIKE I’M STUPID.**”

“Everything is set up so people can’t access the help they need. Being disabled, it makes it harder to access anything. There’s no one to help you. The office people don’t know. The people on the phone don’t know. No one helps you at all. You almost have to just stumble onto the services, and then who knows if you’ll even qualify. I was injured at work and I just cannot work; there are no services for me.”

“Yes, I’m pregnant and notified my case agent that I’m having high risk pregnancy complications and I am still being charged \$350/month even though I literally have to take it easy per the doctor’s orders. So they are suspending my license, even though I have a high risk pregnancy during A PANDEMIC.”

“It is very difficult to get pain management for my condition. I have been treated like I am a drug seeker.”

“If we could be out working, we’d be out working. Especially now with COVID, we’re all struggling.”

“I have PTSD and I am crying as I am losing my kids. My whole life was in shambles and people generally were treating me shitty. They threw a high bill of child support at me and I had to pay my rent. I felt like they treated me like I was on drugs and I would apologize to them. It was horrible.”

Several clients specifically praised the treatment of diverse groups.

“I think they do well with dealing with all types of people in the community, i.e., diversity.”

“Best is they provide help with shopping as I’m blind and have Cantonese translators.”

“DVR is an amazing program for people with any disability background!”

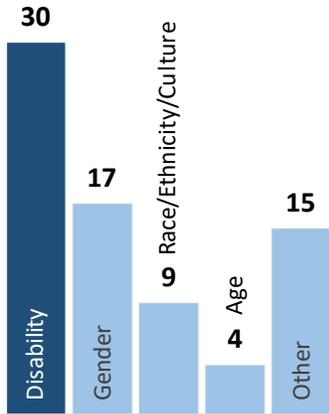
“They listened to me when I told them that I had a learning disability.”

“With being disabled, it’s nice to have a separate section to call.”

30 clients indicated they received unfair treatment based on disability.

RESPONSE

What was the basis for unfair treatment?



DETAIL

While a few mentioned discriminatory practices, the responses concerning unfair treatment based on disability covered a range of issues.

- 18 of the 30 clients indicating concerns related to disabilities answered “Yes” to the question about unfair treatment. The other 12 mentioned disabilities in suggestions for what social and health service agencies could do better.
- Many comments mentioned a lack of services or access to services.
- Lengthy and complicated assessments are seen as difficult for those with cognitive or physical limitations.
- Communication is also an issue for the hard of hearing, learning disabled, or those who experienced difficulty accessing an interpreter.

Our clients speak . . .

“
MY CASEWORKER DID NOT UNDERSTAND MY LEARNING DISABILITY, AND HE MADE IT DIFFICULT GETTING IN CONTACT WITH THEM ONLINE.
 ”

Most of these complaints focused on the availability and accessibility of services.

“I cannot get better because I have been unfairly blackballed and banned from getting the help I need. I cannot help my disability, and the state contracts with companies that do not train their people to handle the kind of problems I have. I was doing fine for years and this past 7 months I have crashed down low. Please don’t throw me out like the garbage.”

“Phone trees are difficult for a person with hearing difficulties.”

“When they come to do the questions, they need to understand she has a tough time doing anything and she’s in pain 24 hours a day. It would sure be nice if they had people with more compassion and understanding.”

“My son has been stuck at Fircrest for 2 years because they cannot find a residential placement for him. They tell me he has too many difficult things to deal with. He is autistic and I can’t get anyone to listen to me despite calling the government 10 times a day.”

“They cancelled my Medicaid.”

“Shorter assessments because it is very difficult for him to sit through a 2 or 3 hour assessment with his disability.”

“Need more help for children’s mental health and learning disabilities.”

“I had to fight to prove I needed my hours. It was so unfair to have to go through this when I was in such bad shape.”

“Diabetics need certain foods and stuff to keep their blood sugar in order. The amount of money given to these people who are severely diabetic is not enough. I spend \$300-\$400 a month on these glucose gels that she very much needs.”

“Improve the availability for in-home services for the physically handicapped.”

“They need to check in with me more often. I’m in a wheelchair and my apartment is infested with roaches, and lice, and mold.”

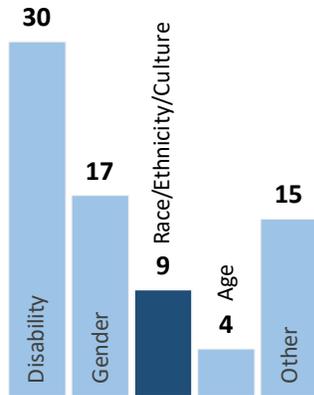
“It took us a very long time to get the right equipment for my daughter’s diabetes.”

“Modify everything they need to tell someone who has a lower language ability. Change words to make it more understandable. The way deaf people view the world is very different from individuals who do not have a hearing problem.”

9* clients indicated they experienced unfair treatment based on race, language, or culture.

RESPONSE

What was the basis for unfair treatment?



DETAIL

Relatively few clients reported unfair treatment based on race, language, or culture.

- The number of clients reporting such unfair treatment was only half the number reporting in 2019 – even though the percentage of respondents in each racial/ethnic group remained stable.
- 4 of the 9 who reported unfair treatment were white women with biracial children or concerns about cultural issues.
- The remaining 5 respondents represented a variety of racial/ethnic groups: American Indian, Black, Hispanic, and Native Hawaiian/Pacific Islander.

*In addition to the 9 described above, 3 respondents suggested they would have received better services if they were not white. See further discussion on page 61.

Our clients speak . . .

“
I JUST FEEL THAT I HAVE HAD TO PUSH AND GO TO WAR TO GET SOME OF THE SERVICES I HAVE.
 ”

Some clients feel that being a person of color can lead to poor treatment.

“We went into the CSO and because of our race, they sent us somewhere else.”

“I have been on Adderall for many years for ADHD and I get drug tested every time I renew my prescription, but I have white friends who don’t get tested and they’re on Adderall as well.”

“I had a very bad experience with a couple of women who really looked down their nose at me and treated me like I was trying to scam the system.”

“The caseworker at DCS says things that really make me feel bad. Not directly to me, but when she is talking with my ex, she uses personal experiences from her own life to tell my ex (in a round-about way) disparaging things about me. She never uses my name, but my ex tells me these things and we both think it’s inappropriate for this caseworker to be doing.”

Several white women reported poor treatment because of biracial children or cultural issues.

“As long as they thought I had white children all was well but when they found out I had mixed race children, they treated me differently.”

“It was during the birth of my 2 year old. Someone reported us to DCYF because of close sleeping practices that we use.”

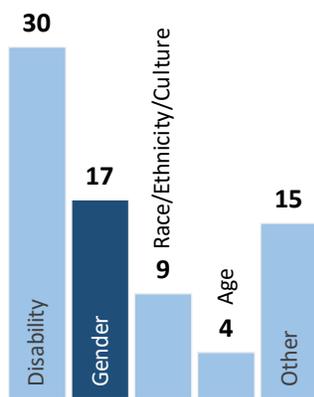
“Train staff to be culturally sensitive.”

“Treated unfairly because my side job was ‘cash’ and it was undocumented, and because I couldn’t prove it they cut me off the program. I was trying to be honest. And, also I was shot at a function, and there was a program at DSHS that would have helped. But they determined I was in the wrong place at the wrong time and it was my fault even if I met all their requirements. Also, I feel I’m treated differently because I have biracial children.”

17 clients indicated they had experienced unfair treatment based on gender. **None** indicated they had experienced unfair treatment based on sexual orientation.

RESPONSE

What was the basis for unfair treatment?



DETAIL

Gender issues were mainly reported by males.

- 13 of the 17 clients reporting concerns about gender discrimination answered “yes” to the question about unfair treatment, while 4 more mentioned this in response to open-ended questions.
- The majority of gender-related comments (12 of 17) were made by males. Nearly all reported unfair treatment in the area of child support.
- The 5 women who mentioned gender-related issues often talked cited a combination of factors leading to unfair treatment.
- Unlike previous years, no clients mentioned unfair treatment related to sexual orientation.

Our clients speak . . .

“
IT SEEMS THAT FATHERS HAVE AN UPHILL BATTLE WHEN IT COMES TO CHILD SUPPORT.
 ”

A number of men complained about treatment by the Division of Child Support.

“My ex-wife and I have the children 50/50, but because she filed first (and she is a woman), I have to pay child support and she does not.”

“In the state of Washington, the father is viewed as a checkbook for the child and not a parent.”

“Help single fathers out and make sure the father has rights to the children as moms and single moms do.”

“Men are the victims of this system. Stop victimizing men’s financial assets just because the custodial parent refuses to work to their full ability.”

“I have had multiple issues where claims are made that were unsubstantiated and I had to spend countless hours refuting and proving they were wrong. I feel this happens to men more than to women.”

Other men reported different issues.

“They pulled my license when my wife died.”

“The gal from the WIC [Women, Infants, and Children] nutrition program treated my son different than my daughter; we stopped going because we didn’t like how it felt to see our son so uncomfortable.”

Some women also feel that their gender contributes to poor treatment.

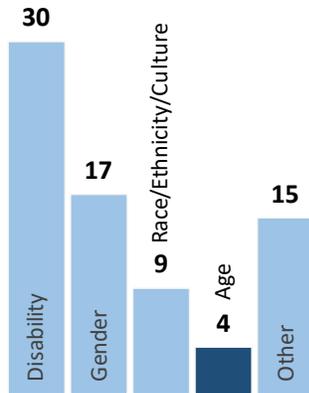
“I think the mistreatment came from me being a woman. The first time I went through child support, I had to have help filling paperwork out as I had never been through a situation like that before. I came across as this stupid white woman that didn’t know how to fill anything out.”

“[I got] the impression that men want to work but women are happy to sit at home.”

4 clients indicated they had experienced unfair treatment based on age.

RESPONSE

What was the basis for unfair treatment?



DETAIL

Only a few clients reported unfair treatment related to age.

- In previous years more clients had commented on age issues.
- Comments focused on the availability of services.

Our clients speak . . .

“
**I THINK
 YOU NEED MORE
 WORKERS FOR FOLKS
 OVER 65!**
 ”

Most of the comments described a need for services.

“Need more services to help with housing. It’s the biggest issue. Need to focus on the seniors’ needs too.”

“Having the capacity to help people. Just because I’m a certain age, doesn’t mean I don’t want to continue my education and get a better job when I have a degree. They need more funding too. It’s a cycle. I can’t get a good job to pay off loans because I don’t have enough experience, but I can’t get the experience because I don’t have any tradable skills to get into some of these programs. I also don’t do well with distance learning. I need to be in a class, learning in-person.”

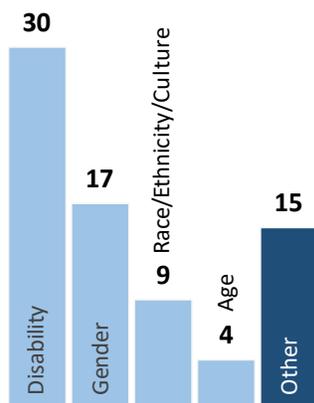
One client feels that services were lacking due to age and gender.

“I was a single older woman, without children in my home who was in a domestic violent relationship, there was no help for me. Age and gender discrimination I felt because the services were not available to me.”

15 clients indicated they experienced unfair treatment based on a factor or life circumstance that was not included in the standard protected groups (race, culture, age, gender, sexual orientation, and disabilities).

RESPONSE

What was the basis for unfair treatment?



DETAIL

13 respondents answered “yes” but did not mention protected groups when asked if social and health services staff treated them unfairly because of race, culture, age, gender, sexual orientation, or disabilities. These clients spoke of life circumstance, substance use, and the perception that others are treated better. Two more answered other survey questions with requests for better services for white, English-speaking clients.

- 6 spoke about life circumstances.
- 2 felt they were treated unfairly due to substance use.
- 6 reported feeling that others (outsiders or members of protected groups) could get services more easily. Three of these seemed to directly charge “reverse discrimination.”
- One respondent wished for caregivers who speak English.

Our clients speak . . .

“**CPS LIED IN COURT AND TOOK MY SON AWAY FROM ME.**”

Some described bad experiences with social services without mention of diversity.

“We had a social worker go in with the foster mom to launch an investigation on me. I don’t appreciate CPS and the police showing up and it really upset me. Even though everything was unfounded, I have that on my record for the next 3 years.”

“They didn’t address the thing I was there for. I lost my kids in the 1980s due to being a single parent and having financial issues. They just wanted to talk about that.”

Two clients feel that they experience discrimination because of drug use.

“The hospital emergency room in my area has been unfair to me because of my prior drug history. Some of the nurses have been snotty and the even the doctor asks, ‘Why are you here?’”

“I only know how to run from my feelings and pain by doing drugs. I went to treatment and they said they would give my son back but that never happened.”

Several respondents believe that people different from them have an easier time getting services.

“If I was a criminal or if I wasn’t a white male, I could get services. I know it would be so much easier to get help.”

“Be a little more sensitive about sending a letter that says that if you are African American or Hispanic you can get help with rent right now. There are plenty of poor struggling white people who need help also.”

“It’s not the staff, it’s just the program that treats us unfairly. With Washington being a sanctuary state, we give more to illegal immigrants. We can’t focus on ourselves. They get a free ride and get everything handed to them. And when we need help we get the most minimum help available.”

“Because of the reverse racism a guy like me cannot get a leg up. I am a 37, white, single male with no children. I have to live in my car.”

“A hard-working single mom can never get any help from our welfare system. But drug-addicted prostitutes get help in a heartbeat.”

Starting in 2021, respondents were able to self-identify with more than one race. This allows an individual to report all applicable groups, and facilitates more detailed analysis. The comparisons are now between those who identified with a particular group, and those who did not. There were statistically significant differences between racial/ethnic groups on 12 of the 15 standard questions ($p < .05$).

Most of this chapter examines diversity through client comments and responses to a question that is explicitly about unfair treatment. Standard survey questions (with Agree or Disagree answers) also help us look at disparities of experience or perception between racial or ethnic groups.¹ Interpretation of differences by race and ethnicity can be challenging. In addition to differences in how individuals are treated by social and health services staff and organizations, they may also reflect differences in expectations, experience, language, location, and other factors. For example, to a client who expects to be treated poorly, mediocre service may seem exceptional. If expectations are unreasonably high, even good service may be disappointing. For these reasons we recommend avoiding speculation, and considering the varying perceptions as valid for those who hold them.

KEY FINDINGS

- Clients who identified as Asian, Native Hawaiian, or Pacific Islander gave **more** positive answers than others about the ease of getting services, access to program offices, and overall helpfulness of services.
- Those who identified as Black or African American gave **less** positive answers than others about the timeliness of services, the clarity of explanations by program staff, and staff listening to what they had to say.
- Hispanic or Latino clients gave **less** positive answers than others about knowing what services were available, and **more** positive answers about staff courtesy and respect, staff listening to what they had to say, and their involvement in making plans and setting goals.
- Those who identified with more than one race or ethnicity gave **less** positive answers than others about timeliness of services and the clarity of explanations by program staff.
- Clients who identified as white gave **less** positive answers than others about ease of getting services, timely return of calls, satisfaction with services, and overall helpfulness of services; and **more** positive answers about information on available services.

The chart on page 63 below shows comparisons for each group, for all of the standard questions with statistically significant differences. Comparisons are not shown for American Indian / Alaska Native respondents ($n = 69$) as none were statistically significant. However, only 50% of American Indian or Alaska Native clients gave positive responses about knowing what services were available, compared with 68% of others ($p = .06$). Comparisons are not shown for non-Hispanic white clients, as they do not differ meaningfully from all white clients.

¹ Clients identifying as Native Hawaiian or Pacific Islander were grouped with those identifying as Asian as this group was not large enough for statistical comparison ($n = 24$). For all subgroup comparisons, see Appendix E.

Statistically significant comparisons by race and ethnicity²

Percent who answered “yes” or “strong yes”

Asian / Native Hawaiian / Pacific Islander (n = 106)

Is it easy to get services from the program?	Asian / NHPI	92%
	All other	82%
Are program offices open at times that are good for you?	Asian / NHPI	94%
	All other	88%
Overall, do social and health services help you and your family?	Asian / NHPI	97%
	All other	92%

Black / African American (n = 126)

Did you get services as quickly as you needed?	Black / African American	73%
	All other	83%
Did program staff explain things clearly?	Black / African American	80%
	All other	90%
Do staff listen to what you have to say?	Black / African American	84%
	All other	93%

Hispanic / Latino (n = 189)

Do you know what program services there are for you and your family?	Hispanic / Latino	54%
	All other	70%
Do staff treat you with courtesy and respect?	Hispanic / Latino	97%
	All other	92%
Do staff listen to what you have to say?	Hispanic / Latino	96%
	All other	90%
Did you help make plans and set goals about services?	Hispanic / Latino	83%
	All other	73%

More than one race (n = 181)

Did you get services as quickly as you needed?	More than one race / ethnicity	75%
	All other	84%
Did program staff explain things clearly?	More than one race / ethnicity	82%
	All other	90%

White (n = 950)

Do you know what program services there are for you and your family?	White	70%
	All other	58%
Is it easy to get services from the program?	White	81%
	All other	88%
Do staff return your calls within 24 hours?	White	76%
	All other	84%
Are you satisfied with program services?	White	83%
	All other	89%
Overall, do social and health service programs help you and your family?	White	92%
	All other	96%

² Chart displays questions with statistically significant differences (p < .05) between groups. None of the omitted items showed statistically significant differences.

Appendices

Contents

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APPENDIX B:	Cooperation and Completion Rates
APPENDIX C:	Survey Questions
APPENDIX D:	Weighting
APPENDIX E:	Responses by Sub-Group
APPENDIX F:	Themes from Narrative Questions: Glossary and Report
APPENDIX G:	Survey Instrument



"Steptoe Butte"/2019 Employee Survey Photo Contest/Kim Karu

Methods

Background and Purpose of the Survey

The Washington State Department of Social and Health Services (DSHS), Health Care Authority (HCA), and Department of Children, Youth, and Families (DCYF) 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.

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.

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, Substance Use Disorder Treatment, Mental Health Services, and Children and Family Services were still programs 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 13 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 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. Clients who utilize more than one program answer the 13 program-specific questions several times — once for each program utilized.

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 G.

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 the Department of Children, Youth, and Families because many DCYF 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 DCYF reads: "If you need help from Children 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. Appendix C contains a list of the standard wording for the basic survey questions. Appendix G contains a sample survey for a hypothetical client who utilized all 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.

Previous Changes in the Survey

The standard survey questions have remained fairly stable since the first Client Survey in 2001.

2021 Changes. As the result of a comprehensive review and program feedback, five standard questions were removed in the 2021 survey to reduce administration time and limit redundancies.

- The following standard questions were removed:
 - “Does [program] do good work?”
 - “Did staff who helped you/your family understand your needs?”
 - “Is it easy to get to the [program] offices?”
 - “Did you/your family have a say in what kind of services you get?”
 - If 2+ programs: “Thinking of all (or “both of”) the programs together, have your social and health services programs done good work?”
- The coordination questions (“Do social and health services make sure all your services work well together?” and “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?”) were asked of clients served by two or more programs, instead of three or more programs.
- Several revisions were made to the question asking clients to identify their race(s) for compatibility with current state and federal standards.
 - Question text revised to “Which one or more of the following would you say is your race?” from “What race group best describes you?”
 - Response options were revised to include “Asian” and “Native Hawaiian or Pacific Islander” as separate groups.
 - Clients who selected more than one race were asked a separate question: “Of these groups [read selected groups], would you say that one best represents your race?”
- Several questions were added to the Medicaid/Apple Health survey about client use of telehealth services.
- Several revisions were made to questions concerning Economic Services’ Community Services Division.
 - In all questions and in the introductory script, all references to “Economic Services” or “Economic Services Administration” were changed to “DSHS Community Services.”
 - References to “food stamps” were changed to “food benefits.”
- References to “Support Enforcement” were removed from the introductory text of the Division of Child Support surveys.
- Several changes were made to the introductory text of the Substance Use Disorder survey to reflect the integration of behavioral health and primary care under Medicaid/Apple Health.

2019 Changes. No standard questions were added or removed in the 2019 survey.

- In the 2019 survey only, respondents who used five or more programs² answered a subset of the survey questions in response to concerns about interview time, comprehension of questions, and issues of recall. A total of seven standard questions were skipped, including the four that were removed in 2021. See Appendix C of the 2019 Client Survey Report for a list of the seven questions that were skipped.
- Several revisions were made to reflect organizational changes.
 - References to the Behavioral Health Administration (BHA) were removed as Substance Use Disorder Treatment and outpatient Mental Health Services were transferred from BHA to the Health Care Authority (HCA).

² In the 2019 survey, 74 of 1,222 respondents (6%) used 5 or more programs.

- Questions formerly asked with respect to the Division of Child & Family Services under the Children’s Administration (CA) were changed to reflect that Administration’s transfer to the new state agency, Department of Children, Youth, and Families (DCYF). References to the “Children’s Administration” were changed to “Department of Children, Youth, and Families.” References to “Child & Family Services” were changed to “Children and Family Services.”
- References to “DSHS and HCA” were changed to the more general “social and health services agencies” to incorporate DCYF.
- The “customized” personal doctor questions for medical assistance clients were removed.

2017 Changes. No standard questions were added or removed in the 2017 survey.

- Several revisions were made to reflect organizational changes.
 - 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).
- Noncustodial parents were asked 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?”
- 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,” Healthy Options, and Basic Health were removed.

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.”

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?”

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.
- 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 noncustodial parents who are DCS clients to the survey sample (custodial DCS parents were added in 2005).

Sample

RDA staff generated the stratified random sample using the Client Services Database (CSDB) and Client Outcomes Database (CODB), which contain client service and outcome data from all social and health service programs, supplemented by the FamLink case management system and Division of Child Support databases. For each of the identified client programs listed below, they drew a random sample of all clients who received services from that program between May 2019 and April 2020. 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). Programs sampled include:

Department of Social and Health Services

- Aging and Long-Term Support Administration (AL TSA) Long Term Care – Home and Community and Residential Care Services Divisions
- Developmental Disabilities Administration (DDA)
- Division of Vocational Rehabilitation (DVR)
- Economic Services Administration (ESA)
 - Community Services Division (CSD)
 - Division of Child Support (DCS)
 - Custodial Parents
 - Noncustodial Parents

Health Care Authority

- Apple Health (Medicaid)
- Behavioral Health and Recovery
 - Substance Use Disorder Treatment
 - Mental Health Services

Department of Children, Youth, and Families³

- Children and Family Services

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 Behavioral Health and Recovery was between the ages of 13 and 17 years old, that client was not included in the sample. This protects client confidentiality, since youth between the ages of 13-17 are able to access mental health and substance use disorder treatment services without parental knowledge or consent. When clients between the ages of 13 and 17 were selected from other programs, such as Economic Services Administration or medical assistance, these clients were included in the survey, but no questions were asked about mental health or substance use disorder treatment services.

³ Clients are not selected from the DCYF Juvenile Rehabilitation program (JR). Experience has shown that a survey administered after youth are released from supervision is not an effective or representative method to obtain JR client feedback. JR conducts surveys while youth are under their supervision.

- Only adult clients (age 18 and older) were selected in the sample from the Department of Children, Youth, and Families (DCYF). As described previously, throughout the survey, parents or caregivers answered questions about services for children under the age of 18. The selection of adult DCYF clients ensured that all families receiving services from DCYF could be selected to participate in the survey, because the DCYF database is organized by families and always includes co-residing parents. Survey questions regarding DCYF 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 DCYF. In those cases, the responsible adult was asked about all social and health services the selected child received, including services from DCYF.
- The DCYF sample was taken from the best available client list, which is partially derived from the agency-wide Client Services Database (CSDB), but supplemented from other sources.
- The samples of custodial and noncustodial child support clients selected from the DCS program were randomly chosen from among clients with documented interaction with DCS. These included clients who had online, mail, or phone interactions with the program documented in the DCS Case File Imaging system and the DCSOnline system. Clients chosen from other programs were asked the DCS questions if they had an open case with DCS in the sample period.
- Substance use disorder treatment and mental health samples excluded those cases receiving medication only, services only from a primary care provider, or detox only, and who had no other substance use disorder treatment or mental health services. These clients have typically had no interaction with substance use disorder treatment or mental health programs. Medication only services are often provided by primary care providers and are covered in the medical care portion of the survey.
- The Economic Service Administration Community Services Division (CSD) sample excluded clients who received food assistance through ALTA, DDA or WASHCAP, and received no other CSD services. These clients typically have had no interaction with CSD staff. Interactions with ALTA, DDA staff are covered in the survey questions covering those programs. WASHCAP is a federal Social Security Administration program.
- The Apple Health/Medicaid sample included all clients who were covered by Apple Health/Medicaid health programs during the survey period. Clients with Third Party Liability (i.e., anyone with Title 19 Medicaid equivalent coverage by another provider, such as Medicare or employer-provided insurance) were not included. Sample inclusion was not dependent on whether the clients actually accessed medical services.

Eligibility Factors

Certain groups of clients were deemed ineligible for the client survey due to a high probability of being unable to respond to the survey or of being extremely difficult to reach. Clients were excluded from the survey whenever it was discovered that they were ineligible. 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 JR 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 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 23, 2020. Most calls were complete by the end of March, 2021, with one final call on April 4, 2021. 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 24 \$125 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 G, tailored to the specific client’s circumstances and pattern of social and health service use. 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. The length of the typical interview varied from 10 to 40 minutes, depending on the number of social and health services utilized by the client. All of the telephone interviews were conducted by RDA Management Information and Survey Research interviewers working remotely, using DSHS-issued cell phones and 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 Methods

The overall cooperation rate for the survey was 93% and the completion rate was 77%.⁴ These response rates are extraordinarily high for any survey, but are especially remarkable for a survey involving the particularly challenging population of DSHS, HCA and DCYF 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 use treatment 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 use, mental health issues, developmental disabilities, age-related concerns, or other problems may have difficulty understanding survey questions, or may find them to be intrusive.

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 into one of two drawings for \$125 grocery gift cards. 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 card.
- **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.

⁴ 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.

Respondents were contacted using 12 languages: Arabic, Cantonese, Chuukese, Khmer, Korean, Mandarin, Marshellese, Russian, Spanish, Castilian, Ukrainian, and Vietnamese.

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.⁵ 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 DSHS Community 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.

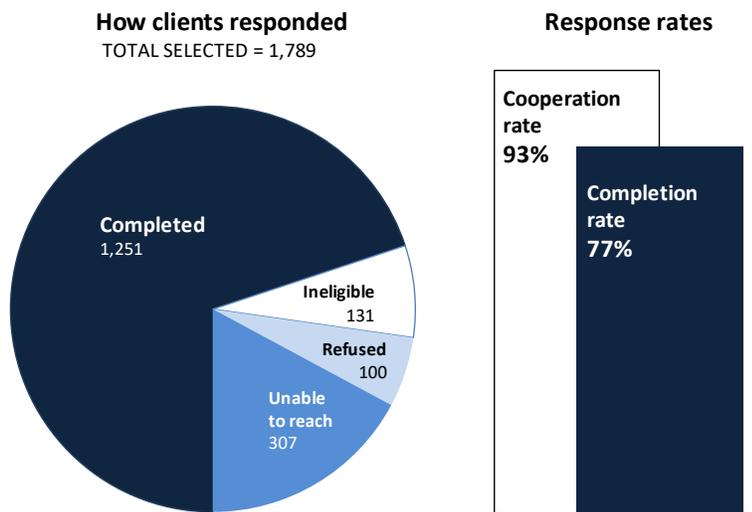
⁵ See Appendix D for more detail and the complete weighting table.

APPENDIX B

Cooperation and Completion Rates

The completion rate was 77% of sampled clients. Of the clients who could be contacted, 93% 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.¹

The chart below shows the disposition of all clients selected for the survey. To meet the goal of 100 completed surveys for each of the different programs, 1,789 clients were randomly selected as the survey sample. Of those, 307 of the clients could not be reached. Of those who could be reached, 1,251 people completed the telephone survey, 100 refused to complete the survey, and 131 were found to be ineligible.



¹ Surveyors employed a number of measures to increase response rates. Descriptions of methods used to increase response rates, and of how clients are deemed ineligible, can be found in Appendix A.

Cooperation and Completion Rates, by Program²

	Department of Children, Youth, and Families – Children and Family Services										
	Health Care Authority – Mental Health Services										
	Health Care Authority – Substance Use Disorder Treatment										
	Health Care Authority – Medicaid/Apple Health										
	Economic Services Administration – Division of Child Support (Noncustodial Parents)										
	Economic Services Administration – Division of Child Support (Custodial Parents)										
	Economic Services Administration – Community Services Division										
	Division of Vocational Rehabilitation										
	Developmental Disabilities Administration										
	Aging and Long-Term Support Administration										
	TOTAL	AL TSA	DDA	DVR	CSD	DCS-C	DCS-N	MA	SUD	MH	DCYF
A Survey Completed	1,251	114	112	112	158	118	115	188	113	113	108
B Refusal	100	6	4	9	9	9	11	15	16	8	13
C Subtotal: Found Eligible (A + B)	1,351	120	116	121	167	127	126	203	129	121	121
D Found Ineligible	131	17	10	10	4	5	6	13	33	7	26
E Subtotal: All Found (C + D)	1,482	137	126	131	171	132	132	216	162	128	147
F Percent found ineligible (D/E)	9%	12%	8%	8%	2%	4%	5%	6%	20%	5%	18%
G No Contact	307	4	9	18	47	35	42	56	51	22	23
H No Contact/Estimated to be ineligible (FxG)	27	0	1	1	1	1	2	3	10	1	4
I Subtotal: All Eligible (C+G-H)	1,631	124	124	138	213	161	166	256	170	142	140
J Total in Sample (E+G)	1,789	141	135	149	218	167	174	272	213	150	170
K COOPERATION RATE³ (A/C)	93%	95%	97%	93%	95%	93%	91%	93%	88%	93%	89%
L COMPLETION RATE⁴ (A/I)	77%	92%	90%	81%	74%	73%	69%	74%	67%	80%	77%

² 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.

³ The ratio of completed interviews to all potential respondents contacted.

⁴ The ratio of completed interviews to the total number of potential eligible respondents. Computation assumes that the ineligible proportion of "no contacts" is equal to the ineligible portion of those that were found. The methodology is based on the definitions of response rates issued by the Council of American Survey Research Organizations (CASRO) and the American Association for Public Opinion Research (AAPOR).

APPENDIX C

Survey Questions

The following is a 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 13 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 G for a sample of the entire survey with sections for each client program.

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?
13. Did you/your family help make plans and set goals about (program) services?
14. Are you satisfied with (program) services?
16. Overall, has (program) helped you/your family?

Two **coordination of services questions** were asked only if a client was served by two 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?

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 programs?
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, or about social and health service agencies in the State of Washington, I can note them now.

APPENDIX D

Weighting

Clients' responses were weighted according to 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 blue highlighted row of the chart (AE) shows that 32 clients in the completed survey sample used Aging and Long-Term Support (A) and Economic Services from DSHS Community Services (E), making up 2.5580% of the 1,251 completed surveys. The number of clients who used this combination of services in the total population of social and health services clients in survey-eligible groups, from May 2019 to April 2020, was 21,687 (or 0.8951% of the total). In order for the survey results to be representative of the total population of social and health services clients, survey responses must be weighted so that the percentage of AE clients in the survey sample matches the percentage of AE clients in the social and health services population. Thus, the responses of the 32 survey respondents were weighted by a factor of 0.3499 so that they represent 11.1982 respondents – or 0.8951% – in the weighted survey sample.

Programs	SAMP_N	SAMP_PC	POP_N ¹	POP_PC	WT	WT_N
A	55	4.3965%	37,838	1.5618%	0.3552	19.5379
AC	2	0.1599%	236	0.0097%	0.0609	0.1219
ACHM	1	0.0799%	34	0.0014%	0.0176	0.0176
ACHMSX	1	0.0799%	1	0.0000%	0.0005	0.0005
ACHMZ	1	0.0799%	11	0.0005%	0.0057	0.0057
AE	32	2.5580%	21,687	0.8951%	0.3499	11.1982
AEH	4	0.3197%	2,134	0.0881%	0.2755	1.1019
AEHM	1	0.0799%	1,420	0.0586%	0.7332	0.7332
AEHMX	1	0.0799%	103	0.0043%	0.0532	0.0532
AEHS	1	0.0799%	122	0.0050%	0.0630	0.0630
AEM	2	0.1599%	1,781	0.0735%	0.4598	0.9196
AH	12	0.9592%	3,928	0.1621%	0.1690	2.0282
AHM	8	0.6395%	2,585	0.1067%	0.1668	1.3348
AHMS	1	0.0799%	273	0.0113%	0.1410	0.1410
AHSV	1	0.0799%	9	0.0004%	0.0046	0.0046
AHZ	1	0.0799%	125	0.0052%	0.0645	0.0645
AM	6	0.4796%	3,634	0.1500%	0.3127	1.8764
AMV	1	0.0799%	49	0.0020%	0.0253	0.0253
ASX	1	0.0799%	6	0.0002%	0.0031	0.0031
AV	3	0.2398%	277	0.0114%	0.0477	0.1430
AVX	1	0.0799%	9	0.0004%	0.0046	0.0046
AX	1	0.0799%	251	0.0104%	0.1296	0.1296
AZ	1	0.0799%	739	0.0305%	0.3816	0.3816
C	65	5.1958%	75,472	3.1151%	0.5995	38.9704
CD	1	0.0799%	506	0.0209%	0.2613	0.2613
CDEH	1	0.0799%	45	0.0019%	0.0232	0.0232
CDEHM	4	0.3197%	243	0.0100%	0.0314	0.1255
CDEM	2	0.1599%	781	0.0322%	0.2016	0.4033
CE	5	0.3997%	14,936	0.6165%	1.5425	7.7123
CEH	2	0.1599%	2,323	0.0959%	0.5997	1.1995

PROGRAMS:

A: Aging and Long-Term Support
C: Dept. of Children, Youth, and Families
D: Developmental Disabilities
E: Community Services Division (ESA)
H: Mental Health (HCA)
M: Medicaid/Apple Health (HCA)
S: Substance Use Disorder Treatment (HCA)
V: Vocational Rehabilitation
Z: Child Support - Custodial
X: Child Support—Noncustodial

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 using this combination of programs from May 2019 to April 2020

POP_PC: Percentage of clients using this combination of programs from May 2019 to April 2020

WT: Weight to produce N of 1,251 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 99.39% of the social and health service population in survey-eligible groups whose service profile was represented in the client survey sample.

Programs	SAMP_N	SAMP_PC	POP_N	POP_PC	WT	WT_N
CEHM	7	0.5596%	10,800	0.4458%	0.7967	5.5766
CEHMS	1	0.0799%	913	0.0377%	0.4714	0.4714
CEHMSVX	2	0.1599%	16	0.0007%	0.0041	0.0083
CEHMSX	5	0.3997%	883	0.0364%	0.0912	0.4559
CEHMSZ	6	0.4796%	1,305	0.0539%	0.1123	0.6738
CEHMOV	1	0.0799%	54	0.0022%	0.0279	0.0279
CEHMOVX	1	0.0799%	16	0.0007%	0.0083	0.0083
CEHMX	1	0.0799%	773	0.0319%	0.3991	0.3991
CEHMZ	3	0.2398%	1,948	0.0804%	0.3353	1.0059
CEHSZ	1	0.0799%	587	0.0242%	0.3031	0.3031
CEHX	1	0.0799%	313	0.0129%	0.1616	0.1616
CEHZ	1	0.0799%	1,124	0.0464%	0.5804	0.5804
CEM	13	1.0392%	38,325	1.5819%	1.5223	19.7893
CEMS	1	0.0799%	814	0.0336%	0.4203	0.4203
CEMSX	1	0.0799%	838	0.0346%	0.4327	0.4327
CEMSZ	1	0.0799%	941	0.0388%	0.4859	0.4859
CEMX	1	0.0799%	2,924	0.1207%	1.5098	1.5098
CEMZ	4	0.3197%	5,410	0.2233%	0.6984	2.7935
CES	1	0.0799%	262	0.0108%	0.1353	0.1353
CESZ	4	0.3197%	452	0.0187%	0.0583	0.2334
CEV	1	0.0799%	70	0.0029%	0.0361	0.0361
CEX	1	0.0799%	2,431	0.1003%	1.2553	1.2553
CEZ	5	0.3997%	5,623	0.2321%	0.5807	2.9035
CH	1	0.0799%	1,868	0.0771%	0.9646	0.9646
CHM	5	0.3997%	6,230	0.2571%	0.6434	3.2169
CHMSX	1	0.0799%	97	0.0040%	0.0501	0.0501
CHMOV	1	0.0799%	29	0.0012%	0.0150	0.0150
CHX	1	0.0799%	94	0.0039%	0.0485	0.0485
CM	4	0.3197%	20,289	0.8374%	2.6191	10.4763
CMZ	1	0.0799%	1,030	0.0425%	0.5318	0.5318
CV	1	0.0799%	109	0.0045%	0.0563	0.0563
CX	8	0.6395%	5,949	0.2455%	0.3840	3.0718
CZ	13	1.0392%	7,407	0.3057%	0.2942	3.8246
D	58	4.6363%	20,221	0.8346%	0.1800	10.4412
DE	3	0.2398%	1,214	0.0501%	0.2090	0.6269
DEHM	2	0.1599%	613	0.0253%	0.1583	0.3165
DEHV	1	0.0799%	26	0.0011%	0.0134	0.0134
DEM	2	0.1599%	3,028	0.1250%	0.7818	1.5635
DEV	1	0.0799%	90	0.0037%	0.0465	0.0465
DH	7	0.5596%	2,117	0.0874%	0.1562	1.0931
DHM	4	0.3197%	1,183	0.0488%	0.1527	0.6108
DHMOV	1	0.0799%	166	0.0069%	0.0857	0.0857
DHV	3	0.2398%	373	0.0154%	0.0642	0.1926
DM	14	1.1191%	5,051	0.2085%	0.1863	2.6081
DMV	1	0.0799%	450	0.0186%	0.2324	0.2324
DV	22	1.7586%	1,800	0.0743%	0.0422	0.9294
E	83	6.6347%	403,984	16.6746%	2.5132	208.5994
EH	8	0.6395%	20,212	0.8343%	1.3046	10.4366
EHM	32	2.5580%	56,025	2.3125%	0.9040	28.9288
EHMS	26	2.0783%	9,304	0.3840%	0.1848	4.8042
EHMSV	2	0.1599%	228	0.0094%	0.0589	0.1177
EHMSVZ	2	0.1599%	39	0.0016%	0.0101	0.0201
EHMSX	7	0.5596%	2,876	0.1187%	0.2121	1.4850
EHMSZ	5	0.3997%	1,829	0.0755%	0.1889	0.9444
EHMV	12	0.9592%	1,112	0.0459%	0.0478	0.5742
EHMVZ	3	0.2398%	131	0.0054%	0.0225	0.0676

Programs	SAMP_N	SAMP_PC	POP_N	POP_PC	WT	WT_N
EHMZ	6	0.4796%	6,703	0.2767%	0.5769	3.4611
EHS	5	0.3997%	3,127	0.1291%	0.3229	1.6146
EHSV	1	0.0799%	99	0.0041%	0.0511	0.0511
EHSVX	1	0.0799%	19	0.0008%	0.0098	0.0098
EHSVZ	1	0.0799%	15	0.0006%	0.0077	0.0077
EHSX	5	0.3997%	811	0.0335%	0.0838	0.4188
EHSZ	4	0.3197%	895	0.0369%	0.1155	0.4621
EHV	4	0.3197%	665	0.0274%	0.0858	0.3434
EHVX	1	0.0799%	48	0.0020%	0.0248	0.0248
EHX	1	0.0799%	1,241	0.0512%	0.6408	0.6408
EHZ	3	0.2398%	3,963	0.1636%	0.6821	2.0463
EM	90	7.1942%	415,303	17.1418%	2.3827	214.4440
EMS	20	1.5987%	10,533	0.4348%	0.2719	5.4388
EMSX	4	0.3197%	3,503	0.1446%	0.4522	1.8088
EMSZ	4	0.3197%	2,270	0.0937%	0.2930	1.1721
EMV	2	0.1599%	1,022	0.0422%	0.2639	0.5277
EMVX	1	0.0799%	107	0.0044%	0.0553	0.0553
EMVZ	1	0.0799%	142	0.0059%	0.0733	0.0733
EMX	10	0.7994%	19,412	0.8012%	1.0023	10.0235
EMZ	9	0.7194%	29,769	1.2287%	1.7079	15.3714
ES	9	0.7194%	3,228	0.1332%	0.1852	1.6668
ESX	1	0.0799%	868	0.0358%	0.4482	0.4482
ESZ	3	0.2398%	1,000	0.0413%	0.1721	0.5164
EV	22	1.7586%	2,654	0.1095%	0.0623	1.3704
EVX	1	0.0799%	150	0.0062%	0.0775	0.0775
EVZ	3	0.2398%	245	0.0101%	0.0422	0.1265
EX	8	0.6395%	16,439	0.6785%	1.0610	8.4884
EZ	25	1.9984%	35,674	1.4725%	0.7368	18.4205
H	16	1.2790%	23,897	0.9864%	0.7712	12.3393
HM	19	1.5188%	55,374	2.2856%	1.5049	28.5927
HMS	1	0.0799%	3,619	0.1494%	1.8687	1.8687
HMSV	1	0.0799%	59	0.0024%	0.0305	0.0305
HMSX	1	0.0799%	464	0.0192%	0.2396	0.2396
HMSZ	1	0.0799%	195	0.0080%	0.1007	0.1007
HMV	2	0.1599%	580	0.0239%	0.1497	0.2995
HMVZ	1	0.0799%	8	0.0003%	0.0041	0.0041
HMZ	2	0.1599%	1,439	0.0594%	0.3715	0.7430
HS	3	0.2398%	1,347	0.0556%	0.2318	0.6955
HZ	1	0.0799%	1,109	0.0458%	0.5726	0.5726
M	124	9.9121%	603,718	24.9187%	2.5140	311.7332
MS	16	1.2790%	6,006	0.2479%	0.1938	3.1012
MSX	2	0.1599%	1,022	0.0422%	0.2639	0.5277
MV	4	0.3197%	1,048	0.0433%	0.1353	0.5411
MVX	1	0.0799%	28	0.0012%	0.0145	0.0145
MX	9	0.7194%	13,021	0.5374%	0.7471	6.7235
MZ	5	0.3997%	11,314	0.4670%	1.1684	5.8420
S	4	0.3197%	2,168	0.0895%	0.2799	1.1195
V	32	2.5580%	5,475	0.2260%	0.0883	2.8270
VZ	2	0.1599%	148	0.0061%	0.0382	0.0764
X	77	6.1551%	145,521	6.0064%	0.9759	75.1406
Z	63	5.0360%	143,528	5.9242%	1.1764	74.1115

APPENDIX E

Responses by Sub-group

Race and Ethnicity

Percent who answered “Yes” or “Strong YES”

	Client Race or Ethnicity ¹										
	Number (Percent)	Asian/PI ² 106 (9%)	Other ³ 1,143 (91%)	Black 126 (10%)	Other 1,123 (90%)	Hispanic 189 (15%)	Other 1,061 (85%)	White 950 (76%)	Other 298 (24%)	2 or more 181 (14%)	Other 1,068 (85%)
QUALITY AND HELPFULNESS											
Overall, have social and health service programs helped you and your family?	97%	92%*	93%	93%	94%	93%	92%	96%*	91%	93%	
Are you satisfied with program services?	90%	84%	80%	86%	88%	84%	83%	89%*	82%	86%	
STAFF											
Do staff treat you with courtesy and respect?	94%	93%	89%	94%	97%	92%*	92%	95%	90%	94%	
Do staff listen to what you have to say?	95%	92%	84%	93%*	96%	90%*	91%	93%	88%	93%	
ACCESS AND PROCESS											
Are program offices open at times that are good for you?	94%	88%*	82%	90%	91%	88%	88%	91%	85%	89%	
Is it easy to get services from the program?	92%	82%*	77%	84%	87%	82%	81%	88%*	79%	84%	
Did you get services as quickly as you needed?	86%	82%	73%	83%*	83%	82%	81%	85%	75%	84%*	
When you call, is it easy to get to a live person when you need to?	76%	70%	68%	71%	74%	69%	69%	74%	70%	70%	
Do staff return your calls within 24 hours?	84%	78%	79%	78%	82%	77%	76%	84%*	75%	79%	
INFORMATION											
Do you know what program services there are for you and your family?	66%	67%	63%	67%	54%	70%*	70%	58%*	62%	68%	
Did program staff explain things clearly?	90%	89%	80%	90%*	91%	88%	88%	91%	82%	90%*	
Was it easy to get the information you needed about services?	87%	85%	79%	86%	89%	84%	84%	88%	80%	86%	
CLIENT INVOLVEMENT											
Did you help make plans and set goals about services?	76%	75%	73%	75%	83%	73%*	73%	80%	75%	75%	
COORDINATION											
Do social and health services make sure all your services work well together?	88%	82%	79%	83%	88%	81%	81%	86%	79%	83%	
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?	83%	72%	72%	74%	82%	72%	72%	78%	73%	74%	

¹ American Indian / Alaska Native not shown due to insufficient numbers for statistical comparison (n = 69, 6%).

² Includes Native Hawaiian

³ This question allowed multiple selection, so each group is compared with all other respondents.

Other sub-groups

Percent who answered “Yes” or “Strong YES”

	Client Gender		Client Age		Completed by		Number of Programs Used ⁴		
	Male	Female	Adult	Child	Client	Proxy	1 prgm	2 prgms	3+ prgms
Number ⁵ (Percent)	600 (48%)	650 (52%)	1,023 (82%)	228 (18%)	829 (66%)	422 (34%)	577 (46%)	357 (29%)	317 (25%)
QUALITY AND HELPFULNESS									
Overall, have social and health service programs helped you and your family?	91%	94%	90%	98%*	90%	96%*	92%	95%	92%
Are you satisfied with program services?	83%	86%	82%	91%*	82%	89%*	82% ^a	91%	85%
STAFF									
Do staff treat you with courtesy and respect?	93%	93%	92%	94%	92%	93%	92%	95%	91% ^c
Do staff listen to what you have to say?	91%	92%	91%	93%	91%	93%	92%	92%	88%
ACCESS AND PROCESS									
Are program offices open at times that are good for you?	88%	89%	86%	92%*	85%	92%*	89%	87%	87%
Is it easy to get services from the program?	82%	84%	82%	85%	82%	84%	83%	87%	77% ^c
Did you get services as quickly as you needed?	81%	83%	80%	86%	80%	85%	81%	84%	83%
When you call, is it easy to get to a live person when you need to?	70%	70%	68%	74%	70%	71%	69%	74%	68%
Do staff return your calls within 24 hours?	76%	80%	76%	82%	75%	82%*	79%	76%	79%
INFORMATION									
Do you know what program services there are for you and your family?	63%	70%*	65%	70%	64%	70%	65%	69%	70%
Did program staff explain things clearly?	88%	89%	87%	92%*	87%	90%	87% ^a	93%	87% ^c
Was it easy to get the information you needed about services?	85%	85%	83%	89%*	84%	86%	83%	88%	85%
CLIENT INVOLVEMENT									
Did you help make plans and set goals about services?	75%	74%	72%	78%	72%	77%	75%	72%	78%
COORDINATION									
Do social and health services make sure all your services work well together?	84%	81%	81%	85%	80%	85%		84%	80% ^c
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?	72%	75%	73%	75%	72%	76%		78%	64% ^c

⁴ Statistical comparisons for number of programs (superscript): a = 1 vs 2; b = 1 vs 3+; c = 2 vs 3+.

⁵ Both tables: Number and percent for each group are unweighted; percentages for each question are weighted. Statistically significant differences ($p < .05$) indicated by asterisk (*).

APPENDIX F

Themes from Narrative Questions: Glossary and Report

Response Glossary

QUALITY/HELP	Typical Response Example
Services Helped	Social and health services have helped me/my family; good service overall/satisfied; grateful for help; appreciative; likes options/variety (no specific program noted); like social and health services/everything
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 (helpful/likes to help), sensitivity, friendliness, compassion
Staff Listens/Understands	Staff listens; is/isn't attentive; understands; gets input from clients; includes clients in decision-making/planning
Other Staff Comments	Staff's responsiveness (and general timeliness); fairness, flexibility, knowledge, professionalism, honesty, commitment, helpfulness, follow-through, customer service, general communication
Specific Staff Members	Named a specific staff member who helped/didn't help
Need More Staff	Need more staff; reduce turnover; lower caseloads
SERVICE DELIVERY	
ACCESS	
Phone/Staff Access	Ability to reach staff members; phone, voicemail, e-mail; return calls and messages timely; call centers/automated phone systems
Office Location/Hours	Ease in getting to programs/providers or services/parking; office hours/class times; 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: "DDA should alphabetize their client lists"; Compliments/complaints about paperwork/forms/applications/letters
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
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, language, immigration status, religion, parental status, sexual orientation 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 programs/agencies in Washington state

Coordination between Workers Good/poor coordination between workers; good/poor teamwork; need a single worker rather than many; workers' instructions differ or overlap

PROVIDERS

Provider Staff (outside SHS) Providers/staff are good/bad, helpful/not helpful

Provider Process/Access Comments about provider/contractor services and challenges/praise for the process. Includes: Timeliness, appointment process, wait times, any other provider/contractor issue besides staff

RESOURCES

Program Availability Don't cut/expand certain programs; social and health services need better funding; grateful for funded program

Benefit Levels Need more/don't cut hours or benefits; better providers payments; grateful for available hours/benefits

Provider Availability Need more medical, dental, mental health, vision or pharmacy providers who accept Medicaid; difficult to find a provider; grateful for available providers who accept Medicaid

Health Benefit Levels Don't cut/expand medical, dental or mental health services; need medical equipment/procedures; grateful for available funding/benefits

OTHER

Other Miscellaneous comments that don't fit elsewhere, including content regarding the survey itself

Narrative Comments Report

1,168 of 1,251 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	#	% of All	#	% of All	#	% of All
Quality/Helpfulness		818	70%	713	61%	61	5%	44	4%
Services Helped	H	436	37%	436	37%				
Didn't Help	HD	24	2%			24	2%		
Things are OK	HO	18	2%	18	2%				
Nothing	HN	249	21%	197	17%	38	3%	14	1%
Specific Program Quality	HS	315	27%	269	23%	23	2%	23	2%
Staff		424	36%	258	22%	118	10%	48	4%
Staff Courtesy	SC	169	14%	137	12%	29	2%	3	0%
Staff Listens/Understands	SL	76	7%	49	4%	24	2%	3	0%
Other Staff Comments	SO	255	22%	162	14%	70	6%	23	2%
Specific Staff	SP	7	1%	7	1%	0	0%	0	0%
Need More Staff	SN	32	3%			32	3%		
Provider Staff	SX	46	4%	27	2%	16	1%	3	0%
Process/Access		601	51%	175	15%	343	29%	83	7%
<i>ACCESS</i>		214	18%	54	5%	143	12%	17	1%
Phone/Staff Access	AP	162	14%	35	3%	115	10%	12	1%
Location/Hours	AL	30	3%	4	0%	25	2%	1	0%
Appointment Process	AA	31	3%	19	2%	9	1%	3	0%
<i>PROCESS</i>		457	39%	151	13%	253	22%	53	5%
Process - General	PR	132	11%	84	7%	40	3%	8	1%
Process - Specific	PS	204	17%	43	4%	145	12%	16	1%
Process - Timeliness	PT	66	6%	30	3%	35	3%	1	0%
Eligibility	PE	94	8%	22	2%	68	6%	4	0%
<i>PROVIDERS</i>		63	5%	17	1%	40	3%	6	1%
Provider Process/Access	PX	63	5%	17	1%	40	3%	6	1%
<i>DIVERSITY</i>		27	2%	5	0%	22	2%	0	0%
Diversity/Preference	DV	27	2%	5	0%	22	2%	0	0%
Information		261	22%	110	9%	122	10%	29	2%
Information - General	IN	254	22%	107	9%	119	10%	28	2%
Language Services	IL	12	1%	4	0%	8	1%	0	0%
Coordination		56	5%	17	1%	37	3%	2	0%
Between Programs	CP	38	3%	10	1%	26	2%	2	0%
Between Workers	CW	20	2%	7	1%	13	1%	0	0%
Resources		127	11%	4	0%	117	10%	6	1%
Program Availability	RP	19	2%	0	0%	18	2%	1	0%
Benefit Levels	RB	54	5%	1	0%	52	4%	1	0%
Provider Availability	RC	34	3%	2	0%	30	3%	2	0%
Health Benefit Levels	RM	26	2%	2	0%	23	2%	1	0%
Other		254	22%	20	2%	36	3%	198	17%
Other/Miscellaneous	O	119	10%	20	2%	36	3%	63	5%
Don't Know	DK	145	12%					145	12%

Notes for Narrative Comments Report (previous page)

¹ 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.

² 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.

³ All % columns show respondents who commented on this theme as a percentage of the total number of respondents who made narrative comments.

Note: "Quality and Helpfulness of Services" is reported on page 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.

APPENDIX G

Survey Instrument

Introduction¹

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

Hello, this is <<Interviewer Name>>.

I am calling to talk to you about social and health services you have received from the State of Washington. You should have received a letter explaining this survey.

The results of this survey will help social and health service agencies 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 these agencies. 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 while helping <<Client Name>> with social and health services received from the State of Washington.

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. 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
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 DDA 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"/>							
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
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"/>							
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"/>							
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

ALTSA (Aging & Long Term Support Administration)

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 need help paying for nursing facility services.
- 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 coverage.
- 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 ALTSA 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
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"/>							
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"/>							
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 (Health Care Authority)

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

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"/>							

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:

I'd like to ask some questions about use of telehealth services during the COVID-19 pandemic. Telehealth is when health care providers use audio or video communications instead of in-person visits to provide services. Telehealth can be provided in a variety of ways, like phone calls, video chats, emails, texts, or provider messaging portals.

During the COVID-19 pandemic, have you used telehealth to receive services or have appointments with health care providers?

- Yes. Go to A below
- No. Go to B below

A. How would you rate the quality of the telehealth services? The options are:

- Very good
- Good
- Acceptable
- Poor
- Very poor

B. Why didn't you receive telehealth services? [Check all that the client mentions]

- No need for services during COVID-19 pandemic
- Didn't have the technology (phone/laptop/device)
- Telehealth wasn't offered
- Other (please specify)

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
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"/>							
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"/>							
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

Community Services Division (Economic Services Administration)

First/Now I'd like to ask you about your experience with DSHS Community Services, the Division that sends money and food benefits 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 DSHS Community Services you usually call or go to a CSO, which is a Community Services Office. Have you talked to someone at DSHS Community Services or received services from them over the last two years?

[If initially denies CSD-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 benefits, emergency assistance or TANF money, which is Temporary Assistance for Needy Families.
- You may have received money because you were aged, blind, disabled, pregnant, 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.
- 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 DSHS Community 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 DSHS Community Services Contact

Are you the only person in your family who gets State money, food benefits, or WorkFirst services from DSHS Community Services?

- Yes
- No

I'd like to ask some questions about your experiences with DSHS Community Services over the past two years. When we ask about DSHS Community Services we are asking about the people who send you or your family State money or food benefits 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
4. Is the CSO or call center open at times that are good for you? [All services were conducted through the call center during the COVID-19 pandemic.]	<input type="checkbox"/>							
2. Is it easy to get services from DSHS Community Services?	<input type="checkbox"/>							
1. Do you know what DSHS Community Services there are for you?	<input type="checkbox"/>							
5a. When you call DSHS Community Services, is it easy to get to a live person when you need to?	<input type="checkbox"/>							
5. In the past two years, have you left a phone message for someone at DSHS Community Services? [If no, mark NA and move to next question.] If yes, did 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 DSHS Community 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"/>							
13. Did you and your family help make plans and set goals about services?	<input type="checkbox"/>							
14. Are you satisfied with DSHS Community Services?	<input type="checkbox"/>							
16. Overall, has DSHS Community Services helped you?	<input type="checkbox"/>							

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

Survey Instrument

MH (Mental Health; Health Care Authority)

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
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"/>							
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"/>							
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. 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] 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
4. If you called or had to go to the DCS office, is the office open at times that are good for you? [If they have not called or gone to a DCS office, select DNA]	<input type="checkbox"/>							
2. If you need help from Division of Child Support, is it easy to get that help? [If they have not needed help from DCS, select DNA]	<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 Child Support, is it easy to get to a live person when you need to? [If they have not called a DCS office, select DNA]	<input type="checkbox"/>							
5. If you called DCS, did Child Support staff return your calls within 24 hours? [If they have not called a DCS office, select DNA]	<input type="checkbox"/>							
6. When you asked for help, did you get it as quickly as you needed? [If they never asked for help, select DNA]	<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"/>							
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. 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] 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
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? [if they have not needed help from DCS, select DNA]	<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? [If they have not called DCS office, select DNA]	<input type="checkbox"/>							
5. If you called DCS, did Child Support staff return your calls within 24 hours? [If they have not called DCS office, select N/A]	<input type="checkbox"/>							
6. When you asked for help, did you get it as quickly as you needed? [If they never asked for help, select DNA]	<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"/>							
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

SUD (Substance Use Disorder; Health Care Authority)

First/Now I'd like to ask you about your experience with drug and alcohol services you may have received through Apple Health or Medicaid. This includes any kind of assessment, discussion, medication or treatment related to alcohol and other drugs. Have you received services from the state drug and alcohol treatment or assessment over the last two years?

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

Let me make this question clearer. Here are the kinds of services you may have received:

- You may have talked to a counselor or a doctor or have 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 received medication to help with drug and alcohol problems.
- You may have gone to an inpatient drug and alcohol treatment program.

Have you had any services like that in the past two years? Is it possible that you might have had drug or alcohol services paid for or partly paid for by Apple Health or Medicaid?

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
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"/>							
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"/>							
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

DCYF (Department of Children, Youth and Families)

Note to Interviewers: The formal name of this program is "Department of Children, Youth and Families" 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 Children, Youth and Family Services, the department 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 and Family Services or received services from Children and Family Services over the last two years?

[If initially denies DCYF 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 Children & Family Services. Let me tell you what kinds of services you may have received:

- You may have provided foster care, kinship care, or received adoption support.
- 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.
- 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.
- 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.

Have you had any services like that in the past two years? Is it possible that these services may have been sponsored by Children and Family Services?

[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 DCYF Contact

I'd like to ask some questions about your experiences with Children & 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
4. Is the Children and Family Services office open at times that are good for you?	<input type="checkbox"/>							
2. If you need help from Children and Family Services is it easy to get that help? <i>[If they have not needed help from Children and Family Services select DNA]</i>	<input type="checkbox"/>							
1. Do you know what Children and Family services there are for your family?	<input type="checkbox"/>							
5a. When you call Children and Family Services, is it easy to get to a live person when you need to?	<input type="checkbox"/>							
5. Did Children 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 Children and Family Services?	<input type="checkbox"/>							
8. Did Children 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"/>							
13. Did you help make plans and set goals about services?	<input type="checkbox"/>							
14. Are you satisfied with Children and Family Services?	<input type="checkbox"/>							
16. Overall, has Children 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 or more (2+) programs
- Client denies ANY contact with services

Clients receiving services from TWO or more (2+) programs ONLY:

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

	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"/>							

CONCLUDING QUESTIONS—ALL Participants

Now we want to ask you two questions about what your social and health services programs 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

Which one or more of the following would you say is your [the client] race?

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Don't Know
- Repeats "Hispanic/Latino" and none of the above categories
- Other race

Please specify for "Other":

[Ask only if more than one race selected] Of these groups that are [read selected groups], would you say that one BEST represents your [the client] race?

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Repeats "Hispanic/Latino" and none of the above categories
- Other race
- Write in for: Don't know or No answer

In the past 2 years, has there been a time when you felt that social and health services staff treated you or your family 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.]

- Race?
- 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 2019, which state of Washington county have you [the client] lived in the longest? **Please specify for “Other” (City, State if outside WA):**

Thank you for your time and cooperation. We are done with the survey questions. If you have any additional comments or questions about this survey or about social and health services agencies in the State of Washington, I can note them now.



2021 Social and Health Services
Client Survey
Our Clients Speak

