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2025 Client Survey Report

Appendices

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Washington State Department of
CHILDREN, YOUTH & FAMILIES

Appendices: 2025 Client Survey Report



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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 the residents of Washington State. Agency leadership commissioned this recurring client survey 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 originally 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 feedback, 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 Child Welfare 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. A special effort was made to craft questions that are easy to comprehend.

The first 13 questions refer to specific programs. Introductory text helps 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 introductory text and questions were reviewed by agency leadership, each program, and the survey team, and were pre-tested several times. Clients who use more than one program answer the 13 program-specific questions several times — once for each program they use. After the program-specific questions, additional questions address system-wide issues. Complete lists of survey questions can be found in Appendices B and F.

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 B contains a list of the standard wording for the basic survey questions. Appendix F 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 Instrument

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

2025 Changes. Minor changes were made to the survey instrument.

- Aging and Long-Term Support, DCYF Child Welfare Services, Division of Child Support, Substance Use Disorder Treatment Services, and Vocational Rehabilitation each updated the introductory text for their program questions to improve clarity and represent current program services.
- For the telehealth questions asked to Apple Health clients, the reference period was changed to “in the past year” from “during the COVID-19 pandemic.”
- The introductory text and question text for mental health services clients and substance use disorder treatment services clients were changed to reference providers, rather programs.
- Behavioral Health and Recovery added two questions for substance use disorder treatment services clients:
 - Did staff give you information about treatment of substance use disorder/alcohol use disorder with medications, such as Methadone, Buprenorphine-Suboxone, Antabuse, Naltrexone, or Vivitrol?
 - Did you receive any support through a peer counselor?
- References to “Child and Family Services” were changed to “DCYF.” In addition, the following language was offered to DCYF clients, if needed, for the question “did you help make plans and set goals about services?”: “This may have taken place in an FTDM, Shared Planning Meeting, home visit, or other information gathering and planning contact that contributed to goal setting and/or supportive services.”
- Demographic questions were updated to reflect current terminology:
 - Response options for gender identity were changed from “Male” to “Man” and from “Female” to “Woman.” It also included a write-in option for those who prefer another term.
 - The option “Middle Eastern or North African (MENA)” was added for the racial/ethnic identity question.
 - Sexuality orientation was changed to sexual identity.

2023 Changes. Minor changes were made to the survey instrument.

- For the question about the convenience of program hours (“Is the office open at times that are good for you?”), “the office” was replaced by a reference to the specific program being asked about, e.g. “Is DDA open at times that are good for you?”, “Is Aging & Long Term Support open at times that are good for you?”, “Are the medical providers open at times that are good for you?”, etc.
- The timeline for staff returning phone calls was extended from 24 hours to 48 hours: “Did DDA staff return your calls within 48 hours?”, “Did Aging and Long Term Support staff return your calls within 48 hours?”, “Did medical providers’ staff return your calls within 48 hours”, etc.
- Some DCYF clients in the sample had received only Adoption Support Services and had no recent contact with the agency; these clients had a difficult time answering many of the program questions. To address this, we added the following questions for DCYF clients who said they had not had any services, contact, or payments in the past two years:
 - Can you tell me if you have ever adopted a child while living in Washington?
 - In what year did you adopt your child?
 - Have you ever received adoption support payments?
 - If yes: What was the last year you received payments?

- If yes: When was the last time you had any other contact with Child and Family Services?

Clients whose last payment or contact was in 2021 or more recent were asked the standard DCYF questions. Those whose last payment or contact was prior to 2021 skipped the DCYF questions.

- The separate ethnicity and race questions were combined into a single race-ethnicity question.
 - Question text revised to: “Which one or more of the following would you say is your race or ethnicity?” with “Hispanic or Latino” listed as one of the response options.

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 programs (n=74, 6%) 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).
 - 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 2023 and April 2024 (due to data limitations, the service period for DVR clients was May 2023 through October 2023). Sufficient clients were selected to reach the goal of at least 100 completed surveys from each sampled program. 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 C). 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 Families¹

- Child Welfare Services

¹ 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.

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 and their parent, guardian, or other adult proxy were interviewed about the client's experiences, but no questions were asked about mental health or substance use disorder treatment services.
- Only adult clients (age 18 and older) were selected in the sample from the Department of Children, Youth, and Families (DCYF). 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 only medically managed withdrawal, 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 Services Administration Community Services Division (CSD) sample excluded clients who received food assistance through AL TSA, DDA or WASHCAP, and received no other CSD services. These clients typically have had no interaction with CSD staff. Interactions with AL TSA, 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 unreachable. Clients were excluded from the sample 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 their affairs was available.
- The client is out of the country.
- The client is a member of the military and currently deployed.
- The client is incarcerated in a jail, prison, or JR institution.
- The client is currently in an inpatient drug or alcohol program.
- The client is unhoused 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 8, 2024 and ended on May 7, 2025. When necessary, more than 20 attempts were made to contact each client in the sample. Before the interviews, survey staff sent all sample members a 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 gift cards, 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 consenting to the survey or answering the questions, 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.

Clients who received services from only one program and for whom we had email addresses were given the option to self-administer the survey online rather than to complete the survey over the phone. The survey was completed online by 74 respondents (6%).

Interviews were conducted using a variation of the model script shown in Appendix F, 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 they 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 15 to 45 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 in Voxco. The CATI system displays survey questions on a computer monitor, making it possible for the interviewer to read the question to the client and enter the response directly into the survey database. When a 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 86% and the completion rate was 56%.¹ These response rates are high for any survey but are especially remarkable for a survey of clients who may be difficult to reach. The main difficulties encountered in locating clients and completing interviews were:

- Contact information provided by the programs may be out of date.
- Many social and health service clients are highly mobile and do not maintain a permanent residence.
- Like many people, social and health service clients may screen their calls and do not always respond to survey calls or calls from unknown numbers.
- A number of social and health services clients do not have phones or a stable phone number.
- Some clients dealing with substance use, mental health issues, developmental disabilities, age-related concerns, or other challenges may have difficulty understanding survey questions.
- Some clients may find the questions 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 social services experience. Several staff members are 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 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.
- **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.
- **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.
- **Alternate contact methods.** Clients were given a toll-free number so that they could call in and complete the survey. Interviewers also worked with relatives or other representatives to make arrangements to administer the survey to clients at convenient times.
- **Languages.** If selected clients spoke languages other than English, staff administered the telephone survey in a 3-way conversation with interpreters from Pacific Interpreters (n=65).

¹ The cooperation rate is the ratio of the number of completed interviews to the number of eligible respondents who were 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.

Surveys were completed in the following languages: Amharic, Arabic, Cambodian/Khmer, Chinese, Indonesian, Korean, Russian, Somali, Spanish, Ukrainian, and Vietnamese.

Quantitative and Qualitative Analysis

Quantitative analysis was conducted using SAS statistical software. To obtain results that can be generalized to all clients in the population, clients' responses were weighted according to each client's service profile (the specific combination of services that the client used). Thus, the final weighted sample reflects the service usage of all social and health service clients.¹ 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.

Qualitative analysis of responses to the open-ended questions was conducted using Provalis' QDA Miner text analysis software. Each comment was coded into one of 6 major themes and 24 subthemes.² Comments were coded in two phases. In the first phase, automated classification methods in QDA Miner identified sentences that aligned with coding patterns in previous years' surveys and an RDA staff member verified that alignment before assigning the code. In the second phase, RDA staff hand coded any segments not included in this process.

Comments could contain more than one code. For example, the comment "Staff were kind but I had a hard time reaching them" would include two codes: "staff were kind" would be coded as "Courtesy and Customer Service" and "I had a hard time reaching them" would be coded as "Phone and Email Access to Staff." Within each theme, comment segments were also coded as "positive" or "negative." Codes were reviewed and discrepancies were reconciled by consensus.

Code frequencies were computed using Provalis software and represent the number of respondents whose comments reflect that code. Two types of deduplication were used so that each theme or subtheme was counted only once per respondent.

- The first process deduplicates codes across the open-ended questions so that the code is only counted once, even if it appears more than once in the respondent's comments.
- The second process deduplicates codes as subthemes are rolled up into major themes. For example, a respondent who made comments in both "Staff Courtesy and Customer Service" and "Staff Professionalism" is counted only once in the "Staff & Providers" major theme rollup.

Codes were identified as "mixed" sentiment when respondents include both positive and negative sentiment for the same code (e.g., "Some staff were helpful, but others were not."). This is a calculated field, based on the sentiment coding in QDA Miner.

¹ See Appendix C for more detail and the complete weighting table.

² See Appendix E for the full list of themes and subthemes.

APPENDIX B

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. See Appendix G for a sample of the entire survey with sections for each client program.

1. Is (program) open at times that are good for you?
2. Is it easy to get services from (program)?
3. Do you know what (program) services there are for you?
4. When you call (program), is it easy to get to a live person when you need to?
5. Did (program) staff return your calls within 48 hours?
6. Did you 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 with courtesy and respect?
10. Did staff who helped you listen to what you had to say?
11. Did you help make plans and set goals about (program) services?
12. Are you satisfied with (program) services?
13. Overall, has (program) helped you?

Two **coordination questions** were asked only if a client was served by two or more programs:

14. Do social and health services make sure all your services work well together?
15. 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?

Three **open-ended questions** were asked of all respondents to gain a sense of clients' experiences with social and health services:

16. What do you like best about dealing with social and health services programs?
17. What is one thing social and health services can do to improve services?
18. Do you have any additional comments or questions about this survey or about social and health service agencies in the State of Washington?

APPENDIX C

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 in the left-hand column. For example, the grey highlighted row (AE) shows that 28 clients in the completed survey sample used Aging and Long-Term Support (A) and Economic Services from DSHS Community Services (E), making up 2.3993% of the 1,167 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 2023 to April 2024,¹ was 18,082 (or 0.7921% 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 28 survey respondents were weighted by a factor of 0.3301 so that they represent 9.2435 respondents – or 0.7921% – in the weighted survey sample.

| Programs | Sample N | Sample % | Population N | Population % | Weight | Weighted N |
|----------|----------|----------|--------------|--------------|--------|------------|
| A | 52 | 4.4559% | 28577 | 1.2518% | 0.2809 | 14.6085 |
| ACEH | 1 | 0.0857% | 26 | 0.0011% | 0.0133 | 0.0133 |
| ACEHMS | 1 | 0.0857% | 10 | 0.0004% | 0.0051 | 0.0051 |
| ACEHMZ | 1 | 0.0857% | 18 | 0.0008% | 0.0092 | 0.0092 |
| ACEHV | 1 | 0.0857% | 6 | 0.0003% | 0.0031 | 0.0031 |
| ACHM | 1 | 0.0857% | 54 | 0.0024% | 0.0276 | 0.0276 |
| AE | 28 | 2.3993% | 18082 | 0.7921% | 0.3301 | 9.2435 |
| AEH | 2 | 0.1714% | 1114 | 0.0488% | 0.2847 | 0.5695 |
| AEHM | 1 | 0.0857% | 1148 | 0.0503% | 0.5869 | 0.5869 |
| AEHMS | 1 | 0.0857% | 180 | 0.0079% | 0.0920 | 0.0920 |
| AEHS | 1 | 0.0857% | 113 | 0.0049% | 0.0578 | 0.0578 |
| AEM | 3 | 0.2571% | 1659 | 0.0727% | 0.2827 | 0.8481 |
| AEZ | 2 | 0.1714% | 574 | 0.0251% | 0.1467 | 0.2934 |
| AH | 7 | 0.5998% | 2292 | 0.1004% | 0.1674 | 1.1717 |
| AHM | 11 | 0.9426% | 2294 | 0.1005% | 0.1066 | 1.1727 |
| AHMS | 1 | 0.0857% | 311 | 0.0136% | 0.1590 | 0.1590 |
| AHV | 1 | 0.0857% | 46 | 0.0020% | 0.0235 | 0.0235 |
| AM | 5 | 0.4284% | 3069 | 0.1344% | 0.3138 | 1.5689 |
| AMS | 1 | 0.0857% | 131 | 0.0057% | 0.0670 | 0.0670 |
| AS | 1 | 0.0857% | 58 | 0.0025% | 0.0296 | 0.0296 |
| AV | 2 | 0.1714% | 169 | 0.0074% | 0.0432 | 0.0864 |
| C | 60 | 5.1414% | 78863 | 3.4546% | 0.6719 | 40.3147 |
| CD | 1 | 0.0857% | 323 | 0.0141% | 0.1651 | 0.1651 |
| CDHM | 1 | 0.0857% | 186 | 0.0081% | 0.0951 | 0.0951 |
| CDHV | 1 | 0.0857% | 14 | 0.0006% | 0.0072 | 0.0072 |
| CDM | 2 | 0.1714% | 378 | 0.0166% | 0.0966 | 0.1932 |
| CDV | 1 | 0.0857% | 32 | 0.0014% | 0.0164 | 0.0164 |
| CE | 10 | 0.8569% | 12832 | 0.5621% | 0.6560 | 6.5597 |
| CEH | 1 | 0.0857% | 2388 | 0.1046% | 1.2207 | 1.2207 |
| CEHM | 10 | 0.8569% | 9333 | 0.4088% | 0.4771 | 4.7710 |
| CEHMS | 5 | 0.4284% | 1177 | 0.0516% | 0.1203 | 0.6017 |
| CEHMX | 1 | 0.0857% | 235 | 0.0103% | 0.1201 | 0.1201 |

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

Sample N: Number of clients who completed survey using this combination of programs.

Sample %: Percentage of the clients who completed the survey using this combination of programs.

Population N Number of clients using this combination of programs from May 2023 to April 2024.

Population %: Percentage of clients using this combination of programs from May 2023 to April 2024.

Weight: Weight to produce N of 1,167 with program distribution equal to population program distribution (adjusted for empty cells).

Weighted N: Number using this combination of programs after applying the weight.

¹ Due to data availability, the service period for DVR clients was May 2023 through December 2023.

| Programs | Sample N | Sample % | Population N | Population % | Weight | Weighted N |
|----------|----------|----------|--------------|--------------|--------|------------|
| CEHS | 1 | 0.0857% | 550 | 0.0241% | 0.2812 | 0.2812 |
| CEHSZ | 2 | 0.1714% | 289 | 0.0127% | 0.0739 | 0.1477 |
| CEHZ | 2 | 0.1714% | 646 | 0.0283% | 0.1651 | 0.3302 |
| CEM | 6 | 0.5141% | 31294 | 1.3708% | 2.6662 | 15.9975 |
| CEMS | 4 | 0.3428% | 1006 | 0.0441% | 0.1286 | 0.5143 |
| CEMSX | 1 | 0.0857% | 381 | 0.0167% | 0.1948 | 0.1948 |
| CEMSZ | 2 | 0.1714% | 513 | 0.0225% | 0.1311 | 0.2622 |
| CEMZ | 5 | 0.4284% | 2549 | 0.1117% | 0.2606 | 1.3030 |
| CES | 1 | 0.0857% | 420 | 0.0184% | 0.2147 | 0.2147 |
| CESX | 1 | 0.0857% | 141 | 0.0062% | 0.0721 | 0.0721 |
| CEV | 2 | 0.1714% | 31 | 0.0014% | 0.0079 | 0.0158 |
| CEZ | 2 | 0.1714% | 2770 | 0.1213% | 0.7080 | 1.4160 |
| CH | 1 | 0.0857% | 2749 | 0.1204% | 1.4053 | 1.4053 |
| CHM | 4 | 0.3428% | 8752 | 0.3834% | 1.1185 | 4.4740 |
| CHMZ | 1 | 0.0857% | 229 | 0.0100% | 0.1171 | 0.1171 |
| CHS | 1 | 0.0857% | 294 | 0.0129% | 0.1503 | 0.1503 |
| CM | 11 | 0.9426% | 26329 | 1.1533% | 1.2236 | 13.4594 |
| CMS | 1 | 0.0857% | 582 | 0.0255% | 0.2975 | 0.2975 |
| CMSZ | 1 | 0.0857% | 88 | 0.0039% | 0.0450 | 0.0450 |
| CMZ | 3 | 0.2571% | 1041 | 0.0456% | 0.1774 | 0.5322 |
| CSX | 1 | 0.0857% | 62 | 0.0027% | 0.0317 | 0.0317 |
| CV | 1 | 0.0857% | 52 | 0.0023% | 0.0266 | 0.0266 |
| CX | 6 | 0.5141% | 3356 | 0.1470% | 0.2859 | 1.7156 |
| CZ | 13 | 1.1140% | 4837 | 0.2119% | 0.1902 | 2.4727 |
| D | 59 | 5.0557% | 17028 | 0.7459% | 0.1475 | 8.7047 |
| DE | 2 | 0.1714% | 915 | 0.0401% | 0.2339 | 0.4677 |
| DEH | 2 | 0.1714% | 168 | 0.0074% | 0.0429 | 0.0859 |
| DEM | 5 | 0.4284% | 1548 | 0.0678% | 0.1583 | 0.7913 |
| DEMV | 1 | 0.0857% | 40 | 0.0018% | 0.0204 | 0.0204 |
| DEMVX | 1 | 0.0857% | 1 | 0.0000% | 0.0005 | 0.0005 |
| DH | 8 | 0.6855% | 2032 | 0.0890% | 0.1298 | 1.0388 |
| DHM | 3 | 0.2571% | 1166 | 0.0511% | 0.1987 | 0.5961 |
| DHMV | 2 | 0.1714% | 129 | 0.0057% | 0.0330 | 0.0659 |
| DHV | 5 | 0.4284% | 242 | 0.0106% | 0.0247 | 0.1237 |
| DM | 11 | 0.9426% | 4053 | 0.1775% | 0.1884 | 2.0719 |
| DMV | 4 | 0.3428% | 324 | 0.0142% | 0.0414 | 0.1656 |
| DV | 35 | 2.9991% | 1602 | 0.0702% | 0.0234 | 0.8189 |
| E | 57 | 4.8843% | 288683 | 12.6456% | 2.5890 | 147.5745 |
| EH | 11 | 0.9426% | 21232 | 0.9301% | 0.9867 | 10.8538 |
| EHM | 32 | 2.7421% | 56160 | 2.4601% | 0.8972 | 28.7090 |
| EHMS | 25 | 2.1422% | 8573 | 0.3755% | 0.1753 | 4.3825 |
| EHMSV | 3 | 0.2571% | 69 | 0.0030% | 0.0118 | 0.0353 |
| EHMSX | 6 | 0.5141% | 1329 | 0.0582% | 0.1132 | 0.6794 |
| EHMSZ | 4 | 0.3428% | 918 | 0.0402% | 0.1173 | 0.4693 |
| EHMV | 5 | 0.4284% | 359 | 0.0157% | 0.0367 | 0.1835 |
| EHMVZ | 1 | 0.0857% | 23 | 0.0010% | 0.0118 | 0.0118 |
| EHMX | 1 | 0.0857% | 1491 | 0.0653% | 0.7622 | 0.7622 |
| EHMZ | 4 | 0.3428% | 3636 | 0.1593% | 0.4647 | 1.8587 |
| EHS | 8 | 0.6855% | 3920 | 0.1717% | 0.2505 | 2.0039 |
| EHSX | 1 | 0.0857% | 542 | 0.0237% | 0.2771 | 0.2771 |
| EHSZ | 3 | 0.2571% | 545 | 0.0239% | 0.0929 | 0.2786 |
| EHV | 3 | 0.2571% | 262 | 0.0115% | 0.0446 | 0.1339 |
| EHX | 2 | 0.1714% | 666 | 0.0292% | 0.1702 | 0.3405 |
| EHZ | 2 | 0.1714% | 2656 | 0.1163% | 0.6789 | 1.3577 |
| EM | 74 | 6.3410% | 350022 | 15.3326% | 2.4180 | 178.9310 |
| EMS | 24 | 2.0566% | 9453 | 0.4141% | 0.2013 | 4.8324 |

| Programs | Sample N | Sample % | Population N | Population % | Weight | Weighted N |
|----------|----------|----------|--------------|--------------|--------|------------|
| EMSX | 3 | 0.2571% | 1828 | 0.0801% | 0.3115 | 0.9345 |
| EMSZ | 2 | 0.1714% | 1255 | 0.0550% | 0.3208 | 0.6416 |
| EMV | 2 | 0.1714% | 287 | 0.0126% | 0.0734 | 0.1467 |
| EMX | 3 | 0.2571% | 8846 | 0.3875% | 1.5074 | 4.5221 |
| EMZ | 8 | 0.6855% | 14801 | 0.6484% | 0.9458 | 7.5663 |
| ES | 5 | 0.4284% | 3604 | 0.1579% | 0.3685 | 1.8424 |
| ESX | 1 | 0.0857% | 613 | 0.0269% | 0.3134 | 0.3134 |
| ESZ | 2 | 0.1714% | 697 | 0.0305% | 0.1782 | 0.3563 |
| EV | 11 | 0.9426% | 922 | 0.0404% | 0.0428 | 0.4713 |
| EX | 11 | 0.9426% | 6791 | 0.2975% | 0.3156 | 3.4716 |
| EZ | 22 | 1.8852% | 18594 | 0.8145% | 0.4321 | 9.5052 |
| H | 12 | 1.0283% | 43179 | 1.8914% | 1.8394 | 22.0731 |
| HM | 30 | 2.5707% | 92222 | 4.0397% | 1.5715 | 47.1438 |
| HMS | 7 | 0.5998% | 6024 | 0.2639% | 0.4399 | 3.0795 |
| HMSZ | 1 | 0.0857% | 232 | 0.0102% | 0.1186 | 0.1186 |
| HMV | 4 | 0.3428% | 342 | 0.0150% | 0.0437 | 0.1748 |
| HMX | 1 | 0.0857% | 824 | 0.0361% | 0.4212 | 0.4212 |
| HMZ | 2 | 0.1714% | 1513 | 0.0663% | 0.3867 | 0.7734 |
| HS | 4 | 0.3428% | 2980 | 0.1305% | 0.3808 | 1.5234 |
| HSX | 1 | 0.0857% | 252 | 0.0110% | 0.1288 | 0.1288 |
| HV | 1 | 0.0857% | 259 | 0.0113% | 0.1324 | 0.1324 |
| HVZ | 1 | 0.0857% | 3 | 0.0001% | 0.0015 | 0.0015 |
| HX | 1 | 0.0857% | 604 | 0.0265% | 0.3088 | 0.3088 |
| HZ | 3 | 0.2571% | 1600 | 0.0701% | 0.2726 | 0.8179 |
| M | 145 | 12.4250% | 813423 | 35.6316% | 2.8677 | 415.8213 |
| MS | 8 | 0.6855% | 9364 | 0.4102% | 0.5984 | 4.7869 |
| MSZ | 1 | 0.0857% | 427 | 0.0187% | 0.2183 | 0.2183 |
| MV | 4 | 0.3428% | 536 | 0.0235% | 0.0685 | 0.2740 |
| MX | 3 | 0.2571% | 11329 | 0.4963% | 1.9305 | 5.7914 |
| MZ | 5 | 0.4284% | 10986 | 0.4812% | 1.1232 | 5.6160 |
| S | 2 | 0.1714% | 4000 | 0.1752% | 1.0224 | 2.0448 |
| SVX | 1 | 0.0857% | 1 | 0.0000% | 0.0005 | 0.0005 |
| SX | 3 | 0.2571% | 437 | 0.0191% | 0.0745 | 0.2234 |
| V | 22 | 1.8852% | 2740 | 0.1200% | 0.0637 | 1.4007 |
| VZ | 1 | 0.0857% | 34 | 0.0015% | 0.0174 | 0.0174 |
| X | 76 | 6.5124% | 90132 | 3.9482% | 0.6063 | 46.0754 |
| Z | 64 | 5.4841% | 83723 | 3.6674% | 0.6687 | 42.7991 |

APPENDIX D

Responses by Sub-group

Race and Ethnicity

Percent who answered “Yes” or “Strong YES”

| | Client Race or Ethnicity ¹ | | | | | | | | | | | | |
|---|---------------------------------------|--------------------|-------------------------|---------------------|-------------------------|----------------------|-------------------------|--------------------------|-----------------------|---------------------|-------------------------|-----------------------|-----------------------|
| | Number (Percent) | AIAN 56 (5%) | Other 1,111 (95%) | Asian 66 (6%) | Other 1,101 (94%) | Black 107 (9%) | Other 1,060 (91%) | Hispanic 214 (18%) | Other 953 (82%) | NHOPI 27 (2%) | Other 1,140 (98%) | White 661 (57%) | Other 506 (43%) |
| QUALITY & HELPFULNESS | | | | | | | | | | | | | |
| Overall, have social and health service programs helped you and your family? | | 86% | 94% | 93% | 93% | 88% | 94% | 96%* | 92% | 91% | 93% | 92% | 94% |
| Are you satisfied with program services? | | 83% | 86% | 88% | 85% | 77% | 86% | 89% | 85% | 83% | 86% | 84% | 87% |
| STAFF | | | | | | | | | | | | | |
| Do staff treat you with courtesy and respect? | | 78% | 92% | 93% | 91% | 88% | 92% | 91% | 91% | 88% | 91% | 92% | 90% |
| Do staff listen to what you have to say? | | 88% | 91% | 94% | 91% | 92% | 91% | 92% | 91% | 90% | 91% | 90% | 92% |
| ACCESS & PROCESS | | | | | | | | | | | | | |
| Are programs open at times that are good for you? | | 85% | 86% | 93%* | 86% | 85% | 86% | 84%* | 91% | 84% | 86% | 82%* | 89% |
| Is it easy to get services from the program? | | 62% | 80% | 80% | 79% | 72% | 80% | 85%* | 77% | 83% | 79% | 77% | 81% |
| Did you get services as quickly as you needed? | | 64% | 80% | 71% | 80% | 72% | 80% | 84% | 78% | 74% | 80% | 80% | 79% |
| When you call, is it easy to get to a live person when you need to? | | 67% | 67% | 66% | 68% | 59% | 68% | 73%* | 65% | 44%* | 68% | 64% | 70% |
| Do staff return your calls within 48 hours? | | 66% | 78% | 76% | 78% | 78% | 77% | 81% | 76% | 68% | 78% | 78% | 77% |
| INFORMATION | | | | | | | | | | | | | |
| Do you know what program services there are for you and your family? | | 59% | 64% | 63% | 64% | 59% | 65% | 57%* | 67% | 70% | 64% | 70%* | 59% |
| Did program staff explain things clearly? | | 81% | 89% | 86% | 88% | 86% | 88% | 92%* | 87% | 81% | 89% | 88% | 88% |
| Was it easy to get the information you needed about services? | | 76% | 83% | 87% | 82% | 83% | 82% | 85% | 82% | 79% | 83% | 81% | 84% |
| CLIENT INVOLVEMENT | | | | | | | | | | | | | |
| Did you help make plans and set goals about services? | | 65% | 67% | 69% | 67% | 70% | 67% | 63% | 69% | 70% | 67% | 69% | 66% |
| COORDINATION | | | | | | | | | | | | | |
| Do social and health services make sure all your services work well together? | | 83% | 80% | 71% | 81% | 84% | 80% | 86% | 79% | 67% | 81% | 78% | 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? | | 81% | 73% | 81% | 73% | 88% | 72% | 79% | 72% | 66% | 73% | 68% | 79% |

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

¹ Respondents could select more than one racial-ethnic group. Comparisons are between those who identified with the group and all others. Because of small sample size (N=12), results for Middle Eastern/North African clients are not reported. AIAN = American Indian or Alaska Native. NHOPI = Native Hawaiian or other Pacific Islander.

Other sub-groups

Percent who answered “Yes” or “Strong YES”

| | Client Gender ¹ | | Client Age | | Completed by | | Number of Programs Used | | | Region ⁵ | | |
|---|----------------------------|-----------|-------------|-----------|--------------|-----------|-------------------------|------------------|------------------|---------------------|-----------|-----------|
| | Male | Female | Adult | Child | Client | Proxy | 1 pgm | 2 pgms | 3+ pgms | Reg 1 | Reg 2 | Reg 3 |
| Number (Percent) | 536 (46%) | 621 (54%) | 1,013 (87%) | 154 (13%) | 804 (69%) | 363 (31%) | 549 (47%) | 339 (29%) | 279 (24%) | 307 (27%) | 415 (37%) | 399 (36%) |
| QUALITY AND HELPFULNESS | | | | | | | | | | | | |
| Overall, have social and health service programs helped you and your family? | 93% | 93% | 98%* | 91% | 91%* | 96% | 93% | 94% | 92% | 94% | 93% | 94% |
| Are you satisfied with program services? | 86% | 85% | 95%* | 81% | 82%* | 92% | 87% | 84% | 80% ³ | 88% | 86% | 85% |
| STAFF | | | | | | | | | | | | |
| Do staff treat you with courtesy and respect? | 90% | 93% | 93%* | 90% | 90% | 93% | 91% | 90% | 93% | 92% | 93% | 90% |
| Do staff listen to what you have to say? | 91% | 92% | 94%* | 90% | 89%* | 95% | 91% | 91% | 92% | 91% | 92% | 92% |
| ACCESS AND PROCESS | | | | | | | | | | | | |
| Are program offices open at times that are good for you? | 85% | 87% | 89%* | 85% | 84% | 89% | 86% | 86% | 85% | 83% | 87% | 88% |
| Is it easy to get services from the program? | 79% | 79% | 85%* | 76% | 77% | 82% | 80% | 78% | 75% | 81% | 79% | 78% |
| Did you get services as quickly as you needed? | 78% | 80% | 89%* | 75% | 75%* | 86% | 79% | 80% | 81% | 81% | 79% | 80% |
| When you call, is it easy to get to a live person when you need to? | 67% | 68% | 78%* | 62% | 62%* | 75% | 72% | 61% ³ | 58% ³ | 71% | 68% | 65% |
| Do staff return your calls within 48 hours? | 80% | 76% | 86% | 74% | 72%* | 86% | 80% | 74% | 76% | 78% | 79% | 77% |
| INFORMATION | | | | | | | | | | | | |
| Do you know what program services there are for you and your family? | 62% | 65% | 64% | 64% | 64% | 64% | 64% | 62% | 75% ⁴ | 67% | 62% | 65% |
| Did program staff explain things clearly? | 88% | 88% | 92%* | 86% | 85%* | 93% | 89% | 86% | 88% | 89% | 88% | 90% |
| Was it easy to get the information you needed about services? | 84% | 81% | 86%* | 80% | 80%* | 86% | 82% | 83% | 87% | 83% | 83% | 83% |
| CLIENT INVOLVEMENT | | | | | | | | | | | | |
| Did you help make plans and set goals about services? | 65% | 69% | 69% | 66% | 65% | 69% | 68% | 65% | 70% | 61% | 71% | 70% |
| COORDINATION | | | | | | | | | | | | |
| Do social and health services make sure all your services work well together? | 82% | 80% | 81% | 80% | 81% | 79% | 74% | 81% | 81% | 87% | 80% | 76% |
| Do the staff from your different social and health service programs work together as a team to try to help you get the services you need? | 73% | 73% | 82%* | 70% | 72% | 76% | 74% | 74% | 71% | 74% | 74% | 72% |

Number and percent for each group are unweighted; percentages for each question are weighted. Statistically significant differences ($p < .05$) indicated by asterisk or footnote.

¹ 2 clients identified as trans or non-binary.

³ Significantly different ($p < .05$) than clients in 1 program.

⁴ Significantly different ($p < .05$) than clients in 1 and 2 programs.

⁵ Does not include clients who indicated living out of state.

APPENDIX E

Comment Themes: Glossary and Results

Response Glossary

| QUALITY/HELP | Description |
|--|--|
| Overall Helpfulness | Social and health services have/have not helped me/my family; good service overall; grateful/appreciative; likes options/variety (no specific program noted); didn't like dealing with social and health services. |
| Specific Program Helpfulness | Named a specific program or an office (such as "Kent CSO") that helped/didn't help; likes program/should change program. |
| STAFF | |
| Courtesy & Customer Service | Compliments/complaints regarding staff courtesy, respect, supportiveness, helpfulness, sensitivity, friendliness, compassion, customer service. |
| Listening | Staff listens; is/isn't attentive; understands; gets input from clients; includes clients in decision-making/planning. |
| Professionalism | Staff's responsiveness, general communication, fairness, flexibility, knowledge, professionalism, honesty, commitment, helpfulness, follow-through. |
| Information Sharing | Information from staff to clients about programs or eligibility; answers questions; clear/unclear explanations. |
| Other Comments About Staff | Comments about staff that aren't covered by other codes. General comments about liking/not liking staff. |
| ACCESS | |
| Phone & Email Access to Staff | Ability to reach staff members over the phone, voicemail, e-mail; timely return of calls and messages; call centers/automated phone systems; hold times. |
| Operating Hours & Offices | Ease in getting to programs/providers or services/parking; operating hours; transportation to programs; physical condition of office(s); office wait times. |
| Online Information & Access | Doing business online; information available online/website content; emailing documentation; electronic communications/online chat. |
| Language Accessibility | Need more language-related or accessibility assistance; interpreters, bilingual staff, or native English-speakers; grateful for available language services. |
| ORGANIZATIONAL PROCESSES & POLICIES | |
| General Processes | Compliments/complaints about efficiency, bureaucracy, errors, rules; need to take individuals into account (one size doesn't fit all). |
| Program-Specific Processes | Compliments/complaints about specific program processes. |
| 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. |
| Timeliness | Length of time to get services; waiting lists; promptness with paperwork; includes length of time for eligibility determination. |
| Eligibility & Application Processes | Rules/requirements concerning eligibility; flexibility/ inflexibility of process; easy or difficult to get approved for services and to maintain services; too much paperwork/lost paperwork; communication about eligibility changes. |
| Coordination | Ccoordination between social and health service programs/offices; includes coordination with other helping government programs/agencies in Washington state. Coordination between workers; workers' instructions differ or overlap. |
| Staffing | Need more staff; staff turnover; high caseloads; need a single worker rather than many; lack of communication about caseworker change; consistent staffing. |

RESOURCES

| | |
|-----------------------|---|
| Program Availability | Need more/don't cut/expand specific programs; need better funding; grateful for increase in funded program. |
| Benefit Levels | Need more/don't cut/expand hours or benefits; pay providers better; grateful for increase in 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 | Need more/don't cut/expand medical, dental or mental health services; need medical equipment/procedures; want medical services that are not covered; grateful for available funding/benefits. |

EQUITY & DISPARITY

| | |
|--------------------|--|
| Equity & Disparity | Understand/doesn't understand issues of, or gives preference to, some demographic group. Reference to specific issues of groups defined by race, ethnicity, gender, disability status, language, immigration status, religion, parental status, sexual orientation or age. |
|--------------------|--|

OTHER

| | |
|-------|---|
| Other | Miscellaneous comments that don't fit elsewhere, including past experiences without comparison to present experience. |
|-------|---|

Comments by Theme and Sentiment

1,107 of 1,167 Respondents Made Comments. Unweighted Data

| Themes and Subthemes | Number of Comments ¹ | | | | Percent of All Comments ² | | | Percent of Each Theme by Sentiment | | |
|--|---------------------------------|-----------|------------|-------|--------------------------------------|------------|-------|------------------------------------|------------|-------|
| | Total | Good work | Needs work | Mixed | Good work | Needs work | Mixed | Good work | Needs work | Mixed |
| Quality & Help | 703 | 605 | 58 | 40 | 55% | 5% | 4% | 86% | 8% | 6% |
| Overall Helpfulness | 387 | 370 | 11 | 6 | 33% | 1% | 1% | 96% | 3% | 2% |
| Specific Program Helpfulness | 259 | 226 | 19 | 14 | 20% | 2% | 1% | 87% | 7% | 5% |
| Nothing Needs Work ³ | 155 | 155 | . | . | 14% | . | . | 100% | . | . |
| Nothing Client Liked ⁴ | 54 | . | 54 | . | . | 5% | . | . | 100% | . |
| Staff & Providers | 482 | 260 | 141 | 81 | 23% | 13% | 7% | 54% | 29% | 17% |
| Courtesy & Customer Service | 209 | 149 | 43 | 17 | 13% | 4% | 2% | 71% | 21% | 8% |
| Listening | 52 | 25 | 24 | 3 | 2% | 2% | 0% | 48% | 46% | 6% |
| Professionalism | 179 | 86 | 84 | 9 | 8% | 8% | 1% | 48% | 47% | 5% |
| Information Sharing | 173 | 78 | 81 | 14 | 7% | 7% | 1% | 45% | 47% | 8% |
| Other Comments About Staff | 71 | 61 | 2 | 8 | 6% | 0% | 1% | 86% | 3% | 11% |
| Access | 268 | 60 | 166 | 42 | 5% | 15% | 4% | 22% | 62% | 16% |
| Phone & Email Access to Staff | 186 | 32 | 143 | 11 | 3% | 13% | 1% | 17% | 77% | 6% |
| Operating Hours & Offices | 44 | 6 | 34 | 4 | 1% | 3% | 0% | 14% | 77% | 9% |
| Online Information & Access | 70 | 38 | 25 | 7 | 3% | 2% | 1% | 54% | 36% | 10% |
| Language Accessibility | 15 | 4 | 9 | 2 | 0% | 1% | 0% | 44% | 60% | 13% |
| Organizational Processes & Policies | 511 | 122 | 300 | 89 | 11% | 27% | 8% | 24% | 59% | 17% |
| General Processes | 95 | 54 | 39 | 2 | 5% | 4% | 0% | 57% | 41% | 2% |
| Program-Specific Processes | 170 | 39 | 116 | 15 | 4% | 10% | 1% | 23% | 68% | 9% |
| Provider Processes & Access | 99 | 28 | 67 | 4 | 3% | 6% | 0% | 28% | 68% | 4% |
| Timeliness | 87 | 31 | 52 | 4 | 3% | 5% | 0% | 36% | 60% | 5% |
| Eligibility & Application Processes | 104 | 27 | 68 | 9 | 2% | 6% | 1% | 26% | 65% | 9% |
| Coordination | 43 | 7 | 36 | 0 | 1% | 3% | 0% | 16% | 84% | 0% |
| Staffing | 95 | 9 | 85 | 1 | 1% | 8% | 0% | 9% | 89% | 1% |
| Resources | 146 | 4 | 140 | 2 | 0% | 13% | 0% | 3% | 96% | 1% |
| Program Availability | 35 | 1 | 34 | 0 | 0% | 3% | 0% | 3% | 97% | 0% |
| Benefit Levels | 56 | 1 | 55 | 0 | 0% | 5% | 0% | 2% | 98% | 0% |
| Health Benefit Levels | 33 | 0 | 32 | 1 | 0% | 3% | 0% | 0% | 97% | 3% |
| Provider Availability | 31 | 3 | 28 | 0 | 0% | 3% | 0% | 10% | 90% | 0% |
| Equity & Disparity | 33 | 7 | 23 | 3 | 1% | 2% | 0% | 21% | 70% | 9% |
| Other Comments | 69 | | | | 6% | | | 100% | | |

¹ The number of clients who made any mention of each theme. Multiple comments on the same theme by a single person are only counted once in that theme row, e.g., a client who made comments in both "Listening" and "Professionalism" is counted only once in the "Staff & Providers" row. A client with both "Good Work" and "Needs Work" comments on the same theme is counted in the "Mixed" column.

² Respondents who commented on this theme as a percentage of the total number of respondents who answered the open-ended questions.

³ Number of comments where respondent said "Nothing" in response to the question "What is one thing social and health services can do to improve services?"

⁴ Number of comments where respondent said "Nothing" in response to the question "What do you like best about dealing with social and health services programs?"

APPENDIX F

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 received from the State of Washington. You should have received a letter explaining this survey. Do you remember getting that letter?

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 received from these agencies. Reports about the survey will not include any names. However, if you tell me about any abuse or neglect, I am required to report it.

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 DDA open at times that are good for you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is it easy to get services from DDA? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Do you know what DDA services there are for you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5a. When you call DDA, is it easy to get to a live person when you need to? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did DDA staff return your calls within 48 hours? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did you get services as quickly as you needed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Was it easy to get the information you needed about services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Did DDA staff explain things clearly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Did staff who helped you treat you with courtesy and respect? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Did staff who helped you listen to what you had to say? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Did you help make plans and set goals about DDA services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are you satisfied with DDA services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Overall, has DDA helped you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

Survey Instrument

DVR (Division of Vocational Rehabilitation)

First/Now I'd like to ask you about your experience with DVR (Vocational Rehabilitation), 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 education that helps you qualify for job opportunities or advancement.
- Training in self-care, managing money, or using transportation to support your success in getting or keeping a job.
- 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 DVR open at times that are good for you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is it easy to get services from DVR? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Do you know what DVR services there are for you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5a. When you call DVR, is it easy to get to a live person when you need to? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did DVR staff return your calls within 48 hours? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did you get services as quickly as you needed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Was it easy to get the information you needed about services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Did DVR staff explain things clearly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Did DVR staff who helped you treat you with courtesy and respect? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Did DVR staff who helped you listen to what you had to say? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Did you help make plans and set goals about your training and employment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are you satisfied with DVR services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Overall, has DVR helped you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

Survey Instrument

AL TSA (Aging & Long-Term Support Administration)

First/Now I'd like to ask you about your experience with the Aging and Long-Term Support Administration, which you may know as Home and Community Services. Home and Community Services helps seniors and people with disabilities live as independently as possible by helping them choose a supportive living arrangement or find someone to come into their current home to provide help with personal care and medical needs. Have you talked to someone at Aging and Long-Term Support Administration's Home and Community Services, or received services from them in 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 Administration's Home and Community Services Division. Let me tell you what kinds of services you may have received:

- You may live in a special home for seniors or persons with disabilities.
- Someone may come to your house to help you with medical needs, body care, shopping, housework, or cooking.
- You may have a case manager who does assessments and helps you get services.
- Someone may have helped you fill out a Medicaid application or helped you get medical coverage.
- Someone may have met with you in person or over the phone to talk with you about long-term care services and supports or may have done an assessment with you asking you questions about the types of support you may need, or things you can do on your own or with support of family and friends.
- You may have been assisted by someone to help you discharge from a skilled nursing facility to a residential setting or back home with services and supports.
- You may have been assisted by someone to be discharged from an acute care hospital or psychiatric hospital to a residential setting or back home with services and supports.
- You may have been assisted by someone at a local homeless shelter to get help finding a home or residential placement and get services

Have you had any services like that in the past two years? Is it possible that these services may have been sponsored by Aging & Long-Term Support?

Denies AL TSA Contact

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

| | Strong YES! | Yes | Neutral | No | Strong NO! | Don't Know | Refuse | Does Not Apply |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 4. Is Aging & Long-Term Support open at times that are good for you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is it easy to get services from Aging & Long-Term Support? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Do you know what Aging & Long-Term Support services there are for you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5a. When you call Aging & 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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did Aging & Long-Term Support staff return your calls within 48 hours? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did you get services as quickly as you needed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Was it easy to get the information you needed about services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Did Aging & Long-Term Support staff explain things clearly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Did staff who helped you treat you with courtesy and respect? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Did staff who helped you listen to what you had to say? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Did you help make plans and set goals about services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are you satisfied with Aging & Long-Term Support? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Overall, has Aging & Long-Term Support helped you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

Survey Instrument

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 Wellpoint.
- You might have gotten health insurance or services through a program like CHIP, sometimes called "Apple Health with premiums," SSI, family planning services, COFA Islander programs, spenddown, or family medical.

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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A. Did staff who helped you when you called the 800 number treat you with courtesy and respect? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Did they listen to what you had to say? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Did they explain things clearly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Have you used 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. 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.

In the past year, 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 in the past year
- 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 open at times that are good for you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is it easy to get services through Apple Health or Medicaid? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Do you know what Apple Health/Medicaid services there are for you or your family? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5a. When you call the medical provider's office, is it easy to get to a live person when you need to? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did medical providers' staff return your calls within 48 hours? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did you get services through Apple Health/Medicaid as quickly as you needed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Was it easy to get the information you needed about Apple Health/Medicaid services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Did your medical providers and their staff explain things clearly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Did the medical providers and their staff treat you or your family with courtesy and respect? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Did the medical providers and their staff listen to what you or your family members had to say? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Did you and your family help your medical providers make plans and set goals about your health and health services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are you satisfied with Apple Health/Medicaid services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Overall, has Apple Health/Medicaid helped you or your family? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

Survey Instrument

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 received 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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is it easy to get services from DSHS Community Services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Do you know what DSHS Community Services there are for you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5a. When you call DSHS Community Services, is it easy to get to a live person when you need to? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. 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 48 hours? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did your family get services as quickly as they needed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Was it easy to get the information you needed about services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Did DSHS Community Services staff explain things clearly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Did staff who helped you or your family treat you with courtesy and respect? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Did staff who helped you or your family listen to what you had to say? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Did you and your family help make plans and set goals about services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are you satisfied with DSHS Community Services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Overall, has DSHS Community Services helped you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

Survey Instrument

MH (Mental Health; Health Care Authority)

First/Now I'd like to ask you about your experience with mental health services, such as counseling, medication, and other mental health services. Have you or a family member talked to a mental health provider or received mental health services 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 Health Care Authority. 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 HCA (Medicaid/Apple Health)?

Denies MH Contact (go to next applicable program)

I'd like to ask some questions about your experiences with Mental Health 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. Are mental health providers open at times that are good for you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is it easy to get mental health services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Do you know what mental health services there are for you or your family member? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5a. When you call a mental health provider's office, is it easy to get to a live person when you need to? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did mental health provider staff return your calls within 48 hours? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did you or your family member get mental health services as quickly as you needed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Was it easy to get the information you needed about mental health services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Did mental health providers and their staff explain things clearly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Did mental health providers and their staff treat you with courtesy and respect? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Did mental health providers and their staff listen to what you had to say? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Did you and your family help make plans and set goals about mental health services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are you satisfied with mental health services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Overall, have mental health services helped you and your family? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

Survey Instrument

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

First/Now I'd like to ask you about your experience with the Division of Child Support, the Division that enforces and collects on child support orders. 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.
- They may have been in contact to determine who a child's parents are.
- 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 DCS open at times that are good for you? [If they have not called or gone to a DCS office, select DNA] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If you need help from Division of Child Support, is it easy to get that help? [If they have not needed help from DCS, select DNA] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Do you know what child support services there are for you and your family? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5a. If you call 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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If you called DCS, did Child Support staff return your calls within 48 hours? [If they have not called a DCS office, select DNA] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. When you asked for help, did you get it as quickly as you needed? [If they never asked for help, select DNA] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6a. If you asked, did Child Support staff explain the specific actions taken in your case? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Was it easy to get the information you needed about services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Did Child Support staff explain things clearly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Did Child Support staff treat you with courtesy and respect? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Did Child Support staff listen to what you had to say? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are you satisfied with Child Support services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Overall, has Division of Child Support helped the child/children you support? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

Survey Instrument

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

First/Now I'd like to ask you about your experience with the Division of Child Support, the Division that enforces and collects on child support orders. 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 that child's 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 DCS open at times that are good for you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If you need help from Division of Child Support, is it easy to get that help? <i>[If they have not needed help from DCS, select DNA]</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Do you know what Child Support services there are for you and your family? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5a. If you call Division of Child Support, is it easy to get to a live person when you need to? <i>[If they have not called DCS office, select DNA]</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If you called DCS, did Child Support staff return your calls within 48 hours? <i>[If they have not called DCS office, select N/A]</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. When you asked for help, did you get it as quickly as you needed? <i>[If they never asked for help, select DNA]</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Was it easy to get the information you needed about services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Did Child Support staff explain things clearly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Did Child Support staff treat you with courtesy and respect? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Did Child Support staff listen to what you had to say? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are you satisfied with Child Support services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Overall, has Division of Child Support helped your family? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

Survey Instrument

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 problematic substance use. Have you received 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. This includes methadone or buprenorphine, commonly referred to as the brand name "Suboxone."
- 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. Are substance use disorder (drug and alcohol) treatment providers or centers open at times that are good for you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is it easy to get substance use disorder treatment services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Do you know what substance use disorder treatment services there are for you and your family? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5a. When you call the substance use disorder treatment provider, is it easy to get to a live person when you need to? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did substance use disorder treatment staff return your calls within 48 hours? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did you get substance use disorder services as quickly as you needed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Was it easy to get the information you needed about substance use disorder treatment services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Did treatment provider staff (e.g., counselor or clinician) explain things clearly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Did staff who helped you treat you with courtesy and respect? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Did staff who helped you listen to what you had to say? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Did you help make plans and set goals about services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are you satisfied with drug and alcohol services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Overall, have drug and alcohol services helped you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Did staff give you information about treatment of substance use disorder/alcohol use disorder with medications, such as Methadone, Buprenorphine-Suboxine, Antabuse, Naltrexone, or Vivitrol? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Did you receive any support through a peer counselor? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

Survey Instrument

DCYF (Department of Children, Youth and Families)

Note to Interviewers: The formal name of this program is "Department of Children, Youth and Families." Most of the services we ask about come under the Child Welfare Division, but they may also include services from the Licensing Division. We do not sample clients from Juvenile Rehabilitation or Early Learning Division.

First/Now I'd like to ask you about your experience with the Department of Children, Youth, and Families (called DCYF). This department provides services to children and families, such as providing families with kinship care, foster care and adoption support; supporting youth and young adults in the transition to adulthood; looking into reports of child abuse or neglect; and providing services to support family well-being. Have you talked to someone at DCYF or received services from DCYF 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 DCYF. 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, home visits, parenting training, or other training.
- You may have received extended foster care services to support your transition to adulthood.
- 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), 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 DCYF?

[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.

If so, record a GOOD name, address, and phone numbers. Be sure to record study number and inform Angee that alternate respondent information has been entered. We may replace this respondent with a more knowledgeable one]

- Denies DCYF Contact**
- A. Can you tell me if you have ever adopted a child while living in Washington?
- Yes
 - No → Skip DCYF questions
- B. In what year did you adopt your child? ____ [If more than one child, enter the year of the most recent adoption.]
- C. Have you ever received adoption support payments?
- Yes
 - No → Skip DCYF questions
- D. What was the last year you received payments? ____
- E. When was the last time you had any other contact with Child and Family Services? ____
- If last payment or contact in 2022 or more recent, continue to DCYF questions.
- Otherwise, skip DCYF questions.

I'd like to ask some questions about your experiences with DCYF 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. Are DCYF offices open at times that are good for you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If you need help from DCYF is it easy to get that help? <i>[If they have not needed help from DCYF select DNA]</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Do you know what DCYF services there are for your family? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5a. When you call DCYF, is it easy to get to a live person when you need to? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did DCYF staff return your calls within 48 hours? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. When you asked for help, did you get it as quickly as you needed? <i>[If they never asked for help, select DNA]</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Was it easy to get the information you needed about DCYF? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Did DCYF staff explain things clearly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Did staff who helped you treat you with courtesy and respect? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Did staff who helped you listen to what you had to say? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Did you help make plans and set goals about services? (If needed: This may have taken place in an FTDM, Shared Planning Meeting, home visit, or other information gathering and planning contact that contributed to goal setting and/or supportive services) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are you satisfied with DCYF? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Overall, has DCYF helped your family? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Survey Instrument

CONCLUDING QUESTIONS

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, name Program 3, etc.]

| | Strong YES! | Yes | Neutral | No | Strong NO! | Don't Know | Refuse | Does Not Apply |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Do social and health services make sure all your services work well together? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do the staff from your different social and health service programs work together as a team to try to help you get the services you need? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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]

- Prefer not to say
- Don't Know

What is your [the client] gender? [DON'T READ OPTIONS] If needed: "We understand that not everyone identifies as man or woman. We are asking people how they describe themselves so that we know how social and health services clients identify."

- Man
- Woman
- Other (please specify)

What race or ethnicity do you consider yourself [does the client consider themselves]? You may select more than one option.

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White
- Don't Know
- Another race
- Prefer not to say

Please specify for "Another race":

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 race, culture, age, gender, sexual identity, 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 Identity?
- Disabilities?
- Other
- Prefer not to say

Could you please tell us about the unfair treatment?

Since January 2023, which state of Washington county have you [the client] lived in the longest? **Please specify 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.

**2025 Client Survey Report
Appendices**



August 2025