THE GILMORE RESEARCH GROUP
FIFTY YEARS OF STRAIGHT ANSWERS

Qualitative Assessment of DSHS Accountability ScoreCard Measurements and Attitudes toward Image and Issues

Among Washington Voters

FINAL REPORT

Prepared for:
Department of Social and Health Services

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September 28, 2001

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EXECUTIVE SUMMARY

Background

As part of its strategic planning process, the Department of Social and Health Services (DSHS) is committed to seeking input from its customers, the residents of Washington State. The Department commissioned this series of focus groups to explore the public's perceptions of the following issues.

- The measures used to assess goals on the agency's Accountability ScoreCard.
- Recent DSHS policy changes
- Possible methods to contain rapidly rising DSHS medical costs.

In order to explore these issues, Gilmore Research Group (GRG) conducted a qualitative study, a series of six focus groups comprised of registered voters in the state, representing Eastern and Western Washington as well as both urban and rural areas. Sixty respondents from five cities or towns participated, providing their views of DSHS in several categories.

Impressions of DSHS

1. The main services respondents associated with DSHS were welfare, food stamps, and Child Protective Services Some also thought of medical coupons.

2. The services from the list that most surprised the respondents were licensing, the treatment of drug and alcohol abuse, and DSHS' involvement with incarcerated youth. Respondents were amazed that one in five Washington residents has received or currently receives benefits.

3. Respondents feel that the help provided by DSHS to low income residents and those who cannot take care of themselves is a necessity in most cases.

4. Impressions of the agency were that is large and bureaucratic. Some staff members were considered less than helpful, while others were considered very dedicated. Several groups brought up concerns about the process of child protection and removal of children from homes in the discussion of initial impressions.

Perceptions of the Accountability ScoreCard

1. The DSHS Accountability ScoreCard goal categories appeared logical. The measures tended to define the goals when respondents looked at them together. However, in some cases, the goal was much broader and all of its implications could not be measured, because it would be difficult or impractical to collect such data. Respondents did not appear to consider that the agency might be tracking many other measures related to each goal.

2. The major category headings in the ScoreCard were seen as appropriate.

    - The first category, "Health and Safety of Washington's Children," was perceived as an important focus for the agency due to the fact that children represent the future of our society.

    - The second category, "Economic Development and Self-Sufficiency," seemed to cover adults in need due to low income, disabilities, or aging.

    - Washington residents expected the goals of the third category, "Public Trust," to be fulfilled, although they might not have given that name to the category.

3. While the measures helped respondents to see the accountability of DSHS, some measures caused confusion because of ambiguous or cumbersome wording.

4. Other major themes which emerged from the discussion of specific measures included the following:

    - Why couldn't the goal just be 100%, why settle for something less?

    - Why give a number that is rising as a goal? This makes it look like DSHS is trying to increase the number of clients it serves just to stay in business.

    - Why not show a percentage instead of a number so that the resident will know whether the increase is due to growth in the population or a greater portion of those who need the specific service being served?

5. The discussion of the Accountability ScoreCard elicited some recommendations:

    - Quite a few respondents believed that DSHS should focus more effort on rehabilitating the original families than facilitating adoptions so that the children could experience stability with their biological families.

    - Lack of family cohesiveness also was believed to cost society, and residents would like DSHS to work toward reversing that trend.

    - Several participants made final suggestions about the need for education about issues for the public and the need for life skills training for clients.

Controlling Medical Costs

The problem of rising medical costs was familiar to respondents, but none of these potential solutions offered by the agency was perceived as ideal. Preferences overall were in the following order:

1. Asking clients to pay part of the cost of services for prescription drugs or emergency room visits

2. Asking doctors to tell us why they ordered a more expensive drug rather than a cheaper choice

3. Having the client contribute an annual amount to his medical coverage

4. Refusing to pay providers' increased rates

5. Cutting back on the number of low-income people who get medical care from the state by only giving medical care to the poorest children

6. Cutting back on the number by putting people who need medical care on a waiting list

Policy Changes

Residents were asked about their awareness of recent changes regarding DSHS policy and/or focus with regard to welfare reform, child protection, and media.

1. Some respondents were aware of the recent DSHS policy that imposed a five-year lifetime limit on clients for receipt of welfare benefits. They felt that reform was a positive during the initial discussion of the agency.

2. The changes in focus and policy with regard to child welfare were not as well known to respondents, but generated positive reactions as well as concerns.

3. The media coverage was only briefly discussed, but respondents made little or no mention of positive stories about DSHS in the news.

QUALITATIVE ASSESSMENT OF DSHS ACCOUNTABILITY SCORECARD MEASUREMENTS AND ATTITUDES TOWARD IMAGE AND ISSUES

Background and Purpose of the Research

The Department of Social and Health Services is committed to listening to the residents of Washington State as a part of the strategic planning process. During spring 2000, DSHS developed a draft set of goals. These goals comprised an "Accountability ScoreCard" for the agency and were taken to the public in a series of focus groups around the state during that time. With the results of that research, the goals were revised and put in a new format on the agency's website. One issue that came up in the 2000 study was the question of how the public or the agency would measure itself against those goals. As a part of the current study, DSHS is interested in understanding whether these revised goals as well as their respective measurements are clear and understandable and whether the measurements seem appropriate to the goals. The agency would like to know what other goals and measurements, if any, the public would perceive as showing the achievement of DSHS in fulfilling its mission.

In addition to this assessment of the ScoreCard goals and measures, there are a few other issues about which DSHS is interested in gaining a perspective of Washington State voters:

- How the policy regarding a maximum of five years of receiving TANF benefits for most clients is received
- Whether the public is aware of recent changes in policy regarding child abuse and what the reactions are to those changes
- To what extent the public has noticed changes in the media coverage of DSHS and how the media coverage has appeared to voters
- How the public believes DSHS should deal with the issue of rapidly rising medical costs

Results of the research provide insight and guidance for DSHS as staff finalizes the goals and measurements of the Accountability ScoreCard on the website and prepares communications about the issues of medical costs, welfare reform, safety of children and media coverage.

Methodology

Gilmore Research Group (GRG) conducted a series of six focus groups across the state with a representation of both Eastern and Western Washington residents. Both urban and rural areas in the following locations were a part of this study:

- 1 in Pasco (Eastern rural)
- 1 in Spokane (Eastern urban)
- 2 in Seattle (Western urban)
- 1 in Port Angeles (Western rural)
- 1 in Camas (South Central rural)

Each focus group was comprised of 9 to 11 registered voters in Washington State. There was a mix of age, income, gender, education, and familiarity with state agencies including DSHS. A description of the sample is included in the Appendix.

The discussion guide (also in the Appendix) covered the following topics:

- Introduction and overall impressions of DSHS
- DSHS Services
- DSHS Goals and Measurements
- Medical Costs
- Perceptions of Changes in DSHS
- Wrap-up

The following sections provide more detailed findings from the focus groups.

Sample Description

Among the 60 respondents in the focus groups, there was almost a 50/50 split between male and female and an age range of 18 to 70, with a majority over 35. All were residents of the state and lived in Camas, Pasco, Port Angeles, Seattle, and Spokane areas. The majority had lived in Washington over 20 years. They represented a good range of income and education. All but two respondents had at least some knowledge of DSHS. Complete statistics may be found in the Appendix.

Overall Impressions of DSHS

Positive Impressions

The majority of respondents thought of welfare, food stamps and CPS, when they were asked to write down their first impressions of the agency. One person called it "intermediate relief." Others acknowledged that it was a good thing that the services were available to those who really needed them because there would be no other way to handle society's needs with the current culture. A couple of focus group participants commended the agency for limiting clients to five years maximum for receiving welfare benefits.

Regarding the agency itself, several respondents mentioned the dedication of some of the DSHS caseworkers.

"I think they are dedicated, considering the huge caseload they've got." (Seattle)

"One of the positive things about it, it was amazing to me how much help there really is available for people." (Pasco)

"They provide a tremendous amount of services…they really do kind of fill in gaps for people with no insurance or limited insurance…or extraordinary illnesses or injuries, the state helps a lot of people." (Seattle)

A few former clients indicated that DSHS services had seen them through a difficult time after which they had been able to get back on their feet. The following is one example:

"I came from an abusive marriage and was divorced, and had a two-year-old daughter and utilized those services, all of them—child care. They helped put me through school to become a nurse. Which is what I think it's there for. I'm just grateful for it." (Port Angeles)

Overall, respondents perceived a need for DSHS benefits as long as they were properly administered.

Negative Impressions

Only a few of the respondents—one or two per group—spontaneously thought of attributes of the agency such as bureaucracy, red tape, extremely large agency, or an abused system. A few other negative comments had to do with the attitude or behavior of the DSHS staff toward clients:

"The people are very abrupt, very impatient…Often they are rude, don't have time, aren't available, [say] call back, this isn't your appointment time, very inconvenient. And that's not so much my experience as it is my daughter's experience. But there is an awful lot of paperwork to fill out, a lot of hoops to jump through, a lot of follow up to do, that kind of thing." (Pasco)

Some excused the stressed caseworkers because they were perceived as overextended:

"The thought I had was that the system is overworked." (Spokane)

"Good intentions badly executed." (Spokane)

Variations of the latter phrase were repeated in one or two other cities as well. An impression, which some residents have from the media, is that there are budgetary constraints at agencies such as DSHS that may affect their performance. On the other hand, some respondents thought of DSHS as a tax burden.

In several groups, there were concerns raised about how children are taken from their homes and whether the role of protection of children is carried out equitably. In some cases the child may be taken, when the circumstances seem harmless, while in others cases, a child may be allowed to remain in a very risky environment. Although respondents acknowledged that it might be difficult to make those judgments, they believed that it is important to exercise due process of the law:

> "And I also put lack of due process. Because they have the authority to affect families without going through due process, through the court system with attorneys, the whole bit…based on an accusation without due process. If someone were to make a complaint against me or you and they would have the authority, based upon that [complaint] to come in and take your child without going through due process." (Camas)

In every group, someone knew of someone who had had children removed from the home or were threatened with that. In quite a few instances, respondents felt it was not warranted.

How Learned about DSHS

The main areas from which respondents' impressions come are personal experiences—including those of friends and family members—and the media.

A few respondents had personal experiences from the perspective of a professional relationship or from another social agency interacting with DSHS. One respondent was a retired policeman. Another worked for an agency that referred clients to DSHS and helped to provide services complementary to DSHS benefits. A third respondent worked for elderly people through the COPES program. A fourth worked for a dental clinic that provided services to DSHS clients. Personal experiences left the strongest impressions both positive and negative. Some respondents discounted the reports of others as either hearsay or "they're just complaining."

The media mentioned were newspaper articles and TV news programs. They tended to remember cases from a number of years ago—e.g., Eli Creekmore—as well as some of the current ones such as the David case. A number of respondents acknowledged that the media is more likely to publicize the negative news about the agency than the positive:

> "That good intention poorly executed is a perception because the only time you hear about something like Child Protective Service taking a child out of a home is usually when they screw up. You don't hear about the 5,000 times they do it right, you hear about the two times they do it wrong. But that's the perception that they leave." (Spokane)

Services

When respondents were specifically asked what services DSHS offers, they mentioned most of the same ones initially associated with DSHS listed above: welfare / public assistance, food stamps, and removal of children from homes. When the moderator probed for additional services, others added the following services to the list:

- Child support collection
- Protection of children and the elderly from abuse
- COPES for older adults
- Foster care and adoptions
- Medical coupons
- Support for the disabled
- Aid for the mentally challenged
- Vocational training or rehabilitation (mentioned in Seattle and Port Angeles)
- Daycare certification (mentioned in Camas only)

CPS was mentioned as the arm of the agency responsible for taking children from their homes or parents and placing them in foster care. Those who mentioned CPS either knew someone who had their children removed or had been the target of CPS in the past. Some have had experience with the DSHS Division of Child Support collecting child support from them or a friend.

DSHS services were generally associated either with children and their single moms. A few respondents thought of the elderly, disabled and mentally challenged adults. Several focus group participants said that the services were for "poor folks" or the "socially disadvantaged." A few respondents said they were not very aware of what DSHS does and could not think of any services other than the main ones already mentioned: public assistance and child welfare.

When focus group respondents were shown a list of services and information about beneficiaries, many were surprised that the agency is also responsible for …

- Incarcerated youth—even though youth incarceration was clearly on the list of DSHS functions, many respondents refused to accept this, erroneously explaining that DSHS provides services to youth who are incarcerated by the Department of Corrections

- Alcohol and substance abuse programs

- Licensing of various types of facilities—some were aware of a specific type of licensing, such as foster homes, but most did not think of the licensing function in association with DSHS

The main fact that surprised most respondents was that DSHS serves one in five—or 20%—of the residents of Washington State. Some said they would have expected the

proportion to be more like one in ten residents who received benefits. The high percentage made respondents wonder why so many residents need help.

Respondents thought that DSHS should offer a number of other services which were not explicitly listed on the list of services they received.[*]

- Life skills (e.g., cooking or checkbook balancing), personal skills (anger management and parenting classes), and work skills (interviewing) classes
- Family rehabilitation
- Identification of safe houses for abused women and children
- Day care support
- More qualified foster homes
- Help for the elderly in maintaining their homes rather than going to nursing homes
- Help for the marginally developmentally disabled as well as the profoundly

The main thrust of suggestions was that more education of the population is necessary to prevent the problems that cause the need for benefits. One perspective was to educate young people—teens or young mothers—for adult life. This was intended to break the cycle of dependency on the system that might arise or continue. Some respondents suggested life skills classes such as cooking, checkbook balancing, and other household management tools. Others thought that personal skills such as anger management workshops and parenting classes should be a part of what DSHS offers. Many residents did not realize that DSHS offers work preparation classes through the WorkFirst program.

One person felt that DSHS should be carrying out a "family rehabilitation" program, one that includes counseling to help put families back together for the benefit of all. The expected benefit was to keep children from having to be put in foster homes or adopted. However, in the Port Angeles group, one respondent stated the belief that the state receives payment for children it puts up for adoption and, thus, it would not be likely to promote that type of program.[**]

Another area where expansion of DSHS services was recommended is in helping abused women find safe housing. One respondent had a friend who worked as a domestic violence advocate and was aware of the difficulties in finding housing for women:

> "The problem we run into is finding housing for women that need it. It would be nice if they [DSHS] were a lot more involved and actively seeking out lower-income housing for people like that…My girlfriend that's the abused [women's]

[*] DSHS already offers a number of the services that respondents suggested should be offered. The list given to respondents summarized DSHS' numerous programs, but did not spell out each individual program.

[**] While there may be some costs associated with adoptions, DSHS does not receive payment for or make money from adoptions.

> advocate—she mentions quite frequently that there's not enough safe houses available." (Port Angeles)

Several voiced the need for sufficient child care for single mothers to go to school or job training and then to be continued for a period of time while the client gets established in her job.

A respondent in Spokane suggested that DSHS become more proactive in recruiting quality foster parents. This was considered necessary, if the agency needs to place so many children in temporary homes.

Overall, there was a feeling expressed in most groups that DSHS should be trying to go out of business.

> "Their prime goal should be going out of business….Granted, it's not going to happen because we're still going to have parents who abuse and people who are elderly people who have no family…but you know ideally, they should be trying to reduce their size." (Spokane)

Thus, the public felt the need for preventive services that would keep people from needing to become clients.

Accountability ScoreCard

Reactions to the DSHS Mission Statement

Most of the respondents felt that that mission statement expressed good intentions. Some thought that the mission might be broader than either possible to achieve or than necessary for DSHS to encompass. The first statement of the mission of DSHS was "to improve the quality of life for individuals and families in need." This seemed in line with the view of these Washington residents that DSHS is a safety net for people in need, particularly under special circumstances.

The second part of the mission—to "help people achieve safe, self-sufficient, healthy and secure lives"—seemed beyond the scope of any one agency. For instance, the attributes "self-sufficient" and "healthy" seemed appropriate to DSHS according to many of the respondents. The words "safe" and "secure" were the ones that seemed more complicated. Some focus group participants interpreted "safe" to mean there could be police force or public health department involvement. "Secure" had similar connotations but might also be associated with financial security. There was skepticism associated with both of those terms, in part because there seemed to be a fine line for DSHS to walk between protection and control.

Reactions to Goals in General

On the DSHS Accountability ScoreCard handout, respondents were first asked to look at the three categories of goals under each of the three headings:

- Health and Safety of Washington's Children
- Economic Development and Self-Sufficiency
- Public Trust

Discussion of the goals had to do with clarity and perceived appropriateness for the agency.

Health and Safety of Washington's Children

The health and safety of children seemed to fit with the DSHS mission, but some participants wondered, at first glance, why there was not a comparable section for adults or families. On further reading, they might have realized that the other two categories covered the adults and elderly.

The health of Washington's children is maintained or improved.

Children were considered an important focus for the agency due to the fact that they represent the future of our society. However, some respondents wondered why it included all children and not just the poor or needy ones. Respondents tended to get their cues about the meaning of the goal from the measures rather than thinking of their own interpretations. For instance, if the residents of the state were thinking about "health" without looking at the measures, it would likely have meant more to them than just the absence of death. However, some thought that the other attributes of health would be too varied to measure specifically.

First Measure: "Assure death rate for all infants born to Washington residents is lower than rates in 85% of all states (deaths per 1,000 births)." Respondents questioned the fact that it dealt with "all infants born to Washington residents," and they wondered how DSHS could impact all infants. They expected it to say something about the ones they served. However, if the measure had included only those served by DSHS, respondents might have been skeptical about those children who are overlooked.

Second Measure: "Assure death rate for African American/American Indian infants born to Washington residents is lower than rates in 85% of all states (deaths per 1,000 births)." By the same token, many thought it was strange to single out the death rate for African American and American Indian infants born to Washington residents. They emphasized that the measure could just as well single out Asian Americans or other minorities. Others in the groups said that the death rate was obviously higher—as shown in the numerical goals—in this segment so that it made sense for them to show it separately.

In either of these measures, the comparison to rates in other states seemed relatively unimportant and meaningless to most respondents. The mention of "lower than 85% of

all states" only made the public want to know why Washington was not in the top ten or higher or which states were ahead of it. The actual numbers of deaths per thousand seemed more significant as a measure and easier to understand. Some asked why the goal was not zero deaths in 2003, while others reasoned that there are some deaths over which no one has control, not even DSHS.

Third Measure: "Reduce the death rate for children using DSHS services (deaths per 100,000 children aged 1 to 9)" made the most sense to the majority of respondents because it seemed to correlate most directly with what DSHS could do to keep these children healthy. Some thought that there should be a similar measure of infants born to mothers while being served by DSHS. However, having the number based on 1,000 rather than 100,000 would make it consistent with the previous two sets of numbers and, therefore, easier to read.

Fourth Measure: "Increase number of low and moderate-income children enrolled in state-subsidized health coverage." On the one hand, respondents did not like to see the increasing numbers even though this might mean that more children were being served and kept healthy. Respondents frequently interpreted it to mean that DSHS was trying to justify its existence by serving more children. Another interpretation was that the increase simply reflected growth in the state's population. Quite a few respondents indicated that they would like to see what proportion of the children who fall into that "low- and moderate-income" category each year are being enrolled. This percentage was expected to be more indicative of the level of success DSHS might achieve in keeping children healthy.

Children in DSHS care or referred to DSHS are safe from abuse and neglect.

This goal was viewed as very much the role of DSHS with respect to children in Washington State. However, there was a definite skepticism about whether the agency could achieve that goal. The main concern was that the agency might either overreact or underreact to the circumstances in attempting to prevent abuse and neglect. Even in the initial stages of the discussion, respondents were relating anecdotes from personal or friends' experiences regarding the agency's quickness to act when it was detrimental to the family. Stories recalled from the news were more apt to illustrate the opposite—DSHS acting too slowly to remove a child from a dangerous situation. The intent of the goal was clear and understandable as long as it was carried out with good judgment.

The majority of clients had difficulty with the language in the measure: "Increase percent of high-standard child abuse and neglect investigations where the child is seen within ten days." Many believed that this measure was intended to increase the quality of child abuse and neglect investigations to reach "high standards." Others correctly discerned that this measure focused on increasing the number of timely responses to serious child abuse allegations. When they read the supportive explanatory material, some thought the word should be "high risk" rather than "high standard." Ten days to be "seen" struck many residents as too long. However, others realized that there might be many complaints filed and too few staff to meet or see the child sooner. The idea of using percentages as the measurement for this goal was acceptable, but the rate of increase

seemed too slow to many residents, who thought that if they could make it 95% by 2003, they should do the same for 2001. Most respondents did not realize that the percentage data was collected from the previous fiscal year.

DSHS services help children experience stable lives.

This goal was less clear in terms of the meaning of "stable." Respondents envisioned different aspects of stability in a child's life. Some of these scenarios had to do with being removed from the family home and or being moved from foster home to foster home. Others had to do with having the same caseworker for a good length of time. Finally, a few thought that staying in school and making decent grades would be a sign of stability in children.

The measure of placing children in permanent homes was considered appropriate for stability in their lives, if the only issue was that they had been moved from foster home to foster home. Still, many residents had difficulty with their perception that the DSHS goal was really to remove children from their families and get them placed for adoption. One respondent stated the belief that the state might receive payment for children it puts up for adoption. Quite a few respondents were of the opinion that DSHS should focus more effort on rehabilitating the original families so that the children could experience stability within their biological families. Several also voiced the opinion that the stability of the child should be tested after the adoption so that the agency could determine whether the permanent adoption home was really a good one and that it was helping the child to lead a stable life, succeeding in school.

The increasing numbers for this measure bothered many of the respondents. A few even thought that this measure made it seem like the state is in the business of selling children, a scary thought. Apart from that idea, a number of respondents believed that it would be clearer to show the percentage for children needing to be adopted who were adopted.

Although respondents felt this measure should not be the only one that related to children experiencing stable lives, they could not come up with many other measures. A couple of respondents thought that school grades would be a good measure of stability. One thought that the lower the number of caseworkers a child sees or foster homes the child lives in per year, the more the child might experience stability.

Economic Development and Self-Sufficiency

The second category of goals appeared to address respondents' concerns that the agency decrease in size rather than grow and create more of a tax burden. However, when respondents looked at the measures, they were not so sure that the goals would have that effect.

DSHS clients who are able to work are employed.

This goal seemed easy to understand and reflected the fact that DSHS wanted to move in the right direction for helping clients become "self-sufficient." Respondents' only concern was for those people who truly cannot work. Those clients were handled by the next goal, but many respondents had not read that goal when they discussed this one.

First Measure: "Increase percent of families who leave welfare and then earn at least 10% more in wages at the beginning of their second year off welfare" was seen as a positive step toward self sufficiency. However, the abbreviated language of the measure statement made it ambiguous and difficult to understand. About half of the respondents thought that the client would make 10% more in wages at the beginning of the second year in a job than he or she did at the beginning of the first year in that job. If this were correct, then it seemed unlikely that clients could achieve a 10% raise in one year when the general public usually receives 3% to 6% raises for cost of living or good performance.

The other half of the respondents believed that the statement meant 10% more than the client received on welfare. The "Welfare Leavers and Earnings" explanation on the second page of the Accountability ScoreCard did not seem to clarify this confusion. If the latter explanation was considered correct, respondents thought the measure made more sense because it would mean that clients would be willing to stay off of welfare if they were making more money on the job. Still, a number of residents indicated that 10% more was not that much of a difference in terms of motivation to work.

Second Measure: "Increase the percent of adults on welfare who, within 30 days of receiving their first check, are working, looking for work, or preparing for work" seemed appropriate to the goal and indicated another step in the right direction. However, the vagueness of the latter two functions made some residents skeptical about how it could be measured. "Looking for work, or preparing for work" would have to be defined for many respondents to accept these actions as a valid measure. Those who were aware of the WorkFirst program could understand the measure better than the many who were not aware of it.

DSHS clients live as independently as possible.

This goal was not clear. The questions centered around what "independently" means and for which clients this goal was intended. When they looked at the measures, they learned that this goal referred to the frail elderly and persons with disabilities. They were still unclear about how they would live independently or what that implied.

First Measure: "Increase number of frail elderly and persons with disabilities who receive needed long-term help with daily living and medical care in safe, secure community settings" was in line with helping these clients live independently, but the words "community settings" were a stumbling block for those who were not sure what kind of facilities that meant. Some envisioned adult family homes or assisted living facilities. Some even thought it referred to nursing homes. However, many wondered

why such services could not be available to those clients in their own homes. They were uncertain about whether the measure would allow that. Once again, the numbers did not hold much meaning for respondents who wanted to know what percentage of such people were actually being served.

Second Measure: The structure of the sentence, "Increase percent of low income adults with developmental disabilities or mental illness receiving community services who earn some income," made this statement somewhat confusing in that those "who earn income" are not always associated with the word "adults." The use of percentages for this measure was considered acceptable. However, respondents in one group suggested that the measure be reworded to "employable low-income adults" so that it clearly does not include those who cannot earn income.

DSHS services reduce future costs to society.

This goal seemed easy to understand at face value. It was completely appropriate in terms of the direction that most respondents thought the agency should be moving. It was also in line with the overall goal of the category, Economic Development and Self-Sufficiency. One explanation offered for the way that DSHS might reduce costs to society was by turning clients into responsible citizens so that the residents of the state do not have to support them in jails. However, when respondents further examined the measure, they had some reservations about it.

The measure of alcohol and drug treatment program completion did not seem strong enough to support this goal in the minds of many respondents. While the goal was well liked and considered valid, the causes of cost to society seemed more far-reaching than this one problem. Some of these focus group participants perceived a connection between substance abuse and the abuser's inability to function in society, but many did not view alcohol and drug abuse as the only root of all DSHS client problems. Another cause of cost to society mentioned was the lack of family cohesiveness. Respondents recognized that it might be difficult to measure progress in reversing that trend. Keeping people out of jail was suggested as another measure if one could identify which clients might have otherwise ended up incarcerated.

Another issue with the measure of completion of substance abuse programs was that many believed a client would have to go through a program three to five times before he or she is likely to overcome substance addiction. Therefore, the completion rates alone did not appear to prove much to focus group participants. They would like to see more information about the effectiveness of the drug treatment programs, in terms of recidivism and outcomes. The different percentages for youth and adults confused a few, but most understood why they would be different. A few were concerned with the use of a percentage of completers as the measure because they thought that DSHS could limit the program to good candidates in order to achieve their goal.

Public Trust

Public trust is something respondents seemed to have thought less about other than the importance of treating people with courtesy and respect. Nonetheless, when they read the goals in this category, they agreed that they were expectations they would like to have of DSHS.

Find and minimize fraud and error.

This goal seemed relevant to the taxpaying public who are always concerned that their money is used wisely. The goal was clear in that it addressed some of their concerns about abuse. However, a few respondents wondered why the agency had to mention it.

The measure, "Avoid costs due to fraud and incorrect billings," was difficult for a large number of respondents to grasp. The immediate reaction was that if the state knew there was so much fraud and abuse, the state should take care of it right away instead of spreading it out over the next few years. Nevertheless, the jump from $0.7million in July 2000 to $6.6million recovered savings in July 2001 seemed fairly high. One question that arose was whether the savings were cumulative or just based on the one year. That might have been understood if respondents had read "projected total savings 2000-2003" more carefully.

Some respondents could not conceive of how they would assess savings based on "avoided costs,"—because if you avoid them, how would you know what they were? Some of the more savvy respondents realized that there are programs such as those used by insurance companies that can estimate fairly accurately the avoided costs due to fraud and error.

Information about services is clear and available.

This goal seemed straightforward and very important both for clients and non-clients. There were also professionals who would like to have a better understanding of the services DSHS offers.

The measure, "Increase percent of DSHS clients reporting that the information they received was clear and available," implied a survey of DSHS clients. The method was criticized as likely to yield either very negative or very positive responses if completion of the survey was voluntary. However, when they read the explanation of a random sample (on the second page), it met that concern to a great extent. This information, however, led some residents to question the use of tax funds for a survey.

In a few of the groups, the respondents thought the measure should cover the general population rather than just DSHS clients because others may need to know about their services at some point in their lives. There were some suggestions about how to distribute a survey, but in the end, this expansion of the survey seemed too costly. There was also a suggestion to include professionals or providers in this measure just as the following measures did.

Treat people with courtesy and respect.

As with the other goals in this category, this one seemed clear and almost intuitively obvious. Nevertheless, it may have been the one goal in this category that respondents thought needed the most work to achieve. Another goal or augmentation of this goal that several respondents mentioned is for DSHS to take steps to reduce the "stigma" attached to receiving benefits from DSHS.

Comments regarding this measure were similar to those for the previous goal's measure. A survey should be conducted and it would have to be random to avoid the expected response bias. The issue with this measure and with the previous one was that there were no baseline numbers or percentages. The 5% or 10% increases would only have meaning relative to the starting points. If the baseline numbers were low, then these increases might seem too small. If the baseline numbers were high, then the rate of increase might be acceptable. The measure that includes vendors and community providers in the survey seemed applicable and appropriate, if not too expensive.

Reactions to Measurements Overall

There were several general themes in the way that respondents reacted to the numerical measurements suggested. These are paraphrased below:

- Why couldn't the goal just be 100%, why settle for something less?
- Why give a number that is rising? This makes it look like DSHS is trying to increase the number of clients it serves just to stay in business.
- Why not show a percentage instead of a number so that the resident will know whether the increase is due to growth in the population or a greater portion of those who need the specific service being served?

Without reading the explanations on the second page, respondents were quite confused about the meaning of many of the measures. Even when they read the supplementary information, it only answered some of their questions.

Controlling Medical Costs

The problem of rising medical costs was familiar to all of the respondents. However, the potential solutions offered by the agency for future payment of medical benefits to clients were perceived as very difficult to choose among. None of them seemed ideal.

Respondents in each group were asked to evaluate six options for reducing medical spending by DSHS. As part of the evaluation process, group participants were asked to rank these options and to discuss the reasons for their rankings. All of the groups except Pasco did this as an individual written exercise. For the Pasco group, the choices were discussed verbally but not recorded on paper. Results of the written exercises are shown

in the table on the following page. A lower mean score reflects a more popular alternative or a higher-ranked choice.

RANKING OF OPTIONS

RANK	OPTION	MEAN SCORE
1	Asking clients to pay part of the cost of services like prescription drugs or emergency room visits.	2.2
2	Asking doctors to justify why they ordered a more expensive drug rather than a cheaper choice.	2.3
3	Asking all low-income people who get health care from DSHS to pay a yearly fee	2.6
4	Not raising the rates DSHS pays doctors, hospitals and other health care providers when their rates go up (this may make it difficult for clients to get health services.)	3.6
5	Cutting back on the number of low income people who get medical care from the state by only giving medical to the poorest children.	5.1
6	Cutting back on the number of low-income people who get medical care from the state by putting people who need medical care on a waiting list.	5.2

The most palatable choices, according to these participants, were asking them to pay part of the cost of services like prescription drugs or emergency room visits and asking doctors to tell why they order a more expensive drug. The first choice, having co-payments for the use of emergency rooms, was considered reasonable since many people with little health insurance tend to overuse that mode of access to health care:

> "There are a lot of times where parents will take their kids into an emergency room rather than a doctor visit when they don't need an emergency room. A sniffle, a bloody nose, a scrape, you know…if it's a $10, a $50 co-pay, it wouldn't necessarily keep them from doing it, but it would certainly discourage them from doing it." (Spokane)

On the other hand, co-payments for the use of emergency rooms might mean that some clients who could not afford even minimal co-payments would be deprived of medical care when they needed it.

In considering co-payments for prescription drugs, respondents acknowledged that having to pay a portion might encourage some clients to opt for the generic version. However, there were concerns that this solution would keep clients from getting prescriptions when they needed them.

The second choice, having the doctors recommend more generic drugs, was considered very acceptable in controlling that aspect of medical costs. The pharmaceutical companies were believed to be encouraging doctors to use the latest drugs and thereby contributing to increased medical costs.

The third choice, contributing a yearly amount to medical expenses, was considered a possible solution. Many respondents felt that it would give clients a sense of responsibility in receiving medical care. The main drawback was that respondents felt that most clients would not have any spare funds to use on this annual contribution. Most assumed that the amount would be low or on a sliding scale, but they would like more information about that choice. One respondent chose this option because "It was the lesser of evils."

The fourth choice, refusing to pay providers' increased rates, had some support. Those who were somewhat positive about this solution thought that government entities might be the only ones who could help keep health care costs in check:

> "Well, I see the government regulating how much they can charge for energy and how much you can charge for this and that. Why not regulate what the doctors will charge." (Port Angeles)

The negative side, as pointed out in the description of this choice, was that this move might make doctors and hospitals more likely to refuse to treat DSHS clients.

The lowest preferences, ranked five and six, both reduce the number of low-income people who get medical care from the state. Some of the reasons given for finding these choices objectionable were related to experiences with socialized medicine in other countries. In reference to putting people on a waiting list, some commented:

> "It's easier to pick out the ones I didn't like than find the one I liked. The waiting list one I definitely did not like." (Pasco)
>
> "Well, medically, that's not safe."
>
> "It doesn't solve anything. If there's really a waiting list, then you're just delaying the cost."
>
> "If there's truly a waiting list you're going to screw up all those other ScoreCards that you had here, because you're not improving a dang thing."

Comments about giving medical care only to the poorest children included the following:

> "Well, if I was really sick, I would want to be poor, I guess."
>
> "I mean, how do you rate the poorest children? Is there a dollar amount we are putting on what they make, or the family makes? You know, you can't do that.

This is supposed to be a social service. You're supposed to – for the betterment of society, not for the poorest kid."

A few other alternatives for reducing medical costs were suggested. One idea was to limit benefits for those coming from out of state (or Canada), unless the recipient had lived here for a longer period of time (6 months or a year). Another suggestion was to pay the hospitals directly bypassing the insurance industry.

Awareness of Recent Changes in DSHS

Respondents were asked three questions about several recent DSHS policy changes:

- Did you know about these policy changes?
- What do you think about them? Generally, are these good changes?
- Do you have any concerns about them?

Welfare Reform

The following definition was presented to respondents:

> ***Welfare reform:*** In 1998, an indefinite stay on welfare has been replaced by a five year maximum for most families, and increased childcare, work placement and job training services. As a result welfare caseloads have dropped to half their former levels.

At least one-half of the respondents were aware of the welfare reform that has been in progress for the last few years. Some focus group participants mentioned that reform as a positive during the discussion of general impressions of the agency.

> "The new welfare reform with the five year lifetime limit, I think, is a positive thing." (Pasco)

Respondents felt that the policy would be an incentive to clients to start working if they could:

> "If you are welfare, and you can see at the end of five years, your income is going to dry up, that's an incentive for you to become employable…If there's reasons why you're unemployable—disability, mental incapacity, some of those things—there are other things such as social security disability that you can get help if you're unemployable."

It was important to most that those who could not work should be covered by some program. The only concern was for the few who might be employable, but who could not make it on their own, particularly if they were pregnant or had small children:

> "For women who end up on welfare when they're pregnant or whatever, they can't work for whatever reason, I could see…if they have a large family, they could run through that five years pretty quick. And then they could be in a really difficult situation." (Port Angeles)

Some respondents felt that if daycare support were extended beyond the five years, this might be less of a concern.

Focus on Child Safety

The following statement on child safety was presented to respondents:

> ***Safety of children is the top priority:*** This year, the agency has moved to make child safety a higher priority and focus. This includes community efforts designed to make it easier to notify the agency about suspected child abuse and neglect, changes in policy to make it easier to remove children from their families permanently if abuse and neglect are confirmed by the courts and the family is not complying with court-ordered actions, and a number of other actions.

This focus was less familiar to respondents, possibly because it was more recent or current. Respondents recognized the goal of this policy as positive, but expressed a number of concerns about the implementation. Those concerns related to both overzealous and underzealous responses to alleged child abuse.

> "I think it's a good priority, but I think that a lot of times they're misguided and far too invasive."
>
> "Sometimes they are not invasive enough." (Port Angeles)

There were definite concerns expressed even though the public thought that part of the statement was on the right track. It was a matter of how the policy is implemented:

> "That's too broad a statement to say whether it's all good or all bad. There are parts of it that are good and there are parts of it that are very, very bad. The stepping in to remove permanently a child from a home…my experience has been that they have taken the steps and it's generally a good thing, but the courts do typically take hearsay and things that wouldn't be admitted into a normal hearing into account when it comes to determining whether it as substantiated…In general, to keep kids safer is a good thing. I mean, the broad concept, but the efforts sometimes get to that overzealous point." (Spokane)

The main concern was that the policy of permanent removal of children from their families be applied equitably and carefully. In addition, many thought that DSHS should place greater emphasis on prevention of child abuse and neglect.

Media Changes

With regard to the media, the following statement was presented in some of the groups as time allowed:

> ***Better Communications with the media and public:*** This year, DSHS has placed more focus on communication. The first effort was placed on improving media relations: DSHS is working more closely with the media, and putting stories on their web site. A second part of that effort is a redesign of the website to make it easier for clients and potential clients to use. That part is underway but not yet implemented.

This topic could not be discussed in most of the focus groups due to time constraints. However, there did not seem to be much awareness of positive stories about DSHS in the news, even though there have been some mentioned in other DSHS focus groups conducted regarding caseworker issues.

In one group, the effort to improve communications about DSHS was seen as very positive as some of their comments show:

> "It's a good change."
> "Education is good."
> "Getting access to the information." (All from Spokane)

Respondents acknowledged that the media has traditionally painted a "bad news" picture with regard to the agency:

> To embarrass the agency or to paint them as incompetent or some other thing…because that's what people want to see and that's what makes news. You don't see the millions or thousands of good things that DSHS or any government agency has done well and done good to protect citizens and service them and assist them." (Spokane)

Many thought it would be good to have at least a balance of good news with bad news about DSHS. One person thought that DSHS was buying commercial spots on TV, but another person corrected him that it was the Department of Health (DOH) sponsoring the anti-smoking campaign.

Although some said they would be unlikely to look up DSHS on the Internet unless they had a specific need, others thought it was the most accessible resource for the majority of the population:

> "The Internet…gives you the widest amount of saturation. And, you know, statistically the number of families that have computers and access to the Internet is quite high." (Spokane)

The fact that the Internet is available in the libraries and schools was mentioned as well. Other ways to communicate with the public were recommended:

> "I'd rather see it like some of the employment divisions have in the malls and stuff, you know, they have the things with jobs that are available, and they're more like out in the public …a kiosk type thing."
>
> "I think that's a good idea. Or even just have flyers. Pick up flyers on what – whatever your needs are."
>
> "[You could have] monitor type things where you push a button that says information on this or information on that. It just ends up where you don't even have to know how to work a computer."
>
> "Just provide information about the services, especially, I mean, even in high school, in the counseling department or something…to be made aware of services that are available they otherwise wouldn't know about…you don't have to give all the children all the information on the social services. You could pretty much target which ones you could give it to." (All from Camas)

Thus, better communication was a positive, and other means besides the media were seen as viable.

Wrap-Up

There were a number of comments from respondents regarding how much they had learned about the agency from looking at the list of services and the Accountability ScoreCard.

One of the most impressive facts respondents took away from this discussion and seeing the information about DSHS was that "over 30% of all children in the state get medical care through DSHS." This information was presented in the "Medical Costs" introduction. The respondents in one group thought that there should be more prevention for these children in order to reduce future costs to the state:

> "If it's 30% of kids, we should have one heck of a preventative kids' medical program…30% of the kids in the state are potentially future costs." (Pasco)

The theme that pervaded many of the discussions was a need for prevention and education. A final suggestion offered was that DSHS spend more funds and effort teaching young mothers life skills that will help them succeed such as cooking, child care, budgeting, and shopping. A few thought that community organizations should get more involved so that the residents of Washington State would not rely only on DSHS for services to needy people.

APPENDIX

Sample Description

Location

Pasco	11
Spokane	10
Seattle 1	10
Seattle 2	10
Port Angeles	9
Camas	10
Total =	60

Gender

Male	28
Female	32
Total =	60

Age

25 or younger	6
26-35 years	8
36-45 years	16
46-55 years	15
56-70 years	13
Not given	2
Total =	60

Length of Residency

Less than 10 years	10
10 to 20 years	10
20 years or more	40
Total =	60

Education

High school	12
Some College	26
College Degree	13
Post-Grad	7
Not given	2
Total =	60

Income

Under $25K	5
$25K-$50K	14
$51K-$75K	19
Over $75K	15
Refused	7
Total =	60

DSHS Clients

Former or current	13
Non-client	47
Total =	60

Knowledge of DSHS

None	2
Some	19
A little	25
A lot	12
Not given	2
Total =	60

Washington State Department of Social & Health Services

Dennis Braddock, Secretary

DSHS Accountability ScoreCard

July 2000 – 2003

The mission of DSHS is to improve the quality of life for individuals and families in need. We will help people achieve safe, self-sufficient, healthy and secure lives.

Health and Safety of Washington's Children	July 2000	July 2001	July 2003
Goal: *The health of Washington's children is maintained or improved.*			
• Assure death rate for all infants born to Washington residents is lower than rates in 85% of all states. (deaths per 1,000 births)	5.0	4.9	4.7
• Assure death rate for African-American and American-Indian infants born to Washington residents is lower than rates in 85% of all states. (deaths per 1,000 births)	9.5	9.3	8.9
• Reduce death rate for children using DSHS services. (deaths per 100,000 children ages 1 through 9 who received a DSHS service)	30	26	18
• Increase number of low- and moderate-income children enrolled in state-subsidized health coverage.	488,400	505,100	525,400
Goal: *Children in DSHS care or referred to DSHS are safe from abuse and neglect.*			
• Increase percent of high-standard child protective service investigations where the child is seen within ten days from date of referral.	84%	88%	95%
Goal: *DSHS services help children experience stable lives.*			
• Increase number of children in DSHS care adopted into a permanent home.	1,005	1,105	1,338
Economic Development and Self-Sufficiency			
Goal: *DSHS clients who are able to work are employed.*			
• Increase percent of families leaving welfare who earn at least 10% more in wages at the beginning of their second year off welfare.	35%	41%	45%
• Increase percent of adults on welfare who, within 30 days of receiving their first check, are working, looking for work, or preparing for work.	85%	87.5%	90%
Goal: *DSHS clients live as independently as possible.*			
• Increase number of low-income frail elderly and persons with disabilities who receive needed long-term help with daily living and medical care in safe, secure community settings.	29,229	31,503	35,403
• Increase percent of low-income adults with developmental disabilities or mental illness receiving community services who earn some income.	21.5%	22%	23%
Goal: *DSHS services reduce future costs to society.*			
• Increase number of low-income youth and adults with alcohol or other drug problems who complete publicly funded residential treatment for chemical dependency.	54% youth 75% adult	56% youth 77% adult	58% youth 80% adult
Public Trust			
Goal: *Find and minimize fraud and error.*			
• Avoid costs due to fraud and incorrect billings. (Measured by costs avoided) ($7.6m projected savings for 2002; $22.9 projected total savings 2000-2003)	$ 0.7m	$ 6.6m	$ 8.7m
Goal: *Information about services is clear and available.*			
• Increase percent of DSHS clients reporting on an independent survey that the information they received was clear and available.	TBD	5% increase	10% increase
Goal: *Treat people with courtesy and respect.*			
• Increase percent of DSHS clients reporting on an independent survey that they were treated with courtesy and respect by DSHS employees and contractors.	TBD	5% increase	10% increase
• Increase percent of DSHS contractors reporting on an independent survey that they were treated professionally and with courtesy and respect by DSHS employees.	TBD	5% Increase	10% Increase

INFANT DEATH RATES (ALL AND MINORITY): "Infants" are defined as children aged birth through 1 year. Numerator is all infants who died within a given year. Denominator is all infants born within the same year. Washington State birth and mortality data are drawn from the Department of Health (DOH) Center for Health Statistics (CHS). Infant mortality is not available until the summer after the calendar year (CY) of death. Therefore, the "2000" column reports on deaths which occurred in CY99, the "2001" column on deaths in CY00, and the "2003" column on deaths in 2002. Other state ranks for comparisons are drawn from Infant Mortality Rates reported to the National Center for Health Statistics (NCHS).

AFRICAN-AMERICAN AND AMERICAN INDIAN INFANT DEATH RATES: Same sources and definitions as above rates. The numerator and denominator include only infants of African American or American Indian race/ethnicity, who nationally and in Washington State have higher infant death rates than other groups. The national published tables do not report these data, so they were drawn from the NCHS CD-ROM. Some states do not have enough deaths in this age range to be included in the published tables.

CHILD DEATH RATES IN DSHS CARE: "Children" are defined as ages one through nine. Numerator is all DSHS clients aged one through nine who died within a given year. Denominator is all DSHS clients during a given year aged one through nine. A DSHS client receives at least one service from DSHS during the year. For the baseline year of 1998, denominators were drawn from the DSHS Client Registry maintained by the Research and Data Analysis division of DSHS. Numerators were obtained by matching death data from the DOH Center for Health Statistics with the DSHS Client Registry. In the future, the DSHS Client Services Data Base will replace the Client Registry.

CHILD HEALTH PLAN ENROLLMENT: "Children" here are defined as all non-adults: persons from birth through age 18. September data represents clients aged birth through 18 enrolled in a DSHS-funded health plan during the April-June quarter in the same year. Source will be Medicaid enrollment from the MAA/MMIS Eligibility File. Targets come from the Caseload Forecast Council forecasts and will be revised with new forecasts. Percent denominators are all children aged birth through 18, from the Office of Financial Management estimates.

HIGH RISK CHILD ABUSE INVESTIGATIONS: Numerator will initially be a hand count by region of those CPS referrals received during the quarter requiring a high standard of investigation where the 10 day face-to-face requirement was met. By January 2002 this count should be available in automated form from the DSHS Case and Management Information System (CAMIS). The denominator is the CAMIS count of CPS referrals received during the quarter that required a high standard of investigation.

ADOPTIONS: Initially, this is a CAMIS count of children in out-of-home placement that show an episode outcome of adoption. In the future, this may change to adoptions recorded in the legal system, which is consistent with federal reporting standards.

WELFARE LEAVERS AND EARNINGS: Earnings are defined as those earnings recorded in the Employment Security Department's (ESD) Unemployment Insurance Wage and Earning file. Self-employed persons and those working part-time for very small firms are not likely to be included. These data are obtained by matching "welfare leavers" with their UI earnings each quarter after they leave welfare.

30-DAY WORKFIRST PARTICIPATION RATE: Data are drawn from the DSHS Automated Client Eligibility System (ACES) and reflect quarterly client participation in an "approved WorkFirst program activity."

LONG-TERM CARE IN COMMUNITY: These long-term care client records are drawn from the Social Service Payment System authorization files and the Medical Management Information System payments. They represent the number of persons in community care during an average month.

MENTALLY ILL AND DEVELOPMENTALLY DISABLED EARNERS: These data reflect persons ages 18 to 65 and are reported quarterly. Numerator is all current clients of the DSHS Mental Health Division (MHD) and Division on Developmental Disabilities (DDD) who, while living in the community, are also earning wages. Wages are obtained from the DSHS supported employment file or the ESD-Unemployment Insurance Wage and Hours file. Denominator is all current MHD and DDD clients 18-65 who live in community settings. These data are assembled in the DSHS Employment Monitoring Data Base maintained by DSHS Research and Data Analysis Division.

CHEMICAL DEPENDENCY RESIDENTIAL TREATMENT: Data are drawn from the Treatment and Assessment Report Generation Tool (TARGET) maintained by the DSHS Division of Alcohol and Substance Abuse. A "treatment completer" is defined as someone who completed the residential program as planned upon intake (as opposed to someone who left before completion).

FRAUD AND ERROR COST AVOIDANCE: Avoided costs shown here result from the DSHS Payment Integrity Project. They represent recoupments, recoveries and documented cost avoidance from payment integrity processes. DSHS is presently re-basing its fraud investigation cost recoupment methodology. When that work is completed, those avoided costs will be added to this baseline and targets.

CLIENT SURVEY: Washington State University's Social and Economic Studies Research Center (SESRC) is assisting DSHS to design and pretest a client satisfaction survey, which will be administered each year in the winter by the SESRC to a random sample of clients or their guardians by telephone. The survey will include procedures to minimize response bias (such as callbacks, translations, and weights to account for non-telephone households). Once the instrument is designed and pretested, a copy will be available on the DSHS-Research and Data Analysis (RDA) Website. The SESRC report on the survey, when complete, will also be available on the RDA-Website.

VENDOR AND PROVIDER SURVEY: Washington State University will also assist DSHS in designing and implementing a survey of their vendors and community providers.

CONTACT:

Elizabeth Kohlenberg, Ph.D., Director, DSHS Research and Data Analysis, Tel: 360-902-0707, e mail: kohleer@dshs.wa.gov

C01068

1 Recruit 12 for 10 to show
2 Alternate
3 Uncommitted (Callback)_____
4 Save (Why)_____

□ **Group 1: Pasco,WA-6/15 @ 5:30PM**
□ **Group 2: Spokane--6/16 @ 10:00AM**
□ **Group 3: Seattle-----6/18 @ 5:00PM**
□ **Group 4: Seattle-----6/18 @ 7:30PM**
□ **Group 5: Port Angeles-6/19@ 5:30PM**
□ **Group 6: Camas----6/20 @ 5:30PM**

GILMORE RESEARCH GROUP – RESIDENT/VOTER GROUPS/DSHS IMAGE FOCUS GROUP SCREENER

Interviewer
Name_____Date_____ID#_____

Respondent's Name_____ Male/Female ____

Address_____

City/State/Zip_____

Phone
Day:_____Eve:_____

Group
Date/Time_____

Voting Record: _____(From Sample)

CALL INTRO: (Ask for Name on List) (IF NOT AVAILABLE, SCHEDULE A CALLBACK APPOINTMENT OR LEAVE A MESSAGE, AS NEEDED)

Hello, this is _____ with _____, an independent opinion research firm. Today / tonight we are conducting a very brief study with people in your area regarding issues of interest in your area. Let me assure you that this study is being conducted for research purposes only, and that your opinion is important to us.

IF NEEDED
The purpose of our research study is to learn more about state residents' opinion of services provided by the state of Washington.

We are inviting some of the people we talk with to a focus group discussion in your area and would like to talk with you a few minutes about that.

1. First, let me just verify, do you live in the _____(Pasco/Richland) (Greater Seattle) (Port Angeles) (Camas) (Spokane) area?
   Yes [CONTINUE]
   No [THANK & TERMINATE]

2. How long have you lived in the state of Washington ?_____
KEEP TRACK OF THIS.

3A. I'm going to list a few of the state agencies that people may have heard of, but may or may not know very much about what they do. As I read each one, please tell me if you feel you know a little about the agency & what it does, you know some, or you know a lot about the agency and what it does. If you don't know anything about it, you can say that too. PLEASE CHECK ONE RESPONSE FOR EACH AGENCY

	Nothing	**A Little**	**Some**	**A Lot**
Labor & Industry, or L & I	( )	( )	( )	( )
Dept. of Natural Resources, also known as DNR	( )	( )	( )	( )
Office of Financial Mgmt, or OFM	( )	( )	( )	( )
Dept. of Social and Health Services, also known as DSHS	( )	( )	( )	( )
	↓ NO MORE THAN 2	↓ CONTINUE		↓ NO MORE THAN 3

3B. Do you, or anyone in your household work for any of these four agencies? No ( )

IF YES, RECORD:_____ IF DSHS, THANK AND TERM.

4. Next is a short list of state services. Please tell me if you are currently—or if you have ever used any of these services in the state of Washington? . (Note: IF PERSON DOESN'T KNOW WHAT THE SERVICE IS, ASSUME ANSWER IS "NO")

	Yes Currently	**Yes Previously**	**No Never**
Medical assistance or medical coupons?	( )	( )	( )
A disability grant?	( )	( )	( )
Food stamps?	( )	( )	( )

↓
TAKE UP TO 5 PER GROUP
(NO MINIMUM QUOTA)

5. What is your age?
TERMINATE IF UNDER 18 YEARS OF AGE OR OVER 70.

RECORD: _____

6. What was the highest level of education you completed? (RECRUIT A MIX)

High school or less	1
Some college/voc./tech	2
4-year college degree	3
Some post graduate work	4
Ph.D., Masters, post grad. degree	5

7. And what is your total annual household income before taxes? Is it...READ 1 - 4 (RECRUIT A MIX)

Under $25,000	1
$25,000 - $49,000	2
$50,000 - $74,000	3
$75+	4
DK/REF	9

8. GENDER RECORD: Male_____ Female_____

INVITATION

As further part of our research, we are inviting people like you to participate in a focus group discussion regarding state agency services. These discussion groups are held for research purposes only. We'd just like to hear your honest opinions. The group will be relaxed and informal, and you will simply be involved in an exchange of ideas and opinions with 10 other people like yourself.

The discussion will be held at _____, located at_____. The group will take place on [CHECK MATRIX BELOW]. It will last approximately 2.5 hours, and at the conclusion of the discussion, we will be pleased to present you with a cash honorarium of $60.00 in appreciation of your time. Will you be available to attend this discussion?

GROUP 1 —Friday, June 15, 2001 at 5:30 pm (Pasco, WA)

GROUP 2 — Saturday, June 16, 2001 at 10:00 am (Spokane)

GROUP 3 — Monday, June 18, 2001 at 5:00 pm (Seattle)

GROUP 4 --- Monday, June 18, 2001 at 7:30 pm (Seattle)

GROUP 5 — Tuesday, June 19, 2001 at 5:30 pm (Port Angeles)

GROUP 6 — Wednesday, June 20, 2001 at 5:30 pm (Camas, WA)

1. Yes	**[CONTINUE]**
2. No	**[THANK & TERMINATE]**
3. DK	**[SAVE AS UNCOMMITTED, GET C/B DATE ANDTIME_____**

All right, we'll be sending you a letter to confirm this invitation, along with a map to the facility. May I please have the correct spelling of your name and address [RECORD ON FRONT PAGE] ? (VERIFY PHONE NUMBER FROM SAMPLE)

For this project, it is very important that we are able to count on your attendance. **If, for any reason, you find yourself unable to join us, please call us at_____ as soon as possible. This will, hopefully, enable us to find a replacement for you.**

Thanks again.

DISCUSSION OUTLINE

INTRODUCTION OF PROCEDURES, TOPIC AND EACH PARTICIPANT 15 MIN

Thank you for agreeing to take part in this research project on state agency services. This is just one of six such groups that we are doing around the state over several weeks.

Before we begin I want to tell you that we are audio/videotaping this session. This is because I will be writing up the findings of all the groups and it is impossible for me to take enough notes to remember all the interesting and important things that are said across six groups. The tapes will be used for research purposes only, to understand the group interaction, by researchers here and in the agency. There will be no identifiers other than first names used on the tapes. In the final report, no names will be used and the findings of all the group discussions will be combined. We don't quote people, only ideas.

The information we gain here goes directly to my company, Gilmore Research Group, which is an independent research company. We will protect your identity and we guarantee that your name is not associated with any of the information you provide. You may refuse to answer any question and you don't need to bring up anything that you might be uncomfortable sharing with the other people here.

<u>Your participation in this group will have no impact on any government services you may be receiving now or in the future. No one will know what you individually said tonight.</u>

IF MIRROR FACILITY: You may also have noticed the mirror. There are several viewers on the other side of that mirror. They are people who are working with me on this project and are also interested in what we are learning in these group discussions. Having them in the room can be distracting, so that is why we hold these discussions in this type of facility where they can watch and listen without influencing the discussion.

IF NON-MIRROR FACILITY: You may also have noticed that several people are here in the room with us. These are people who are working with me on this project and are also interested in what we are learning in these group discussions. I have asked them to sit to the side so they can watch and listen, but they will not be part of the group discussion.

If, for any reason, you feel uncomfortable being taped or viewed and wish to exclude yourself from the group, you may do so.

> IF ANYONE VOICES CONCERN AND WISHES TO BE EXCUSED, TAKE THAT PERSON OUTSIDE ROOM, THEN PAY THE INCENTIVE FEE, THANK AND EXCUSE THE PERSON.

Great, let's get started. A final few ground rules are:

- **We'll all try to be sure that everyone has an opportunity to express their opinions and just so that we are sure to hear, please speak up at same level as I am.**
- **Only one person speaking at a time.**

- No right or wrong answers, want your honest opinions and suggestions.
- Feel free to help yourselves to refreshments at any time.
- Please keep what is said in the group to the group

OVERALL IMPRESSIONS **15 MIN**

We need to first tell you that the subject of this group is the Washington State Department of Social and Health Services – DSHS. Write down your overall impression—the first thing comes to mind about DSHS
What did you write? Why?
How have you formed that opinion; where hear, read, etc?
IF ALL/MOST NEGATIVE OR NEUTRAL OPINION, PROBE: What positive or constructive things have you heard about DSHS?

Services 20 min

What do you think DSHS does? What are the specific services in the "services" part of the DSHS name? (List on easel)
Where have you heard about each?

What do you think DSHS should be doing—things not already on this list?
(Another easel list) Why do you say that?

HAND OUT ONE-PAGE OF ACTUAL DSHS SERVICES. These are the services that DSHS provides for Washington residents. Which of these are surprises to you? Why?

DSHS GOALS **45 MIN**

Next, I'm going to ask you to review a draft set of goals and measures for public accountability that the people within DSHS have developed. These people are serious about fulfilling the mission of the agency and providing good service to Washington residents. As part of this process, they are very interested in hearing the opinions of Washington residents

First, this is the mission of the Department of Social and Health Services. POST MISSION STATEMENT.

HANDOUT ACCOUNTABILITY SCORECARD: Now, here are the goals and measures they have chosen as their accountability ScoreCard with the general public. The choice of goals was based partly on public input from a trial set of goals presented to groups like these last year. But they would like your opinion on each goal, and on its measurement.

Take a moment to read through these.

Are there any of these that you don't understand? If so, which ones and why?
Is the goal clear?

Do the measures seem to express the goals? If not, what else would you like to see, and why?

Regardless of how good a job you feel DSHS is currently doing, do you feel these goals are compatible with what you understand the agency is or should be doing?
If not, why not? Be specific—which one(s) are out of place and why?

Are there any goals for DSHS that you feel should be on this list and are not? What are they and why should they be here?

Is this type of information something you'd like to know about DSHS--what their goals are and how they work toward their goals? This ScoreCard is maintained on the DSHS Internet web site. Is there anywhere else you would want to see that information? What would you be most likely to pay attention to?

MEDICAL COSTS **30 MIN**

Washington State is a national leader in providing health care for low-income residents. DSHS buys health care for 830,000 low-income families with children, pregnant women, persons with disabilities, and the elderly. Over 30% of all children in the state get medical care through DSHS.

We are facing a big problem with the cost of health care. Health care costs will rise about 10% a year in the next two years. The I-601 State fund spending limit will only let the state increase spending by less than 3% per year.

The main reasons why health care costs are growing so much are the costs of drugs, hospitals and doctors. The number of children and disabled people getting help with health care is also increasing.

DSHS is trying to hold down costs by buying health care in smarter ways and keeping a closer watch on how the money is spent. This is not enough. To keep state spending within the I-601spending limits, DSHS, the Governor and Legislature must make some very tough choices. These include:

- Asking all the low-income people who get health care from DSHS to pay a yearly fee;
- Asking them to pay part of the cost of services like prescription drugs or emergency room visits;
- Asking doctors to tell us why they ordered a more expensive drug rather than a cheaper choice;
- Not raising the rates we pay doctors, hospitals and other health care providers when their rates go up (this may make it difficult for our clients to get services);
- Cutting back on the number of low-income people who get medical care from the state by:

- Putting people who need medical care on a waiting list;

- Only giving medical care to the poorest children

Would you rank these choices for us? Would you tell us why you chose this order? Is there something else we could do? Do you have other ideas on how the DSHS could control the growth in medical costs?

PERCEPTION OF CHANGES IN DSHS **30 MIN**

During the past several years, DSHS has been changing in some of its policies and directions. They would like to ask you some questions about a few of those changes.

Welfare reform: In 1998, an indefinite stay on welfare has been replaced by a five year maximum for most families, and increased childcare, work placement and job training services. As a result welfare caseloads have dropped to half their former levels.

- Did you know about this policy change?
- What do you think about it? Generally, is it a good change?
- Do you have any concerns about it?

Safety of children is the top priority: This year, the agency has moved to make child safety a higher priority and focus. This includes community efforts designed to make it easier to notify the agency about suspected child abuse and neglect, changes in policy to make it easier to remove children from their families permanently if abuse and neglect are confirmed by the courts and the family is not complying with court-ordered actions, and a number of other actions.

- Did you know about these policy changes?
- What do you think about them? Generally, are these good changes?
- Do you have any concerns about them?

Better Communications with the media and public: This year, DSHS has placed more focus on communication. The first effort was placed on improving media relations: DSHS is working more closely with the media, and putting stories on their web site. A second part of that effort is a redesign of the website to make it easier for clients and potential clients to use. That part is underway but not yet implemented.

- Did you know about this change in direction?
- What do you think about it? Generally, is it a good change?
- Do you have any concerns about it?

WRAP-UP **10 MIN**

We've about run out of time here tonight, but I have two last questions: What, if anything, did you learn about DSHS tonight that you didn't know before, and has your opinion of the agency changed for the better, for the worse or not at all after this discussion?