

What Do RDA Customers Want?

January 2005

***Washington State Department of Social and Health Services
Management Services Administration
Research and Data Analysis Division***

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Acknowledgements

Our deepest thanks go to all the RDA customers and contacts who took the time to fill out the survey, and who provided such constructive, thoughtful comments and suggestions. These surveys can be a nuisance, interfering with the daily deluge of work. All of RDA deeply appreciates your effort. We are delighted and grateful for the support and appreciation that you voiced. And we are equally grateful for your criticisms, which we are now using to shape and sharpen our work and improve our performance in the future.

Nancy Raiha and Dave Sugarman of RDA did great work in designing the survey questions, refining the customer list, finding an inexpensive way to administer an anonymous survey online, and designing and refining the survey screens.

Nancy Raiha and her staff, along with Tim Carter of RDA, managed the survey administration with their customary dedication and professionalism. Nora Ellsworth did a great job preparing and formatting this report for publication.

Kathy Brockman, the Chief Management Officer of DSHS and RDA's own "senior manager", consistently supports RDA's mission of providing DSHS management with sound, credible, unbiased information and analysis. We are grateful for that support – and pleased that Kathy has required all of her managers to incorporate regular surveys of customers and employees into their strategic planning processes. That requirement led directly to the completion of this survey!

I thank you all – RDA customers, RDA staff, and RDA senior management – for your shared commitment to the value of good research and analysis for human service management, and for your assistance with this survey.



Elizabeth Kohlenberg, Director
Research and Data Analysis Division

CONTENTS

EXECUTIVE SUMMARY OF THE RDA CUSTOMER SURVEY.....	vii
SURVEY INTRODUCTION.....	1
PURPOSE AND CONTEXT.....	1
SURVEY CONTENT.....	1
WHO WERE THE CUSTOMERS SURVEYED?.....	1
RESPONSE RATES.....	2
SURVEY ADMINISTRATION.....	2
WHERE DO THESE RDA CUSTOMERS WORK?.....	3
REASON FOR USING RDA PRODUCTS, AND WHICH PRODUCTS ARE USED.....	5
REASONS FOR USING RDA INFORMATION.....	5
RDA PRODUCTS USED DURING PAST TWO YEARS.....	5
WHICH RDA PRODUCTS ARE USED MOST OFTEN?.....	6
CUSTOMER SATISFACTION AND SERVICE.....	7
RDA CUSTOMERS ARE GENERALLY VERY SATISFIED.....	7
RDA STAFF LISTEN AND HELP.....	8
EXPERTISE, CREDIBILITY, RELIABLE INFORMATION, DATA AND CONSULTATION.....	11
RDA PRODUCES WELL-WRITTEN, ACCURATE, CREDIBLE INFORMATION!.....	11
RDA STAFF ARE KNOWLEDGEABLE AND PROVIDE USEFUL DATA AND ANALYSIS.....	12
RDA HAS SKILLED, KNOWLEDGEABLE STAFF.....	12
RDA MAINTAINS AND UPDATES USEFUL DATA TABLES AND DATA SERIES.....	13
RDA PRODUCES USEFUL INTEGRATED DATA AND INFORMATION!.....	14
RDA SURVEYS ARE USEFUL!.....	14
PARTICULAR RDA PRODUCTS ARE USEFUL.....	15
SOME DATA PRODUCTS COULD BE BETTER!.....	15
WHERE SHOULD RDA IMPROVE?.....	17
THE RDA WEBSITE NEEDS REDESIGN AROUND CUSTOMER NEEDS.....	17
MAPPING AND GEOGRAPHICAL ANALYSIS NEEDS IMPROVEMENT.....	17
TIMELINESS CAN BE A PROBLEM.....	18
RDA NEEDS TO EXPLAIN WHAT SERVICES ARE AVAILABLE.....	19
RDA CHARGEBACK POLICIES AND FTES.....	20
WHY USE OTHER RESEARCH GROUPS?.....	21
WHY USE OTHER RESEARCH ORGANIZATIONS?.....	21
PROGRAMS HAVE INTERNAL RESEARCH GROUPS WITH PROGRAM KNOWLEDGE.....	21
OTHER GROUPS HAVE EXPERTISE RDA LACKS.....	22
OUTSIDE CREDIBILITY IS NEEDED SOMETIMES.....	22
CONCLUSIONS AND ACTIONS.....	23
APPENDIX A: LOCAL GOVERNMENT ISSUES AND ANSWERS.....	25
APPENDIX B: SURVEY QUESTIONS AND RESPONSE CATEGORIES.....	29

RDA internal and state-level external customers had a 78% response rate to this web-based customer survey. Key findings below show what RDA does well, why other research organizations are used despite that good work, and how RDA could improve.

DOING WELL! Customers appreciate the quality of RDA information, staff and customer service.

OVERALL SATISFACTION: Eight in ten agreed that they were, overall, satisfied with RDA services.

Mentor folks in other agencies so they are as good at data analysis and communication as RDA staff are. (OFM)

HELP AND EXPERTISE: Nine in ten agreed that RDA staff were helpful and easy to work with, listen to their needs and have the expertise needed.

Timely response. Credible information. Reliable service delivery. (DSHS Senior Manager)

They do everything well. (DSHS Senior Manager)

CREDIBLE, ACCURATE INFORMATION: Nine in ten agreed that RDA information is credible and accurate.

Starting with Liz and Fred on down to the staff who work so well with our program areas, RDA staff listen well, have a passion for the programs they serve, get excited about new ways to use data to make a difference, and are willing to take on new workload when it is for the benefit of the clients we serve. I can't say enough good things about RDA and their staff. The data RDA compiles is done with an eye to using it to make a difference. I so appreciate that this organization exists within DSHS. It is invaluable. (CA)

UNBIASED INFORMATION: Nine in ten DSHS customers said that RDA information is unbiased. Seven in ten non-DSHS customers agreed.

Staff are willing to provide fast response to requests for help, consultation or data, including sampling plan design, methodological issues, questionnaire development, analysis and report writing ideas and samples. Great people doing many things very well and always with grace, humor and excellent technical and research skills. (ADSA)

NEEDED INFORMATION: Between eight and nine in ten agreed that needed information is provided.

Reliable and cogent information about DSHS programs, clients and outcomes. (MAA)

I think RDA is the best program in DSHS and one of the best in state government! Great work - THANK YOU. (FSA)

WHY USE OTHER RESEARCH ORGANIZATIONS? There are structural reasons to use research organizations other than RDA, even when RDA customer service and service quality are good. Sometimes other groups have specialized expertise, outside credibility is needed, or internal researchers are present and do not require added dollars.

SPECIALIZED EXPERTISE: 35 customers commented on this aspect.

The organization has specialized knowledge. (Senior DSHS Manager)

Expertise available from the other research org; links to other research bodies the other organization has. (ADSA)

EXTERNAL CREDIBILITY: 15 customers commented on some outside credibility or legislative requirements.

Other times a research organization outside of DSHS will appear more credible to the legislature and others. (Senior DSHS Manager)

We have a great research organization within our administration; we can get similar information without paying. (Senior DSHS Manager)

INTERNAL RESEARCHERS: 14 comments pointed out that they have internal research staff who can answer many questions without using RDA.

Local staff are within our building, face to face contact reduces errors of communication. (ADSA)

We have an internal assessment group which handles most of our needs. We call on RDA when it has department-wide implications. (CA)

Internal data people have been tapped for similar research before. (ESA).

We have in-house PHD level analysts who provide excellent analytical advice. (MAA)

WHAT NEEDS IMPROVEMENT? Customers had difficulty finding needed information on the RDA website and knowing how to get RDA help. RDA services are slow and information is not available as soon as it is needed. RDA services are also costly and require FTEs, which are barriers to RDA use. Geographic analyses and maps have been particularly problematic.

WEBSITE REDESIGN:

Between three and five in ten said it was easy to find the information they needed on the RDA website.

Focus more on immediate data analysis and designing tools to make more data readily available. (DSHS Cabinet or Division Director).

Allow legislative staff access to data bases. Provide cross-program and regional information (maybe my lack of knowing what to look for). (Leg)
List resources (outside databases) that are available to them that could allow gaining additional information about the clients we serve. (Senior DSHS Manager)

INFORMATION ABOUT RDA:

Seven in ten knew what help they could get from RDA. Between six and seven in ten knew who to talk to for RDA help.

Outreach. I know no one needs more work but earlier involvement would work well for RDA & the parts of the agency that use it. (FSA)

Getting products in a timely manner is RDA's great weakness. (DSHS Senior Manager)

TIMELINESS: Eight in ten agreed that RDA staff respond quickly when needed. Between five and seven in ten said needed RDA information is available in a timely manner.

The information that is most useful is cross program information, the problem is that the information is frequently years old. I am told this is because of the difficulty of getting the financial information perfect. I'm not looking for perfect. (Leg)

Map services have been a bit more challenging and we've resolved to finding other ways to get maps if possible. The previous map developer as well as the current one seem a bit more concerned with their thoughts about the maps than my needs. (DSHS Senior Manager)

GEOGRAPHICAL ANALYSES

AND MAPS: Comments made it clear that geographical analyses and maps need improvement.

The geography folks have been far more challenging to work with. Have a better geography/cartography section if this will stay with RDA. (DSHS Senior Manager)

RDA does a good job but is hampered by the requirement to charge programs for FTE's. The department needs to work to have RDA become exempt from FTE requirements and let them do what is necessary as long as the money is there. (DSHS Senior Manager)

FTEs AND COST:

Comments made it clear that cost and FTEs are issues that limit RDA use.

Should be funded on a permanent basis so that we do not have to compete for scarce resources. (MAA)

Sometimes [we use outside researchers] because RDA may not have an available staff person with expertise we need; sometimes... we don't have the FTE to pay RDA even though we have the money. (Senior DSHS Manager).

RDA AND MSA ACTIONS TO IMPROVE SERVICE

RDA will set up internal committees this winter to:

- Redesign the RDA website.
- Provide better information about RDA services to DSHS customers.
- Improve our geographical information and analysis.

MSA will work with RDA and the rest of the executive administration to:

- Review the FTE and chargeback policies to see if any can be changed.
- Work towards obtaining added central resources to make information available quickly

Purpose and Context

The Research and Data Analysis (RDA) division of DSHS surveyed its customers during the summer of 2004. RDA staff wanted to gain some basic understanding of the reasons why internal and external customers used RDA, and which types of RDA information and services were being used by which groups of customers. We also wanted feedback on what RDA was doing well for customers, and where service improvement was needed. We will use this information in planning future strategic and tactical changes in information development and customer service.

Survey Content

Open-ended questions asked what RDA services were most helpful, what most needed improvement, and why customers used other research organizations. Closed-ended questions asked customers to rank how they felt about various aspects of RDA service, including:

- Accuracy, credibility and usefulness of RDA information.
- Helpfulness and responsiveness of RDA staff.
- Ability to find information on the RDA website.
- Timeliness of assistance and information.
- Knowledge of how to get RDA help.

Appendix B shows the exact wording of the survey questions and response categories. It was administered through a web-based survey, so the actual instrument consisted of a series of screens, which are not included in the appendix.

Who Were the Customers Surveyed?

The survey was focused on a particular core set of RDA services – research and data analysis contract services performed by RDA permanent staff. Therefore, the survey did not ask about the experience of being regulated by the Institutional Review Board, or include persons who only access data through our websites, or include DSHS case managers who use the DSHS Client Registry. These special customer groups will be (or have recently been) surveyed separately, and the questions asked of them will be somewhat different.

RDA staff compiled a list of over 300 customers for the core services. Some were people who have recently received or requested data, research, or analyses from RDA and who were still in position to use RDA's services. Others were people within DSHS who had not used RDA services in the recent past but were in positions similar to those who had used RDA.

Most of these customers worked for DSHS. A few were OFM or legislative staff. A few others were people in other state agencies or universities, with whom RDA shares data products or exchanges information.

The Department of Health sent the RDA survey to 58 local county health departments to see what RDA services and data were being used locally. Two local (county) staff were also part of the RDA sample. Those local customers are analyzed separately, in Appendix A.

Response Rates

A few of the original customers declared themselves ineligible because DSHS was no longer their concern (due to retirement or job changes). This left us with 343 “eligible” customers from DSHS, OFM, legislative staff or other state agencies. After two or three reminders, 266 of those customers filled out a completed survey, for a response rate of 78%. It is these 266 people whose answers are discussed in the main body of this report.

The Department of Health sent out the RDA customer survey to 58 potential users in local public health departments, who they felt were in a position to use our data. We had also sent the survey to a couple of local government users. After one reminder, 23 out of the 60 local users returned a survey, for a response rate of 38%. Because that response rate was low and because some of the questions we asked were somewhat inappropriate for many of these local users, we removed responses from local public health departments or local governments from this analysis and analyzed them separately, in Appendix A.

Survey Administration

The survey was web-based. Initial requests and reminder notices were sent by RDA to the customer list. These requests and reminders contained a link to the customer survey, which was maintained by Zoomerang (an online survey software firm) on their secure server. Responses were anonymous to RDA, because the actual survey responses went directly to Zoomerang and were compiled into a database without identities on their server.

RDA used Zoomerang so that the customers would be assured that RDA staff would not be able to link their response with their computer IDs. This was designed to encourage customers to feel free to record negative comments. However, RDA also asked that people let us know if they filled out a survey so that we could stop reminding them about it. Some customers assumed that this meant we knew from Zoomerang that they had or had not filled out a survey, and therefore that the survey was not anonymous.

In late November 2004, RDA received from Zoomerang a copy of the individual database of survey responses, without any identifying information on what person or what computer had sent the response. From that database, the RDA Director prepared this analysis of the customer survey responses, and is responsible for its content.

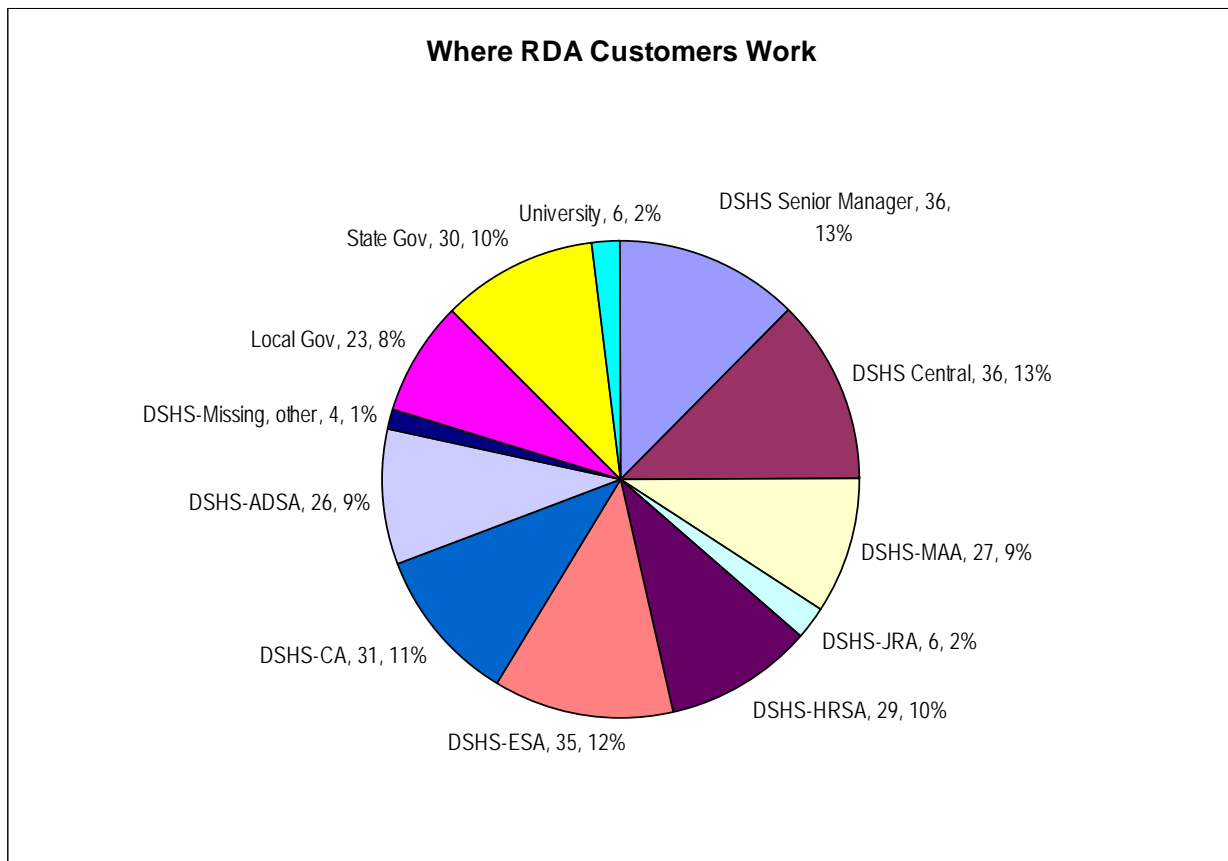
Where do These RDA Customers Work?

Four in five of the people who filled out the RDA customer survey worked for DSHS. One in five worked outside the agency. The chart below shows more detail about where these RDA customers work.

Within DSHS:

- 13% are senior DSHS managers (members of the DSHS Cabinet or Division Directors)
- 13% are within central administration units (Financial Services, Management Services and the Secretary’s Office).
- 12% in Economic Services (ESA)
- 11% in Children’s (CA)
- 10% in Health and Rehabilitation Services (HRSA)
- 9% in Medical Assistance (MAA)
- 9% in Aging and Disability Services (ADSA)
- 2% in Juvenile Rehabilitation (JRA)
- Four people (1%) identified no program area within DSHS, but did indicate that they worked in DSHS.

Outside DSHS, 2% worked for Universities, 10% for state government, and 8% for local government.



In this report, the responses of these customers are presented in separate groups. Results for the three groups below are presented in the body of the report.

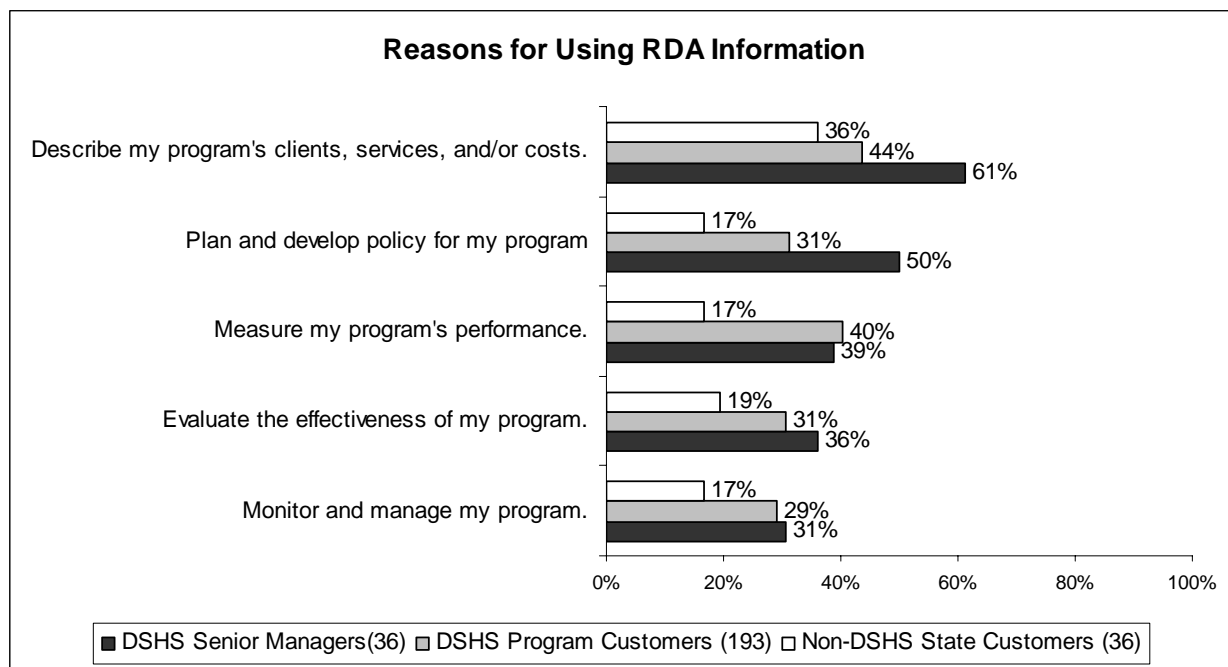
- DSHS Senior Managers, defined as people who are either members of the DSHS cabinet, or are division directors. There are 36 of these people.
- All other DSHS staff irrespective of program (193 people).
- Non-DSHS State and University staff. There are 36 of these “external” customers. Eight work for OFM, seven for the Legislature, fifteen for other state agencies, and six for state Universities.

The fourth group consists of 23 local customers (mostly from public health departments). Their answers are pulled from the body of the report and presented separately in Appendix A.

All comments given in answer to the open-ended questions were included in this report, excepting comments like “no”, “don’t know”, and “don’t use RDA research, so cannot answer this question.” Comments covering more than one topic were separated, and included with their topics. Both negative and positive comments were included.

Reasons for Using RDA Information

RDA customers use RDA products and information for a number of purposes. Program description of clients, services and costs is the most common use. Program planning, policy development, performance measurement, evaluation, and management are also common uses among both the DSHS staff and the state government non-DSHS customers.



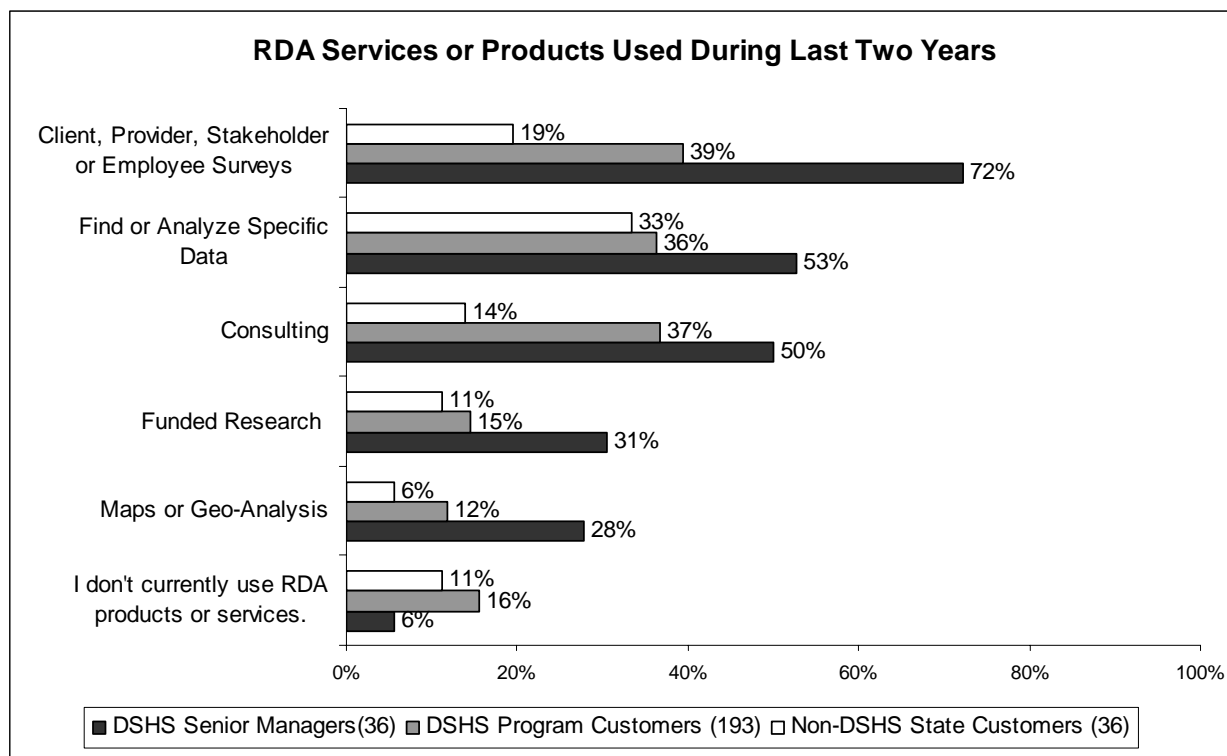
RDA Products Used During Past Two Years

The survey asked customers which sorts of RDA research and data analysis services or products they have used. It did not ask about specific applications targeted to particular groups of field staff (such as Client Registry which is targeted to DSHS case managers, or the CORE-GIS reports which are targeted to county prevention staff). Instead, it focused on the general categories of work that RDA staff carry out (data analysis, consultation, surveys, research, maps) and base RDA products (standard data tables, published reports, EMIS and Dashboard).

Different customer groups used different sets of RDA services. DSHS senior managers were most likely to use RDA services in general, and were more likely than either their staff or outside customers to find uses for each RDA service or product.

Among DSHS senior managers, during the past two years:

- Seven out of ten had used the RDA surveys.
- Five out of ten had used RDA consultation and RDA data analysis.
- About three out of ten had funded RDA research.
- About three out of ten had used RDA maps or geographic analysis.

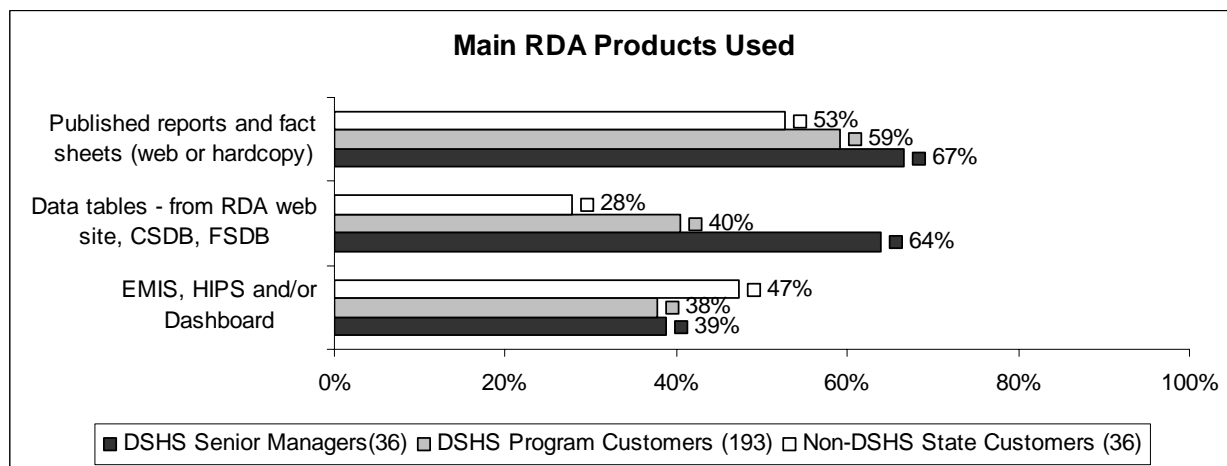


About 6% of the senior managers, 16% of the DSHS staff and 11% of the non-DSHS state customers were not using RDA services currently. RDA is very grateful to those people for taking the time to answer this survey; their answers and comments are important!

Which RDA Products are Used Most Often?

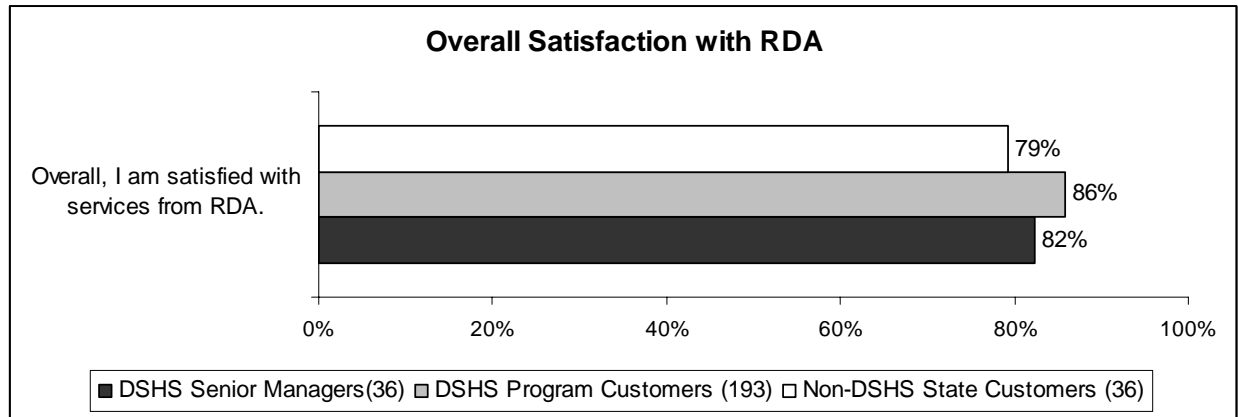
Almost seven out of ten senior DSHS managers use RDA published reports and fact sheets. Over six out of ten use data tables, and four out of ten use the time series data published by the Executive Management Information Section (EMIS).

DSHS program customers are less likely than DSHS senior managers to use RDA data tables. The non-DSHS state customers are MORE likely than either senior managers or DSHS program staff to use the time series DSHS data published by the EMIS.



RDA Customers are Generally Very Satisfied

Between eight and nine out of ten RDA customers said “YES!” or “yes” when asked if, overall, they were satisfied with RDA services.



*My experience has been that RDA does everything well!
(DSHS Cabinet or Division Director)*

*Overall RDA has been extremely helpful and supportive.
(DSHS Cabinet or Division Director)*

They do everything well. (DSHS Cabinet or Division Director).

Mentor folks in other agencies so they are as good at data analysis and communication as RDA staff are. (OFM)

I so appreciate this organization within DSHS; it is invaluable. (CA)

I can't say enough good things about RDA and their staff. The data RDA compiles is done with an eye to using it to make a difference. I so appreciate that this organization exists within DSHS. It is invaluable. (CA).

I'm happy with RDA. (HRSA)

Generally, well. (MAA)

They seem genuinely concerned about the quality of their services, and care very much about the work we do at DSHS. (ESA)

I think RDA is the best program in DSHS and one of the best in state government! Great work - THANK YOU. (FSA)

RDA has been most helpful ... hard to identify any shortcoming. (HRSA)

Just keep doing what they're doing. (HRSA)

RDA has always met my needs. (JRA))

You are doing a great job! (MAA)

I'm a VERY happy and SATISFIED customer. (MAA)

Keep up the good work! (MAA)

RDA is great! (University)

An excellent resource for DSHS and our Division. Kudos for the terrific work! (University)

The Details Follow

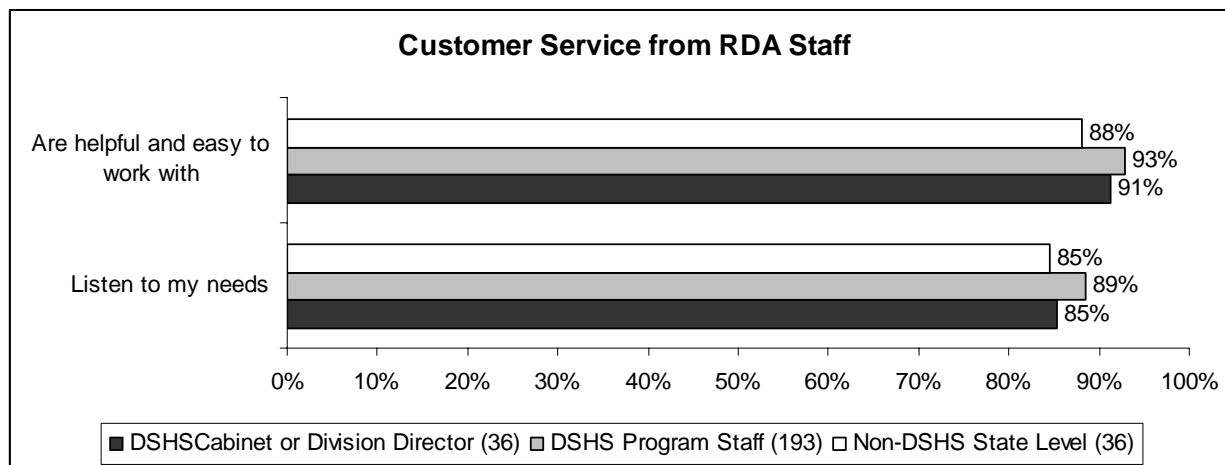
The rest of this report details the scores and comments on various attributes of RDA services, including the quality of the information provided, helpfulness of the staff, accessibility, availability and timeliness of services. Customers were asked three open-ended questions as part of the survey:

- What does RDA do well to meet your needs?
- What could RDA do better to meet your needs?
- When you choose to work with another research organization instead of RDA, why do you make this choice?

Customer answers to those open-ended questions have been coded and are included in this report, in the section where they seemed most relevant. All open-ended comments regarding service quality are shown. Both negative and positive comments are included in each section.

RDA Staff Listen and Help

Most (85 to 93%) customers answered “YES!” or “yes” when asked if RDA staff were helpful and easy to work with, and listened to their needs. Those responses were quite uniform across all customer groups. This area generated the most comments. The 58 positive ones show that RDA does well much of the time. The 20 negative comments show that bad experiences linger!



DOING WELL (58)

RDA is always willing to help and better still willing to listen. (Senior DSHS Manager)

Overall, RDA is responsive when asked to do work. (Senior DSHS Manager)

Listens-staff are also curious and self directed often resulting in them doing more than I requested. (Senior DSHS Manager)

Advice. (Senior DSHS Manager)

Make suggestions - "improve my request for information." (Senior DSHS Manager)

Willing to meet and discuss requirements and translate my business needs to their technical terms (Senior DSHS Manager)

Listens, provides input. (Senior DSHS Manager)

Staff is always friendly, responsive, and helpful. (Senior DSHS Manager)

Responds to requests as needed. (Senior DSHS Manager)

Monica Stanley in particular has been invaluable to our unit. She is always ready to help with questions related to EMIS and the development of our program and fiscal review in addition to helping troubleshoot certain data applications. She is helpful and pleasant and demonstrates exemplary customer service. (Senior DSHS Manager)

I don't work with any other organization. I prefer working with RDA because they understand DSHS programs and our research needs and goals. Years ago, when outside consultants were used, we often had trouble bringing them up to speed...and ended up with products and data that missed the mark considerably. (ADSA)

Staff are willing to provide fast response to requests for help, consultation or data, including sampling plan design, methodological issues, questionnaire development, analysis and report writing ideas and samples. (ADSA)

I think one thing RDA does well is how they work with programs upfront to get the background information and carefully identify the specific needs of the program. (ADSA)

Discusses with program to clearly understand the issues and needs for requesting RDA services. They check back and clarify progress with program. (ADSA)

Articulate; commitment to completed products; listen; available to work with. (ADSA)

Very helpful and can speak in English so I know what is being done. (CA)

Responsiveness has been appreciated and willing to take an extra step to experiment on how existing RDA databases might meet a unique data request was greatly appreciated. (CA)

RDA staff...listen well. (CA)

Collaborates. (CA)

High quality customer service ... (CA)

Very flexible and willing to work out an agreement to get the information I need on the schedule I need it. (CA)

Nancy Raiha always makes time to discuss the needs of CA. (CA)

Responsive to all of our requests for assistance. (ESA)

Kathryn Beall has been a great help to me in helping me in understanding some of the complexities involved with the ACES data warehouse. Fred and Vernon have also been of great help to us. (ESA)

I work mostly with Nancy R and one of her staff. She was very responsive and able to flex to meeting our timeframes. (ESA)

Fred Fiedler is always available to provide guidance and expertise on complicated program issues; Kathryn Beall is an incredible analyst and always provides a high level of technical support and information about our program data; Vernon De La Vergne produces our amazing TANF reports; Deb Macy works patiently with us to produce a solid EMIS data report. (ESA)

Answers the phone. (ESA)

The RDA staff I work with are responsive to our needs. They are easy to work with and really do strive to understand our program. I do feel they are valuable members of our team. (ESA)

Staff in this division work with RDA to produce the data needed by the department for reports and analysis. Overall, we are successful and our working relationship is a cooperative one. (ESA)

They are very responsive. (ESA)

RDA staff work well with program staff and are very receptive to program needs. For example, when RDA completed the employee survey for our administration, they adapted the survey to our program needs. (FSA)

Very responsive and organized ... They are willing to listen to needs and provide information on available data. (FSA)

I am able to communicate well with the individual I work with. (FSA)

Great people. Fred Fiedler and Nancy Raiha deserve special recognition. They are very smart and so responsive! (FSA)

Technical assistance: helps define the data I really need; follows through with my requests for data. (JRA)

Collaboration and TA. (JRA)

RDA has been most helpful. RDA staff listen and respond. (HRSA)

RDA has been most helpful to our program. (HRSA)

The staff response I receive from RDA when I have questions is very supportive. (HRSA).

Sharon is absolutely amazing—clone her! (HRSA)

They find my questions and needs interesting. They try to help but are apparently understaffed. (HRSA)

RDA staff are cooperative and responsible when I request data or analysis. (HRSA)

Staff are willing to listen to research and reporting ideas. Share results and allow for feedback and mutually derived conclusions. (HRSA)

Very approachable group of folks (JRA)

Courteous thoughtful people. Nancy Raiha is outstanding. (MAA)

Staff are responsive, capable, and pleasant to work with. (MAA)

Works collaboratively with all stakeholders involved in project. (MAA)

RDA has consistently provided me with requested information about my program, and completed research reports and fact sheets. (MAA)

They help me prepare data reports that back up my program plans. (MAA)

I have access to the people I feel can best help me, and they respond quickly with accurate information or guidance. (Central Admin)

Have patience. (Other DSHS)

Seem to be committed to making information more accessible (Leg)

Appreciate process allowing for input and review prior to finalizing reports. (Other State Agencies)

Customer service. (Other State Agencies)

Responsive. (Other State Agencies)

RDA staff are always willing to help me with data questions. (University)

Staff has been very responsive and timely in answering requests. They have clarified the request to provide exactly what I needed. I have been very grateful for the assistance provided. (University)

They seem genuinely concerned about the quality of their services, and care very much about the work we do at DSHS.

NEEDS IMPROVEMENT (20)

Responsiveness--This is something that staff have commented on in the past, and in some respects, they do not come back for other help. The employee survey process went very well. (Senior DSHS Manager)

Listen to program needs more carefully. Balance research/statistical needs with programmatic needs. (Senior DSHS Manager)

Getting better, but still needs to be more user-friendly. (CA)

Some staff have projects in which they are heavily invested and aren't able to be as objective as would be helpful. (CA)

[Other research organizations] have the expertise I need, the willingness to do it and are customer friendly. (CA)

Keep things simple when engaging with others. Provide alternative solutions. Understand and share longitudinal data processes. (CA)

Because RDA does not respond or follow through. (CA)

Listen carefully to what the program needs. (ESA)

When requesting information to share with other managers I did get the response that it might not be this person's job to help me. Was not appreciated. (ESA)

I think RDA believes it has or can do...yet RDA knows I am a customer, but RDA doesn't know what services I need or use. Why not? (FSA)

Customer Satisfaction - listening to customer needs is critical. (HRSA)

Integrate activities more closely with program areas. Provide assistance in line with agency policies and cross program service areas. (HRSA)

Listen, Training. (HRSA)

Some at RDA are better at answering questions (getting back to us) than others – and those who are better tend to have a very thorough knowledge of both our programs and our needs. (MAA)

Other research organizations are more familiar with my needs and respond quickly and accurately. (MAA)

I'd like RDA to be better able to work with staff who are not researchers by trade. In the IT world there are the programmers and the customer service people. The two don't have the different skills that when combined, maximize the value of the RDA product. (MAA)

Collaborate more with each administration's data analysis staff. (MAA)

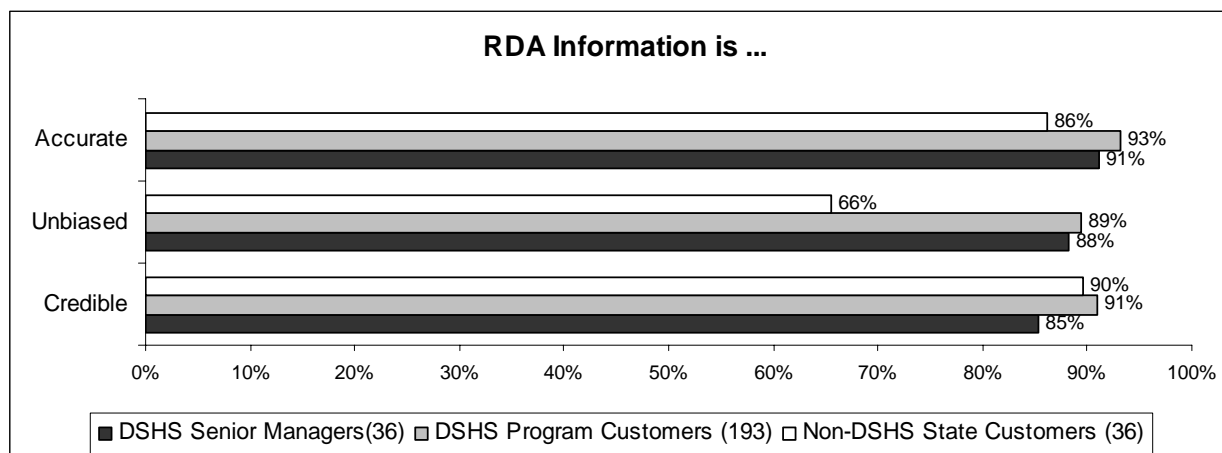
Work more as a partner to the program. Rather than being defensive, work with the program to see how to work it out. (Central Admin)

RDA needs to talk to programs before it barges ahead with surveys. In my case RDA initiated a survey into a group of customers that were already being surveyed by the program. This looked like the department wasn't coordinated. It was embarrassing, as well as irritating and confusing to the customers. (Other DSHS)

RDA is not willing to negotiate what it does, how it does it or when. (Other DSHS)

RDA Produces Well-Written, Accurate, Credible Information!

About nine out of ten customers in each group felt RDA information was accurate and credible. When asked if the information was unbiased, nine out of ten DSHS customers said “YES!” or “Yes”. Customers outside DSHS were less likely to endorse the idea that RDA information was unbiased. Among that group, only seven out of ten said “YES!” or “Yes”.



DOING WELL! (26 comments):

Credible information. Reliable service delivery. (Senior DSHS Manager)

Customer service and reliable easy to read reports. (Senior DSHS Manager)

Clearly provides necessary information. (Senior DSHS Manager)

Research design expertise, multivariate analysis, ACES/MMIS interface analysis. (Senior DSHS Manager)

Provides data re: department programs and services in consistent, user-friendly format. (Leg)

Provides insight and data. (OFM)

Provides unbiased reports and information. (ADSA)

Easy access to other research and data staff to consult with. (ADSA)

Provide unbiased reports and information (ADSA)

Experts and cost effective! (CA)

When information is provided it is typically useful. Often a conversation leads to better data and more useful understanding. (CA)

Provides credible and reliable data for policy development and ACES changes as well as assisting on technical side of ACES programming changes. (ESA)

Everything we have requested of RDA has been of high quality. Their knowledge of federal reporting requirements for TANF and data modeling work in particular is outstanding. (ESA)

I can count on them to team to get the data necessary and in the most accurate way. (FSA)

Answers the telephone & provides responses that are truthful (FSA)

The reports are...accurate and give me the information I require. (FSA)

When it appears that we may not be asking the right question or requesting the correct set of information, RDA staff has provided excellent technical assistance. (HRSA)

Provides statistics that are necessary to obtain in a timely and easy to read format. (HRSA)

Develops evaluation models, and helps us think through the evaluation process. Writes really good proposals and models. (MAA)

Reliable and cogent information about DSHS programs, clients and outcomes. (MAA)

Research is done very well and with high standards. (MAA)

Very professional publications and data analyses. (MAA)

Produce accurate, high-quality information about DSHS clients. (Other State Agencies)

The information is very credible. (Other State Agencies)

Excellent fact sheets, tables, PowerPoint... Great expertise and skill in putting together reports. (Other State Agencies)

RDA responds quickly and accurately when we need data for users and helps us to improve our data quality. (Other State Agencies)

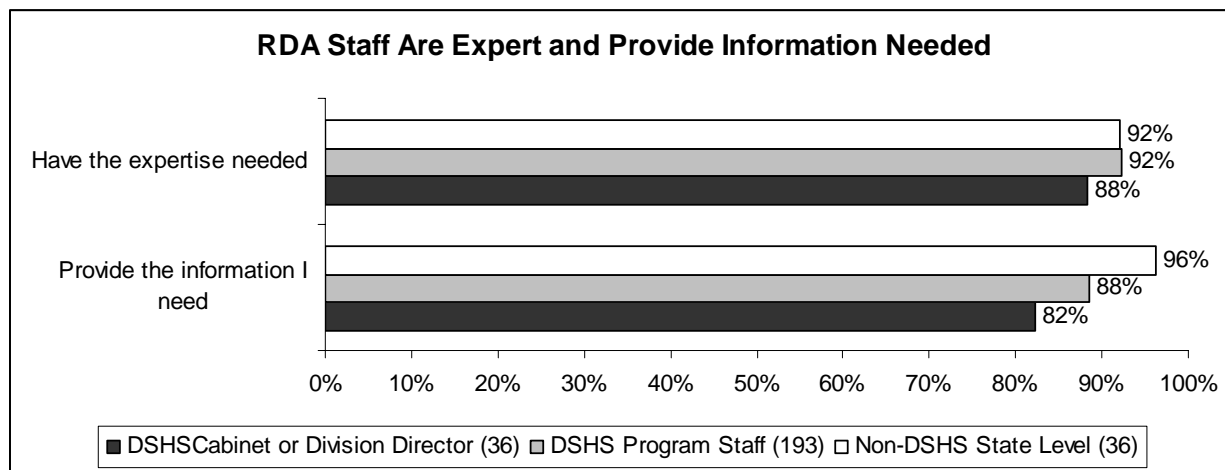
NEEDS IMPROVEMENT (2 comments):

Very little information is useful for our needs. (ESA)

RDA is helpful--my only suggestion is to figure out a way to get more integrated into the budget and policy decisions in the department at the earliest opportunity. (FSA)

RDA Staff are Knowledgeable and Provide Useful Data and Analysis

Nine out of ten customers answered “YES!” or “yes” when asked if RDA had the expertise needed. Eight out of ten senior managers felt RDA staff provided the information they needed.



RDA Has Skilled, Knowledgeable Staff

Thirty-seven customers commented on the technical skills and consulting ability of RDA staff.

DOING WELL (34)

They do everything well. (Senior DSHS Manager)

Staff do well at consulting on unique issues or concerns. (Senior DSHS Manager)

Provides excellent consultation. (Senior DSHS Manager)

Advice. (Senior DSHS Manager)

Research design expertise, multi-variate analysis, ACES/MMIS interface analysis. (Senior DSHS Manager)

Data base development, program evaluation. (Senior DSHS Manager)

The staff are knowledgeable and responsive. (OFM)

Provides insight and data. (OFM)

Great people doing many things very well, and always with grace, humor and technical skills. (ADSA)

The staff I work with are top notch, quality professionals. (ADSA)

Overall knowledge of programs and data sources makes it very helpful and useful to work with RDA staff on program and client issues. (ADSA)

Starting with Liz and Fred on down to the staff who work so well with our program areas, RDA staff listen well, have a passion for the programs they serve, get excited about new ways to use data that make a difference, and are willing to take on new workload when it is for the benefit of the clients we serve. I can't say enough good things about RDA and their staff. The data RDA compiles is done with an eye to using it to make a difference. (CA)

Consultation apropos to outcome development measures. (CA)

Skillful technical assistance. (CA)

Consultation. Working through what is needed. (CA)

The staff provide helpful and thoughtful support and analysis. (ESA)

I like the client data and outcome measurement ideas. (ESA)

Great staff to work with who are dedicated to their work. Willing to travel and work with diverse community groups (ESA)

Experienced SAS programmers to answer questions. Willingness and ability to help. (ESA)

Research design expertise, multivariate analysis, ACES/MMIS interface analysis. (ESA)

They ... know where to find the answers I need. (ESA)

I primarily use RDA as a consultant service and they are always prompt in meeting my needs despite their busy schedules. (ESA)

Very responsive and organized. Staff are knowledgeable and professional. (FSA)

The staff are very skilled and helpful in their interactions. Staff go out of their way to assist. (HRSA)

When it appears we may not be asking the right question or requesting the correct set of information, RDA staff has provided excellent technical assistance. (HRSA)

Gives out guidance on potential research topics. (HRSA)

Consultation. (HRSA)

RDA has some very bright and creative staff. (MAA)

Staff are willing to provide fast response to requests for help, consultation or data, including sampling plan design, methodological issues, questionnaire development, analysis and report writing ideas and samples. (MAA)

A special word of thanks to Fred, Kathryn B and Roger C – all knowledgeable and helpful. (MAA)

Develops evaluation models, and helps us think through the evaluation process. (MAA)

Thoughtful consideration of how to answer questions of interest to us. (MAA)

Help develop research questions and design data gathering and analytical methods regarding complex policy issues. (Central Admin)

Excellent doctoral level people, service oriented. (University)

NEEDS IMPROVEMENT (3)

More concrete examples when giving advice. (Senior DSHS Manager)

[Other research organizations have better] quality of staff and work product. (Senior DSHS Manager)

Have a broader understanding of the implications of research projects. (ADSA)

RDA Maintains and Updates Useful Data Tables and Data Series

Twenty-five customers mentioned the importance of descriptive data tables, reports, or series updates when asked what RDA does well.

Assists in the formulation and presentation of agency wide demographic employee data profiles for performance measure review. (Senior DSHS Manager)

Provides data re department programs and services in a consistent, user-friendly format. (Leg)

EMIS detail. (Leg)

Seem to be committed to making information more accessible. (Leg)

Data analysis and reports. (ADSA)

RDA ... posts the EMIS and HIPS reports. (ADSA)

RDA provides client-level data that can be used to support and monitor the agency's budget. (FSA)

Up-to-date data for program management. (FSA)

Provides referral and placement data for CA. (CA)

Consistent analysis of client information so that numbers can be compared over time and meeting Federal reporting requirements. (ESA)

Provides data. (FSA)

EMIS, HIPS data. (FSA)

Assists in obtaining access to crucial data bases. (HRSA)

Data analysis. (HRSA)

Provides statistics that are necessary to be able to obtain in a timely and easy to read format. (HRSA)

They are prompt in updating information in Dashboard and EMIS. (HRSA)

Responds to inquiries. (HRSA)

Collects updates and reports on performance measures. (HRSA)

The web site is great -- it has shortened the time I used to need to produce my reports. (HRSA)

Client information. (Central Admin)

Data tables. (Other State Agencies)

First Steps data. (MAA)

Diversity reports. (MAA)

First Steps Data is very helpful. (MAA)

First Steps and Take Charge information. (Other State Agencies)

RDA Produces Useful Integrated Data and Information!

RDA's focus on integrated data across the department was clear from thirteen comments.

The CSDB is very useful for integration efforts. (Senior DSHS Manager) Crosswalk client services across different programs. (ADSA)

Provides monthly matching [for client integration]. (ADSA)

We use RDA information to support projects we are working on and to add to the info we already have (i.e., CSDB). (CA)

Working on two-way exchange of data. DCS in CSDB; DCS to receive CSDB data for developing cost avoidance measure. (ESA)

Publishes and distributes data supporting care coordination, particularly medical with mental health and substance abuse issues. (HRSA)

Has a plethora of data available about DSHS clients and services; staff well versed in using these data. (ESA)

Pull multiple data sets together. (HRSA)

Specific studies - e.g. cost offset cross program data Assigning staff to participate in Dept. projects (HRSA)

Reliable and cogent information about DSHS programs, clients and outcomes. (MAA)

RDA has information that makes it possible to look at aggregate DSHS data. (MAA)

Produce data analysis out of CSDB. (MAA)

Has cross-departmental knowledge that isn't widely available in DSHS. (Central Admin)

Provides technical support in producing merged files used to review our program (OFM)

RDA Surveys are Useful!

Thirteen customers specifically mentioned the value of the surveys RDA has been managing for DSHS programs.

The survey results are very useful for evaluating programs, customer service and employee satisfaction. (Senior DSHS Manager)

Designs outstanding surveys. (Senior DSHS Manager)

Employee and stakeholder surveys. (Senior DSHS Manager)

RDA provides analysis for the employee survey, provider survey. (ADSA)

Expertise of Dr. Raiha and others on the floor has been helpful in meeting CA's data measurement and surveying needs. (CA)

Conducts customer and employee surveys. (CA)

The staff have always assisted in creating, managing and implementing surveys in CA. Experts and cost effective! (CA)

They have helped develop a web based survey for my program. Very helpful and can speak in English so I know what is being done. (CA)

Hope to be in 12/04 customer survey. (ESA)

Provides survey information and guidance. (HRSA)

Help received with designing a survey was very valuable. (ESA)

Client survey. (MAA)

Handled broad survey to providers re: services that we didn't have the resources to do. (MAA)

Particular RDA Products are Useful

Six customer comments described particular RDA information products, reports, or interactions that were or had been helpful to them.

RDA developed the cost avoidance formula which demonstrates how valuable this division is to the department. (Senior DSHS Manager)
GIS. (Senior DSHS Manager)

Recent report on mental health treatment cost offsets. (Leg)
IRB discussions. (ESA)
Mapping. (ESA)
Produces monographs on the MH population. (HRSA)

Some Data Products Could be Better!

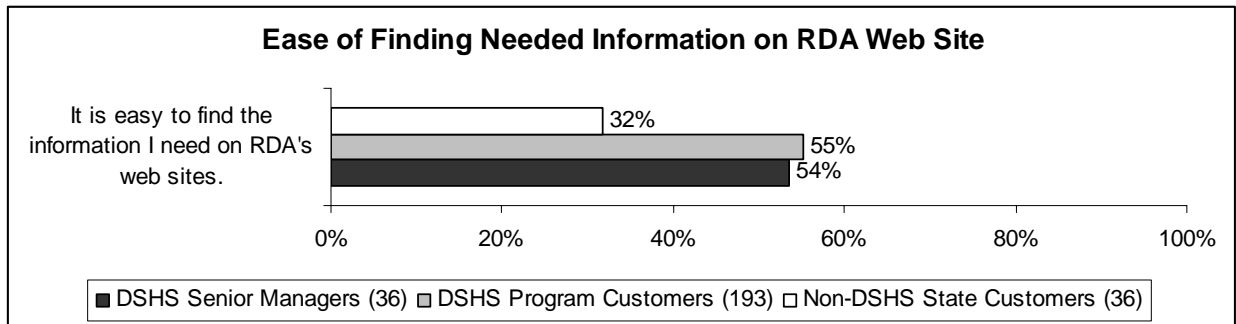
Thirteen customers suggested specific changes and improvements in products, or new analyses that would be helpful to their program.

Assist in the provision of research on evidence based practice in our field. (Senior DSHS Manager)
Allow access to legislative staff to data bases. Provide cross-program and regional information (may be my lack of knowing what to look for). (Leg)
Provide all ADSA MMIS-CL-ID. (ADSA)
Increase administration's representativeness in client surveys (e.g. CA only had about 130 clients surveyed – would be more helpful to have more and have it broken out by region to help us focus and better address improvement needs. (CA)
Conduct more surveys for CA – perhaps consolidate with OCAR and work to meet all DSHS surveying need. If unable to, perhaps take a leadership role to consolidate, simplify and automate, as RDA did for the Employee survey. (CA)
Include DCS in 12/04 customer satisfaction survey. (ESA)
On the EMIS report, I would only like the current FY numbers, not the entire biennium. I keep asking for this. If done, it would create less work for me every month to get the FY numbers. (FSA)

Be able to match provider identities with comments: it's hard to follow up with complaints/issues when we don't know who provided the comments. (MAA)
It would be helpful to have these [First Steps] reports (the ad hoc ones) on line for easy access. I have used the reports that are on the web site for grant applications, but would also like easy access to ad hoc reports provided at First Steps meetings. (MAA)
We should, however, revisit the dashboard and similar sites with metrics. (MAA)
I could have used their ability to generate info from the HRDW but I haven't asked-HRMS will satisfy this requirement. (Central Admin)
It would be beneficial if RDA could collect and run data on turnover rates, trend analysis and other HR data that could assist us in telling our story better. (Central Admin)
Be more explicit in explaining why their data differs from other published data (such as the DOH) and be more collaborative in working with other state agencies/ partners. (Other State Agencies)

The RDA Website Needs Redesign Around Customer Needs

Between five and seven out of ten RDA's customers have difficulty finding information they need on the RDA website. Three comments made it clear that some customers do not know that RDA has a website.



Focus more on immediate data analysis and designing tools to make more data readily available. (Senior DSHS Manager)

Allow access to legislative staff to data bases. Provide cross-program and regional information (may be my lack of knowing what to look for). (Leg)

Allow query access to client cross reference and geo data access. (CA)

I am not aware of all that RDA is capable of doing and confess I was not aware that they had data on a website -- more information on the website would be helpful to know and use data that has been done. (ESA)

Have a published website for its data! (ESA)

Easier access to historical data from the same page where current data is stored. (FSA)

Improve your website...make available First Steps ad hoc reports (particularly those with current data) more readily accessible. (MAA)

More reports and tables on the web! And easier access to materials for PowerPoint presentations. Also, some joint planning with MAA and DOH on reports/tables/analyses needed each year. (Other State Agencies)

Provide FSDB information on web.(Other State Agencies)

Better data availability on Inter/Intranet. More drill down and detail data, especially at county level would save a lot of special requests to Fred et al, esp. with regard to CSDB. Also better integration of ancillary data sets such as OFM, OAC, and external DASA and MHD data bases, and having that available on the web would be terrific, as would more ad hoc query capacity. (University)

Mapping and Geographical Analysis Need Improvement

Customers want more and better maps, more geographic analysis, and better attention to their mapping and geographical analytic needs.

Map services have been a bit more challenging and we've resolved to finding other ways to get maps if possible. The previous map developer as well as the current one seem a bit more concerned with their thoughts about the maps than my needs.(Senior DSHS Manager)

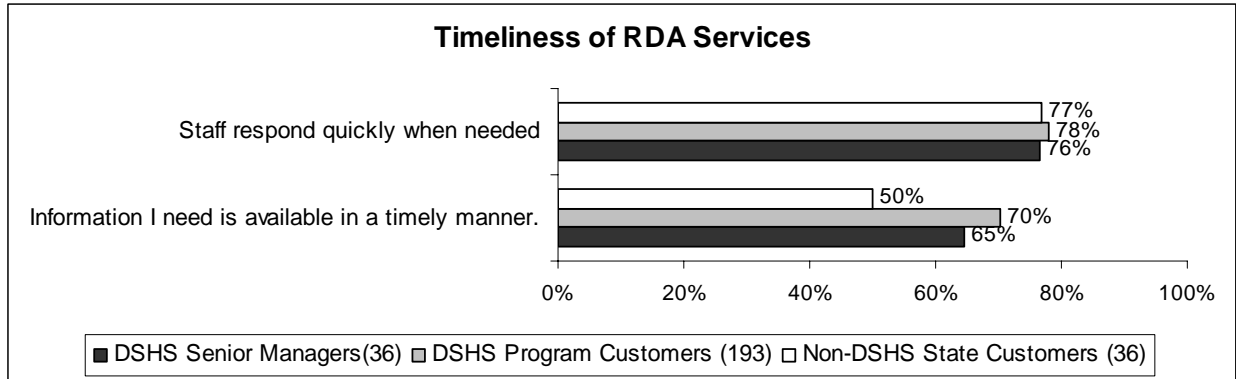
The geography folks have been far more challenging to work with. Have a better geography/cartography section if this will stay with RDA. (Senior DSHS Manager)

Advertise geography mapping capability - I could use that right now. ... I need to know how much you cost - like how much would it cost to do some geomapping of one health care measure? (MAA)

Development of the proposed GIS data system that would include all DSHS licensed beds. Central Admin)

Timeliness can be a Problem

Almost eight out of ten customers said RDA staff responded quickly when needed. However, between five and seven out of ten said that RDA information was available in a timely manner. More comments on timeliness were negative (24) than positive (14).



DOING WELL (14)

Clearly provides necessary information in a timely manner. Senior DSHS Manager

Timely response. (Senior DSHS Manager)

Staff are willing to provide fast response to requests for help. (ADSA)

Provides information I need in a timely manner. (CA)

They are always prompt in meeting my needs despite their busy schedules. (ESA)

Gets my reports to me in a timely manner. (FSA)

The reports are timely. (FSA)

Gives me what I need in a timely manner. (FSA)

RDA data searches are done in a timely manner. (HRSA)

The RDA staff ... responds in a timely manner. (HRSA)

Provides statistics that are necessary... in a timely and easy to read format. (HRSA)

Completed requested task in timely manner. (MAA)

They respond quickly as the need is identified. (Central Admin)

Timely data analysis and well-written reports. niversity)

IMPROVING AND COMPLEX (2)

Lag time is always an issue, but the tradeoffs of time and quality are complicated. (MAA)

Of course we would all love to have shorter data lag in what they compile, but that's not likely doable. I know the lag has decreased dramatically over the last few yrs. (CA)

NEEDS IMPROVEMENT (24)

Getting products in a timely manner is RDA's great weakness. (Senior DSHS Manager).

More timely data (Senior DSHS Manager).

Timeliness (Senior DSHS Manager).

More timely. (Senior DSHS Manager).

Sometimes follow through is slow. (Senior DSHS Manager)

Speed up CSDB. Old data is frustrating. (OFM)

Availability of timelier data (out of ejas in particular). (OFM)

The information that is most useful is cross program information, the problem is that the information is frequently years old. I am told this is because of the difficulty of getting the financial information perfect. I'm not looking for perfect. (Leg)

More timely EMIS data turnaround. (Leg)

Time constraints. (ADSA)

Respond with a proposed timeline for completion. (ADSA)

More timely. (ADSA)

Provide timely responses or at least inform as to what timeline information will be provided. (CA)

Time. (CA)

Occasionally we have gone outside because RDA did not have the capacity at that time. (CA)

Provide information in a more timely manner. (ESA)

Quicker response and follow through to program evaluations. (ESA)

I get my information faster. (ESA)

They get me the information I need, but sometimes it takes them a loooooong time. (ESA)

Respond quicker. (ESA)

Get back to me sooner. (JRA)

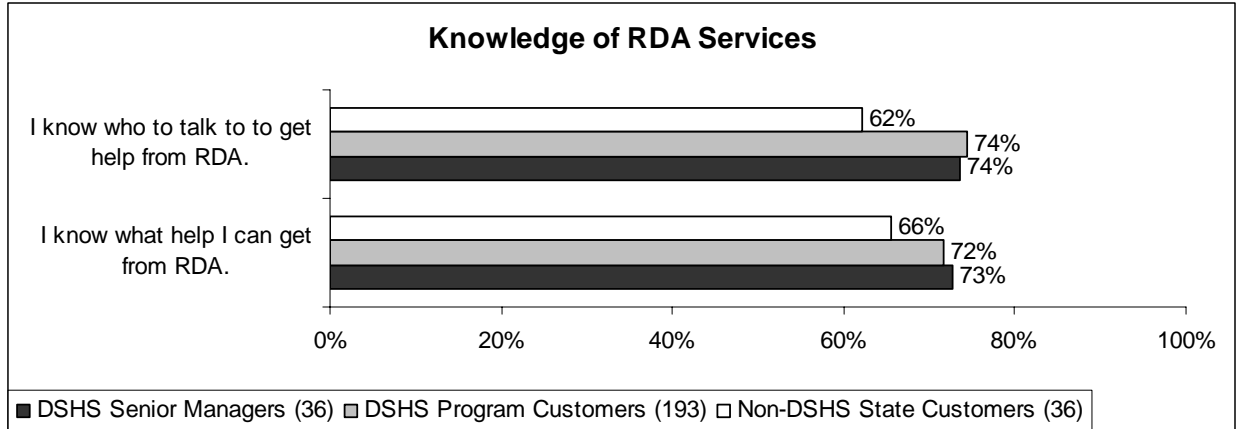
Timeliness – reports have too much lag time, especially the provider survey. (MAA)

Get information to us a bit faster (MAA)

Timeframes, availability of staff (MAA)

RDA Needs to Explain What Services Are Available

Only six to seven out of ten customers answered “YES!” or “Yes” when asked if they know who to talk with at RDA or what help they could get from RDA. Thirty-two customer comments suggested that RDA should market its data and services to its likely customers.



More presentations about what they can do for administrations. (Senior DSHS Manager)

List resources (outside databases) that are available to them that could allow gaining additional information about the clients we serve. (Senior DSHS Manager)

Familiarize me on what data & services are available. (Leg)

Explain what services they offer and their prices. (ADSA)

Promote your research services and prior work products for current access. (ADSA)

Provide opportunities for brainstorming how RDA could be of a greater service. (ADSA)

Not sure what RDA offers. Maybe a little more advertisement of what is available through RDA. (ADSA)

Provide more PR on services offered to DSHS Agencies. (ADSA)

I would like to know more about what is available from RDA. I might be able to use them more. (CA)

Send me a list of available services & how to access them. (CA)

You folks are invisible to field offices. (CA)

Meet and discuss needs more often. (CA)

Create an overview of services/consultation that can be provided and who to contact for what. (CA)

Provide information re what's available. (ESA)

Offers and the costs associated with certain services. (ESA)

I'm never sure what information RDA can provide, a list of possible services would be helpful. (ESA)

Post an intranet staff list with areas of responsibility to assist with determining who I need to contact. (ESA)

More info about who is who & appropriate contacts. (ESA)

Provide a list of people at RDA and describe their knowledge/expertise. At times, it has been difficult to find the right person to contact over there. (ESA)

Tell me more about what they can do to assist me with my research need. (FSA)

Be more clear about the services available. (FSA)

Provide an easy to find RDA contact list on your website. (FSA)

Outreach. I know no one needs more work but earlier involvement would work well for RDA and for the parts of the agency that use it. (FSA)

I don't know what products you can provide. Market yourself. Is there a cost for your services? (FSA)

I would like a listing of all information collected by RDA and other DSHS areas. (FSA)

Let me know what you can do and how it is paid for. (HRSA)

A newsletter of services? (HRSA)

Don't really know what is available. (HRSA).

Who can I talk to about what service? (MAA)

Assist administrations in knowing what is available. (MAA)

Publicize its services. (Central Admin)

Better knowledge of data collected & available. (Central Admin)

Provide information on who to contact for what type of information. (Other State Agencies)

Work more closely with community level customers (e.g. local public health jurisdictions) to generate data and reports that are relevant and useful for them. (Other State Agencies)

RDA Chargeback Policies and FTEs

Thirty customer comments addressed cost and FTE issues. Some suggest that RDA permanent staff (who can work free of charge to DSHS programs) are too scarce to be reliably available (“Can’t squeeze blood from a turnip!”). And DSHS policies to supplement those permanent staff with project staff, whose salaries and benefits must then be charged to RDA programs, can be annoying, unaffordable and result in untimely delays.

RDA does a good job but is hampered by the requirement to charge programs for FTEs. The department needs to work to have RDA become exempt from FTE requirements and let them do what is necessary as long as the money is there. (Senior DSHS Manager)

If lack of funding was not a continuing issue we would have additional research and analysis done by RDA. (Senior DSHS Manager)

Choice to use research alternatives other than RDA generally come down to receiving information for free, or practically free. (Senior DSHS Manager)

I wouldn't go elsewhere because RDA is excellent and the price is right (free). (Senior DSHS Manager)

Sometimes [we use outside researchers] because RDA may not have an available staff person with expertise we need; sometimes... we don't have the FTE to pay RDA even though we have the money. (Senior DSHS Manager)

Cost. (Senior DSHS Manager)

Better charge structure. (Senior DSHS Manager)

Less costly. (Senior DSHS Manager)

Be available in a more timely way without having to charge. (Senior DSHS Manager).

Provide staff who I can borrow to work on projects that I don't have time to complete myself when I don't have an FTE for hiring purposes or have the time to recruit someone. (ADSA)

Availability of RDA staff. (ADSA)

Occasionally we have gone outside because RDA did not have the expertise available at the time. (CA)

Only reason I can think of in the future [not to use RDA] would be cost. (CA)

I believe TA is often hampered by multiple priorities and lack of sufficient resources to assist the field. (CA)

Currently, I use both - one has the funding to do the research we need - RDA does not. (ESA)

Expand capacity. (HRSA)

Can't squeeze blood from a turnip. (HRSA)

They try to help but are apparently understaffed. (HRSA)

Funding. (HRSA)

Cost. (HRSA)

Availability of RDA staff time. (HRSA)

Have a larger group of research collaborators available, and know what grants might be available to explore areas of mutual interest. (HRSA)

Should be funded on a permanent basis so we don't have to compete for scarce resources. (MAA)

Respond to all our calls and questions! (MAA)

Get more resource.s (MAA)

Increase federal match for services. (MAA)

They get funding to help us (i.e. grants). If they bring their money and staff to the issue, it's difficult to say no. (MAA)

Stop asking for FTEs and make better use of existing FTEs; demonstrate direct value for each FTE funded. (no workplace info)

Sometimes it is not clear whether the agenda is to inform or compete for scarce resources. (University)

If RDA does not have capacity within timeframe needed. (Other State Agencies)

WHY USE OTHER RESEARCH GROUPS?

Why Use Other Research Organizations?

We asked these customers to tell us, if they used other research organizations, why they used them rather than RDA. A few (12) said they did not use other research organizations.

I don't. They charge. (Senior DSHS Manager)

We have not made this choice. (Senior DSHS Manager)

No. They know what data I need and how to find it. (ADSA)

I don't do that. (ADSA)

There are no others that can provide the info I need. (HRSA)

I don't. (HRSA)

Haven't done so outside of WSIPP projects. (JRA)

Doesn't happen. (MAA)

I've never made that choice. (MAA)

I don't choose to use other service. (MAA)

I have never made that choice. (MAA)

The only 2 times I have done so is when RDA brought in the other entity for assistance, or the other was brought in by OFM. (MAA)

For those who did use other research organizations, some essentially said “better customer service, more timely, more cost-effective”. Those answers have been subsumed under those topics in the previous sections.

However, some answers were not related to something RDA does badly, but simply to some constraining facts about human service policy and funding. Sometimes internal research groups have local program knowledge and can be prioritized directly by the program. Sometimes other research organizations have specialized expertise that RDA lacks. And sometimes external credibility is needed.

Programs Have Internal Research Groups with Program Knowledge

Fourteen customers pointed out that they have internal research groups, with detailed program knowledge, face-to-face contact, and (often) similar levels of expertise to RDA researchers. Once they are there, they cost nothing additional, whereas RDA charges for research support.

We have a great research organization within our administration; we can get similar information without paying. (Senior DSHS Manager)

We must go through our Decision Support section to produce data that goes outside of ADSA. (ADSA)

Local staff are within our building, face to face contact reduces errors of communication. (ADSA)

I use the decision support unit in ADSA or make an IT request thru MSD/ADSA. (ADSA)

We have an internal assessment group which handles most of our needs. We call on RDA when it has department-wide implications. (CA)

Children's Administration provides the program research I need. (CA)

CA has its own research unit - OCAR. It is unclear sometimes as to who to contact for assistance, OCAR or RDA - and will contacting one over the other result in stepping on toes, etc. (CA)

In-house research and data -- they use RDA if needed to answer my questions. (CA)

CA has its own research section. University based researchers have valuable program knowledge. (CA)

Internal data people have been tapped for similar research before. Also RDA is busy so I ask when it is related to ACES, federal reporting or for data not available or internal data staff are not able to pull. (ESA)

We do our own research and reports. (HRSA)

We have in-house PHD level analysts who provide excellent analytical advice. (MAA)

To stay closer to the programs and be able to apply research and analyses to help with program results/improvements in a more direct and timely fashion. (MAA)

Sometimes it is more appropriate to request data from ESA-DEAP. (OFM)

Other Groups Have Expertise RDA Lacks

Twenty-nine customers said other groups may have expertise or access to data that RDA lacks.

The organization has specialized knowledge. (Senior DSHS Manager)

Subject matter experts. (Senior DSHS Manager)

Has the info I need (WSIPP). (Senior DSHS Manager)

Sometimes the outside organization has the expertise. (Senior DSHS Manager)

More experience in the program area. (Senior DSHS Manager)

Specialization. (Senior DSHS Manager)

Sometimes, data are available from alternative sources. This decision usually reflects the fact that I have personal relationships with staff from these organizations (and do not have a personal relationship with anyone from RDA). (Leg)

I worked with every state agency to document performance progress. RDA is the expert on DSHS; expertise for other agencies resides in those agencies. (OFM)

Specific knowledge (OFM)

The special expertise another organization may hold. (ADSA)

Existing contracts with other agencies ... or specific expertise of the contractor. (ADSA)

Cost, expertise in a particular subject. (ADSA)

When they have a better product. (ADSA)

Expertise available from the other research org; links to other research bodies the other organization has. (ADSA)

Data availability, RDA doesn't have OSE yet. (CA)

If they have different information than RDA does. (CA)

The other organization has specific data that I need and RDA does not compile it, or more specialized and detailed program knowledge. (CA)

Longitudinal data covering issues that RDA doesn't in their standard reports, such as time on & off assistance or characteristics of those on assistance. (ESA)

They have data outside of RDA's scope. (ESA)

They are the source of the data needed. (FSA)

Because they provide something RDA doesn't normally provide, e.g. training or specialized focus on the community. (HRSA)

Ethnic-specific research. (HRSA)

Range of knowledge in specific areas (HRSA)

Expertise, primary data collection capabilities, relationships. (HRSA)

Availability of information. (HRSA)

Either RDA doesn't "do it" or another organization may specialize in a particular area needing research information. (Central Admin)

If data is available in-house. (Other State Agencies)

Direct access to data. (Other State Agencies)

Different styles and expertise. (Other State Agencies)

Outside Credibility is Needed Sometimes

The need for external credibility or legislative requirements for external review was mentioned 14 times.

Ordinarily I would work with RDA. Since RDA is part of DSHS, however, if I felt the connection with DSHS would get in the way of the Legislature accepting the research, I might use a different research organization. It would be rare, however. (Senior DSHS Manager)

Other times a research organization outside of DSHS will appear more credible to the legislature and others. (Senior DSHS Manager)

Independence from state government. (Senior DSHS Manager)

Need for outside DSHS analysis for political considerations. (Senior DSHS Manager)

It's pre determined. (Senior DSHS Manager)

Legislature directs us. (Senior DSHS Manager)

Sometimes it is legislatively mandated. (Senior DSHS Manager)

Most often when an "outside organization" is required either for the perception of neutrality, or because expertise and credibility are readily available from another organization. (ADSA)

Political credibility. (HRSA)

The non-DSHS group we work with has a high profile in the Legislature as an independent, high quality organization. (JRA)

Mandated usually. (JRA)

Federal regulations requiring an outside entity. (MAA)

Federal regulations requiring an independent entity (non-governmental entity). (MAA)

Independence from state government. (MAA)

CONCLUSIONS AND ACTIONS

The customer survey shows that RDA provides accurate, credible, helpful information that is used by DSHS senior managers to describe their programs (61%), plan program policy (50%), and monitor, measure and evaluate DSHS programs (39%, 36%, 31%). RDA has excellent staff and provides generally good customer service. The helpfulness and creativity of RDA staff are notable in the comments, and it is important to continue to do everything possible to preserve that.

Three areas of improvement are clear and can be achieved within RDA's current levels of staffing and resources. We will take the following actions to improve them.

- **Revision of our Website:** The RDA external website needs to be reorganized, to suit our customer needs better. A committee is now working on that. We are also discussing with Financial Services Administration whether we should merge our website maintenance.
- **Information About RDA:** RDA needs to create a simple product that describes our services and chargeback policies (particularly when and how the chargebacks kick in). Then we need to schedule meetings with each administration to discuss that product.
- **Geographic Analysis:** RDA has hired two new people to replace those who left in August. Those people are both geographers: one is a Senior Research Manager with a PhD in Geography and one is an expert GIS programmer. They have been charged with improving our geographical analysis capability and ability to help DSHS programs.

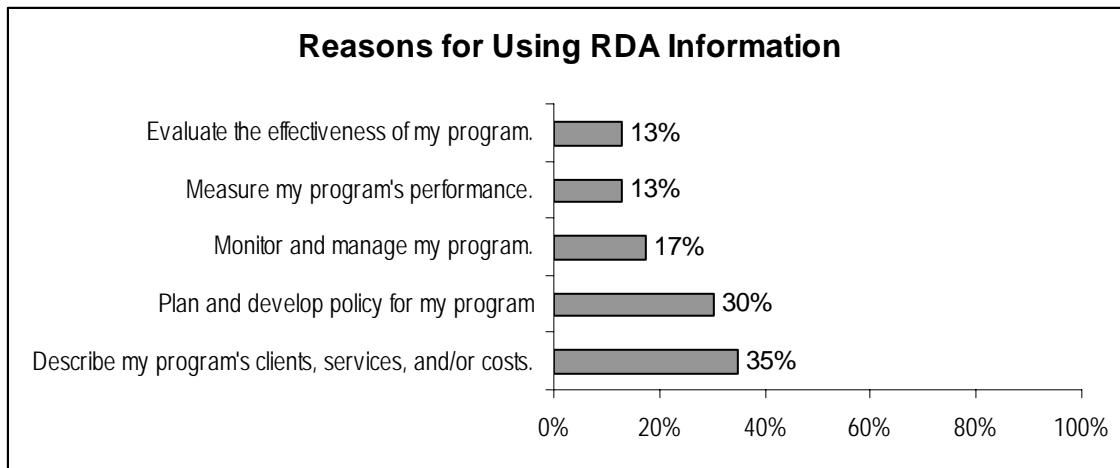
The last two areas cannot be improved within RDA. However, the following actions will be taken together with other parts of central administration.

- **FTEs:** RDA chargeback of FTEs is based on fourteen year old policy. RDA will work within the central administration to see if that policy can be changed to allow contract research work in RDA to proceed with funding but without FTEs.
- **Timeliness:** Improving timeliness of information response requires added central resources. These staff and dollars are needed to build integrated databases containing outcome and key program service information in advance, which can be mined quickly for emergent policy questions. They are also needed to provide more policy researchers to do the mining. RDA and the Chief Financial Officer are currently trying to work the budget to get these resources assigned to us.

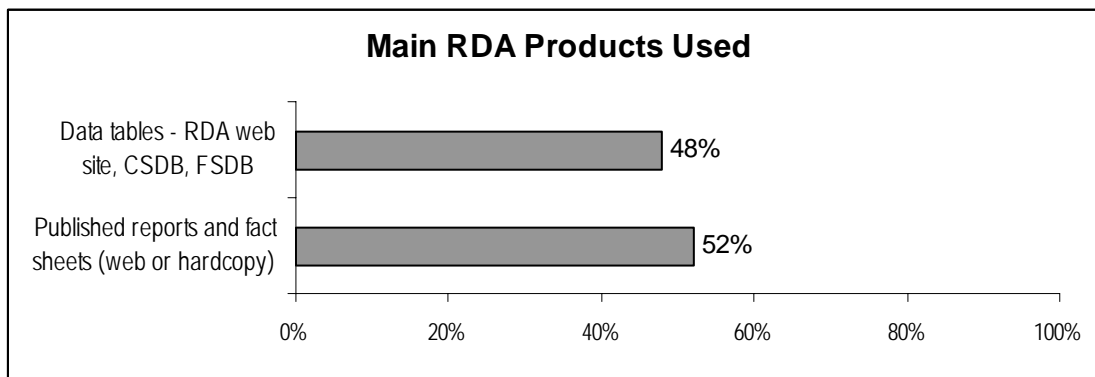
APPENDIX A: LOCAL GOVERNMENT ISSUES AND ANSWERS

Twenty-three customers who answered the RDA customer survey worked in local government – almost all for local health departments. Their answers to the survey questions are summarized below.

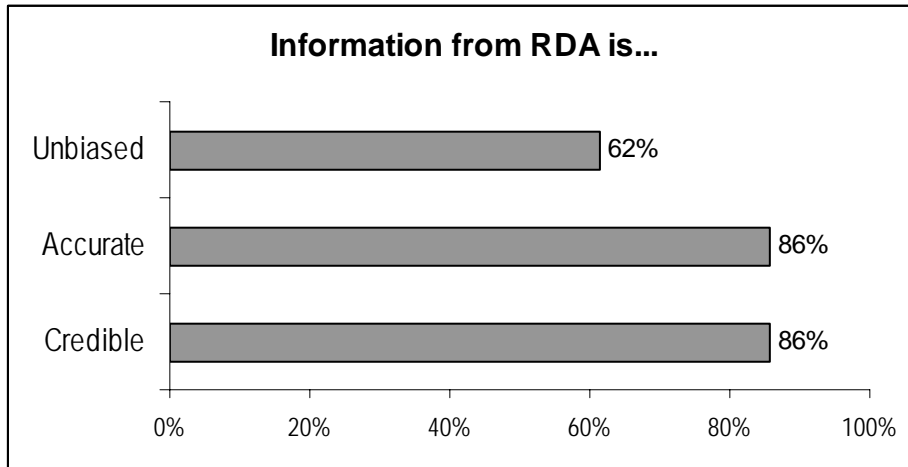
About three out of ten local customers used RDA information to describe their program's clients, services and/or costs, or to plan policy for their program. Between one in ten and two in ten used RDA information to evaluate, monitor or manage their program, or measure its effectiveness.



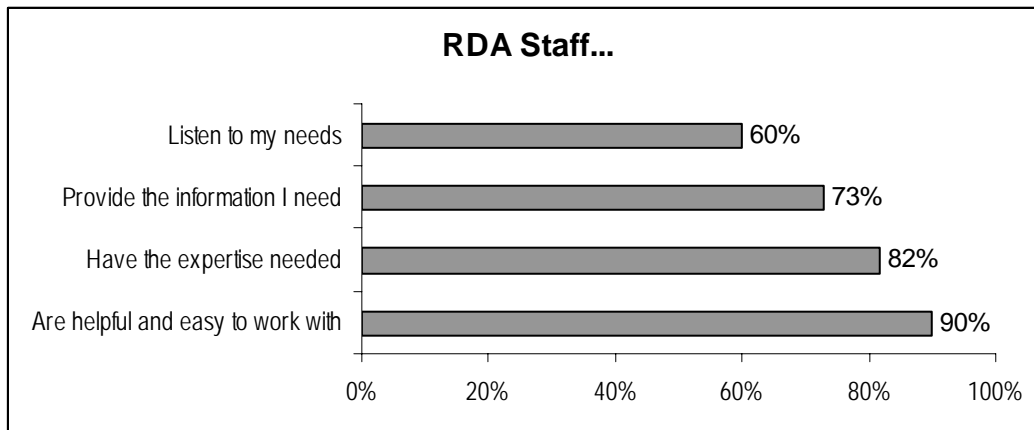
The RDA products used are primarily data tables and published reports (about one in two local customers use each form of data).



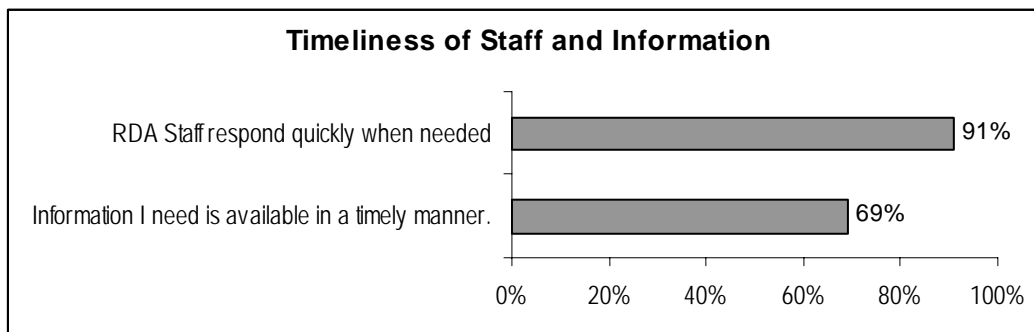
Almost nine out of ten local customers agreed that RDA information is credible and accurate, but only about seven out of ten perceived it as unbiased. This is similar to the "state-level non-DSHS" perception in the overall survey. It suggests that customers outside the agency tend to think of internal information as automatically biased towards DSHS.



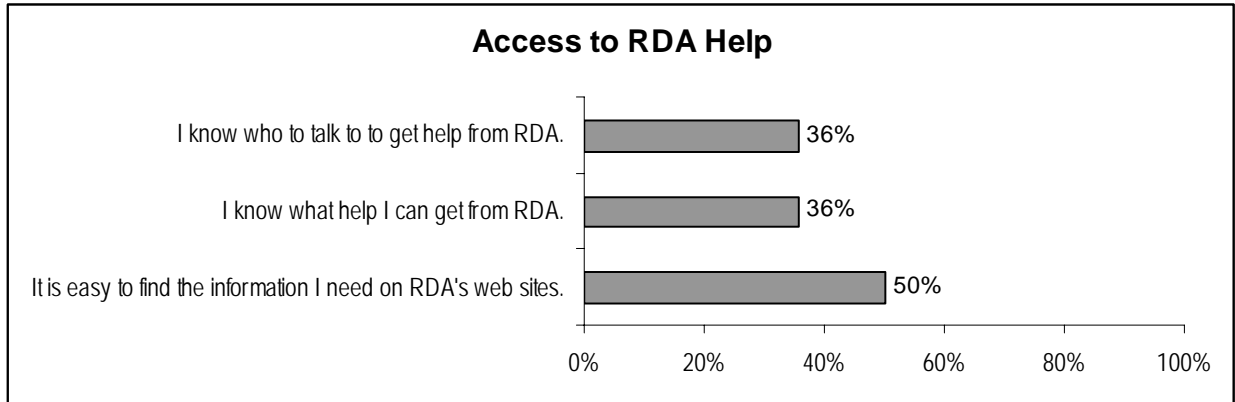
RDA staff are perceived as helpful and easy to work with by nine out of ten local health department customers. Eight out of ten feel that we have the expertise needed. Seven out of ten said we provide the needed information, and six out of ten said we listened to their needs.



Nine out of ten local customers say RDA staff respond quickly when needed; seven out of ten say the information they need is available in a timely manner.



Only one in three local customers knows what RDA can provide for them, or who to talk to there. One in two says RDA web information is easy to find.



What do local customers say when asked what RDA does well to meet their needs? They like the website; the fact that we answer questions about our data, and they like First Steps!

Putting Data on the Web

Having the publications and tables online is great. It can be hard sometimes to find what I want, even when I know it is there somewhere. (Local Health)

They post recent work in a timely manner, they update the tables of DSHS program usage in a timely manner. (Local Health)

I don't have that many needs, but the few people I have talked to have been helpful and the data online is helpful. (Local Health)

I've only experienced using data available online and it's met my needs (Local Health)

County specific data is available via the web (Local)

RDA Staff Answer Questions About Their Data

They have always been willing to help me find the information I am looking for and take the time to explain the limitations of the data. Thanks I appreciate it. (Local Health)

Responds to questions and staff are willing to shares their expertise (Local)

Responsiveness is timely and accurate (Local Health)

First Steps Data Reports

The reports on the First Steps data helps us to compare ourselves to others as well as attempt to project forward staffing and planning needs (Local Health)

First Steps data (Local Health)

What would local customers like to see RDA change? More marketing of RDA services, provide more and clearer data on-line, and get more resources!

Market RDA:

Tell us more about themselves, market the services available to program level staff instead of administrative staff. (Local Health)

It would be nice to meet some RDA folks and find out what info they have available to them, and how we could partner with them to either get some data sub-sets or learn how to request specific data run (Local Health)

Advertise ability (Local Health)

More information about the data services that are available from RDA (Local)

Not all may know who they are and what they do (Local)

Perhaps be more available to programs that are not directly funded through DSHS. (Local Health)

Provide More Data, More Detail and Be More Concise:

Offer downloadable datasets that contain no personally identifying information so that we could do our own analysis of the data (Local Health)

Give data tables along with reports, as these are most readily interpretable to those who know data. Also, give clear explanation of methods. (Local Health)

My needs focus on finding descriptive public health data. I find relevant RDA reports to be lacking in clarity and being concise. (Local Health)

Get More Resources:

Clone some of the employees (Local Health)

APPENDIX B: SURVEY QUESTIONS AND RESPONSE CATEGORIES

The survey instrument addressed issues of quality, usefulness, customer service and barriers to service.

The first three questions had yes/no answers. These were:

1. What are the main services or products you and your program have used from RDA in the past two years? (Mark all that apply)

- I don't currently use RDA products or services. (If yes, Skip to Question 7)
- My program funds research projects, and/or sponsors grant applications that are accomplished within RDA.
- RDA works with us on client, provider, employee, stakeholder and/or public surveys pertaining to my program.
- I ask RDA staff to find or analyze specific data for my program (ad hoc data requests - no payment).
- I receive consultation from RDA.
- I ask the RDA geographic section to produce specialized maps for my program.
- Other (please describe)

2. What are the main products you use from RDA? (Mark all that apply)

- Published reports and fact sheets (web or hardcopy).
- EMIS, HIPS and/or Dashboard.
- Data tables - on the website, from CSDB, from FSDB.
- Other

3. I use RDA information to ... (mark all that apply)

- Plan and develop policy for my program.
- Describe my program's clients, services, and/or costs.
- Monitor and manage my program.
- Measure my program's performance.
- Evaluate the effectiveness of my program.
- Other (please describe)

The next set of questions asked respondents to define a level of agreement with statements about quality, usefulness and customer service attributes, using a scale that had five positions, ranging from "YES!" to "NO!" Those statements were:

4. RDA Staff...

- Are helpful and easy to work with.
- Provide the information I need.
- Respond quickly when needed.
- Listen to my needs.
- Have the expertise needed.

5. Information from RDA

- Is accurate.
- Is credible.
- Is unbiased.

6. Working with RDA

- I know what help I can get from RDA.
- I know who to talk to to get help from RDA.
- It is easy to find the information I need on RDA's web sites.
- Information I need is available in a timely manner.
- Overall, I am satisfied with services from RDA.

Finally there were three open-ended questions.

7. What does RDA do well to meet your needs?
8. What could RDA do better to meet your needs?
9. When you choose to work with another research organization instead of RDA, why do you make this choice?



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