

2009 Client Survey DSHS Clients Speak

July 2009
Report 11.141



RDA Research & Data
Analysis Division

DSHS

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Title: 2009 Client Survey: DSHS Clients Speak

Abstract: Between October 2008 and April 2009, DSHS surveyed 1,217 clients who received services during state fiscal year 2008 (July 1, 2007 to June 30, 2008). These clients were asked about their satisfaction with DSHS services and recommendations for change. The great majority of clients expressed satisfaction with DSHS services and their interactions with DSHS staff. Clients who complained often reported trouble accessing services, problems with staff, lack of providers, or other unmet needs. The economic downturn presents additional challenges for DSHS leadership. They must balance increasing need, decreasing resources, the need for streamlined services, and some clients' need for intensive, individualized service.

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DSHS . . . Improves the quality of life for individuals and families in need in Washington State

DSHS currently serves
one in three state
residents



RDA . . . Brings data and analysis to the decision making agenda:

- Better work process
- Better decisions
- Better outcomes

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The appendices listed at left and a complete list of all comments can be found accompanying this report on the RDA website:

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Highlights of the Survey



Survey Facts

The 2009 Client Survey is the sixth in a series of agency-wide client surveys initiated in 2001.

- The survey was conducted between October 2008 and April 2009.
- **1,217** clients were interviewed by phone.
- Clients were randomly selected from DSHS programs, and were asked about all DSHS services they utilized.
- The **84%** completion rate is extraordinarily high. DSHS clients are often transient and difficult to locate.
- The cooperation rate is also high. Of the clients who could be contacted, **96%** completed the survey.

The Big Picture

Overall Satisfaction: Most DSHS clients are satisfied with both services and staff

- **Helpful services.** Most clients appreciate DSHS services. Many say DSHS has improved their lives by providing much-needed stability and support.
- **Respectful staff.** Most describe DSHS staff as courteous, understanding, and responsive.

DATA HIGHLIGHTS

- ▶ 89% of clients said programs are helpful and 85% say DSHS does good work. General satisfaction with DSHS programs and help has *improved since 2001*.*
- ▶ The most common response to the survey's open-ended questions was appreciation for DSHS helpfulness. More than half of the respondents praised the quality and helpfulness of DSHS or program services.
- ▶ Satisfaction with staff courtesy, respect, understanding, listening and explaining has *improved since 2001*. * Less than 5% of clients gave negative answers to any of the staff-related questions.
- ▶ With DVR waiting lists gone, 78% of DVR clients said that "DVR does good work" – up 32% since 2007.
- ▶ Positive comments about DSHS staff outnumbered negative comments.

Room for Improvement: Some situations and encounters cause individuals to be less satisfied

- **Difficult access.** Clients complain about difficulty getting appointments, slow response to emergencies, hours of waiting in lobbies, unanswered phone calls, long wait lists, senseless bureaucratic requirements, and complex, redundant paperwork. Some find it difficult to know what programs and services are available – and whether they qualify.
- **Unmet needs.** A few clients feel that their needs aren't recognized or met – or that arbitrary rules keep them from getting needed assistance. Some feel that they are penalized for going to school, getting a job, or dealing with physical or mental health problems that keep them from complying with DSHS requirements. Some complain that they get fewer or slower services because they are childless, single, male, white or previously employed.
- **Problems with staff.** Clients sometimes encounter staff who appear rude, condescending, unresponsive, or uncaring. DSHS workers can seem too busy to listen or help.
- **No available providers.** Some clients are unable to find a provider who will take coupons for needed medical, dental, mental health, or specialty care.

DATA HIGHLIGHTS

- ▶ More than one-third of the respondents made suggestions for improving processes and/or access to services.
- ▶ 13% said "No" to "Is it easy to get services from your DSHS program?"
- ▶ 15% said "No" to "Do DSHS staff return your calls within 24 hours?" – although a concerted campaign in Aging and Disability Services increased the number of Long-Term Care clients who said "Yes" from 76% in 2007 to 91% in 2009.*
- ▶ 9% reported that there had been a time when they felt DSHS staff treated them unfairly because of disabilities, race, gender, age or related issues.
- ▶ 8% of the 862 medical assistance clients who took the survey spoke up spontaneously to complain about difficulty finding providers who accept medical coupons.

Key Issues

Social services in a time of economic distress

In this time of diminishing state resources and increasing needs, the survey highlights a number of issues for DSHS leadership.

Stress on the System. This survey was conducted before all the cuts associated with the current recession were implemented. However, the findings do show signs of economic stress. Economic Services and Medical Assistance clients report less timely service. There are also an increased number of disgruntled child support clients. As both custodial and non-custodial parents lose employment or suffer cutbacks, custodial parents demand that DSHS find the deadbeat parent and force payment. Non-custodial parents plead for DSHS leniency and understanding, and fear that losing their license because of non-payment will make it even more difficult to get a job and pay support.

New clients. After years of supporting state and federal helping agencies through taxes, many newly unemployed or underemployed look to those same agencies for assistance. Some find the system baffling - difficult to find a program that offers help and to understand its restrictions and requirements. Those who do successfully navigate the system can be shocked by the limitations of the social welfare safety net.

Access through new technologies. As demand for services and information increases, and staffing decreases, technology offers a number of useful methods to streamline client transactions. However, technology can also present obstacles to some of our most vulnerable clients. Many are frustrated by automated phone systems, and are unable to access or use the Internet.

Identifying high risk/high cost clients. Many clients want and need quick, consistent, impersonal service – efficiently delivered through call centers or online. However, complex situations require coordination, individualized service plans, and consistent contact with a worker familiar with the case. DSHS managers must find a way to provide quick, efficient services for routine transactions – and a way to identify those clients who would benefit from more intensive case management, reducing risks and costs.

DATA HIGHLIGHTS

- ▶ 74% of clients said they got services as quickly as they needed – *a significant downward trend, especially in economic services and medical assistance.**
- ▶ Satisfaction with child support services has decreased. 20% fewer non-custodial Division of Child Support clients say that their program does good work. More than half of child support clients made suggestions for improving program processes.
- ▶ Only 64% of clients said they know what program services are available – *down from 2001 and 2007.**
- ▶ Nearly 1 out of 5 clients find it difficult to reach a live person when they need to. In programs providing income assistance and child support enforcement, almost 1 out of 3 report difficulties reaching a live person.
- ▶ One quarter of the survey respondents reported that they do not have Internet access; only about half can access the Internet from their homes.
- ▶ Many client comments addressed the need for individualized attention and service planning, and for a single familiar caseworker. Children’s Administration has started several initiatives to increase client involvement, resulting in a 40% increase in clients who said they helped make plans and goals about service.
- ▶ Coordination has improved. 74% of clients said that staff from all DSHS programs work together as a team to get needed services – *up from 2007.**

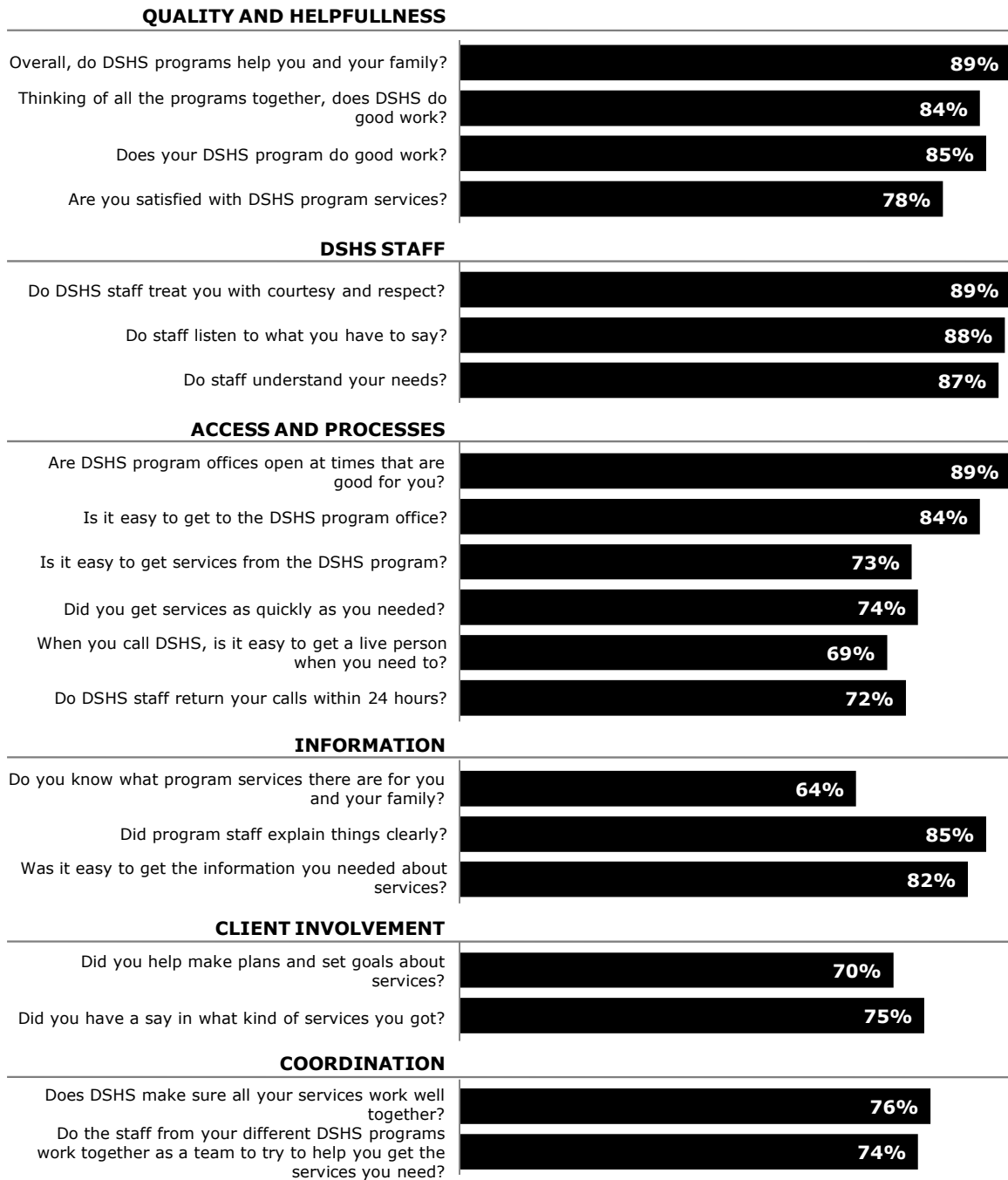
* Changes are reported only if statistically significant at the .05 level.

Survey Results at a Glance

The survey analysis is based on two types of questions. The answers to the 20 standard questions are summarized in the chart below. The chart on page 5 summarizes the narrative responses to the three open-ended questions.

2009 Client Survey satisfaction rates

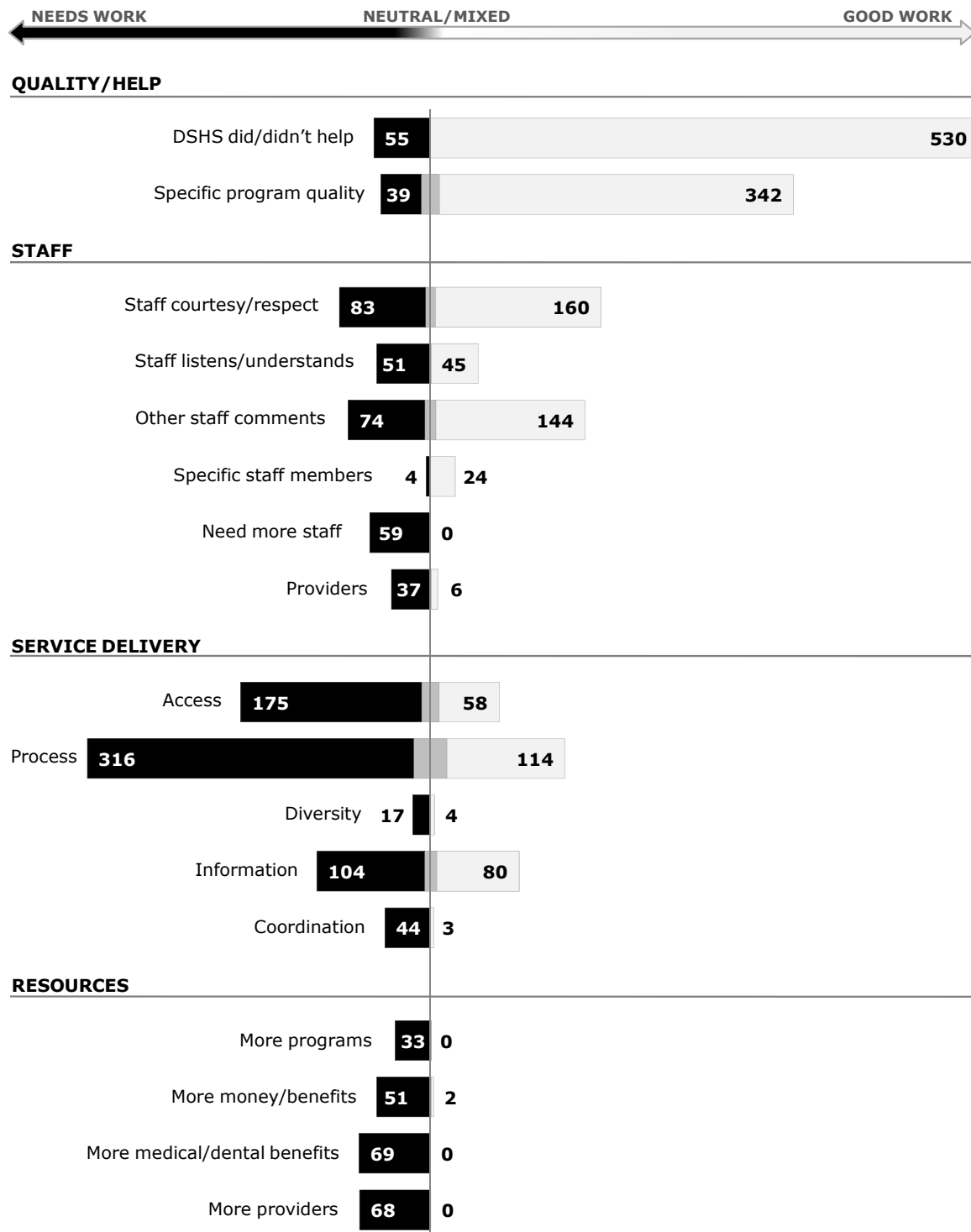
All DSHS Clients • Weighted Data



*Percentage shown is the percent who answered "yes" or "strong yes." Data is weighted.

Respondents who made positive, negative, or neutral/mixed comments*

All DSHS Clients • Unweighted Data



*Narrative comments were made in response to three questions:

- What do you like best about dealing with DSHS?
- What is the one thing DSHS can do to improve services?
- Do you have any additional comments?

A more detailed table showing themes from the narrative responses and a response glossary can be found in Appendix H.



Photo courtesy of clipart-com.

The majority of comments that addressed the general quality of DSHS work were positive.

"DSHS is working pretty good and they are helping people"

"They do good work and help people out with their needs - I appreciate that!"

"Thank God for you guys...I would have never made it!"

"They are very helpful in providing assistance to people that need it."

Some clients gave DSHS work mixed reviews.

"It is better than nothing, and I appreciate what we get, but you get stuck in the system... you don't get enough help to move on."

"We are satisfied with the services that we have received but we need help getting a job."

"When I talk to people at the offices they are very nice, that's where it ends."

"All is good except with medical coupons. It is hard to find doctors/chiropractor/dentist that will accept them."

"Sometimes the service is good - sometimes not so good."

"I do appreciate that DSHS has helped me even if they are hard to deal with."

Others shared a more negative view of the quality of DSHS work.

"I am very disappointed with the program."

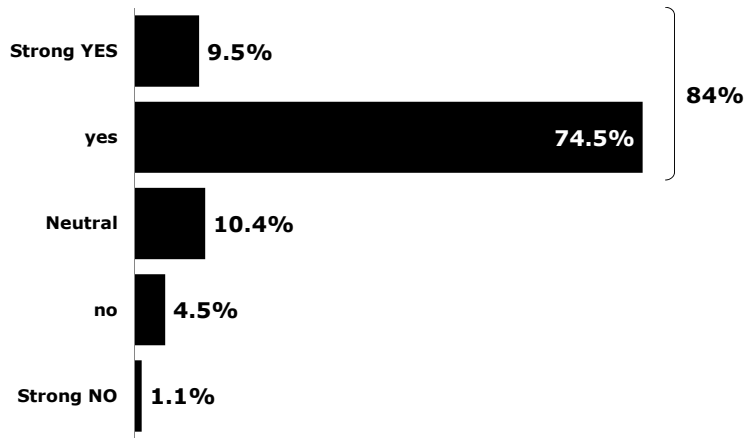
"Revamp the entire mental health system. It is difficult to get someone mental health services unless they kill someone, kill themselves or commit a crime before DSHS will step up and provide assistance."

"Every time I ask for help - I don't get any help."

"The state needs to look at its programs and how they impact middle class citizens who are working and paying taxes. I was hurt and really needed state help."

QUESTION | Thinking of all the programs together, has DSHS done good work?

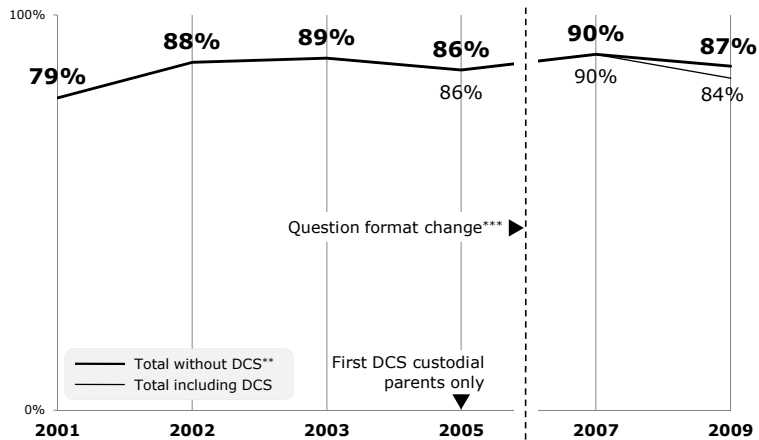
More than eight out of ten survey respondents (84%) told us that DSHS does good work. Less than one out of ten people (6%) disagreed.



SUBGROUPS: Respondents were more likely to agree* that DSHS does good work when the client was Hispanic (90% agreed), compared to non-Hispanic Caucasian (81% agreed).

Trend

This chart shows the percentage of respondents who answered the above question positively from the 2001 survey to present. The increase from 2001 to 2009 and the decrease from 2007 to 2009 (with DCS respondents included) are both statistically significant.*



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

** The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005 and non-custodial in 2007. To look at trends for comparable groups, use the black line (without DCS) or compare 2007-2009 on the grey line (with DCS).

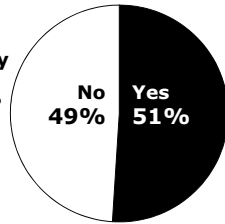
*** Question format changed between the 2005 and 2007 surveys, which may affect comparisons to previous years. See Appendix A.

NOTE: If a client utilized more than one program, the interviewer listed all the programs before asking this question. If a respondent utilized only one DSHS program, the answer to this question is the same as the answer to "Does your program do good work?"

THEME | Quality and helpfulness of DSHS services

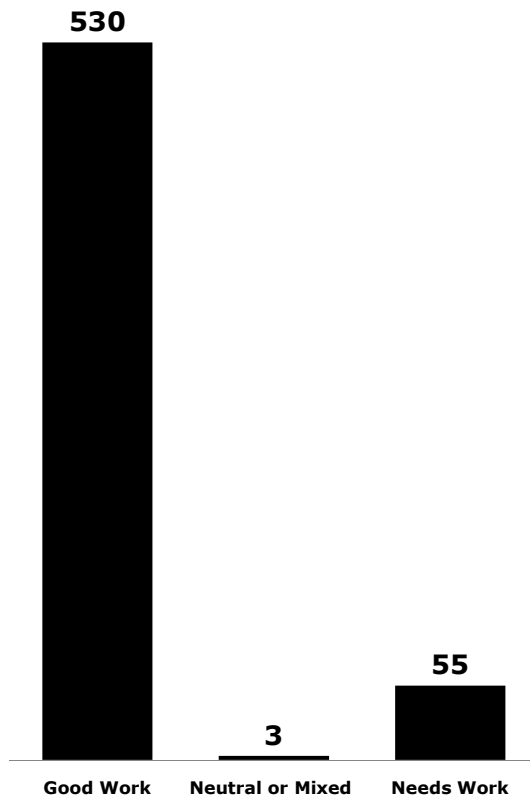
Comments about the quality and helpfulness of DSHS services in general (rather than specific programs or processes), were included in this category.

Made comments about quality and helpfulness?



588 of the 1,149 survey respondents who made comments (51%) mentioned the quality and helpfulness of DSHS services.

Of those 588 clients who addressed DSHS quality and helpfulness, the overwhelming majority (530) made positive comments.



Most clients praised DSHS helpfulness and expressed gratitude for the services they receive.

Although many clients had specific suggestions for improving DSHS (discussed later in this report), few made general negative comments. 27 clients replied "Nothing" to the question, "What do you like best about dealing with DSHS?" Others gave examples of specific situations where DSHS had not helped – often because of eligibility issues or lack of programs to address their needs.



Photo courtesy of clipart-com.

Overall, most clients are pleased with DSHS services.

- "Without these services, people could not make it."
- "I like that there is a program out there to help individuals with many different problems."
- "They are helpful and provide good services."
- "I just think that DSHS services are fine the way they are and they don't have to change anything."
- "They help me get through school without ending up in a shelter."
- "They are able to provide resources for programs and community resources when you are unable to pay bills or meet certain needs."
- "I have had good experiences with DSHS."
- "They have always taken care of everything and everything has been great."
- "If you really want to get yourself cleaned up and want some help they are there to help you."
- "They have provided me with good care."
- "The assistance that we received is great because without it we would have a very hard time."
- A few would prefer not to have to deal with DSHS or rely on its services.**
- "I wish I could do everything by myself and not have to contact DSHS."
- "I hate going in there."
- "Not having to deal with DSHS is what I like the best."
- "I don't like to deal with agencies although I have had no problems with DSHS."
- "I hate getting DSHS services!"
- "I don't like to deal with them very much. I love DD and their services but I find the rest of DSHS too large to deal with."



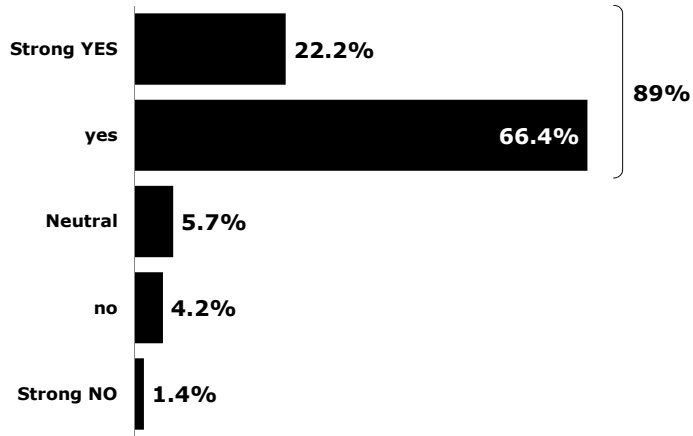
Photo courtesy of clipart-com.

The most common theme in the survey comments was appreciation for DSHS help.

- "They have been wonderful."
 - "I just want to say that I am grateful that they have resources for these circumstances because I don't know what I would have done for food without benefits."
 - "I appreciate the work that DSHS does."
 - "I just am really grateful for all the programs that have been available to me and helped me and my family so much!"
 - "Thank God that they give us enough."
 - "I like the services that they provide. It has been nice to have the assistance at times like this when jobs are scarce."
 - "I am truly grateful for the help that my family gets."
 - "I personally would like to thank DSHS for all the support."
 - "I am more than happy with the services that I got from DSHS."
 - "It was very helpful to my family."
 - "We are grateful for the services that we received."
 - "Thank God for DSHS - I have been through a tough time."
 - "I think they are great. And, I am thankful to have them!"
- Some clients, however, felt that DSHS could be more helpful.**
- "I don't think that DSHS helped me with the steps that I need to take."
 - "When you need help they give you such minimal help that you are unable to get on your feet."
 - "I don't like dealing with them and if I had to do it again I would not deal with them."
 - "DSHS could help me get a paying job without arguing with me."
 - "DSHS doesn't help me and says that I am on my own."

QUESTION | Overall, have DSHS programs helped you and your family?

Almost nine out of ten survey respondents (89%) told us that the DSHS programs have helped them or their families. Less than one out of ten people (6%) disagreed.

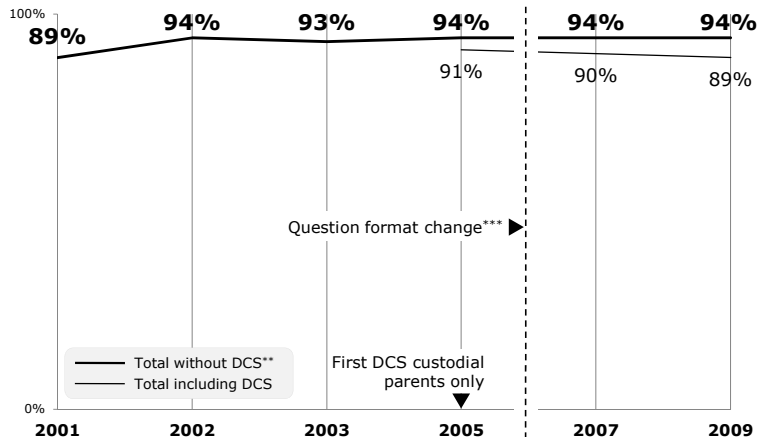


SUBGROUPS: Respondents were more likely to agree* that DSHS programs helped when:

- The client was Hispanic (93% agreed), compared to non-Hispanic Caucasian (87% agreed).
- The client participated in two programs (92%), compared to three or more programs (88%) or one program (87%).

Trend

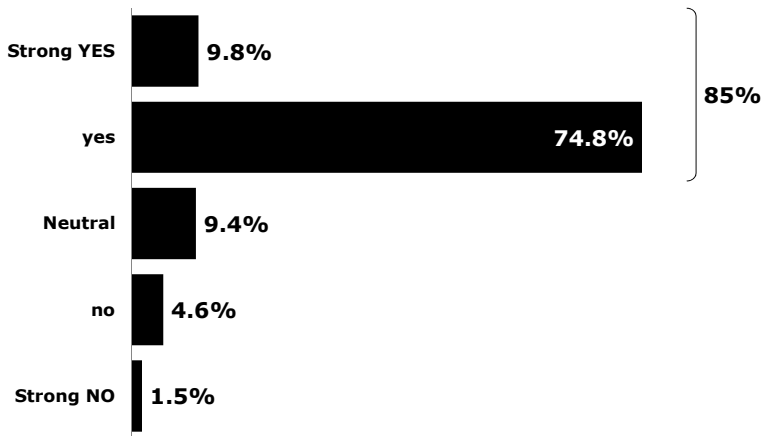
This chart shows the percentage of respondents who answered the above question positively from the 2001 survey to present. The increase from 2001 to 2009 is statistically significant.* In recent years this rate has remained relatively stable.



* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.
 ** The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005 and non-custodial in 2007. To look at trends for comparable groups, use the black line (without DCS) or compare 2007-2009 on the grey line (with DCS).
 *** Question format changed between the 2005 and 2007 surveys, which may affect comparisons to previous years. See Appendix A.

QUESTION | Does your DSHS program do good work?

Almost nine out of ten survey respondents (85%) told us that the DSHS programs they used did good work. Less than one out of ten people (6%) disagreed.

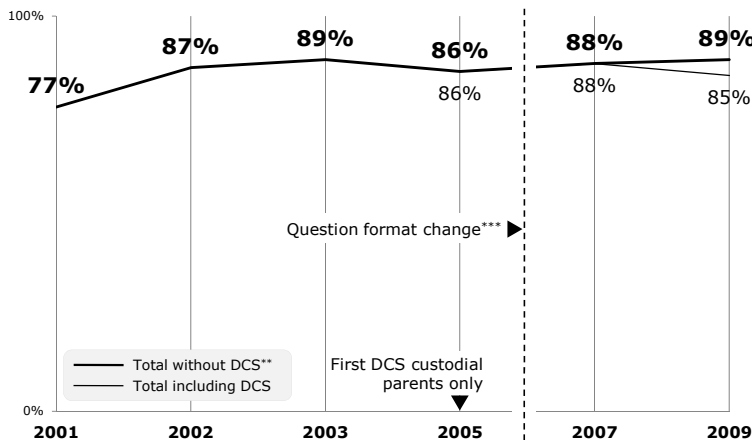


SUBGROUPS: Respondents were more likely to agree* that DSHS programs do good work when:

- The client was female (87% agreed), rather than male (82% agreed).
- The client was Hispanic (91%), compared to non-Hispanic Caucasian (82%).
- The respondent was a representative of the client (90%), compared to when the respondent was the client (80%).

Trend

This chart shows the percentage of respondents who answered the above question positively from the 2001 survey to present. The increase from 2001 to 2009 and the decrease from 2007 to 2009 (with DCS respondents included) are both statistically significant.*



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

** The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005 and non-custodial in 2007. To look at trends for comparable groups, use the black line (without DCS) or compare 2007-2009 on the grey line (with DCS).

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



Photo courtesy of clipart-com.

A large number of respondents commended a particular program.

"They help me with my medical bills since I do not have the money to pay for them. The chore person is also a big help."

"Mental Health services are very good."

"The child services program did help me with legal issues I had in the last two years - I am referring to Children's Administration."

"It helps to be able to buy food for the family and get food stamps each month."

"I like the medical coupon program for children."

"Child and Family Services is one of the better divisions of DSHS."

"It was really helpful to have the medical ID card during this emergency."

"I am happy that they helped me find a job through WorkSource!"

"The food stamps were great and also the application for lunches at school and with WTAP."

Some clients have had a positive experience with one program but not with another.

"I like it that they help me and my family with food. I need medical now but it's kind of iffy on that."

"Services in Snohomish County were not as good as in King County, specifically mental health."

"Our most recent experience with DSHS in regards to assistance has been wonderful and I am glad it is there. But, our child support experience has been negative over the years."

"I have to say that I like their live operators at the Call Center - they seem to be most friendly and actually listen unlike when I visit the CSO and the staff's eyes seem to glaze over as I explain my issue or problem."

"The help that they give me with the different services. CPS is harder to work with."



Photo courtesy of clipart-com.

Many clients shared positive outcomes of DSHS program services.

"Because of her illness the medical coupons have saved her life repeatedly. Also the food stamps have made her food budget go farther so that she can eat the right foods and has been able to live longer."

"Without DSHS, I cannot afford my medications or my doctor visits."

"They have provided transportation to my medical appointment and also have provided me with supplies and care with COPES. This has been wonderful."

"My son had a lot of difficulties, and finally got involved with DDD and they helped him get a place to live on his own."

"They offer services for day care and that it is an available service and a valuable service. It helps parents and guardians to be able to work and have their kids cared for."

"And as far as DVR, I don't know what I would have done for job opportunities. They really are supportive and build you back up and let you know that there are job opportunities for you."

"They have given me the opportunity to go back to school to learn something before they push me out there in the job market."

Others pointed out particular program services in need of improvement.

"They need to get tougher with the absent parents in getting them to pay support."

"I think the Medical Coupon system needs improvement."

"DCS wasn't too good, CPS wasn't too good - they need to improve!"

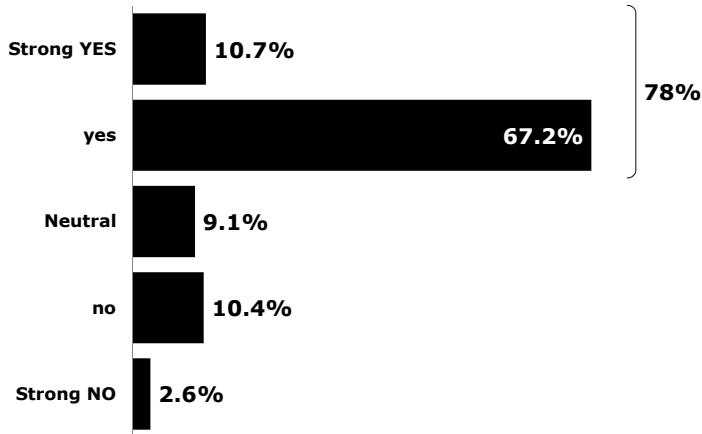
"Right now, I don't think WA state has appropriate services for DD clientele."

"I recently had a heart attack, because I wasn't on meds that I was supposed to be on, because I can't afford them."

"Mental Health was not effective."

QUESTION | Are you satisfied with DSHS program services?

Nearly eight out of ten survey respondents (78%) told us they were satisfied with services from their DSHS programs. More than one in ten (13%) disagreed.

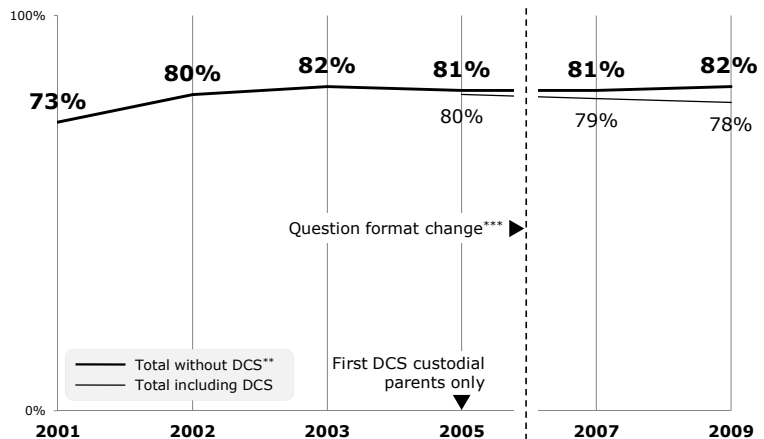


SUBGROUPS: Respondents were more likely to be satisfied* with program services when:

- The client was a child (85% agreed), compared to an adult (74% agreed).
- The client was Hispanic (86%), compared to non-Hispanic minority clients (77%) or non-Hispanic Caucasian clients (75%).
- The client participated only in voluntary programs (81%), rather than in at least one mandatory program (68%).

Trend

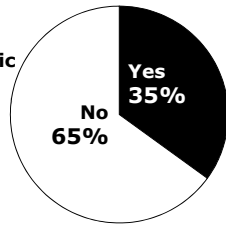
This chart shows the percentage of respondents who answered the above question positively from the 2001 survey to present. The increase from 2001 to 2009 is statistically significant.*



* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.
 ** The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005 and non-custodial in 2007. To look at trends for comparable groups, use the black line (without DCS) or compare 2007-2009 on the grey line (with DCS).
 *** Question format changed between the 2005 and 2007 surveys, which may affect comparisons to previous years. See Appendix A.

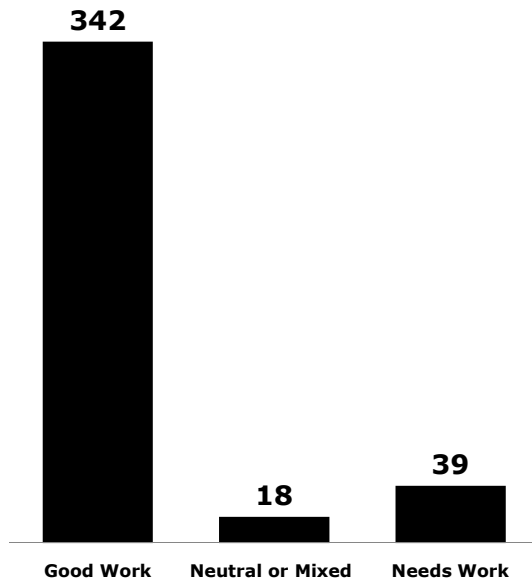
THEME | Quality and helpfulness of specific programs, offices, locations

Made comments about specific program quality?



399 of the 1,149 clients commenting (35%) mentioned the quality and helpfulness of specific DSHS services.

Of those 399 clients who addressed specific programs, offices, and locations, the overwhelming majority (342) made positive comments. About one in ten (39) were critical or made suggestions for improvement.



Most clients had good things to say about the quality and helpfulness of DSHS programs and offices.

- 273 clients expressed gratitude for **medical** services
- 145 thanked DSHS for providing **food stamps**
- Helpful **Economic Services, Aging, and Mental Health** programs were also mentioned frequently

Some pointed to individual programs they think could be improved.

- 22 respondents expressed frustration over **poor service received from their local DSHS office**
- 19 clients think **efforts to collect child support payments could be improved**
- 10 complained about **medical benefits**, often noting the provider and coverage limitations discussed in Chapter 7.



Photo courtesy of <source>

Many clients mentioned specific programs or offices that provide quality services.

"They deal with getting my child support so I don't have to fight for it."

"The new Lakewood office has made it more efficient."

"They have provided me with the services, medical, mental health, food stamps, that I need."

"I think DVR is an amazing program and I am grateful that they have it available."

"I feel that the Aberdeen office is pretty friendly and very helpful."

"The prescription coverage has been a miracle."

"I like Economic Services program. They are really helpful and always call me back within a day or two."

"I think DASA is one of the best programs that DSHS has!"

"I've been treated real well here at the office in Aberdeen."

Some want to improve programs they find inadequate.

"Division of Child Support failed at trying to collect child support from the children's father, and he was working and I gave them all the information. If they could be more productive it would be nice."

"They should fix the computer glitches – sometimes when I take my medical coupons to the doctor they are invalid."

"The foster care system is rather lax."

"The dental program needs to improve."

"I think that Children's Admin. is a joke. They are there to take your kids and not there to help you."

"I think we should get a Medicaid card good for six months instead of one month (that means IF I get a medical coupon at all)."



Photo courtesy of clipart.com.

Clients want staff to show them courtesy and respect.

“They are courteous and kind and take time to explain things.”

“The CSO made me feel like an outsider.”

“I like the respect that they give me.”

“When I was pregnant, sometimes I got a very nice worker and other times I got a cranky worker. I tried to call when the nice worker might answer the phone.”

“They have provided me with excellent and friendly service.”

They also want staff to take the time to hear and understand what they have to say.

“People are generally nice and understanding.”

“Be more client friendly. I am speaking of DCS, and listening to both sides of the coin.”

“They are willing to listen to your needs.”

“They could be more understanding at times at the CSO.”

“They need to understand...when [child support] doesn’t come we need to know why.”

Clients like dealing with staff who work hard to help them and know their job well.

“The social workers have really helped me out.”

“They need to be more informed on how they can serve children with special needs.”

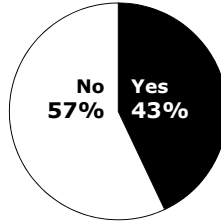
“The people were very professional and helpful – also very informative.”

“They could be more personal and helpful.”

“They were there for me and my children when we needed help.”

THEME | All staff comments

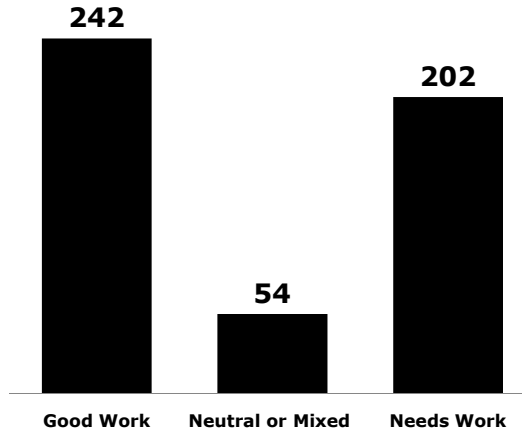
Made comments about DSHS staff?



498 of the 1,149 respondents who made comments (43%) mentioned DSHS staff.

498 clients commented on their dealings with DSHS staff. The topics that clients mentioned most often are discussed in some detail later in this chapter.

Nearly half of the 498 respondents who spoke about DSHS staff (49%) made positive remarks. About four in ten (41%) made negative comments or suggestions for improvement. More than 10% made mixed or neutral comments.



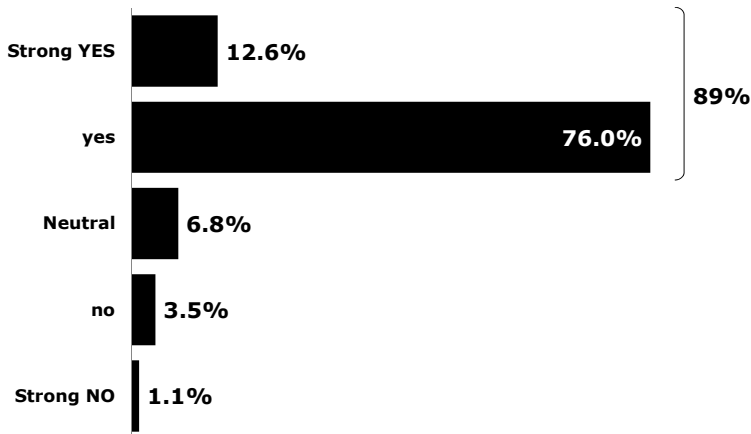
Comments about staff fall into four main categories:

- Courtesy and respect. 253 clients addressed how they were treated by staff. See pages 17 and 18.
- Listening and understanding. 98 clients addressed these topics. See pages 19, 20, and 21.
- Other comments about staff – touching on topics like responsiveness, professionalism, and knowledge. 229 clients offered praise or criticism in these areas. See page 22.
- Comments singling out particular staff. 28 clients complimented or complained about individual DSHS staff members. See page 23.

The last two pages of the chapter review client comments about DSHS providers (page 24) and the need for more DSHS staff (page 25).

QUESTION | Do DSHS staff treat you with courtesy and respect?

Nearly nine out of ten respondents (89%) said DSHS staff treat them with courtesy and respect. Less than 5% disagreed.

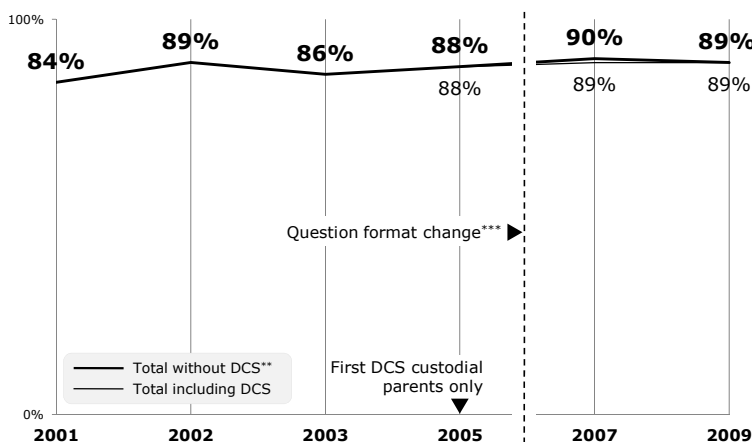


SUBGROUPS: Respondents were more likely to agree* that DSHS staff were courteous and respectful when:

- The client was a child (92% agreed), compared to an adult (86% agreed).
- The client was Hispanic (92%), compared to non-Hispanic Caucasian (87%).
- The respondent was a representative of the client (92%), compared to when the respondent was the client (86%).
- The client participated only in voluntary programs (90%), rather than in at least one mandatory program (84%).

Trend

The chart below shows the percentage of respondents who answered affirmatively from the 2001 survey to present. The increase from 2001 to 2009 was statistically significant*, but rates have remained level recently.



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

** The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005 and non-custodial in 2007. To look at trends for comparable groups, use the black line (without DCS) or compare 2007-2009 on the grey line (with DCS).

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



Photo courtesy of clipart.com.

Many clients were pleased with staff's courteous and respectful behavior.

"They treat me real well, whoever I talk to."

"They are respectful, caring, and responsive. The people are great!"

"I have always been treated with kindness and respect when I've gone to the CSO."

"They are very nice to me and they don't make me feel like I don't belong there."

"It surprises me that an institutional office has such courteous staff!"

Some clients found staff to be rude or uncaring.

"They need to have people that care about you. I cannot go there anymore because they treated me so bad."

"Their customer service needs some help. If you are on the phone with them they are short with you. It comes off as rude."

"I would like DSHS workers to have some personality or some bedside manner classes. The rudeness that is being handed out by the shovelful to the clients is awful!"

Clients especially dislike being "judged" by staff.

"Fire the crappy people they have working for them and get some good people in there. They are very judgmental."

"Stop making every Dad feel like a deadbeat and like a criminal."

"They (CSO staff) think that they are better than us and they aren't."

"They need to readjust the workers' attitude so they don't act like they are taking money out of 'their' own pockets ... They make you feel like a dog that has to jump through hoops to get anything. You feel low as it is when you walk into the office - the way some of the workers treat you makes you feel even worse."



Photo courtesy of clipart.com.

Clients want to deal with friendly and courteous staff.

"They are very polite when I go there (I am 76 years old)."

"They are prompt and courteous and friendly."

"DSHS needs to improve its courtesy – it's like they are courteous because they have to be – their courtesy is with an attitude."

"The people have been very nice to me."

"Have the staff be a little friendlier."

Clients also want respect from staff who work with them.

"They made me feel very comfortable and respected me when I went in to apply for services."

"My wife feels like the workers treat her like a deadbeat."

"Over the years they have gotten far more respectful and understanding. I am very impressed by that."

"They are very short and curt. They do not treat people respectfully."

"They are too busy to treat you like a human."

"They treat you with respect and don't judge you."

Clients appreciate staff who genuinely care about them.

"The case managers are caring people and they really want to help you."

"Compassion for clients – they are lacking big time."

"They are always there when needed, and they show deep concern."

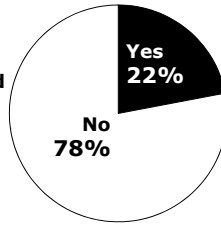
"They have a few caring workers, but unfortunately many of them are just there and not very helpful. They give you the information you need but it's not very warm or fuzzy."

"DD staff are not compassionate about our situation since we have two children with disabilities."

"The workers have been very kind to me."

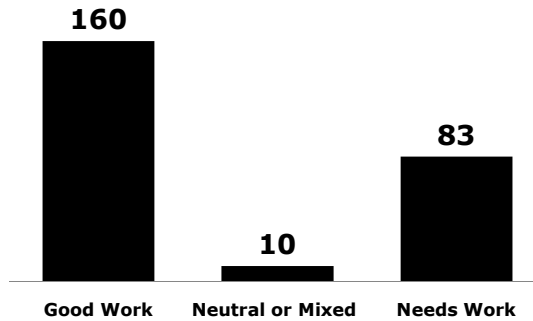
THEME | Staff courtesy and respect

Made comments about staff courtesy and respect?



253 of the 1,149 clients commenting (22%) mentioned staff courtesy and respect.

The most commonly mentioned staff issue in the survey was courtesy and respect. Of the 253 clients who commented on staff courtesy and respect, the majority (63%) were complimentary. One in three (33%) made criticisms or suggestions for improvement.



The majority of those who commented touched on one or more of these points:

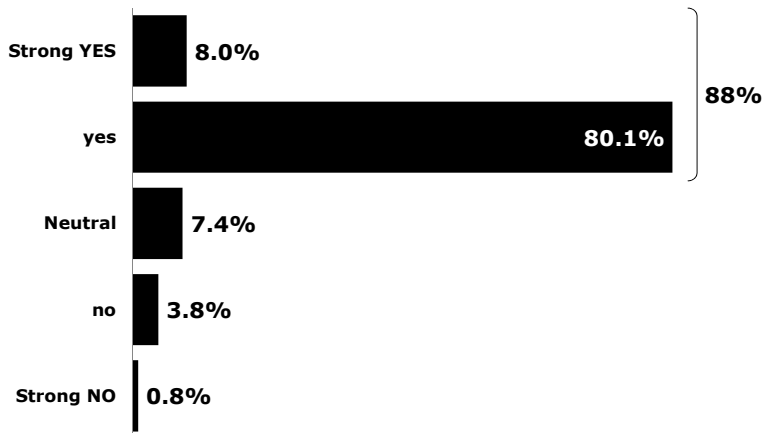
- DSHS staff are friendly, and try to be helpful
- Staff show respect for clients, regardless of circumstances
- Staff honestly care for clients

Some offered the following suggestions for improvement:

- Staff should not be short with or rude to clients, even when things are rushed
- Staff should be more compassionate
- Staff's interactions with clients should be marked by warmth and sincerity

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

Almost nine out of ten respondents (88%) feel that DSHS staff listen to them. Less than 5% disagreed.

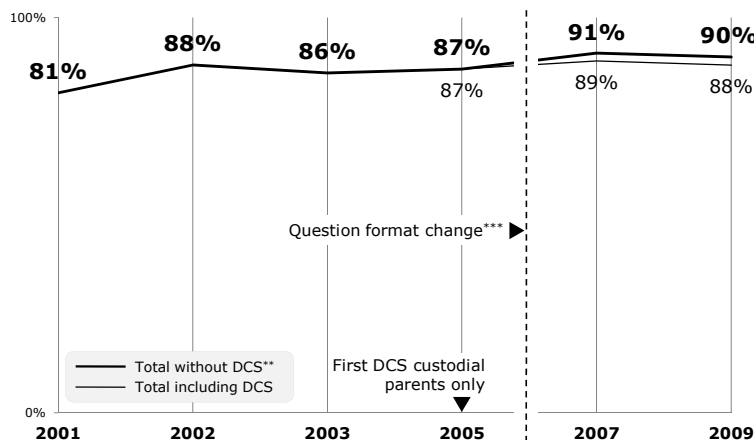


SUBGROUPS: Respondents were more likely to agree* that staff listen when:

- The client was a child (93% agreed), compared to an adult (85% agreed)
- The respondent was a non-Hispanic minority client (93%), compared to non-Hispanic Caucasian (86%).
- The client participated in only voluntary programs (90%), rather than in at least one mandatory program (82%).

Trend

The chart below shows the percentage of respondents who answered affirmatively from the 2001 survey to present. The increase from 2001 to 2009 is statistically significant.*



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

** The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005 and non-custodial in 2007. To look at trends for comparable groups, use the black line (without DCS) or compare 2007-2009 on the grey line (with DCS).

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



Photo courtesy of clipart.com.

Clients appreciate staff who listen well.

"They listen to me, and almost 99% of the time I get wonderful response and wonderful people to talk to."

"I really like that they focus on whatever we are talking about."

"The worker at the CSO is very helpful. She listens to my problems and guides me in the proper way."

"I like when I usually call, they listen to me 'rant and rave,' and then they explain to me what is going on and they calm me down."

"Everyone is respectful and listens to what I need and gives assistance to help my needs."

"They do seem like they are pretty fair and seem to listen to what you have to say."

Some clients feel staff could improve their listening skills.

"Listen better and hear the people's requests."

"Be nicer on the phone and let people talk about the situation and not butt in."

"If the workers in the CSO's would actually listen to people and acknowledge them...the case would go much smoother."

"They could listen better. They were dwelling on my previous history, and were not listening to the current situation and the future. They were trying to make me go backwards, not forward."

"I would like my CPS worker to actually listen to what I have to say."

"They could improve more by listening to what a person really says and needs."

"They could be much better at listening."



Photo courtesy of clipart.com.

Most clients reported that staff understand their needs.

"They are pretty open and understanding and non-judgmental."

"They are very understanding and helpful."

"I personally like the empathetic workers, I am going through an abusive situation, and my worker is very understanding."

"Typically, the workers are very courteous, patient, and understanding."

"They are trying to know the need of people such as myself, that need some type of assistance, and to know how to handle these circumstances."

Some clients feel staff should be more understanding.

"The financial workers need to be more considerate of the client and understand the situation that the client is dealing with, instead of treating them like they are a number and not caring for them."

"They could be more courteous and more understanding."

"Some of the staff could be a little more understanding. When I was in WorkFirst they called me out and made me feel like a fool and then I did not want to go back into the class."

"My child support worker wasn't very polite, was rude at times and not very understanding."

Others feel staff are not in touch with their clients' reality.

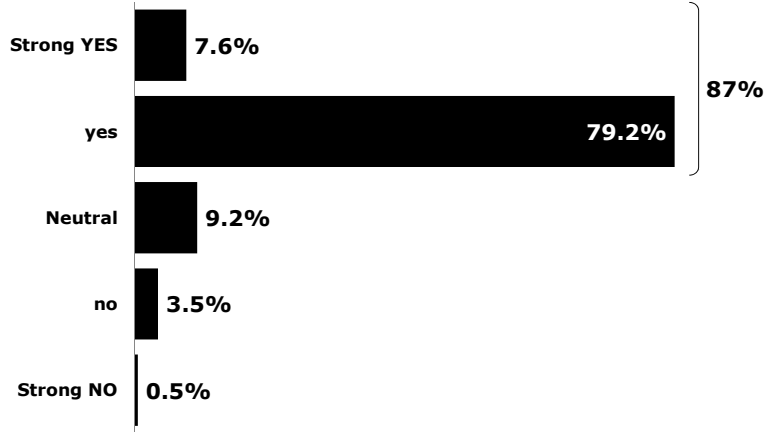
"The biggest thing that DSHS could do is understand the problem of a common person. They (DSHS staff) don't understand how it works in the real world. They think that working for McDonald's pays child support but they don't give a crap if it makes a living for you."

"WorkSource may not be helpful to each and every client."

"Treat people with respect. Understand the other person's situation. I think if they did that they would improve their services a great deal."

QUESTION | Do staff understand your needs?

Almost nine out of ten respondents (87%) feel that DSHS staff understand their needs. Only 4% disagreed.

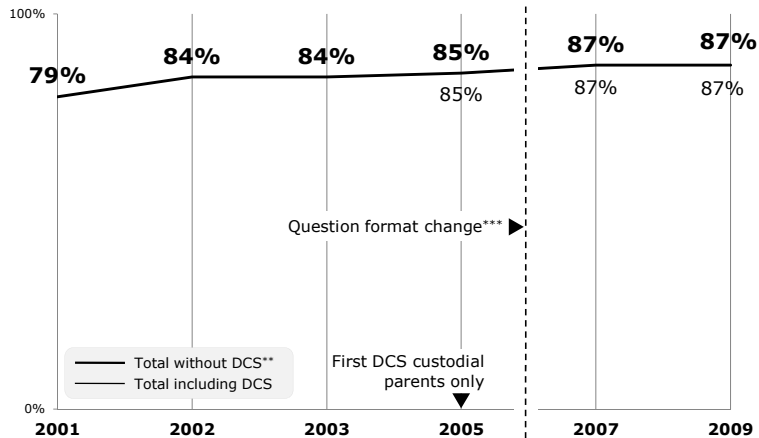


SUBGROUPS: Respondents were more likely to agree* that staff understand their needs when:

- The client was a child (91% agreed), compared to an adult (84% agreed)
- The respondent was Hispanic (93%) or a non-Hispanic minority client (90%), compared to non-Hispanic Caucasian (83%).
- The respondent was a representative of the client (91%), compared to when the respondent was the client (82%).
- The client participated in one program (90%), compared to three or more programs (83%).

Trend

The chart below shows the percentage of respondents who answered affirmatively from the 2001 survey to present. The increase from 2001 to 2009 is statistically significant.*



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

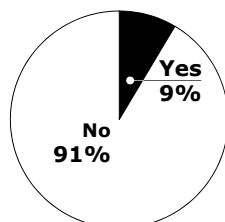
** The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005 and non-custodial in 2007. To look at trends for comparable groups, use the black line (without DCS) or compare 2007-2009 on the grey line (with DCS).

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

NOTE: Non-custodial parents were not asked this question about services from the Division of Child Support services as the question is not applicable for these clients.

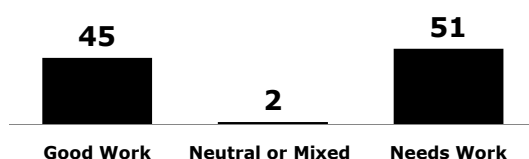
THEME | Staff listen/understand

Made comments about staff listening or understanding?



98 of the 1,149 respondents who made comments (9%) mentioned staff listening or understanding.

More than half (52%) of the clients who addressed staff listening and understanding offered criticisms or suggestions for improvement. Slightly fewer (46%) made positive remarks.



Many of those who commented made suggestions for improvement:

- Staff need to listen to clients more carefully
- Staff also need to give clients more input into service plans
- Staff should recognize that each client has different needs

Some complimented DSHS staff on one or more of the following:

- DSHS staff listen well
- Staff take clients' input into account
- Staff understand clients' needs



Photo courtesy of clipart.com.

Clients want staff to truly hear and understand what they have to say.

"They treated me with respect and listened to my problems."

"It would be great if they would listen and understand the problem that we are dealing with. Mental Health needs to be able to ask the client what the problem is and then address that problem."

"Our caseworker was very nice and very understanding about what was going on."

"Take a little more time in listening and understanding the client's needs."

Clients appreciate having a voice in decisions about their services.

"They do listen to what you have to say and they try to come up with ways they can help."

"Some of the workers make the meetings more about themselves and not about the clients."

"They are willing to work with you if you go in and talk to them."

"They should listen to both sides, but they don't."

They want to be recognized as unique individuals with specific needs.

"Ask direct questions and understand that the person is human and not just a number on paper."

"Have a better understanding of who he is and what motivates him."

"They treat me like a regular human being, they understand my needs, and treat me with respect."



Photo courtesy of clipart.com.

Clients want staff to respond to their individual needs.

“The people are great to work with and they take care of any problem that arises.”

“I like my caseworker because he responds immediately.”

“They could do more follow-up in DD. They could do more than just send forms.”

“They are really easy to get ahold of and have been a fabulous help with my son and daughter.”

“They could respond to people in the lobby quicker, they leave you sitting there so long.”

“I like that when they say they are going to do something, they do it. They have good follow-through.”

They appreciate staff who go “above and beyond” when providing service.

“The people are great and they really go the extra mile to do what they can.”

“They seem to be eager to help.”

“Some of the staff are really there for you.”

“I like that I got a fairly quick response and that I felt my contact was working very hard on my behalf.”

Clients like dealing with staff who are professional and knowledgeable.

“I like the professional, knowledgeable way they treat you.”

“They need to know their resources a little better. There are always new resources available, and they need to know who is eligible for these.”

“They are very professional, courteous, and down to earth.”

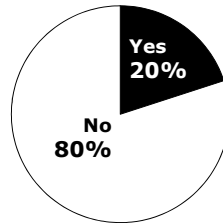
“Train their employees better.”

“Every office has their good and bad but most of what I see is that they know how to do their job.”

THEME | Other comments about staff

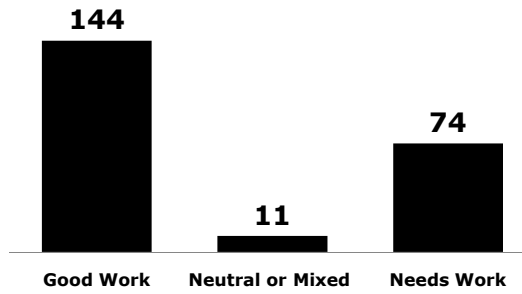
All comments about staff which did not refer to courtesy, respect, listening, or understanding were categorized as “Other” staff comments.

Made other comments about staff?



229 of the 1,149 clients commenting (20%) made other comments about staff.

Most of the 229 clients (63%) made positive comments about DSHS staff. Nearly one in three (32%) made criticisms or suggestions for improvement.



The majority of comments that did not address courtesy, respect, listening, or understanding mentioned one of these points:

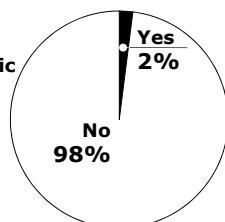
- DSHS staff try hard to respond to clients’ needs
- Staff pay good attention to individual needs
- Staff are professional and skilled in the work they do

Some comments suggested the following:

- Staff should be more responsive to clients’ requests
- Staff should take each person’s specific needs into account
- Staff should be more knowledgeable

THEME | Specific staff members

Made comments about specific staff members?



28 of the 1,149 respondents who made comments (2%) named specific staff members.

Almost all (24 of 28) clients who mentioned staff members made positive comments. Four made negative remarks.



The majority of those who commented appreciated staff members for:

- Their responsiveness to clients' needs
- Their knowledge and skills
- Their willingness to listen
- Their ability to understand
- Their caring and support

The few who made negative comments feel that certain staff members should be:

- More timely and responsive
- More skilled in casework
- More considerate and caring
- More flexible



Photo courtesy of clipart.com.

The majority of comments about staff were complimentary.

"I like my caseworker – she is a real nice lady. She understands what I need and what I want...Her name is Kelly Sweet."

"Scott Leonard is one of the very good DD employees. He always calls me back relatively quickly or e-mails me in response in great detail."

"We have only dealt with Linda Miller, and she is very understanding, very responsive, and very knowledgeable."

"John at Children's Administration was very skillful and good at getting everyone to talk."

"The people who I have dealt with at Renton CSO – Dorothy Capers – she is outstanding...Bev Goldsmith is also outstanding. They listen to me instead of speaking to me."

"I have a really good case manager at DSHS – Aging and Adult Services. Anything I need, Patrick, the counselor, tries to get it."

"Michelle Wooley – who is the case manager at DDD – has been outstanding in every area – listening, being proactive, and following through with what she has said."

A few clients were displeased with the performance of particular staff members.

"The CPS social worker had my case for four months and never once looked into it. He got fired for what he didn't do."

"A particular caseworker really pushed for sibling visits that were unhealthy for the children."

"My worker is very slow in processing. She needs to complete things in a timely manner."

"My brother was not treated well... his worker threatened him about taking money from the United States. He missed one class in English and they took him off his grant."



Photo courtesy of clipart.com.

Some clients praised the quality of service they receive from DSHS providers.

"Our provider for the aging services here is a very personable and empathetic person."

"We are very grateful for Jennifer White with Able Opportunities. She realized his needs even when the school district wrote him off."

"We would not be able to transport her without the help of Specialty Transport and their lift."

The majority of clients reported that service from providers could be improved.

"Their mental health evaluators should be more highly trained when they come into the emergency room."

"Transportation is the hardest through Hopelink for medical purposes. They are awful."

"Sometimes they can't get him in for an appointment for a whole month, so he goes without his medication."

"A lot of foster care...provided by foster parents...may not be in the kids' best interest."

"I have to wait at least 40 minutes for an appointment at the Sea Mar Clinic."

Clients want providers to treat them with consideration and respect.

"The provider wasn't very sensitive to personal issues going on in my household."

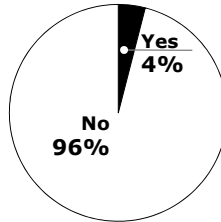
"The payee that I have is very rude and treats me like a child."

"My mental health worker is very condescending and unprofessional."

"The radiologist office treats me disrespectful and humiliates me in front of others."

THEME | Providers

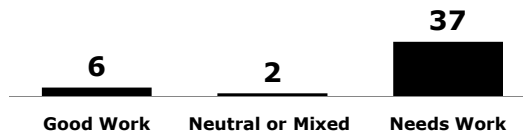
Made comments about providers?



45 of the 1,149 clients commenting (4%) spoke about DSHS providers.

In addition to comments about DSHS staff, 45 clients commented on the quality of services received from providers paid through DSHS.

Of those who commented on DSHS providers, 37 (82%) offered negative comments or suggestions for improvement. Six made positive remarks.



The majority of clients who made comments (many about medical or mental health providers) had specific complaints such as:

- DSHS providers are incompetent
- Providers are slow to respond to client needs
- Providers are insensitive

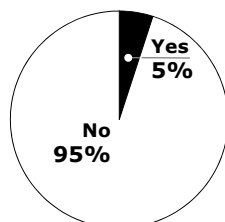
The clients who made positive comments appreciate:

- Providers who are understanding
- Providers who are skilled
- Providers who are aware of clients' needs

The most frequent complaint regarding providers is that it is too hard to find a provider who accepts medical/dental coupons. This complaint is addressed in the Resources Chapter, Chapter 7, page 63.

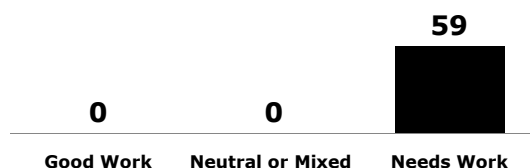
THEME | Need more staff

Made comments about the need for more staff?



59 of the 1,149 respondents who made comments (5%) noted the need for more staff.

All of the 59 clients who made comments addressed the need for more DSHS employees.



The majority of those who commented mentioned one of these points:

- Understaffing leads to poor and impersonal service
- Understaffing leads to unacceptable in-office wait times
- Inadequate phone staffing makes it difficult to reach DSHS workers when help is needed



Photo courtesy of clipart.com.

Clients want DSHS to hire more staff, believing this will result in better, and more personal, service.

"I think they need more social workers, because the workers just type into computers. I am sure they are overloaded but it would be nice to have personal attention/communication."

"It seems DD staff have too many cases and cannot devote time to individual cases."

"They cannot focus on helping families if the caseloads are too high."

"DVR should have more staff to assist clients on a more one-to-one basis."

Clients feel that additional staff would lead to more timely service in offices.

"Have more staff available at the CSO to serve clients. I have sat there as long as two hours as a walk-in, but you must wait for your appointments sometimes, too."

"I think that they need to have more employees working in the local offices so that you don't have to spend 4-5 hours in the office just to get help."

"They need to have more workers to help all of the people requesting assistance."

"More staff in the CSO who could provide information on quick questions and answers and guide you to the right form and/or office."

They also feel that increased staffing will improve telephone service.

"They should have more people available to answer the phones."

"They can have less cases per worker, because it is hard for the workers to return their calls."

"They need more staff...It is hard to reach someone at the call center. They need to make it simpler to connect with a real person."



Photo courtesy of clipart.com

Although most clients responded favorably to questions about office hours, few made positive comments about them.

"They are always open when I need them."

"It is convenient and available."

"They are open on time and help you when they're supposed to."

The most common comments about office hours were requests for extended evening and weekend hours.

"Extend evening hours or have an on call evening person - in all offices."

"It might be a good idea to have offices open a bit later in the evening."

"They could be open on the weekends."

"Change office hours to accommodate customers at CSO's as you have to sit in lines for 2 to 3 hours."

"They should make the services more readily accessible until 7:00 p.m. in the evening."

"Stay open a little later."

Clients want DSHS hours to accommodate working families.

"They could be easier to reach if you work, be open later."

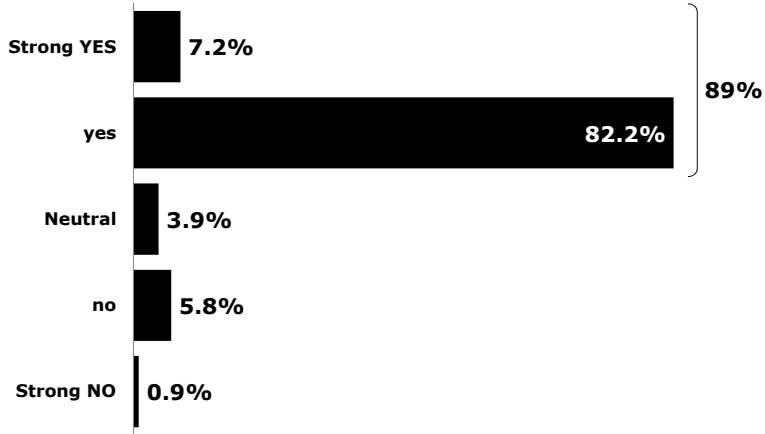
"That a working person who has to get off work to go to an appointment get consideration as to the time and the length of the appointment so that they are able to get the benefits. Have appointment later in the day for working people like 4:00."

"Have a weekend each month that they are open to see clients and provide services. This would help the working parents who need to have service."

"The department should work around a person's schedule that has a job so that they can get medical and food stamps and also be seen without losing their job. They need to have appointments that can be fit into the workers' schedules."

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

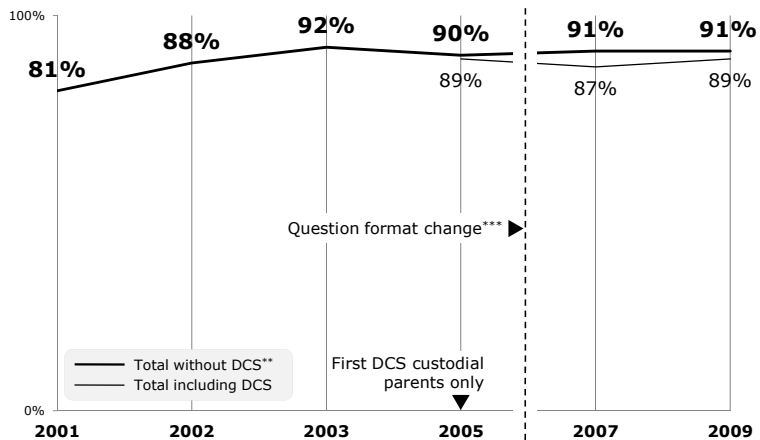
Almost nine out of ten survey respondents (89%) told us that DSHS programs are open at convenient times for them. Less than one out of ten people (7%) disagreed.



SUBGROUPS: There were no significant differences between client subgroups for this question.*

Trend

This chart shows the percentage of respondents who answered the above question positively from the 2001 survey to present. The increase from 2001 to 2009 is statistically significant.*



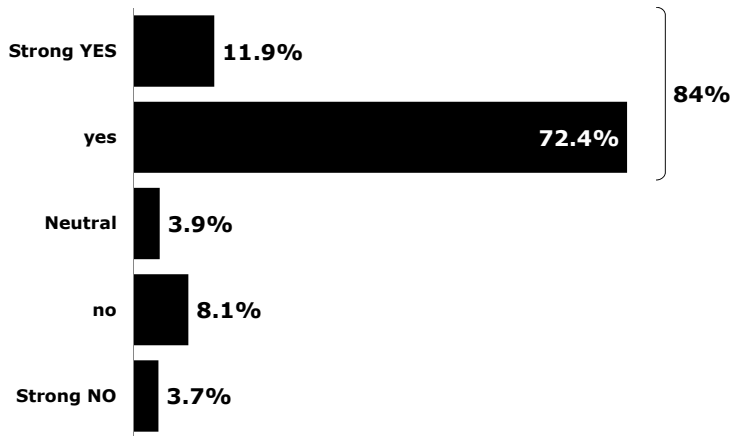
* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.

** The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005 and non-custodial in 2007. To look at trends for comparable groups, use the black line (without DCS) or compare 2007-2009 on the grey line (with DCS).

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

QUESTION | Is it easy to get to the DSHS program office?

More than eight out of ten survey respondents (84%) agreed that it is easy to get to DSHS program offices, while just over one in ten people (12%) disagreed.

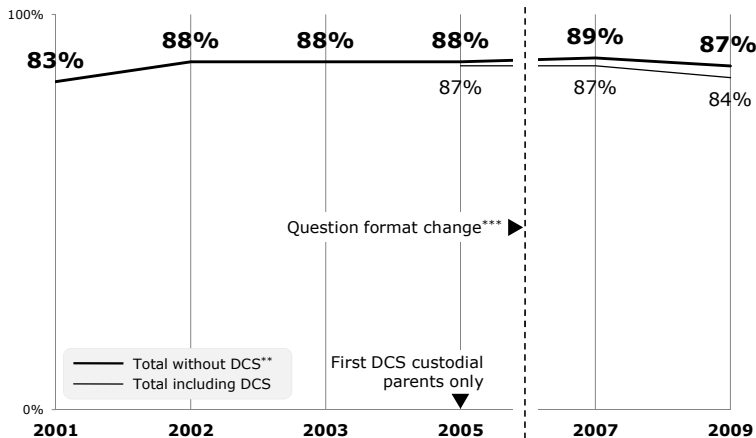


SUBGROUPS: Respondents were more likely to agree* that offices are conveniently located when:

- The client was a child (88% agreed), compared to an adult (82% agreed).
- The respondent was a representative of the client (89%), compared to when the respondent was the client (81%).
- The client participated only in voluntary programs (86%), rather than in at least one mandatory program (77%).

Trend

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



* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.
 ** The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005 and non-custodial in 2007. To look at trends for comparable groups, use the black line (without DCS) or compare 2007-2009 on the grey line (with DCS).
 *** Question format changed between the 2005 and 2007 surveys, which may affect comparisons to previous years. See Appendix A.



Photo courtesy of clipart.com

Although most respondents find DSHS office locations convenient, only a small number made positive comments about location.

"It's easy to get to their office."

"Everything is easy to get to, locations are convenient."

"Location - if there is a problem - we are within a 15-20 minute drive to the source and get things taken care of."

The few respondents unhappy with location were more specific in their comments.

"Could make the DCS building a little bigger, it is kind of crowded."

"In Mt. Vernon, that you have to go to Arlington for an appointment or send your paperwork there, they won't see you in Mt. Vernon. It is a terrible inconvenience."

"They could have more offices more conveniently located."

"Would like to be closer to home."

"It's very hard to park. There are no spaces available."

"It would be easier to do all services in one office - DCS is located elsewhere."

Many clients who mentioned location also brought up transportation issues.

"So I ended up being in the office from 10AM until 2:30PM. I had a problem with transportation as I have none of my own, so it was a fiasco in getting a ride home."

"I have to catch 2 buses to get to the office and I am solo parent of three children."

"Provide transportation to appointments (shuttle?, Metro voucher?, etc.)."

"Some of the mental health offices seem like cheap little isolated offices and it is hard to get transportation to those places."

"Check with disabled customers to see if they have prearranged transportation so they could get done in time."



Photo courtesy of Microsoft (free domain).

Very few clients commented favorably on office hours and location. Those who did pointed out positive aspects of their local office.

"They are located close to home."

"They have easy access in Seattle area."

"They have a lot of different places that you can get help."

Unhappy respondents were more vocal about dissatisfaction with location or hours.

"It would also be much more efficient if I could have a social worker located here locally, rather than dealing with one in another area."

"Have an office here in town."

"DSHS could consider extended hours, phone appointments or something."

"I am at this time fifteen miles from the Centralia CSO. I am thirty miles from the Olympia CSO...I was told I could not come to the Centralia CSO and I had to travel to Olympia CSO which is a hardship."

"Be open more often."

Some clients suggested changes to improve DSHS offices.

"Make it not look like you're waiting in a jail cell. I am speaking of the CSO waiting room."

"Office is not very inspiring. Why not have quotes of inspiration and more self-help opportunities?"

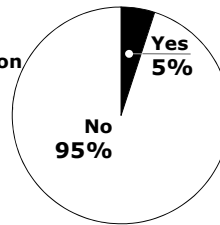
"Have more handicapped parking."

"They could move their smoking area - it's right out in front of the front door."

"They could have toys for the children in the waiting area."

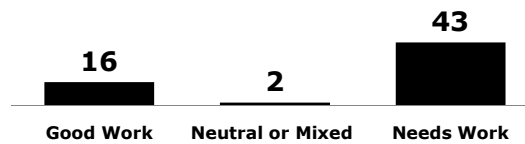
THEME | Location and hours

Made comments about location and hours?



61 of the 1,149 clients commenting (5%) mentioned office location and hours.

Of those 61 clients who commented on location and hours, the majority (43) were critical or made suggestions for improvement. About one in four (16) made positive remarks.

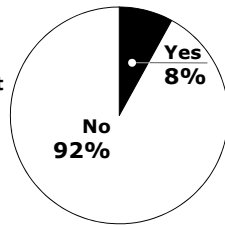


Most of those who commented on location and hours mentioned one of these points:

- Appreciation for easy access to the office, or for convenient locations close to their homes
- Need for extended evening and weekend hours to accommodate people who are working
- Requests for attention to transportation needs

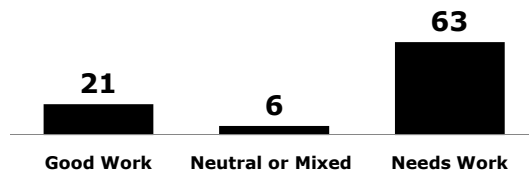
THEME | Appointment processes

Made comments about the appointment process?



90 of the 1,149 respondents who made comments (8%) mentioned the appointment process.

Of those 90 clients who commented on the appointment process, the majority (63) were critical or made suggestions for improvement. About one in four (21) made positive remarks.



Most of those who made positive comments about appointment processes praised one of the following:

- Quick and efficient in-office service
- The ability to do business by mail or phone
- The ability to do business by e-mail or on the website

Those who made negative comments about appointment processes often complained about one of these issues:

- Difficulty scheduling convenient appointments
- Long check-in lines, and the need for more front-end staff
- Long wait times to see a caseworker (even with an appointment)
- Inability to drop off paperwork or ask a simple question without waiting in line.



Photo courtesy of clipart.com.

Some clients are pleased with the various ways they can do business with DSHS.

"You can get services by phone or mail or in person."

"I like the fact that the caseworker comes to my home."

"I liked that everything was done by mail and electronically."

"The fact that they will do phone interviews since we are rural."

Others are dissatisfied with the appointment process, and offered suggestions for improvement.

"I think the only thing I don't like is that I have to log in at the CSO - no matter what you log in for they always call you to a certain window which is confusing."

"If everybody would take a number in line that would be best."

"Have more appointment times instead of walk-in. If I walk in, I have to wait sometimes 4 1/2 hrs."

"I suggest that they use numbers similar to the Social Security office. I am disabled so standing in line is difficult."

Wait times in the offices are a major source of frustration.

"You have to wait a long time when you go to the office, sometimes a very long time, and it is very hard when you have kids."

"They could shorten the wait time...I have waited about 5 hours before."

"It seems almost impossible to see someone for a brief moment (to turn in a piece of paper for example) without standing in line for 1 to 2 hours in reception area."

"Even if you have an appointment, one must take a number in the waiting area and then wait for your appointment. It is slow."

"I have spent all day and waited for hours and only met with DSHS staff for about 10 minutes."



Photo courtesy of clipart.com.

Most clients said DSHS services are easy to obtain.

"It is so quick and easy to get services."

"It provided medical and enables our child to live in an adult family home. Everything has moved along smoothly."

"It is always simple. I can always get someone to answer my questions."

"It is easy and simple if you follow the rules."

"We never have any problems with DCS – it is always easy for us."

Some feel DSHS services are TOO easy to obtain.

"Screen people who drive in to get services that are driving brand new Humvees and other brand new cars to see if they actually own cars before they give them any benefits."

"Pay closer attention on who they provide services to as there are a lot of people that scam the system."

Others reported difficulties in accessing DSHS services.

"I think overall they could be a little less complicated, which would be greatly appreciated."

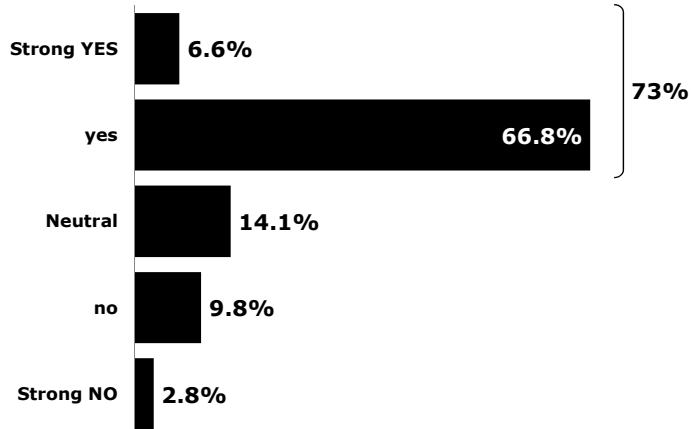
"The lady at the CSO was arguing with me about income that my husband doesn't even make. We had to prove he didn't make the money – I was guilty as charged before it was verified."

"I had to travel to the Olympia CSO which is a hardship...I felt DVR pushed me out the door...I feel DSHS puts people off until they just give up."

"I was laid off from work in 2003 and was still made to pay my full child support. I was denied food stamps. I couldn't afford to eat or get needed medical treatment."

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

Nearly three out of four survey respondents (73%) feel it is easy to get the DSHS services they need. More than one in ten people (13%) disagreed.

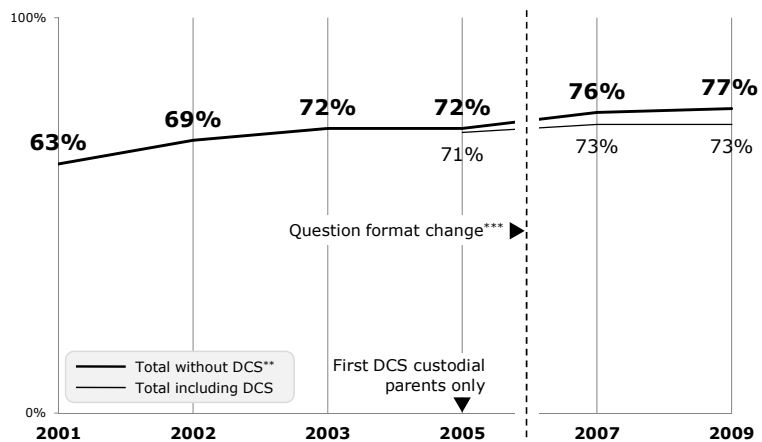


SUBGROUPS: Respondents were more likely to agree* that services are accessible when:

- The client was Hispanic (83% agreed), compared to non-Hispanic minority (72% agreed) or non-Hispanic Caucasian clients (70% agreed).
- The client participated only in voluntary programs (76%), rather than in at least one mandatory program (62%).

Trend

This chart shows the percentage of respondents who answered the above question positively from the 2001 survey to present. The increase from 2001 to 2009 is statistically significant.*



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

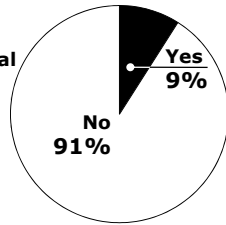
** The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005 and non-custodial in 2007. To look at trends for comparable groups, use the black line (without DCS) or compare 2007-2009 on the grey line (with DCS).

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THEME | General processes

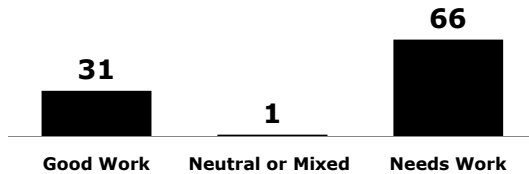
All comments that addressed DSHS processes in general – efficiency, bureaucracy, errors, and the need to take individual differences into account – were categorized as “general processes.”

Made comments about general processes?



98 of the 1,149 clients commenting (9%) mentioned general processes.

Of the 98 clients who spoke generally about DSHS processes, two thirds (67%) made criticisms or suggestions for improvement. Nearly one third (32%) offered compliments.



Positive comments regarding DSHS processes often mentioned these aspects of DSHS services:

- DSHS processes are quick and efficient
- DSHS processes are reliable
- It is easy to get information and guidance from DSHS

Negative comments or suggestions for improvement tended to focus on these areas:

- DSHS processes aren't well organized
- DSHS processes move too slowly
- DSHS too often loses or confuses information
- DSHS processes deal with different clients in different ways



Photo courtesy of clipart.com

Some clients appreciate DSHS processes.

“They have always given me the answers, and it has always been easy to get the right person. I was very surprised at how well it worked.”

“The availability and efficiency of the food assistance program, they were phenomenal.”

“My CSO is a lot more organized than it used to be, it used to be so chaotic.”

“It is really easy and convenient to use DSHS services. I like it that I can communicate via postal mail or by the Internet.”

“They were pretty streamlined and pretty fast. Once you go through the hoops, they are pretty good at helping you out – not many delays.”

Others see a clear need for improvement.

“I think that children that are in homes where they are exposed to drugs, alcohol and domestic violence are too quickly and too often returned to those homes.”

“I turn in forms and information and they say they didn't get it.”

“They could have done more research on my case with CA, and they accuse people of doing things that are not true. They could have investigated more on my circumstances.”

“Try to stick with the same rules for at least five years at a time. DSHS runs everything this way and the rules always seem to change.”

“Sometimes I would get a letter stating they would terminate me, and I had done all the things I was supposed to do. This happened several times, and it would stress me out.”

“They need to follow up on their complaints and verify if the information is true, regardless of who is making the complaint or the age of the person making the complaint.”



Photo courtesy of clipart.com.

Clients appreciate streamlined processes that are easy to understand.

"I like the delivery of prescriptions by the pharmacy."

"It was easy to change from one county to another when we moved."

"The DSHS website was hard to use. It was time consuming and difficult to follow."

"They made the adoption process fairly easy to go through."

"We tried to access funds for orthodontic work. It took 1.5 years to get funds. it would be nice if this process was easier to access."

"If you don't get a medical coupon at the first of the month, they will send you or fax a copy of it."

"They take child support right out of my check, and that makes it hassle free for me."

They also like processes that limit the need for office visits.

"They provide services with Child Care Connection over the phone. I like that convenience."

"I like that I can access it on-line."

"They don't have very much understanding if you don't have transportation or a way to get to the office. How come they don't have workers that go to people's houses and help people out?"

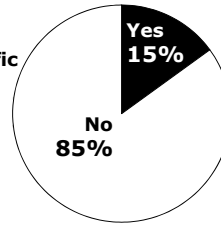
"I like the fact that you don't have to go to the office too often, maybe we go once a year."

"I was able to apply on-line and I was able to drop off information they needed at the office rather than having to wait to see the worker to turn it in. They also gave me an option to mail it in. They were very nice and very helpful."

"It would be helpful if I could get the medical coupons in the mail instead of having to go to the office each month to pick them up."

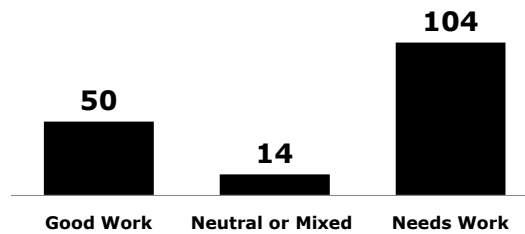
THEME | Specific processes

Made comments about specific processes?



168 of the 1,149 respondents who made comments (15%) addressed specific processes.

Over six out of ten (62%) of the 168 clients who commented on specific processes offered criticisms or suggestions for improvement. Three out of ten (30%) made positive comments.



Clients who made positive comments remarked on the following:

- The ease in applying for services
- Simple processes for using or changing services
- The option to do business by mail, phone, or e-mail

Those who made negative comments tended to make specific suggestions for process improvement. Some of these comments can be found in the column to the left. Additional comments, arranged by category, can be found on the facing page.

THEME | Specific processes, continued

Clients want ongoing contact with a single caseworker whenever possible. They resent processes that are inefficient, and fail to take their needs into account. They feel many DSHS processes could be improved, and much unnecessary paperwork could be eliminated. Many of their specific suggestions for improvement can be found below.

VOICES . . .**Clients dislike staff changes and turnover.**

"Our experience has been that DD changes caseworkers very often – this causes problems and issues. It is difficult for a new caseworker to know our children and show compassion for them. Then, we get another new caseworker and start over again...The last two caseworkers didn't seem to have a good working knowledge or grasp of the rules and laws for service provision."

"I have had to do a lot of foot work and a lot of phone calls to connect with the right person. My son had a different case manager every month for a year."

"They seem to be so overwhelmed that we have had 4 different caseworkers in four years."

They also dislike inefficient and inconsiderate practices.

"It would be nice if the medical coupons could reach us on the last day of the month instead of the first day as sometimes I have appointments on the first and no medical coupon."

"They wouldn't allow me to go back into a private room because I couldn't have my service dog there since some people might be allergic to animals. So, they took my personal information in the lobby area with absolutely no privacy at all...I am a double amputee – but DSHS insisted that I have X-rays taken to certify that I was missing some of my limbs."

"I think this last caseworker assessment was extremely long, it went over 5 hours, and my daughter was upset. It was very trying and grueling. There must be a simpler way. Whoever came up with this extensive assessment must have never sat with a DD person before."

"In October 2007, my daughter needed dental work done under anesthesia. By the time the dental appointment came around DSHS did things differently and changed how they approve dental requests and my daughter was not able to get the work done until September 2008. By then she had to have a front tooth pulled which would not have been done had we got her in sooner. This upset my daughter and myself."

"Get the bus passes out when they say they are going to."

"The reviews that they keep asking me to complete aren't necessary. They already have the information that they need and can get my wages off the computer so why do I have to keep telling them the same thing each and every month?"

They are especially displeased with confusing and redundant paperwork.

"The problem is that I get 2 and 3 letters that say the same thing, and I'm wondering why I get local letters and letters from Olympia that duplicate each other. That seems so wasteful and costly."

"I would like surveys to come in e-mail form."

"In order to keep Medicaid, at my age I have to apply for Medicare. Why do we have to do all that paperwork to accomplish such a simple thing? I ended up with a Seattle attorney to get the mess straightened out – the judge granted me my wishes. There was a lot of stress involved at my age."

Clients suggested various ways to improve DSHS processes.

"I think the one thing they could do, maybe change their name. Doctors react like DSHS is not a good thing...it is rather hard to get doctors to deal with people on DSHS."

"DSHS should change the comprehensive assessment. Make it more favorable to adult family homes."

"Match the personality of the client to the social worker."

"They should be more lenient on the absent parent being able to do self-pay rather than garnishment of pay."

"More follow-up on cases in CPS."

"The child support office needs to improve the system as to collecting child support from another state."

"Allow people to have XX amount of money from the sale of their house without budgeting it."

"Maybe send two sets of medical coupons, in case one set gets lost."



Photo courtesy of clipart.com.

Some clients praised DSHS's eligibility process.

"Whenever I asked for help, they gave me an application and it has been easy process."

"When I put in my application there is always someone there to help me."

"I like that you can apply and find out information on-line."

"When it is time to recertify, they send me paperwork and I resubmit it and they determine my eligibility – it is very easy."

"They have provided me with medical and it is easy to get assistance."

Others feel the eligibility process needs improvement.

"I am trying to get services for my son, who has anger issues and drinking and drug issues. I have left several messages. I have not heard a word and these problems are urgent."

"Caseworker said to come into the office and apply...Things would be better if we could do it on-line."

"It is an aggravation to have Aging and Adult Services come out to make me eligible every year. I am in a wheelchair and my situation doesn't get better."

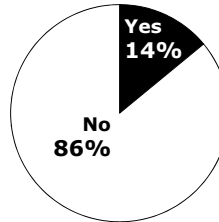
In particular, clients want eligibility processes that are easy to understand.

"I don't understand why I don't have medical benefits. I have documents from the doctor, but yet DSHS won't provide medical coverage."

"It was hard to find the right person to talk to. It took a while to figure out the correct documentation needed to avoid termination."

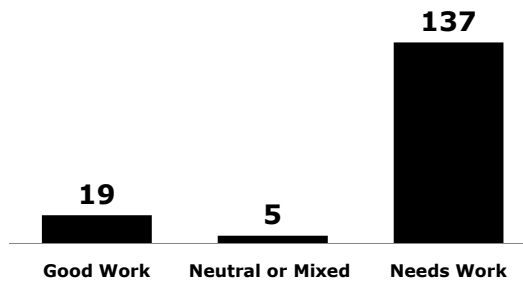
THEME | Eligibility processes

Made comments about eligibility processes?



161 of the 1,149 respondents who made clients commenting (14%) mentioned eligibility processes.

Of the 161 clients who remarked on eligibility processes, most (85%) offered criticisms or suggestions for improvement. Only 19 clients made positive comments in this area.



Most of those who made positive comments mentioned one of the following:

- The ease of the eligibility process
- Staff assistance during the eligibility process
- The ability to apply for services by telephone, mail, or e-mail

There were many negative comments and suggestions for process improvement, which tended to be highly specific. Some of these comments can be found in the column to the left. Additional comments, organized by category, can be found on the next page.

THEME | Eligibility Processes, *continued*

Clients want eligibility standards to be expanded, so more individuals receive services. They also want eligibility processes to be simpler. They dislike the spenddown process, and inflexible rules that deny individuals needed support during times of crisis. They believe some groups deserve more support from DSHS; they also believe some individuals and groups should be denied the benefits they are currently collecting.

VOICES . . .**Clients want to be able to earn more without losing eligibility for DSHS benefits.**

"Change the standard for people being eligible for food stamps."

"My daughter has autism, and because my husband's income was too high my daughter doesn't qualify for any services or treatment for autism. We are unable to afford treatment for her."

"I need more help. I am on for 6 months and then they terminate me because I made too much money."

"Why can't I make \$50 extra and not have something taken away?"

They also want eligibility processes to be simpler.

"The process is so time consuming, they have to "Proof" you to death. They lose paperwork, you have to turn it in several times. It would be nice if they could streamline this process."

"There is so much bureaucracy and there seems to be a lot of paperwork and processes to get through. It is very discouraging for a lot of people in need."

"It is too difficult to get renewed for medical coupons. DSHS cancels me before I have time to act."

"I have got the run-around each time I have asked for services."

They resent the spenddown process.

"The medical spenddown – having to do it every six months is too often. I have to pay the first \$700 in medical bills before I get the medical coupons."

"I think the spenddown is criminal for folks on SSDI. The amount is way too high."

"The spenddown...they say I have to come up with \$478 in paid medical bills before I can be reinstated. I can't afford that!"

They believe rules should be flexible, taking individual circumstances and crises into account.

"Changing of the standards so that when your gas and electricity is turned off you can get help getting it turned back on."

"I got really sick for about a month and because I had a full paycheck before I got sick, they would not help me with Food Stamps. I just needed help while I couldn't work. It was a really difficult time."

"I believe there should be some leeway with the rules. When someone comes in just to get help for three months, I don't see where there is a problem with giving them three months worth of help and then cutting them off."

"In my opinion, when people start back to work, or start to make income, they are too quick to take away food stamps or assistance which tends to make the transition very difficult."

Clients believe some groups deserve more DSHS support and services.

"It would be nice if it was easier for adults to get some medical assistance."

"Help homeless people more than they do."

"It is ridiculous that I have to be suicidal to get any kind of mental health coverage. I was kidnapped and beaten for three days, drugged, etc. DSHS wouldn't allow any mental health treatment after this horrible experience."

They believe other groups should get fewer services.

"They need to check some of the people they hand out money to because some of them don't need it as much as others."

"They could help the people that actually need help instead of the ones playing the system such as the alcoholics, druggies. But parents that lose their jobs can't get any benefits."

"People on foods stamps and don't work, should not get food stamps if they don't work."



Photo courtesy of clipart.com.

Clients want paperwork that is easy to understand and to complete.

"The letters are hard to read, too much legal jargon."

"Eligibility Review... It is not clear how to complete for a child or parents' income and resources."

"On the Spanish letters some of the wording is hard to understand."

"Maybe there could be an easier step-by-step way to fill out the forms. The income part was confusing."

They do not want to receive unnecessary paperwork.

"They need to correct the computer system so that it does not generate letters that are not necessary."

"The state could save a lot of money if they didn't duplicate the letters all the time."

"They could stop sending harassment mail to me about everything all the time."

"I got five pieces of paper in one envelope today!"

They do not want to provide the same information over and over again.

"I had to fill lots of forms repeatedly... all of my information was the same – you shouldn't have to do this so many times."

"Everything is streamlined so you don't have to duplicate applications and paperwork."

"Less paperwork...it is not necessary to keep asking for the same thing over and over when it is in the file."

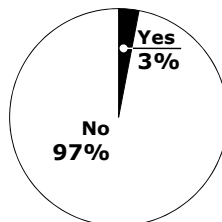
Overall, they feel there is entirely too much paperwork required.

"There is way too much paperwork."

"The paper trail is horrendous for everyone, including DSHS staff."

THEME | Paperwork

Made comments about paperwork?



31 of the 1,149 respondents who made comments (3%) mentioned paperwork.

Not surprisingly, most (90%) of the 31 clients who commented on paperwork made criticisms or suggestions for improvement. Only 3 offered positive comments.



Negative comments or suggestions for improvement tended to address one of these areas:

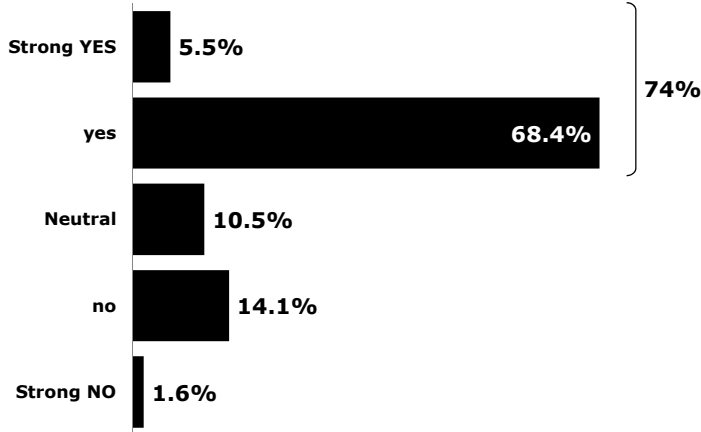
- Too much paperwork
- Duplication of paperwork
- Paperwork that is hard to read
- Paperwork that is difficult to complete

The 3 positive comments about paperwork focused on:

- Reasonable paperwork requirements
- Lack of duplication in paperwork

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

Almost three out of four survey respondents (74%) thought that they received DSHS services quickly. More than one in ten people (16%) disagreed.

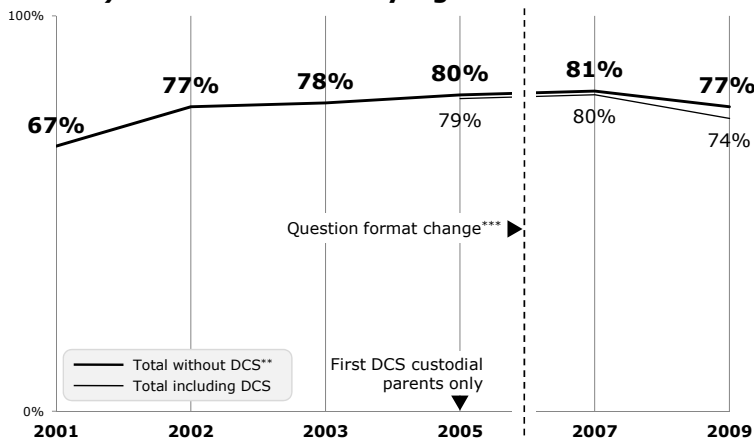


SUBGROUPS: Respondents were more likely to agree* that services were timely when:

- The client was a child (80% agreed), compared to an adult (70% agreed).
- The respondent was a representative of the client (80%), compared to when the respondent was the client (69%).
- The client participated only in voluntary programs (76%), rather than in at least one mandatory program (67%).

Trend

This chart shows the percentage of respondents who answered the above question positively from the 2001 survey to present. The increase from 2001 to 2009 and the decrease from 2007 to 2009 (with DCS respondents included) are both statistically significant.*



* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.
 ** The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005 and non-custodial in 2007. To look at trends for comparable groups, use the black line (without DCS) or compare 2007-2009 on the grey line (with DCS).
 *** Question format changed between the 2005 and 2007 surveys, which may affect comparisons to previous years. See Appendix A.



Photo courtesy of clipart.com.

Most clients reported that DSHS services are provided in a timely manner.

- “They are very quick at providing the medical care that I get.”
- “If my mother has special needs they are very quick at providing the needs needed.”
- “They give attention promptly.”
- “I get my response right away or within a day or two. I’ve never had to wait very long for services.”
- “Usually when you need assistance you receive it within a reasonable timeframe.”

“They do everything on time, and have good manners and treat me good, with respect.”

Some clients reported the wait for services causes them frustration and stress.

- “Checks to protective payee don’t arrive on time. This is sporadic but aggravating.”
- “They take a long time to do everything. It seems like it takes forever to get anything done.”
- “She has been on the waiting list for 4 years for family support (i.e., speech therapy and a ramp for our van).”
- “They need to offer more mental services and not have such a long waiting list.”
- “I have to wait for months for requests for medical equipment to be approved and I need the equipment right away.”
- “They changed medical coverage so I could not get my knee replacement. That was 4 years ago. I have been trying to get a knee replacement since then. Now they say it may be 6 more months before they can find a surgeon to do it, then it may take several more months to schedule it, and I have been in terrible pain for years.”



Photo courtesy of clipart.com.

Clients want their applications for DSHS services to be processed promptly.

"I like that I can get food stamps right away."

"It took a really long time for them to determine my eligibility, even after I gave them everything they needed."

"Speed up the process a little. The paperwork got held up in Olympia for a couple months."

"They were quick on processing my application. They provided me with medical retro, which was a blessing."

"The time that it takes you from initial contact to when you get actual services seems very long."

Once eligible, they want to receive benefits, services, and information in a timely manner.

"They [Aging and Adult Services] are prompt with services."

"Be more speedy in getting me services."

"I liked the quick response in getting my daughter's medical when she was in need."

"Be quicker. I forgot to fill out my six month review paperwork. When I went in to take care of it, DSHS said it would be a week before I got any funds. My landlord wanted the money."

"They are quick, reliable, and help me with my food stamps."

Clients appreciate staff who respond quickly when issues arise.

"When they worked on my case, they got back to me right away."

"My CPS worker should work a little faster on my case."

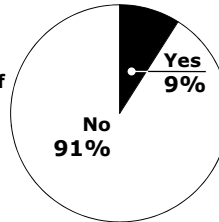
"They are friendly and quick to provide assistance when I need it."

"They respond pretty quick. The workers don't hesitate if the workers determine I was qualified for any services."

"Be quicker on their response. Be much quicker at approving my phone."

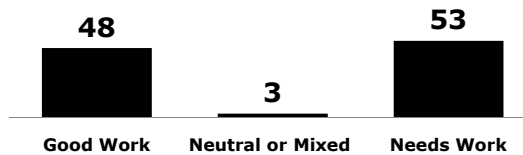
THEME | Timeliness of services

Made comments about timeliness of services?



104 of the 1,149 clients commenting (9%) addressed timeliness of services

Just over half (51%) of the clients who commented on timeliness of services offered criticisms or suggestions for improvement. A slightly smaller percentage (46%) made positive comments.



Those making positive comments appreciated:

- Streamlined application processes
- Receiving established benefits and services quickly
- DSHS staff who respond promptly to clients' needs

Some clients objected to:

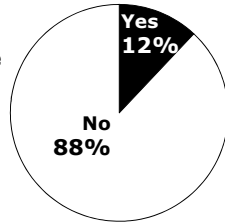
- Lengthy application processes
- Wait-times for established benefits and services
- Staff who are slow to resolve clients' issues

Trends. As shown on the Trend Chart on the previous page, the number of clients who got treatment as quickly as they needed has decreased from 2007 to 2009.

- Two programs, Economic Services and Medical Assistance, also found statistically significant decreases in timely service. These downward trends may be due to the increasing needs for economic and health care assistance presented by the current economic downturn.
- In contrast, Aging and Disability Administration's Long-Term Care clients reported more timely service – probably a result of program initiatives to return calls quickly and to increase access and responsiveness.

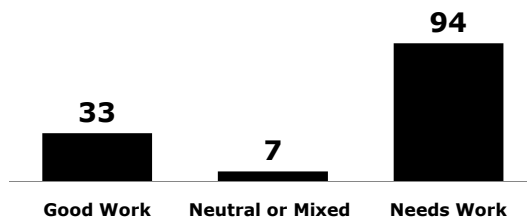
THEME | Phone and staff access

Made comments about phone and staff access?



134 of the 1,149 respondents who made comments (12%) mentioned phone and staff access.

Of the 134 clients who commented on phone and staff access, the majority (94) were critical or made suggestions for improvement. About one in four (33) made positive remarks.



Clients feel strongly about the need to contact DSHS staff quickly and easily. Even though some clients expressed appreciation for the ability to contact DSHS staff when needed, most reported frustration on this issue. Clients want staff:

- To be responsive to needs, and return calls and e-mails within 24 hours
- To communicate with clients by phone, mail, or electronic means
- To be more accessible through the phone system, with minimal use of voicemail and fewer phone prompts

Discussion of these issues continues on the next two pages.



Photo courtesy of clipart.com.

Many clients complained about the phone system.

"Get rid of the computer that answers the telephone so you get to talk to a live person."

"When you call you shouldn't have to wait on hold for at least 30 minutes."

"They need to delete some of the options given when you use the call systems and make it much simpler to connect with a real person."

Some clients spoke highly about DSHS phone services.

"When I need help I can call and get help."

"They are really easy to get ahold of and have been fabulous help."

"You can deal with most anything over the phone."

"I can call on the phone and ask questions."

Clients like having options for communicating with staff.

"When they went on-line, it's much more convenient."

"We exchanged information by FAX."

"I must say that the answer phone (1-800 customer service #) has been very helpful."

"They follow up by mail or phone."

A few clients made specific recommendations to improve phone and staff access.

"They need to have a public phone number at the local office that the clients can call instead of having to call the call center."

"Have more customer service representatives during peak hour times."

"Get a better phone system. I don't like calling the machine and having to punch all those numbers."

"Have an extension to go directly to your caseworker, so you don't have to put your social security number/case number and listen to automated garble, and waste a lot of time for the machine to get to their voice mail."



Photo courtesy of clipart.com.

Most clients said DSHS staff returned phone calls in a timely manner.

- "They are quick about getting back to me."
- "Responded within 24 hours of any call."
- "Usually they call me right back."
- "If I call her she is quick to respond."
- "The phone calls are returned immediately."

Clients who had to wait for a return call expressed frustration.

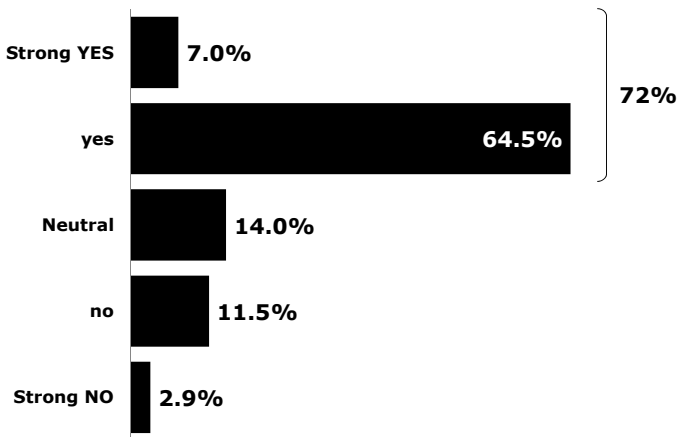
- "Could return calls faster, and make it possible to talk to a human."
- "I recently had a very bad experience. They didn't call me back for 9 days and it was a very emergent situation."
- "They could call back in a more timely fashion."
- "Answer the phone more quickly instead of making you wait for a week or two."
- "I have had bad experience with them returning phone calls and just plain communicating with me."

Some clients claim their calls are never returned.

- "It would be nice if you could get the call back within 24 hours instead of two weeks later or never."
- "They do not call you back; it is no fun to play phone tag."
- "When they say they will call me back, they sometimes never do."
- "They do not respond to calls."
- "Sometimes when I call and leave a message - no one calls me back."
- "I have called their office repeatedly; they have never returned my calls."
- "I left many messages but never got them returned."

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

Most of the clients who talked about phone services (72%) said DSHS staff returned calls in a timely manner. But more than one in ten people (14%) indicated that DSHS staff failed to return calls within 24 hours.

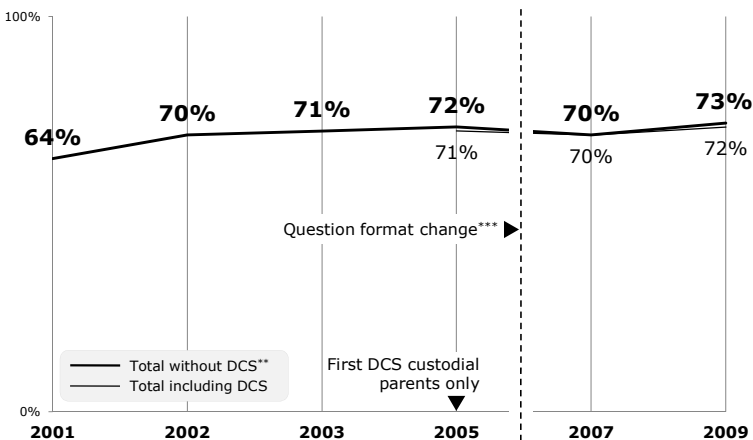


SUBGROUPS: Respondents were more likely to agree* that calls are returned promptly when:

- The client was a child (76% agreed), compared to an adult (69% agreed).
- The respondent was a representative of the client (77%), compared to when the respondent was the client (67%).

Trend

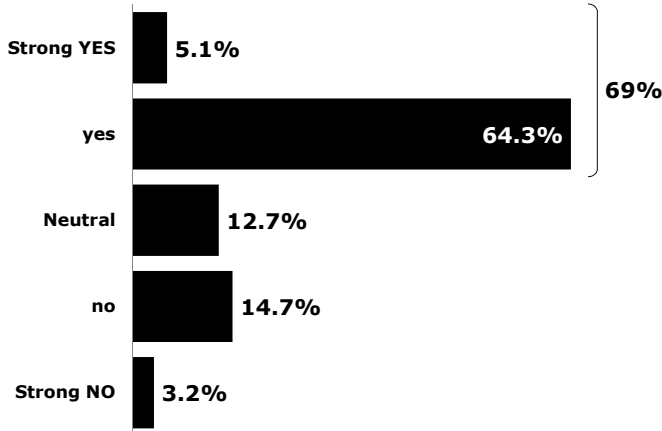
This chart shows the percentage of respondents who answered the above question positively from the 2001 survey to present. The increase from 2001 to 2009 is statistically significant.*



* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.
 ** The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005 and non-custodial in 2007. To look at trends for comparable groups, use the black line (without DCS) or compare 2007-2009 on the grey line (with DCS).
 *** Question format changed between the 2005 and 2007 surveys, which may affect comparisons to previous years. See Appendix A.

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

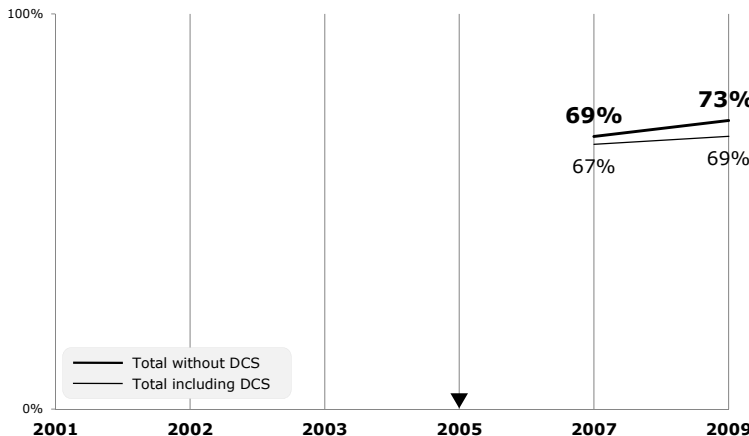
Nearly seven out of ten survey respondents (69%) feel like they talked to a live person when needed. However, nearly two out of ten (18%) complained about difficulty reaching someone when they needed help.



SUBGROUPS: Respondents were more likely to agree* that it's easy to get a live person when the client participated only in voluntary programs (71% agreed), rather than in at least one mandatory program (62% agreed).

Trend

When the client survey started in 2001, most clients were concerned about their caseworker returning their call. This question about the ability to reach a live person was added in 2007 due to increased use of call centers and automated phone systems. The chart below shows the percentage of respondents who answered the question positively in 2007 and 2009.



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



Photo courtesy of clipart.com

People appreciate being able to talk with a real person when they call in.

"Actually talking to people ...automated services I hate!"

"It would be better to get a live person on the phone rather than the computer each time you call."

"I like to be able to talk to a live person to answer questions."

"I definitely think being able to talk to a live person at DCS as soon as possible would improve services. I always get the phone prompts."

"When I have questions, it is pretty easy to get in touch with someone at DSHS."

Clients are frustrated by overuse of voicemail, and long menus of buttons to push.

"You should not have to go through that many steps and buttons to get an answer."

"Too many voice mails. Rarely get a human person to answer."

"It makes you go around and around in menus - when I press the button to speak to a worker - I don't get a worker."

"On the phone don't have so many phone options in order to get to a person to talk to."

"Have staff answer their phones - don't like answering machines or telephone prompts."

Clients also don't like being put on hold for long periods of time.

"If they would answer the phone more quickly - people wouldn't be so upset when they finally get on the phone with a rep."

"The CSO seems to take a long time to answer the phone. I hate the queuing system."

"It is not an easy call to make as they have you on hold for extended length of time."

"They put me on hold a long time: it wastes my cell phone minutes."

"You can be on hold from between 30 to 60 minutes."

"Shorten the phone wait time."



Photo courtesy of clipart-com.

Some clients praised the way DSHS helped them find available resources.

"They have a lot to offer and they fully explain your options as to the services that are available."

"They have provided information on the services that I need."

"When I called they provided me with the services available and information that I needed."

"They try to give you all the information on the resources before they go into detail on their services."

"Thankful that they advised us on how to get services."

"I am grateful that information was available on the Internet about DSHS services and about medical services. Thank you!"

Others expressed a need for more comprehensive information.

"It would be nice if workers would take the time to explain all the services that are available, we have to go fishing for it."

"I think more publicity about what services are offered."

"Maybe if they gave help to the people that are not knowledgeable about the services it would be helpful."

"They could be clearer as to exactly what services they can provide for my son."

"Better explain the services that you could or should be receiving."

"It was difficult to know what was available, or what we were supposed to do."

"Be more clear about what services are available."

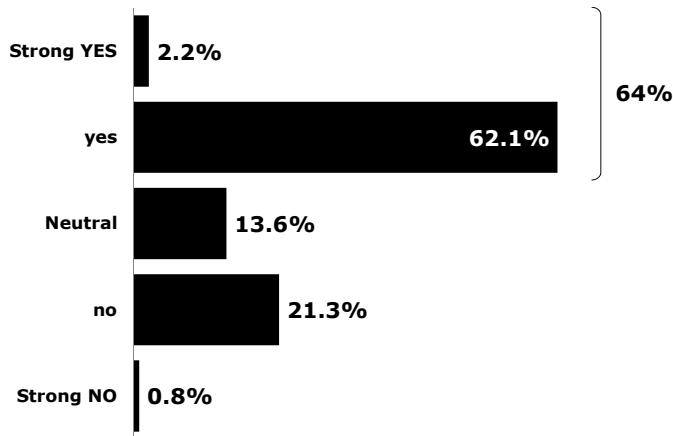
"Get information out about services that are available to clients. Maybe flyers. Make them readily available."

"If they let the people know what is available, I would have no problem with referring people to DSHS."

"I would say that let clients know what services are open to them!"

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

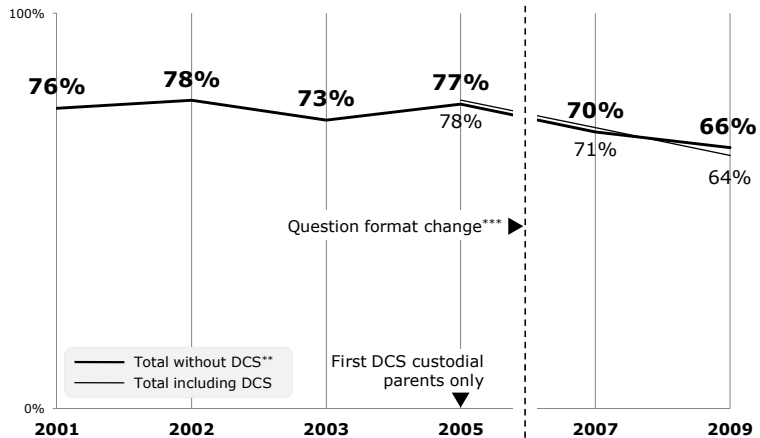
Nearly two out of three survey respondents (64%) told us that they know what services are available. More than two in ten (22%) disagreed.



SUBGROUPS: There were no significant differences between client subgroups for this question.*

Trend

This chart shows the percentage of respondents who answered the above question positively from the 2001 survey to present. The decrease from 2001 to 2009 and the decrease from 2007 to 2009 (DCS respondents included) are both statistically significant.*



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

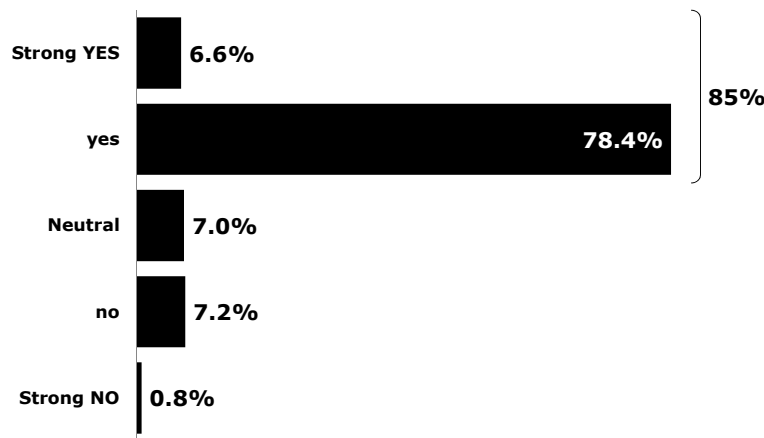
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*** Question format changed between the 2005 and 2007 surveys, which may affect comparisons to previous years. See Appendix A.

NOTE: Non-custodial parents were not asked this question about services from the Division of Child Support services as the question is not applicable for these clients.

QUESTION | Did program staff explain things clearly?

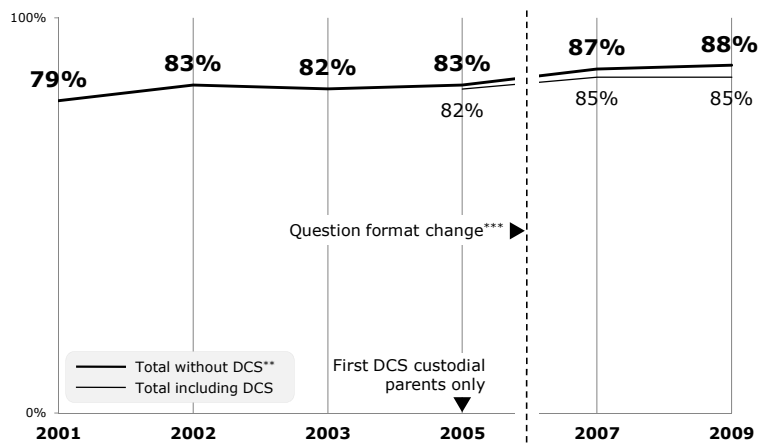
More than eight out of ten survey respondents (85%) told us that DSHS program staff explain things clearly. Less than one out of ten people (8%) disagreed.



SUBGROUPS: Respondents were more likely to agree* that DSHS staff explain things clearly when the client participated only in voluntary programs (87% agreed), rather than in at least one mandatory program (79% agreed).

Trend

This chart shows the percentage of respondents who answered the above question positively from the 2001 survey to present. The increase from 2001 to 2009 is statistically significant.*



* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.
 ** The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005 and non-custodial in 2007. To look at trends for comparable groups, use the black line (without DCS) or compare 2007-2009 on the grey line (with DCS).
 *** Question format changed between the 2005 and 2007 surveys, which may affect comparisons to previous years. See Appendix A.



Photo courtesy of clipart-com.

Some clients appreciated clear explanations.

"With our last caseworker, he was very proactive in explaining what we needed."

"They answer my questions and explain it in detail so that I understand it."

"The workers are very clear in explaining the benefits that I receive."

"Everyone I have talked to has taken time to explain."

"I like to deal with them because they explain things."

"It is easy to deal with. Everything has been explained to me clearly."

Others found explanations unclear or incomplete.

"Just make the staff explain things better."

"The workers need to explain clearly what information they need from clients."

"They could explain programs better."

"Explain questions better when asked."

"The staff needs to explain things better or provide handouts to explain things much better."

"Why are services denied without an explanation?"

"When DSHS changes my benefits, they are not very explanatory about why. They use a lot of codes which I only understand to an extent."

"They don't explain things very well, all of DSHS in general."



Photo courtesy of clipart-com.

Many clients feel DSHS staff provides information they need.

"I like that they are patient and tell me step by step what to do."

"They always have an answer for us and try to help us."

"Their orientation was good for information and at the same time they let you know who your counselor was."

"I like all the information that I get."

"They are quick to answer questions and they explain everything very well."

"They give us more knowledge and how to solve problems if we have any."

"They have always answered my questions and been polite."

"They also will do research to answer my questions if they don't know an immediate answer."

Some said that getting necessary information from DSHS can be difficult.

"Provide more information on their services. They don't willingly let us know what services they offer."

"They could be a little more informative about the rules and regulations."

"The financial worker could be more helpful in providing information when requested."

"The department needs a better data base for information so workers have information available to answer questions."

"I think they need to make clients more informed of their options."

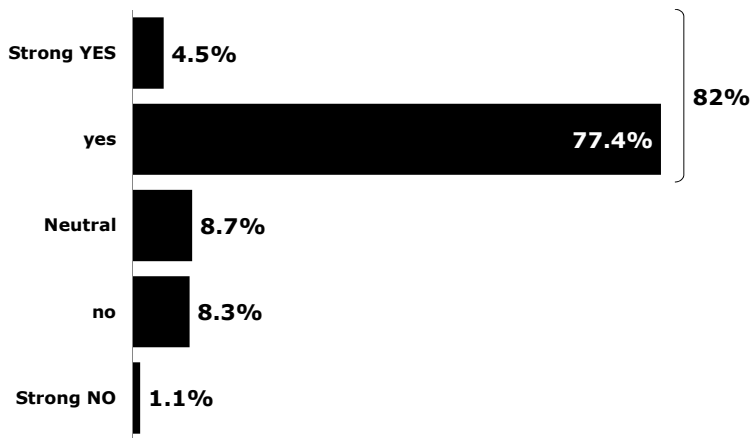
"I didn't feel like they gave me good information."

"The DD program should explain options better as to what is available for my son."

"It seems like you learn things about DSHS by word of mouth."

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

More than eight out of ten survey respondents (82%) told us that information was easy to get. Less than one out of ten people (9%) disagreed.

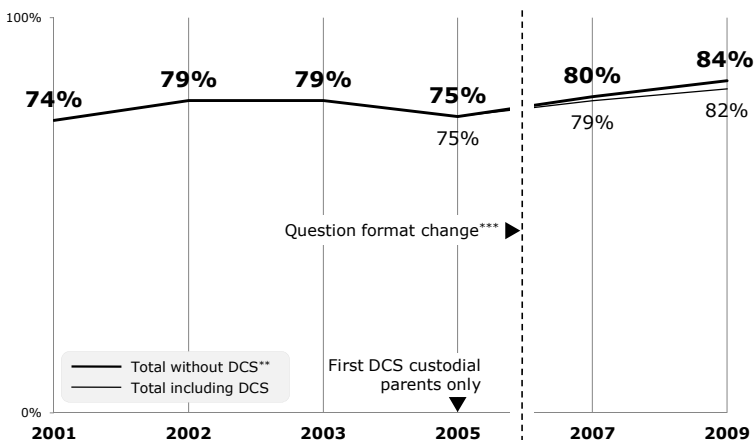


SUBGROUPS: Respondents were more likely to agree* that it was easy to get the information they needed when:

- The client was a child (86% agreed), compared to an adult (79% agreed).
- The client was Hispanic (89%), compared to non-Hispanic Caucasian (80%) or non-Hispanic minority clients (80%).
- The respondent was a representative of the client (86%), compared to when the respondent was the client (78%).

Trend

This chart shows the percentage of respondents who answered the above question positively from the 2001 survey to present. The increases from 2001 to 2009 and 2007 to 2009 (DCS respondents excluded) are statistically significant.*



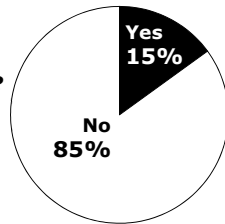
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*** Question format changed between the 2005 and 2007 surveys, which may affect comparisons to previous years. See Appendix A. Also, in 2009, the word "information" replaced the previous word "facts." Many phone respondents thought they heard "fax."

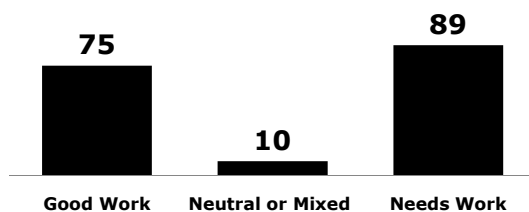
THEME | General information

Made comments about information?



174 of the 1,149 clients commenting (15%) mentioned the information they receive from DSHS.

Of those 174 clients who addressed information, more than half (89) made criticisms or suggestions for improvement. A few less than that (75) responded favorably.



Many clients made helpful suggestions for how to improve communication:

- Regularly update clients on their services
- Make information available in a variety of formats and through a multitude of sources
- Use language the client can understand
- Provide timely, consistent answers when asked questions



Photo courtesy of clipart-com.

Some clients commented favorably on receiving the information they needed.

- "They provide knowledge about all the programs to fit specific needs."
- "They were very informative."
- "Friendly, helpful staff gave me lots of information that I didn't know before."
- "They are really informative."
- "I think that they have excellent communication services."
- "I feel that their food program and information booklet are well done. Very clear and easy to use."
- "Having information on-line in the computer is very helpful when I go to pick up my medicine."

Others made suggestions about how to improve communication.

- "We need a booklet that describes the services for dental and medical and if these services are covered."
- "They don't give out resources in the community."
- "I would think just get more information to the community to make sure they know about them and all of their resources."
- "Hopefully, they could send a notice when your medical is about to expire."
- "They could let you know if there are extra activities in school or after school they could participate in."
- "They need to explain spenddown in a way that the client can understand what it is."
- "Make it more public - maybe advertisement in the paper. I found out about the service availability by word of mouth in the community."
- "They use their own terms and language that is hard to understand."
- "It would be better if there was something in writing to spread information - to inform people that don't want to abuse the system."



Photo courtesy of clipart-com.

A few clients were pleased with language services.

"I really enjoy that they can help in my own language."

"They have Spanish speaking there, which is nice."

"I receive everything in Spanish and English and the assistance is great."

"A lot of the workers are bi-lingual."

Others mentioned specific language resources they needed.

"Have someone who could speak French."

"It would be nice to have ASL (American Sign Language) interpreters available at some of the offices."

"Get some people that speak a little more Spanish."

"When they send letters to us, please send in Chinese, not in English so that we can understand the letter."

"I think the only thing would be that they should have more bilingual people."

"Have a person help me when I am unable to read and write to complete the application form."

"They have no Arabic interpreters."

Some have difficulty understanding DSHS staff.

"Sometimes when I call DSHS, I get people who don't speak English, and I had a hard time understanding the worker."

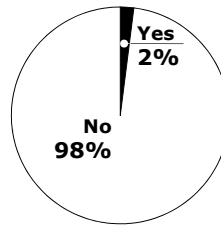
"I would appreciate an English-speaking worker, as it is difficult to communicate with non-English speaking workers."

"Speak English better. They don't speak it enough and they don't speak it properly. It's almost like one needs a translator when one goes to the CSO."

"Most staff speak Spanish - they are low paid and very busy. It is very difficult to talk with them."

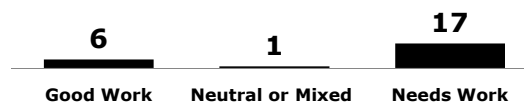
THEME | Language services

Made comments about language services?



24 of the 1,149 respondents who made comments (2%) mentioned the quality and helpfulness of language services.

Of those 24 clients who addressed DSHS language services, the majority (17) made criticisms or suggestions for improvement. A much smaller number (6) made positive comments.



Clients commenting on language services identified ways to improve services:

- Provide more DSHS publications in multiple languages
- Increase bilingual employees in offices
- Expand interpreter services
- Help illiterate clients complete forms
- Ensure staff are speaking clearly with clients



Photo courtesy of clipart-com.

Some clients said DSHS worked with them when making plans and setting goals.

"I have been in unique circumstances with my mental health issues, and they have been very understanding and supportive in working on a plan that will get me back on my feet financially and physically and emotionally."

"Working hand in hand with DVR is helping me get a good job that I can live on."

"They are available to provide me with the services and needs when needed."

"They have provided me with a second opportunity to start over and I hope that someday when I get back on my feet that I can repay them back."

"They also helped me reach my goal."

"I like how they try to work on different personal issues to try and better their lives."

Others felt that DSHS got in the way of reaching goals and stabilizing their lives.

"I feel my rights are being abused. I am just worried about my son's welfare."

"They don't let us have an opportunity to express our needs and conditions."

"ESA needs to listen more and understand our needs."

"For three years, we struggled financially because of the advice they gave to us."

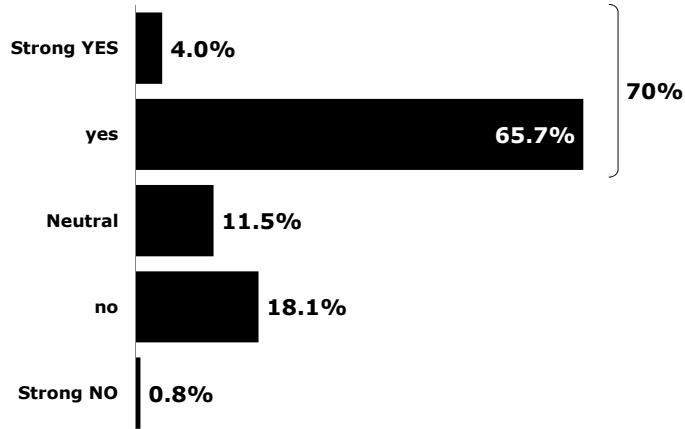
"Mainly just realize that people have different circumstances or different goals."

"My boyfriend was continually told the wrong date for the orientation program - it happened three or four times to him."

"My impression is that they do not listen to our needs...it is the DSHS way or no way."

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

Seven out of ten survey respondents (70%) told us that they helped make plans and set goals about their services. Just less than two out of ten people (19%) disagreed.

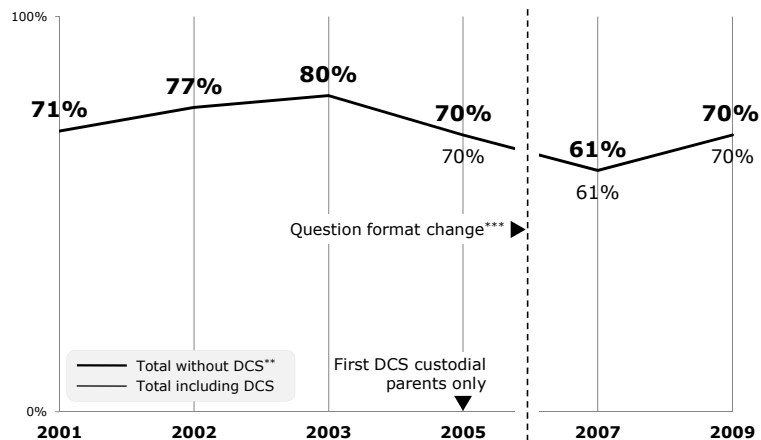


SUBGROUPS: Respondents were more likely to agree* that they helped make plans and set goals about their services when:

- The client was a child (74% agreed), compared to an adult (66% agreed).
- The respondent was a representative of the client (74%), compared to when the respondent was the client (65%).

Trend

This chart shows the percentage of respondents who answered the above question positively from the 2001 survey to present. The increase from 2007 to 2009 (both with and without DCS respondents) is statistically significant.*



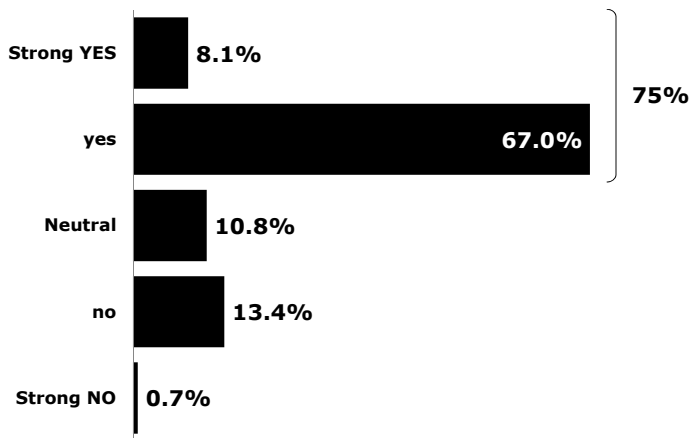
* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level. This question was not asked in connection with child support services since child support requirements are not set by DSHS.

** The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005 and non-custodial in 2007. To look at trends for comparable groups, use the black line (without DCS) or compare 2007-2009 on the grey line (with DCS).

*** Question format changed between the 2005 and 2007 surveys, which may affect comparisons to previous years. See Appendix A. Also, in 2009 the word "set" was added to this question to improve question clarity.

QUESTION | Did you have a say in what kind of services you get?

Three out of four survey respondents (75%) told us that they had a say in the services they got. Fewer than one out of five people (14%) disagreed.



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

- The client was a child (79% agreed), compared to an adult (71% agreed).
- The respondent was a representative of the client (80%), compared to when the respondent was the client (69%).
- The client participated in one program (79%), compared to three or more programs (71%).

Trend

This question is new in the 2009 survey – therefore, there are no trends. It replaced the question: “Were you involved in making choices about your services?” This change was made to improve survey clarity.



Photo courtesy of clipart-com.

Most clients felt that they were given choices and input into service decisions.

- “I could choose my medical coverage according to my needs.”
- “When I call, they listen to what I have to say about my needs.”
- “They listen to me, and almost 99% of the time I get wonderful response.”

“They have different programs to meet different individual needs, which is a plus.”

A few clients pointed out factors that limited their ability to make choices about services.

- “I thought clients had the right to pick a doctor, a right to participate in my treatment plan. I don't know how much DSHS has to play in this but the mental health center that I use doesn't practice clients' rights and the right to choose services.”
- “They should listen to me a little bit better.”
- “I felt like I was treated unfairly, because they took out a set amount and I didn't get any input.”
- “They seem to be more concerned with the issues of liability than with the issues of the client.”
- “We got involved with CPS...Even though I would share things with them it was usually met with skepticism. They visited our home and then stormed out of our house when we didn't comply with what they wanted. They were very threatening to us.”
- “I just want to reiterate how important it is to involve family members or close friends with mental health patients and issues.”
- “When you make a choice contrary to what DSHS wants you to do, they could accept that.”

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



Photo courtesy of the US Census Bureau (with permission)

Some clients made suggestions about how DSHS can improve services and better involve them in decisions and plans.

"Be more flexible."

"I could not get into an OJT, or WIA (Worker's Initiative Act) or even take a typing course even though I proved that it would not cost DSHS one single penny. They would not approve it on my IRP."

"Provide more information about available services."

"I have child care issues, finding child care for an autistic child is very difficult."

"I think if you give them what they want to hear, they believe you. If you tell them the truth, then they don't believe you. They need to improve their investigative policies or train the caseworkers better."

"My medical coverage was switched to a new plan that came into effect - it limited my choice of medical coverage facilities. They had to be within the county where the DSHS office was located. I was in King County but my psychologist was in Snohomish Country. This created problems for me!"

"DCS could improve teleconference fair hearing. My ex-significant other could reply because he was on site in Washington state but I couldn't reply since I was in Georgia."

"They could have more of a variety of doctors to choose from."

"You don't know what is expected of you and what classes you need to take and this needs to be explained to you so you know what is expected of you."

"They can improve on the medical services and provide us with a list of doctors and dentists that are taking the medical coupons."

"When a plan of service is issued it should be explained to the client as to how the plan is going to be completed, what insurance will pay for what part of it, what plan of direction needs to be completed and how. The plan needs to be clear at the time the plan is made."

THEMES related to client involvement

Other sections of this report discuss issues closely related to client involvement, and include suggestions from clients that DSHS should provide:

- **Assessments and service plans tailored to individual needs.** Clients believe that rigid formulas for determining benefits and services can block their access to the help they need. (See the "Getting Services" section of Chapter 3, pages 32-40.)
- **Responsive, long-term caseworkers.** Clients want caseworkers who know them, listen to and understand their circumstances, and work with them to meet their needs. (See Chapter 2, pages 15-25, and Chapter 6, pages 55-58).
- **Improved access to care.** Clients want coverage for needed medical services, and more providers who will accept medical coupons. (See Chapter 7, pages 62 and 63.)
- **Paperwork and processes that are streamlined, well-coordinated, error-free and understandable.** Clients feel frustration when complicated paperwork or processes make it harder, not easier, to access services. (See the "Getting Services" section of Chapter 3, pages 32-40, and Chapter 6, pages 59-62.)
- **Benefits sufficient to meet their needs.** Some clients find current benefits inadequate. Others want transition programs to promote stability as they become more self-sufficient. (See Chapter 7, pages 64 and 65.)

A positive trend

Historically, Child Protective Services clients have given low ratings to client involvement. However, since the 2007 Client Survey, Children's Administration has launched a number of initiatives to partner with families in the case planning process. These initiatives include Solution-Based Casework, Family-to-Family, and Shared Planning Meetings.

The 2009 survey showed great improvement in two questions related to client involvement:

- **40%** more Children's Administration clients said "Yes" to **"Did you help make plans and set goals about services?"**
- **27%** more Children's Administration clients said "Yes" to **"Did program staff explain things clearly?"**



Photo courtesy of clipart.com.

The majority of clients served by multiple programs rated coordination between services positively, but only one singled out this issue for a positive comment.

"Mostly, [I like] the interaction between all of my caseworkers through DVR and Medical Assistance. The contact is really great."

Most negative comments addressed the general need for better coordination and communication among DSHS programs and services.

"There needs to be more communication between the different DSHS programs. It doesn't seem that anyone communicates between divisions."

"I think there is a disconnect between the different divisions within DSHS."

"I think if they could meet/share information of all the Divisions every month or so, they would be much better organized and much more helpful to clients."

Some clients made specific suggestions for streamlining DSHS services.

"Less service providers (workers) that you have to answer to. Have one worker who can help you with all the programs and benefits."

"They could...do one review for all programs, instead of having you come in 3 or 4 times a year."

Others remarked on the need for improved connections between particular programs or offices.

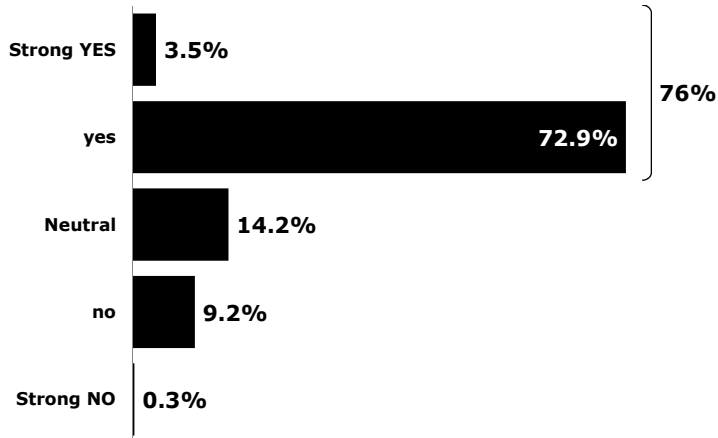
"CSO and CPS should communicate much better."

"The local office tells me one thing and the state office tells me something else."

"My (child support) payments are going to Oregon, then to Seattle, and then to Kennewick. Each office says I owe different amounts. They need to cooperate in sharing information with each other and keeping my record clean. This is killing my credit!!!"

QUESTION | Does DSHS make sure all your services work well together?

More than three quarters of those who commented (76%) felt that DSHS services work well together. One in ten (10%) disagreed.

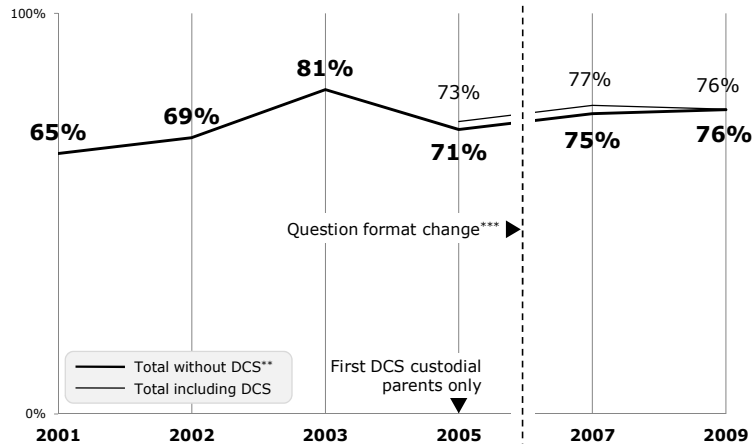


SUBGROUPS: Respondents were more likely to agree* that DSHS makes sure their services work well together when:

- The client was male (83% agreed), rather than female (71% agreed).
- The client was Hispanic (85%) or non-Hispanic minority clients (83%), compared to non-Hispanic Caucasian (71%).
- The respondent was a representative of the client (87%), compared to when the respondent was the client (72%).

Trend

The chart below shows the percentage of respondents who answered affirmatively from the 2001 survey to present. The increase from 2001 to 2009 is statistically significant.*



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

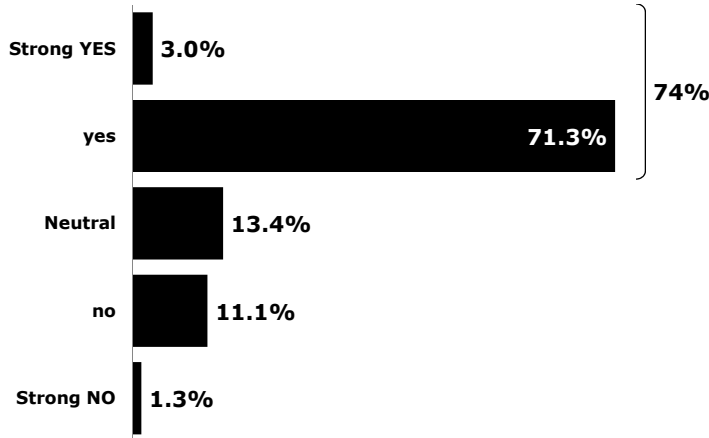
** The first three surveys (2001-2003) did not include child support (DCS) clients. Custodial DCS clients were added in 2005 and non-custodial in 2007. To look at trends for comparable groups, use the black line (without DCS) or compare 2007-2009 on the grey line (with DCS).

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

NOTE: Only clients who received services from three or more programs were asked this question.

QUESTION | Do the staff from your different DSHS programs work together as a team to try to help you get the services you need?

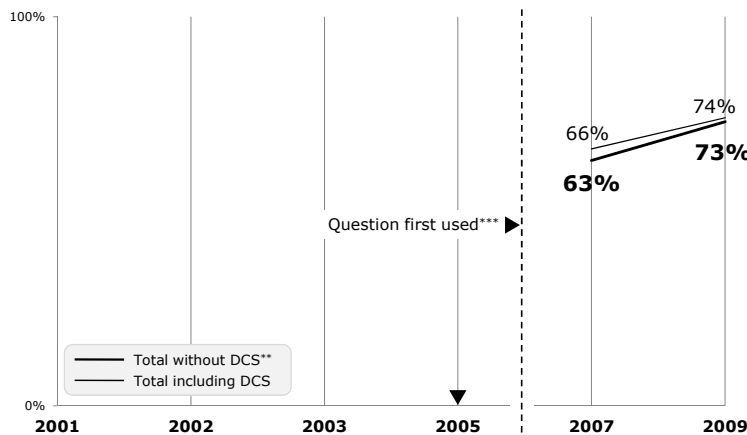
Nearly three quarters of those who commented (74%) reported that staff from different DSHS programs work well together. More than one out of ten (12%) disagreed.



SUBGROUPS: There were no significant differences between client subgroups for this question.*

Trend

The chart below shows the percentage of respondents who answered affirmatively from the 2007 survey to present. ** The increase from 2007 to 2009 (DCS respondents included) is statistically significant.*



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

** This question was first asked in 2007. It replaced a previous question about coordination that was confusing to respondents.

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

NOTE: Only clients who received services from three or more programs were asked this question.



Photo courtesy of clipart.com.

While most clients agreed that staff from different DSHS programs work as a team to support them, the only positive comments offered were about having a single caseworker.

"I like the fact that I have had the same caseworker for the past two years. This makes it easy to deal with support enforcement."

"I only have to deal with one person."

Clients clearly appreciate dealing with the same DSHS worker over time.

"I don't like the current system where I have to call a call center and no one is assigned the responsibility for any case. I like it when I have one person to call and not have to talk to anyone that answers the phone. Things get lost and work doesn't get done and no follow through."

"You are traded from worker to worker, so you don't get to establish a working relationship with a worker."

"The change in caseworkers at DDD sometimes makes continuity of care not happen. Service delivery works better with a minimum of change in caseworkers."

Clients want all the DSHS programs, and DSHS workers, they deal with to be on the "same page."

"Sometimes the social workers don't know what the other workers are doing...You try to do each separate worker's requirements... it is almost impossible."

"The right hand doesn't know what the left hand is doing."

"They need to make...information more consistent across the board. Each caseworker interprets the laws and rules differently."

"I think they could have trained staff - one person will say one thing and then another person will say something else."

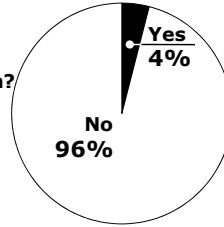
"Everybody should be on the same page. If I am working with a DVR counselor and a Mental Health counselor, they should talk to each other."



Photo courtesy of clipart.com.

THEME | All coordination comments

Made comments about coordination?



51 of the 1,149 clients commenting (4%) mentioned coordination.

Clients want coordination among DSHS programs and offices.

"They could communicate better between the DSHS programs."

"They don't coordinate services between divisions at all."

"I would say communicate better between Economic Services and Medical Assistance. The grant staff do not communicate well with the Child Support staff."

They also want coordination between DSHS programs and other organizations.

"Work together with other organizations to provide care for the special needs children."

"They can have better communication with the Tribes."

"Coordinate their services with Medicare services. It's a real bad thing when I had medical coupons through DSHS but I was actually covered by Medicare. I am still trying to sort that mess out."

"[DCS] should work more hand-to-hand with hospitals, parents, etc."

"Interact more with law enforcement to pursue collection on absent parents."

Some clients reported a lack of coordination among the DSHS workers they do business with in different programs and offices.

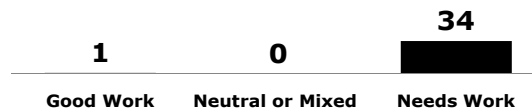
"They keep changing my caseworker, and I have to start over with the explaining/updating circumstances with the case which is upsetting as I feel like I am getting nowhere."

"Your caseworker seems to be different every time you call, and they seem to be overworked."

"I called and told the lady at the CSO that I had gotten double the amount and she told me to just consider it a blessing. 3 months later they told me I had to pay \$162.00 back because I had used all the money. I'm on disability and that was REALLY HARD to do."

35 of the 51 clients who commented on this issue remarked on coordination between programs and offices. The remaining 16 spoke to coordination between workers. All but three of the 51 comments addressed the need for better coordination.

Between programs and offices



Between workers

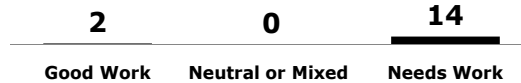




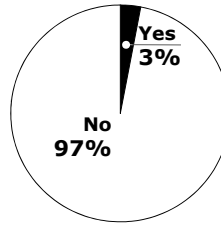
Photo courtesy of clipart-com.

Clients commented on a need for more programs or expanded programs.

- "Help homeless people more than they currently do".
 - "They don't have enough funding to provide the services we needed."
 - "They could use more funding to help in all areas."
 - "Offer more programs."
 - "They should provide for single people that do not have kids or are not married just like they do for married or single parents. Single people still need the services."
- Sometimes people are very specific about what they think would help.**
- "Provide more help in finding people places to live."
 - "More job training programs for people who can't afford to go to school or qualify for assistance."
 - "I feel that the department should pay for daycare when a client is going to college and seeking work and their income is low but not low enough to get assistance. The daycare should be paid in the evening also."
 - "It would help if DSHS could help with more tutoring or counseling help with my children."
 - "There are other people, not just me, people who are special needs who cannot live on their own, I wish that we could get more people living on their own."
 - "I wish there could be gas assistance."
 - "They could have more services available for older DD adults. Mainstream them into normal activities. Have more community action programs for older DD adults."
 - "They could make it easier for you to go to school and do something with your life and they could provide child care while you are in school."

THEME | Need more programs

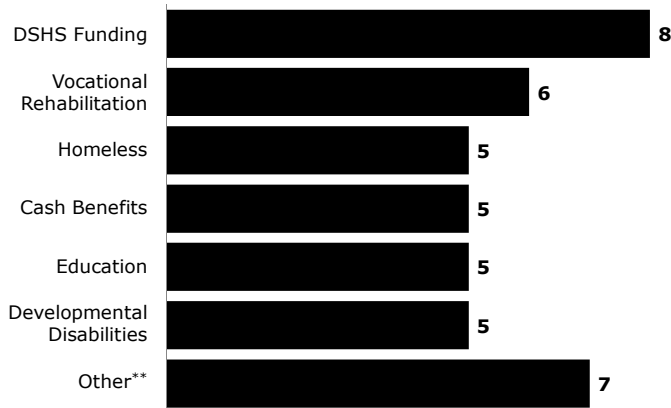
Made comments about needing more programs?



35 of the 1,149 respondents who made comments (3%) mentioned that DSHS needs more programs.

Due to the nature of this category, nearly all (33 of the 35) clients who made comments in this area offered suggestions for improvement. The remaining 2 people expressed dismay over possible service cuts due to the state budget.

Clients say more programs and resources are needed for*:



Most of those who commented expressed concerns about:

- The state budget reducing or eliminating programs they need
- Current programs that do not meet all their needs, and should be expanded
- Specific help needed—for which DSHS does not yet offer any type of assistance
- Difficulty getting "back on their feet" and stable without assistance from DSHS

Requests for additional programs usually centered on need for help with job placement, financing education, and finding homes. Child care was often mentioned in conjunction with these.

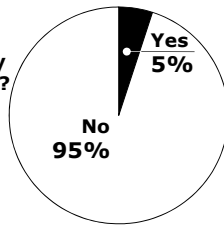
In addition to these issues, many clients expressed a need for more medical, dental, and mental health programs/funding. Those subjects are discussed on pages 62 and 63.

* Numbers in these categories add up to more than 33 because in 6 cases the respondent mentioned more than one program.

** Other includes requests to provide childcare while parents are in school, mental health support groups, increased substance abuse services, and continuing (uncut) COPES services.

THEME | More money and benefits

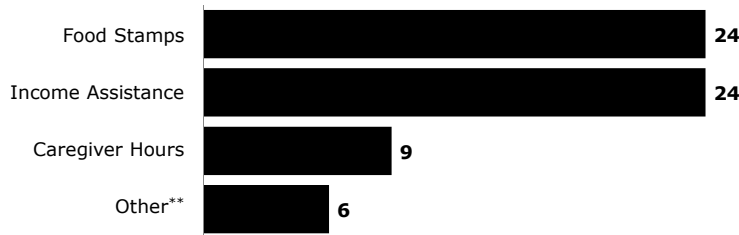
Made comments about money and benefits?



55 of the 1,149 clients commenting (5%) mentioned DSHS money and benefits.

Of those 55 clients who addressed the need for more money and benefits, the overwhelming majority (51) made criticisms or suggestions for improvement. The remaining four people were neutral or positive about money and benefits.

Clients would like to see increased money and benefits in the following areas*:



Clients who commented on the need for increased money and benefits often said:

- Benefits should address a client’s **current** situation
- It’s difficult to stabilize their lives when program benefits fluctuate
- Food stamps and cash benefits aren’t realistic and don’t cover the true cost of necessities
- Caregiver pay should cover the actual hours they must put in helping clients
- Benefits are not keeping up with cost of living increases, and are insufficient to help with personal struggles due to the weakened economy

*Numbers in these categories add up to more than 51 because in 8 cases the respondent mentioned more than one issue, and several respondents mentioned resources in answer to more than one survey question.

**Other comments were more general in nature, not specifying the type of benefits needed.



Photo courtesy of clipart-com.

A number of clients reported a need to increase their current benefits, particularly food stamps.

“They could get more realistic on amounts of money and food stamps given to families; they provide too little to help survive; it is way below poverty level.”

“I have my kids part-time but there is no way to get additional food stamps for this part-time visitation.”

“Provide more hours for caregiving. I need to have 24 hr care and the state will only pay for 126 hours per month which is not enough.”

“They could give more food stamps; they don’t give enough help.”

“As clients improve with treatment, DSHS reduces the payments. I don’t like that!”

“You get an amount of assistance that is the poverty level and isn’t enough to really help you out. It develops a mindset that you are going into combat for some help.”

“Think about the amount of cash and food stamps they give people, which is not quite enough, as I am just barely making it.”

“I would like the number of hours increased for in home services.”

“I wish that they would allow us more vouchers for gas and for hygiene. I hardly get any money and it’s hard to afford gasoline and laundry detergent and personal hygiene products.”

“I need more money. The amount that they allow me each month is not enough for my personal needs.”

Other people said they wish benefits kept up with the cost of living.

“Increase benefits with cost of living.”

“The assistance that we are receiving is not enough, especially with the economy and cost of living going up.”

“They could better figure out financial needs, and be in touch of prices of things today. They don’t provide you what you need to live.”



Photo courtesy of clipart-com.

Clients often highlighted the need for broader coverage and eligibility.

"Dental and vision should be covered more for children as my children need braces and I cannot afford them."

"Provide real medical insurance that covers medical needs instead of the medical coupon that doesn't cover anything."

"They want you to do all the alternatives whether it will help the problem or not before they will approve vision therapy."

"It would be nice if my son could see a naturopathic doctor. There are lots of such doctors in our area but we cannot use them. They might even be less expensive."

"The dental only covers the basic care. The dentist told one client that we will just wait until the teeth rot and then we can take care of them. The people in jail get better medical and dental care than the ones on the outside."

"I am most concerned about my medical problems and I cannot get medical coupons through DSHS."

Many mentioned specific care needs.

"My mother needs massage, as she has problems with low back. Doctors won't take coupons."

"Help our children with autism more."

"I was on medical and have problems with my toenails, but was told it was cosmetic and they won't help me."

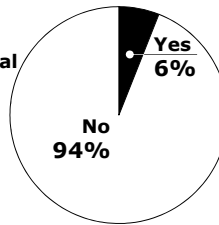
"I have a broken tooth and the dentist will not fix it with my medical coupons."

"It would be helpful if there was a treatment center that the mental health clients could go to for a week or so and get additional help."

"Medical durable equipment is very difficult to get with medical coupon. The process equipment should be streamlined."

THEME | More medical and dental services/benefits

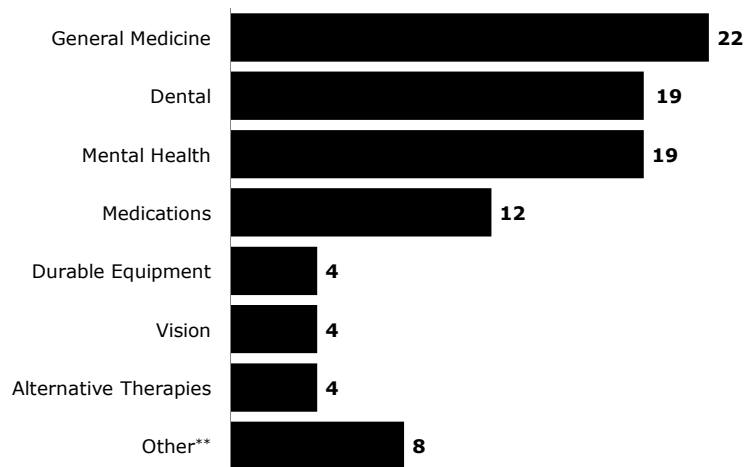
Made comments about medical and dental services/benefits?



69 of the 1,149 respondents who made comments (6%) mentioned medical and dental services.

All 69 clients who commented in this category highlighted the need for more medical and dental services/benefits.

Clients would like more benefits in the following areas*:



Most clients were specific in their medical requests. They typically want:

- Broader dental coverage – many services are excluded
- Additional medications included in the drug formulary
- Expanded coverage – including additional specialty items and a wider variety of treatment methods
- Medical assistance available for needy adults (not just children)

People who remarked on medical benefits often also commented on:

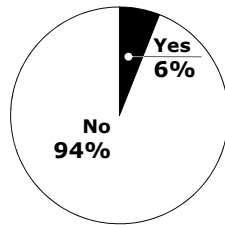
- Needing a better understanding of what is covered in their medical plan (discussed further in Chapter 4/Information)
- Wanting faster processing of medical claims, especially on equipment (discussed further in Chapter 3/Processes)

* Numbers in these categories add up to more than 69 because in 17 cases the respondent mentioned more than one type of benefit.

** Other includes specialty care, and physical, speech, chiropractic, massage, and substance abuse therapies.

THEME | More health care providers

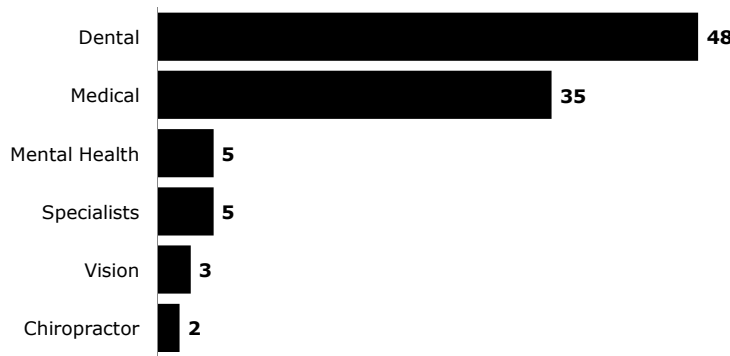
Made comments about needing more providers?



69 of the 1,149 clients commenting (6%) mentioned the need for more providers who accept DSHS medical payment.

Most of the clients (68 of the 69) who mentioned this issue requested more providers who would accept DSHS medical coupons. One comment was neutral on the subject.

Clients would like to see more providers for*:



This issue tends to cause a lot of frustration for clients. They repeatedly mention the following:

- Problems finding medical providers (particularly dental) who will accept coupons
- Increased difficulty finding local providers, particularly in rural areas
- Low reimbursement rates keep providers from accepting DSHS patients
- The need for a list of local providers who accept coupons
- Their impression that they are relegated to the bottom of the appointment waiting lists when they mention Medicaid

* Numbers in these categories add up to more than 68 because in 26 cases the respondent mentioned more than one type of issue.



Photo courtesy of clipart-com.

The need for more providers who accept DSHS payment was a common cause of frustration.

“They could have more local providers for the medical.”

“They need more doctors. There are only 2 places in Port Angeles that take Medicaid.”

“The biggest thing that I am having trouble with, is finding providers who will take Medicaid coupons. A lot of them who used to take them are no longer taking them. I have to drive 2 hours to see someone who will accept coupons a lot of times.”

“Expand the list of doctors that she is allowed to go to.”

“It is really hard to find or establish new medical care for adults—hard to find quality care. The clinics are questionable.”

Many of these clients mention problems finding a local dentist.

“It is very difficult to get to a dentist because there are not many who will accept the coupons.”

“Have dentists available in my area, I live in Okanogan and have to go to Wenatchee to see a dentist. It’s a 2 or 3 hour drive.”

“No dentist will accept my coupons.”

“Hard to find a dentist. My son needs his teeth pulled and he can’t find anyone to take coupons.”

Clients also requested specialists who would accept the medical coupons.

“The biggest issue I have, here in the Burien area, is the lack of surgeons and specialists available because we can only use Molina. We would have to travel to Seattle for these services.”

“Make more specialists and orthodontists available with medical coupons.”

“They could provide for special services—for example—a lot of specialists wouldn’t see her to check out her knees. They wouldn’t accept the medical coupons.”

“Sometimes for DD clients it is hard to find a provider that will accept these clients.”



Photo courtesy of clipart-com.

Four clients praised DSHS for treating everyone equally.

"I like the fact that you guys can really help when it really comes down to it. You don't discriminate against anyone."

"What I like the most is that they don't do any discrimination against anyone seeking services at DSHS."

"[I like best] that they help everyone that is eligible for help. Thankful that they have been there for us otherwise we would not be able to eat. Also I am thankful because my wife was able to get drug and alcohol treatment."

"They have provided me with the help that I need. Also they keep track of the amount of support payments paid. They are also a neutral party and treat everyone the same."

Other clients feel DSHS staff are rude and disrespectful.

"Don't know. They make you feel like you are a piece of dirt, like you are not supposed to be there and not supposed to ask for food stamps or money."

"I'm not sure that the instance would fall under any specific category mentioned or not. It was just overall they treated me like a sub-class, like they had superiority over me. It was at a Community Service office in Belltown."

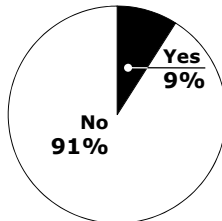
"They could start treating everybody equally. I feel like there is reverse racism that some minorities get preferential treatment. It is an overall degrading experience."

"I think that they should show more respect and empathy for the male perspective."

"I am not being treated fairly as an able-bodied person would be. And, having a service animal, DSHS staff were very patronizing and disrespectful. They asked me to get X-rays to prove my disability and I am missing a leg and an arm."

QUESTION | In the past two years has there been a time when you felt DSHS staff treated you unfairly because of your race, culture, age, gender, sexual orientation, or disabilities?*

Felt unfair treatment because of protected group status?



112 of the 1,217 clients replied "Yes" when asked this question. The majority (1,105) responded "No."

In addition to the 112 clients who responded "Yes" to the question above, this chapter incorporates all clients who addressed diversity issues in answering three more general questions in the survey.**

A total of 121 clients reported that DSHS staff treated them unfairly. The majority (105) said that the unfair treatment was related to membership in one or more protected groups, including disabilities, race, gender, and age. Some feel unfair treatment was wholly or partly due to other factors.

Unfair treatment related to DISABILITIES:



50 clients said they were mistreated because of their disabilities, and the majority (39) feel this mistreatment was due to their disabilities alone. 11 clients spoke of disabilities along with membership in other protected groups. (See more on page 68.)

Unfair treatment related to RACE:

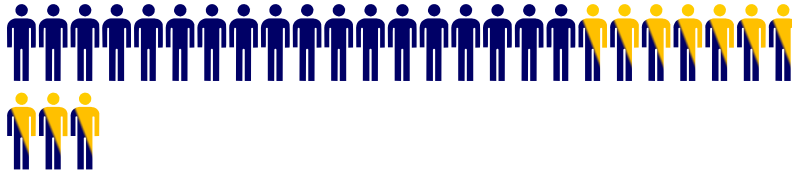


35 clients spoke of unfair treatment due to their race. Most (27) of these clients feel the mistreatment was due solely to their race, while 8 also related it to membership in one or more additional protected groups.

Of the 35 clients who said that they were ill-treated based on race, just over half (18) believe they were victims of reverse discrimination because they are not part of a minority group. (See more on page 69.)

Footnotes and legend are on adjacent page.

Unfair treatment related to GENDER:



28 clients feel they experienced discrimination because of their gender; most (18) feel gender was the only reason for unfair treatment. The majority of those complaining about gender discrimination were men. (More on page 70.)

Unfair treatment related to AGE:

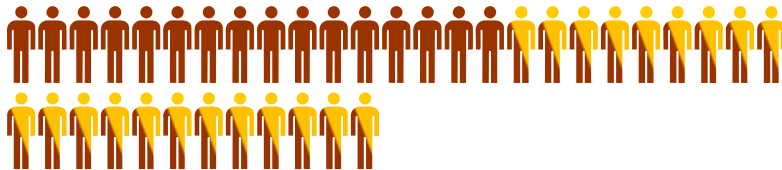


15 clients reported their mistreatment was related to their age; only 3 feel it was due solely to their age. (See more on page 71.)

Unfair treatment related to SEXUAL ORIENTATION:

No client reported mistreatment due to sexual orientation.

Unfair treatment related to OTHER FACTORS:



16 of the 121 clients who said "Yes" to the diversity question at the top of the preceding page did not identify any reason related to membership in protected groups. These clients spoke about problems like rigid rules, unreturned phone calls, or rude and disrespectful behavior.

21 clients chose the "Other" category along with membership in one or more protected groups. Narrative comments related to the "Other" category are discussed further on page 72.

LEGEND

	This protected group only		This protected factor plus additional protected group		"Other" factor only		"Other" factor and protected group
--	---------------------------	--	---	--	---------------------	--	------------------------------------

* This question was modified for the 2009 survey to improve clarity. In the 2007 Client Survey, the diversity question read: "In the past two years, has there been a time when you felt that DSHS staff did not respect your race, culture, sexual orientation, gender, or any special needs related to disabilities?" In 2007, 87 (7%) of the 1,222 clients replied "Yes."

** The two main open-ended narrative questions ("What do you like best about dealing with DSHS?" and "What is one thing DSHS can do to improve services?") were asked before the question that asked specifically about diversity issues. When asked these two general open-ended questions, clients were unaware that there would be a later question specifically about diversity. The final opportunity for narrative comments ("If you have any additional comments or questions about this survey or DSHS, I can note them now.") was offered immediately after the question about diversity.

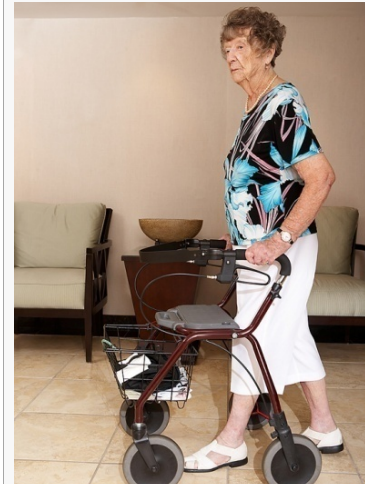


Photo courtesy of clipart-com.

Several clients were upset they didn't qualify for needed help.

"If one doesn't have children, you don't qualify for many of the DSHS programs and for emergency housing. I have agoraphobia and it is difficult for me to be in a room with five people."

"I went into the DSHS office and applied for emergency grants. They looked at my application and denied it on the spot with no explanation. The worker needed to take more time and explain the denial without getting so upset at me. She stated that I was receiving support from my ex-husband that I never got and they would not verify that. Just because I was entitled to it does not mean that I receive it."

"The DSHS staff were very judgmental because of my occupation. I had a fire and they gave me no good reasons as to why they couldn't give me an emergency grant. The lady was very rude."

Some clients complained about the timeliness of services.

"I have a mental disability. DSHS took their time in reviewing my case."

"DVR staff have been unprofessional, don't return my calls; it seems like I am not important. DVR doesn't seem to follow their own established goals. It has taken seven weeks to make a change on my personal IRP. I had to call again to find out that I had to set up a meeting with my new counselor. They should have called me."

"There were long delays in getting service and answers. I had to go all the way up to the CSO Administrator to get some action."



Photo courtesy of clipart-com.

Many clients feel DSHS staff treat them in a rude and disrespectful manner because of their disability.

"A lot of times a worker may treat you like you are an idiot just by being in the office. I am bi-polar and have a lot of mental problems."

"DSHS staff were judgmental since I have depression problems and I am on anti-depressants."

"I sometimes feel discriminated against because I am deaf. I just got the feeling from my interactions via interpreter with their staff. They were dismissive of me and acted like deaf people aren't as intelligent."

Some clients were upset that they could not get needed services, or their services were inadequate.

"My husband has mental problems - severe PTSD - from being in Iraq. With any other physical disability, if you are unable to take care of your children, DSHS will pay for it. I cannot safely leave my children with my disabled husband and DSHS won't pay for child care while I work and attend school."

"I have psoriasis and when my daughter turned 18, DSHS dropped my medical coverage with no notice at all. I was doing injections that cost \$1,500 per month and without them I break out all over."

"I have cerebral palsy. I should get more money from the state because of my disability. People scream at me and they think I can't hear, and I hear just perfectly. They make me feel uncomfortable because they stare at me. They treat me like I don't know anything."

Several clients wish staff would be more helpful.

"I am unable to read and write. When I went to the CSO I did not have my application completed because I couldn't. The person at the counter would not take my application and told me that I needed to find someone to help me complete it."

"I feel like they treated my daughter unfairly because she is autistic and cannot do anything, we have to do everything (go to bathroom, eating, everything) and they still put her on a waiting list."

THEME | Discrimination based on a client's disabilities

The 50 clients who reported discrimination based on their disabilities were asked to describe the unfair treatment they experienced. Most comments about specific disabilities concerned mental health and developmental disabilities. Many did not specifically describe their disability.

Unfair treatment related to MENTAL HEALTH:



14 of the 50 clients who described unfair treatment based on disabilities described their disability as a mental health issue. Clients spoke about agoraphobia, bi-polar disorder, depression, manic depression, and PTSD.

Unfair treatment related to DEVELOPMENTAL DISABILITIES:*



7 clients perceived unfair treatment related to developmental disabilities. In addition to clients with learning disabilities, this group included clients with autism, cerebral palsy, and deafness.*

Unfair treatment related to OTHER SPECIFIED DISABILITIES:*



9 clients reported discrimination due to other specified disabilities. Clients spoke about unfair treatment related to their alcohol or drug addiction, arthritis, brain surgery, kidney disease, obesity, missing limbs, and psoriasis. 3 of these cases were related to pain medications.

Unfair treatment related to OTHER UNSPECIFIED DISABILITIES:*



20 of the clients who told interviewers they were treated unfairly because of their disabilities did not specify the type of disability. 15 just spoke about their disability in general terms, and 5 did not mention anything about a disability in their description of the unfair treatment.

LEGEND



* According to the CDC, developmental disabilities are a group of severe chronic conditions that are due to mental and/or physical impairments.

People with developmental disabilities have problems with major life activities such as language, mobility, learning, self-help, and independent living. This includes autism spectrum disorders, cerebral palsy, hearing loss, intellectual disability, and vision impairment.

THEME | Discrimination based on a client's race

Most of the 35 clients who reported unfair treatment based on race, ethnicity, or language feel discrimination was based solely on their race/language.* Several said mistreatment was due to race along with other factors.

Unfair treatment related to being WHITE:



19 of the 793 white non-Hispanic clients who took the survey (2.4%) said they were mistreated because of their race. 18 of the 19 white clients reported reverse discrimination, believing minorities get better treatment. 1 Caucasian client of middle-Eastern descent reported discrimination based on minority cultural background.

Unfair treatment related to being HISPANIC:



8 of 185 Hispanic survey respondents (4.3%) reported ill-treatment based on their race/ethnicity. Some feel they were treated in a rude, disrespectful manner solely due to their race. Others feel the poor service was due to a language problem. One client related the unfair treatment to both her ethnicity and her marital status as a single mother.

Unfair treatment related to being AMERICAN INDIAN:



3 of the 56 American Indians who responded to the survey (5.4%) described treatment they feel was unfair.

Unfair treatment related to being AFRICAN AMERICAN:



3 of 95 black survey respondents (3.2%) feel they experienced discrimination because of their race. One believes it was also due to being poor and a single mother.

Unfair treatment related to being ASIAN AMERICAN:



2 of 57 Asian American survey respondents (3.5%) reported mistreatment based on their race.

LEGEND



* As detailed on this page, the rate of complaints about racial discrimination ranged from 2.4% for white respondents to 5.4% for American Indian respondents. The difference between the rate of complaints for white non-Hispanic respondents and minority respondents was not statistically significant (p=.05). 19 of 793 white non-Hispanic respondents reported racial discrimination (2.4%). 16 of 388 minority respondents reported racial discrimination (4.1%).

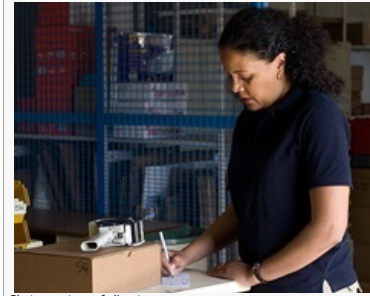


Photo courtesy of clipart-com.

Many white clients feel being white is a handicap.

"Worker said basically we are not going to help you because you are a white male. I feel like there is reverse racism."

"If you are not a Hispanic, you don't get the help."

"It seems like DSHS gives better treatment to Russians and Hispanics."

White clients complained that members of minority groups get faster, more comprehensive services.

"I have been in the local CSO office and sat there all day waiting to get benefits when a Spanish person came in and it only took her 10 minutes to be called."

"I have always been put in the back of the line; I am a white male. The Spanish clients seem to get services much quicker."

"I don't know how all the Hispanics get more benefits than myself or other whites. Hispanics live 7 or 8 in a house and get cash grants, medical coupons, and food assistance. We have to struggle."

Some clients feel they were treated unfairly because of their minority race.

"I think at times Native Americans are stereotyped as to length of addictions."

"Social worker looks down at people of color and treats them unfairly."

"I was asking for money to pay my rent (in Spanish). One of the CSO staffers said in English that, 'Mexicans always want free stuff.' This is not the only time similar things happened there to me."

Several Hispanic clients thought it was a language problem.

"I think they ignore us because we don't speak English."

"Sometimes I feel like they don't explain my child's medical situation because they don't speak Spanish."



Photo courtesy of clipart-com.

Many men said women get preferential treatment.

"Because I am not the mother of my children, in DSHS eyes, I am not the primary caregiver, parent, etc. The mother gets preferential treatment."

"I feel like a lot of agencies are more geared toward women and males aren't treated equally."

"Listen to the fathers more, it [DSHS] is a very female oriented entity."

Some women feel they were treated disrespectfully because of their gender.

"Some worker had said something discriminating in the past, I was homeless and pregnant at the time and the worker said 'Oh, well CPS will be involved with you then.' And that was very threatening to me. I was crying, and she made me feel defensive, like I couldn't trust her."

"There have been a couple times, being a pregnant woman, I felt like I was treated unfairly. My boyfriend's procedures seemed to flow and I met much more resistance. I didn't feel trusted, it seemed they knew better than I did, and they didn't trust me to complete requirements."

"The situation is that I am diabetic, and the food stamp program is not based on diabetic food that is more costly. They told me things like I should lose weight, and that most females tend to overeat, and that I should learn to live without."

"One time I was in the CSO I was to meet with a male employee - he seriously was talking 'down' to me."

"There was a male administrative law judge that seemed to favor the male parent that was greatly in debt with child support. This was apparent to me by the way he spoke to the male parent and the way he spoke to me."

THEME | Discrimination based on a client's gender

Of the 28 clients who reported unfair treatment based on gender, the majority were men. 8 women described ill-treatment related to gender.

Unfair treatment related to being MALE:



Of the 20 male clients who reported mistreatment, 18 were clients of the Division of Child Support (DCS). 14 of the DCS clients were non-custodial and 4 were custodial fathers. Over half (12 out of 20) of the males said that mothers get preferential treatment. Some spoke of rude, discourteous behavior. Although the location of the perceived ill-treatment is not clear in all the comments, it is clear that child support is a major focus of discontent.

Unfair treatment related to being a SINGLE MOTHER:



Although 4 of the 8 female clients said that they were treated unfairly because of their gender, it appears the main issue in these cases was their motherhood and marital status. Other single mothers reported ill treatment, but did not describe the cause as their gender. All the comments from single or separated mothers are discussed on page 72.

Unfair treatment related to OTHER WOMEN'S ISSUES:



3 women described disrespectful treatment based on factors related to women's issues: obesity, multiple children, and child support enforcement. Additionally, one woman's parents feel she gets condescending treatment because she is a female with learning disabilities.

LEGEND

	Gender is the only factor		Gender plus additional protected group
--	---------------------------	--	--

THEME | Discrimination based on a client's age

The 15 clients who feel they received unfair treatment based on their age can be grouped into three categories: young parents, working age, and older with a disability.

Unfair treatment related to being YOUNG PARENTS:



4 clients think DSHS staff judged them harshly, believing they were too young to adequately parent. Additionally, one respondent feels staff members were judgmental because she does not know the identity of her child's father.

Unfair treatment related to being WORKING AGE:



5 working age clients described unfair treatment centered around economic issues; staff appeared reluctant to give services to those judged capable of self-support.

Unfair treatment related to being OLDER WITH A DISABILITY:



All 6 clients in the older age group, 49 years of age or older, mentioned unfair treatment related to age along with disabilities. 3 clients spoke about delays in getting services. 2 other clients mentioned the lack of services for people without children. 1 client feels his child support payment was unjustly increased.

LEGEND

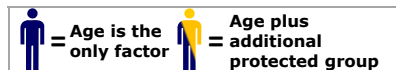


Photo courtesy of clipart-com.

Some clients believe ill-treatment was due to a combination of their gender and age.

"There was one incident where a social worker said that 'people like you should not be allowed to have children.' I felt like it was age discrimination because of his tone and the way he looked at me, and it was right after he had found out that I did not know who the father of my child was."

"When I go up into the CSO in Kent, just because I am 24 and I have three kids, they silently pass judgment on me. They direct me to sit down and won't take any questions from me."

"The whole reason our situation started was because of our age, as a DSHS social worker at a hospital thought we were too young to take care of our children."

Several clients of working age talked about unfair treatment centered around economic issues.

"I was hassled 'because of my age.' They said I should be making more money than I was and that I should get two or three additional jobs. I was hassled once or twice per week about this."

"They had us on food stamps for 1 month. When they found out we had a past business, they took everything away. The manager and the case manager attacked me and insulted me, and said they couldn't believe I would apply for assistance if I had previously had a business. I feel like if I wasn't so young or if I was a different ethnic background they would not have treated me this way."

A few older clients feel they were treated unfairly due to their age and disability.

"I feel like sometimes when I have an acute case of arthritis or pain, that I don't feel like I get any priority treatment, and maybe age has something to do with that."

"Young adults seem to get preferential treatment when it comes to mental health services. It seems to me like the elderly are treated as the 'step-children.'"



Photo courtesy of clipart-com.

Some single mothers feel DSHS staff judged them harshly.

"I have received comments at the Tumwater CSO about me being a young mother. That made me uncomfortable and I didn't like it."

"The case manager at the CSO would pretty much sneer at me. I asked her why she had such a low opinion of me. Her answer was because I had children out of wedlock. She said that as long as I was an unmarried parent don't expect much help from her."

Other single mothers described unfair treatment due to a combination of factors.

"I believe I am treated unfairly due to my ethnicity and marital status. I feel that things are geared toward married couples. People in DSHS will say that since things are so difficult you should get married."

"CPS didn't fairly and completely investigate issues before coming to me. Racial bias was in their actions. Also, being a single parent. I felt that my financial status was a stereotype against me."

Several clients were concerned they couldn't get help because they didn't have children.

"Because I am single and have no children, it is very difficult to get help and support. I think society is somewhat prejudiced by refusing to help single folks."

"I became disabled in my late 40s. When I needed help when the kids were small, I didn't have problems. But, as an adult without children, it's a different story."

A few clients were unhappy because services were cut off or denied.

"We were cut off medical coupons with only one weeks' notice, and my daughter was on oxygen support."

"I asked DSHS to help me not lose my house. They couldn't help me. I asked if I sold my truck and moved to a low-income apartment and abused drugs/alcohol, could I get more help. She said, 'Unfortunately you are right.'"

THEME | Discrimination based on other factors

37 clients indicated that mistreatment was due to "Other" reasons. Almost half named specific factors, including being a single mother, without children, or judged capable of self-support. Most of the remaining clients chose "Other" as a source of poor treatment, but in their explanatory comments did not relate the ill-treatment to a specific factor or related it to one of the protected groups they had also chosen.

Unfair treatment related to being a SINGLE MOTHER:*



8 clients reported unfair treatment based on membership in a protected group. It appears from their comments the primary issue is their status as a single or separated mother. All feel they were judged harshly. Most spoke about rude and demeaning treatment by DSHS staff. Some also complained about lack of opportunities and resources, poor treatment by CPS staff, and the difficulty of the eligibility process.

Unfair treatment related to having NO CHILDREN:



4 respondents were concerned about the lack of services for people with no children.

Unfair treatment related to UNSPECIFIED OTHER FACTORS:



18 respondents did not identify a specific factor related to their ill-treatment. Of these, 5 clients complained of denial of services, and 9 feel DSHS staff treated them rudely or in a disrespectful manner. Others complained of problems with agency procedures.

Unfair treatment referred to PROTECTED GROUPS:



7 additional clients chose the "Other" category as one of the sources of their maltreatment, but their narrative comments referred only to one of the protected groups they had also chosen.

LEGEND



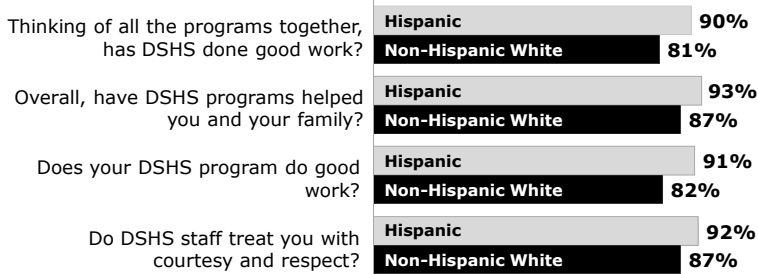
4 of these single mothers are also listed on the "gender page." However, since the primary reason for maltreatment was their status as single mothers, these are not included in the "Other factor and protected group(s)" category.

Standard questions show minority satisfaction

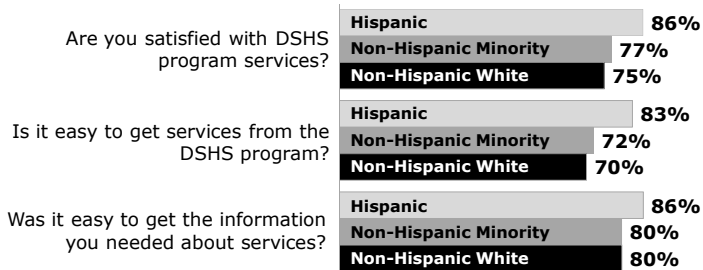
Most of this chapter looks at diversity issues through the lens of client comments and responses to diversity-specific questions. Standard survey questions (with Agree or Disagree answers) also help us look at diversity issues.*

On these standard questions, Hispanic respondents tended to express the highest satisfaction.** Non-Hispanic minority clients were more satisfied than non-Hispanic white clients in several cases. In no instance were non-Hispanic white respondents significantly more satisfied than minority clients.

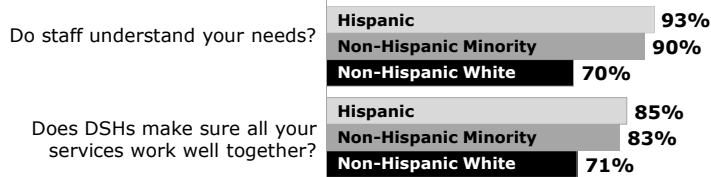
Hispanic clients reported significantly higher*** satisfaction than non-Hispanic white clients on four questions:



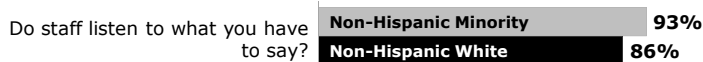
Hispanic respondents reported significantly greater*** satisfaction than both white and non-Hispanic minority respondents on three questions:



Hispanic and non-Hispanic minority clients reported significantly more*** satisfaction than white clients on two questions:



Non-Hispanic minority respondents were significantly more*** satisfied than white respondents on one question:



NOTE: Gender and age are excluded from this analysis because any differences are likely due to different patterns of program use. For example, males tend to give a less satisfied response to, "Does your DSHS program do good work?" but men are much more likely to be non-custodial child support clients—a less satisfied group. For all demographic comparisons, see Appendix F.

* For this analysis, race was divided into 3 categories (Non-Hispanic Minority, Hispanic, and Non-Hispanic White) to make numbers in each group large enough for statistical comparison.

**These difference may not always reflect actual differences in client experience. Social science literature suggests that Hispanic survey respondents tend to give more positive answers.

***Statistically significant at the .05 level.

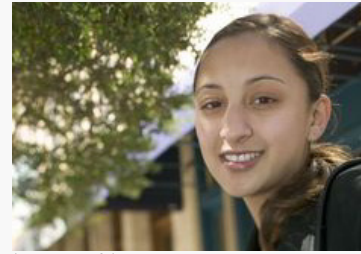


Photo courtesy of clipart-com.

Some minority clients attributed rude or disrespectful behavior, or difficulty accessing DSHS programs, to race.

"My worker at CSO, in maybe Bellevue office, looked at me up and down, and acted like she didn't want to talk to me. In so many words she let me know that she liked working with white people." (Hispanic client)

"The workers at the Seattle office made me feel left out." (African American client)

"My brother, who is also Vietnamese, was not treated well. He speaks Vietnamese, and [his worker] threatened him about taking money from the United States...He was helping my dad who had cancer at the time, and he missed one class of English and they took him off his grant."

"I feel like they treat me without respect because of my race." (Hispanic client)

"We go to CSO for food stamps. The people make me feel inferior or different because the workers at these agencies question my race every time I come in and they are never my race, so I feel different." (American Indian client)

Others simply blamed DSHS staff or programs.

"I think it was because of my disability, or maybe my race, but I don't think so because she was the same race as I, maybe she was just rude."

"The lady in the CSO was very mean to me."

"DVR should have a better check and balance system for their employees in how they treat people."

"From a client perspective, it's lousy. They hem and haw about you're probably not eligible."

"The lady at WorkFirst didn't want to get along with me. She and I had a verbal disagreement. Then, the head people at WorkFirst had a conference and they all agreed with their staff person. They decided that I wasn't welcome in their office anymore."

Who are the Respondents?



Respondent Profile

1,217 clients completed the 2009 Client Survey.

- **100 clients** were selected from each major program, and clients were asked about all services they received
- The completion rate was **84%** and the cooperation rate was **96%**
- Most of the surveys were **completed by clients**, but some were completed by a client's parent, guardian, or other representative
- The average age was **36 years**
- **32%** of respondents identified themselves as members of a racial/ethnic minority group
- **54%** of respondents were female



Photo courtesy of clipart.com.

Program Representation

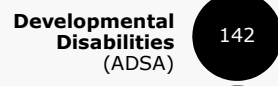
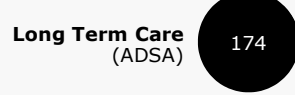
Approximately 100 clients selected from each of nine major DSHS programs* were represented in the completed survey. Survey participants from each program were randomly chosen from those clients who received services from that program during the month of June 2008.

Over half of DSHS clients use more than one program, so each person interviewed was asked about every DSHS service used in fiscal year 2008 (July 2007-June 2008). Thus, a client who was selected from among those receiving economic services might also be asked about the medical assistance and vocational rehabilitation services received in fiscal year 2008.

The circles on the left show the number of respondents interviewed about each program. Because a single client was often interviewed about more than one program, the total far exceeds the number of clients interviewed. Well above half of the 1,217 clients in the survey had used the more widely utilized programs: Medical Assistance and Economic Services.

Number of clients asked about each program in 2009

Clients served by more than one program were asked about every DSHS service used

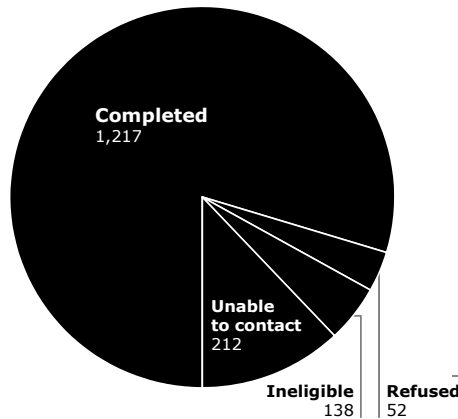


Program Representation

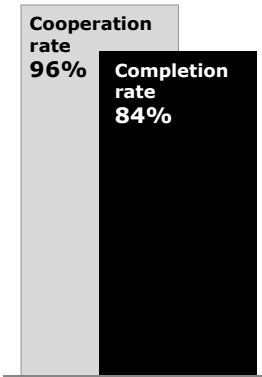
The overall cooperation rate for the survey was 96 percent, and the completion rate was 84 percent.** These response rates are extraordinarily high for any survey, but are especially remarkable for a survey involving the particularly challenging transient population of DSHS clients.

How clients responded

TOTAL = 1,527



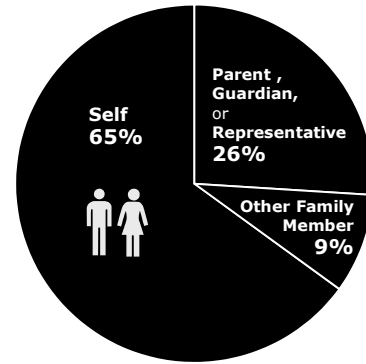
Response rates



* The survey did not ask about client interactions with the Juvenile Rehabilitation Administration. Experience has shown that a survey administered after youth are released from JRA supervision is not an effective or representative method to obtain JRA client feedback. 200 clients were chosen from the Child Support caseload—100 custodial and 100 non-custodial parents. Appendix A contains further information about methodology.

** Surveyors employed a number of measures to increase response rates. Response rates for each program and the methods used to calculate response rates are shown in Appendix B. Descriptions of methods used to increase response rates, and of how clients are deemed ineligible, can be found in Appendix A.

The person who completed the survey was not always the client. In 35 percent of the cases, the client selected for the survey was a child or youth (age 17 or under) or was otherwise unable to complete the survey. In these cases, a parent, guardian, family member, or other representative who deals with DSHS was asked to complete the survey.

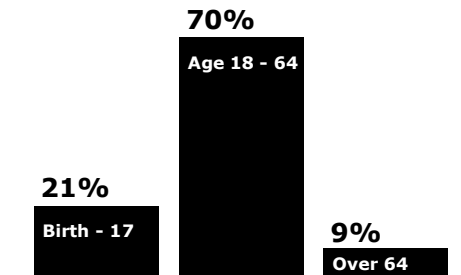


Client Characteristics

Age

Clients' ages ranged from early childhood through late adulthood:

- 21 percent of the clients in the survey were children.
- 70 percent were working age adults.
- 9 percent were older adults.

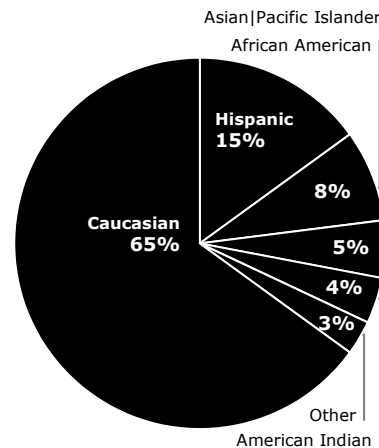


The average age was 36 years.

Race|Ethnicity

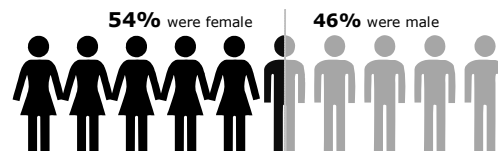
Clients were asked what racial and ethnic group best describes them. In the chart at right, all clients of Hispanic ethnicity are categorized as Hispanic, regardless of racial identification. Thus, for example, the Caucasian category consists of non-Hispanic Caucasians, and the American Indian group consists of non-Hispanic American Indians.

- 65 percent of clients surveyed identified themselves as Caucasian.
- 32 percent identified themselves as members of a racial/ethnic minority group.



Gender

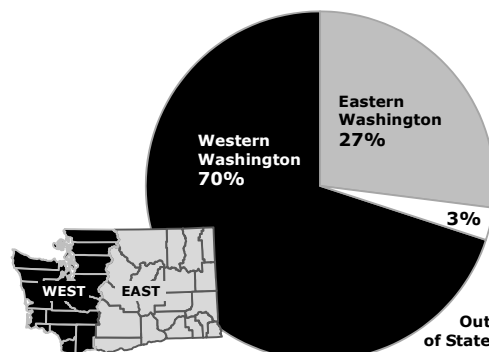
Clients were more likely to be female than male.

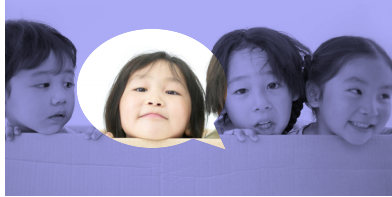


Geography

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

- 70% lived in Western Washington
- 27% lived in Eastern Washington.
- 3% were from out of state.





2009 Client Survey
DSHS Clients Speak



RDA Research & Data
Analysis Division