



Contents

APPENDIX A:	Methods
	Purpose of the Survey
	Survey Instrument
	Previous Changes in the Survey
	Sample
	Sampling Considerations
	Eligibility Factors
	Interview Methods
	Response Rate
	Analysis and Weighting
APPENDIX B:	Cooperation and Completion Rates
APPENDIX C:	Survey Questions
APPENDIX D:	Survey Instrument
APPENDIX E:	Weighting
APPENDIX F:	Responses by Client Sub-Group
APPENDIX G:	Responses by Program Sub-Group
APPENDIX H:	Themes from Narrative Questions: Detail and Glossary

Methods



Purpose of the Survey

The Washington State Department of Social and Health Services (DSHS) and Health Care Authority (HCA) are committed to continuous quality improvement in services to their customers, the residents of Washington State. Agency senior leadership commissioned the recurring client survey in order to systematically incorporate customer feedback into the agency's strategic planning process. This survey assesses clients' satisfaction with social and health service programs and provides recommendations for improvements that will assist agency leadership in charting a future course for social and health services.

While many individual social and health service programs have ongoing projects to measure client satisfaction and recommendations for change, this is the only state-wide social and health client survey. The measures in this survey were derived from the DSHS Balanced ScoreCard and many of them have been included in the agency Core Metrics, Accountability ScoreCards, the Governor's Performance Agreement, and GMAP (Government Management Accountability and Performance) reports, and Results Washington. Beginning with the initial survey in 2001, the survey process provides baseline and repeatable measures. As the survey is repeated, change in client perceptions can be tracked across time. Additionally, open-ended questions are included in the survey to provide an opportunity for clients to communicate more specific opinions, perceived problem areas and suggestions for improvement. This biennial survey provides an avenue for client participation in program planning and evaluation.

Survey Instrument

A cross-department survey team led by DSHS Research and Data Analysis (RDA) Division developed the core set of survey questions for the first Client Survey in 2001 – when Medicaid was still a program within DSHS. RDA staff completed an extensive review of the customer satisfaction literature and collected samples of customer satisfaction surveys from programs and regions throughout DSHS. The survey team used these reviews to identify the key attributes of client services to be addressed. The final interview addresses the major client satisfaction attributes identified by the team. The first 17 questions refer to specific programs. Lead-ins to the questions help clients identify what services they have received from that specific program, and the questions themselves are customized to reflect the specific program and the respondent's relationship to the client (self, parent, guardian, family member, etc.).¹ Thus, the final survey completed by each respondent is customized to reflect the identified client's service usage and the respondent's relationship to the client. Clients who utilize more than one program answer the 17 program-specific questions several times—once for each program utilized. The final drafts of the lead-ins and questions were reviewed by agency leadership, each program, and the survey team, and were pre-tested several times. A special effort was made to craft questions that are easy to comprehend. Other questions address system-wide issues. Complete lists of survey questions can be found in Appendices C and D.

Previous Changes in the Survey

The basic survey questions have remained fairly stable since the first Client Survey in 2001. There were no changes in basic questions in 2013. However, there were some earlier changes to improve clarity:

2007 Changes. As the result of a comprehensive review, several major changes in question wording and format were made between the 2005 and 2007 surveys. These changes included:

- Change from using statements (“It is easy to get services from the program.”) to questions (“Is it easy to get services from the program?”).
- Change in standard response alternatives. In previous surveys, the standard response choices were: Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree. In the 2007 survey, the choices were changed to: Strong Yes, Yes, Neutral, No, Strong No.

¹ For example, the question about service knowledge could be read to the client or their representative as: “Do you know what mental health services there are for you?” or “Do you know what medical assistance services there are for your child?” Certain questions are also rephrased for Children's Administration because many CA services are mandatory in nature. For example, the question which usually reads, “Is it easy to get help from (specific program)?” is rephrased because clients from mandatory programs generally do not seek initial assistance. The customized question for CA reads: “If you need help from Child and Family Services, is it easy to get that help?” Likewise, two questions about the Division of Child Support addressing client involvement were skipped because they were not applicable to this program. Additionally, non-custodial parent Child Support clients were not asked the question about whether staff understood their needs. Appendix C contains a list of the standard wording for the basic survey questions. Appendix D contains a sample survey for a hypothetical client who utilized all 8 programs. This sample script does not show all possible permutations of the survey. The script with all possibilities written out is more than 100 pages long, with several versions of a question on each page.

- Change in wording for one of the coordination questions. The old question was: “Someone from DSHS helps me with all of my services.” This question was confusing for many clients; it was not clear whether “someone” referred to a single person or multiple persons. The replacement question is: “Do the staff from DSHS work together as a team to try to help you get the services you need?”
- Addition of another question on telephone access, reflecting the trend toward call centers: “When you call DSHS, is it easy to get to a live person, if you need to?”
- Addition of a trial diversity question at the end of the survey—with a follow-up open-ended question for those who answer “yes.”
- Addition of non-custodial parents who are DCS clients to the survey sample. (Custodial DCS parents were added in 2005.)

2009 Changes. At the suggestion of experienced interviewers, the order of questions was rearranged slightly. The wording of a few other questions was changed to increase clarity:

- Addition of the word “set” to a client involvement question. The revised question is: “Did you help make plans and **set** goals about services?”
- Replacement of the word “facts” with “information” in one of the information questions. Too many respondents misheard the word “facts” as “fax.” The revised question is: “Was it easy to get the **information** you needed about services?”
- Change in wording for one of the client involvement questions. The old question was: “Were you involved in making choices about your services?” Many clients felt this was repetitive of the other client involvement question: “Did you make plans and set goals about services?” The replacement question is: “Do you have a say in what kind of services you get?”
- Rewording the diversity question which was introduced in 2007. The revised question reads: “In the past two years has there been a time when you felt staff treated you unfairly because of your race, culture, age, gender, sexual orientation, or disabilities?”

Additional topical questions were added in some years. See Appendix C.

Sample

RDA staff generated the stratified random sample using the Client Services Data Base (CSDB), which contains client service data from all social and health service programs. For each of the 10 identified client programs² listed below, they drew a random sample of all clients who received services from that program during the month of March 2012. Sufficient clients were selected to reach the goal of at least 100 completed surveys from clients selected from each program area.

Aging and Disability Services Administration

- Long Term Care—Home and Community and Residential Care Services Divisions
- Division of Developmental Disabilities
- DBHR - Alcohol and Substance Abuse
- DBHR - Mental Health

Children’s Administration

- All Children’s programs

Executive Administration

- Division of Vocational Rehabilitation

Economic Services Administration

- Community Services Division
- Division of Child Support, custodial parents
- Division of Child Support, non-custodial parents

Health Care Authority

- Medical Assistance

² Clients are not selected from the caseload of the Juvenile Rehabilitation Administration (JRA). 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. JRA conducts surveys while youth are under their supervision. These surveys incorporate many of the client survey questions.

Sampling Considerations

In the process of selecting the survey sample, certain selection rules determined who was included in the final sample:

- If a client selected in the initial samples drawn from the Mental Health or the Alcohol and Substance Abuse programs was between the ages of 13 and 17 years old, that client was not included in the sample. This decision protects client confidentiality, since youth between the ages of 13-17 are able to access mental health and substance abuse services without parental knowledge or consent. When clients between the ages of 13 and 17 were selected from other programs, such as Economic Services Administration or Medicaid Purchasing Administration, these clients were included in the survey, but no questions were asked about mental health or substance abuse services.
- Only adult clients (age 18 and over) were selected in the sample from Children’s Administration (CA). As described previously, throughout the survey, parents or caregivers answered survey questions about services for children under the age of 18. The selection of adult CA clients ensured that all families receiving services from CA were included in the survey, because the CA database is organized by families and always includes co-residing parents. Survey questions regarding CA inquired about services for all family members. In some cases, children who were selected as part of the survey sample from other program areas (for example, the Division of Developmental Disabilities or Medicaid Purchasing Administration) also had received services from CA. In those cases, the responsible adult was asked about all DSHS services the selected child received, including services from CA.
- The 2013 sample from Children’s Administration may differ from that used in previous years. Children’s Administration has converted to a new database system (FamLink), and data from this system has not yet been completely incorporated into the agency-wide Client Services DataBase. The sample was taken from the best available list of Children’s clients. Exclusions made in other years were not possible.

Eligibility Factors

Certain groups of clients were deemed ineligible for the client survey due to a high probability of being unable to respond to the survey or of being extremely difficult to reach. Clients were excluded from the survey whenever it was discovered that a client belonged to an excluded group. A few were identified during the sampling process; many more were identified during the process of finding phone numbers; and still more were identified when contacted by the interviewers. Clients were deemed ineligible for the survey under the following conditions:

- The client lives in a nursing facility. (Clients residing in adult family homes and boarding homes were included in the survey.)
- The client is receiving long-term hospitalization. (This includes state mental hospitals.)
- The client is physically or cognitively unable to complete the survey, and no guardian, family member, or other person who handles his or her affairs was available.
- The client is out of the country.
- The client is a member of the military and currently deployed.
- The client is incarcerated in a jail, prison, or JRA institution.
- The client is currently in an inpatient drug or alcohol detoxification program.
- The client is homeless and could not be contacted through any means listed in available records.
- The responsible adult answering for a child client is a state employee.
- The only possible respondent for a client is a DSHS-paid provider.
- The program has no record of the client, although the client appeared in the database sample from said program.
- The client received case management services only— had no actual contact with the program.
- The client has a confidential address.
- The client is deceased.

Interview Methods

Telephone interviews began in November 1, 2012 and ended in April 29, 2013. If necessary, more than 20 attempts were made to contact each member of the sample. Before the interviews, survey staff sent all sample members a prior notification letter that: (a) informed the client that an interviewer would be calling, (b) assured the client that all survey data would be confidential and not personally identifiable, (c) emphasized that the interview would be voluntary and would not affect the client's status or benefits in any way, (d) told the client that all respondents who completed the survey would be entered in a random drawing to win one of twelve \$250 grocery certificates, and (e) provided a toll-free number to call to decline participation in the study. Clients or their representatives were afforded an opportunity to send or call in their correct address and phone number and to request survey administration in a language other than English. If the client was a child (under 18 years of age) or an adult incapable of completing the interview accurately (due to cognitive or physical disabilities), then letters (and subsequent phone calls) were made to the person who acts as decision-maker for the client and/or interacts with social and health service programs on the client's behalf.

Interviews were conducted using a variation of the model script shown in Appendix D, tailored to the specific client's circumstances and pattern of social and health service use. The length of the typical interview varied from 10 to 40 minutes, depending on the number of social/health services utilized by the client. The interviews started with assuring the respondent of confidentiality and the voluntary nature of the survey, and informing the respondent that he or she may choose not to answer any question and may stop at any time. The interviewer then asked the survey questions about the program(s) utilized by the client.

Most of the telephone interviews were conducted from the PPA Management Information and Survey Research office in Olympia, using the a Computer-Assisted Telephone Interviewing (CATI) system created using SurveyMonkey. The CATI system displays survey questions on a computer monitor, making it possible for the interviewer to read the question to the client and enter the response directly into the survey database. No identifying data is entered into the CATI. When a translator was required, the RDA interviewer used a 3-way phone call to administer the survey with the assistance of an interpreter from Pacific Interpreters.

Response Rate

The overall cooperation rate for the survey was 87% and the completion rate was 95%.³

These response rates are extraordinarily high for any survey, but are especially remarkable for a survey involving the particularly challenging population of DSHS and HCA/Medical Assistance clients. The main difficulties encountered in locating clients and completing interviews were:

- Many social and health service clients are transient and do not maintain a permanent residence. This is particularly true for young adult clients (18 to 21 years old) who have recently been released from foster care or substance abuse programs.
- Like many other Americans, many social and health service clients block non-personal calls, screen their calls through answering machines, or use cell phones instead of residential phones.
- Most social and health service clients are low income, and a number do not have home phones. (Unlike most telephone surveys, this survey included selected respondents without residential telephones in the sample and response rate calculations.)
- A number of the older adult clients receiving Aging and Disability Services were too fatigued to complete the survey, or found listening and responding too demanding.
- Some clients dealing with substance abuse, mental health issues, developmental disabilities, age-related concerns, or other problems found the survey difficult to comprehend, or did not wish to comment on their personal experiences.

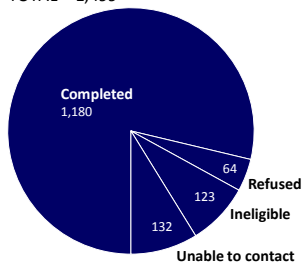
³ The cooperation rate is the ratio of the number of completed interviews to the number of eligible respondents who were actually contacted. The completion rate is the ratio of the number of completed interviews to the total number of potential respondents who are deemed eligible to complete the interview. See Appendix B for computation tables for the overall cooperation rate and completion rate for each program.

Surveyors employed a number of measures to dramatically increase response rates.

- **Skilled staff.** The interviewer staff is comprised of highly experienced interviewers who were chosen not only for their experience, but also because they were retired DSHS employees who had spent many years locating social and health service clients as part of Quality Assurance investigations and other DSHS business. These interviewers were highly skilled at using administrative records, the Internet and other public sources to find a client’s current address and phone number.
- **Advance notice.** Before clients were contacted by phone, they received a letter explaining the survey, stressing the importance of this opportunity to provide feedback, and assuring them of confidentiality. The letter also gave them an opportunity to send in updated phone numbers and addresses.
- **Incentives.** All clients who completed the survey were entered in a drawing for \$250 grocery certificates. They were informed of this opportunity in the initial letter and at the time of the interview. Clients who had to answer survey questions about 5 or more programs were also given a \$20 grocery store gift certificate.
- **Multiple attempts.** Interviewers attempted to reach clients at many different times, and made 20 or more attempts to reach each client. If an answering machine was reached, interviewers left a message asking the client or representative to call them at a toll-free number.
- **Alternate contact methods.** Clients were given a toll-free number so that they could call in and complete the survey. Interviewers also worked with caseworkers, relatives and neighbors to make arrangements to administer the survey to clients at convenient times and locations. These strategies were particularly useful for clients who did not have a home phone.
- **Languages.** If selected clients spoke languages other than English, staff administered the telephone survey in a 3-way conversation with interpreters from Pacific Interpreters. The survey was administered in 12 languages: English, Spanish, Cambodian, Farsi, Hungarian, Korean, Laotian, Romanian, Russian, Somali, Tiddem, and Vietnamese.

How clients responded

TOTAL = 1,499



RESPONDENTS

The chart at left shows the disposition of all those clients selected for the survey. To meet the goal of 100 completed surveys for each of the ten different programs, 1,499 clients were randomly selected as the survey sample. Of those, 1,180 people completed the telephone survey. A relatively small number, 132 of the selected clients, could not be reached. Of those who could be reached, 64 refused to complete the survey. Also, 123 of the selected people were found to be ineligible for the survey. Appendix B shows more detail.

Analysis and Weighting

Survey data were analyzed using ACCESS and SAS software. In order to obtain system-wide results, clients’ responses were weighted according to each client’s service profile (the specific combination of services that the client used), so that the final weighted sample reflects the service usage of all social and health service clients.⁴ The weighting table is displayed in Appendix E.

An additional type of weighting was used when answers to program-specific questions were combined to give an “All Program” response. When clients used multiple programs, they might answer the same question differently for each program used. For example, a client might strongly agree it is easy to get Economic Services, but disagree that it is easy to get Mental Health Services. Answers are combined in this department-wide report, resulting in the following accounting for the client in this example: ½ of a client gave a “Strong Yes” answer to “Is it easy to get services from your program?” while ½ of a client said “No” to the same question.

⁴ For example, 0.18% of all social and health service clients get services from this combination of programs: Economic Services, Medical Assistance, and Division of Vocational Rehabilitation. For system-wide analyses, the 15 responses from people who used this combination of programs were weighted so that they comprise 0.18% of the total survey responses.

Cooperation and Completion Rates



Cooperation and Completion Rates¹

		Vocational Rehabilitation									
		Behavioral Health and Service Integration – Mental Health									
		Medical Assistance (Health Care Authority)									
		Economic Services Administration – Community Support Division									
		Developmental Disabilities									
		ESA – Division of Child Support – Custodial Parents									
		ESA – Division of Child Support – Non-Custodial Parents									
		Behavioral Health and Service Integration – Chemical Dependency									
		Children’s Administration									
		Aging and Long-Term Services Administration									
	TOTAL	ALTS	CA	CD	DCS-N	DCS-C	DD	ESA	MA	MH	VR
A Survey Completed	1,180	108	107	109	102	111	106	163	159	110	105
B Refusal	64	5	6	6	6	2	4	10	8	9	8
C Subtotal: Found Eligible (A + B)	1,244	113	113	115	108	113	110	173	167	119	113
D Found Ineligible	123	10	14	25	21	6	9	16	6	7	9
E Subtotal: All Found (C + D)	1,367	123	127	140	129	119	119	189	173	126	122
F Percent found ineligible (D/E)	9%	8%	11%	18%	16%	5%	8%	8%	3%	6%	7%
G No Contact	132	2	14	22	30	21	6	15	10	4	8
H No Contact/Estimated to be ineligible (FxG)	12	0	2	4	5	1	0	1	0	0	1
I Subtotal: All Eligible (C+G-H)	1,364	115	125	133	133	133	116	187	177	123	120
J Total in Sample (E+G)	1,499	125	141	162	159	140	125	204	183	130	130
K COOPERATION RATE² (A/C)	95%	96%	95%	95%	94%	98%	96%	94%	95%	92%	93%
L COMPLETION RATE³ (A/I)	87%	94%	85%	82%	77%	83%	92%	87%	90%	90%	87%

¹ Often clients received services from several programs. For the purposes of response rate calculations, clients were categorized by the program from which the sample was drawn. So, in this chart, each client appears in the count for only one program.

² The ratio of completed interviews to all potential respondents contacted.

³ The ratio of completed interviews to the total number of potential eligible respondents. Computation assumes that the ineligible proportion of "no contacts" is equal to the ineligible portion of those that were found. The methodology is based on the definitions of response rates issued by the Council of American Survey Research Organizations (CASRO) and the American Association for Public Opinion Research (AAPOR).

Survey Questions



Survey Questions

The following is a standardized list of the **basic questions** in the survey. All questions are customized to fit the respondent's relationship to the client (self, parent, guardian, family member, etc.) The first 17 questions were customized for each program.¹ Questions are listed in the order they are asked the survey. The numbering reflects the original order from the 2001 survey. To facilitate historical analysis, questions were not renumbered when the order changed. See Appendix D for a sample of the entire survey with sections for each client program.

3. Is it easy to get to the (*program*) office?
4. Is the (*program*) office open at times that are good for you?
2. Is it easy to get services from (*program*)?
1. Do you know what (*program*) services there are for you/your family?
- 5a. When/if you call (*program*), is it easy to get to a live person when you need to?
5. Did (*program*) staff return your calls within 24 hours?
6. Did you/your family get services as quickly as you needed?
7. Was it easy to get the information you needed about services?
8. Did (*program*) staff explain things clearly?
9. Did staff who helped you treat you/your family with courtesy and respect?
10. Did staff who helped you/your family listen to what you had to say?
11. Did staff who helped you/your family understand your needs?
12. Did you/your family have a say in what kind of services you get?
13. Did you/your family help make plans and set goals about (*program*) services?
14. Are you satisfied with (*program*) services?
15. Does (*program*) do good work?
16. Overall, has (*program*) helped you/your family?

Two **Coordination of Services questions** were asked only if a client was served by three or more programs:

17. Do social and health services make sure all your services work well together?
18. Do staff from your different social and health service programs work together as a team to try to help you get the services you need?

An **Overall Rating question** was asked of any client who had received services from two or more social and health service programs:

19. Thinking of all (or "both of") the programs together, have they done good work?

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

20. What do you like best about dealing with social and health services?
21. What is one thing social and health services can do to improve services?
22. If you have any additional comments or questions about this survey or social and health services, I can note them now.

Additional questions.

The 2013 survey included five questions about **Internet and smartphone use**. If the client's response to the first question indicated no Internet use, the interviewer skipped to the third question. If the client's response to the third question was not "smartphone," the interviewer did not ask the fourth and fifth questions.

¹ In addition to adding the name of the program and making wording consistent with program usage, a few questions were changed more substantively. Questions 2 and 6 were rephrased for Children's Administration, which often provides involuntary services. For example, Question 2 is rephrased because clients from involuntary programs generally do not seek initial assistance. The customized question for Children's Administration reads, "If you need help from Child and Family Services, is it easy to get that help?" Division of Child Support clients were not asked questions 12 and 13. Appendix D shows all program-specific rephrasing.

- How do you access the Internet?
- How often do you visit the DSHS website?
- What kind of cell phone do you use?
- Would you like to use your smartphone to get help or information from DSHS?
- If you could use your smartphone to get help or information from DSHS, what would you like to be able to do?

Two **Voter Registration questions**, first asked in the 2011 survey, were included in the 2013 survey.

- Are you (the client) registered to vote where you live now?
- Has anyone from DSHS offered to help you (the client) register or to give you information about registering?

The **Diversity question**, first introduced in 2007, was changed to its current form in the 2009 survey. If the client responded “yes” to question 26, they were asked two follow-up questions (26a and 26b):

- In the past 2 years, has there been a time when you felt that social and health services staff treated you unfairly because of your race, culture, age, gender, sexual orientation or disabilities?
 - (If yes) In your opinion, was the unfair treatment because of **your**:

<input type="checkbox"/> Race?	<input type="checkbox"/> Gender?	<input type="checkbox"/> Other
<input type="checkbox"/> Culture?	<input type="checkbox"/> Sexual Orientation?	
<input type="checkbox"/> Age?	<input type="checkbox"/> Disabilities?	

b. Could you please tell us about the unfair treatment?

Additional Health Care Authority/Medical Assistance questions. In addition to the questions outlined above, several “customized” questions have been added for medical assistance clients. Some are new in 2013, while some were added in previous years.

These four questions are asked if client says they have called the 800 number in the past two years:

- When you call the 800 number, is it easy to get a live person?
- Did staff who helped you when you called the 800 number treat you with courtesy and respect?
- Did they listen to what you had to say?
- Did they explain things clearly?

Personal Doctor

- A personal doctor is the one you (client) would see if you (client) need a check-up, want advice about a health program, or get sick or hurt. Do you (client) have a personal doctor or nurse? [Note: ARNPs or PAs can be primary care providers. If client is a child, you can add “A personal doctor or nurse is the health provider who knows your child best.”]
- Why don’t you (client) have a personal doctor? (Asked only if response to question above is “No.”)

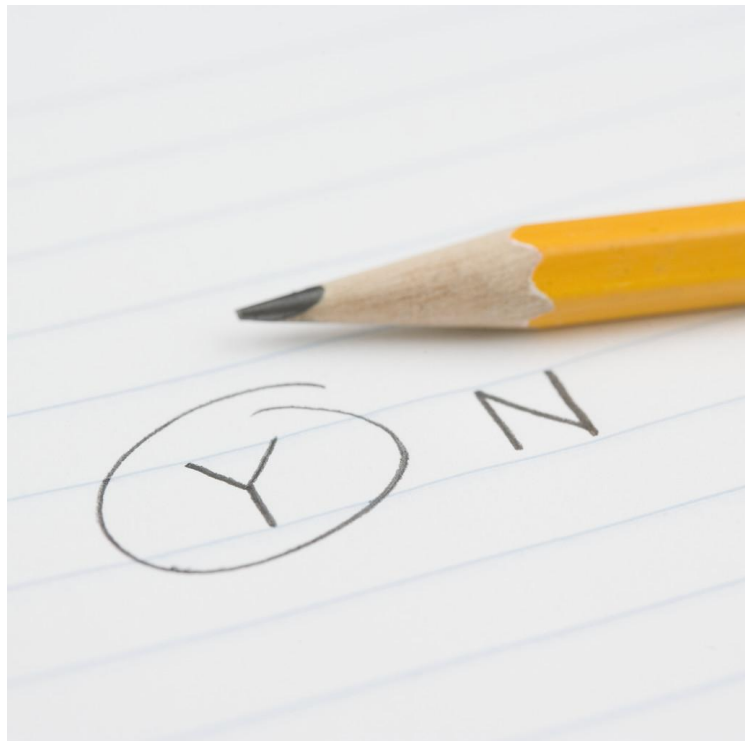
Urgent care

- In the last 6 months, did you (client) ever need care right away for an illness, injury or condition, BUT DIDN’T go to the Emergency Room?
- How long did you usually have to wait between trying to get care and actually seeing a provider?” (Asked only if response to question above is “Yes.”)

Specialty Care

- When you answer the next question, do not include dental visits or care you (client) got when you (client) stayed overnight in a hospital. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors and other doctors who SPECIALIZE in ONE area of health care. In the last 6 months, did you try to make any appointments to see a specialist?
- How long did you usually have to wait between trying to get care and actually seeing a specialist? (Asked only if response to question above is “Yes.”)

Survey Instrument



Survey Instrument

Introduction¹

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

Hello, this is <<Interviewer Name>>.

I have been asked by the Department of Social and Health Services and Health Care Authority to talk with people who have had contact with social and health service programs about how well they serve the citizens of our State. You should have received a letter explaining this survey.

The results of this survey will help social and health service programs make plans to improve services and to measure whether services improve in the future.

You have been randomly chosen from all of the people who have received services from or had contact with social and health service programs.

Your participation is completely voluntary but is very important to us. We want to make sure the sample represents all the people who may come in contact with social and health service programs.

Whether or not you participate in the survey will not affect any services you may receive. We promise that no one from the social and health service programs that serve you will know how you answered. Reports about the survey will not include any names.

We want you to be comfortable telling us how you really feel. Please feel free to ask questions at any time.

If I come to any question that you prefer not to answer, just let me know and I will skip over it.

[If respondent is a parent, family member, guardian, or other decision-maker, say:]

You have been selected to receive this survey because you have helped deal with agencies or make decisions for <<Client Name>>.

We would like to ask about any experiences you may have had with DSHS or Medicaid while helping <<Client Name>>.

Relationship of Person being interviewed to Client:

- Self
- Parent
- Spouse
- Other Family Member – Same Household
- Other Family Member – Not Same Household
- Guardian, or other non-family decision-maker
- Foster Parent

¹ This sample script does not include all possible variations of the survey (for parents, guardians, family members, and other representatives). Interviewers modified the survey appropriately to fit the individual situation (See Appendix A). Instructions to the interviewer are in bold font.

Survey Instrument

ADSA—DD (Developmental Disabilities)

First/Now I'd like to ask you about your experience with DD, the Division that helps persons with developmental disabilities. We see that you have been helped by DD in the last two years. Some of the services they may have provided you are:

- You may live in a home for persons with Developmental Disabilities or someone may come to your house to help you with your daily activities.
- Someone may help you with your job or you may go to an activity during the day.
- You may have received therapies that were paid for with State money.
- You may have a case manager who helps you get services.

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

Denies Contact with ADSA-DD

If special circumstances—like they are listed as getting DD case management, but they don't know it, put here. (Don't ask):

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

	Strong YES!	Yes	Neutral	No	Strong NO!	Don't Know	Refuse	Does Not Apply
3. Is it easy to get to the DD office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the DD office open at times that are good for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is it easy to get services from DD?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Do you know what DD services there are for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5a. When you call DD, is it easy to get to a live person when you need to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did DD staff return your calls within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you get services as quickly as you needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Was it easy to get the information you needed about services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did DD staff explain things clearly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Did staff who helped you treat you with courtesy and respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did staff who helped you listen to what you had to say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Did staff who helped you understand your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Did you have a say in what kind of services you get?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Did you help make plans and set goals about DD services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are you satisfied with DD services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does DD do good work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Overall, has DD helped you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Survey Instrument

DVR (Division of Vocational Rehabilitation)

First/Now I'd like to ask you about your experience with DVR, the Division that helps persons with disabilities get jobs. Have you talked to someone at DVR or received services from DVR over the last two years?

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

Sometimes people get services through some other agency and don't know these services came from DVR. Let me tell you what kinds of services you may have received:

- You might have had counseling about getting a job; help in looking for a job; an assessment of your job interests and skills; an evaluation to see what jobs you could do.
- Job training or training in how to take care of yourself, manage money or use transportation.
- Medical services or treatment needed for you to work; or help in getting things you need to go to work like: equipment, child-care, books, or supplies.

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

Denies DVR Contact

I'd like to ask some questions about your experiences with the Division of Vocational Rehabilitation over the past two years. For each question please give one of these 5 answers: Strong Yes, Yes, Neutral, No, or Strong No.

	Strong YES!	Yes	Neutral	No	Strong NO!	Don't Know	Refuse	Does Not Apply
3. Is it easy to get to the DVR office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the DVR office open at times that are good for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is it easy to get services from DVR?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Do you know what DVR services there are for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5a. When you call DVR, is it easy to get to a live person when you need to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did DVR staff return your calls within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you get services as quickly as you needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Was it easy to get the information you needed about services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did DVR staff explain things clearly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Did DVR staff who helped you treat you with courtesy and respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did DVR staff who helped you listen to what you had to say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Did DVR staff who helped you understand your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Did you have a say in what kind of services you get?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Did you help make plans and set goals about your training and employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are you satisfied with DVR services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does DVR do good work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Overall, has DVR helped you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Survey Instrument

ADSA—LTC (Aging and Disability Services—Long Term Care)

First/Now I'd like to ask you about your experience with Aging and Adult Services, the Division that helps seniors and disabled adults by arranging a place for them to live or sending someone into the home to help with personal care and medical needs. Their office is often called the Home and Community Services Office. Have you talked to someone at Aging and Adult Services or received services from Aging and Adult Services over the last two years?

[If initially denies Aging and Adult Services contact, go on with this explanation before you mark "Denies contact."]

Sometimes people get services through some other agency and don't know these services came from Aging and Adult Services or from Home and Community Services. Let me tell you what kinds of services you may have received:

- You may live in a special home for seniors or persons with disabilities.
- Someone may come to your house to help you with medical needs, body care, shopping, housework or cooking.
- You may have a case manager who does assessments and helps you get services.
- Someone may have helped you fill out a Medicaid application or helped you get medical coupons for your medicines.

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

Denies ADSA-LTC Contact

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

	Strong YES!	Yes	Neutral	No	Strong NO!	Don't Know	Refuse	Does Not Apply
3. Is it easy to get to the Aging and Adult or Home and Community Services office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the office open at times that are good for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is it easy to get services from Aging and Adult Services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Do you know what Aging and Adult Services there are for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5a. When you call Aging and Adult or Home and Community Services Office, is it easy to get to a live person when you need to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did Aging and Adult Services staff return your calls within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you get services as quickly as you needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Was it easy to get the information you needed about services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did Aging and Adult Services staff explain things clearly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Did staff who helped you treat you with courtesy and respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did staff who helped you listen to what you had to say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Did staff who helped you understand your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Did you have a say in what kind of services you get?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Did you help make plans and set goals about services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are you satisfied with Aging and Adult Services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does Aging and Adult Services do good work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Overall, has Aging and Adult Services helped you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Survey Instrument

Health Care Authority (Medical Assistance)

First/Now I'd like to ask you about your experience with Medicaid, the agency that helps pay for medical services. You should have a plastic client services card that you use to get medical services. Some people call this card a coupon. Have you talked to someone at Medicaid or received services from Medicaid over the last two years?

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

Generally one card covers everyone eligible in the household. If anyone in your family has gotten medical care paid for by the State, you probably got these cards:

- You might use this card to get care from a health care plan like Group Health.
- You might have gotten the card through a program like Basic Health Plan, Healthy Options, or CHIP.

Have you received the plastic Medicaid client services card or the old green and white medical coupons any time in the past two years? (If not sure, is there someone you can ask?)

Note: The plastic card has a picture of Washington State and state seal on the front, and a magnetic strip on the back. It's sort of a blue-green and white color. It replaces the old green and white paper medical coupons that clients were mailed each month.

- Yes
- No – Denies Medicaid Contact

Have you called the 800 number on the back of your medical ID card in the past two years?

- No. Skip questions A, B and C below
- Yes. Continue

I'd like to ask you four questions about the people you talked with when you called the 800 number. For each question please give one of these 5 answers: Strong Yes, Yes, Neutral, No, or Strong No.

	Strong YES!	Yes	Neutral	No	Strong NO!	Don't Know	Refuse	Does Not Apply
A1. When you call the 800 number, is it easy to get a live person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A. Did staff who helped you when you called the 800 number treat you with courtesy and respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Did they listen to what you had to say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Did they explain things clearly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A personal doctor is the one you (client) would see if you (client) need a check-up, want advice about a health program, or get sick or hurt. Do you (client) have a personal doctor or nurse? **[Note: ARNPs or PAs can be primary care providers. If Client is a child, you can add: "A personal doctor or nurse is the health provider who knows your child best."]**

- Yes. Skip question A below
- No. Answer question "A" before continuing on
- A. Why don't you (client) have a personal doctor? **[Check all that patient mentions]**
 - Didn't need one
 - Haven't looked for one
 - I had one, but no longer available (retired, moved, closed practice, won't take me anymore, etc.)
 - Can't find one that takes the medical coupon
 - I have a clinic I go to, but I see whatever doctor is on call or available
 - Other Please specify for "Other":

In the last 6 months, did you (the client) ever need care right away for an illness, injury or condition, BUT DIDN'T go to the Emergency Room?

No. Skip question below

Yes. Continue

Volunteered comments – don't ask:

How long did you usually have to wait between trying to get care and actually seeing a provider?

Same day

1 day

2 days

3 days

4-7 days

8-14 days

15 days or longer

Never saw a provider

When you answer the next question, do not include dental visits or care you (client) got when you (client) stayed overnight in a hospital. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors and other doctors who SPECIALIZE in ONE area of health care.

In the last 6 months, did you try to make any appointments to see a specialist?

No. Skip question below

Yes. Continue

Volunteered comments – don't ask:

How long did you usually have to wait between trying to get care and actually seeing a specialist?

Same day

1 day

2 days

3 days

4-7 days

8-14 days

15 days or longer

Never got the specialty care I tried to get

Have you used your medical ID card to get medical services in the past two years? Or does anyone else in your household get medical care from the state with the medical ID card?

[If they seem unsure, probe further.] Has the State paid for any part of your medical care in the past two years? Is it possible that you used the State card or coupon to get that care?

Yes

No

You can explain any special circumstances in this box. Like State just pays Medicare premium:

I'd like to ask some questions about your experiences with Medicaid over the past two years. When I ask about your medical provider I mean all doctors, nurses, dentists, or other therapists who were paid by using a medical ID card or coupon. For each question please give one of these 5 answers: Strong Yes, Yes, Neutral, No, or Strong No.

	Strong YES!	Yes	Neutral	No	Strong NO!	Don't know	Refuse	Does Not Apply
3. Is it easy to get to the medical providers' offices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are the medical providers' offices open at times that are good for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is it easy to get services with the medical ID card?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Do you know what Medicaid services there are for you or your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5a. When you call the medical provider's office, is it easy to get to a live person when you need to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did medical providers' staff return your calls within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you get services with the medical ID card as quickly as you needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Was it easy to get the information you needed about Medicaid services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did your medical providers and their staff explain things clearly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Did the medical providers and their staff treat you or your family with courtesy and respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did the medical providers and their staff listen to what you or your family members had to say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Did the medical providers and their staff understand your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Did you and your family have a say in what kind of medical care you get?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Did you and your family help make plans and set goals about medical services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are you satisfied with Medicaid services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does Medicaid do good work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Overall, has Medicaid helped you or your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Survey Instrument

ESA (Economic Services Administration)

First/Now I'd like to ask you about your experience with Economic Services, the division that sends money and food stamps from the State to individuals and families and also runs the WorkFirst program to help people getting state money find and keep jobs. When you talk to someone from Economic Services you usually call or go to a CSO, which is a Community Services Office. Have you talked to someone at ESA or received services from ESA over the last two years?

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

We see that you or someone in your family has received some state money in the last two years. Some of the services they may have provided you are:

- You may have received food stamps, emergency assistance or TANF money, which is Temporary Assistance for Needy Families.
- You may have received General Assistance money because you were blind, pregnant, disabled, in an institution, or unemployable.
- You may have got supplemental Social Security or SSI payments from the State.
- You may have received some money because you were a refugee or because you needed childcare.
- You may also have been in the WorkFirst program which helps people on TANF find and keep jobs.

Have you or a family member had any services like that in the past two years? Is it possible that these services may have been sponsored by Economic Services?

[If they don't seem to be familiar with monies that may have supported a child, look for clues that there is someone else who is the "primary decision-maker" for this client. If so, talk to the primary decision-maker.]

Denies ESA Contact

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

- Yes
 No

I'd like to ask some questions about your experiences with Economic Services over the past two years. When we ask about Economic Services we are asking about the people who send you or your family State money or food stamps or run WorkFirst. This generally means the CSO staff, which might include your financial worker, case manager, or social worker. For each question please give one of these 5 answers: Strong Yes, Yes, Neutral, No, or Strong No.

	Strong YES!	Yes	Neutral	No	Strong NO!	Don't know	Refuse	Does Not Apply
3. Is it easy to get to the Community Service Office (CSO)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the CSO open at times that are good for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is it easy to get services from Economic Services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Do you know what Economic Services there are for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5a. When you call Economic Services, is it easy to get to a live person when you need to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did Economic Services staff return your calls within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did your family get services as quickly as they needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Was it easy to get the information you needed about services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did Economic Services staff explain things clearly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Did staff who helped you or your family treat you with courtesy and respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did staff who helped you or your family listen to what you had to say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Did staff who helped you or your family understand your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Did you and your family have a say in what kind of services you get?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Did you and your family help make plans and set goals about services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are you satisfied with Economic Services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does Economic Services do good work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Overall, has Economic Services helped you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Survey Instrument

ADSA-DBHR-Mental Health

First/Now I'd like to ask you about your experience with Mental Health, the program that helps pay for counseling, medication, and other mental health services. Have you or a family member talked to someone at Mental Health or received services from Mental Health over the last two years?

[If initially denies Mental Health contact, go on with this explanation before you mark "Denies contact."]

Sometimes people get services through some other agency and don't know these services came from Mental Health. Let me tell you what kinds of services you may have received:

- You may have talked to a counselor or gone with someone in your family to talk to a counselor.
- You may have had a mental health assessment or received some treatment or medication.
- You may have had a hospitalization related to mental health issues.

Have you or a family member had any services like that in the past two years? Is it possible that these services may have been sponsored by the Mental Health program?

Denies MHD Contact

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

	Strong YES	Yes	Neutral	No	Strong NO	Don't Know	Refuse	Does Not Apply
3. Is it easy to get to the Mental Health office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the Mental Health office open at times that are good for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is it easy to get services from Mental Health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Do you know what Mental Health services there are for you or your family member?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5a. When you call Mental Health, is it easy to get to a live person when you need to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did Mental Health staff return your calls within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you or your family member get services as quickly as you needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Was it easy to get the information you needed about services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did Mental Health staff explain things clearly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Did staff who helped you or your family members treat you with courtesy and respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did staff who helped you or your family member listen to what you had to say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Did staff who helped you or your family member understand your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Did you and your family have a say in what kind of services you get?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Did you and your family help make plans and set goals about mental health services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are you satisfied with Mental Health services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does Mental Health do good work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Overall, has Mental Health helped you and your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Survey Instrument

DCS (Division of Child Support)—Non Custodial Parent

First/Now I'd like to ask you about your experience with the Division of Child Support, also known as Support Enforcement. The Division of Child Support enforces and collects court orders or administrative orders about child support. You could be involved with Child Support because you have a child that lives with someone else and you send support money for that child. I'd like to ask about your interactions with the Division of Child Support.

[If denies DCS contact or is unsure] OK. Have you sent money to support a child who doesn't live with you?

- Division of Child Support collects money from one parent and sends it to whoever has custody of the child.
- Or they sometimes collect money to repay the State for supporting a child.
- You also could have had contact with Division of Child Support because they tried to help you get child support payments or tried to get you to pay child support.

[If they still deny DCS interaction]

Denies DCS Contact

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

	Strong YES!	Yes	Neutral	No	Strong NO!	Don't Know	Refuse	Does Not Apply
3. If you had to go to the DCS office, is it easy to get to Child Support offices and facilities? <i>[If they have not gone to a DCS office, select N/A]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. If you called or had to go to the DCS office, is the office open at times that are good for you? <i>[If they have not called or gone to a DCS office, select N/A]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If you need help from Division of Child Support, is it easy to get that help? <i>[If they have not needed help from DCS, select N/A]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5a. If you call Child Support, is it easy to get to a live person when you need to? <i>[If they have not called a DCS office, select N/A]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If you called DCS, did Child Support staff return your calls within 24 hours? <i>[If they have not called a DCS office, select N/A]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. When you asked for help, did you get it as quickly as you needed? <i>[If they never asked for help, select N/A]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6a. If you asked, did Child Support staff explain the specific actions taken in your case?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Was it easy to get the information you needed about services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did Child Support staff explain things clearly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Did Child Support staff treat you with courtesy and respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did Child Support staff listen to what you had to say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are you satisfied with Child Support services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does Division of Child Support do good work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Overall, has Division of Child Support helped the child/children you support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Survey Instrument

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

First/Now I'd like to ask you about your experience with the Division of Child Support, the Division that enforces and collects court orders or administrative orders about child support. The Division of Child Support is also known as Support Enforcement. You could be involved with Child Support because you have a child that lives with you and you get support money for that child from another parent. I'd like to ask about your interactions with the Division of Child Support.

[If denies DCS contact or is unsure] OK. Have you received money from a child's parent to help support a child who lives with you? Or have you sent money to support a child that lives somewhere else?

- Division of Child Support collects money from one parent and sends it to whoever has custody of the child.
- You also could have had contact with Division of Child Support because they tried to help you get child support payments.

[If they still deny DCS interaction]

Denies DCS Contact

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

	Strong YES!	Yes	Neutral	No	Strong NO!	Don't know	Refuse	Does Not Apply
3. If you had to go to the DCS office, is it easy to get to Child Support offices and facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. If you had to go to the DCS office, is the office open at times that are good for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If you need help from Division of Child Support, is it easy to get that help? <i>[if they have not needed help from DCS, select N/A]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Do you know what Child Support services there are for you and your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5a. If you call Division of Child Support, is it easy to get to a live person when you need to? <i>[If they have not called DCS office, select N/A]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If you called DCS, did Child Support staff return your calls within 24 hours? <i>[If they have not called DCS office, select N/A]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. When you asked for help, did you get it as quickly as you needed? <i>[If they never asked for help, select N/A]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Was it easy to get the information you needed about services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did Child Support staff explain things clearly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Did Child Support staff treat you with courtesy and respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did Child Support staff listen to what you had to say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Did Child Support staff understand your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are you satisfied with Child Support services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does Division of Child Support do good work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Overall, has Division of Child Support helped your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Survey Instrument

ADSA – DBHR – Chemical Dependency

First/Now I'd like to ask you about your experience with the drug and alcohol abuse program, the program that helps pay for assessment and chemical dependency treatment related to alcohol and other drugs. Have you talked to someone from, or received services from, the drug and alcohol program over the last two years?

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

Sometimes people get services through some other agency and don't know these services came from the drug and alcohol program. Let me tell you what kinds of services you may have received:

- You may have talked to a counselor or gone to a drug or alcohol treatment group.
- You may have had an assessment to see if you have any problems with alcohol or drugs.
- You may have received some other type of drug or alcohol treatment or medication.
- You may have gone to an inpatient drug and alcohol treatment program.

Unless you paid for this kind of service entirely by yourself or got it at the VA, the Alcohol and Substance Abuse program probably contributed money for your care. Is it possible that you might have had drug or alcohol services paid for or partly paid for by Alcohol and Substance Abuse?

Denies DBHR-CD Contact

I'd like to ask some questions about your experiences with the Division of Alcohol and Substance Abuse over the past two years. For each question please give one of these 5 answers: Strong Yes, Yes, Neutral, No, or Strong No.

	Strong YES!	Yes	Neutral	No	Strong NO!	Don't Know	Refuse	Does Not Apply
3. Is it easy to get to the agency where you get drug and alcohol assessment or treatment services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the Drug and Alcohol office open at times that are good for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is it easy to get drug and alcohol treatment services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Do you know what drug and alcohol treatment services there are for you and your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5a. When you call the drug and alcohol office, is it easy to get to a live person when you need to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did Drug and Alcohol staff return your calls within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you get services as quickly as you needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Was it easy to get the information you needed about services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did Drug and Alcohol staff explain things clearly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Did staff who helped you treat you with courtesy and respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did staff who helped you listen to what you had to say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Did staff who helped you understand your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Did you have a say in what kind of services you get?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Did you help make plans and set goals about services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are you satisfied with Drug and Alcohol services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does Drug and Alcohol services do good work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Overall, have Drug and Alcohol services helped you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Survey Instrument

CA (Children's Administration)

Note to Interviewers: The formal name of this program is "Children's Administration" although few of our clients would recognize that name. Most of the services we ask about come under the Division of Child & Family Services (DCFS), but a few come under the Division of Licensing Resources (DLR).

First/Now I'd like to ask you about your experience with Child and Family Services, the program that provides social services to children and families, such as helping families with run-away or difficult teens, looking into reports of child abuse or neglect, or providing child care, foster care and adoption support. Have you talked to someone at Children's Services or received services from Children's Services over the last two years?

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

Sometimes people get services through some other agency and don't know these services came from Child and Family Services. Let me tell you what kinds of services you may have received:

- A social worker may have talked to people in your family about your family situation or about some possible reports of abuse or neglect.
- Someone may have looked into possible child abuse or neglect involving you or your child—even if that possible abuse happened at school, daycare, or somewhere else.
- You may have received help in dealing with conflicts with a teenager.
- Someone in your family may have received some kind of counseling, parenting training, or other training.
- A child may have received child care because of special needs or because the parent is a teenager or a seasonal worker.
- Your child may have been placed in foster care or been involved in an adoption.
- You may have provided foster care or received adoption support.
- The services you got may have been called CPS (which stands for Child Protective Services), DCFS, Family Reconciliation Service, Child Welfare Services—or they may have been provided by a local agency.

Have you had any services like that in the past two years? Is it possible that these services may have been sponsored by Children's Administration?

[If parent does not know whether child has had any services and/or is not personally familiar with these services, try to find out whether there is another family member or decision-maker who is more familiar.

Get GOOD name, address, and phone numbers. We may replace this respondent with a more knowledgeable one]

Denies CA Contact

I'd like to ask some questions about your experiences with Child and Family Services over the past two years. For each question please give one of these 5 answers: Strong Yes, Yes, Neutral, No, or Strong No.

	Strong YES!	Yes	Neutral	No	Strong NO!	Don't Know	Refuse	Does Not Apply
3. Is it easy to get to the Child and Family Services office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the Child and Family Services office open at times that are good for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If you need help from Child and Family Services is it easy to get that help? <i>[If they have not needed help from Child and Family Services select N/A]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Do you know what Child and Family services there are for your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5a. When you call Child and Family Services, is it easy to get to a live person when you need to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did Child and Family Services staff return your calls within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. When you asked for help, did you get it as quickly as you needed? <i>[If they never asked for help, select N/A]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Was it easy to get the information you needed about Child and Family Services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did Child and Family Services staff explain things clearly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Did staff who helped you treat you with courtesy and respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did staff who helped you listen to what you had to say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Did staff who helped you understand your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Did you have a say in what kind of services you get?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Did you help make plans and set goals about services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are you satisfied with Child and Family Services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does Child and Family Services do good work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Overall, has Child and Family Services helped your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Survey Instrument

CONCLUDING QUESTIONS

Clients receiving services from TWO (2) programs ONLY:

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

	Strong YES!	Yes	Neutral	No	Strong NO!	Don't Know	Refuse	Does Not Apply
Thinking of both programs together, has DSHS done good work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clients receiving services from THREE or more (3+) programs ONLY:

We have talked about services you get from these DSHS programs—[name Program 1, name Program 2, name Program 3, etc.]

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

CONCLUDING QUESTIONS—ALL Participants

How do you access the Internet?

- Computer (includes iPad and other tablets) (continue)
- Smartphone (such as iPhone, Droid, Blackberry, Palm, etc) (continue)
- Both computer and smartphone (continue)
- I don't use the Internet (skip question below)

How often do you visit the DSHS website?

- Never
- Daily
- Weekly
- Monthly
- Occasionally (includes once)

What kind of cell phone do you use?

- A smartphone (iPhone, Droid, etc – something that you can use to run apps, reach the internet or navigate) (continue)
- A regular cell phone (skip next 2 questions below)
- Cell phone – not sure if it's a smart phone (include phone that can reach internet or navigate, but can't run apps) (skip next 2 questions below)
- No cell phone (skip next 2 questions below)
- Don't know (skip next 2 questions below)

More information, if applicable

Would you like to use your smartphone to get help or information from DSHS?

- Yes (continue)
- No (skip question below)
- Don't know (skip question below)

(Continuation of cell phone question)

If you could use your Smartphone to get help or information from DSHS, what would you like to be able to do? Don't read. Choose response closest to what they say. Check all that apply.

- Pay or receive child support
- Find the address or phone number of a DSHS office or facility
- Apply for help with food, cash or childcare
- Contact DSHS – to make a complaint, report welfare fraud, report child abuse
- Other (please specify)

Are you (the client) registered to vote where you live now?

If client is a child, select "not applicable" and skip next question (unless parent volunteers that they talked to them about voting)

- Yes
- No
- Not Applicable

Has anyone from the Department of Social and Health Services offered to help you (the client) register or to give you information about registering?

- Yes
- No

Now we want to ask you two questions about what your social and health services do well and how they can improve.

First, what do you like best about dealing with social and health services?

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

What is your [the client's] age in years? [***Must be WHOLE NUMBER – Put 0 if under 12 months**]

Years

[If doesn't answer age]

- Refuses
- Don't Know

Are you [the client] . . . [ask if necessary, otherwise just record]

- Male
- Female
- Refuse

Are you [the client] Hispanic or Latino?*

- Yes
- No
- Don't Know
- Refuse

*Placement of this question was changed in 2007 due to U.S. Census Bureau recommendations.

What race group BEST describes you [the client]? . . . [select MAIN ONE]

- Asian American or Pacific Islander
- American Indian or Native American
- Black or African American
- White or Caucasian
- Don't Know
- Refuse
- Just repeats "Hispanic/Latino" even though it's an ethnicity. Doesn't identify with any of the races above.
- Other

Please specify for "Other":

In the past 2 years, has there been a time when you felt that social and health service staff treated you unfairly because of your race, culture, age, gender, sexual orientation, or disabilities?

- Yes (continue)
- No (skip both questions below)

→ In your opinion was the unfair treatment because of: [Read options. They can choose more than one.]

- Your Race?
- Your Culture? *[Don't choose if the same as race]*
- Age?
- Gender?
- Sexual Orientation?
- Disabilities?
- Other

Could you please tell us about the unfair treatment?

→ Since July 2011, which Washington State county have you (the client) lived in the longest? Please specify for "Other" (City, State if outside WA):

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

Weighting



Weighting

Clients’ responses were weighted according to each client’s service profile (the specific combination of services that the client used), so that the final weighted sample reflects the service usage of all social and health services clients. This survey analysis used two different weighting schemes:

1. Using all survey respondents—used for all analyses looking only at 2013 survey data
2. Using all survey respondents except those selected from Child Support clients—used for all comparisons with previous surveys (since surveys before 2007 did not include both custodial and non-custodial clients chosen from the Child Support caseload)

Weighting Scheme 1—Including Child Support, both custodial and non-custodial

The table below shows weighting for the combination of programs utilized in the left-hand column. For example, the highlighted row of the chart (AEM) shows that 55 clients in the completed sample used Aging and Long Term Support, Economic, and Medical Assistance Services (4.6610% of the 1,180 completed surveys). In the total population of all social and health services clients from April 2011 to March 2012¹, 28,073 (1.2061% of the total) used this combination of services. The responses of the 55 survey respondents were weighted by a factor of 0.2588. Thus, in the weighted sample 14.2317 of the 1,180 respondents utilized the combination of Long Term Care, Economic, and Medical Services – comprising 1.2061% of the sample population. The proportion of clients with this service profile in the weighted sample equals the proportion with this service profile in the overall social and health services population.

Programs	SAMP_N	SAMP_PC	POP_N ¹	POP_PC	WT	WT_N		
A	1	0.0847%	1,142	0.0491%	0.5789	0.5789	PROGRAMS: A: Aging and Long Term Support C: Children’s Administration D: Developmental Disabilities E: Economic Services H: Mental Health M: Medical Assistance (HCA) S: Alcohol & Substance Abuse V: Vocational Rehabilitation Z: Child Support - Custodial X: Child Support—Non-custodial	
ACEMZ	1	0.0847%	97	0.0042%	0.0492	0.0492		
ACHMZ	1	0.0847%	2	0.0001%	0.0010	0.0010		
ADEHM	2	0.1695%	157	0.0067%	0.0398	0.0796		
ADHM	2	0.1695%	184	0.0079%	0.0466	0.0933		
ADM	4	0.3390%	945	0.0406%	0.1198	0.4791		
ADMV	1	0.0847%	41	0.0018%	0.0208	0.0208		
AEHM	28	2.3729%	7,090	0.3046%	0.1284	3.5943		
AEHMS	1	0.0847%	375	0.0161%	0.1901	0.1901		
AEHMV	1	0.0847%	127	0.0055%	0.0644	0.0644		
AEHMZ	5	0.4237%	460	0.0198%	0.0466	0.2332		
AEM	55	4.6610%	28,073	1.2061%	0.2588	14.2317		
AEMS	2	0.1696%	281	0.0121%	0.0712	0.1425		SAMP_N: Number of clients who completed survey using this combination of programs
AEMV	2	0.1695%	192	0.0082%	0.0487	0.0973		
AEMX	1	0.0847%	472	0.0203%	0.2393	0.2393		
AEMZ	4	0.3390%	1,388	0.0596%	0.1759	0.7037		
AHM	6	0.5085%	4,532	0.1947%	0.3829	2.2975		
AM	25	2.1186%	27,067	1.1629%	0.5489	13.7217		
AMV	2	0.1695%	103	0.0044%	0.0261	0.0522		
C	31	2.6271%	34,077	1.4640%	0.5573	17.2755		
CDEHM	2	0.1695%	281	0.0121%	0.0712	0.1425		
CDEM	4	0.3390%	1,394	0.0599%	0.1767	0.7067		
CDEZ	1	0.0847%	2	0.0001%	0.0010	0.0010	SAMP_PC: Percentage of the clients who completed the survey using this combination of programs	
CDHM	1	0.0847%	217	0.0093%	0.1100	0.1100		
CDM	6	0.5085%	1,068	0.0459%	0.0902	0.5414		
CDMV	1	0.0847%	10	0.0004%	0.0051	0.0051		
CE	4	0.3390%	4,750	0.2041%	0.6020	2.4080		
CEHM	11	0.9322%	8,445	0.3628%	0.3892	4.2812		
CEHMS	3	0.2542%	785	0.0337%	0.1327	0.3980		
CEHMSX	4	0.3390%	497	0.0214%	0.0630	0.2520		
CEHMSZ	7	0.5932%	1,353	0.0581%	0.0980	0.6859		
CEHMV	2	0.1695%	56	0.0024%	0.0142	0.0284		
CEHMVZ	1	0.0847%	99	0.0043%	0.0502	0.0502	WT: Weight to produce N of 1,180 with program distribution equal to population program distribution (adjusted for empty cells)	
							WT_N: Number using this combination of programs after applying WT	

¹ Includes the 99.58% of the social and health service population in survey-eligible groups (including DCS clients) whose service profile was represented in the client survey sample.

APPENDIX E—Weighting

Programs	SAMP_N	SAMP_PC	POP_N	POP_PC	WT	WT_N	Weighting Scheme 1—Including Clients Selected from Child Support Continued
CEHMX	1	0.0847%	724	0.0311%	0.3670	0.3670	
CEHMZ	5	0.4237%	2,445	0.1050%	0.2479	1.2395	
CEM	16	1.3559%	42,513	1.8265%	1.3470	21.5521	
CEMS	3	0.2542%	1,243	0.0534%	0.2100	0.6301	
CEMSX	8	0.6780%	1,130	0.0485%	0.0716	0.5729	
CEMSZ	12	0.0169%	2,141	0.0920%	0.0904	1.0854	
CEMVZ	1	0.0847%	101	0.0043%	0.0512	0.0512	
CEMX	6	0.5085%	2,824	0.1213%	0.2386	1.4316	
CEMZ	18	1.5254%	10,428	0.4480%	0.2937	5.2865	
CES	1	0.0847%	139	0.0060%	0.0705	0.0705	
CESX	2	0.1695%	336	0.0144%	0.0852	0.1703	
CEX	7	0.5932%	3,150	0.1353%	0.2281	1.5969	
CEZ	8	0.6780%	3,401	0.1461%	0.2155	1.7241	
CHM	5	0.4237%	2,966	0.1274%	0.3007	1.5036	
CHMX	1	0.0847%	26	0.0011%	0.0132	0.0132	
CM	5	0.4237%	15,155	0.6511%	1.5366	7.6829	
CMZ	5	0.4237%	484	0.0208%	0.0491	0.2454	
CS	1	0.0847%	146	0.0063%	0.0740	0.0740	
CSX	1	0.0847%	138	0.0059%	0.0700	0.0700	
CX	9	0.7627%	5,316	0.2284%	0.2994	2.6950	
CZ	5	0.4237%	4,116	0.1768%	0.4173	2.0866	
D	7	0.5932%	9,582	0.4117%	0.6939	4.8576	
DEHM	2	0.1695%	2,128	0.0914%	0.5394	1.0788	
DEHMV	2	0.1695%	289	0.0124%	0.0733	0.1465	
DEM	34	2.8814%	12,201	0.5242%	0.1819	6.1853	
DEMV	12	1.0169%	769	0.0330%	0.0325	0.3898	
DHM	5	0.4237%	1,078	0.0463%	0.1093	0.5465	
DHMV	4	0.3390%	149	0.0064%	0.0189	0.0755	
DM	35	2.9661%	11,488	0.4935%	0.1664	5.8239	
DMV	9	0.7627%	942	0.0405%	0.0531	0.4776	
DMX	1	0.0847%	14	0.0006%	0.0071	0.0071	
DV	1	0.0847%	115	0.0049%	0.0583	0.0583	
E	66	5.5932%	325,986	14.0051%	2.5039	165.2597	
EHM	42	3.5593%	48,027	2.0633%	0.5797	24.3475	
EHMS	22	1.8644%	6,900	0.2964%	0.1590	3.4980	
EHMSV	2	0.1695%	377	0.0162%	0.0956	0.1911	
EHMSVX	1	0.0847%	100	0.0043%	0.0507	0.0507	
EHMSX	5	0.4237%	1,427	0.0613%	0.1447	0.7234	
EHMSZ	4	0.3390%	1,720	0.0739%	0.2180	0.8720	
EHMV	6	0.5085%	1,829	0.0786%	0.1545	0.9272	
EHMVX	1	0.0847%	210	0.0090%	0.1065	0.1065	
EHMVZ	1	0.0847%	402	0.0173%	0.2038	0.2038	
EHMX	7	0.5932%	3,505	0.1506%	0.2538	1.7769	
EHMZ	12	1.0169%	9,271	0.3983%	0.3917	4.7000	
EHX	1	0.0847%	326	0.0140%	0.1653	0.1653	
EM	134	11.3559%	705,421	30.3064%	2.6688	357.6156	
EMS	19	1.6102%	16,126	0.6928%	0.4303	8.1751	
EMSV	5	0.4237%	425	0.0183%	0.0431	0.2155	
EMSX	7	0.5932%	4,414	0.1896%	0.3197	2.2377	
EMSZ	8	0.6780%	4,420	0.1899%	0.2801	2.2407	
EMV	15	1.2712%	4,120	0.1770%	0.1392	2.0886	
EMVX	3	0.2542%	491	0.0211%	0.0830	0.2489	
EMVZ	4	0.3390%	866	0.0372%	0.1098	0.4390	
EMX	12	1.0169%	21,210	0.9112%	0.8960	10.7525	
EMZ	37	3.1356%	87,867	3.7750%	1.2039	44.5445	
ES	9	0.7627%	5,072	0.2179%	0.2857	2.5713	
ESX	3	0.2542%	1,757	0.0755%	0.2969	0.8907	

Programs	SAMP_N	SAMP_PC	POP_N	POP_PC	WT	WT_N	Weighting Scheme 1—Including Clients Selected from Child Support Continued
ESZ	2	0.1695%	431	0.0185%	0.1092	0.2185	
EV	22	1.8644%	2,833	0.1217%	0.0653	1.4362	
EVX	2	0.1695%	366	0.0157%	0.0928	0.1855	
EVZ	1	0.0847%	249	0.0107%	0.1262	0.1262	
EX	32	2.7119%	40,636	1.7458%	0.6438	20.6006	
EZ	18	1.5254%	41,713	1.7921%	1.1748	21.1466	
HM	12	1.0169%	9,862	0.4237%	0.4166	4.9996	
HMS	1	0.0847%	527	0.0226%	0.2672	0.2672	
HMV	2	0.1695%	204	0.0088%	0.0517	0.1034	
M	68	5.7627%	339,701	14.5943%	2.5325	172.2126	
MS	4	0.3390%	2,547	0.1094%	0.3228	1.2912	
MV	4	0.3390%	834	0.0358%	0.1057	1.4228	
MX	3	0.2542%	1,920	0.0825%	0.3245	0.9734	
MZ	5	0.4237%	8,572	0.3683%	0.8691	4.3456	
S	6	0.5085%	8,697	0.3736%	0.7348	4.4090	
SX	1	0.0847%	1,049	0.0451%	0.5318	0.5318	
V	23	1.9492%	5,018	0.2156%	0.1106	2.5439	
VX	2	0.1695%	198	0.0085%	0.0502	0.1004	
X	42	3.5593%	198,128	8.5120%	2.3915	100.4417	
Z	50	4.2373%	148,437	6.3772%	1.5050	75.2507	

Weighting Scheme 2—Without Clients Selected from Child Support

This weighting scheme is used for any analyses that compare the current survey to surveys before 2007 which did not include comparable groups of clients selected from child support.

Programs	SAMP_N	SAMP_PC	POP_N	POP_PC	WT	WT_N	PROGRAMS: A: Aging and Long Term Support C: Children's Administration D: Developmental Disabilities E: Economic Services H: Mental Health M: Medical Assistance (HCA) S: Alcohol & Substance Abuse V: Vocational Rehabilitation SAMP_N: Number of clients who completed survey using this combination of programs SAMP_PC: Percentage of the clients who completed the survey using this combination of programs POP_N: Number of clients in using this combination of programs from April 2011 to March 2012. POP_PC: Percentage of clients using this combination of programs from April 2011 to March 2012. WT: Weight to produce N of 967 with program distribution equal to population program distribution (adjusted for empty cells) WT_N: Number using this combination of programs after applying WT
A	1	0.1034%	1,155	0.0582%	0.5629	0.5629	
ACEM	1	0.1034%	264	0.0133%	0.1287	0.1287	
ACHM	1	0.1034%	18	0.0009%	0.0088	0.0088	
ADEHM	2	0.2068%	159	0.0080%	0.0387	0.0775	
ADHM	2	0.2068%	185	0.0093%	0.0451	0.0902	
ADM	4	0.4137%	946	0.0477%	0.1153	0.4610	
ADMV	1	0.1034%	41	0.0021%	0.0200	0.0200	
AEHM	31	3.2058%	7,692	0.3877%	0.1209	3.7487	
AEHMS	1	0.1034%	441	0.0222%	0.2149	0.2149	
AEHMV	1	0.1034%	144	0.0073%	0.0702	0.0702	
AEM	60	6.2048%	29,933	1.5086%	0.2431	14.5880	
AEMS	2	0.2068%	328	0.0165%	0.0799	0.1599	
AEMV	2	0.2068%	211	0.0106%	0.0514	0.1028	
AHM	6	0.6205%	4,612	0.2324%	0.3746	2.2477	
AM	25	2.5853%	27,364	1.3791%	0.5334	13.3360	
AMV	2	0.2068%	105	0.0053%	0.0256	0.0512	
C	40	4.1365%	43,509	2.1928%	0.5301	21.2043	
CDE	1	0.1034%	16	0.0008%	0.0078	0.0078	
CDEHM	2	0.2068%	314	0.0158%	0.0765	0.1530	
CDEM	4	0.4137%	1,489	0.0750%	0.1814	0.7257	
CDHM	1	0.1034%	220	0.0111%	0.1072	0.1072	
CDM	6	0.6205%	1,077	0.0543%	0.0875	0.5249	
CDMV	1	0.1034%	11	0.0006%	0.0054	0.0054	
CE	15	1.5512%	11,301	0.5696%	0.3672	5.5076	
CEHM	17	1.7580%	11,614	0.5853%	0.3330	5.6601	
CEHMS	14	1.4478%	2,635	0.1328%	0.0917	1.2842	
CEHMV	3	0.3102%	192	0.0097%	0.0312	0.0936	
CEM	37	3.8263%	55,765	2.8105%	0.7345	27.1774	
CEMS	23	2.3785%	4,514	0.2275%	0.0956	2.1999	
CEMV	1	0.1034%	227	0.0114%	0.1106	0.1106	

APPENDIX E—Weighting

Programs	SAMP_N	SAMP_PC	POP_N	POP_PC	WT	WT_N
CES	3	0.3102%	629	0.0317%	0.1022	0.3065
CHM	5	0.5171%	3,023	0.1524%	0.2947	1.4733
CM	8	0.8273%	15,848	0.7987%	0.9655	7.7236
CS	2	0.2068%	332	0.0167%	0.0809	0.1618
D	7	0.7239%	9,622	0.4849%	0.6699	4.6893
DEHM	2	0.2068%	2,202	0.1110%	0.5366	1.0732
DEHMV	2	0.2068%	301	0.0152%	0.0733	0.1467
DEM	34	3.5160%	12,473	0.6286%	0.1788	6.0788
DEMV	12	1.2410%	804	0.0405%	0.0327	0.3918
DHM	5	0.5171%	1,081	0.0545%	0.1054	0.5268
DHMV	4	0.4137%	150	0.0076%	0.0183	0.0731
DM	36	3.7229%	11,537	0.5814%	0.1562	5.6226
DMV	9	0.9307%	948	0.0478%	0.0513	0.4620
DV	1	0.1034%	117	0.0059%	0.0570	0.0570
E	72	7.4457%	408,335	20.5795%	2.7639	199.0042
EHM	55	5.6877%	60,803	3.0644%	0.5388	29.6327
EHMS	29	2.9990%	10,047	0.5064%	0.1688	4.8965
EHMSV	3	0.3102%	539	0.0272%	0.0876	0.2627
EHMV	8	0.8273%	2,441	0.1230%	0.1487	1.1896
EM	144	14.8914%	814,498	41.0496%	2.7566	396.9499
EMS	31	3.2058%	24,960	1.2580%	0.3924	12.1644
EMSV	5	0.5171%	635	0.0320%	0.0619	0.3095
EMV	22	2.2751%	5,477	0.2760%	0.1213	2.6692
ES	14	1.4478%	7,260	0.3659%	0.2527	3.5382
EV	24	2.4819%	3,448	0.1738%	0.0700	1.6804
HM	12	1.2410%	10,160	0.5121%	0.4126	4.9515
HMS	1	0.1034%	568	0.0286%	0.2768	0.2768
HMV	2	0.2068%	218	0.0110%	0.0531	0.1062
M	69	7.1355%	350,193	17.6493%	2.4735	170.6684
MS	4	0.4137%	2,807	0.1415%	0.3420	1.3680
MV	4	0.4137%	867	0.0437%	0.1056	0.4225
S	7	0.7239%	10,002	0.5041%	0.6964	4.8745
V	24	2.4819%	5,372	0.2707%	0.1091	2.6181

Weighting Scheme 2—
Without Clients Selected
from Child Support
Continued

Responses by Client Sub-group



Responses by Client Sub-Group (includes Child Support clients)

	Client Gender		Client Age		Race Ethnicity			Race Differences**		
	Male	Female	Adult	Child	White	Other Minority	Hispanic	C-O	C-H	O-H
QUALITY AND HELPFULNESS										
Overall, do social and health services programs help you and your family?	91%	93%	89%	96%*	91%	94%	92%			
Thinking of all the programs together, have they done good work?	88%	89%	87%	91%	89%	88%	90%			
Does your program do good work?	86%	88%	84%	92%*	87%	87%	88%			
Are you satisfied with program services?	81%	82%	79%	85%*	81%	82%	83%			
STAFF										
Do staff treat you with courtesy and respect?	89%	89%	87%	92%*	88%	91%	89%			
Do staff listen to what you have to say?	90%	89%	88%	92%	89%	90%	89%			
Do staff understand your needs?	89%	89%	88%	90%	90%	88%	87%			
ACCESS AND PROCESS										
Are program offices open at times that are good for you?	90%	87%	88%	89%	88%	89%	89%			
Is it easy to get to the program office?	86%	87%	82%	95%*	86%	90%	87%			
Is it easy to get services from the program?	78%	77%	74%	83%*	76%	81%	78%			
Did you get services as quickly as you needed?	84%	80%	77%	89%*	82%	83%	81%			
When you call, is it easy to get a live person when you need to?	62%	61%	58%	67%*	60%	63%	62%			
Do staff return your calls within 24 hours?	76%	71%	71%	77%	76%	67%	73%			
INFORMATION										
Do you know what program services there are for you and your family?	60%	60%	58%	63%	64%	60%	50%		*	
Did program staff explain things clearly?	89%	84%*	84%	88%	86%	87%	85%			
Was it easy to get the information you needed about services?	85%	80%	80%	87%*	82%	80%	86%			
CLIENT INVOLVEMENT										
Did you have a say in what kind of services you get?	79%	78%	77%	80%	78%	84%	74%			*
Did you help make plans and set goals about services?	68%	67%	66%	70%	69%	70%	62%			
COORDINATION										
Do staff make sure all your services work well together?	77%	71%	73%	77%	73%	72%	77%			
Do the staff from your different programs work together as a team to try to help you get the services you need?	71%	63%	65%	72%	64%	65%	82%		*	

* Statistically Significant Difference (p.<.05)

** Comparisons between various combinations of 2 groups: C = Caucasian (non-Hispanic); H = Hispanic; O = Other minority (non-Hispanic)

Summary of Client Sub-Group Trends

By Gender—Men were more likely to find explanations clear.

By Client Age—On several questions children’s guardians reported more satisfaction than did adult respondents.

By Race/Ethnicity—Hispanic clients were more likely than Caucasian clients to think staff from different programs worked together to help them, and less likely than Caucasian clients to know what services are available. Minorities other than Hispanics were more likely than Hispanics to report they had a say in what kind of services they received.

Responses by Program Sub-group



Responses by Program Sub-Group (includes Child Support clients)

	Completed By		Number Programs Used			Differences		
	Client	Other**	1 prgm	2 prgms	3 + prgms	1-2	1-3	2-3
QUALITY AND HELPFULNESS								
Overall, do social and health service programs help you and your family?	89%	96%*	91%	94%	89%			*
Thinking of all the programs together, have they done good work?	87%	90%	87%	91%	84%			*
Does your program do good work?	85%	90%*	87%	89%	85%			
Are you satisfied with program services?	79%	84%	83%	81%	77%			
STAFF								
Do staff treat you with courtesy and respect?	87%	91%*	88%	90%	87%			
Do staff listen to what you have to say?	87%	92%	89%	90%	87%			
Do staff understand your needs?	87%	90%	92%	87%	85%		*	
ACCESS AND PROCESS								
Are program offices open at times that are good for you?	88%	89%	90%	87%	88%			
Is it easy to get to the program office?	83%	91%*	82%	92%	85%	*		*
Is it easy to get services from the program?	74%	82%*	78%	78%	74%			
Did you get services as quickly as you needed?	79%	86%*	82%	86%	73%		*	*
When you call, is it easy to get a live person when you need to?	59%	64%	63%	59%	61%			
Do staff return your calls within 24 hours?	69%	78%*	76%	72%	69%			
INFORMATION								
Do you know what program services there are for you and your family?	58%	61%	57%	60%	63%			
Did program staff explain things clearly?	84%	88%	88%	85%	82%		*	
Was it easy to get the information you needed about services?	79%	85%*	82%	86%	74%		*	*
CLIENT INVOLVEMENT								
Did you have a say in what kind of services you get?	77%	79%	82%	78%	72%		*	*
Did you help make plans and set goals about services?	62%	72%*	67%	67%	69%			
COORDINATION								
Do staff make sure all your services work well together?	72%	78%		57%	74%			*
Do the staff from your different programs work together as a team to try to help you get the services you need?	63%	71%		57%	66%			*

* Statistically Significant Difference (p.<.05)

** Client Representative

*** Mandatory programs are Children’s Administration and Division of Child Support services for non-custodial parents

Summary of Client Sub-Group Trends

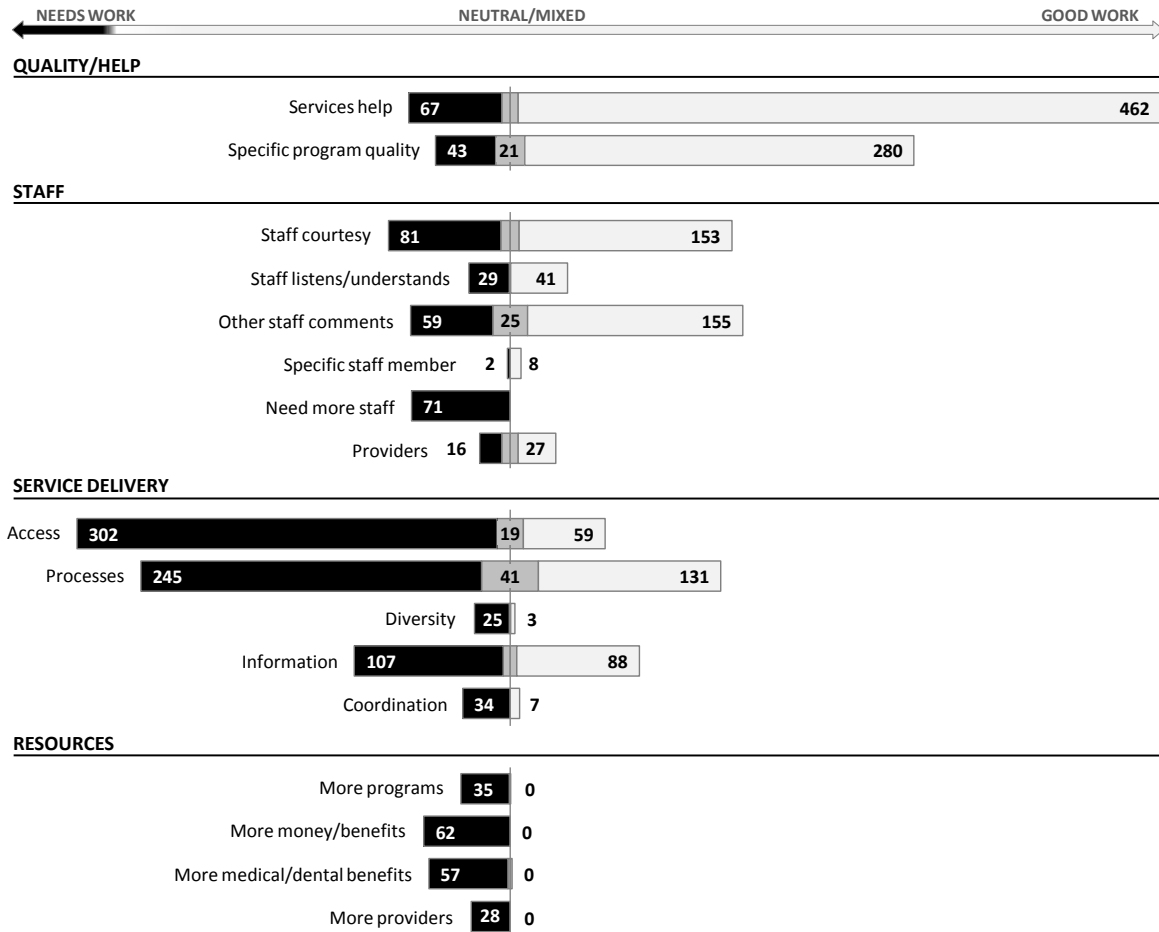
By Status of Respondent—Overall, those who responded on behalf of children or incapacitated clients were more satisfied with all aspects of program services than were client respondents.

By Number of Programs—No clear pattern of responses emerged.

Themes from Narrative Questions: Detail and Glossary



Number of Positive, Negative, or Neutral Comments by Theme



Response Glossary: Themes Identified in Open-ended Questions

QUALITY/HELP	Typical Response Example
Services Helped	Social and health services have helped me/my family; good service overall; grateful for help; appreciative; like Social and Health Services
Services Didn't Help	
Specific Program Quality	Named a specific program or an office (such as "Kent CSO") that helped/didn't help; likes program/should change program
STAFF	
Staff Courtesy/Respect	Compliments/complaints regarding staff courtesy, respect, attitude, sensitivity, friendliness, compassion
Staff Listens/Understands	Staff listens; is/isn't attentive; gets input from clients; includes clients in decision-making/planning
Other Staff Comments	Staff's responsiveness, fairness, flexibility, knowledge, professionalism, etc.
Specific Staff Members	Named a specific staff member who helped/didn't help
Need More Staff	Need more staff; reduce turnover; lower caseloads
Providers	Providers are good/bad; helpful/not helpful; other comments about medical providers, care providers, etc.

SERVICE DELIVERY

ACCESS

Phone/Staff Access	Ability to reach staff members; phone, voicemail, e-mail, and web-site access; return calls and messages; call centers
Office Location/Hours	Ease in getting to programs/services; office hours; transportation; physical condition of office(s)
Appointment Processes	Intake system; long/short waits to be seen; scheduling appointments; appointment notification; phone interviews/online communications

PROCESSES

General Processes	Compliments/complaints about efficiency, bureaucracy, errors, rules; need to take individuals into account (one size doesn't fit all)
Specific Processes	Compliments/complaints about specific processes; example: "JRA should alphabetize their client lists"
Eligibility Processes	Good/bad process of eligibility; distribution of benefits; rules/requirements concerning eligibility; flexibility/inflexibility of process; easy or difficult to get approved for services – and to maintain services
Paperwork Processes	Compliments/complaints about paperwork/forms/applications
Timeliness of Services	Length of time to get services; waiting lists; includes length of time for eligibility determination

DIVERSITY

Diversity	Compliments about treating all groups equally; complaints about preference for specific groups
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INFORMATION

General Information	Information from staff to clients about programs or eligibility; answers to questions; clear/unclear explanations; lists of services; notification of new programs/services, events and due dates
Language Services	Need more interpreters, bilingual staff or native English-speakers; grateful for available language services

COORDINATION

Coordination between Programs	Good/poor coordination between social and health service programs/offices; includes coordination with other helping agencies
Coordination between Workers	Good/poor coordination between workers; good/poor teamwork; need a single worker rather than many; workers' instructions differ or overlap

RESOURCES

More Programs	Don't cut/expand certain programs; social and health services need better funding; pay providers more; grateful for funded program
More Money/Benefits	Need more/don't cut hours or benefits; grateful for available hours/benefits
More Medical/Dental Benefits	Don't cut/expand medical, dental or mental health services; need medical equipment/procedures; grateful for available funding/benefits
More Providers	Need more medical, dental, mental health, vision or pharmacy providers who take coupons; difficult to find a provider; grateful for available providers who take coupons

OTHER

Other	Miscellaneous comments that don't fit elsewhere
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Narrative Comments Report

1,135 of 1,180 Respondents Made Comments

All Social and Health Services Clients • Unweighted Data

MAJOR THEMES AND SUBTHEMES ¹		Total		Good Work		Needs Work		Mixed or Neutral	
		# ²	% of All ³	# ²	%	# ²	%	# ²	%
Quality/Help		755	66.5%	628	83%	83	11%	443	6%
Services Helped	H	384	33.8%	384	100%				
Didn't Help	HD	49	4.3%			49	100%		
Things are OK	HO	26	2.3%	26	100%				
Nothing	HN	149	13.1%	111	74%	36	24%	2	1%
Specific Program Quality	HS	344	30.3%	280	81%	43	13%	21	6%
Staff		478	42.1%	245	51%	164	34%	695	14%
Staff Courtesy	SC	247	21.8%	153	62%	81	33%	13	5%
Staff Listens/Understands	SL	71	6.3%	41	58%	29	41%	1	1%
Other Staff Comments	SO	239	21.1%	155	65%	59	25%	25	10%
Specific Staff	SP	10	0.9%	8	80%	2	20%	0	0%
Need More Staff	SN	71	6.3%			71	100%		
Providers	SX	55	4.8%	27	49%	16	29%	12	22%
Process/Access		671	59.1%	129	19%	433	65%	109	16%
<i>ACCESS</i>		<i>380</i>	<i>33.5%</i>	<i>59</i>	<i>16%</i>	<i>302</i>	<i>79%</i>	<i>19</i>	<i>5%</i>
Phone/Staff Access	AP	254	22.4%	25	10%	224	88%	5	2%
Location/Hours	AL	61	5.4%	14	23%	46	75%	12	2%
Appointment Process	AA	117	10.3%	34	29%	78	67%	5	4%
<i>PROCESS</i>		<i>417</i>	<i>36.7%</i>	<i>131</i>	<i>31%</i>	<i>245</i>	<i>59%</i>	<i>41</i>	<i>10%</i>
Process - General	PR	79	7.0%	35	44%	38	48%	6	8%
Process - Specific	PS	153	13.5%	57	37%	92	60%	4	3%
Paperwork	PP	23	2.0%	2	9%	20	87%	1	4%
Process - Timeliness	PT	126	11.1%	62	49%	63	50%	1	1%
Eligibility	PE	151	13.3%	23	15%	120	79%	8	5%
<i>DIVERSITY</i>		<i>29</i>	<i>2.6%</i>	<i>3</i>	<i>10%</i>	<i>25</i>	<i>86%</i>	<i>1</i>	<i>3%</i>
Diversity/Preference	DV	29	2.6%	3	10%	25	86%	1	3%
Information		205	18.1%	88	43%	107	52%	10	5%
Information - General	IN	187	16.5%	82	44%	96	51%	9	5%
Language Services	IL	20	1.8%	7	35%	13	65%	0	0%
Coordination		49	4.4%	5	10%	44	90%	0	0%
Between Programs	CP	28	2.5%	7	25%	21	75%	0	0%
Between Workers	CW	15	1.3%	0	0%	15	100%	0	0%
Resources		204	18.5%	3	1%	199	98%	2	1%
More Programs	RP	36	3.2%	0	0%	35	97%	1	3%
More Money/Benefits	RB	62	5.5%	0	0%	62	100%	0	0%
More Medical/Dental Benefits	RM	60	5.3%	0	0%	57	95%	3	5%
More Providers	RC	28	2.5%	0	0%	28	100%	0	0%
Other		242	21.3%	11	5%	7	3%	224	93%
Other/Miscellaneous	O	123	10.8%	11	9%	7	6%	105	85%
Don't Know	DK	129	11.4%					129	100%

¹Major themes (in blue rows) and secondary themes (in italics) are rollups of the subthemes listed immediately below. They are unduplicated - not the total of the numbers below. For example, a single person who made "Good Work" comments in "Staff Courtesy" and "Specific Staff" is counted only once in the "Staff" row. Likewise, a person who has a "Good Work" comment in the "Staff Courtesy" row and a "Needs Work" comment in the "Specific Staff" row would be counted as a "Mixed" comment in the "Staff" row.

²All # columns show how many **persons** made any mention of this theme. Multiple comments on the same theme by a single person are only counted once in the row for that theme. A single person may make both "Satisfied" and "Needs Work" comments on the same theme - that person will be counted in the "Neutral or Mixed" column.

³Respondents who commented on this theme as a percentage of the total number of respondents who made narrative comments.