



2015

Social and Health Services
Client Survey

Our Clients Speak

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September 2015 | Report 11.220



Washington State
Department of Social
& Health Services

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Washington State
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Information About this Publication

Title: 2015 Social and Health Services Client Survey: Our Clients Speak

Abstract: Between October 2014 and April 2015, DSHS surveyed 1,187 clients who received services between April 2013 and March 2014. These clients were asked about their satisfaction with social and health services and recommendations for change. As in previous years, the great majority of clients expressed satisfaction with services and their interactions with staff. Substantial improvements in satisfaction and access were noted for Community Service Offices, and there are indications that coordination of services may be improving. Fewer clients reported that information is easy to access in 2015. Clients of Apple Health (Medicaid) services were less satisfied with the ease of getting information and services and information, ease of getting to a provider's office, and overall helpfulness. These changes were probably due to a substantial influx of newly eligible adult Apple Health (Medicaid) clients in 2015. This major change in the social and health services client population may also make comparisons to previous survey years difficult to interpret in other program areas, such as Division of Child Support.

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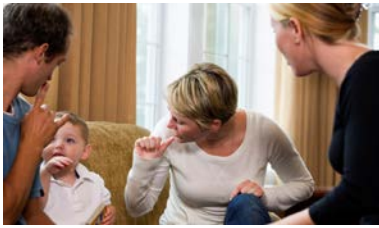


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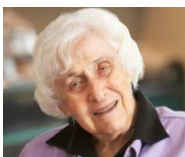
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A complete set of appendices plus a list of all comments can be found accompanying this report on the RDA website:

<https://www.dshs.wa.gov/sesa/research-and-data-analysis>

Most clients continue to be *highly satisfied* with social and health service staff, and with the overall quality and helpfulness of programs.

- ***Satisfaction with the quality and helpfulness of social and health services continues at high levels***

DATA HIGHLIGHTS

- ▶ 89% of clients reported that social and health service programs have helped them and their families.
- ▶ 87% of clients indicated that social and health service programs do good work.
- ▶ 85% of client comments on the quality and helpfulness of services (584 comments) and programs (313 comments) were positive.
- ▶ 81% said they are satisfied with program services.

- ***Most clients are happy with staff interactions***

DATA HIGHLIGHTS

- ▶ 91% of clients reported that staff treat them with courtesy and respect.
- ▶ 90% said staff listen to what they have to say.
- ▶ 90% indicated that staff understand their needs.

- ***Many clients continue to say that it's easy to get services***

DATA HIGHLIGHTS

- ▶ 80% of clients reported they get services as quickly as they need them.
- ▶ 74% of clients said that it is easy to get services.
- ▶ 51% of those *commenting* about the timeliness of services made positive comments.

- ***Substantial improvements in satisfaction and access were seen for Community Service Offices***

DATA HIGHLIGHTS

- ▶ Economic Services Administration's Community Service Offices (CSOs) are the gateway to services for many clients. More CSO clients this year, like DSHS clients overall, said that it was easy for them to reach a live person when needed. 45% of CSO clients said it was easy to reach a live person – up from 31% in 2013.*
- ▶ CSO clients also reported higher levels of overall satisfaction, staff courtesy and respect, and staff listening. 81% of CSO clients said that they were satisfied with program services, up from 74% in 2013. 90% of CSO clients said that staff treated them with courtesy and respect, and 90% said that staff listened to what they had to say (in 2013, 84% agreed with both statements).*

- ***There are indications that coordination of services may be improving*****

DATA HIGHLIGHTS

- ▶ There was a significant decrease in *negative* responses to the question about whether staff from all services work well together. Although the percent of positive responses was unchanged, only 9% answered “no” or “strong no” to this question, compared to 15% in 2013* (with a corresponding increase in *neutral* responses).
- ▶ A similar (but not statistically significant) trend was noted for the question “Do the staff from your different programs work together as a team to try to help you get the services you need?” 20% of respondents answered “no” or “strong no” to this question, compared to 26% in 2013 (again with a corresponding increase in *neutral* responses).

* Changes are statistically significant at the .05 level.

** Coordination questions were only asked of clients who received three or more services (n = 543).

The survey results reflect a major change in the population of social and health service clients.

The Affordable Care Act increased Washington Apple Health (Medicaid) eligibility limits, bringing health care coverage to hundreds of thousands of adults in Washington State (ages 19 up to 65) who earn up to 138 percent of the federal poverty level. The 2015 survey is the first to be completed since implementation of the Affordable Care Act. This means that a large number of low-income adults in households without children have become eligible for and enrolled in Apple Health/Medicaid since the previous survey period. The current survey sample is representative of the changing client population, and the survey findings are consistent with these changes.

- ***The addition of many newly eligible Apple Health clients coincided with statistically significant declines in satisfaction with access, helpfulness, and information***

DATA HIGHLIGHTS

- ▶ Fewer Apple Health/Medicaid clients said it was easy to get services (80% in 2015, down from 89% in 2013).* In 2015, 89% of Apple Health/Medicaid clients said it was easy to get to the medical provider's office (down from 93% in 2013).*
- ▶ The rate of agreement on "Has Apple Health/Medicaid helped you or your family?" dropped to 96% among Apple Health/Medicaid clients, down from 99% in 2013.* This is still extraordinarily high, but some decline is to be expected because newly eligible clients have had fewer opportunities to be helped.
- ▶ Fewer Apple Health/Medicaid clients said it was easy to get the information they needed about services (78% in 2015, down from 85% in 2013).* Additionally, only 53% of Apple Health clients answered "yes" to "Do you know what Apple Health/Medicaid services there are for you or your family?" Unlike the generally high scores for Medicaid services, this score is lower than the survey average, and lower than all but one other program. Scores on this question have trended downward since 2002* when 81% of clients said "yes."

- ***More low-income non-custodial parents receiving Apple Health are represented in the survey; this may explain the decrease in reported satisfaction with the Division of Child Support (DCS)***

DATA HIGHLIGHTS

- ▶ In 2013, only 145 non-custodial parents who were DCS clients completed the survey, and only 19 of these parents also received Medicaid services (2% of all respondents). In 2015, the number of DCS non-custodial parents completing the survey was 227, and 141 of these received Medicaid services (12% of all respondents). So, the population answering questions about Division of Child Support may now be more weighted toward low-income clients.
- ▶ 60% of the non-custodial parent clients of the Division of Child Support answered "Yes" to "Overall, has the Division of Child Support helped the child/children you support?" This is down from 80% in 2013.*
- ▶ 63% of non-custodial parents agreed that program staff explained things clearly, and 66% said that it was easy to get the information they needed about services. These figures represent statistically significant declines of 19 and 16 percentage points from 2013.*

Because the impact of the Affordable Care Act on the survey results cannot be fully quantified at this time, caution should be exercised when comparing results across recent survey years.

* Changes are statistically significant at the .05 level.

In addition to the changes associated with the addition of Apple Health clients, the survey highlighted opportunities for improvement.

• ***Clients continue to identify areas that need improvement***

DATA HIGHLIGHTS

- ▶ Nearly two thirds (63%) of the respondents who commented mentioned a need for improvements in processes or access to services.
- ▶ As in previous years, complaints about appointment and eligibility processes cited limited office hours, long waits in offices, and crowded lobbies. Some clients reported that eligibility processes are complex and confusing; place unfair income, age, and time limits on benefits and services; and fail to accommodate individual circumstances.

• ***Fewer clients find it easy to access information. There is a long-term decline in client knowledge about program services, which is most evident this year among Developmental Disabilities clients***

DATA HIGHLIGHTS

- ▶ 77% of clients said it is easy to get the information they need; a statistically significant decrease from 82% in 2013.* As described on the previous page, the downward trend appears to be related to the addition of a large group of new Apple Health (Medicaid) clients, who may have had difficulty understanding a new system.
- ▶ Only 57% of all clients said that they know what program services are available for themselves and their families— down from 78% in 2005.*
- ▶ 58% of Developmental Disabilities clients said that they knew what program services there were for themselves or their family, a decline of 15 percentage points from 2013.*
- ▶ However, a large majority of clients (83%) continues to report that “program staff explain things clearly.”

• ***Problematic interactions with staff continue to be an issue for a small but concerning number of clients***

DATA HIGHLIGHTS

- ▶ 4% of respondents said staff do not treat them with courtesy and respect.
- ▶ 4% said staff do not listen to what they have to say.
- ▶ 5% said staff do not understand their needs.
- ▶ 7% reported there was a time in the past two years when they felt social and health services staff treated them unfairly because of disabilities, race, culture, gender, age, or sexual orientation.

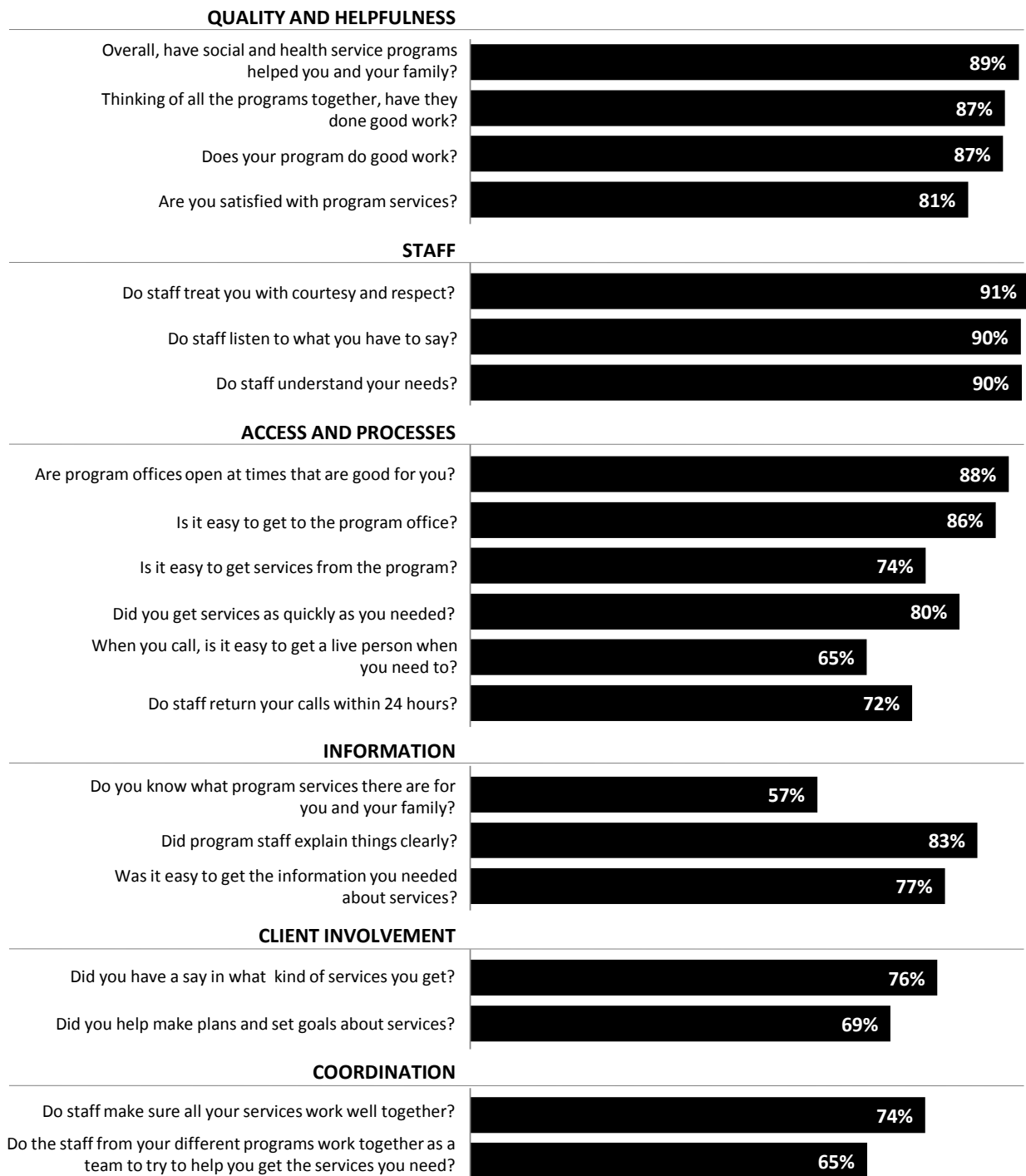
* Changes are statistically significant at the .05 level.

Survey Results at a Glance

The survey analysis is based on two types of questions. The answers to the 20 standard questions are summarized in the chart below. The chart on page 6 summarizes the narrative responses to the three open-ended questions.

2015 Social and Health Services Client Survey satisfaction rates*

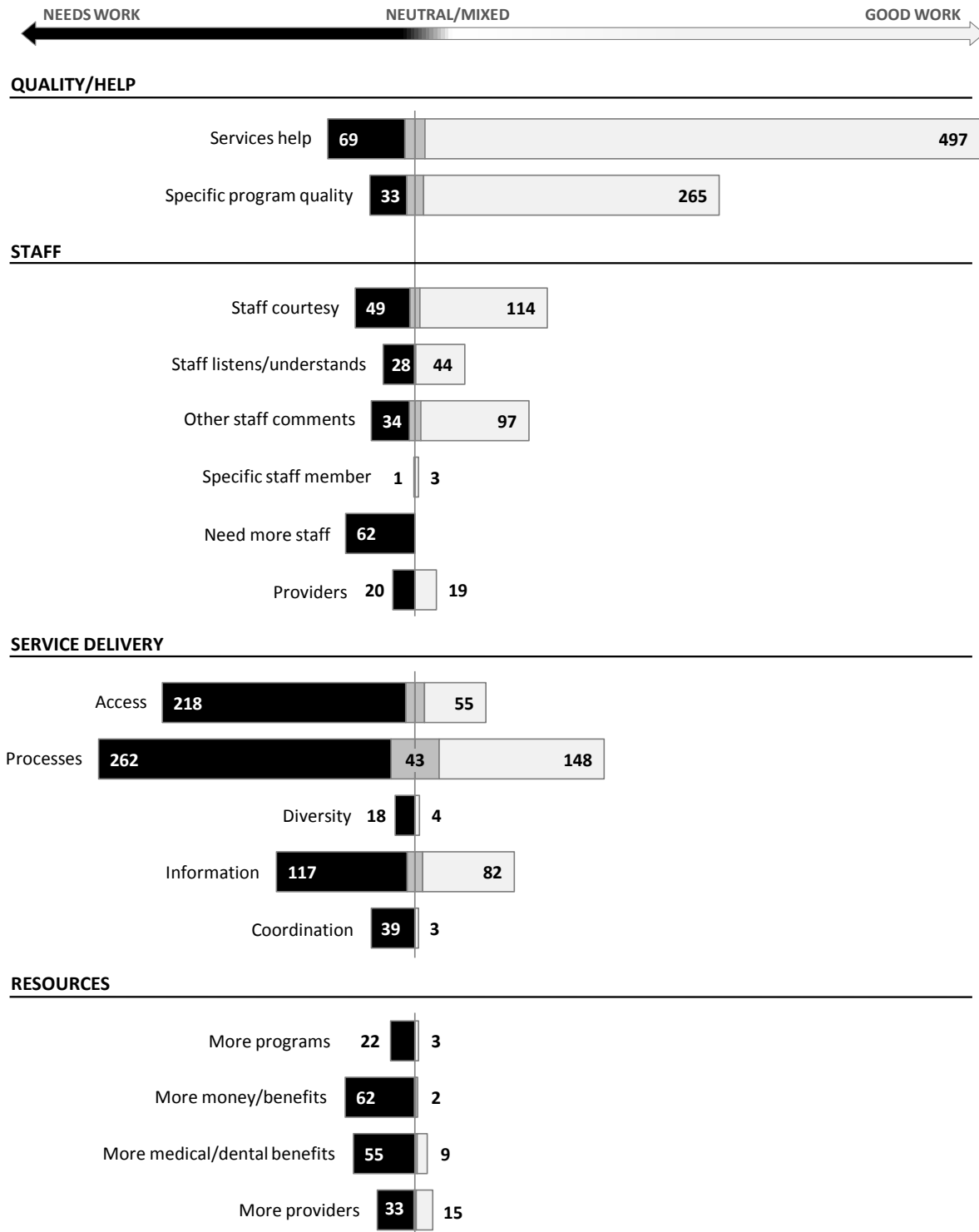
All DSHS and Medical Assistance Clients • Weighted Data



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

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

All DSHS and Medical Assistance Clients • Unweighted Data



* Narrative comments were made in response to three questions. Respondents were asked (1) what they like best about dealing with social and health service programs, (2) how services could be improved, and (3) if they had any additional comments.

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

Quality and Helpfulness



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Clients are grateful for the social and health services they receive.

The majority of clients appreciate social and health services. Even survey respondents who are dissatisfied with some aspects of their service delivery often expressed thanks for the services available to them. Many clients said that social and health programs make their lives better by offering them needed support and a measure of safety during periods of personal difficulty.

In the view of most social and health service clients, service quality and helpfulness remain high. Ratings and comments for overall helpfulness and program helpfulness indicated very high levels of satisfaction in previous surveys, and continue to do so in 2015.

This chapter focuses on client perceptions of the overall quality and helpfulness of social and health services.

- The first two pages address questions and comments about social and health services in aggregate
- The remainder of the chapter concentrates on the quality of social and health service programs

Subsequent chapters address more specific aspects of service delivery and client involvement. While generally satisfied with the social and health services available to them, clients suggested many ways services could be improved or expanded to better meet their needs.



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Most clients were pleased with the overall quality of social and health program or service work.

“The people in need can get help to get medicine, and they have access to treatments for physical health, mental health, and financial health. These people can live a dignified life and not have to be on the street hungry and ill. This is because of DSHS.”

“I’m really grateful that they’ve worked with me and have provided services that have been very helpful to me and my family.”

“It was the first time we had used public assistance, so we were a little nervous. They were very kind and helpful.”

“I feel like they provide a good service and as a taxpayer, I appreciate what they do.”

“They handle all of my needs quickly and I feel blessed to have them.”

“I liked that they were helping me in ways I could not help myself.”

“I like that services were an option when I needed help and did not have stability.”

Some had mixed feelings about social and health services.

“It’s not very easy to deal with them.”

“I appreciate the services they provide for my children, even though I do not like dealing with them.”

“I do not like DSHS, but I am thankful for my medical.”

Others were critical of the work done by social and health services.

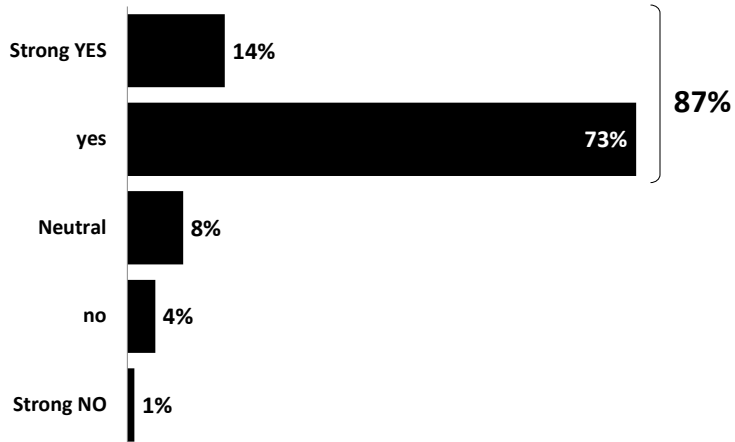
“I don’t like dealing with them at all. They try to not help you as much as possible.”

“They could listen to the public more and listen to our needs. It seems like the programs are not for us but for them.”

“I haven’t had good experiences these past couple of years. I am hoping for better in the future.”

QUESTION | Thinking of all the programs together, have they done good work?

Nearly nine out of ten survey respondents (87%) told us that social and health service programs have done good work. Less than one out of ten people (5%) disagreed.

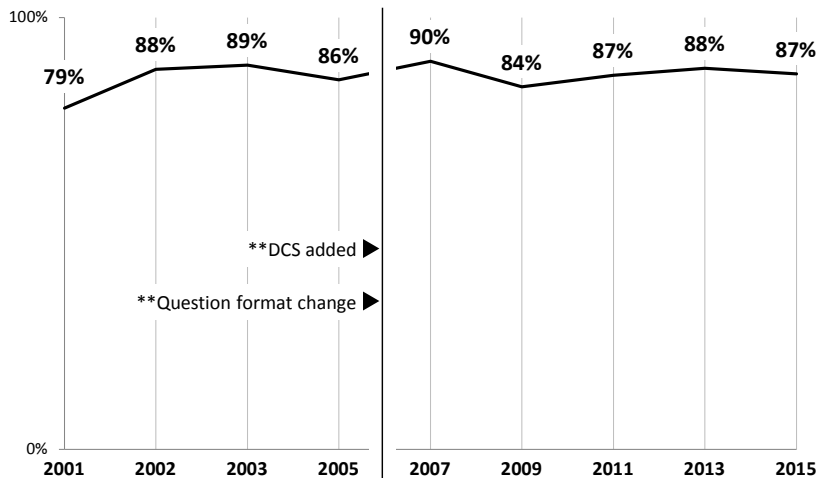


SUBGROUPS: Respondents were more likely to agree* that social and health service programs have done good work when:

- The client was a child (93% agreed), rather than an adult (84% agreed)
- The respondent was Hispanic (92%), compared to non-Hispanic White (86%)
- The respondent was a representative of the client (92%), compared to when the respondent was the client (84%)
- The client participated in two programs (92%), compared to three or more (81%)

Trend

This chart shows the percentage of respondents who answered the above question positively from the 2001 survey to present. The increase from 2001 to 2015 is statistically significant.*



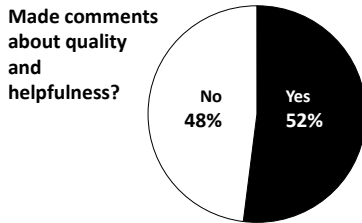
* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.

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

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

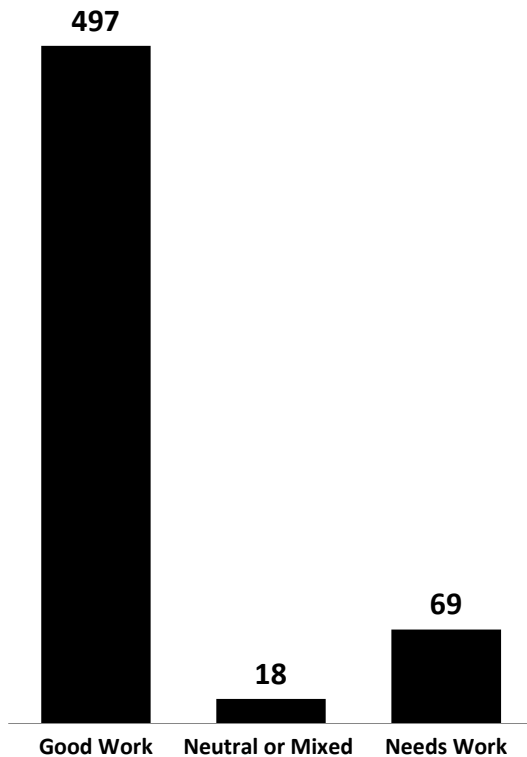
THEME | Quality and helpfulness of services

Comments about the overall quality and helpfulness of services (rather than specific programs or processes) were included in this category. Nearly half of survey respondents made a general comment about social and health services.



584 of the 1,117 survey respondents who made comments (52%) mentioned the quality and helpfulness of services.

Most of the 584 clients (85%) who addressed quality and helpfulness of services made positive comments.



The majority of clients praised social and health services, and many expressed their gratitude for the services they receive.

Many clients offered specific ideas for improving social and health services (discussed in other parts of this report), but a few made negative comments about social and health services overall.

These general comments include clients who replied “Nothing” to the questions “What do you like best about dealing with social and health services?” or “What is one thing social and health services can do to improve services?” These comments were coded according to the context of question. For example, a reply of “Nothing” to the question “What is one thing social and health services can do to improve services?” would be coded as “Good Work.”



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The majority of clients praised the quality and helpfulness of services.

“I like that there is a safety net to help me. There are good hearted people that work there.”

“DSHS provides you with the keys to work your way to self-sufficiency.”

“Services have improved so much in the last decade. They treat me like I am a worthy human being and they try to get me the services I need.”

“They have been good and getting services has been easy.”

“It is a good service. I need and cannot afford services. It is stressful needing these services, so it is very helpful to get them.”

“They meet my son's needs, and you can call them and they offer help and recommendations. They are very helpful.”

“I like how DSHS works: friendly and nice. They help me with anything I need help with.”

“They are easy to deal with, and I like the way the programs are set up.”

“Services help me a lot while I am going to college.”

“I am happy they are there when you need them. They have been a good safety net for me as I have a learning disability and have lost a couple of jobs because of it in the past.”

“They have helped me in all areas when I have been down and out. My husband always helped me, but now that he is gone they have helped me.”

Some had complaints about services, or about their need to rely on those services.

“There is nothing I like about dealing with DSHS.”

“I wish I didn't have to deal with them.”

“I can't think of a single thing to comment on. Everything is a hassle every time I call them.”

“I like that DSHS is there to help the poor. This does not transfer into reality.”



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Gratitude for help provided by social and health services programs was the most common theme.

“They help my family stay healthy and provided us with food when we needed it most.”

“It is a mental relief when someone has drug or alcohol issues. Without help, I would not get the services needed. I am so thankful.”

“They have given me the medical care that I have needed and they have saved my life.”

“Without DSHS I would not get the mental health or other medical services I so greatly need.”

“I appreciate the emotional and educational support I get from the Department.”

“I felt like a human being and I could get help.”

“I want to thank DSHS for getting my life back on track and for all the help they provided.”

“We are grateful for the services. We are going through a bit of financial hardship right now, so the support is good.”

“I am grateful for the services that I receive.”

“They give you the hope you need to continue on and get through the situation you are in.”

“I would like to express gratitude that our State employees are there to help us. We'd be lost without your help.”

However, some clients find their programs to be less than helpful.

“Mental health services in Washington are very archaic and not helpful.”

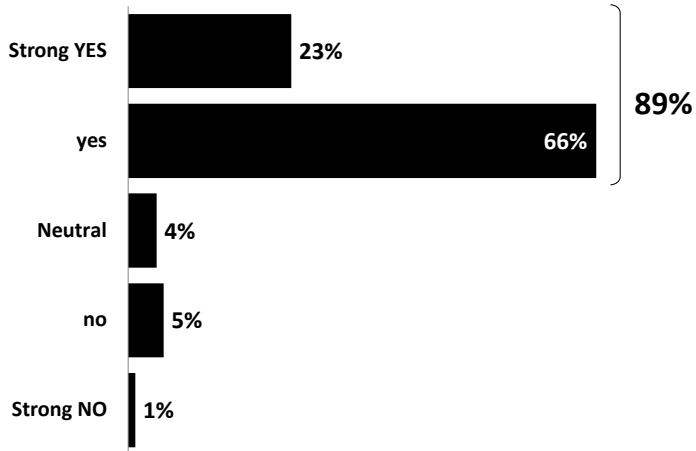
“It's frustrating to see my parents struggle so much and they won't help them.”

“Get support enforcement off my ass, so I could get a driver's license and get a job. They are crippling law abiding citizens.”

“I am so frustrated with trying to get child support for my kids. I don't feel like anyone is working on my case.”

QUESTION | Overall, have social and health service programs helped you and your family?

Nearly nine out of ten survey respondents (89%) reported that social and health services programs have helped them or their families. Less than one out of ten people (6%) disagreed.

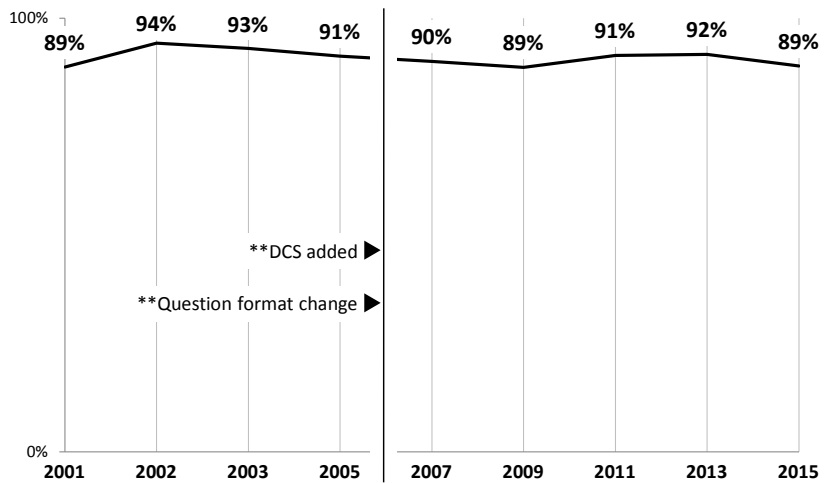


SUBGROUPS: Respondents were more likely to agree* that social and health service programs help when:

- The client was a child (97% agreed), rather than an adult (86% agreed)
- The respondent was Hispanic (96%), compared to non-Hispanic White (88%) or other minority group (89%)
- The respondent was a representative of the client (96%), compared to when the respondent was the client (85%)
- The client participated in two programs (93%), compared to one program (88%) or three or more programs (86%)

Trend

This chart shows the percentage of respondents who answered the above question positively from the 2001 survey to present. The increase from 2001 to 2015 is statistically significant.*

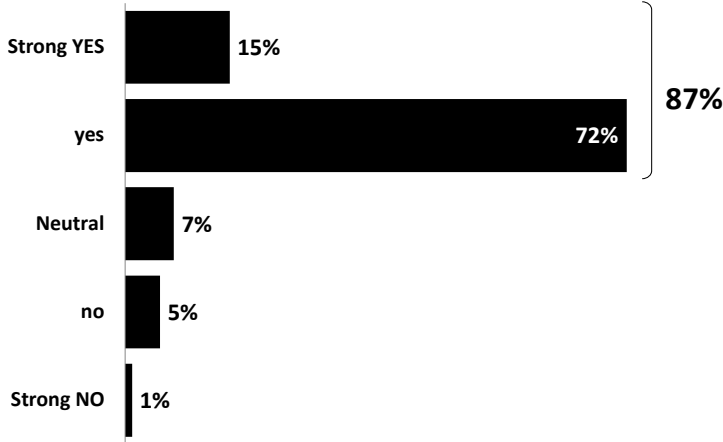


* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.

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

QUESTION | Does your program do good work?

Almost nine out of ten survey respondents (87%) told us that the social and health service programs they used did good work. Less than one out of ten people (6%) disagreed.

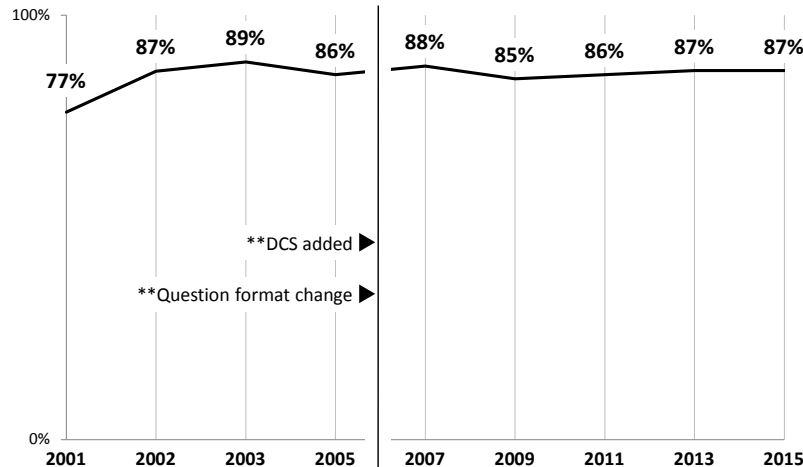


SUBGROUPS: Respondents were more likely to agree* that social and health service programs do good work when:

- The client was a child (93% agreed), rather than an adult (84% agreed)
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 ** Question format changed between the 2005 and 2007 surveys, which may affect comparisons to previous years. See Appendix A.



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Many clients commended a specific program or office.

“COPES provides real essential services to those who are homebound and critical support to the family members who take care of them.”

“Division of Child Support has been very helpful in answering my questions.”

“If I need funding to help me get through college, they are there to help me. If I need medical care, they are there to help me.”

“Medicaid is easy for me to get medical for my kids at Swedish Hospital.”

“The people at the DD office we deal with out of Kent are awesome.”

“I’m excited to be working, thanks to DVR. It has been a pleasant experience.”

“Aging and Long Term Support is great.”

“Medicaid is really good to deal with. When I call and ask for special referrals, they get back to me right away.”

“They have helped us out with food assistance. Without that we would be pretty lost.”

“They have provided me with medical and food stamps, and I am grateful for them.”

Some had complaints about the performance of a specific program or office.

“My daughter is disabled and the school has called CPS onto my family 20 to 30 times. My daughter complains about something and then CPS comes to see us.”

“Child Support should be abolished and everyone in the Elma office should be fired because they are all idiots.”

“I feel like I am talked down to from ESA and they treat me like crap. Feel happy you have a job.”

“Sometimes they are rude at DSHS on the phone. That is mainly at the Renton CSO office.”



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Most clients expressed satisfaction with program services.

“I am grateful that the state pays for my medical and housing.”

“There is a great program for the elderly. My mom could not do without it.”

“They provide good mental health services.”

“The DD social worker is very helpful and provides whatever my daughter needs within the program. She answers any questions I have.”

“In 1998 I had a broken back and I would not be walking today without all the help I have gotten over the years.”

“The fact that when you need help they are there for you. I just got my kids and I couldn't make it without their help.”

“I love the program in Washington State. My husband has been out of work and I do not know what we would have done without food stamps and medical – one of our sons has severe asthma.”

“I like that I do not go hungry. I cannot work right now and this is very helpful. They have saved my life.”

Some offered ways to improve specific services.

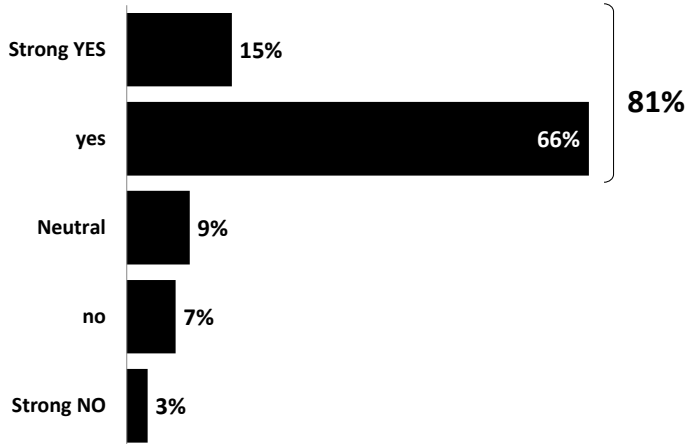
“The other parent resides in luxury and I, on the other hand, am disabled and have limited income. I'm wondering if that is something that is investigated in determining child support.”

“Child Support should have a person to go to that could be an arbitrator and make a fair decision for everyone involved. Many times it takes a lot of paperwork, six months or longer, and lots of wasted time.”

“If the people I tried to contact were as persistent in getting back to me as your team of survey people, I would have been a very happy camper.”

QUESTION | Are you satisfied with program services?

More than eight out of ten survey respondents (81%) reported they are satisfied with services from their social and health services programs. One in ten people (10%) disagreed.

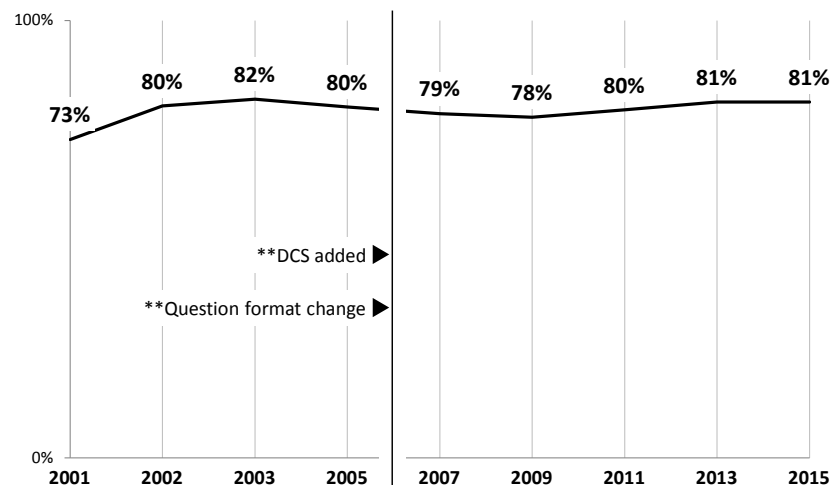


SUBGROUPS: Respondents were more likely to be satisfied* with program services when:

- The client was a child (90% agreed), rather than an adult (77% agreed)
- The respondent was Hispanic (91%), compared to non-Hispanic White (79%) or other minority group (80%)
- The respondent was a representative of the client (88%), compared to when the respondent was the client (77%)
- The client participated in two programs (87%), compared to one program (80%) or three or more programs (75%)

Trend

This chart shows the percentage of respondents who answered the above question positively from the 2001 survey to the present. The increase from 2001 to 2015 is statistically significant.*

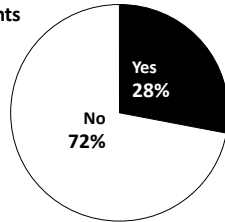


* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.

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

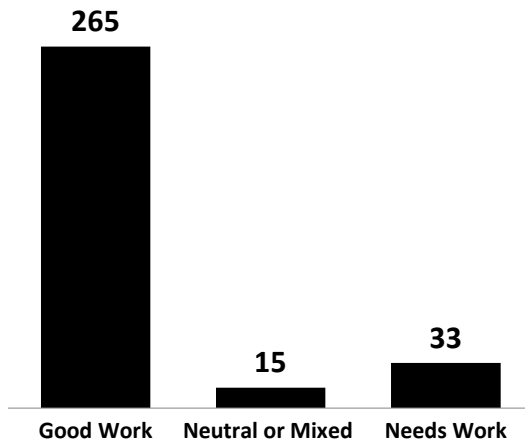
THEME | Quality and helpfulness of specific programs, offices, locations

Made comments about specific program quality?



313 of the 1,117 clients commenting (28%) mentioned the quality and helpfulness of specific services.

Of those 313 clients who addressed specific programs, offices, or locations, the majority (85%) made positive comments. 11% offered criticisms or suggestions for improvement.



Most clients commended the quality and helpfulness of social and health services programs and offices:

- 173 clients were thankful for **medical services**
- 74 clients expressed gratitude for **food stamps**
- Clients also praised **mental health, substance abuse, developmental disability, caregiver, employment, economic, and child support services**

Some clients believe that individual programs or offices need improvement:

- 17 clients are unhappy with **service in their local social and health services office**
- 11 clients had complaints about **inefficient or uneven child support collection methods**
- Smaller numbers of clients also criticized **medical, mental health, food assistance, job placement, and child protective services**



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Many clients spoke positively about the quality and helpfulness of a particular program or office.

“Bremerton is a fantastic office. Big kudos to them for their hard work.”

“I appreciate the Greater Lakes Mental Health Center. Overall I have gotten the services I have needed.”

“We could not be more grateful for Apple Health and how well our four kids are cared for medically. Having one income, there is no way we can afford health care for our big family!”

“All of the services for alcohol and substance abuse are a godsend. I am four weeks away from getting a job.”

“I like DVR because they help me with my problems and provide confidential counseling when I have problems on the job. I can count on them for whatever situation presents.”

“The food assistance really helps me as a single mother with no job.”

“They provide me with food stamps and help me with my child support and visitations.”

“The DD program is a godsend!”

Some clients feel certain programs or offices need improvement.

“I made several CPS complaints about the treatment of my disabled child and they did not take it seriously.”

“DD case managers need to spend more quality time with their clients.”

“Children's Administration placed three children with me and did not provide any support.”

“Treat women who owe child support the same as men. I had custody of my boys for many years and barely received any help. Had the shoe been on the other foot, you would have definitely gotten money from me.”

“Please put emphasis on job training for the disabled who are qualified.”

“I get the impression when dealing with the Omak office that they like to ‘get you in and get you out.’”



Getty Images/iStock

Clients want positive and productive interactions with staff.

As in past surveys, many respondents had something to say about their experiences with social and health services staff.

Clients appreciate staff who are:

- Courteous and respectful
- Good listeners, and understanding of their present situation
- Fast and efficient when responding to client needs
- Knowledgeable about their work and available programs/services
- Caring and willing to go the extra mile to support them

They are displeased when staff are:

- Rude or judgmental
- Unable or unwilling to listen to them
- Unsympathetic of their circumstances
- Lacking in job skills or knowledge

Clients also commented on service providers paid through social and health service program contracts. Their comments about providers – positive and negative - were very similar to those made about social and health services staff.



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Clients want staff to treat them with courtesy and respect.

“Be courteous to everyone regardless of who they are.”

“They always treat me with respect.”

“They are there for us as people and are courteous.”

“They are very courteous and respectful.”

“Treat me with more dignity.”

“The courtesy of the staff. They are very open, friendly and warm.”

“They treat people with respect and take time to explain details.”

They want staff to listen and to understand their needs.

“They have listened to me when I have explained my situation to them.”

“Staff should listen more.”

“I think the staff are nice and seem quite understanding.”

“We are real people and need some compassion.”

“They listen to me.”

Clients expect attention from staff, and appreciate staff who go out of their way to provide support.

“The caseworker is real good about providing me with what I need.”

“I am pleased that they treat me nicely. They are respectful and have done wonderful things to help me.”

“There was no compromise offered.”

“They are usually very friendly and helpful.”

“Staff seem unfocused about servicing the customers efficiently.”

“There is always someone who is contacting me to see how I am doing.”

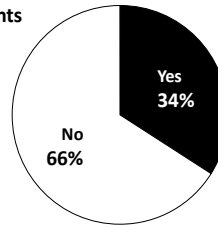
“Customer services need to be improved.”

“The staff were nice. Good customer service when she got back to me.”

“They have been very supportive and helped us with our needs.”

THEME | All staff comments

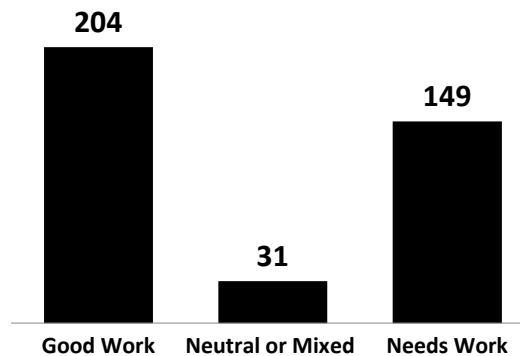
Made comments about staff?



384 of the 1,117 respondents who made comments (34%) mentioned social and health services staff.

384 clients commented on their interactions with social and health service staff. The topics that clients mentioned most often are discussed in some detail later in this chapter.

Over half of respondents who spoke about social and health service staff (53%) made positive remarks. Nearly four out of ten (39%) made negative comments or suggestions for improvement. 8% made neutral or mixed comments.



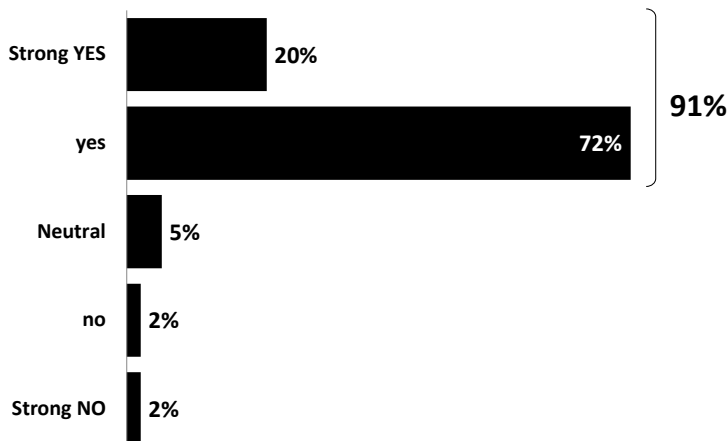
Comments about staff fall into four primary categories:

- Courtesy and respect. 172 clients addressed how they were treated by staff (see pages 17 and 18)
- Listening and understanding. 73 clients addressed these topics (see pages 19, 20 and 21)
- Other comments about staff – covering topics like responsiveness, professionalism, and knowledge. 141 clients made comments about other staff characteristics (see page 22)
- Comments regarding specific staff. 4 clients praised or criticized individual social and health services staff members (see page 23)

The last two pages of this chapter review client comments about social and health services providers (page 24) and the need for more social and health service staff (page 25).

QUESTION | Do staff treat you with courtesy and respect?

More than nine out of ten respondents (91%) said staff treat them with courtesy and respect. Less than one out of twenty (4%) disagreed.

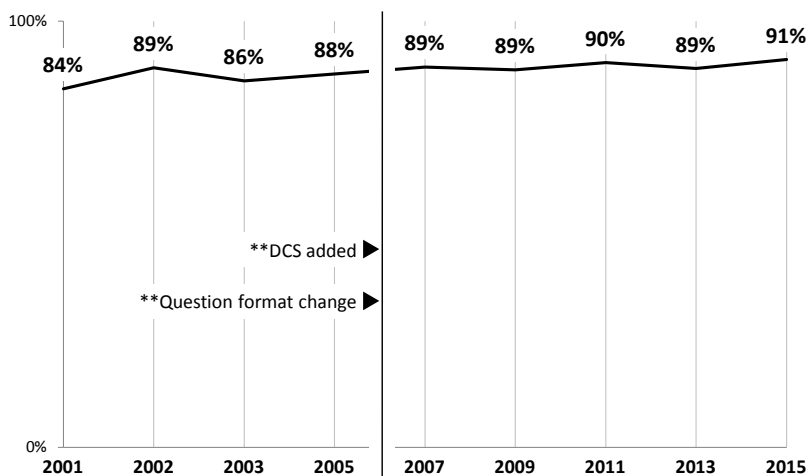


SUBGROUPS: Respondents were more likely to agree* that staff are courteous and respectful when:

- The client was a child (97% agreed), rather than an adult (88% agreed)
- The respondent was Hispanic (96%), compared to non-Hispanic White (90%)
- The respondent was a representative of the client (96%), compared to when the respondent was the client (88%)
- The client participated in one program (94%) or two programs (92%), compared to three or more programs (85%)

Trend

The chart below shows the percentage of respondents who answered positively from the 2001 survey to present. The increases from 2001 to 2015 and from 2005 to 2015 are both statistically significant.*



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

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



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Most clients praised staff for being courteous and respectful.

“They are real people who treat us like real people.”

“Staff members are very courteous and are apologetic about any shortfalls in the system.”

“They are kind and treat me with respect.”

“They don’t look down on me in a condescending way at all.”

“They make you feel like a human and are not judgmental.”

“They showed complete respect to everyone they talked to.”

They do not want staff talking down to them or acting judgmentally.

“The face-to-face operation of DSHS needs some polishing as to how they treat potential clients. One of my clients was told by the DSHS worker that my client should have ‘counted your chickens before you left your husband.’”

“It’s really degrading to be told we are lying.”

“Please don’t treat everyone like they are not educated. I am a college graduate and sometimes the people really talk down to you.”

“One ESA worker was so condescending that I just walked out of the office without completing the paperwork.”

Clients appreciate staff courtesy.

“They are nice people who try to do the best they can to help other people.”

“The people I deal with are generally pretty nice folks.”

“Workers attitudes have improved greatly over the past few years.”

“Everyone is very nice and easy to deal with.”



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Clients appreciate it when staff understand their circumstances.

“The people you talk to are not above you and are very understanding.”

“They are usually easy to talk to and understanding.”

“I can speak to a human and feel empathy from that person.”

“They understand my problems and what I am trying to overcome.”

“They were clear about my case and listened to what I had to say. I was very impressed.”

Clients don't like it when staff treat them badly.

“Sometimes they can be rude.”

“Be a bit nicer and not so judgmental towards the client. They don't give us enough credit for what we have done. Instead, they just criticize what they think we should have done.”

“Feel like I am talked down to from ESA and they treat me like crap.”

“They don't think of us as people. We are just numbers as far as they are concerned.”

“Be less suspicious, vindictive, and distrustful of clients. They treated me badly. I had not done anything wrong.”

Clients are thankful when staff show them compassion and care.

“The people are all very nice, courteous, and compassionate.”

“The workers seem to care.”

“I like that they are caring and compassionate.”

“Social workers are very caring.”

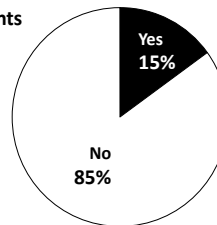
“DSHS has been very caring in general and they let you maintain some dignity in your life.”

“They seem genuinely concerned about helping me. I did not feel judged in any way.”

“They are very attentive and concerned with my well-being and welfare.”

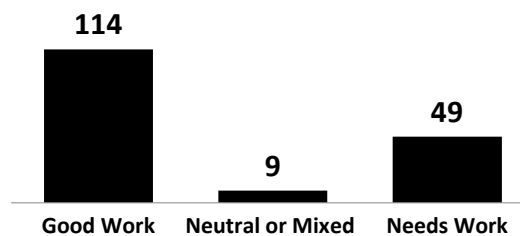
THEME | Staff courtesy and respect

Made comments about staff courtesy and respect?



172 of the 1,117 clients commenting (15%) mentioned staff courtesy and respect.

The staff theme most frequently mentioned in the survey was courtesy and respect. Of the 172 clients who commented on staff courtesy and respect, the majority (66%) were complimentary. Less than one third (28%) made criticisms or suggestions for improvement.



Most clients who made comments said DSHS staff are:

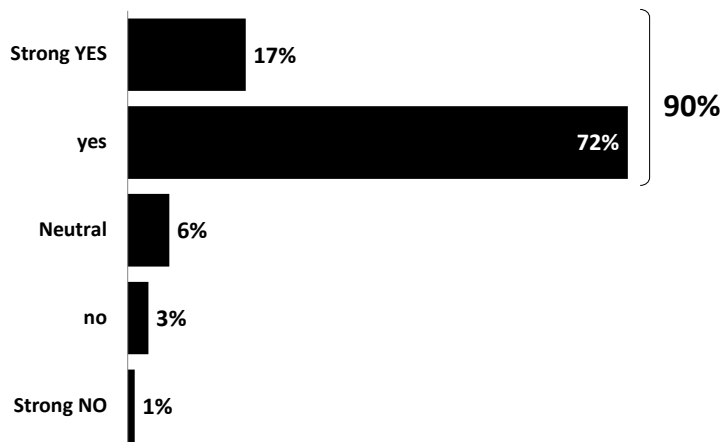
- Understanding of client situations and want to help
- Respectful and nice when dealing with them
- Genuinely concerned about clients and their needs
- Polite, regardless of the circumstances

Some clients suggested staff should:

- Replace condescending attitudes with politeness
- Not treat clients as if they are begging
- Be nicer and less judgmental to those they serve
- Treat clients like human beings
- Improve their customer service skills

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

Nine out of ten respondents (90%) feel that staff listen to them. Only 4% disagreed.

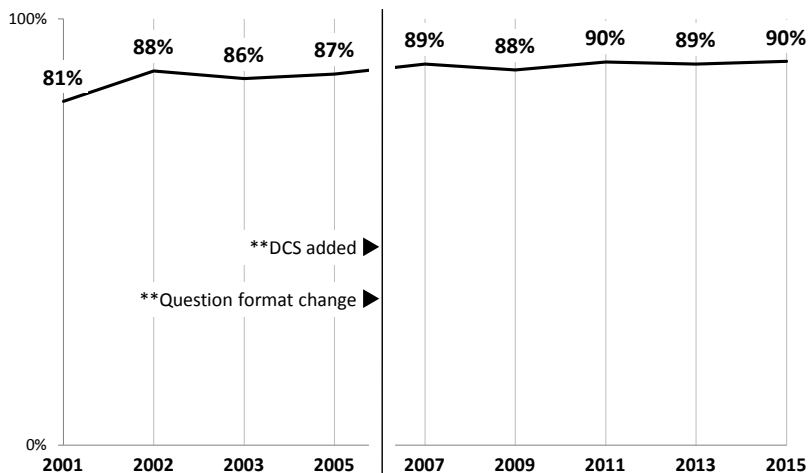


SUBGROUPS: Respondents were more likely to agree* that staff are courteous and respectful when:

- The client was a child (97% agreed), rather than an adult (86% agreed)
- The respondent was a representative of the client (96%), compared to when the respondent was the client (85%)
- The client participated in one program (91%) or two programs (92%), compared to three or more programs (83%)

Trend

The chart below shows the percentage of respondents who answered positively from the 2001 survey to present. The increase from 2001 to 2015 is statistically significant.*



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

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



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The majority of clients feel staff listen well when they discuss their needs.

“The caseworker is really good about listening to what I have to say and providing me with the necessary information and services needed.”

“They took what I said into account and it was an excellent experience.”

“I like that they listen and hear our needs and try to make them happen.”

“The people working there were always willing to listen to me.”

“They listen to me and have the answer that works perfectly for me.”

A few think staff should improve their listening skills.

“Listen and realize that these people have issues and need help.”

“The time when I needed someone to listen to me, they just hurried me through and did not listen.”

“My worker is rude, does not listen and is disrespectful.”

“They could listen to the clients better and not automatically assume that we are lying to them or trying to deceive them.”

“Listen to mothers more and pay attention to where they are coming from.”

Clients like it when staff listen and respond positively and politely.

“They listen very well, answered questions, and were very personable.”

“They try to listen to my situation and help me out the best they can.”

“I like them because they listen, they have everything to offer to us, and they do it with courtesy and respect.”

“The people I have spoken to so far: they are there to help me, they are not rude, they take the time to listen to me, and they take a little extra time to answer my questions and help me.”



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Most clients say that staff are understanding and try to meet their needs.

“They understand in ways that I don’t about what is needed.”

“They are very helpful and they understand my family’s needs and they do their best to help me get their needs met.”

“I like the fact that they understand that I needed help and were there to help me.”

“They understand my needs and I get what I need to survive month-to-month.”

“They understood my needs and were helpful in getting me what I needed.”

“They know what they are doing and they understand the clients.”

“The people there try to understand me to the best of their ability.”

“They try and get me what I ask for to the best of their ability.”

“It is a good thing staff are pretty unbiased, and base services on your needs in your actual situation.”

“Our caseworker is an advocate that we can rely on.”

Some of them feel that staff do not take the time to really understand the situation.

“DVR needs to have more staff that understand our disabilities and where we come from.”

“I just want to say one thing: please have the DCS representative listen to what both sides have to say and be fair.”

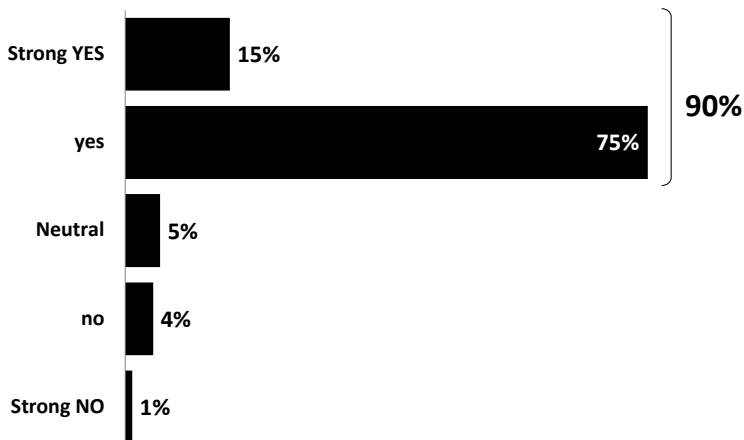
“They don’t talk to you about your issues.”

“I don’t think they appreciate or completely understand what my son is capable of doing at this point.”

“There was no problem solving when I explained my issues. I just vented to my counselor and she didn’t talk to me about my issues.”

QUESTION | Do staff understand your needs?

Nine out of ten respondents (90%) feel that staff understand their needs. Just 5% disagreed.

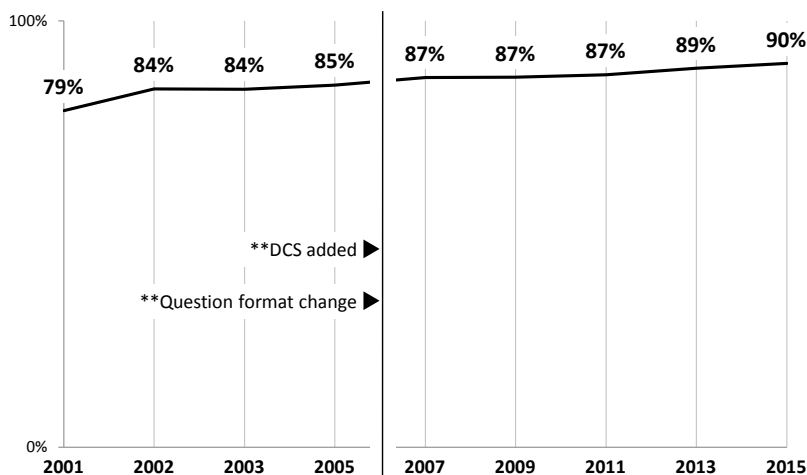


SUBGROUPS: Respondents were more likely to agree* that staff understand their needs when:

- The client was a child (94% agreed), rather than an adult (88% agreed)
- The respondent was Hispanic (96%), compared to non-Hispanic White (88%)
- The respondent was a representative of the client (93%), compared to when the respondent was the client (88%)

Trend

The chart below shows the percentage of respondents who answered positively from the 2001 survey to present. The increase from 2001 to 2015 and the increase from 2005 to 2015 are both statistically significant.*



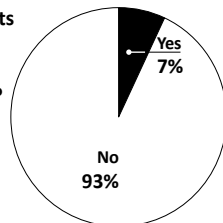
* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.

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

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

THEME | Staff listen/understand

Made comments about staff listening or understanding?



73 of the 1,117 respondents who made comments (7%) mentioned staff listening or understanding.

Six out of ten (60%) of the clients who addressed staff listening and understanding made positive remarks. Nearly four out of ten (38%) offered criticisms or suggestions for improvement.



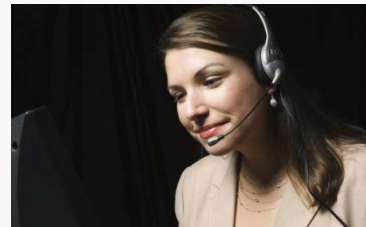
Most clients praised staff for:

- Taking the time to sit down and discuss their needs
- Listening well to their concerns and suggestions
- Understanding the individual needs of each client
- Getting client input before service decisions are made

Others requested that staff:

- Listen better and get all sides of the story
- Respond to their personal circumstances and specific needs
- Make unbiased decisions about providing services
- Treat them with empathy and understanding
- Help clients feel comfortable discussing their needs

More information concerning client/staff interaction is available in the “Client Involvement” chapter (Chapter 5).



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Clients want staff to listen to them so they will better understand clients' needs.

“The workers need to listen better so that I don't have to repeat my side.”

“DSHS doesn't listen well.”

“The people do not want to listen and help you – they just want to rush you away.”

“The social workers need to have training in how to listen to the clients.”

“They need to listen better when a caller has some specific concerns.”

“I felt like I was communicated at – not with – when I applied for food assistance!”

“I feel that because I am poor and do not speak English very well people do not listen to or understand my needs sometimes.”

They are thankful when staff take the time to find out what they really need.

“I do like that they are attentive to what I say.”

“They make sure that I am getting the services I need and they don't just assume that they know what I need.”

“They listened to what I had to say. I was very impressed.”

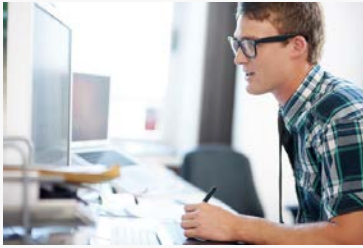
“I like that her case manager is very thoughtful in providing her with care and services specific to what my daughter needs.”

“I am satisfied with the attention I get from them.”

“They are courteous and do try to understand, and try to get you the services you need.”

“So far they have been very helpful and understanding about our needs.”

“They're very nice and kind. Most of all, they have patience and try to help as much as they can.”



Getty Images/iStock

Clients appreciate staff that go out of their way to help.

"They are proactive and always have the client in mind."

"There are social workers that are very eager to help so I get the correct services."

"Everybody wants to help people, and help you over hurdles to get you the services you need."

"Their staff is very helpful and have never steered me wrong."

"DSHS gives really good customer service and they really try to help."

"They overall do everything that they possibly can to help everybody."

Clients offered many appreciative comments about staff.

"I really enjoy the caliber of the social worker staff. Really high caliber."

"I like that they were totally professional and got to me as fast as they could. They always seemed friendly."

"I like that they are nice and that they help you with whatever you need."

"They were really helpful and very nice."

"There are fantastic people to deal with. They are easy to talk to."

"The worker is just so good. She knows what she is doing."

Clients are frustrated when staff provides poor customer service.

"They are out of control. They mess things up, are rude, do not return phone calls, and forget they are there to help clients."

"They need to have people in the office that really love their job and enjoy dealing with people."

"Every time I call, no one knows what they are doing."

"They seem to do whatever they choose and change the rules at will."

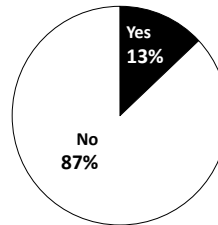
"They should all have customer service training."

"Provide more training so that staff know what they can do regarding specific issues."

THEME | Other comments about staff

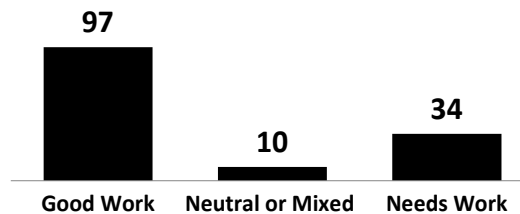
Any comments about staff which did not refer to courtesy, respect, listening, or understanding were categorized as "Other" staff comments.

Made other comments about staff?



141 of the 1,117 clients commenting (13%) made other comments about staff.

The majority of the 141 clients (69%) made positive comments about staff. Nearly one quarter (24%) made criticisms or suggestions for improvement.



Clients mostly commended staff for:

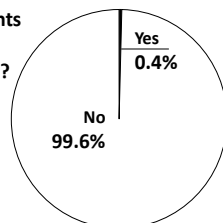
- Responsiveness to client needs
- Providing outstanding customer service/follow-up
- Exceptional courtesy
- Willingness to share their knowledge

Some clients suggested staff should:

- Be fair and understanding when making decisions
- Provide timely and efficient customer service
- Always interact with clients in a professional manner
- Be knowledgeable about DSHS client services, and aware of additional services available through community agencies

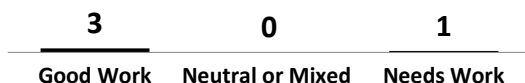
THEME | Specific staff members

Made comments about specific staff members?



4 of the 1,117 respondents who made comments (0.4%) named specific staff members.

Three of 4 clients who mentioned particular staff members made positive comments. One client was critical of staff members.



Three clients complimented specific staff members, saying they:

- Went above and beyond to help
- Exceeded client expectations
- Made sure services fit client needs
- Made things easier for the client

The client who made a negative comment suggested that a certain staff member failed to:

- Fairly determine eligibility
- Support decisions made at hearings
- Maintain adequate job knowledge
- Speak politely to clients



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Three clients complimented the good works of specific staff members.

“Kristi Harless, my son’s DD worker, has gone far above and beyond our expectations to make sure my son has services that suit his special needs.”

“The security guard at the Kennewick office is a heck of a guy!”

“I would like to send big kudos to Gail at the Child Support Office in Spokane. She was super great and made things so easy for me.”

One client did not feel well supported by a specific staff member.

“I have service animals, and after my hearing I was told that I was supposed to get an allotment for my animals. That was put in place but recently [Name Redacted] said I didn’t qualify for that. DSHS terminated that animal allotment. Also, during my hearing it was decided that I was not given credit for about \$3,000 in expenses I paid. But, [Name Redacted] kept changing that. He has consistently not paid what I was supposed to get. So, I have to call him all the time. It is crazy and should not be that way. I think [Name Redacted] does not know what he is doing and he was very rude the first time I spoke to him.”



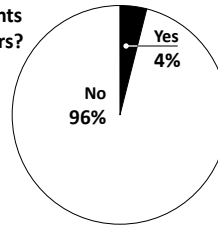
Getty Images/iStock

Some clients commended the service they receive from providers.

- “Our office and hospital visits have been smooth and respectful.”
 - “I like being able to talk to a service provider and have them explain things to me.”
 - “Molina always provides the services when I need them and I never have any problems with them.”
 - “I appreciate the wide range of providers and choices we have.”
 - “They did well, even when I slacked off. They were straight forward about confronting me, and I got going again and was successful. They have always been supportive of me.”
 - “They provided me with resources and training in order for me to get a job.”
 - “We dealt with the therapist’s office, ‘The Little Red School House,’ and I was very satisfied with their services.”
 - “I work well with the day center and the adult family home.”
- Others suggested that service from their providers should be improved.**
- “Urgent care seems slow.”
 - “Make sure the doctors who accept Medicaid treat all the patients equally. I feel like they treat me different because I am on Medicaid.”
 - “Some providers, like dentists, are not flexible just because we are DSHS.”
 - “The pharmacy we use treats us poorly and rudely. I almost hate to take a prescription to them because of their treatment.”
 - “I just had to wait six weeks and two days for a medical appointment at my doctor’s office.”
 - “Sometimes it takes a while before you see a doctor.”
 - “Waits are much too long at the doctor and they don’t understand my needs.”
 - “I had a terrible time with the clinic. They don’t treat me with respect and left me all by myself for about two hours in a room. The first thing the nurse asked me was ‘are you homeless?’”

THEME | Providers

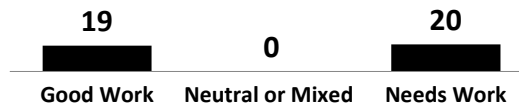
Made comments about providers?



39 of the 1,117 clients commenting (4%) spoke about social and health service providers.

In addition to comments about social and health services staff, 39 clients commented on the quality of services received from providers paid through social and health service programs.

Of those who commented on providers, 19 (49%) offered positive comments. Twenty (51%) made negative comments or suggestions for improvement.



Half of the clients who made provider comments praised them for:

- Being competent and knowledgeable
- Showing concern and support for client needs
- Providing needed services
- Working together to ensure the best client care

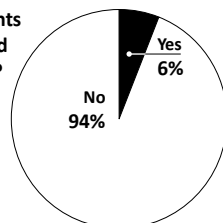
The other half of clients suggested providers should:

- See them quicker when they need appointments
- Have more flexibility with service options
- Offer better quality services
- Treat all patients equally and with respect

Other clients complained that it is difficult to find a provider who accepts medical/dental coupons. This issue is also addressed in the Resources chapter (Chapter 7), page 63.

THEME | Need more staff

Made comments about the need for more staff?



62 of the 1,117 respondents who made comments (6%) noted the need for more staff.

62 clients made comments about the need for more social and health services employees.



The clients who commented thought having more staff would:

- Improve customer service
- Allow for more individualized client service
- Speed up processes
- Shorten wait times in offices
- Reduce telephone hold times, and make it more likely a “real person” would answer the phone



Getty Images/Wavebreak Media

Clients think customer service would be better if staff were not overworked.

“Get more staff at the CSO. They are too overworked.”

“They are rather overloaded.”

“I think they could use more employees in their offices so they could provide better service.”

“It is hard to get an appointment or to see someone because they are so overwhelmed with people.”

“Maybe get some more workers in the office so they could deliver services better.”

“If they had more staff they could offer more services for my son.”

They also believe hiring more staff would result in quicker response times.

“Get more staffing so services could be provided in a more timely fashion.”

“Hire more employees so they could speed up the process a little bit.”

“Maybe have more people work there to shorten waiting times.”

“Hire more staff. There are too many people sitting for hours in the lobby.”

“Anything to do with business and the state takes a long time. Maybe add staffing so wait times aren’t so long.”

“Have more staff to get to people faster when needed.”

Many called for more staff to improve telephone service.

“I have waited as long as 70 minutes on the phone to talk to someone.”

“I have literally been on hold for four hours before. It is impossible to reach anyone by phone.”

“They are understaffed at the call center. When I call in, there is a 35 to 45 minute wait, which is insane.”

“It seems impossible to get through regardless of time of day I call. Hire more staff.”

“Have more people available to help when I call in and not leave people on the phone for two hours.”

“Maybe have more staff available so I don't have to wait so long on the phone.”

Access and Process



Getty Images/iStock

Overall access to services remains high, and it's a little easier to reach staff.

Clients reported that getting services is still fairly easy.

- 80% of clients reported they get services as quickly as they need them
- 74% of clients said it is easy to get services from their program
- Positive comments about timeliness of services increased slightly
- Negative comments about process – excluding phone and staff access - decreased slightly

Concerns about access to staff are easing.

- Positive comments about phone and staff access are still rare (16% of comments), but have increased since 2013 (in that year, only 10% of comments about phone and staff access were positive)
- 45% of CSO clients – said that it is easy to get a live person when needed – a significant increase from 2013

Complex processes that are hard to use and understand continue to frustrate clients. They want social and health service agencies to:

- Provide quicker and easier ways to connect with staff by phone, mail, e-mail or web site
- Offer more efficient ways to schedule and complete appointments
- Decrease wait-times in offices
- Expand the availability of on-line services
- Streamline and simplify the process of applying for services



Getty Images/iStock

Most clients responded positively to the question about program office hours, but some suggested office hours should be expanded.

“Be open longer hours.”

“Be open later hours and/or on the weekends.”

“Increase hours of operation so more folks that need help can get into the DSHS offices.”

“Go back to full-time hours.”

“Stay open later.”

“Be available to talk to folks after 2:00 PM.”

“Be open more hours or get the program out there to serve more people.”

“Expand their hours or make more people available on the phone during the hours they are currently open.”

“They could be open more days per week.”

“When I try to get ahold of DCS, they are only taking calls or open two or three days a week because they cut their hours or something. They are very hard to get ahold of.”

Some want the hours at program offices to better accommodate working clients.

“I work and cannot always get in during reception hours. Be available later for working people.”

“Open up earlier for people who work.”

“The CSO needs to be more accommodating for working people. We cannot take time off work to do interviews.”

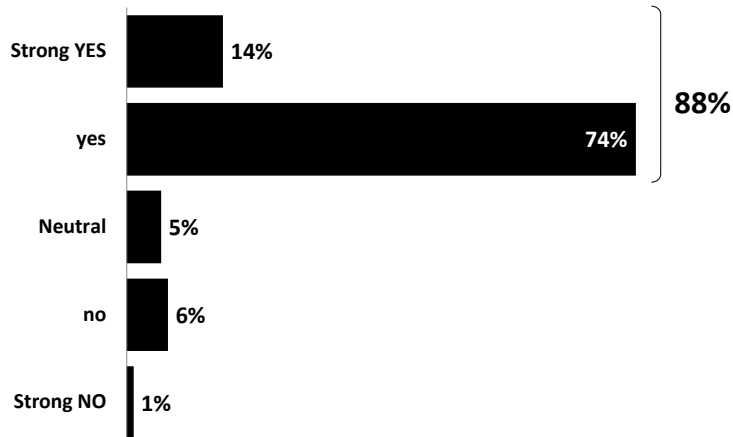
Clients also want expanded office hours because they believe it will help with long wait times and congestion.

“They could have longer hours or more people working there, as sometimes you have to wait a long time to get help.”

“The CSO is open 9:00 AM to 2:00 PM, but we need longer open hours. Sometimes I wait for hours and then come back the next day to complete my business.”

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

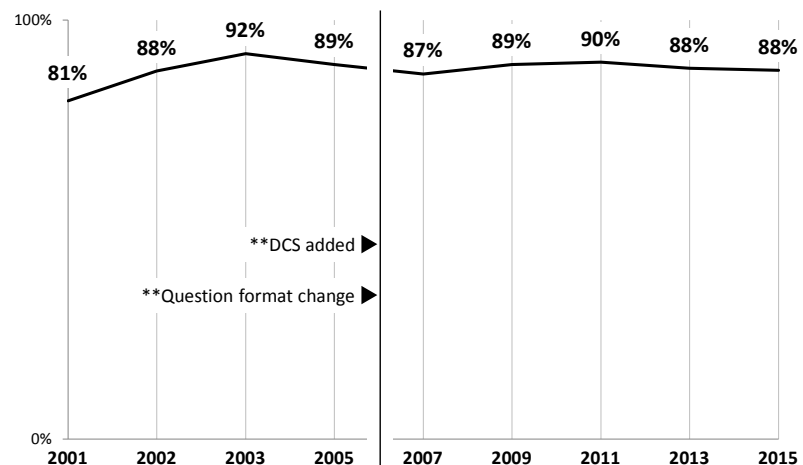
Nearly nine out of ten survey respondents (88%) reported that social and health services programs are open at convenient times for them. Less than one out of ten people (7%) disagreed.



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

Trend

This chart shows the percentage of respondents who answered the above question positively from the 2001 survey to present. The increase from 2001 to 2015 is statistically significant.*

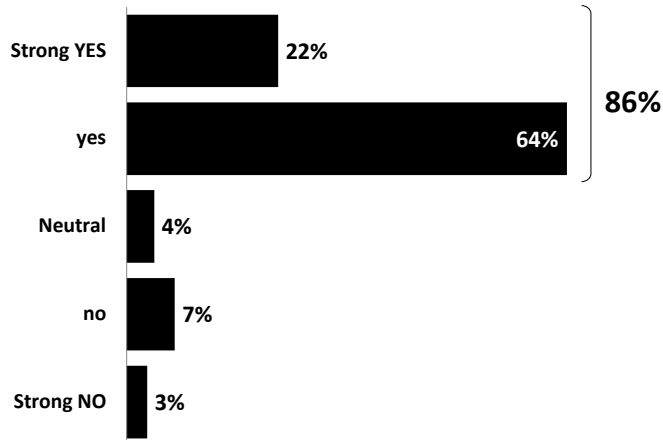


* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.

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

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

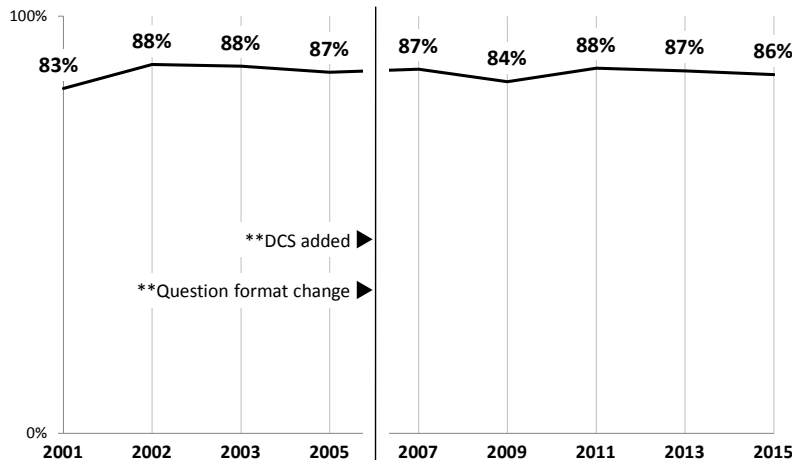
Almost nine out of ten survey respondents (86%) agreed that it is easy to get to social and health services program offices, while one in ten people (10%) disagreed.



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

Trend

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



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

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



Getty Images/moodboard

The majority of clients indicated that it is easy for them to access social and health services program offices.

“The office is local and the services are quick.”

“They are easy to access where I live.”

“All the locations are very convenient. I like that very much.”

“The locations are easy to access, wait times are good, and services are quick to receive when necessary.”

“I like the location of their DCS office. It is convenient.”

“There is no hassle. It is easy to get to the offices.”

Clients appreciate offices that are close to them.

“I like that the office is close by. When I go there they are fast and take good care of me.”

“Their office is near and I have easy access.”

“The office is close by and they usually get to you really quickly.”

“I am so lucky that I have an office close by so I can talk to someone face-to-face.”

Some clients had suggestions for improving access to program offices.

“It would be nice to have an office closer to Lake Stevens.”

“I don't drive and it's difficult to get to my appointments as there is no bus service where I live. I wish there was some kind of transportation help for people like me.”

“I have no transportation to the CSO so transportation to those services would help.”

“There is no parking.”



Getty Images/iStock

Some clients made positive comments about social and health services program offices, or office locations.

“The location and fast service was good.”

“I don't have any hassles when I go in there to get help, so it's pretty easy.”

“I just go there – it is close – and they treat me well.”

“I liked that I could get there early in the morning and get business taken care of.”

“Since they moved into their new office it is easier to get services.”

Negative client comments generally involved long commutes to DSHS offices.

“If I actually do need to go to a DCS office, I have to drive 35 to 45 miles one way to see them.”

“I had difficulty finding a DSHS office when I first needed services.”

“DSHS needs to have more DCS locations.”

“I live pretty far away from the office and I don't feel like anyone is working on my case.”

“I have to go drive over an hour each way for the dental services.”

Some clients see a need for in-office improvements.

“When you go to the office, there needs to be privacy when you are discussing your situation, there are no partitions and it makes you uncomfortable discussing personal situations.”

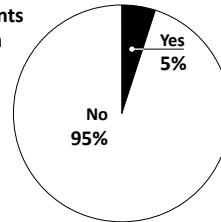
“Be aware of deafness, and maybe have a visual screen that shows my number as I cannot hear. I have been waiting for two to three hours before as I cannot hear when they called my name.”

“They don't have enough staff in the DVR office.”

“Change the offensive air freshener in the men's room to something else. This applies to the Lynnwood location.”

THEME | Location and hours

Made comments about location and hours?



55 of the 1,117 clients commenting (5%) mentioned office location and hours.

Of the 55 clients who commented on location and hours, two thirds (67%) were critical or made suggestions for improvement. One third (33%) made positive remarks.



Clients who commented on location and hours said they would like:

- More social and health services offices
- An office closer to their home
- Easier options for transportation to and from offices
- Larger offices, and additional seating
- More accommodations for those with disabilities
- Expanded office hours
- Increased staff to help with congestion

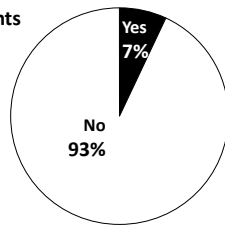
Some clients spoke positively about:

- Easy access to social and health services offices
- The pleasant atmosphere in social and health services offices

Comments on hours of service are shown on page 28.

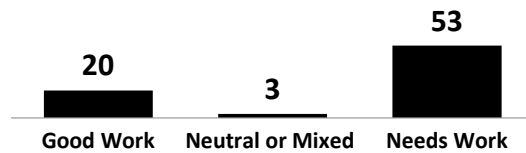
THEME | Appointment processes

Made comments about the appointment process?



76 of the 1,117 respondents who made comments (7%) mentioned the appointment process.

Of those 76 clients who commented on the appointment process, seven out of ten (70%) were critical or made suggestions for improvement. About one quarter (26%) made positive remarks.



Clients offering negative comments about appointment processes raised the following issues:

- Long wait time between scheduling an appointment and seeing DSHS staff
- Crowded office lobbies
- Having to wait beyond a scheduled appointment time in the crowded lobby

Those making positive comments about appointment processes noted:

- The ease of making an appointment
- Timely and efficient in-office service
- The ability to do business by phone
- The option to do business using e-mail or a web site



Getty Images/iStock

Some clients find it easy to conduct business with social and health services.

"It is easy to get an appointment. If I need to call, it is easy to get in touch with someone."

"If I do need assistance, it is easy to apply for and get an interview to get help right away."

"I like that it's easy to make an appointment."

"It is a simple process. They provide good service."

"When I go there it is never too busy, and I never have to wait too long."

"On-line stuff is really great. I just fill things out and it works seamlessly."

Others are dissatisfied with appointment processes.

"Let people make an appointment at the CSO so people who are in pain or have disabilities do not have to wait for hours to see someone."

"Maybe get a bigger office so they could speed up the process."

Long wait times for appointment dates and in program offices and are a primary source of frustration for many clients.

"Something is needed to help the long wait time at the offices."

"Waiting time is way too long in the local offices – especially when I need to bring my 70 year old mother."

"I didn't like the long wait time, even if it was just a quick question."

"Cut the waiting time back in the lobbies."

"The waiting time at the CSO is so long – especially if you get there after 2:00 PM. Can they do anything to improve that?"

"Is there a way to shorten the wait lines at the CSO?"

"Even though we have an appointment time, we still have to wait too long to be seen."

"They have you wait about a month for an appointment."



Adoption Request

If you are adopting more than one child, fill out

Getty Images/iStock

Most clients feel that social and health services are easy to access.

"Recently they have made services easy to access. They have improved considerably over the years. I don't have a long wait. There is a computer next door to the office available to apply for benefits on-line."

"DSHS was easy and very helpful. I appreciate their services."

"Services are easily accessible."

"If we need a service, it is done for us. They are easy to deal with."

"I like that the mental health services are so easy to get and that they are tailored to fit my needs."

"Services are very good and easy to get."

"I like the accessibility of the programs."

"If you need assistance and qualify, it is easy to get the help."

Some reported difficulty accessing services.

"I am unclear HOW to select a medical provider. For instance: dental services. I don't even know if dental services are provided. How do I find out what is covered and how to use my medical services?"

"The office only takes calls until 2:00 PM and I work until 2:30 PM so it is very difficult to get services."

"Counselors should be in the office more and make themselves available for appointments. My counselor often seemed to be away on extended absences."

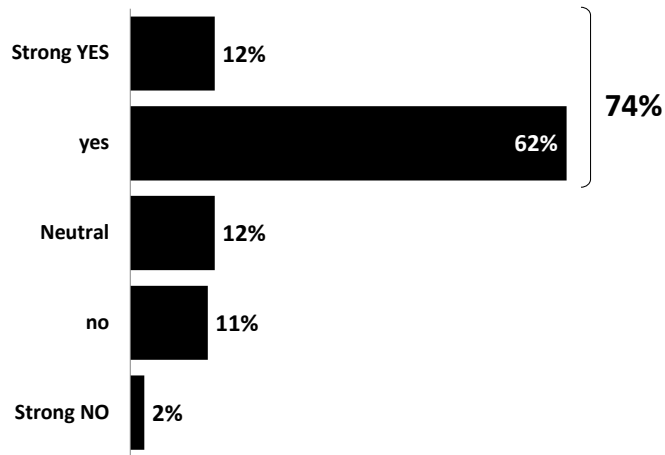
Some clients receive benefits for services that are not accessible to them in their area.

"In the Kennewick area there are very few dentists who take Medicaid. My client has to be sedated when he has his teeth worked on and right now we have to take him to the hospital to get that done. It really is very hard."

"My son got out of treatment and was sent home with a packet of instructions but the programs do not exist in my county."

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

Nearly three quarters of survey respondents (74%) feel it is easy to get the services they need. 13% disagreed.

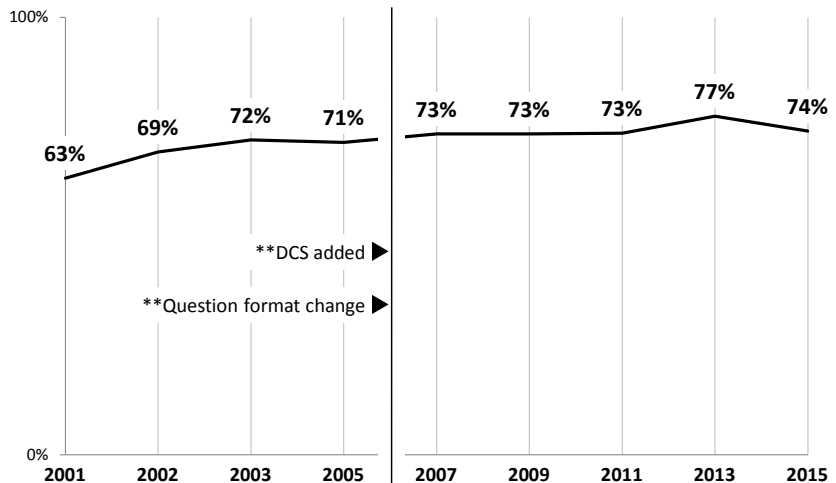


SUBGROUPS: Respondents were more likely to agree* that services are accessible when:

- The client was a child (83% agreed), rather than an adult (70% agreed)
- The respondent was a representative of the client (79%), compared to when the respondent was the client (71%)
- The client participated in two programs (78%), compared to three or more programs (70%)

Trend

This chart shows the percentage of respondents who answered the above question positively from the 2001 survey to present. The increase from 2001 to 2015 is statistically significant.*



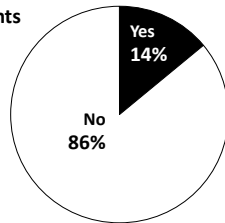
* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.

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

THEME | General processes

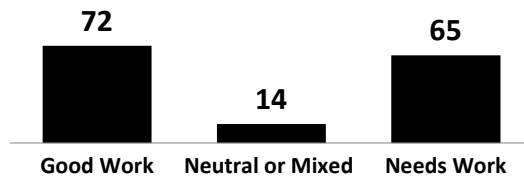
All comments regarding overall processes – their efficiency, bureaucracy, errors, and ability to accommodate individual differences – were categorized as “general processes.”

Made comments about general processes?



151 of the 1,117 clients commenting (14%) mentioned general processes.

Of the 151 clients who spoke generally about social and health services processes, nearly half (48%) made positive comments. 43% made criticisms or suggestions for improvement.



Some clients are pleased that social and health services processes are:

- Easy to understand
- Simple and convenient to use
- Fast
- Well-organized
- Dependable

Others are frustrated that their experiences of social and health service processes are:

- Confusing
- Difficult to negotiate
- Too slow
- Inefficient
- Not tailored to individual needs
- Unrealistic for the client’s situation



Getty Images/Digital Vision

Some clients appreciate the current processes used by social and health service programs.

“I love the program in Washington State. If you go to the CSO with everything they say you need, everything goes very smoothly and is organized.”

“It was easy to go on-line and apply for services rather quickly.”

“My experience is that it is a fairly fluid process and nothing falls through the cracks.”

“The child support officer I have now is very good. She treats me with courtesy, helps me with my questions, and takes care of my business quickly.”

“The response time is quick, and they are very knowledgeable and good at providing information.”

“I like that there are individualized choices in the services that are provided.”

“It’s easy.”

“Very straightforward and there when I needed the help.”

Others believe that processes generally need improvement.

“Speed up the process. Everything seems to move very slowly.”

“Move things along more quickly. Is it bureaucracy? The qualification process?”

“My DSHS local office needs to be more responsive to applications.”

“Take the non-custodial parent’s situation into consideration.”

“Find better ways to collect past due child support.”

“Make it an easier process to receive economic support like food stamps. They make it such a difficult and drawn out process. It is very difficult to get services.”

“Streamline, so I don’t have to deal with so many agencies.”

“Really take a look at what it is that people need. Base people’s needs on reality and not a number in a book.”



Getty Images/iStock

Clients want processes that are informative, efficient, and meet their needs.

“My DCS child support settlement was less than \$1.00 per month. This is ridiculous. It costs more to send out the paperwork every month.”

“Tell the client all of the good and bad details about a program because a lot of the time they don't explain it to me. They just send a bunch of information and sometimes I don't understand all of the information they send to me.”

“I like that I don't need to mess with anything. I give them my card and it runs through.”

“The providers they use for drug and alcohol treatment take an obscenely long time to process patients that don't stay within their own company. If I were to go to their treatment center I could have gotten into treatment right away. But, I had to wait three months before receiving a referral to another treatment facility.”

“It is under the same system so you don't have to worry about keeping everything together. With it all under one umbrella, it makes it a lot easier for us.”

Clients appreciate alternatives to office visits.

“I am happy that I don't have to go into an office and fill out long forms.”

“I like that we can do everything over the phone and the Internet so I don't have to go into the office. This is very convenient as I don't drive and I don't live on the bus line.”

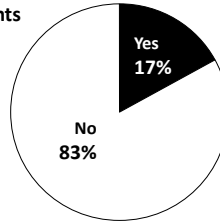
“When we applied for the food card and went into the appointment they told us we made too much money. It seems like they could have told us that over the phone as we had to take time off of work.”

“I would like the communication to be done by e-mail with the CSO. I'm tired of the long waits. It usually takes many hours to finally talk to someone.”

“I get my food stamps through WASHCAP so I don't have to go into the CSO to apply.”

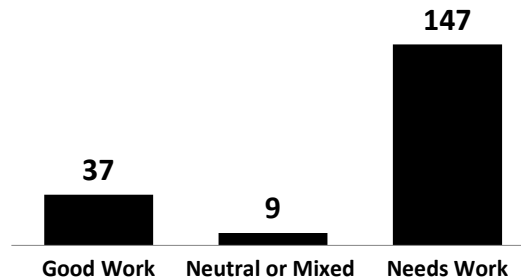
THEME | Specific processes

Made comments about specific processes?



193 of the 1,117 respondents who made comments (17%) addressed specific processes.

Nearly eight out of ten (76%) of the 193 clients who commented on specific processes offered criticisms or suggestions for improvement. About two out of ten (19%) made positive comments.



Clients who made positive comments about specific processes favor:

- Simple and easy-to-understand processes
- Convenient and efficient processes
- The ability to do business by telephone or on-line
- Flexible processes that are responsive to their individual needs
- Coordination among programs so processes do not interfere with one another

Those who made negative comments about specific processes offered many detailed descriptions of ways to improve processes. Some of these comments, arranged by category, can be found on the next page.

THEME | Specific processes, continued

Clients want staff to take more time learning about them and their situation so staff will have a more comprehensive idea of what services the client needs. They are frustrated by the miscommunication – or lack of communication – between separate services they receive. They want on-line services that are easier to use and less prone to error. They believe a wide variety of processes could – and should – be improved. Many of their specific suggestions for improvement can be found below.

VOICES . . .**Some clients believe that staff should learn more about clients' specific situations to provide better services.**

"I think it would be nicer if there was more contact, as in ongoing check-ups. Do not just meet when there is a problem. Just have regular contact that is more personal rather than wait until there is a problem or a review. How does the program get to know somebody without establishing a relationship?"

"I think they need to get to know their clients more. Sit down and get to know the person; understand them and where they have been."

"I would say get to know the individual one-on-one instead of just knowing them simply as a case number. Be more personal about providing the services."

"Do not have a survey at the beginning and ending of your visit about how your session was. How can you know how your session was when they don't talk to you about your issues? They are more concerned with how they are doing on 'counseling satisfaction' computer survey. This takes away from the real reason you are there."

Some clients desire more information about and coordination among the various DSHS programs.

"The system seems disjointed. It seems difficult to get different programs to talk together about coordination of services."

"They don't always tell you all of the services available and don't mention things like car repair, clothing, etc. I had to do my own research and talk to other folks to find out what was available."

"I think the different divisions need to know what the others are doing. They should work as a team! The right hand doesn't know what the left hand is doing."

"When I was on maternity leave they would not help me with cash except through the TANF program, which I did not want to do. They did not tell me about the Diversion Program."

While many appreciated access to services via the Internet, they want these on-line services to be more reliable and user-friendly.

"Make the web site easier to use."

"I had complications with the web site freezing me out."

"Provide easier access on the DCS web site."

"The web site is difficult to use."

"Have a better web site that is more user-friendly."

"Get a really functional web site."

Clients suggested many different ways processes could be improved.

"When I pay my child support electronically they take money out before it arrives in my account. If I paid in-person it would be taken at the end of the day. Now it is taken at 12:01 am and maybe my paycheck does not go into my account until 2:00 am. When my oldest child was old enough to cease paying child support, I had to change bank accounts and reestablish the new deduction amount because child support would not change it in their system."

"They report to the credit agency if I am barely behind on a payment. But, they don't report the payments that I do make every month on time."

"Make both announced and unannounced visits to custodial parent/support beneficiary to assess overall living conditions, health, and development. Merge with CYFD for evaluation?"

"Provide better time frames to process the paperwork that is sent in by a client."

"When they evaluate my daughter every year, I feel she could use more hours than they give her. The work vendor's hours are a part of her total hours, and I wish she could qualify for more."

"Have face-to-face interviews with people who are autistic. Group interviews do not work for this type of person."

"I don't know how any elderly person who does not have an advocate could possibly navigate your system. Honestly, I think the best thing you can do to improve services is to hire more staff and pay them more money."

"If a foster parent needs respite care and has a qualified person who already has gone through the background checks and is employed by the school district, they should not have to repeat these background checks."



Getty Images/iStock

Some clients are happy with current social and health services eligibility processes ease and speed.

“It was really easy to get the services I have now. It was quick and efficient.”

“It is simple and easy to apply.”

“Every year when I need to renew my coverage they help me get it done.”

“I like the new ease of the eligibility review for Medicaid.”

Most clients who made comments believe that eligibility processes need improvement.

“If I have a job then I have to report it after a month. Then, they told me I did it the wrong way. So, DSHS is very unclear about how to qualify and keep qualified. Reporting once per month is ridiculous since my job is sporadic.”

“When we first went for an evaluation to see if he would be eligible for assistance they wouldn’t let me – the dad – help him understand the questions. The CSO staff said he could still work, although he has lots of physical problems, so it’s likely he did not understand all of the questions.”

“I am pretty frustrated as a working, single parent that can never get ahold of the CSO staff. I am on the line of needing help, so when I worked overtime it bumped me off services.”

Clients want eligibility processes that are easy to understand and feel fair in the context of their needs.

“I did not understand how they came to the formula for what I had available in resources.”

“WASHCAP keeps raising and lowering my benefits and I don’t understand why. It’s annoying.”

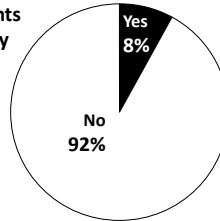
“I think that it is pretty confusing the way DSHS has set up financial eligibility.”

“I am at the poverty level, so it seems I should get services across the board, I only get food stamps. I don’t get cash assistance or a free phone like others get.”

“I received three letters in a month about the amount of food assistance I would receive and each one is different. This is problematic.”

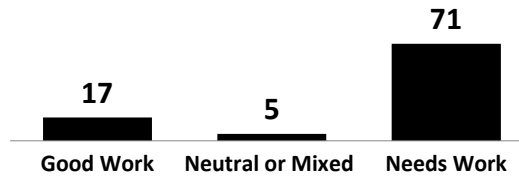
THEME | Eligibility processes

Made comments about eligibility processes?



93 of the 1,117 respondents who made comments (8%) mentioned eligibility processes.

Of the 93 clients who remarked on eligibility processes, nearly eight out of ten (76%) offered criticisms or suggestions for improvement. Only 17 clients (18%) made positive comments in this area.



Clients who made positive comments about eligibility processes are pleased when:

- Applying for social and health services is easy
- They can obtain, or renew, services quickly
- They can apply for services by phone, mail, or e-mail
- They can receive assistance when applying if necessary

Many negative comments about eligibility processes included specific suggestions for process improvement, or examples of situations where the client found process lacking in some way. Some of these comments can be found in the column to the left. Additional comments, organized by category, can be found on the following page.

THEME | Eligibility Processes, *continued*

Clients would like to be able to earn more money and still qualify for social and health services benefits. They also feel that benefits are too low for clients near the cut-off mark for benefits. Certain clients suggested that eligibility rules should “flex” to accommodate individual situations. Some clients believe that certain groups deserve more social and health services, while others believe that certain actions and behaviors should lead to a denial of services.

VOICES . . .

Clients want social and health services to raise income limits for benefits, and provide more benefits for those at the upper limits of eligibility.

“It is frustrating when we have too much income to qualify for food benefits, but not enough to live on.”

“Lower the threshold for eligibility. Make services available for those having temporary financial difficulty.”

“We qualified for food stamps in the amount of \$.00. Now the medical offered is so limited I get just enough medicine to keep me afloat medically, but not enough for real progress.”

“When I applied for food stamps, they said I only qualified for \$20 per month. Our family is four people and \$20 isn't enough.”

They feel eligibility rules should “flex” to accommodate individual circumstances.

“I live in Wapato and my last job was in White Swan. I can't get food stamps until I get paperwork from my last job and I can't get to White Swan because I have no money for gas. Isn't there something else that can be done?”

“When I lost my job at the first of the following month, I was getting \$100 in food assistance but DSHS would not increase my food assistance allocation until the first of the following month. That was really hard for me. I didn't have any money coming in and only got \$100 from DSHS for food. It would have been fine if it was just me but I had two small children with me.”

“Child support is going off a chart probably created 1953 and it needs to be updated. When I lost my job in the economy crash, I was living on \$350 per month yet my child support payment remained the same.”

“Take individual needs into consideration. I have liver failure and cancer. I get the same amount for food as others. I have to buy specialized food due to my illness and the food program is insufficient for me.”

“Aren't there special circumstances where someone like me with a history of a broken back can get special clearance?”

Some clients want DSHS to focus more specifically on youth that may benefit from services.

“DVR needs better connections with younger adults. Show the younger clients that they care. Make better placements by basing placement more on the individual and their needs. Need better follow-up after placement.”

“Work harder with kids through the junior high level. We need to get to them and the earlier the better.”

“I would like to see more Applied Behavioral Analysis (ABA) therapy providers for kids with autism.”

Some clients think certain groups should receive more support from social and health services.

“There is a niche that needs to be filled for deaf/blind people. There are almost no services that exist for deaf/blind people, especially those with disabilities.”

“Make it easy for providers to get reimbursed for covered services.”

“My son had to be moved out of his first group home in Western Washington. They denied my son any more services, so we had to move him to Eastern Washington – five hours from our residence. There was no emergency respite placement available for him, or any support in this situation. Kids with autism are in a black hole, and the families of children with autism are in a black hole as there is no support for them in an emergency sense.”

Others think DSHS should better regulate how services are used, and restrict services based on certain behaviors.

“I have custody of my son now, but am still paying the mother monthly support because I can't figure out how to stop it. It's frustrating to me that my support money can be spent any way. The kids call it her ‘beer card’ because that is what she spends it on. My kids should come first. The money should have to go to them. The mother should not be able to spend it on whatever she wants. My kid has suffered multiple abuses at the hands of the mother. They need to be more helpful to parents that want to be genuinely good parents, instead of supporting bad parents that abuse the kids and make them need mental health.”

“Adopt different policies and receipts so that people cannot buy junk food with food assistance.”

“Start drug testing applicants who are applying, and make a law where they would be ineligible if positive. I, as a middle class working man, cannot qualify for benefits – but an addict can walk in and leave with benefits.”



Getty Images/iStock

If clients must deal with paperwork, they want it to be easy to understand and processed quickly.

“Minimize complications and paperwork to get help.”

“Medicaid is very sufficient and their paperwork is efficient.”

“Maybe be a little quicker in the paperwork turnover.”

“Try to make sure paperwork is not lost at the CSO. I have experienced lost paperwork a couple of times.”

“DSHS is pretty quick with getting paperwork to me.”

“I did not understand how to verify self-employment. The paperwork was not clear and the formula was not clear.”

“I started this process in March and my paperwork was lost then. If I’m given a deadline to get paperwork submitted, why doesn’t Economic Services have a deadline to respond to me? 30 days would be reasonable. It has been seven weeks. I’m still waiting for acknowledgement of the receipt of my application.”

“They need to make the forms easier to complete and understand.”

They don’t want to be burdened with unnecessary paperwork, or have to redo paperwork.

“Do not send multiple, redundant copies of the paperwork.”

“I like that I don’t have to fill out ongoing paperwork because of my permanent/ongoing issues.”

Some clients who made comments feel social and health services require too much paperwork.

“It would be nice if the paperwork was not as thick as a book when asking for information from a parent.”

“It is difficult to deal with all the paperwork and they don’t always help.”

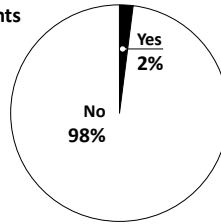
“There is so much paperwork and long waiting periods for services.”

“Cut down on the paperwork.”

“Less paperwork in the letters that are sent to the client.”

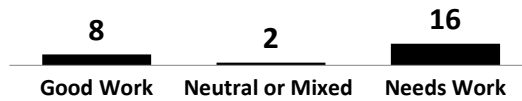
THEME | Paperwork

Made comments about paperwork?



26 of the 1,117 respondents who made comments (2%) mentioned paperwork.

Over half (62%) of the 26 clients who commented on paperwork made criticisms or suggestions for improvement. 8 clients made positive comments.



Negative comments included complaints about:

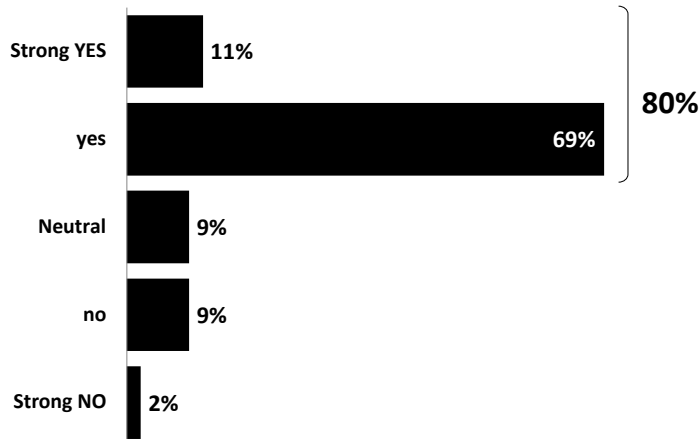
- Too much paperwork
- Redundant paperwork
- Paperwork being lost or misplaced
- Confusing, difficult-to-complete paperwork
- Long waits to receive paperwork

Positive comments praised:

- A decrease in paperwork
- Alternatives to paperwork
- Paperwork that was efficient and easy to understand

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

Eight out of ten survey respondents (80%) thought that they received social and health services quickly. Just over one in ten people (11%) disagreed.

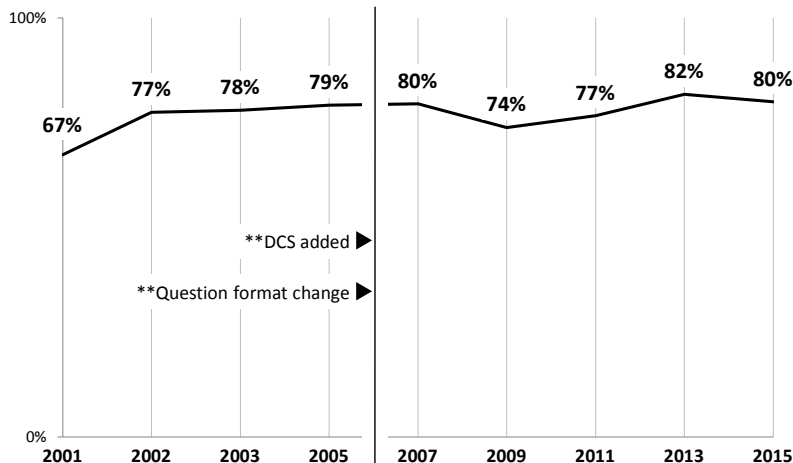


SUBGROUPS: Respondents were more likely to agree* that services are timely when:

- The client was a child (88% agreed), rather than an adult (76% agreed)
- The respondent was a representative of the client (86%), compared to when the respondent was the client (75%)

Trend

This chart shows the percentage of respondents who answered the above question positively from the 2001 survey to present. The increase from 2001 to 2015 is statistically significant.*



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

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



Getty Images/iStock

Many clients received social and health services quickly enough to meet their needs.

“They are quick to respond and I have all of my needs met.”

“They helped me in a timely manner when I needed medical and food stamps.”

“They were timely with my needs when they helped me out.”

“They provided me with the necessary medical services and resources in a very timely manner.”

“My son receives prompt care which is vital for him to live. Overall I am very happy with his services.”

“They were always there in time of need.”

“They give me medical help when I need it.”

“The food program got me signed up immediately. Thank God we have this kind of support!”

“That they take care of what I need right away instead of waiting days on end.”

“The child support office was right on getting my needs met and did not waste any time.”

Some clients have experienced long waits for services.

“The length of time to get anything going is way too long. Speed up services and processes! I’m disabled and need support on time!”

“It takes too long to access services.”

“Their approval times are pretty slow and it takes being out of work for six months before you can get service.”

“Respond quicker to our needs. We have been waiting eight months for a psychological evaluation to be completed.”

“Get more doctors in the dental area so a person with an immediate need doesn’t have to wait six months for an appointment.”



Getty Images/Photos.com

Clients appreciate timely and accurate processing of their applications for social and health services.

“The first time I needed food assistance, I received help the same day. It was a good experience.”

“I was having a bad time and I got my services quickly so that was good.”

“I got instantly approved and a few weeks later I got my card in the mail. It went faster and was easier than I thought it was going to be.”

“If I need it right away they do their best to help me.”

“They work fast, have great communication, and provide whatever they can offer you.”

“When we need help we can get it right away.”

“It was good to have real prompt service.”

Some clients believe that their services are being delayed by poor communication among DSHS and staff.

“In the past DSHS has sent me a letter to the wrong address. The letter got sent back to them and then I lost my services because someone did not look to see that I had recently called to tell them I had moved.”

“Update your records. I asked why they had not contacted me and they had my wrong phone number and blamed me for the difficulty communicating.”

“After my car accident, it took a whole year to get things sorted out. I kept getting bills for stuff and I knew I had given them my card. Turns out the certain things had not gotten entered or given to the people that needed to have them.”

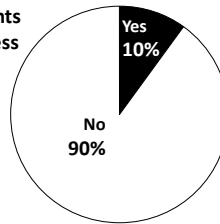
Some clients also believe services could be expedited by expanding DSHS staff and staff training.

“If they would train someone that could turn paperwork around faster they would do a better job and save money.”

“Hire more staff. It took six months to be assigned. It took another four months to get another counselor.”

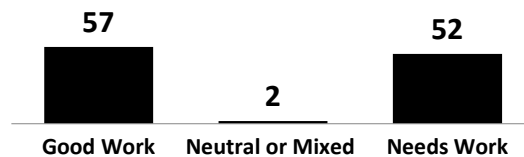
THEME | Timeliness of services

Made comments about timeliness of services?



111 of the 1,117 clients commenting (10%) addressed timeliness of services.

About half (51%) of the clients who commented on timeliness of services made positive comments. Close to the same percentage (47%) offered criticisms or suggestions for improvement.



Clients who made positive comments applauded:

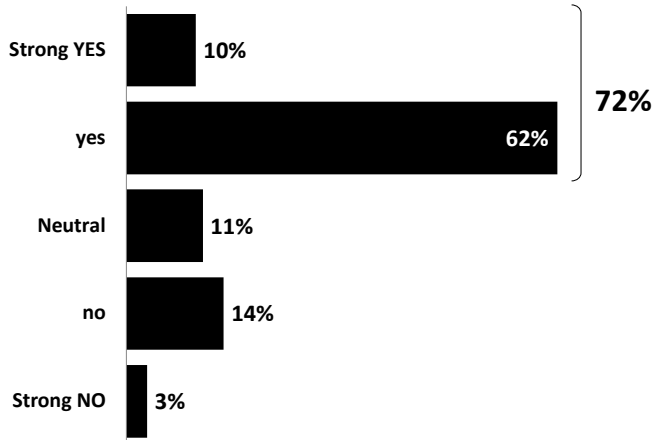
- Fast and easy application processes
- Prompt delivery of established benefits and services
- Staff who are quick to respond to their needs

Some clients criticized:

- Lack of staff availability to expedite processes and provide services
- Staff whose actions – or inactions – delay the receipt of benefits and services
- Inconsistent or incorrect information in DSHS records and databases that leads to a delay or cessation of client services

QUESTION | Do staff return your calls within 24 hours?

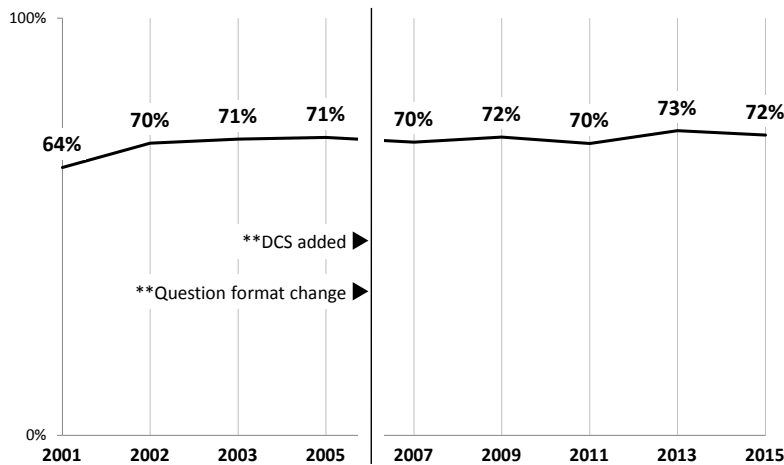
Nearly three quarters of survey respondents who talked about phone services (72%) said social and health services staff returned calls in a timely manner. But nearly two in ten people (17%) reported that staff failed to return calls within 24 hours.



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

Trend

This chart shows the percentage of respondents who answered the above question positively from the 2001 survey to present. The increase from 2001 to 2015 is statistically significant.*



* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.
** Question format changed between the 2005 and 2007 surveys, which may affect comparisons to previous years. See Appendix A.



Getty Images/Creatas

Most clients are satisfied with staff responses to their calls.

“I can call at any time, and they will return my call within a couple days if they are in the office.”

“When I call the toll free number on the card, they answer right away.”

“They get back to me right away. Now they answer the phone quickly at the DSHS office. They are excellent in helping people out.”

“They do return my calls, and help answer my questions.”

“I like that the representative offered to call me back rather than have me stay on hold for hours.”

“I like that they are very friendly and call me back within 24 hours.”

“The response was prompt when I needed to get a new card. I did not have to call two or three times.”

Some clients feel staff should return calls more quickly.

“Return phone calls/messages in a timely manner. I requested the amount of past child support due and I have not gotten a response as yet. It has been two weeks!”

“The caseworkers could return my phone calls. We have been trying to get ahold of DD worker for over a week.”

“Individuals should return calls and supply information in a better, timely manner.”

“A couple of times I had what I thought was an emergency and they did not call me back in what I thought was a timely manner.”

Others report that some staff members fail to respond to their calls at all.

“They lack in communication. I may have had one returned call in the last two years. Very upsetting.”

“When you call the office they need to have a live person that answers instead of the recorder. If you leave a message you never get a call back. If you don't leave a message you have to wait a long time to talk to a real person.”



Getty Images/Design Pics

Satisfied clients appreciate the convenience of communicating with their CSO by phone.

“You really don’t have to deal with them. You just call, they help you, and you are set.”

“It is so much better to do the interview by phone instead of going into the office. That has helped us so much.”

“The phone interview was convenient.”

Long hold times and dropped calls when contacting CSOs are significant sources of frustration for callers.

“I can never get through to anyone and my calls always get disconnected. I sit on hold for an hour.”

“It takes way too long when I call the CSO. I have been on hold for as long as an hour and a half!”

“Shorten the hold time on the phone when I call any DSHS office!”

“Don’t make us wait so long on the phone line. We sometimes have to wait for an hour, and then I get disconnected and have to call back.”

“The phone system needs to be improved so that you do not have to be on hold for an hour before you can talk to a real person.”

Some clients believe there are too few phone operators to properly manage the calls at their CSO.

“They need to have someone available to answer the phones on a regular basis. They need to have enough capacity to have phone calls answered so that people don’t have to continuously try to call.”

“I think when I call it takes forever. I wish they would hire more people and get to the phones faster.”

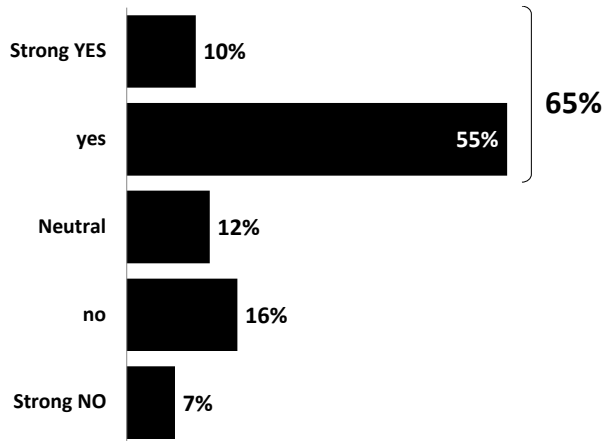
“Hire more staff so we don’t have to wait so long on the phone.”

“Answer the phone at the CSO! Hire more staff!”

“They need to have more coverage so they can answer phones quicker.”

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

Nearly two thirds of respondents (65%) feel they are able to talk to a live person when needed. Nearly one quarter (23%) reported difficulty reaching someone when they needed help. Difficulties were still frequently noted among clients receiving services through Community Service Offices (CSOs), but there is evidence of significant improvement. 45% of CSO clients said it is easy to reach a live person – up from 31% in 2013.*

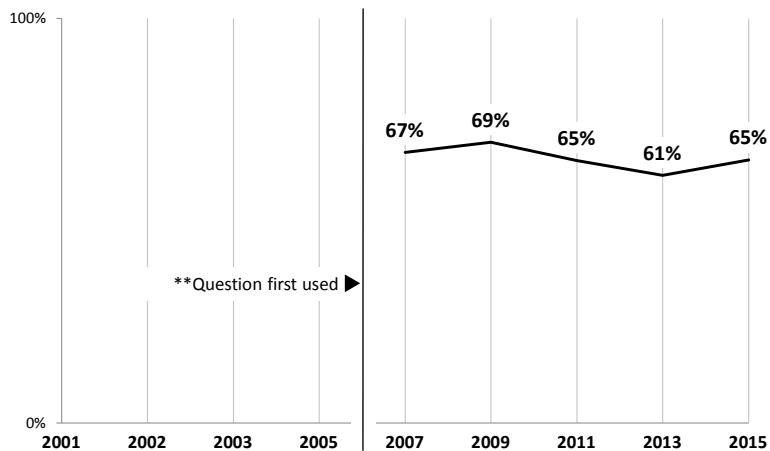


SUBGROUPS: Respondents were more likely to agree* it is easy to get a live person on the phone when:

- The respondent was a representative of the client (70% agreed), compared to when the respondent was the client (61% agreed)

Trend

When the client survey started in 2001, most clients were concerned about caseworkers returning their calls. This question about the ability to reach a live person was added in 2007 due to increased use of call centers and automated phone systems. The chart below shows the percentage of respondents who answered the question positively from 2007 to 2013.*

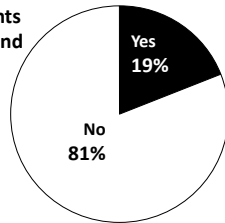


* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.

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

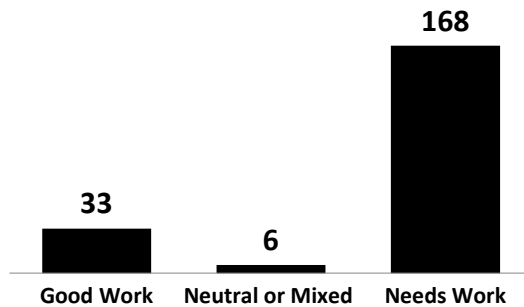
THEME | Phone and staff access

Made comments about phone and staff access?



207 of the 1,117 respondents who made comments (19%) mentioned phone and staff access.

Of the 207 clients who commented on phone and staff access, the majority (81%) were critical or made suggestions for improvement. 16% made positive remarks.



Clients want to be able to contact social and health services staff when they are in need of help. The majority of clients who made comments indicated they have problems connecting quickly with staff. Clients often look for on-line methods of conducting business rather than contacting staff directly by phone. Clients want:

- Staff to answer phones, rather than be automatically forwarded to voice mail or automated phone system
- A reduction in hold times and dropped calls
- Timely responses to their phone messages and e-mails
- Staff available by phone later in the day
- The option to complete services without staff contact, usually on-line.

The previously reported trend of increasing negative comments about phone and staff access appears to have ended, but the majority of comments on this topic are still negative (81%, down from 88% in 2013).



Getty Images/Ingram Publishing

Most clients who made comments are unhappy with their access to services by telephone.

"It was difficult to get in touch with someone via phone. I don't like automated phone systems or leaving a voice mail."

"The wait on the phone is the hardest part of contacting them."

"The phone calls do not help me."

"The phone systems can be improved. They are frustrating. It is hard to get ahold of someone when reaching out for services."

"Provide better phone time to communicate with social workers."

"I had to constantly call, over and over, and I kept connecting with different staff. It is frustrating!"

"Make it easier to get ahold of a live person. Sometimes I have to wait for hours."

"Improve the phone system. The wait is too long. Even calling early doesn't help."

Despite some clients' difficulties accessing staff by telephone, others report that they are satisfied.

"I have a condition with anxiety and it flares up every time I have to do something with DSHS, so I really appreciate when I can take care of things over the phone."

"They are fairly quick when you get them on the phone."

"I think the staff on the phone are helpful."

Many clients appreciate on-line resources as an alternative to contacting DSHS staff directly.

"Most of what I need is on-line and I can deal with it without having to contact someone. Also, I like to do the eligibility reviews on-line. That's really awesome."

"I like that I can go on-line and submit information rather than going into the office."

"The web site saves me time and phone calls."

Information



Getty Images/Huntstock

Clients want clear and comprehensive information about services.

Clients are grateful to social and health services staff who provide them with needed information.

Overall, clients report high levels of satisfaction with the written and verbal information that they receive. However, in 2015 fewer clients said it is easy to get the information they need about services, and some believe the quality and consistency of information needs to be improved. Some clients are unclear about what program services are available to them, while others are unaware of all the benefits in programs for which they are already enrolled. Self-reported knowledge of program service availability has continued to decline since 2005.

Clients' suggestions for improving the quality of information include:

- Provide more complete information about all social and health services
- Allow clients to access information in different formats, including printed materials, on-line offerings, and person-to-person exchanges
- Make sure information from all sources is consistent and easy for clients to understand
- Provide clients with simple and direct ways to ask questions and get their questions answered
- Keep in better contact with clients to inform them about changes that affect their cases, and new services that could help them
- Increase interpreter services and improve communication for people with disabilities



Getty Images/Blend Images

Many clients believe they are well informed about the program services available to them and their families.

“When I asked a question, they let me know what program was right for me.”

“They get the services I need and they direct me where I need to go.”

“We have clarity from the people who provide the services. It is good to understand and know how things work.”

“I like that they give you additional resources that are available other than the services that they provide.”

“Services are easy to understand and access.”

“I like learning about all of the programs they have for people with developmental disabilities.”

“My DDA case manager is wonderful getting me the information I need.”

Some clients do not know what services are available, or how to access services they are aware of.

“DVR could be clearer about what services they are offer: what they can offer and what they cannot.”

“There is a lot of help for us, but I don’t know how to get the help.”

“It is hard for me to wrap my head around all that is available. I’d like to have more information on what is out there that could help us.”

“Provide more information on what services are available and how they can be applied.”

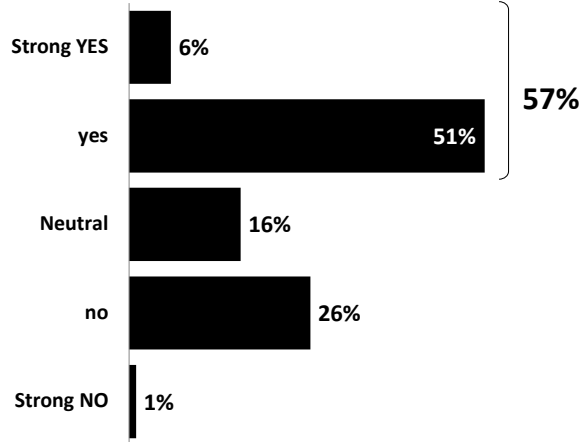
“When I first started, I did not understand the entire DSHS package of benefits that I might be entitled to.”

“Provide more information about services. I still don’t know about dental or vision. The leaflets that were sent out were not clear enough.”

“Make it easier to find out how to get help with energy bills.”

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

Nearly six out of ten respondents (57%) told us that they know what services are available. Nearly three out of ten (27%) disagreed.

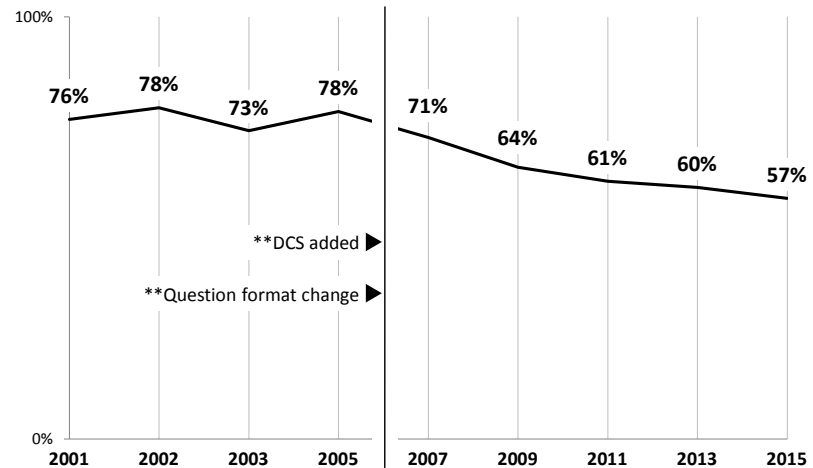


SUBGROUPS: Respondents were more likely to agree* that they know what program services are available when:

- The client participated in two programs (60% agreed) or three or more programs (62% agreed), compared to one program (50% agreed)

Trend

This chart shows the percentage of respondents who answered the above question positively from the 2001 survey to present. The decrease from 2001 to 2015 (excluding DCS) and the decrease from 2005 to 2015 are both statistically significant.*



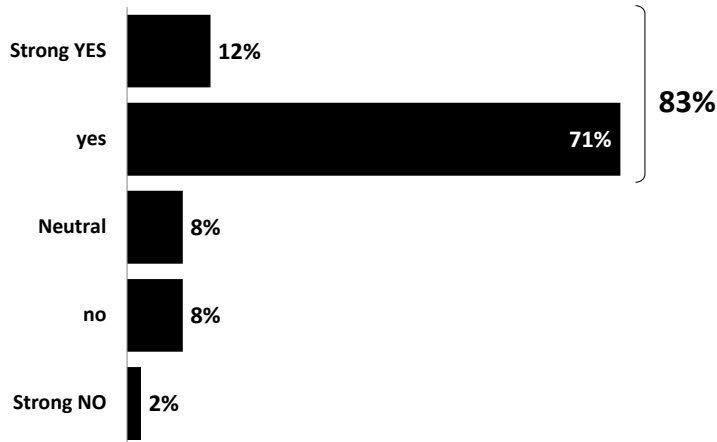
* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.

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

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

QUESTION | Did program staff explain things clearly?

More than eight out of ten survey respondents (83%) told us that social and health services program staff explain things clearly. One out of ten people (10%) disagreed.

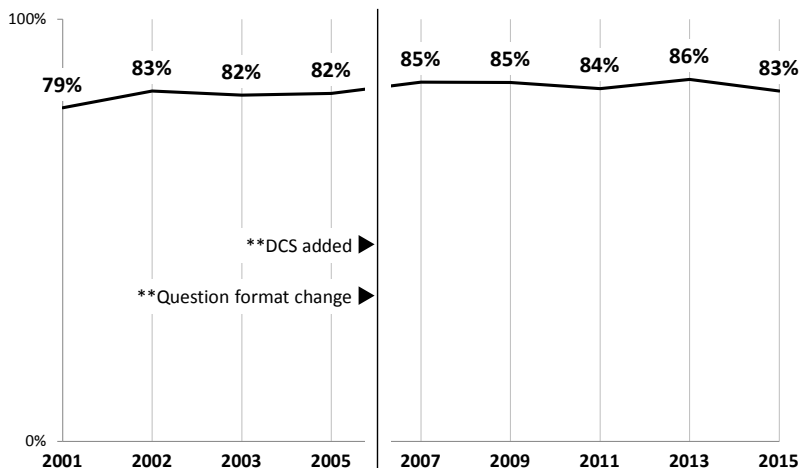


SUBGROUPS: Respondents were more likely to agree* that staff explain things clearly when:

- The client was a child (88% agreed), rather than an adult (80% agreed)
- The respondent was a representative of the client (87%), compared to when the respondent was the client (80%)
- The client participated in two programs (87%), compared to three or more programs (78%)

Trend

This chart shows the percentage of respondents who answered the above question positively from the 2001 survey to present. The increase from 2001 to 2015 (excluding DCS) is statistically significant.*



* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.
** Question format changed between the 2005 and 2007 surveys, which may affect comparisons to previous years. See Appendix A.



Getty Images/Photodisc

Clients made many comments commending the clear explanations provided by staff.

“When I go in and talk to DSHS, they give me the information I need to know, and also tell me where to get other information that they don't have.”

“I have asked more questions and gotten clear answers.”

“They always help me and explain everything clearly.”

“The workers will go out of their way to help and if they don't know how they will find out and let you know in a quick manner.”

“The caseworker was very good at explaining everything to me.”

“They explain things well and don't use double-talk.”

“I am legally blind and they are really helpful with reading me information.”

“They help me a lot in a process that I am not that familiar with. They gave me a lot of information.”

“They give detailed answers and easy explanations.”

“All you have to do is ask questions. It is not complicated and it is very easy to access services.”

Dissatisfied clients request more consistent, direct, and thorough information from staff.

“No one gives the same answer consistently.”

“Answer e-mail questions and stop referring me to a pamphlet that I don't have, or a WAC or RCW code that I don't understand. Simple questions should be answered directly.”

“I really feel like I have to meet them in person to reiterate my questions as they seem to rush the answer on the phone and I wonder if I am getting correct information.”

“I want better information faster.”

“HCA—I wish they understood what they cover and don't cover.”



Getty Images/Ron Chapple Stock

The majority of clients report few difficulties accessing information about services.

“I like the ability to access services on-line.”

“It is easy for me to get assistance if I need it and it is easy to find answers.”

“The staff is very knowledgeable. I always receive an answer when I call.”

“The workers are very easy to get answers from and they explain things well.”

“They keep me updated and let me know right away if there are going to be changes.”

“They provide me with everything that I need and I can get my questions answered.”

“I have access to information when I need it.”

“They are very informative about where I can get more information on a subject.”

“I can find most of what I need on-line.”

“They assist me as I have a disability and do not read. They help me understand what is needed.”

“If I ask them something about Medicaid, they have pamphlets and information they give me to help me, and I have access to a computer at their office.”

Some suggested specific improvements to the ways DSHS gets information to clients.

“The DSHS web site should do a better job of identifying available services.”

“The type in some of the booklets is too small for me to read.”

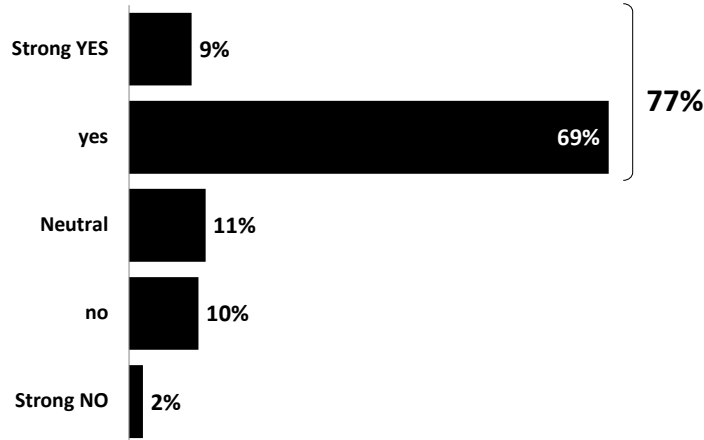
“Train the people who answer the phone to give correct information.”

“Keep the list of Medicaid providers up-to-date.”

“Keep doctor referral information up to date. We called for one doctor and found out he had not worked there for two years.”

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

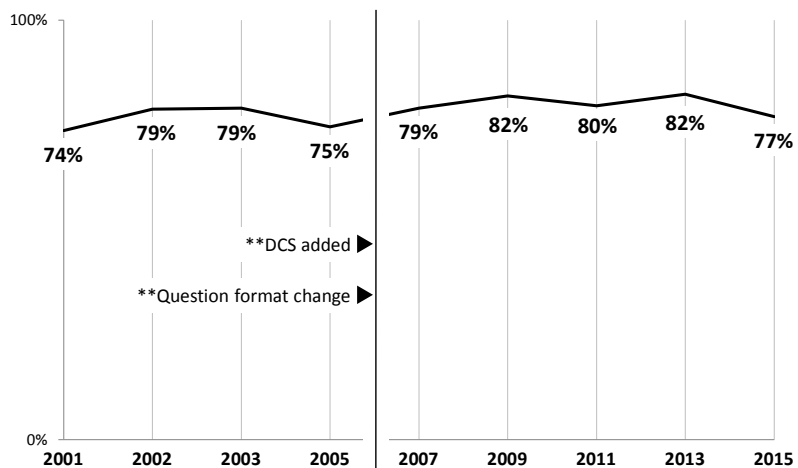
Nearly eight out of ten survey respondents (77%) told us that information was easy to get. More than one out of ten people (12%) disagreed.



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

Trend

This chart shows the percentage of respondents who answered the above question positively from the 2001 survey to present. The increase from 2001 to 2015 was statistically significant, but there was a significant decrease from 2013 to 2015.*

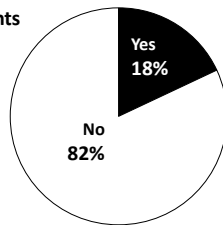


* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level.

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

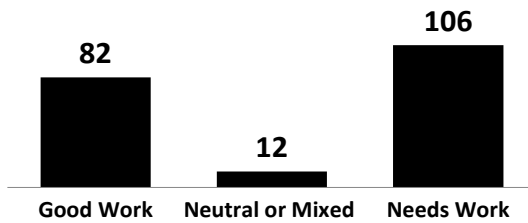
THEME | General information

Made comments about information?



200 of the 1,117 clients commenting (18%) mentioned the information they receive from social and health services.

Of those 200 clients who addressed information, more than half (53%) made criticisms or suggestions for improvement. About four in ten (41%) responded favorably.



Clients made the following suggestions for improving communication between social and health services staff and clients:

- Ensure that all staff understand, and can clearly explain, how their program can help clients
- Ensure that all information provided by staff and documentation is correct and consistent
- Encourage staff to take the initiative in sharing information about the client’s current benefits and services, as clients may not know the extent of their services
- Make certain that current and prospective clients who could benefit from existing programs are aware of these programs.
- Keep in contact with clients so they know if the status of their case has changed or if they are eligible for services that were previously unavailable
- Provide information in a variety of formats – including print, on-line, *and* person-to-person – and distribute it widely



Getty Images/Hemera

Some clients are pleased with the way information is shared and how their questions are answered.

“They are good at telling me about changes that are happening and also at providing me with resources per my request.”

“They seem to keep me well informed and give me plenty of information.”

“They are helpful, answer questions, and get right to the point.”

“If I have a question or concern, I am able to call and ask. 99% of the time I get the answer I am looking for or they direct me to the right area.”

“The on-line app is really fast and got me the information I needed.”

The majority of comments expressed dissatisfaction with access to service-related information, or shared suggestions for improvement.

“Notify clients by mail of any new programs for which they are eligible. Not by computer because not all clients have them.”

“Sometimes there are so many services I don’t always know what to ask.”

“We did not know we were eligible for services until the Affordable Health Care Act was passed. We did not go to the DSHS office for any other services so we did not know we could get care for our kids.”

“I haven’t heard from DCS in over three years.”

“The DSHS web site should do a better job of identifying services that are available.”

“Provide more customer service representatives on the phone.”

“I think DSHS is confusing and I don’t have information on what’s covered and what’s not.”

“Just make whatever services available known and make it easy for folks to find information about these services.”

“Suggest alternative ways to get food resources rather than getting food stamps or Quest card.”



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Clients appreciate interpreters who speak their first language, and having documents available in this language as well.

“I like that I can always communicate with them in Spanish, the language I know.”

“DSHS has good interpreters and I like that.”

“I like that they always send me information in Spanish.”

Clients want more access to staff who speak their first language, both on the phone and in-person.

“There aren’t enough staff that speak Spanish. The ones that do are always busy or have a full schedule.”

“We would like to see the Russian language available when we call.”

“I believe the only hard thing to do was trying to communicate and trying to find an interpreter.”

“They need to have interpreter services so we can make our needs known.”

“Provide English as a second language services. It seems like I always get someone who does not understand what I am saying.”

“They could have provided a Russian interpreter or have someone there who can speak Russian. They sometimes offer an interpreter, but not always.”

Some clients feel that DSHS should ensure that staff can speak English clearly.

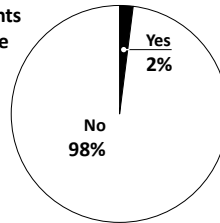
“The clients’ rights should be better explained in English. Not so many big words, so that a person who has a disability could understand. This is a problem my sister had because she could not understand the vocabulary used.”

“Do a better job of hiring better English speakers.”

“It would be helpful to have workers that can speak English better. It’s really hard to understand some of the workers because English is a second language for them. It’s easy to misunderstand what they’re saying or asking me sometimes and it can be frustrating.”

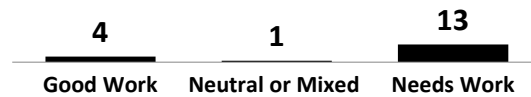
THEME | Language services

Made comments about language services?



18 of the 1,117 respondents who made comments (2%) mentioned the quality and helpfulness of language services.

Of those 18 clients who addressed language services provided by social and health services programs, 13 (72%) made criticisms or suggestions for improvement. Four clients (22%) made positive comments.



Clients who commented on language services or language issues appreciate:

- Interpreters for non-English speaking clients being available at the client’s convenience
- Interpreters for the deaf
- Staff who speak their language

Some would like:

- Better, and more timely, access to interpreters
- Access to staff who speak their language
- Access to printed and on-line information in their language
- More staff who speak English clearly
- Staff who understand how to respectfully communicate with those who have learning disabilities or language disorders

Client Involvement



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Clients like to have an active role in planning their services.

Most clients reported they have a strong voice in creating their service plans. They appreciate being part of the planning and decision-making about which services they receive.

Some offered ways to expand client involvement, such as:

- Having social and health services staff who listen to their clients' needs and provide a variety of flexible options to meet those needs
- Improve communication between departments and staff to better coordinate clients' services
- Make it easier for the client to receive information about programs that could help their situation
- Allow the client more access to their services by phone and Internet



Getty Images/iStock

Some clients reported that social and health services staff make a real effort to work together with the client to create service plans and goals.

“They are friendly and willing to help. They go out of their way to listen to you and help you when you don’t quite understand everything they need.”

“They were helpful. They understood that I had some trouble understanding things.”

“I know some of the DSHS staff here in my area and they really help me.”

“They worked well together and provided the correct medical that was needed for my premature baby.”

Others expressed frustration that program services do not coordinate more closely, inhibiting the client’s ability to efficiently plan and meet goals.

“DSHS agencies do not work together as a team. They should be linked much tighter than they are.”

“Provide more cooperation and connectivity between programs. I wish there was a way to monitor those that are not improving; it might be because they need additional help in another area.”

“Children’s placed three children with me and then they did not provide any support. There was disagreement within DSHS about how to pay the support for the children.”

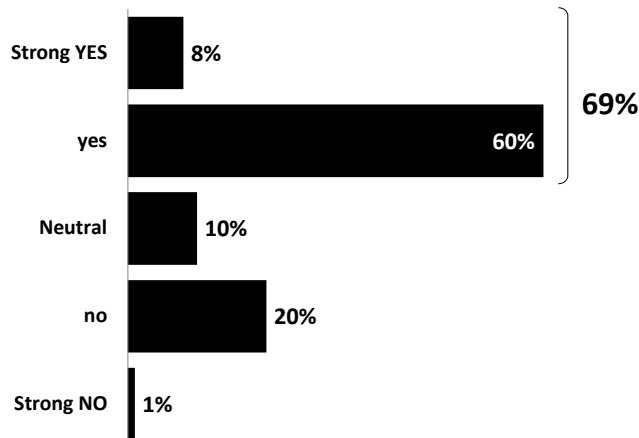
Some clients cited certain policies or procedures they feel inhibit their ability to make plans and goals.

“At age thirteen an individual can choose what mental health services they want and the parents have no say. At age thirteen a child does not have the capacity to make those decisions in a lot of cases. The parents have no say in this situation, so I cannot get him the proper care he needs.”

“Find a way to increase or reduce the payment that a ‘paying’ parent makes. I want to take care of my son, but I can no longer afford the \$1000 I am paying.”

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

More than two out of three survey respondents (69%) told us that they helped make plans and set goals about their services. Less than one quarter (21%) disagreed.

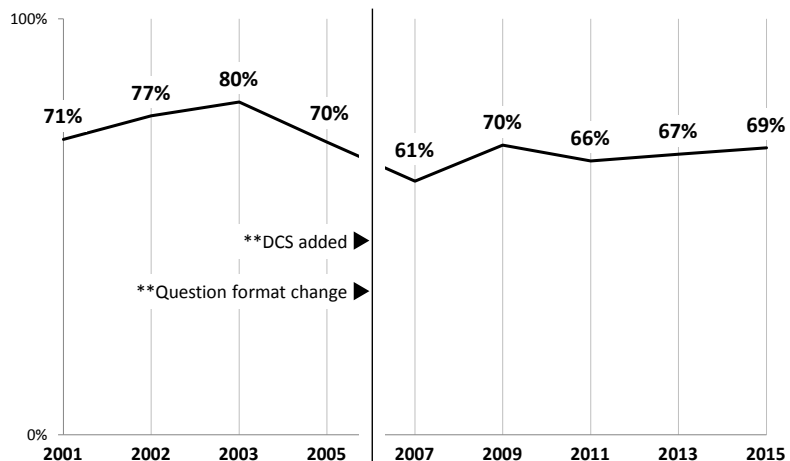


SUBGROUPS: Respondents were more likely to agree* that they help make plans and set goals about their services when:

- The client was a child (77% agreed), rather than an adult (64% agreed)
- The respondent was a representative of the client (75%), compared to when the respondent was the client (63%)

Trend

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

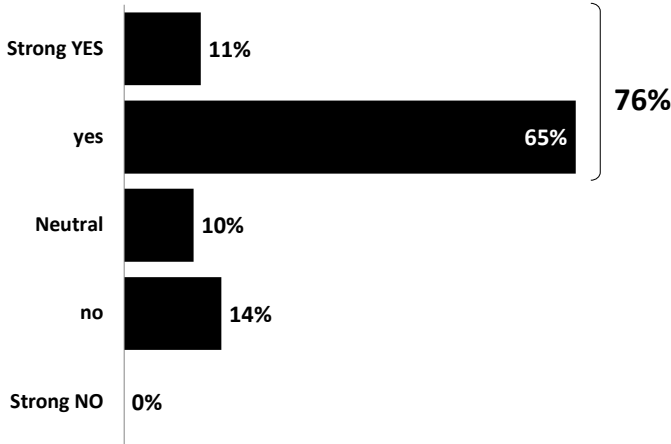


* All percentages are based on weighted data. Differences between subgroups and years are listed if significant at the .05 level. This question was not asked in connection with child support services since child support requirements are not set by DSHS.

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

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

Nearly eight out of ten survey respondents (76%) told us that they had a say in the services they got. 14% of respondents disagreed.

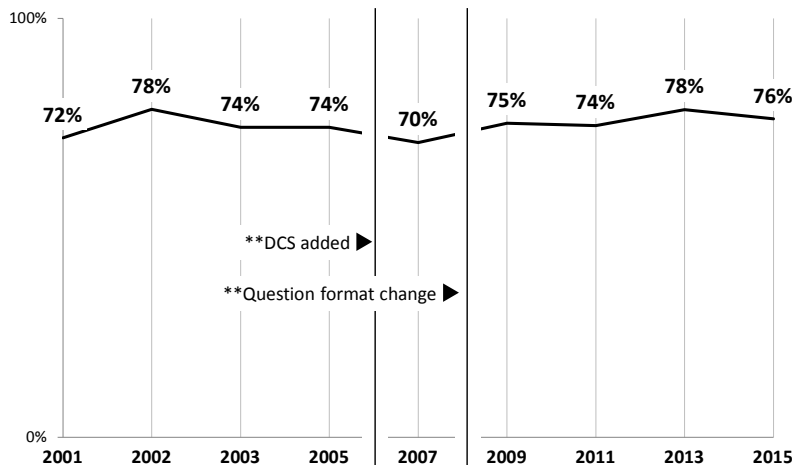


SUBGROUPS: Respondents were more likely to agree* that they have a say in the services they receive when:

- The client was a child (83% agreed), rather than an adult (72% agreed)
- The respondent was a representative of the client (83%), compared to when the respondent was the client (70%)
- The client participated in one program (85%), compared to two programs (73%) or three or more programs (68%)

Trend

This question was new in the 2009 survey. It replaced the question: “Were you involved in making choices about your services?” This change was made to improve survey clarity.*



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

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



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Many clients feel DSHS staff respects their input and that they have a voice in choosing their services.

“The DVR employee assigned to me was very understanding, listened to what I wanted to do, and helped me get there.”

“They were clear about my case and they listened to what I had to say.”

“They have really listened when I do my own research, they use the information.”

“They listened to me and provided me with the necessary information and tools to reach my goals.”

“They listen to what I have to say.”

“They have been receptive to our requests.”

“I like both of the programs I am associated with. They are there to listen to our needs and support us very much.”

For some, poor communication and listening by staff makes selecting the correct services more difficult.

“I disagreed with the job coach I worked with, so the DVR counselor was to help me look for a new coach. It has been a year and still do not have a new coach. I feel like I was ‘dropped through the cracks’ at several points.”

“They find you a caseworker and that worker doesn't bother to listen to your messages or call you back.”

“When dealing with someone in need (i.e. people with drug and alcohol problems), be more open minded to their suggestions as well.”

“Sometimes there are so many services, I don't always know what to ask and if you don't ask, you don't know.”

“Have more understanding of the people they are trying to help.”



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Some clients suggested changes that social and health service programs could make to improve service quality and give clients more say about their services.

“They could establish one telephone line and another system that can guide clients for services.”

“Meet with clients one-on-one about services, especially when they are giving a change of circumstances.”

“There is no after-hours emergency contact phone number available.”

“They should look at a person’s case individually, based on their circumstances, and not look at them like they are there to abuse the system.”

“I feel that food stamps should be on a sliding scale and not just cut off.”

“Have a fluctuation on their cut-off. If we are close to the limit, they should listen to the circumstances and see if we need the help instead of just cutting us off when we really need the help.”

“Stop all the coffee breaks. There’s no one working their caseload at peak times.”

Some clients mentioned their appreciation for this survey as an opportunity to give feedback and involve clients.

“I appreciate this survey is being conducted. I wish everyone could have the type of help we have had.”

“Thank you for this opportunity to comment. This survey speaks greatly of DSHS’s interest in the customer.”

“I think this survey is a good idea. I hope it helps people.”

THEMES related to client involvement

Several other sections of this report address issues closely tied to client involvement. They include comments from clients suggesting they want social and health services to provide:

- **Assessments and service plans that take the client’s individual needs into account.** Clients want more flexibility in the formulas used to determine their benefits and services. They also want services to have more contingency plans for clients that need continued or enhanced services during difficult or transitional times (see the “Getting Services” section of Chapter 3, pages 32-40).
- **Engaged caseworkers who are concerned with the client’s long-term wellbeing.** Clients want their caseworkers to take the time to fully understand their situation. They also want caseworkers to collaborate with them when planning their services. When they develop a trusting relationship with a caseworker, they want to continue that relationship for as long as possible (see Chapter 2, pages 15-25, and Chapter 6, pages 55-58).
- **More opportunity for the client to interact with services before and after current office hours.** Clients want to be able to access, update, and modify their services beyond standard business hours. Clients request an expansion of the DSHS Internet presence primarily – but requests for more print material and extended phone hours were also made (see the “Getting Services” and “Contacting Staff” sections of Chapter 3, pages 32-43).
- **Paperwork that is easy to complete, and processes that are reasonable in light of the clients’ needs.** For clients, poorly coordinated services, extended communication or processing delays, and complicated paperwork block access to needed services and are a source of great frustration (see the “Getting Services” section of Chapter 3, pages 32-40, and Chapter 6, pages 55-58).
- **Benefits which are generous enough to meet their needs.** Some clients report the benefits they receive do not adequately meet their needs. Many of the clients who requested an increase in benefits specifically mention their food stamp allotment. Some clients mention they would like to see expansion of other programs (see Chapter 7, pages 60-63).

Coordination



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Clients want staff from different programs to work together as a team.

Clients who receive services from more than two social and health service programs were asked about coordination between those programs. Most clients are satisfied with the way their programs work together and also with the staff who assist in the coordination process.

Most clients who commented about coordination expressed dissatisfaction or made suggestions for improvement. Some clients feel there should be:

- Better collaboration between different social and health services programs and offices
- Consistent information from all programs and staff
- Improved communication between staff who share clients

There are indications that coordination of services may be improving:

- There was a statistically significant decrease in *negative* responses to the question about whether staff from all services work well together
- There was a similar (but not statistically significant) decrease in *negative* responses to the question “Do the staff from your different programs work well together as a team to try to help you get the services you need?”



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Some clients see a need for improved coordination and communication among programs and services.

“System seems disjointed. It seems difficult to get different programs to talk together about coordination of services.”

“All divisions should get on the same page and get together with service delivery.”

“I feel centralizing things would make it easier. The different services don't talk to each other and they don't know what is going on with any of the other services.”

“Other DSHS divisions should listen more to DVR to get the full story of what I am experiencing. They should all be on the same page.”

“They need to work better with DVR. Communication is key.”

“Coordinate communication better between DSHS and HCA.”

“I think ESA and food assistance should get their act together. I get told one thing and they end up doing something else.”

“Investigate complaints and CPS reports across counties, when child lives in one county and parent lives in another county.”

Others feel social and health services' connections with providers and other outside agencies should be improved.

“The Oregon state DCS says I am all paid up, but the Washington State DCS says I am delinquent, it would be nice if they got their records straight.”

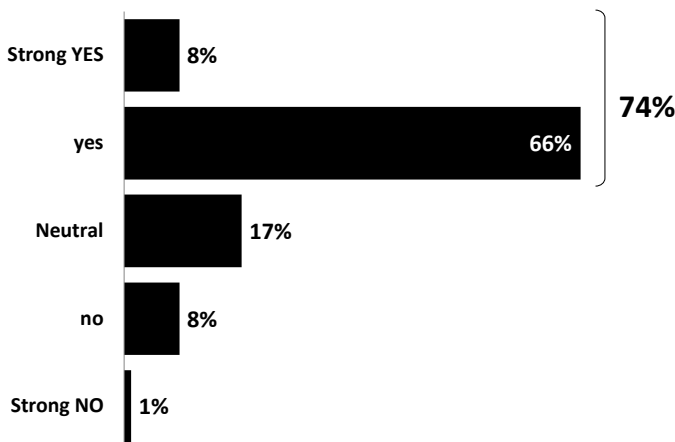
“Communicate with other partners i.e. health providers.”

Although most clients agreed that DSHS makes sure all services work well together, only one comment on the topic of coordination between services was positive.

“I like it that the Doctor's Clinic works with Seattle Children's Hospital.”

QUESTION | Do social and health services make sure all your services work well together?

Nearly three quarters (74%) of survey respondents served by more than two programs (543 clients) feel that their service agencies make sure their services work well together. Less than one out of ten (9%) disagreed.

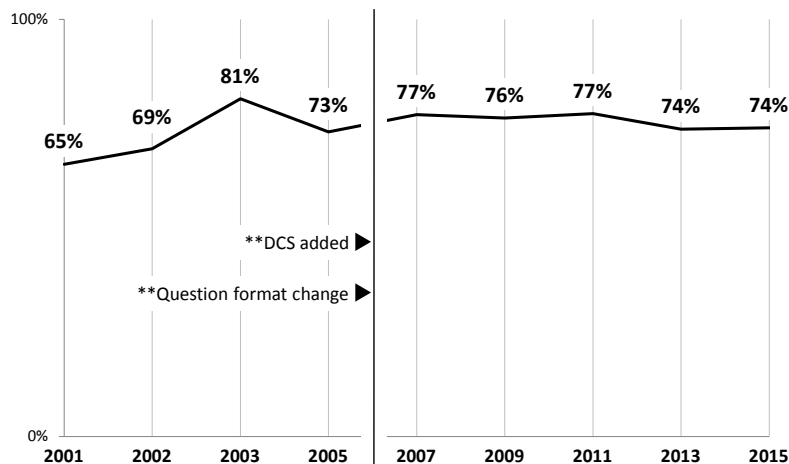


SUBGROUPS: Respondents were more likely to agree* that social and health services make sure their services work well together when:

- The client was male (81% agreed) compared to female (66% agreed)
- The respondent was a non-Hispanic Minority (84%), compared to a non-Hispanic White (70%)

Trend

The chart below shows the percentage of respondents who answered positively from the 2001 survey to present. The percent who *agreed* was unchanged in 2015, but the percent who *disagreed* that DSHS makes sure all services work well together declined from 15% in 2013 to 9% in 2015.* There was a corresponding increase in *neutral* responses, from 10% in 2013 to 17% in 2015.

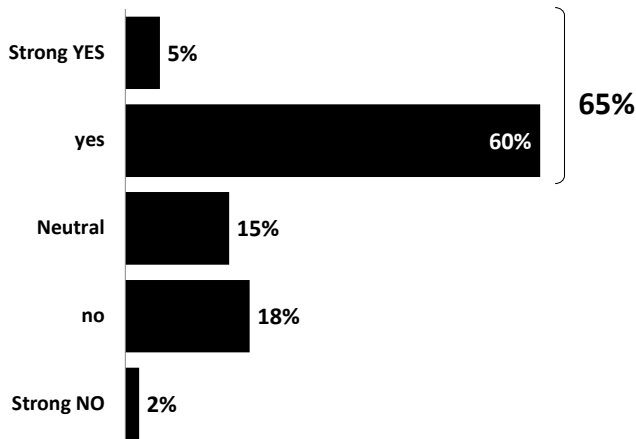


* All percentages are based on weighted data. Differences between subgroups are listed if significant at the .05 level.
** Question format changed between the 2005 and 2007 surveys, which may affect comparisons to previous years. See Appendix A.

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

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

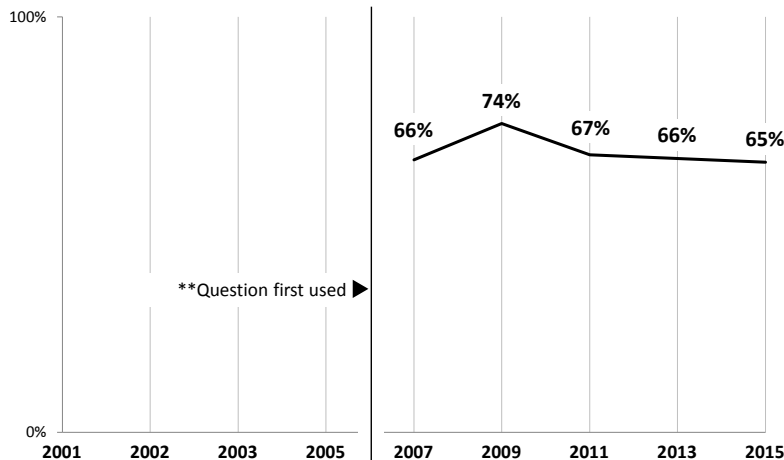
More than six out of ten survey respondents (65%) served by more than two programs (543 clients) reported that staff from different social and health services programs work well together. Less than one quarter (20%) disagreed.



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

Trend

The chart below shows the percentage of respondents who answered positively from the 2007 survey to present.** Although there were no statistically significant trends, it is notable that the percent who answered *negatively* to this question decreased from 26% in 2013 to 20% in 2015, with a corresponding increase in *neutral* responses.



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

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

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



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Clients appreciated staff coordination and continuity.

"I was tickled because anytime something happened to me, it seemed like everyone worked together when I went into the hospital. And having that open line of discussion between all of them was amazing."

Some clients commented about the need for staff teamwork and consistent information.

"I wish all DSHS staff and programs would get on the same page because they are not consistent. They all tell me different things."

"They need to figure out the dental. I get sent back and forth between the 1-800 number people and the CSO and nobody can answer the questions."

"We received different messages from different staff."

They described the difficulties of dealing with multiple staff.

"My daughter has gone through three counselors since she has gone through DVR. So all of this initial process for her has taken the better part of a year. Why couldn't the second or third counselor have begun where the first counselor left off, to expedite this process?"

"I wish they had a better tracking system so that I would not have to repeat everything I just told the person who passed me off to someone else. And then when I call back the next day, I have to repeat every little thing as if there was no call record that I called before. It is very frustrating."

"Counselor assigned was retiring the next day. It took another four months to get another counselor. We had to say the same thing over and over and never seemed to get anywhere. Poor communication amongst the staff members handling the case was obvious."



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Clients want social and health services programs and offices to coordinate their different services.

“When I apply for services at a different DSHS office, I have to fill out new forms with much of the same repetitive information.”

“Communicate between all three programs that I accessed!”

“I wish Mental Health and Economic Services would communicate a little smoother between each other. I feel like the middleman between them and it is kind of frustrating.”

They feel strongly that all staff should be on the “same page.”

“Children’s Mental Health services are very fragmented, one hand does not know what the other hand is doing.”

“They need to communicate better to one another.”

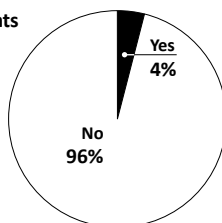
“The medical part, get their ducks in the row with medical. In the beginning, I could not get any answers on the medical coverage he got. It has flipped over to Medicare and I have tried call them and Medicaid to get the confusion straightened out and neither were able to set me straight.”

“We try to do a change in the office, and they tell us to call the 1-800. Then we call the 1-800 number and then we get a termination notice.”

“In the past, DSHS has sent me a letter to the wrong address. The letter got sent back to them and then I lost my services because someone did not look to see that I had recently called to tell them I had moved. I am not sure where the disconnect was, but I sure don't want it to happen again in the future.”

THEME | All coordination comments

Made comments about coordination?



42 of the 1,117 clients commenting (4%) mentioned coordination.

31 of the 42 clients* who commented on this issue remarked on coordination between programs and offices. 12 spoke about coordination between workers. All but three said that better coordination is needed.

Between programs and offices



Between workers



* Total is more than 42 because some clients spoke about both coordination between program/offices and coordination between workers.

Resources



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Clients want ready access to the resources they need.

Many clients appreciate the resources that social and health services provide them. However, the majority of clients who commented about resources said that the resources they need are hard to access, in short supply, or unavailable. They would like social and health services to:

- Create new programs or expand existing ones to address unmet client needs
- Provide more money and benefits
- Avoid cutting cash grants, benefits and services
- Provide more medical services to clients of all ages, including primary and specialist care, hospitalization, vision care, and mental health services
- Provide more dental services to clients of all ages, including routine check-ups, a full range of dental treatments, and preventative care
- Give clients current information about, and easier access to, health care providers

*NOTE: This chapter is based on client comments made in response to open-ended questions. Specific questions about resources were not included in this survey because social and health service programs often have little control over the amount of resources available from federal and state sources. Clients also commented on the need for more social and health service staff. See Chapter 2, page 25.



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Some clients spoke of a need for more programs, or expanded programs.

“Provide more options for a single parent.”

“Offer a little more help for at-risk teens.”

“There is a need for advocacy services for the blind and deaf. It is very difficult to communicate with her. These clients are not being served well by ‘the system.’”

“I really need housing and I wish there was a program to help me.”

“My son had gotten violent and was at home, and our choices were having the police take him to juvenile hall, or taking him to an emergency room where we knew they would not admit him for a mental health admission. We had to keep him at home. There was no availability of emergency respite placement for him, or any support in this situation.”

“More job training for me and others like me.”

“It would be so wonderful to have some in-home respite care for developmentally disabled clients.”

Several clients called for increased funding for social and health services.

“I don’t know what they can improve unless they get more money.”

“Increase the budget for services.”

“DSHS needs more funding from the government.”

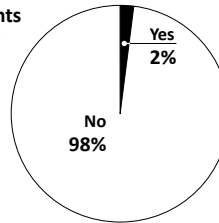
“The budget has been cut several times of late and takes away much needed services for a very vulnerable population.”

“Have more available staff. They offer me bare minimum, if they had more staff they could offer more services for my son.”

“Funding is needed. Change the disease into a public health issue and treat people without shame.”

THEME | More programs

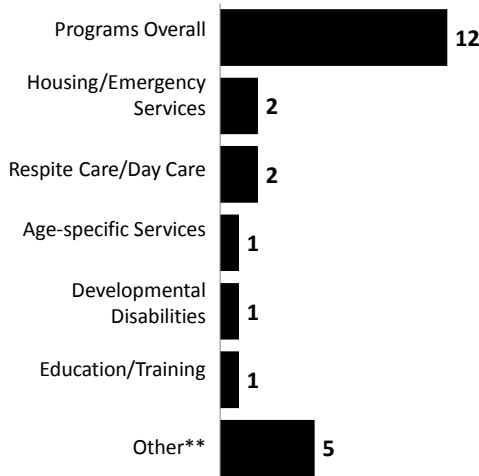
Made comments about needing more programs?



25 of the 1,117 respondents who made comments (2%) mentioned that social and health services needs more programs.

22 of the 25 clients that commented on this topic offered suggestions for improvement. Three clients made positive remarks.

Clients indicated that more programs and resources are needed for*:



Several clients who commented are concerned that social and health service programs do not have adequate funding. They also expressed their opinions about:

- Programs that should be expanded or created to meet client needs that are not being met by any existing social and health services program
- Their lack of support, safety and stability due to lack of specific types of assistance from social and health services

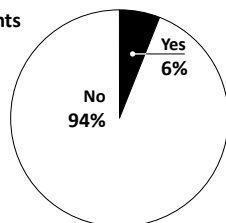
As shown in the chart above, most clients expressed a need for more **programs overall**. Some requested assistance with **housing and emergency services** and **respite care** or **daycare**.

* There were 26 comments made by the 25 clients. The bar graph represents the 23 comments that offered suggestions for improvement. The numbers in the bar graph categories add up to more than 23 because in 1 case the respondent mentioned more than one program.

** Other includes requests for single parent services (2), an outreach program (1), YMCA discounts (1), and food stamps (1).

THEME | More money and benefits

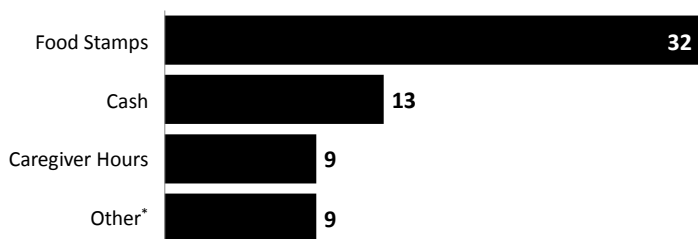
Made comments about money and benefits?



65 of the 1,117 clients commenting (6%) mentioned social and health services money and benefits.

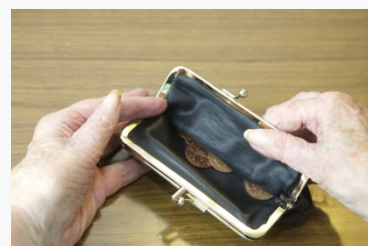
Nearly all of the 65 clients (95%) who addressed the need for more money and benefits made criticisms or suggestions for improvement. Only two clients made positive comments.

Clients would like money and benefits to increase – or, at least, remain at current levels - in the following areas:



Many of these clients said that:

- Food stamp allotments are too small
- Cash grants need to be larger, to cover the current cost of decent housing and other basic necessities
- Childcare allotments are insufficient
- More caregiver hours are needed



Getty Images/iStock

Clients would like to see increases in cash or benefits.

“Take into consideration the cost of living. They don't give you enough support to live on.”

“I wish I could get help with child care. I am right on the borderline for making too much money and am not eligible for help. I feel I am being punished for working hard and bettering myself.”

“I am having a lot of trouble getting into a house, as I only get \$700 a month. I am disabled right now, my kidneys went out.”

“Money for personal needs such as shampoo, toilet paper, toothpaste, deodorant. I am on a very limited income and after I pay my rent there isn't much left for these items.”

They particularly want an increase in food stamps.

“They need to increase the standard of living, like food stamps and resources limits are not realistic.”

“I need an increase in food stamps. They need to look closer at my low income.”

“It would be great if we could get a larger monthly allocation of food assistance funds.”

“The food program should be more generous. There is not enough to cover costs.”

They have difficulty adjusting to benefit cuts and reductions.

“Food assistance benefits keep going down for those of us working and barely making it.”

“They lowered my food assistance for the winter and I wish they hadn't done that. I really needed that help.”

“Don't cut the food benefits so drastically with an increase in income.”

“I was told that when I got a job, food stamps would continue for five months, but I was cut off immediately. If I make more than \$100.00 per week, I am cut off from services and can hardly make it.”

* Other includes requests for a clothing voucher (1), overall cash assistance/benefits (5), housing (2), drug/alcohol services (1).



Getty Images/Hemera

Clients want increased medical, vision, and medication coverage.

“Wipe it out and start over. Take care of the people better, and easier access to medical. The referral process is totally out of hand.”

“I wish they had better vision coverage. They only cover the exam, but not the glasses or frames.”

“I wish they would provide more help with medications that we cannot afford for our daughter.”

Many clients addressed the need for more and better dental care.

“They need to improve dental service coverage.”

“We need to have dental services provided. You have to wait too long to get approval for any dental work.”

“Help pay for root canals, crowns, and other dental procedures.”

“More access to dental care. I have tried for six months to get scheduled for dental cleanings that I really need.”

“Please improve Apple Health Dental coverage. No one wants to take it and I am 70 years old so I need more than a cleaning.”

“My only medical need was a serious dental problem that needed immediate treatment and I could not get it within the Medicaid network. I would have had to wait at least three months for an appointment. This was not possible given my problem.”

“They need to improve dental service coverage.”

Some clients indicated needs for other specific types of assistance.

“Provide MRIs and/or CAT scans so that we can finally figure out what is going on with my body. I can't go back to work until I get better and I can't get better until they figure out what is wrong with me.”

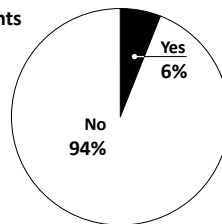
“My doctor and I tried to get me an appointment with a chiropractor for my back issues and it was denied.”

“I really wish that drug and alcohol services and especially mental health counseling was more available.”

“I would like to know why foot services are not included in the DSHS programs.”

THEME | More medical and dental services/benefits

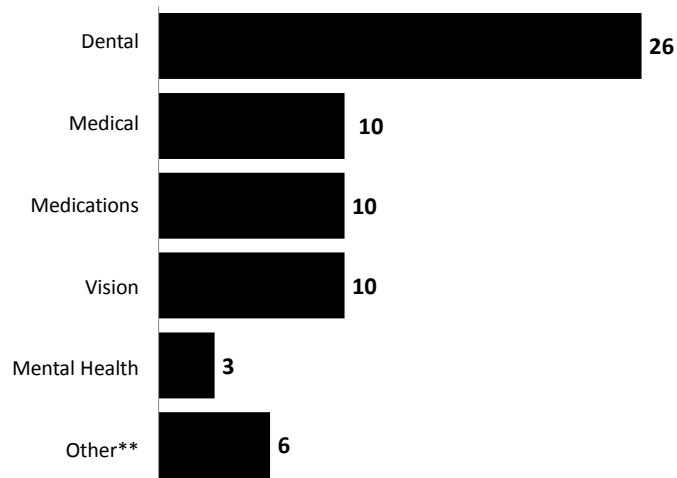
Made comments about medical and dental services/benefits?



68 of the 1,117 respondents who made comments (6%) mentioned a need for medical and dental services.

Of the 68 clients who commented in this category, the majority (81%) spoke of the need for more medical and dental services/benefits. Nine clients (13%) had positive remarks.

Clients want more benefits in the following areas*:



Clients said that they need:

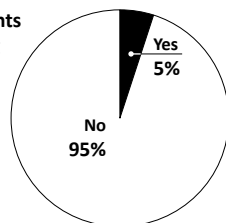
- Comprehensive dental care for clients of all ages, including regular checkups, preventative procedures, and dental appliances
- Medical services, including primary care, referrals to specialists, and hospitalization
- Vision coverage, including eye examinations, eyeglass frames and lenses, and contact lenses
- Prescription coverage, including medications for both physical problems and mental health issues
- Coverage for specialized services such as physical therapy and substance abuse treatment
- Mental health services, including evaluation and treatment for chronic mental health problems and those of shorter duration

* There were 72 comments made by the 68 clients. The bar graph represents the 60 comments that offered suggestions for improvement. Numbers in these categories add up to more than 60 because in 5 cases the respondent mentioned more than one type of benefit.

** Other includes requests for physical therapy/massage (1), podiatry (1), additional insurance coverage (2), drug/alcohol services (1), and chiropractic care (1).

THEME | More health care providers

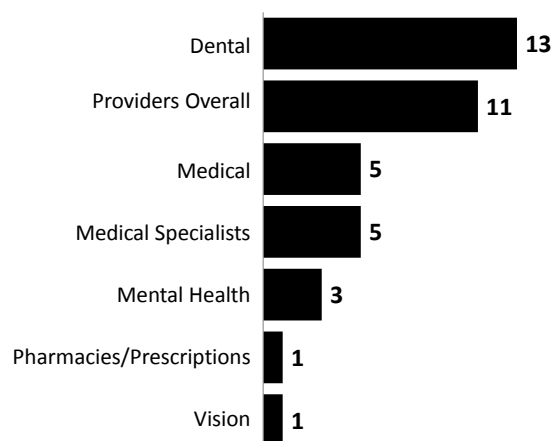
Made comments about needing more providers?



50 of the 1,117 clients commenting (5%) mentioned the need for more health care providers who accept Apple Health/Medicaid.

Over half of the clients (66%) who mentioned this issue requested more providers who would accept Apple Health/Medicaid. Nearly one third (30%) made positive comments.

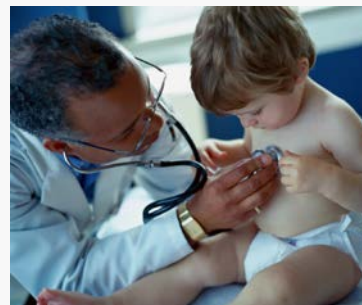
Clients reported their need for more providers in these areas*:



The lack of health care providers is a major concern for some clients. In commenting on this topic, they frequently noted that:

- Dental care is often inadequate, or completely unavailable
- It is difficult to find a primary care doctor or medical specialist in their area who is willing to accept Apple Health/Medicaid
- It is hard to make an appointment with local mental health professionals
- There were 16 comments that praised the widespread availability of Apple Health/Medicaid services

* There were 52 comments made by the 50 clients. The bar graph represents the 35 comments that offered suggestions for improvement. Numbers in these categories add up to more than 35 because in 4 cases the respondent mentioned more than one issue.



Getty Images/Photodisc

Clients are frustrated by the small number of providers who accept Apple Health/Medicaid.

“It is hard to find a doctor who will accept Medicaid/Apple Health. I had to go to a free clinic to get dental help.”

“More dentists who accept Medicaid.”

“Lots of doctors do not take Apple Health. I cannot get Apple Health dental. I called over 120 providers and could not find one.”

“It would be good to get rid of the barriers or whatever is causing so many doctors not to accept Medicaid.”

Many clients cannot find the doctors, dentists, and other health care providers they need.

“The biggest complaint that I have is that they don't have enough contracted clinics, hospitals, or pharmacies. Sometimes in order to get medicine, I have to try many pharmacies to get the medicine that we need.”

“I would say have better dental providers and have more than one choice.”

“The Mental Health services have been the biggest help, but they are so booked up that it is very difficult to get an appointment. Physical therapy is another area to find someone who will take Medicaid.”

Some clients are able to access providers more easily with Apple Health/Medicaid.

“Whenever I needed health services they were available. There are no issues with doctors or prescriptions.”

“I appreciate that we don't have to ‘jump through hoops’ to get medical treatments.”

“I like that Apple Health helps get services. Before clinics did not accept coupons, now they accept Apple Health.”

“Medicaid is a life saver, especially since they included dental and the vision now.”

Diversity



Getty Images/BananaStock

A detailed look at diversity issues

Relatively few clients made survey responses focused on diversity. However, because leaders of social and health service agencies are strongly committed to diversity, we carefully reviewed each of the responses citing diversity concerns. The reader may find this chapter different than previous chapters in its approach. Rather than looking at broad trends, it includes the voice of every client who commented on diversity issues.

When asked what social and health service programs do well and could do better to serve clients, only 22 clients mentioned diversity issues: 4 complimented social and health services' commitment to equality; and 18 suggested a need for improvement. When asked specifically about any unfair treatment due to race, culture, age, gender, sexual orientation, or disabilities, **84 said they had been treated unfairly (7%).**

- The most commonly perceived factor related to unfair treatment or need for additional services was disability. Respondents reporting mistreatment based on disability frequently referred to developmental disabilities, or cognitive/learning issues. Some clients did not specify the type of disability.
- The second most common perceived factor causing unfair treatment was race. Half of the 30 clients who made complaints in this area were non-Hispanic whites. The other half represented racial/ethnic minorities.
- The majority of complaints about gender-based discrimination were made by men.
- Concerns about age-based mistreatment (reported by people of working age, young mothers, and older individuals) were often combined with other issues, such as disability, race, or gender.
- Others who answered "Yes" to the diversity question discussed a variety of issues, including immigration issues, personal appearance, income level, health status, disrespectful staff, and communication difficulties.



Getty Images/iStock

Some clients praised social and health services for treating everyone equally and reaching out to protected groups.

“I like that they treat everyone the same.”

“All of those programs try to do a good job taking care of the elderly and show their effort. They help my dad feel welcome in this country and we are not treated as foreigners.”

“They care for the person and try to help those who are retired. I appreciate the Asian outreach efforts.”

Some clients described DSHS processes and policies that they felt were unfair.

“CPS is supposed to set up regular visits for me with my kids, and they went to the court and got an order where I have to go a good 500 miles to visit them. I was meeting my kids half way between where they are and I am, but they took that away from me - even after I repeatedly told them I was disabled with letters from my doctor.”

“The unfair treatment is that she continues to work. She is deaf, blind, and developmentally disabled so she is extremely difficult to communicate with. Even though she receives a paycheck, I don't think she gets anything out of it. Are we forcing her to work or does she want to work?”

“All I know is that as soon as you get into this DSHS system, they want to know all of your business and you have to become a poor person to get any help.”

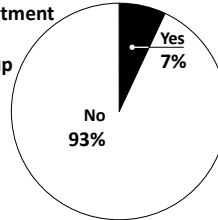
“Finding programs for a single dad with children has been very difficult. But, there seem to be lots of programs to assist females.”

“DCS has taken money out of my disability.”

“All the caregiver hours are given to the primary parent. When my child visits, I should get a third of the caregiver's hours.”

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

Felt unfair treatment because of protected group status?

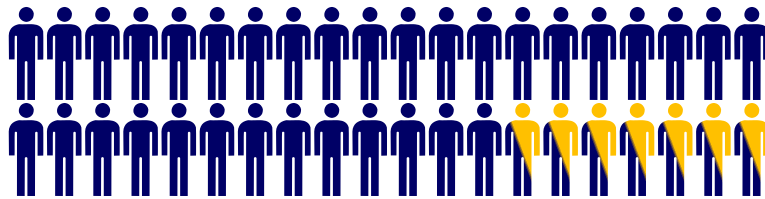


84 of the 1,187 clients replied “Yes” when asked this question. The majority (1,103) responded “No.”

In addition to the 84 clients who responded “Yes” to the question above, this chapter includes the 22 clients who addressed diversity issues in their answers to three general questions in the survey (9 of whom answered “No” to the diversity-specific question).*

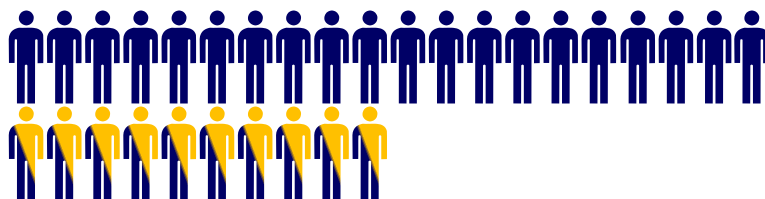
A total of 93 clients reported that social and health services staff treated them unfairly. The majority (85) said that the unfair treatment was related to membership in one or more protected groups based on disabilities, race, gender, age, and sexual orientation. 21 said their mistreatment was wholly or partly due to other factors.

Unfair treatment related to DISABILITIES:



40 clients said they were mistreated because of their disabilities. The majority (33) feel this mistreatment was due to their disabilities alone. 7 clients spoke of disabilities along with membership in other protected groups. (See more on page 68.)

Unfair treatment related to RACE:



30 clients spoke of unfair treatment due to their race. 20 of these clients feel the mistreatment was due solely to their race, while the other 10 also related it to membership in one or more additional protected groups.

Of the 30 clients who said that they were ill-treated based on race, half (15) believe they were victims of reverse discrimination because they are not part of a minority group. (See more on page 69.)

*Footnotes and legend are on adjacent page.

Unfair treatment related to GENDER:



17 clients feel they experienced discrimination because of their gender. Of those, 12 feel gender was the only reason for unfair treatment. Most clients complaining about gender discrimination were men. (See more on page 70.)

Unfair treatment related to SEXUAL ORIENTATION:



No clients reported unfair treatment due to sexual orientation

Unfair treatment related to AGE:



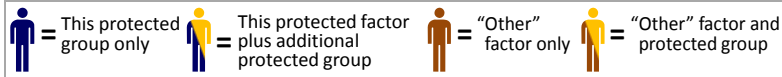
15 clients reported their mistreatment was related to their age. Of those, only 7 feel it was due solely to their age. (See more on page 71.)

Unfair treatment related to OTHER FACTORS:



8 of the 93 clients who reported they encountered diversity-related problems did not identify any reason related to membership in protected groups. 13 additional clients indicated they faced diversity issues unrelated to protected groups, as well as diversity issues related to a protected group or groups. Most of these clients spoke about rude or disrespectful treatment, in some cases related to family circumstances or appearance. Narrative comments related to the “Other” category are discussed further on page 72.

LEGEND



Getty Images/Monkey Business

Several respondents reported they felt discriminated against by DSHS staff through comments, actions, or inaction.

“The support enforcement officer told me I shouldn't have had any kids in the first place and then I would not be in this fix.”

“She has asked for a hearing because she felt she had been discriminated against according to The Developmental Disabilities Assistance and Bill of Rights Act. The gist of their response was 'We don't care. We don't have to do that.'”

“My brother-in-law does not understand the paperwork or the process and he gets frustrated. The workers get impatient with him.”

“Staff assumed I was lying about my disabilities and also assumed some things I said were not accurate.”

“My DVR liaison was flirtatious for the first year or two. After I did not respond, I felt he started making me jump through unnecessary hoops. For example, some of his other clients could get paperwork by mail. He kept having me come into the office. I just felt uncomfortable around him.”

“My family services caseworker called me retarded in court in front of the judge. I don't think that is right.”

* Before they were asked the specific question regarding diversity issues, respondents were asked (1) what they like best about dealing with social and health service programs and (2) how services could be improved. When asked these two general open-ended questions, clients were unaware that there would be a later question specifically about diversity. The final opportunity for narrative comments (“If you have any additional comments or questions about this survey or your services, I can note them now”) was offered immediately after the question about diversity.



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Many clients wish staff were more understanding about their disabilities.

“Even though I am on SSI for a mental condition, they think because I am physically able I can work.”

“DSHS was trying to make me fill out paperwork at the CSO and they gave me a hard time about my handwriting since I shake so much. They were upset since I couldn’t stay inside the lines. I tried to do my best but it wasn’t good enough for them.”

Some were frustrated because they felt benefits were unfairly denied or services they qualify for were not available when needed.

“Because of her disability and Medicaid coverage, she unable to access certain providers in her location. There are so many providers that no longer take Medicaid.”

“The response times for most severely disabled clients are not good and they are not treated equitably with other clients. They naturally serve the less severely disabled since they can treat more of them and have higher counts than if they treat more severely disabled clients. One time it took 40 days to get something done and it should have taken much less time!”

“We applied for him to get into a program which helps the transition from high school to employment. He was denied initially because of his high need for medical services. We felt this was unfair.”

“They didn’t give me the proper services I needed to so I could work. I have been trying to stay clean and sober and follow all the rules, but I need methadone to stay straight and it is so difficult to make them understand this.”

“My roommate has Down’s Syndrome and moved in with me because she doesn’t know how to cook. They denied us both food stamp benefits. I feel like because I have to cook for her and we are both disabled, we are both being discriminated against.”

THEME | Discrimination based on a client’s disabilities

The 40 clients who reported discrimination based on their disabilities were asked to describe the unfair treatment they experienced. In their responses, some clients described specific disabilities, such as cognitive issues or developmental disabilities. Others did not specify their disability.

Unfair treatment related DEVELOPMENTAL DISABILITIES:



7 clients receiving services for developmental disabilities (or those clients’ representatives) described unfair treatment related to their disabilities. These clients are not included in the other totals below.

Unfair treatment related to COGNITIVE/LEARNING ISSUES:



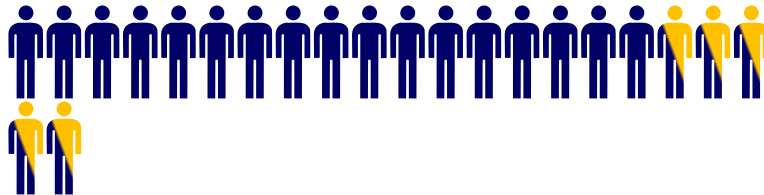
6 clients* perceived unfair treatment related to learning issues or cognitive problems which may limit understanding and ability to work.

Unfair treatment related to OTHER SPECIFIED DISABILITIES:



5 clients reported unfair treatment due to other specified disabilities. This group included clients dealing with cancer, hearing loss, fetal drug exposure, a slipped disc, and a “mental condition”.

Unfair treatment related to OTHER UNSPECIFIED DISABILITIES:



22 of the clients who told interviewers they were treated unfairly because of their disabilities did not specify the type of disability. 8 simply spoke about their disability in general terms. Most of the remainder spoke about topics related to disability, such as pain management, or treatment by physicians or rehabilitation counselors.

LEGEND



* No clients receiving services for developmental disabilities are included in this count; those (DD) clients are discussed above.

THEME | Discrimination based on a client's race

Of the 30 clients who reported unfair treatment based on race, ethnicity, or language, half (15) feel discrimination was based solely on their race/language.* The other 15 said mistreatment was due to race along with membership in other protected groups.

Unfair treatment related to being WHITE:



15 of the 794 white non-Hispanic clients who took the survey (1.9%) said they were mistreated because of race. 13 spoke specifically about reverse discrimination, stating that minorities and immigrants are treated better than whites. Two did not specifically explain how their mistreatment related to race.

Unfair treatment related to being AFRICAN AMERICAN:



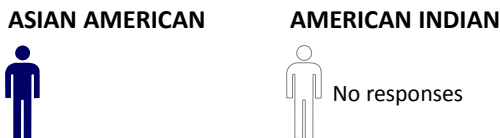
8 of 108 African-American survey respondents (7.4%) feel they experienced discrimination because of their race. 5 described rude staff or physicians who made assumptions about drug use and judgements about choices to have children. 3 did not specifically explain how their mistreatment related to race.

Unfair treatment related to being HISPANIC:



6 of 165 Hispanic survey respondents (3.0%) reported unfair treatment based on their race/ethnicity. 3 said they experienced poor service or rude behavior because of their race. 2 did not specifically explain how their mistreatment related to race. 1 said she was mistreated by a Spanish-speaking person.

Unfair treatment related to being . . .



1 of the 79 Asian American respondents (1.3%) said that because of poor English and poverty, people do not always listen or understand his needs. None of the 41 American Indian respondents (0%) described any ill-treatment based on race. 1 Asian American client also praised outreach to the Asian population.

LEGEND



* The rate of complaints about racial discrimination ranged from 0% for Native American respondents to 7.4% for African American respondents. The difference between the rate of complaints for white non-Hispanic respondents and minority respondents was statistically significant (p=.05). 15 of 794 white non-Hispanic respondents reported racial discrimination (1.9%). 15 of 392 minority respondents reported racial discrimination (3.8%).



Getty Images/iStock

Several African American minority clients reported unfair treatment.

“They use the ‘N’ word much too freely in this area.”

“Doctors assume young black people are using drugs, so I am required to do a UA before treatment. They assume you are a drug user and will not prescribe even Tylenol without peeing in a cup first. I even had one doctor try and call back the next day to apologize.”

“DSHS has unfairly involved CPS with us because we have a medical marijuana license. They are trying to stop me from medicating because they think I am a young, black marijuana dealer.”

Some Hispanic clients and one Asian American client feel that they are the subject of discrimination.

“I was wondering about child support and the worker thought I made too much money. She said ‘you people are always trying to get more.’ She did not know what race I am, but assumed I was something she calls ‘you people.’ I did not pursue anything and just dropped it.”

Some white clients complained that members of minority groups have easier access to services and receive better benefits.

“I am white. If I was another color, I am sure I could get more help.”

“There are times when I feel like if I was of color I would get more benefits.”

“Nobody would help us at the Wenatchee clinic. We feel they did not return our call because we were not Hispanic or Latino.”

“Illegal immigrants are able to get more and better services than legal U.S. citizens.”

“Because we are not a minority it is more difficult for us to qualify. I feel some information is withheld about other services.”

See page 73 for more on racial/ethnic differences in survey answers.



Getty Images/iStock

Many men feel that women are better served than men.

“DSHS treats males/fathers unfairly.”

“CPS workers are very biased in favor of the mother of the child. Our schedule had to be worked around my ex-wife’s schedule for court hearings, supervised visits, etc. Nothing was ever negotiated for change - it was just us catering to her.”

“If you are a guy that needs help you can’t get help right away unless you are a drug addict or someone coming out of rehab. That is straight up what the social worker told me when I first applied!”

Some feel unfairly stereotyped as “dead-beat dads.”

“The last time I went to DCS, I was treated very rudely because I am a male and father. I simply went in there to report a job change and I was treated like I was a dead beat father.”

“My daughter’s guardian ‘streeted’ her and she had no place to go. I immediately traveled to Washington to bring her back to my hometown. The day after I returned I called DSHS to notify them of her change of address. The worker crudely interrupted and said ‘YOU STILL HAVE TO PAY!’ It was pretty insulting and added more tension to an already tense situation. I could understand this treatment if I were a deadbeat. My daughter was in my custody from 2009-2012 and I still paid child support!”

Women also reported mistreatment related to their gender.

“I had surgery on my stomach and they would not give me a realistic view of how long my recovery would take. I had asked them and they first told me two weeks. When I went back to talk to them, they admitted I wouldn’t be able to work for eight weeks. I think they were dishonest because I am a woman and they didn’t think I needed to be at work.”

THEME | Discrimination based on a client’s gender

Of the 17 clients who reported unfair treatment based on gender, 15 were men who reported concerns about the treatment of male clients.

Unfair treatment related to being MALE:



Most of the reports of gender bias in this survey were made by men. All 15 male clients who reported problems were clients of the Division of Child Support (DCS). 11 of the DCS clients were non-custodial fathers, one was a custodial father, and three had filled both custodial and non-custodial roles in the past. 6 had been involved with child protective services. All reported issues related to fatherhood. Many feel that child support and child protective programs are biased in favor of the mother. Several decried the lack of programs to assist single fathers.

Gender bias reported by FEMALE clients:



2 female respondents reported unfair treatment due to their gender. One declined to specify the circumstances. The other felt that medical staff had underestimated the time she would miss work after surgery because they did not believe that a woman needed to work.

LEGEND



THEME | Discrimination based on a client’s sexual orientation

Unfair treatment related to SEXUAL ORIENTATION:



No respondents to the 2015 client survey identified sexual orientation as a cause of unfair treatment.

LEGEND



THEME | Discrimination based on a client’s age

The 15 clients who reported unfair treatment based on age represented 3 main age groups.

Unfair treatment related to being OLDER:



6 clients over 60 years of age believe that they deserve more respect and more food benefits.

Unfair treatment related to being YOUNGER:



6 clients under the age of 30 feel that social and health services workers were judgmental due to the client’s young age. They described workers who implied that they should be working despite limitations, and who seemed critical of the decision to have children requiring benefits. Two respondents said that young black men are often suspected of drug involvement.

Unfair treatment related to MIDDLE YEARS:



2 clients in their 50’s report that their circumstances were not well understood because of age. One 33-year-old also reported age discrimination, but did not describe any incidents.

In addition to the 15 complaints, 2 respondents (one elderly and one teen) praised services for their age groups.

LEGEND



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Some clients are frustrated by DSHS workers making assumptions about their situation based on the client’s youth.

“The last CSO worker I talked to told me I was young and could get two jobs and not have to be on welfare. I do work a full time job, so I was totally annoyed with her judgement.”

“When I went to the DSHS office the program worker was rotten and nasty. I think he talked to me that way because I was young and not working. I am disabled because of cancer.”

Among these clients, young mothers feel they were treated poorly due to their age and circumstances.

“I am 28, and have worked my whole life. I have four children and during a food stamps review, the worker told me I should have spaced out my children. I felt judged by another person based on my age.”

“A DCS staff member asked me if my mom received benefits for me. When I said yes, she said then that's why I expected benefits for my child. She also said that I was young enough to get a job. She acted like I did not deserve to get help from DCS for my child.”

Some older clients believe they were treated unfairly because of their age.

“It was difficult to interact with some DSHS staff and they talked down to me because of my age.”

“Please treat me with more dignity regarding my age.”

“Give elderly people more food stamps. We are hungry!”

“Older people should have more food benefits.”



Getty Images/Ron Chapple Stock

Some clients feel staff treated them in a rude or disrespectful manner.

“I just felt they acted like I did not need help. Then they got my medical and realized I did.”

“I don't like how they do my annual assessment. Things they say upset me. They talk about my grooming, how often I shower, and things like that.”

Clients spoke of discrimination related to their appearance.

“The first thing they saw was I had long hair and they looked down on me for it.”

“I am a single mom and my children and I do not have the same coloring. Staff has actually asked me if I am their mom. They treat us like we do not belong together. That is very frustrating and irritating.”

Other clients reported unfair treatment due to a variety of factors.

“I felt a little discriminated against because I had opiate problems. It felt like the workers changed after they asked me if I had any drug or alcohol problem. They looked down on me, were really short with me, and had an attitude.”

“I have four cases with DCS from children with different mothers. DCS staff belittles me and say that my cases are complicated. I had to call a supervisor to get a new support officer as they wouldn't take my loss of job and very low income into account. They need to work with me not against me.”

“My son has multiple issues, including learning problems. He gets bruises easily and I get blamed. His biological father calls CPS and my son can't always tell what actually happened due to his learning problems.”

“Because I am a male, older and African American everyone assumed the mother should be the primary caregiver. I had raised the children, did all the care, even took them to work when we had no childcare. The system did not look at the best interests of the children.”

THEME | Discrimination based on other factors

21 clients indicated that mistreatment was due – or partly due – to reasons other than protected factors (disabilities, race, gender, sexual orientation, and age). 8 respondents named specific factors, related to life circumstances. The remaining 13 respondents chose “Other” as a source of unfair treatment, but did not specify the nature of the “Other” factor or factors in their comments. Some of these did describe the type of unfair treatment.

Unfair treatment related to SPECIFIC OTHER FACTORS:



8 respondents related their unfair treatment to specific “Other” factors. Their descriptions mainly concerned life circumstance. Clients felt they were treated unfairly or disrespectfully due to factors such as appearance, family history of benefits, school enrollment, and drug use.

Unfair treatment related to UNSPECIFIED OTHER FACTORS:



9 respondents did not identify a specific “Other” factor which led to their ill-treatment, but 8 did describe the nature of that mistreatment. They indicated that social and health services staff or medical staff treated them disrespectfully, lacked understanding, or failed to provide needed benefits. One respondent did not provide any description of unfair treatment.

Unfair treatment related to PROTECTED GROUPS:



4 clients chose the “Other” category as one of the sources of their mistreatment, but did not mention the nature of this other factor. Their narrative comments referred only to one of the protected groups.

LEGEND

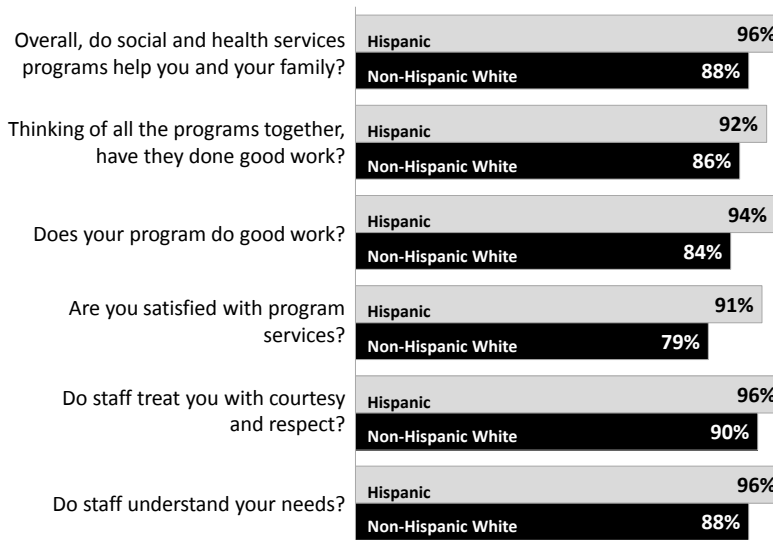


Racial/ethnic differences in standard questions

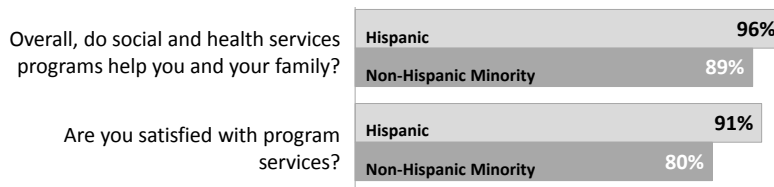
Most of this chapter examines diversity issues through client comments and responses to a diversity-specific question. Standard survey questions (with Agree or Disagree answers) also help us look at diversity issues.*

In 2015, there were statistically significant** differences between racial/ethnic groups on 7 out of 20 standard survey questions. Most of these differences involved higher levels of satisfaction expressed by Hispanic respondents relative to Non-Hispanic Whites. This stands in contrast to 2013, when there were only 3 statistically significant differences between groups, and Hispanic respondents were generally less satisfied.

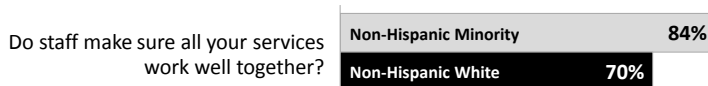
Hispanic respondents were significantly more satisfied** than non-Hispanic white respondents on 6 questions:



Hispanic respondents were significantly more satisfied** than non-Hispanic minority respondents on 2 questions:



Non-Hispanic minority respondents reported significantly greater satisfaction** than Non-Hispanic White respondents on one question:



* For this analysis, race was divided into 3 categories (Non-Hispanic Minority, Hispanic, and Non-Hispanic White) to make numbers in each group large enough for statistical comparison.
 ** Statistically significant at the .05 level. For all demographic comparisons, see Appendix F.



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Some minority clients feel they receive unfair pressure to prove their citizenship.

“When my son was 2 1/2 we were told to prove he was a U.S. citizen or they couldn't provide services. I told them that I couldn't afford to get a copy of his birth certificate, but they said they had to have it. I spent \$20 on that process and when I took it to DSHS they found their own copy in my son's file. I shouldn't have to spend \$20 on a mistake by DSHS staff!”

“Sometimes staff at DSHS asks you if you are legally here.”

“I was questioned about my citizenship from the state of Washington and told to provide proof of how I was a citizen.”

Some white clients feel that their race puts them at a disadvantage.

“I was a minority in a mostly Hispanic community. I feel I was treated unfairly; they talked short to me, and treated me like a second class citizen.”

“I felt that because I was a working mother and Caucasian they did not want to help me.”

“I know people that are more capable than we are and better off financially who qualify for greater sums of benefits because they are minorities.”

“I felt treated unfairly by staff of color.”

“Over half of the people that work at the office are Mexican, and they treat you very disrespectfully here if you are white.”

Who are the Respondents?



Respondent Profile

1,187 clients completed the 2015 Client Survey.

- **At least 100 clients** were selected from each major program, and clients were asked about all services they received
- The completion rate was **79%** and the cooperation rate was **92%**
- Most of the surveys were **completed by clients**, but some were completed by a client's parent, guardian, or other representative
- The average age was **37 years**
- **33%** of respondents identified themselves as members of a racial/ethnic minority group
- **51%** of respondents were female

Photos from Getty Images. ROW 1 = Monkey Business, iStock, Ron Chapple Stock, iStock, iStock. ROW 2 = BananaStock, Huntstock, Monkey Business, iStock. ROW 3 = All from iStock.



Getty Images/Stockbyte

Program Representation

More than 100 clients selected from each of nine major programs* were represented in the completed survey. Survey participants from each program were randomly chosen from those clients who received services from that program during the month of March 2014.

Over half of social and health service clients use more than one program, so each person interviewed was asked about every social or health service used from April 2013 to March 2014. Thus, a client who was selected from among those receiving economic services might also be asked about the medical assistance and vocational rehabilitation services received between April 2013 and March 2014.

The circles on the left show the number of respondents interviewed about each program. Because a single client was often interviewed about more than one program, the total far exceeds the number of clients interviewed. Well above half of the 1,187 clients in the survey had used the most widely utilized programs: Apple Health/Medicaid and Economic Services.

Number of clients asked about each program in 2015

Clients served by more than one program were asked about every DSHS service used



Child Support
Custodial (220) and Non-Custodial (192)



Mental Health



Children's Administration



Chemical Dependency



Developmental Disabilities



Aging and Long-Term Support



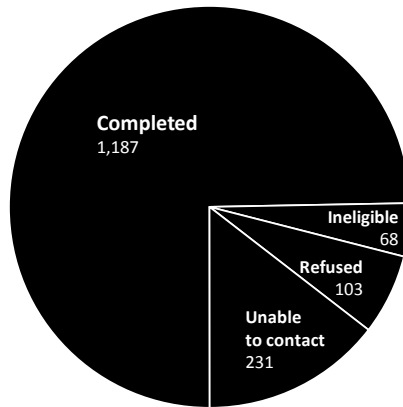
Vocational Rehabilitation



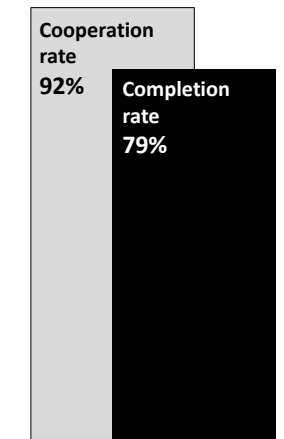
Cooperation and Completion Rates

The overall cooperation rate for the survey was 92 percent, and the completion rate was 79 percent.** These response rates are very high for any survey, but are especially remarkable for a survey involving the particularly challenging and often transient population of social and health service clients.

How clients responded
TOTAL SELECTED = 1,589



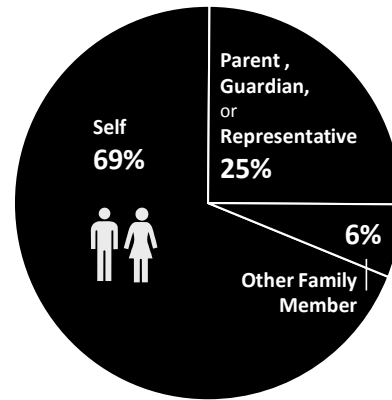
Response rates



* The survey did not ask about client interactions with the Juvenile Rehabilitation Administration. Experience has shown that a survey administered after youth are released from JRA supervision is not an effective or representative method to obtain JRA client feedback. 226 clients were chosen from the Child Support caseload—115 custodial and 111 non-custodial parents. Appendix A contains further information about methodology.

** Surveyors employed a number of measures to increase response rates. Response rates for each program and the methods used to calculate response rates are shown in Appendix B. Descriptions of methods used to increase response rates, and of how clients are deemed ineligible, can be found in Appendix A.

The person who completed the survey was not always the client. In 31 percent of the cases, the client selected for the survey was a child or youth (age 17 or under) or was otherwise unable to complete the survey. In these cases, a parent, guardian, family member, or other representative who deals with social and health service programs was asked to complete the survey.



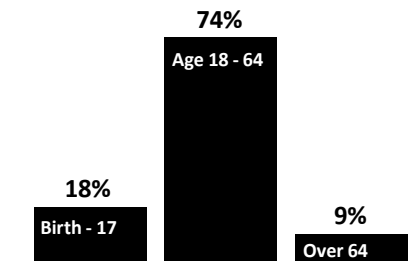
Client Characteristics

Age

Clients' ages ranged from early childhood through late adulthood:

- 18 percent of the clients in the survey were children
- 74 percent were working age adults
- 9 percent were older adults

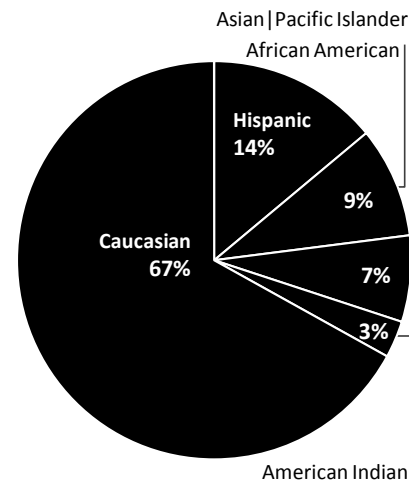
The average age was 37 years.



Race | Ethnicity

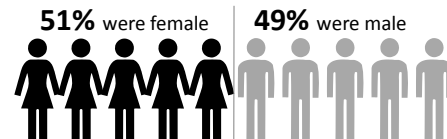
Clients were asked what racial and ethnic group best describes them. In the chart at right, all clients of Hispanic ethnicity are categorized as Hispanic, regardless of racial identification. Thus, for example, the Caucasian category consists of non-Hispanic Caucasians, and the American Indian group consists of non-Hispanic American Indians.

- 67 percent of clients surveyed identified themselves as Caucasian
- 33 percent identified themselves as members of a racial/ethnic minority group



Gender

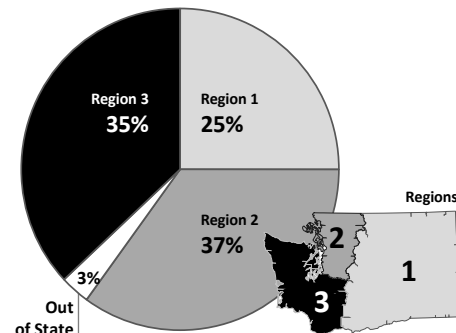
51% of clients were female and 49% were male.



Geography

Clients were more likely to live on the west side of the state:

- 25% lived in Region 1, in Eastern Washington
- 37% lived in Region 2, in Western Washington
- 35% lived in Region 3, in Western Washington
- 3% were from out of state





2015 Social and Health Services
Client Survey
Our Clients Speak



Washington State
Department of Social
& Health Services

Transforming lives

Washington State
Health Care Authority