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Methods



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Purpose of the Survey

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

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

Survey Instrument

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

Previous Changes in the Survey

The basic survey questions have remained fairly stable since the first Client Survey in 2001. There were no changes in basic questions in 2015. However, there were some earlier changes to improve clarity:

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

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

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

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

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

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

2015 Changes. No basic questions were added or removed in the 2015 survey. Several revisions were made to reflect organizational changes.

- Some questions formerly asked with respect to the Aging and Disability Services Administration were changed to reflect that Administration’s division into three entities in 2013. References to ADSA-DD (Developmental Disabilities) and ADSA-DBHR (Mental Health) were unchanged, as the questionnaire language did not specify the Administration involved. References to “Aging and Adult Services” (ADSA) were changed to “Aging and Long-term Support (AL TSA).”
- Several revisions were made to questions concerning the Health Care Authority (Medicaid):
 - In all questions, “Medicaid” was changed to “Apple Health/Medicaid.”
 - In the introductory script, the definition of a medical provider was changed to “all doctors, nurses, or other therapists who were paid by the state.”
- The question “Did you and your family help make plans and set goals about medical services?” was changed to “Did you and your family help your medical providers make plans and set goals about your health and health services?”
- Some topical questions were modified for the 2015 survey; these are described in Appendix C.

Sample

RDA staff generated the stratified random sample using the Client Services Database (CSDB), which contains client service data from all social and health service programs, supplemented by the FAMLINK case management system. For each of the 10 identified client programs² listed below, they drew a random sample of all clients who received services from that program between April 1, 2013 and March 31, 2014. Sufficient clients were selected to reach the goal of at least 100 completed surveys from clients selected from each program area. Additional clients were oversampled from programs with the largest share of the population, to ensure appropriate representation in the sample while reducing the impact of weighting on sample precision (sample sizes by program are shown in Appendix B). Programs sampled include:

- Aging and Long-Term Support Administration
 - Long Term Care—Home and Community and Residential Care Services Divisions
- Behavioral Health and Service Integration Administration
 - Division of Behavioral Health and Recovery
- Children’s Administration (All Children’s programs)
- Developmental Disabilities Administration (All programs)
- Economic Services Administration
 - Community Services Division
 - Division of Child Support, Custodial and Non-Custodial Parents
- Health Care Authority
 - Apple Health (Medicaid)
- Juvenile Justice and Rehabilitation Administration
 - Division of Vocational Rehabilitation

² Clients are not selected from the *juvenile* caseload of the Juvenile Justice and Rehabilitation Administration (JJRA). Experience has shown that a survey administered after youth are released from supervision is not an effective or representative method to obtain JJRA client feedback. JRA conducts surveys while youth are under their supervision. The Division of Vocational Rehabilitation is now under JJRA, and these clients continue to be represented in the survey.

Sampling Considerations

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

- If a client selected in the initial samples drawn from the Division of Behavioral Health and Recovery was between the ages of 13 and 17 years old, that client was not included in the sample. This decision protects client confidentiality, since youth between the ages of 13-17 are able to access mental health and substance abuse services without parental knowledge or consent. When clients between the ages of 13 and 17 were selected from other programs, such as Economic Services Administration or the Health Care Authority, these clients were included in the survey, but no questions were asked about mental health or substance abuse services.
- Only adult clients (age 18 and over) were selected in the sample from Children’s Administration (CA). As described previously, throughout the survey, parents or caregivers answered survey questions about services for children under the age of 18. The selection of adult CA clients ensured that all families receiving services from CA were included in the survey, because the CA database is organized by families and always includes co-residing parents. Survey questions regarding CA inquired about services for all family members. In some cases, children who were selected as part of the survey sample from other program areas (for example, the Developmental Disabilities Administration) also had received services from CA. In those cases, the responsible adult was asked about all DSHS services the selected child received, including services from CA.
- The 2015 sample from Children’s Administration differed from that used in previous years. In 2008, Children’s Administration converted to a new database system (FamLink), and data from this system is gradually being incorporated into the agency-wide Client Services DataBase, which is the source system for most of the survey sample. The Children’s administration sample was taken from the best available list of Children’s clients, which is partially derived from CSDB, but supplemented from other sources. More complete information was available in 2015 than in 2013, so the make-up of this sample continues to change from year to year.

Eligibility Factors

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

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

Interview Methods

Telephone interviews began on October 28, 2014 and ended on April 30, 2015. When necessary, more than 20 attempts were made to contact each member of the sample. Before the interviews, survey staff sent all sample members a prior notification letter that: (a) informed the client that an interviewer would be calling, (b) assured the client that all survey data would be confidential and not personally identifiable, (c) emphasized that the interview would be voluntary and would not affect the client's status or benefits in any way, (d) told the client that all respondents who completed the survey would be entered in a random drawing to win one of twelve \$250 grocery certificates, and (e) provided a toll-free number to call to decline participation in the study. Clients or their representatives were afforded an opportunity to send or call in their correct address and phone number and to request survey administration in a language other than English. If the client was a child (under 18 years of age) or an adult incapable of completing the interview accurately (due to cognitive or physical disabilities), then letters (and subsequent phone calls) were made to the person who acts as decision-maker for the client and/or interacts with social and health service programs on the client's behalf.

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

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

Response Rate

The overall cooperation rate for the survey was 92% and the completion rate was 79%.³

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

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

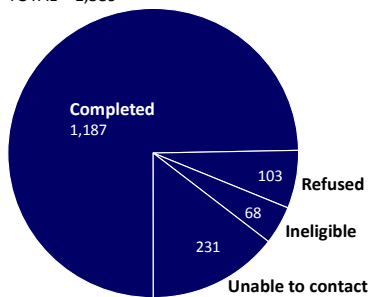
³ The cooperation rate is the ratio of the number of completed interviews to the number of eligible respondents who were actually contacted. The completion rate is the ratio of the number of completed interviews to the total number of potential respondents who are deemed eligible to complete the interview.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

Surveyors employed a number of measures to maximize response rates.

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

How clients responded

TOTAL = 1,589



RESPONDENTS

The chart at left shows the disposition of all those clients selected for the survey. To meet the goal of 100 completed surveys for each of the ten different programs, 1,589 clients were randomly selected as the survey sample. Of those, 1,187 people completed the telephone survey. A relatively small number, 231 of the selected clients, could not be reached. Of those who could be reached, 103 refused to complete the survey. Also, 68 of the selected people were found to be ineligible for the survey. Appendix B shows completion and cooperation rates for all programs.

Analysis and Weighting

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

An additional type of weighting was used to combine program-specific questions into an “All Program” response for this summary report. When a client is served by multiple programs, that client might answer the same question differently for each program. For example, a client might strongly agree it is easy to get Economic Services, but disagree that it is easy to get Mental Health Services. The answers pertaining to all of a respondent’s programs are averaged to give a single “all program” answer to each question for that respondent.

⁴ For example, 9.1% of all social and health service clients get services from this combination of programs: Economic Services, Medical Assistance, and Division of Vocational Rehabilitation. For system-wide analyses, the 26 responses from people who used this combination of programs were weighted so that they comprise 9.1% of the total survey responses.

Cooperation and Completion Rates



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Cooperation and Completion Rates¹

		Vocational Rehabilitation										
		Behavioral Health and Service Integration – Mental Health										
		Medical Assistance (Health Care Authority)										
		Economic Services Administration – Community Support Division										
		Developmental Disabilities										
		ESA – Division of Child Support – Custodial Parents										
		ESA – Division of Child Support – Non-Custodial Parents										
		Behavioral Health and Service Integration – Chemical Dependency										
		Children’s Administration										
		Aging and Long-Term Services Administration										
	TOTAL	AL TSA	CA	CD	DCS-N	DCS-C	DD	ESA	MA	MH	VR	
A	Survey Completed	1,187	102	105	103	115	111	110	155	176	101	109
B	Refusal	103	8	10	4	14	10	7	10	14	16	10
C	Subtotal: Found Eligible (A + B)	1,290	110	115	107	129	121	117	165	190	117	119
D	Found Ineligible	68	10	15	7	13	3	3	3	5	9	0
E	Subtotal: All Found (C + D)	1,358	120	130	114	142	124	120	168	195	126	119
F	<i>Percent found ineligible (D/E)</i>	<i>5%</i>	<i>8%</i>	<i>12%</i>	<i>6%</i>	<i>9%</i>	<i>2%</i>	<i>3%</i>	<i>2%</i>	<i>3%</i>	<i>7%</i>	<i>0%</i>
G	No Contact	231	5	29	26	50	28	5	37	26	14	11
H	<i>No Contact/Estimated to be ineligible (FxG)</i>	<i>12</i>	<i>0</i>	<i>3</i>	<i>2</i>	<i>5</i>	<i>1</i>	<i>0</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>0</i>
I	Subtotal: All Eligible (C+G-H)	1,509	115	141	131	174	148	122	201	215	130	130
J	Total in Sample (E+G)	1,589	125	159	140	192	152	125	205	221	140	130
K	COOPERATION RATE² (A/C)	92%	93%	91%	96%	89%	92%	94%	94%	93%	86%	92%
L	COMPLETION RATE³ (A/I)	79%	89%	75%	78%	66%	75%	90%	77%	82%	78%	84%

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

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

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

Survey Questions



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Survey Questions

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

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

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

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

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

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

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

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

Changes in references to DSHS Administrations.

Several organizational changes occurred between 2013 and 2015, leading to changes in how Administrations and Divisions are referenced. The Aging and Disability Services Administration (ADSA) was divided into three Administrations: Aging and Long-Term Support Services Administration (AL TSA), the Behavioral Health and Service Integration Division (BHSIA), and the Developmental Disabilities Administration (DDA). The Division of Vocational Rehabilitation was transferred to the Juvenile Justice and Rehabilitation Administration (JJRA), and Medicaid services were transferred from DSHS to the Health Care Authority as Apple Health (referenced as “Apple Health / Medicaid”).

Changes to Additional questions.

The **Diversity question**, first introduced in 2007, was edited slightly in the 2015 survey to reflect organizational changes, substituting “DSHS or Health Care Authority” for “social and health services.” The same change was made to the final open-ended question:

- In the past 2 years, has there been a time when you felt that DSHS or Health Care Authority staff treated you unfairly because of your race, culture, age, gender, sexual orientation or disabilities?
- If you have any additional comments or questions about this survey, DSHS, or Health Care Authority, I can note them now.

Five questions about **Internet and Smartphone use** were added to the 2013 survey for all respondents. These items were not asked in 2015.

Two questions about **Voter Registration** were asked in the 2011 and 2014 surveys, but were not continued in 2015.

Revisions to Health Care Authority questions. In addition to the questions outlined above, several “customized” questions were revised for medical assistance clients.

The introduction to this section was substantially revised. The initial description of Apple Health / Medicaid was changed to:

- Now I’d like to ask you about your experience with Apple Health or Medicaid, the programs where the state pays for your medical insurance. Have you received medical insurance from Apple Health or Medicaid or another state-paid program over the last two years?

Additional language for respondents who initially deny contact with Apple Health / Medicaid was changed to:

- You might get this insurance from a health care plan like Molina, Community Health Plan, Coordinated Care, United Health Care, or Amerigroup.
- You might have gotten health insurance or services through a program like CHIP, Healthy Options, Basic Health, SSI, pregnancy medical, spenddown, or family medical.
- Sometimes Medicaid has paid part of your Medicare costs.

The question about calling the toll free Apple Health / Medicaid number was substantially revised:

- We want to know if you have called the Apple Health/Medicaid 800 number in the past two years. This phone number is found on the back of your Apple Health Medicaid Services Card and in mailings from Apple Health. The Services Card is the blue card with the Washington State seal and “Provider One” on the front. Have you called the Apple Health/Medicaid 800 number?
- The following optional language was added:
 - You usually get two insurance cards when you enroll in Apple Health and Medicaid.
 - The blue card that says “Provider One” is the Services Card which shows you have state health insurance. You can use this card to check that your enrollment has started or change health care plans. We want to know if you called the number on the back of THIS card.

Questions referring to a “personal doctor” were changed to “a personal doctor or nurse.”

Questions about Urgent Care were substantially revised:

- In the last 6 months, did you (client) ever need care right away for an illness, injury or condition?
- [IF YES] Did you go somewhere other than the Emergency Room?
 - [Please note: Urgent Care qualifies as “somewhere other than the Emergency Room.”

The question about the use of Apple Health or Medicaid insurance (coupons) was revised:

- Have you used your state Apple Health or medical insurance to get medical or dental services in the past two years? Or does anyone else in your household get medical services from Apple Health or Medicaid?
- [If needed] Has the state paid for any part of your medical care in the past two years? Is it possible that you used Apple Health, Medicaid or other state programs like CHIP, Healthy Options or Basic Health to get that care?

Survey Instrument



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Survey Instrument

Introduction¹

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

Hello, this is <<Interviewer Name>>.

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

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

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

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

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

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

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

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

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

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

Relationship of Person being interviewed to Client:

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

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

Survey Instrument

DD (Developmental Disabilities)

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

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

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

Denies Contact with DD

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

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

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

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

Survey Instrument

DVR (Division of Vocational Rehabilitation)

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

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

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

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

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

Denies DVR Contact

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

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

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

Survey Instrument

AL TSA (Aging & Long Term Support)

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

[If initially denies Aging & Long Term Support contact, go on with this explanation before you mark "Denies contact."]

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

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

Have you had any services like that in the past two years? Is it possible that these services may have been sponsored by Aging & Long Term Support?

Denies AL TSA Contact

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

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

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

Survey Instrument

Apple Health/Medicaid

First/Now I'd like to ask you about your experience with Apple Health or Medicaid, the programs where the state pays for your medical insurance. Have you received medical insurance from Apple Health or Medicaid or another state-paid program over the last two years?

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

- You might get this insurance from a health care plan like Molina, Community Health Plan, Coordinated Care, United Health Care, or Amerigroup.
 - You might have gotten health insurance or services through a program like CHIP, Healthy Options, Basic Health, SSI, pregnancy medical, spenddown, or family medical.
 - Sometimes Medicaid has paid part of your Medicare costs.
- Yes
 No – Denies Apple Health/Medicaid/other state-paid health insurance

We want to know if you have called the Apple Health/Medicaid 800 number in the past two years. This phone number is found on the back of your Apple Health Medicaid Services Card and in mailings from Apple Health. The Services Card is the blue card with the Washington State seal and "Provider One" on the front. Have you called the Apple Health/Medicaid 800 number on the back of your blue Apple Health/Medicaid card in the past two years?

[If they seem confused – explain:]

You usually get two insurance cards when you enroll in Apple Health or Medicaid.

- The blue card that says "Provider One" is the Services Card which shows you have state health insurance. You can use this card to check that your enrollment has started or change health care plans. We want to know if you have called the number on the back of THIS card.
- Most people ALSO get a card from their insurance plan (a plan like Community Health Plan of Washington). We are NOT asking right now about talking directly to your plan.

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

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

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

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

Yes. Skip question A below

No. Answer question "A" before continuing on

A. Why don't you (client) have a personal doctor or nurse? [Check all that patient mentions]

Didn't need one

Haven't looked for one

I had one, but no longer available (retired, moved, closed practice, won't take me anymore, etc.)

Can't find one that takes the medical coupon

I have a clinic I go to, but I see whatever doctor is on call or available

Other *Please specify for "Other":*

In the last 6 months, did you (the client) ever need care right away for an illness, injury or condition?

[If no, check “No” below and continue to next page]

[If yes] Did you go somewhere other than the Emergency Room? [Please note: Urgent Care qualifies as “somewhere other than the Emergency Room.”]

No – You never needed care right away OR No – You went to the Emergency Room. Skip question below

Yes – You needed care right away AND Yes – You went somewhere other than the Emergency Room.

Continue

Volunteered comments – don’t ask:

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

Same day

1 day

2 days

3 days

4-7 days

8-14 days

15 days or longer

Never saw a provider

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

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

No. Skip question below

Yes. Continue

Volunteered comments – don’t ask:

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

Same day

1 day

2 days

3 days

4-7 days

8-14 days

15 days or longer

Never got the specialty care I tried to get

Have you used your state Apple Health or Medicaid medical insurance to get medical or dental services in the past two years? Or does anyone else in your household get medical care from Apple Health or Medicaid?

[If they seem unsure, probe further.] Has the State paid for any part of your medical care in the past two years?

Is it possible that you used Apple Health, Medicaid, or other state programs like CHIP, Healthy Options or Basic Health to get that care?

Yes

No

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

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

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

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

Survey Instrument

ESA (Economic Services Administration)

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

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

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

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

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

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

Denies ESA Contact

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

- Yes
 No

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

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

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

Survey Instrument

BHSIA/DBHR (Mental Health)

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

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

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

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

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

Denies MH Contact

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

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

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

Survey Instrument

DCS (Division of Child Support)—Non Custodial Parent

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

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

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

[If they still deny DCS interaction]

Denies DCS Contact

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

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

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

Survey Instrument

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

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

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

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

[If they still deny DCS interaction]

Denies DCS Contact

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

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

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

Survey Instrument

BHSIA/DBHR – Alcohol & Substance Abuse/Chemical Dependency

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

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

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

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

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

Denies ASA Contact

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

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

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

Survey Instrument

CA (Children's Administration)

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

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

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

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

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

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

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

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

Denies CA Contact

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

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

Survey Instrument

CONCLUDING QUESTIONS

Clients receiving services from TWO (2) programs ONLY:

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

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

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

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

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

CONCLUDING QUESTIONS—ALL Participants

Now we want to ask you two questions about what DSHS and Medicaid do well and how they can improve.

First, what do you like best about dealing with DSHS and Apple Health/Medicaid?

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

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

 Years

[If doesn't answer age]

- Refuses
- Don't Know

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

- Male
- Female
- Refuse

Are you [the client] Hispanic or Latino?*

- Yes
- No
- Don't Know
- Refuse

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

APPENDIX D—Survey Instrument

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

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

Please specify for "Other":

In the past 2 years, has there been a time when you felt that DSHS or Health Care Authority staff treated you unfairly because of your race, culture, age, gender, sexual orientation, or disabilities?

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

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

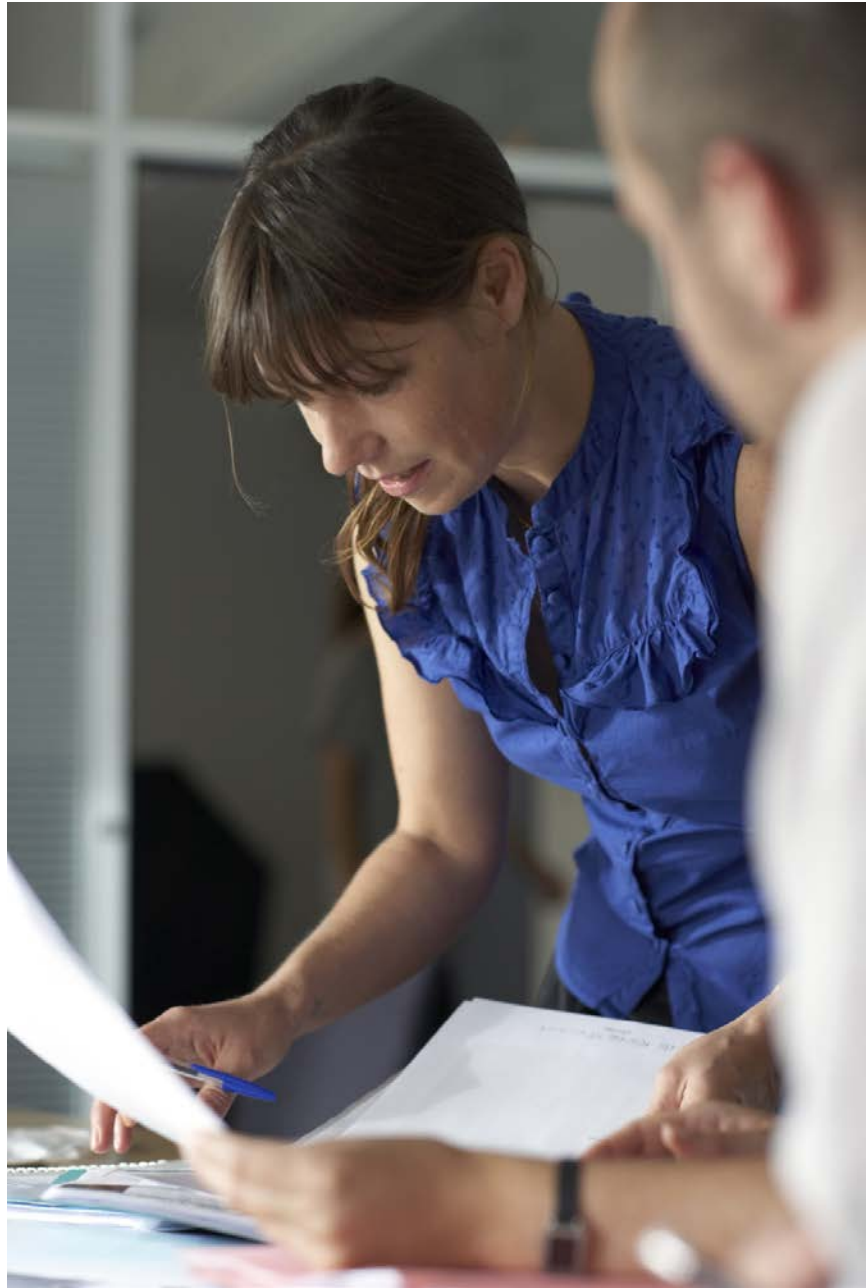
- Your Race?
- Your Culture? *[Don't choose if the same as race]*
- Age?
- Gender?
- Sexual Orientation?
- Disabilities?
- Other

Could you please tell us about the unfair treatment?

→ Since January 2013, which Washington State county have you (the client) lived in the longest? **Please specify for "Other" (City, State if outside WA):**

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

Weighting



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Weighting

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

The table below shows weighting for the combination of programs utilized in the left-hand column. For example, the highlighted row of the chart (AEM) shows that 62 clients in the completed sample used Aging and Long Term Support, Economic, and Apple Health/Medicaid services (5.2233% of the 1,187 completed surveys). In the total population of all social and health services clients from April 2013 to March 2014¹, 29,385 (1.1611% of the total) used this combination of services. The responses of the 62 survey respondents were weighted by a factor of 0.2223. Thus, in the weighted sample 13.7828 of the 1,187 respondents utilized the combination of Long Term Care, Economic, and Medical Services – comprising 1.1611% of the sample population. The proportion of clients with this service profile in the weighted sample equals the proportion with this service profile in the overall social and health services population.

Programs	SAMP_N	SAMP_PC	POP_N ¹	POP_PC	WT	WT_N	
A	3	0.2527%	1,076	0.0425%	0.1682	0.5047	PROGRAMS: A: Aging and Long Term Support C: Children’s Administration D: Developmental Disabilities E: Economic Services H: Mental Health M: Medical Assistance (HCA) S: Alcohol & Substance Abuse V: Vocational Rehabilitation Z: Child Support - Custodial X: Child Support—Non-custodial SAMP_N: Number of clients who completed survey using this combination of programs SAMP_PC: Percentage of the clients who completed the survey using this combination of programs POP_N: Number of clients in using this combination of programs from April 2013 to March 2014. POP_PC: Percentage of clients using this combination of programs from April 2013 to March 2014. WT: Weight to produce N of 1,187 with program distribution equal to population program distribution (adjusted for empty cells) WT_N: Number using this combination of programs after applying WT
ACEHMOV	1	0.0842%	7	0.0003%	0.0033	0.0033	
ACEM	1	0.0842%	305	0.0121%	0.1431	0.1431	
ACEMX	1	0.0842%	9	0.0004%	0.0042	0.0042	
ACEMZ	2	0.1685%	45	0.0018%	0.0106	0.0211	
ADHM	1	0.0842%	122	0.0048%	0.0572	0.0572	
ADM	1	0.0842%	661	0.0261%	0.3100	0.3100	
AEHM	15	1.2637%	6,751	0.2668%	0.2111	3.1665	
AEHMOV	1	0.0842%	147	0.0058%	0.0689	0.0689	
AEHMZ	1	0.0842%	188	0.0074%	0.0882	0.0882	
AEM	62	5.2233%	29,385	1.1611%	0.2223	13.7828	
AEMS	1	0.0842%	258	0.0102%	0.1210	0.1210	
AEMVX	1	0.0842%	8	0.0003%	0.0038	0.0038	
AEMX	1	0.0842%	72	0.0028%	0.0338	0.0338	
AHM	10	0.8425%	4,689	0.1853%	0.2199	2.1993	
AHMS	1	0.0842%	63	0.0025%	0.0295	0.0295	
AM	20	1.6849%	28,167	1.1130%	0.6606	13.2115	
AMV	1	0.0842%	110	0.0043%	0.0516	0.0516	
AMZ	1	0.0842%	129	0.0051%	0.0605	0.0605	
AV	1	0.0842%	2	0.0001%	0.0009	0.0009	
C	19	1.6007%	30,532	1.2065%	0.7537	14.3208	
CDEHMOV	1	0.0842%	13	0.0005%	0.0061	0.0061	
CDEM	6	0.5055%	642	0.0254%	0.0502	0.3011	
CDEMS	1	0.0842%	4	0.0002%	0.0019	0.0019	
CDM	4	0.3370%	560	0.0221%	0.0657	0.2627	
CE	6	0.5055%	6,064	0.2396%	0.4740	2.8443	
CEHM	9	0.7582%	4,544	0.1796%	0.2368	2.1313	
CEHMS	1	0.0842%	896	0.0354%	0.4203	0.4203	
CEHMSZ	9	0.7582%	1,618	0.0639%	0.0843	0.7589	
CEHMOVZ	2	0.1685%	63	0.0025%	0.0148	0.0295	
CEHMX	4	0.3370%	6,733	0.2661%	0.7895	3.1581	
CEHMZ	5	0.4212%	1,904	0.0752%	0.1786	0.8931	
CEM	14	1.1794%	28,781	1.1373%	0.9642	13.4995	
CEMS	2	0.1685%	1,619	0.0640%	0.3797	0.7594	
CEMSVZ	1	0.0842%	34	0.0013%	0.0159	0.0159	
CEMSX	6	0.5055%	798	0.0315%	0.0624	0.3743	
CEMSZ	9	0.7582%	3,011	0.1190%	0.1569	1.4123	
CEMV	1	0.0842%	174	0.0069%	0.0816	0.0816	

¹ Includes the 98.89% of the social and health service population in survey-eligible groups whose service profile was represented in the client survey sample. Previous surveys also presented an additional weighting scheme which excluded Division of Child Support (DCS) clients. Since DCS clients were first added in 2005 and there are now 10 years of data including DCS clients, we have determined it is no longer necessary to present this scheme. It is available upon request.

APPENDIX E—Weighting

Programs	SAMP_N	SAMP_PC	POP_N	POP_PC	WT	WT_N	Weighting Scheme Continued
CEMVZ	1	0.0842%	93	0.0037%	0.0436	0.0436	
CEMX	12	1.0110%	29,677	1.1727%	1.1600	13.9198	
CEMZ	26	2.1904%	7,576	0.2994%	0.1367	3.5535	
CESZ	2	0.1685%	337	0.0133%	0.0790	0.1581	
CEVZ	1	0.0842%	10	0.0004%	0.0047	0.0047	
CEX	4	0.3370%	860	0.0340%	0.1008	0.4034	
CEZ	2	0.1685%	3,726	0.1472%	0.8738	1.7476	
CHM	4	0.3370%	1,701	0.0672%	0.1995	0.7978	
CHMSZ	1	0.0842%	23	0.0009%	0.0108	0.0108	
CM	7	0.5897%	12,062	0.4766%	0.8082	5.6576	
CMS	2	0.1685%	260	0.0103%	0.0610	0.1220	
CX	8	0.6740%	3,001	0.1186%	0.1759	1.4076	
CZ	8	0.6740%	5,964	0.2357%	0.3497	2.7974	
D	17	1.4322%	9,516	0.3760%	0.2626	4.4634	
DE	1	0.0842%	213	0.0084%	0.0999	0.0999	
DEHM	3	0.2527%	1,778	0.0703%	0.2780	0.8340	
DEHMV	6	0.5055%	270	0.0107%	0.0211	0.1266	
DEHMX	1	0.0842%	297	0.0117%	0.1393	0.1393	
DEM	43	3.6226%	10,495	0.4147%	0.1145	4.9226	
DEMV	8	0.6740%	844	0.0334%	0.0495	0.3959	
DEMX	1	0.0842%	2,367	0.0935%	1.1102	1.1102	
DH	1	0.0842%	42	0.0017%	0.0197	0.0197	
DHM	2	0.1685%	965	0.0381%	0.2263	0.4526	
DM	32	2.6959%	11,419	0.4512%	0.1674	5.3560	
DMV	7	0.5897%	970	0.0383%	0.0650	0.4550	
E	44	3.7068%	255,476	10.0951%	2.7234	119.8289	
EHM	50	4.2123%	46,208	1.8259%	0.4335	21.6735	
EHMS	24	2.0219%	7,751	0.3063%	0.1515	3.6355	
EHMSV	2	0.1685%	381	0.0151%	0.0894	0.1787	
EHMSX	6	0.5055%	1,019	0.0403%	0.0797	0.4780	
EHMSZ	2	0.1685%	2,213	0.0874%	0.5190	1.0380	
EHMOV	11	0.9267%	2,093	0.0827%	0.0892	0.9817	
EHMOVX	1	0.0842%	86	0.0034%	0.0403	0.0403	
EHMOVZ	1	0.0842%	276	0.0109%	0.1295	0.1295	
EHMX	7	0.5897%	14,971	0.5916%	1.0031	7.0220	
EHMZ	15	1.2637%	5,515	0.2179%	0.1725	2.5868	
EM	134	11.2890%	673,198	26.6014%	2.3564	315.7580	
EMS	23	1.9377%	16,375	0.6471%	0.3339	7.6806	
EMSV	1	0.0842%	289	0.0114%	0.1356	0.1356	
EMSVZ	1	0.0842%	110	0.0043%	0.0516	0.0516	
EMSX	13	1.0952%	2,742	0.1083%	0.0989	1.2861	
EMSZ	10	0.8425%	5,272	0.2083%	0.2473	2.4728	
EMV	26	2.1904%	5,045	0.1994%	0.0910	2.3663	
EMVZ	2	0.1685%	490	0.0194%	0.1149	0.2298	
EMX	37	3.1171%	198,416	7.8404%	2.5153	93.0654	
EMZ	34	2.8644%	39,046	1.5429%	0.5387	18.3142	
ES	4	0.3370%	2,719	0.1074%	0.3188	1.2753	
ESX	2	0.1685%	256	0.0101%	0.0600	0.1201	
ESZ	2	0.1685%	1,063	0.0420%	0.2493	0.4986	
EV	6	0.5055%	1,526	0.0603%	0.1193	0.7158	
EVX	2	0.1685%	69	0.0027%	0.0162	0.0324	
EVZ	2	0.1685%	167	0.0066%	0.0392	0.0783	
EX	13	1.0952%	18,213	0.7197%	0.6571	8.5427	
EZ	12	1.0110%	33,894	1.3393%	1.3248	15.8977	
H	1	0.0842%	11,542	0.4561%	5.4137	5.4137	
HM	7	0.5897%	10,320	0.4078%	0.6915	4.8405	
HMS	2	0.1685%	546	0.0216%	0.1280	0.2561	
HMZ	1	0.0842%	261	0.0103%	0.1224	0.1224	
M	79	6.6554%	489,755	19.3526%	2.9078	229.7156	
MS	5	0.4212%	2,822	0.1115%	0.2647	1.3236	

APPENDIX E—Weighting

Programs	SAMP_N	SAMP_PC	POP_N	POP_PC	WT	WT_N	Weighting Scheme Continued
MSX	2	0.1685%	537	0.0212%	0.1259	0.2519	
MV	9	0.7582%	1,322	0.0522%	0.0689	0.6201	
MX	10	0.8425%	42,445	1.6772%	1.9908	19.9085	
MZ	5	0.4212%	8,185	0.3234%	0.7678	3.8391	
S	6	0.5055%	6,959	0.2750%	0.5440	3.2641	
SX	3	0.2527%	382	0.0151%	0.0597	0.1792	
V	25	2.1061%	4,083	0.1613%	0.0766	1.9151	
VX	1	0.0842%	110	0.0043%	0.0516	0.0516	
VZ	1	0.0842%	110	0.0043%	0.0516	0.0516	
X	56	4.7178%	162,430	6.4184%	1.3605	76.1865	
Z	61	5.1390%	189,353	7.4823%	1.4560	88.8145	

Responses by Client Sub-group



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

	Client Gender		Client Age		Race Ethnicity			Race Differences**		
	Male	Female	Adult	Child	White	Other Minority	Hispanic	W-O	W-H	O-H
QUALITY AND HELPFULNESS										
Overall, have social and health service programs helped you and your family?	89%	90%	86%	97%*	88%	89%	96%		*	*
Thinking of all the programs together, have they done good work?	88%	87%	84%	93%*	86%	87%	92%		*	
Does your program do good work?	87%	86%	84%	93%*	84%	88%	94%		*	
Are you satisfied with program services?	81%	82%	77%	90%*	79%	80%	91%		*	*
STAFF										
Do staff treat you with courtesy and respect?	92%	91%	88%	97%*	90%	91%	96%		*	
Do staff listen to what you have to say?	89%	90%	86%	97%*	89%	91%	92%			
Do staff understand your needs?	91%	89%	88%	94%*	88%	91%	96%		*	
ACCESS AND PROCESS										
Are program offices open at times that are good for you?	88%	88%	88%	87%	88%	91%	84%			
Is it easy to get to the program office?	88%	83%	85%	87%	86%	86%	86%			
Is it easy to get services from the program?	73%	76%	70%	83%*	73%	74%	80%			
Did you get services as quickly as you needed?	81%	78%	76%	88%*	78%	81%	84%			
When you call, is it easy to get a live person when you need to?	67%	62%	62%	70%	63%	64%	72%			
Do staff return your calls within 24 hours?	75%	69%	70%	76%	74%	72%	67%			
INFORMATION										
Do you know what program services there are for you and your family?	57%	56%	57%	56%	57%	54%	58%			
Did program staff explain things clearly?	84%	82%	80%	88%*	83%	82%	83%			
Was it easy to get the information you needed about services?	77%	78%	77%	79%	77%	76%	78%			
CLIENT INVOLVEMENT										
Did you have a say in what kind of services you get?	75%	78%	72%	83%*	76%	76%	78%			
Did you help make plans and set goals about services?	69%	68%	64%	77%*	68%	68%	70%			
COORDINATION										
Do social and health services make sure all your services work well together?	81%	66%*	74%	72%	70%	84%	79%	*		
Do the staff from your different social and health service programs work together as a team to try to help you get the services you need?	70%	59%	65%	55%	65%	63%	66%			

* Statistically Significant Difference (p < .05)

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

Summary of Client Sub-Group Trends

By Gender—Men were more likely to agree that social and health services make sure all their services work well together.

By Client Age—On 12 questions, children’s guardians reported more satisfaction than did adult respondents.

By Race/Ethnicity—On 6 questions, Hispanic clients reported more satisfaction than non-Hispanic White clients. Hispanic clients were more likely than non-Hispanic minority clients to report that social and health service programs helped them and their families, and that they were satisfied with program services.

Responses by Program Sub-group



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

	Completed By		Number Programs Used			Differences		
	Client	Other**	1 prgm	2 prgms	3 + prgms	1-2	1-3	2-3
QUALITY AND HELPFULNESS								
Overall, have social and health service programs helped you and your family?	85%	96%*	88%	93%	86%	*		*
Thinking of all the programs together, have they done good work?	84%	92%*	87%	92%	81%			*
Does your program do good work?	84%	92%*	87%	90%	81%			*
Are you satisfied with program services?	77%	88%*	80%	87%	75%	*		*
STAFF								
Do staff treat you with courtesy and respect?	88%	96%*	94%	92%	85%		*	*
Do staff listen to what you have to say?	85%	96%*	91%	92%	83%		*	*
Do staff understand your needs?	88%	93%*	92%	90%	86%			
ACCESS AND PROCESS								
Are program offices open at times that are good for you?	87%	88%	86%	88%	91%			
Is it easy to get to the program office?	85%	87%	85%	85%	88%			
Is it easy to get services from the program?	71%	79%*	74%	78%	70%			*
Did you get services as quickly as you needed?	75%	86%*	81%	79%	78%			
When you call, is it easy to get a live person when you need to?	61%	70%*	65%	63%	67%			
Do staff return your calls within 24 hours?	69%	76%	76%	69%	69%			
INFORMATION								
Do you know what program services there are for you and your family?	57%	55%	50%	60%	62%	*	*	
Did program staff explain things clearly?	80%	87%*	82%	87%	78%			*
Was it easy to get the information you needed about services?	78%	77%	75%	81%	76%			
CLIENT INVOLVEMENT								
Did you have a say in what kind of services you get?	70%	83%*	85%	73%	68%	*	*	
Did you help make plans and set goals about services?	63%	75%*	74%	66%	66%			
COORDINATION								
Do social and health services make sure all your services work well together?	74%	76%			74%			
Do the staff from your different social and health service programs work together as a team to try to help you get the services you need?	65%	63%			65%			

* Statistically Significant Difference (p < .05)
 ** Client Representative

Summary of Client Sub-Group Trends

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

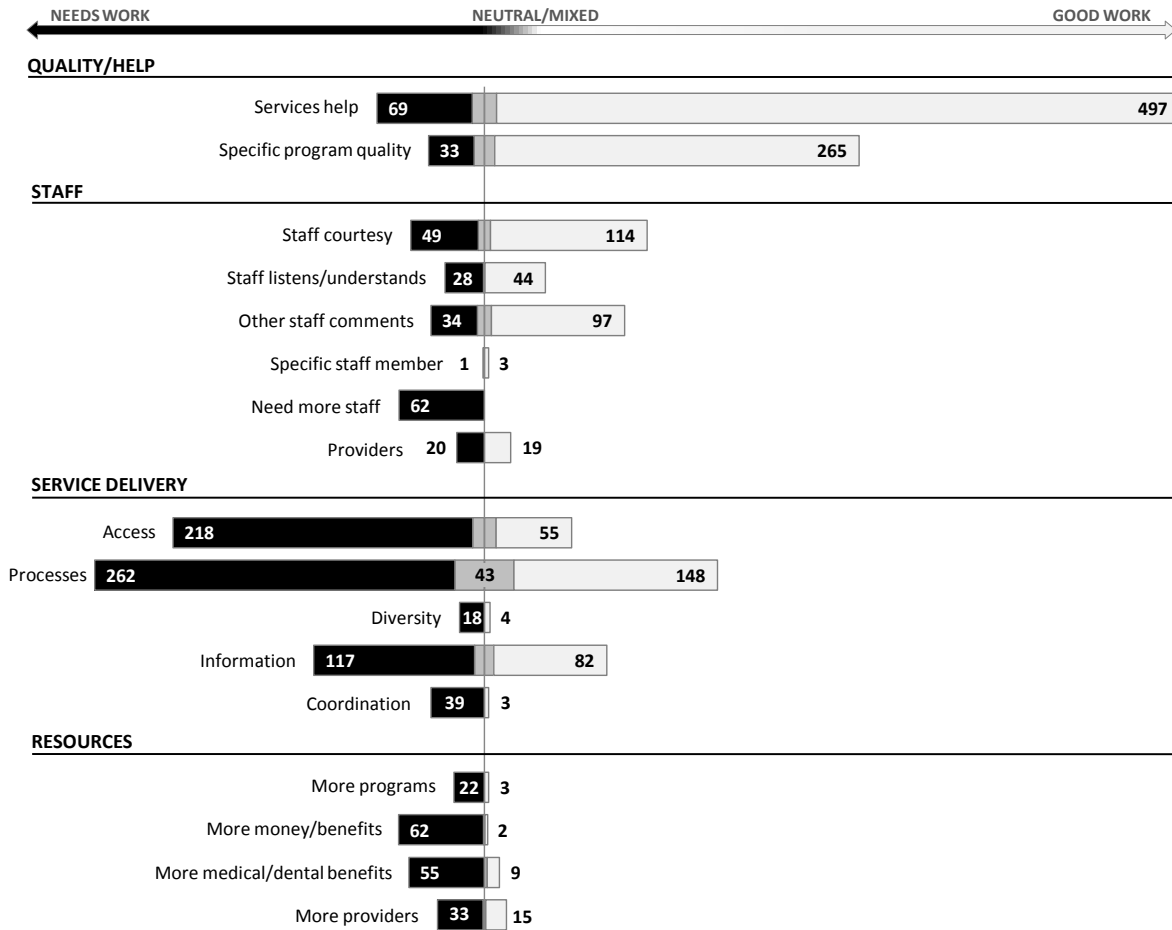
By Number of Programs—When there were significant differences between groups, clients served by two programs were the most satisfied and clients served by three or more programs were the least satisfied.

Themes from Narrative Questions: Detail and Glossary



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Number of Positive, Negative, or Neutral Comments by Theme



Response Glossary: Themes Identified in Open-ended Questions

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

SERVICE DELIVERY

ACCESS

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

PROCESSES

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

DIVERSITY

Diversity	Compliments about treating all groups equally; complaints about preference for specific groups Reference to specific issues of groups defined by race, ethnicity, gender, disability status, or age.
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INFORMATION

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

COORDINATION

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

RESOURCES

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

OTHER

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

1,117 of 1,187 Respondents Made Comments

All Social and Health Services Clients • Unweighted Data

MAJOR THEMES AND SUBTHEMES ¹		Total		Good Work		Needs Work		Mixed or Neutral	
		# ²	% of All ³	# ²	%	# ²	%	# ²	%
Quality/Help⁴		760	68.0%	642	84%	76	10%	42	6%
Services Helped	H	414	37.1%	414	100%				
Didn't Help	HD	44	3.9%			44	100%		
Things are OK	HO	42	3.8%	42	100%				
Nothing	HN	198	17.7%	152	77%	42	21%	4	2%
Specific Program Quality	HS	313	28.0%	265	85%	33	11%	15	5%
Staff		384	34.4%	204	53%	149	39%	31	8%
Staff Courtesy	SC	172	15.4%	114	66%	49	28%	9	5%
Staff Listens/Understands	SL	73	6.5%	44	60%	28	38%	1	1%
Other Staff Comments	SO	141	12.6%	97	69%	34	24%	10	7%
Specific Staff	SP	4	0.4%	3	75%	1	25%	0	0%
Need More Staff	SN	62	5.6%			62	100%		
Providers	SX	39	3.5%	19	49%	20	51%	0	0%
Process/Access		654	58.5%	151	23%	414	63%	89	14%
<i>ACCESS</i>		<i>290</i>	<i>26.0%</i>	<i>55</i>	<i>19%</i>	<i>218</i>	<i>75%</i>	<i>17</i>	<i>6%</i>
Phone/Staff Access	AP	207	18.5%	33	16%	168	81%	6	3%
Location/Hours	AL	55	4.9%	18	33%	37	67%	0	0%
Appointment Process	AA	76	6.8%	20	26%	53	70%	3	4%
<i>PROCESS</i>		<i>453</i>	<i>40.6%</i>	<i>148</i>	<i>33%</i>	<i>262</i>	<i>58%</i>	<i>43</i>	<i>9%</i>
Process - General	PR	151	13.5%	72	48%	65	43%	14	9%
Process - Specific	PS	193	17.3%	37	19%	147	76%	9	5%
Paperwork	PP	26	2.3%	8	31%	16	62%	2	8%
Process - Timeliness	PT	111	9.9%	57	51%	52	47%	2	2%
Eligibility	PE	93	8.3%	17	18%	71	76%	5	5%
<i>DIVERSITY</i>		<i>22</i>	<i>2.0%</i>	<i>4</i>	<i>18%</i>	<i>18</i>	<i>82%</i>	<i>0</i>	<i>0%</i>
Diversity/Preference	DV	22	2.0%	4	18%	18	82%	0	0%
Information		213	19.1%	82	38%	117	55%	14	7%
Information - General	IN	200	17.9%	82	41%	106	53%	12	6%
Language Services	IL	18	1.6%	4	22%	13	72%	1	6%
Coordination		42	3.8%	3	7%	39	93%	0	0%
Between Programs	CP	31	2.8%	1	3%	30	97%	0	0%
Between Workers	CW	12	1.1%	2	17%	10	83%	0	0%
Resources		184	16.5%	21	11%	155	84%	8	4%
More Programs	RP	25	2.2%	3	12%	22	88%	0	0%
More Money/Benefits	RB	65	5.8%	2	3%	62	95%	1	2%
More Medical/Dental Benefits	RM	68	6.1%	9	13%	55	81%	4	6%
More Providers	RC	50	4.5%	15	30%	33	66%	2	4%
Other		203	18.2%	10	5%	7	3%	186	92%
Other/Miscellaneous	O	82	7.3%	10	12%	7	9%	65	79%
Don't Know	DK	129	11.5%					129	100%

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

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

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

⁴Quality and Helpfulness of Services is reported on p. 9 as an unduplicated rollup of all subthemes *except for* "Specific Program Quality". "Nothing" responses are combined with "Good Work" and "Needs Work" comments according to question context (p. 9).