

Our Clients Speak

Results from the Social and Health Services Client Survey

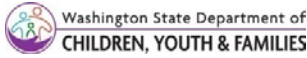


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INFORMATION ABOUT THIS PUBLICATION

Title: Our Clients Speak: Results from the 2019 Social and Health Services Client Survey

Abstract: Between September 2018 and April 2019, the Research and Data Analysis Division of the Washington State Department of Social and Health Services (DSHS) conducted 1,222 telephone interviews with randomly selected clients who received services between May 2017 and April 2018. Most services covered in the survey were provided by DSHS; medical assistance, mental health services and substance use treatment services were provided by the Washington State Health Care Authority; and children and family services were provided by the Department of Children, Youth, and Families. Clients were asked about their satisfaction with social and health services and for recommendations for change. The 2019 survey is the most positive on record. Over half (12 of 20) of the standard questions are at new highs since 2007. Compared to the 2017 survey, there were statistically significant improvements in ease of getting services, reaching a live person, timely responses to calls, knowledge of available services, ease of getting information, and client involvement in receiving services. There were no statistically significant decreases. Comments show that there are still some areas where many clients desire improvement, including more information about what services are available, easier ways to connect with staff, and streamlined application processes.

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Persons with disabilities or special needs may call the Research and Data Analysis Information Line and request a special version: (360) 902-0701.

RDA's Online Library: <https://www.dshs.wa.gov/ffa/research-and-data-analysis>

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"Colorful Sunrise"/2017 Employee Survey Photo Contest/Grace Kelly



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Inside DSHS/BCCU Team



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INTRODUCTION

Executive Summary

The Client Survey is a voice for Washington’s social and health services clients.

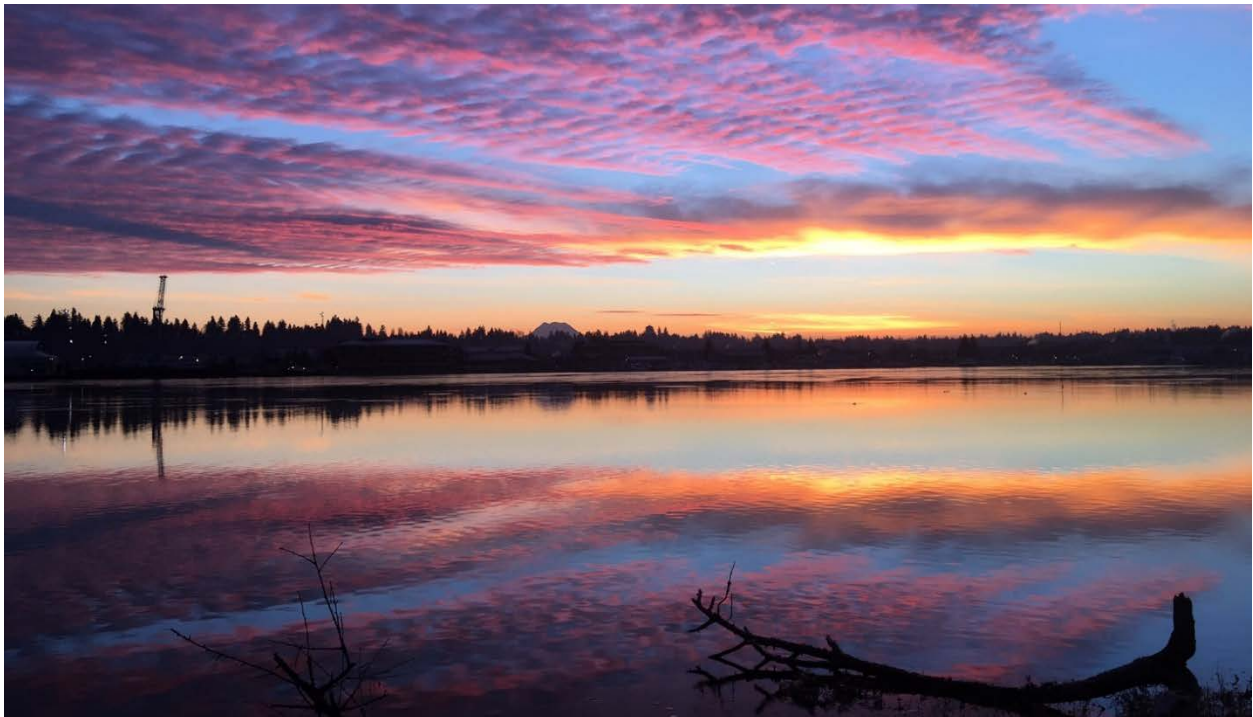
**“ IT FEELS LIKE A
HELPING HAND
AT TIMES WHEN
I AM IN NEED. ”**

- Client of WA
Social and Health
Service Programs, 2019

From September 2018 to April 2019, the Research and Data Analysis Division (RDA) of the Department of Social and Health Services (DSHS) conducted 1,222 telephone interviews with randomly selected social and health services clients in the state of Washington. The survey consisted of standardized and open-ended questions about clients’ satisfaction with the programs they interacted with over the past two years.

Social and health services are a helping hand and lifeline for people who need protection, comfort, food assistance, financial aid, medical care, and other services. The clients who participated in this survey represent one in every three Washingtonians. They are our neighbors, our friends and our family. Their voices tell us about the successes and challenges of the Washington state social and health services system.

The 2019 Client Survey is the most positive on record. Over half (12 of 20) of the standard questions are at new highs since 2007. Despite impressive gains, there is still room for improvement in client awareness of services, access to staff, and streamlining processes.



“Colorful Sunrise”/2017 Employee Survey Photo Contest/Grace Kelly

Successes

Most clients continue to be highly satisfied with the quality and helpfulness of social and health service programs. **More than 9 in 10 clients said that services help them and their families.**

More clients are saying that it's easy to get services.

Over 8 in 10 clients (83%) said it was easy to get services, an increase of 8 percentage points from 2017, and the highest rate since 2007.

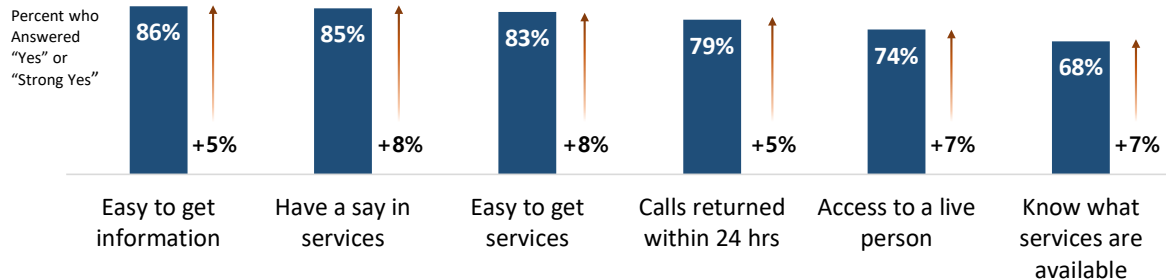
Clients continue to be happy with staff interactions.

More than 9 in 10 clients (93%) said staff treated them with courtesy and respect, the highest scoring topic in the survey, and the highest rate observed since 2007.

“ THEY’RE GOOD LISTENERS AND THEY’RE NOT JUDGEMENTAL. THEY CAN SEE THE GOOD IN ME. ”

- Client of WA Social and Health Service Programs, 2019

Compared to 2017, there were no significant decreases and six statistically significant increases ($p < 0.05$) in ratings of client satisfaction:



Over half of the client comments (60%, 693 comments) mentioned the high quality or helpfulness of specific programs or social and health services generally. Clients expressed gratitude for the many ways social and health services help them and their families during challenging times. Almost 3 in 10 clients who made a comment noted a positive interaction with staff – highlighting staff compassion, understanding, and helpfulness.

Opportunities to improve

Although survey trends are positive, some responses show areas of opportunity. Clients continue to give relatively low ratings about **knowing what services are available** to them and their families. At 68 percent positive, this question received the lowest score of the survey, despite an impressive 7-point increase over 2017. Similarly, **access to a live person** improved significantly compared to 2017, but remains the second lowest-scoring topic in the survey at 74% positive.

Clients continue to identify opportunities for improvement in their comments. Among clients who made comments, 29% described access issues or processes they would like to see improved. The most common requests included shorter wait times on the phone and in the office, faster and simpler application processes, and more individualized services.

“ THERE WERE THINGS THAT WE COULD HAVE GOTTEN HELP WITH, BUT NO ONE TOLD US FOR YEARS. ”

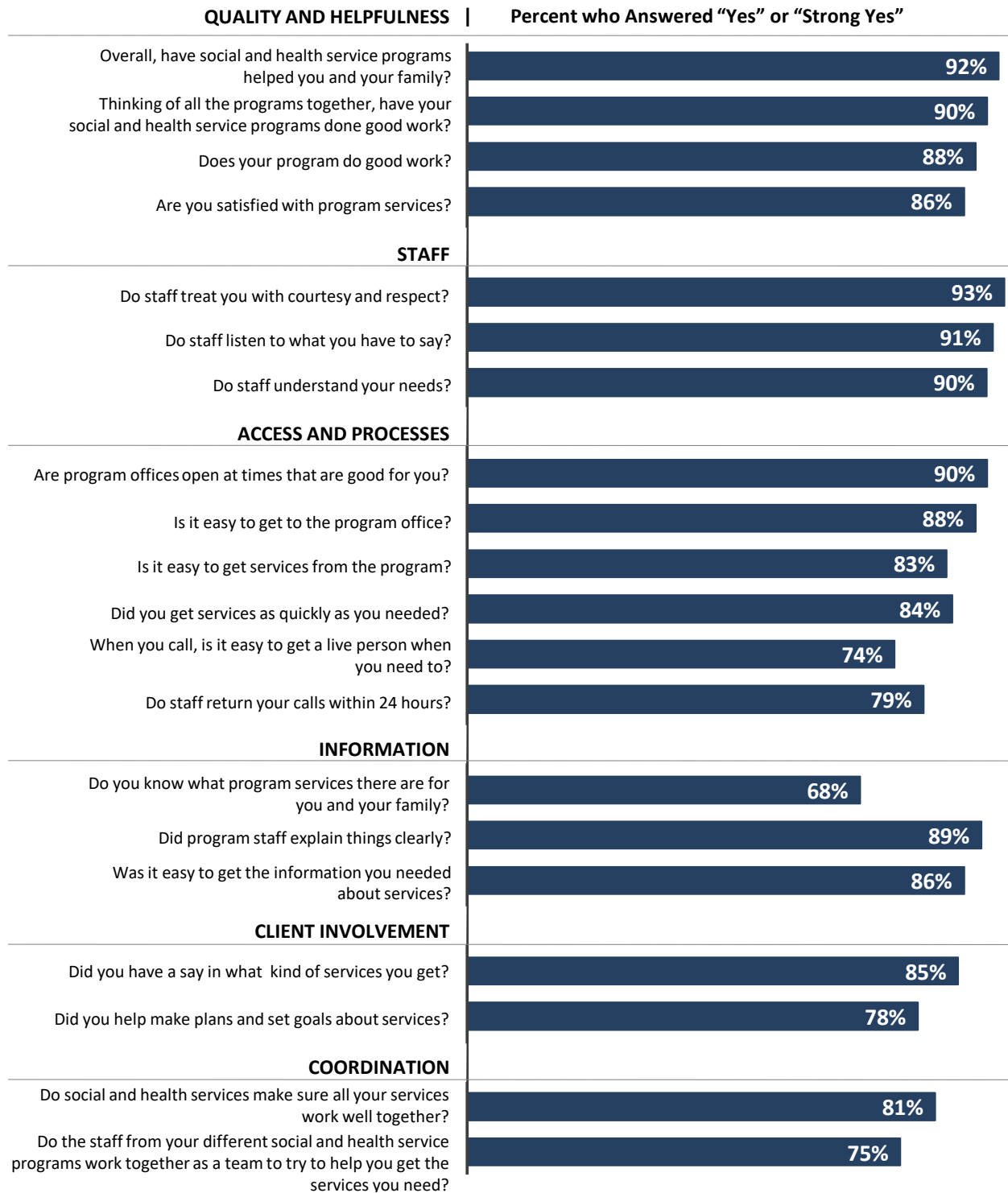
- Client of WA Social and Health Service Programs, 2019

A small but important number of clients reported unfair treatment. Just over 1 in 20 clients (6%) said they were treated unfairly because of disabilities, race, culture, gender, age or sexual orientation.

Survey results at a glance

2019 Client Survey Satisfaction Rates: Responses to the Standard Questions

All Social and Health Services Clients (DSHS, HCA, DCYF) • Weighted Data

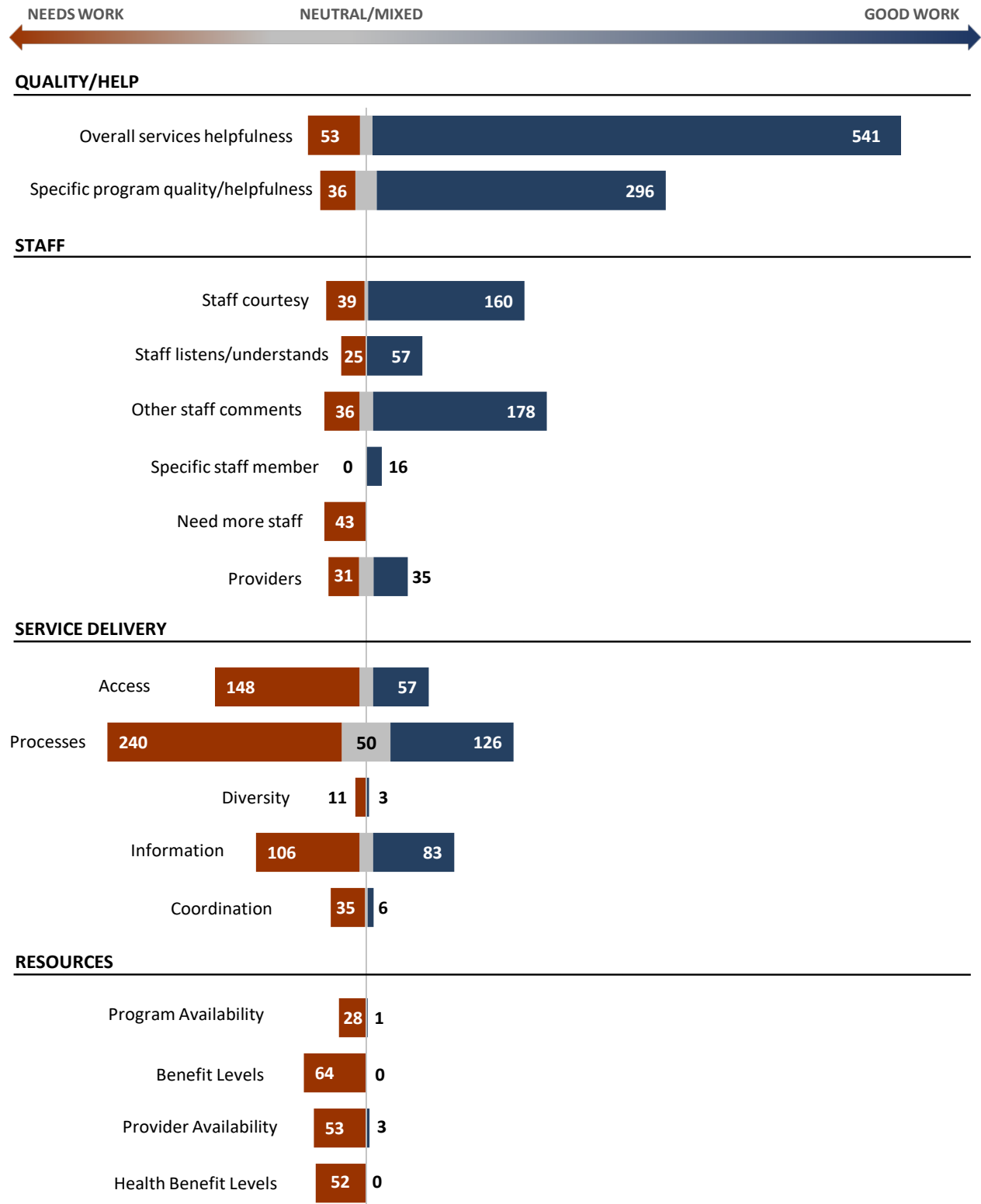


2019 Number of Comments by Topic: Responses to the Open-Ended Questions

“What do you like best about dealing with social and health services?”

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

All Social and Health Services Clients (DSHS, HCA, DCYF) • Unweighted Data



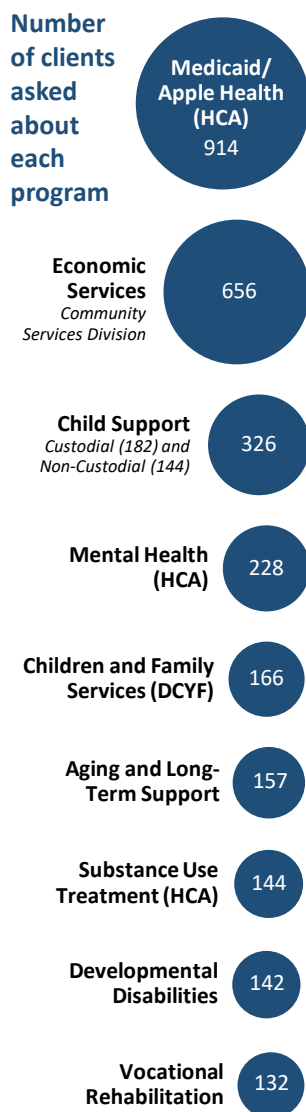
About the respondents

More than 100 clients selected from each of nine major programs were represented in the completed survey. Survey participants from each program were randomly chosen from those clients who received services from that program between May 2017 and April 2018.

Most social and health service clients use more than one program, so each person interviewed was asked about every social or health service used in the past two years.

The figure below shows the number of respondents interviewed about each program. Because a single client was often interviewed about more than one program, the total far exceeds the number of clients interviewed. More than half of the 1,222 clients in the survey used the most widely utilized programs: Medicaid/Apple Health and Economic Services.

The person who completed the survey was not always the client. In 426 cases (35%), the client selected for the survey was a child or youth (age 17 or under) or was otherwise unable to complete the survey. In these cases, a parent, guardian, caregiver, family member or other representative who deals with social and health service programs was asked to complete the survey.



Client Characteristics

The average client age was 39 years, but ranged from early childhood through late adulthood:

- 18 percent of the clients in the survey were children (under 17)
- 70 percent were working-age adults (18 to 64)
- 12 percent were older adults (65+)

Clients were slightly more likely to be female:

- 53 percent of the clients were female
- 47 percent were male

Clients were asked what racial and ethnic group best describes them.

- 66 percent of clients identified themselves as non-Hispanic Caucasian
- 34 percent identified themselves as members of a racial/ethnic minority group
 - 15 percent Hispanic
 - 8 percent non-Hispanic African American
 - 7 percent non-Hispanic Asian American
 - 4 percent non-Hispanic American Indian

Clients were more likely to live on the west side of the state:

- 24 percent lived in Region 1, in Eastern Washington
- 38 percent lived in Region 2, in Northwestern Washington
- 36 percent lived in Region 3, in Southwestern Washington
- 3 percent lived out of state

About the survey

- The 2019 survey is the 11th in a series of biennial surveys initiated in 2001.
- Clients were randomly selected from Washington State social and health service programs, and were asked about all social and health services they used.
- 1,222 clients were interviewed by telephone between September 2018 and April 2019.
- The completion rate was 72% of sampled clients, which is very high for a survey of this type. Of the clients who could be contacted, 91% completed the survey.
- Most programs covered in the survey were administered by the Department of Social and Health Services; medical assistance, mental health services and substance use treatment services were provided by the Health Care Authority; children and family services were provided by the Department of Children, Youth, and Families.

About this report

Question pages describe the results of standard questions, each of which consists of a question with the response choices “Strong YES,” “Yes,” “Neutral,” “No,” and “Strong NO.”

- For each question, there is a chart showing the percent who answered “Strong Yes” or “Yes” in each year of the survey since 2007.
- All percentages are based on data weighted according to each client’s service profile (the specific combination of services that the client used).
- Results are rounded to the nearest whole number. Due to the effects of rounding, some percentages reported as whole numbers may not add to 100%.
- Differences between years (the current year compared to the previous survey and compared to 2007) are listed if statistically significant at the .05 level.
- The results combine responses to each question for all of the services received by a given client. For example, if a client received Aging and Long Term Support services as well as economic services, the heading “Are you satisfied with program services” includes the average of that client’s responses to the questions “Are you satisfied with Aging and Long-Term Support?” and “Are you satisfied with Economic Services?”

Comment pages describe the results of thematic content analysis of responses to the open-ended questions “*What do you like most about dealing with social and health services?*” and “*What is one thing social and health services can do to improve services?*”

The **Appendices** provide detailed information on methodology, including changes to the survey, the survey questions, sampling and weighting procedures, response rates and a glossary describing the themes used in comment analysis.

CHAPTER 1

Quality and Helpfulness

Clients are highly satisfied with the helpfulness of social and health services.

This chapter addresses the core reasons that social and health services exist: Do they help Washingtonians in need, and do they do so effectively?

Ratings of program helpfulness are among the highest in the entire survey, demonstrating the positive impact of social and health services on clients' lives. Survey scores related to quality are also positive, with most clients highly satisfied with their program services.

- *Overall, have social and health services helped you and your family? (92% positive)*
- *Thinking of all the programs together, have your social and health services programs done good work? (90% positive)*
- *Does your program do good work? (88% positive)*
- *Are you satisfied with program services? (86% positive)*

Clients had a lot to say about the helpfulness of social and health services generally, and about certain programs specifically. More than 7 out of 10 client comments (70%) discussed quality and helpfulness, by far the most frequently mentioned topic. The comments were overwhelmingly positive. Of the 802 comments, 693 were positive, 43 were mixed, and 66 were suggestions for improvement.

Many clients said social and health services provided much-needed support during difficult times in their lives. Clients who said they would rather not use services still expressed gratitude that they were available. Though fewer in number, some clients expressed general dissatisfaction or identified areas for improvement.



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

More than **9** out of **10** survey respondents (92%) reported that social and health services have helped them and their families. Fewer than **1** in **20** (4%) disagreed.

RESPONSE

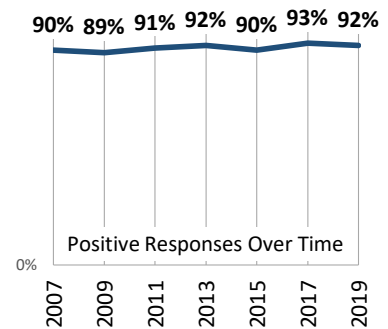


DETAIL

At 92 percent positive, this question is the second-highest scoring in the survey.

Scores have remained steady over time, with no statistically significant differences compared to 2017 or 2007.

TREND



Our clients speak . . .

“
**THEY ARE
THERE TO HELP YOU,
NO MATTER HOW
HARD YOU FALL.**
”

Most clients say programs provide help during challenging times.

“Honestly, when you are in a time of need, they are there to help.”

“I like the fact that I had a place to go when my life started falling apart.”

“They help you when you need them the most.”

“I was homeless when I needed help and they were there for me.”

“I am a survivor of domestic violence, so these programs helped me when I really needed them.”

“During unforeseen circumstances, the services were pivotal in helping provide healthcare for my family.”

Some clients describe just how much they rely on services.

“I would be dead and on the streets without them.”

“They gave me my life back and the services were great.”

“I don't know that I'd even be here without the help of these services.”

“It is my lifeline. I could not afford medical if services were not available.”

Clients are grateful for the help.

“They are a gift. I really appreciate the services I receive.”

“I am so thankful that they were there to help me after I got out of prison.”

“I would like to keep them forever.”

“I'm very grateful for the help.”

“I like the fact that services are there. They are a blessing to me.”

A small number of clients think services are not helpful.

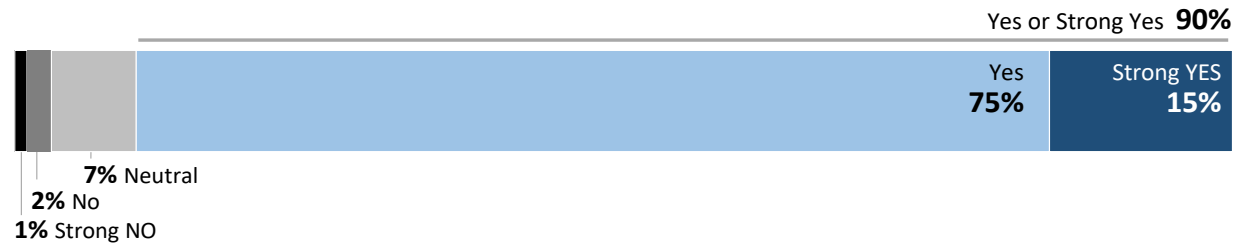
“Aging and Long Term Support wants to take the hours away, not help with anything.”

“I asked for months when services would start happening, only to find out that we weren't going to get any help.”

QUESTION | **Thinking of all the programs together, have your social and health services programs done good work?**

9 out of 10 survey respondents¹ (90%) reported that social and health service programs have done good work. Fewer than 1 in 20 (3%) disagreed.

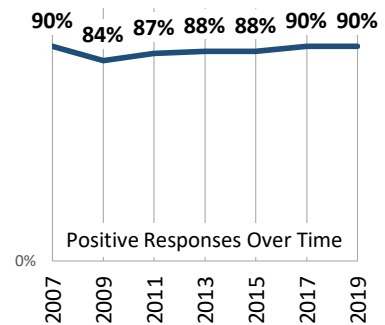
RESPONSE



DETAIL

At 90 percent positive, this question is among the most highly-rated in the survey, and has not changed compared to 2017 or to 2007.

TREND



Our clients speak . . .

“ I LIKE THAT THEY GIVE PEOPLE THE OPPORTUNITY TO BETTER THEMSELVES. ”

Many clients say programs do good work by helping those in need.

“I like that they help people in need and I am glad to live in a country where these kinds of programs exist.”

“I am thankful that the services exist to help people in need.”

“I like the fact that they have programs to help people who need it.”

“I like that social and health service programs are helping families.”

Others say the help they receive allows them take ownership of their lives.

“DSHS has helped me to live independently and has given me my wings.”

“They give me the opportunity to improve my life and get to where I need to be in order to be successful.”

“I like the dignity that they allow me to have.”

Some note that needing social and health services is not comfortable, but the help they receive is essential.

“It’s there when I need it. I don’t want to have to use you guys, but my being able to contact you when I needed it was incredibly awesome.”

“The help is there, if you need it. I would rather not have used it, but I was stuck between a rock and a hard place.”

“Well, it usually isn’t as bad as you are anticipating that it will be and it really takes care of a problem.”

Others note shortcomings in social and health service programs.

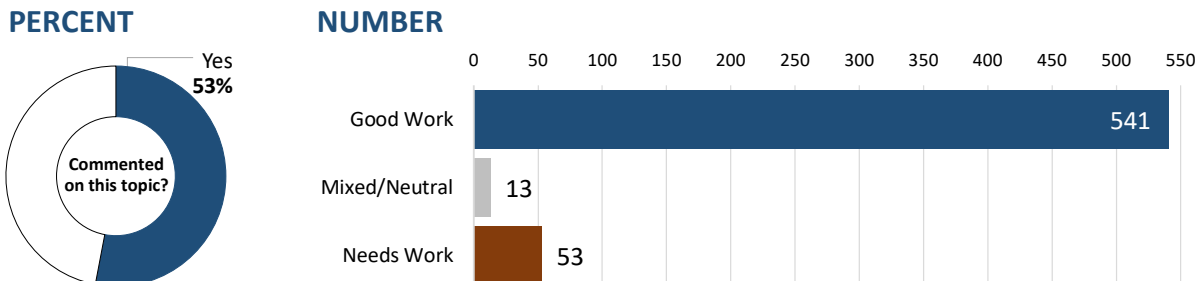
“The services that they provide are good, it is just hard to get them.”

“Improve mental health services.”

“The agencies need to work better together.”

¹ This overall assessment question was asked of any client who received services from two or more programs. If a client received services from only one program, the answer to this question is the same as the answer to “Does your program do good work?”

607 of the **1,152** clients commenting (53%) mentioned the overall quality of services. Of those who commented, 541 were positive and 53 were suggestions for improvement.



KEY FINDINGS

Client comments about the overall quality and helpfulness of services were overwhelmingly positive.

- Most clients simply said that they were grateful for the help, that things were going well, or that their needs were being met. Many clients noted that social and health services offered help during challenging times, providing both practical solutions and peace of mind.
- Some clients described specific ways that services helped them put food on the table, get a better job, go to college, live independently, or become parents through fostering or adoption.
- The negative comments were mostly general, with clients simply saying they didn’t like anything about dealing with social and health services.

Our clients speak . . .

“ I DON'T HAVE WORDS TO SAY THANK YOU ENOUGH FOR THESE PROGRAMS. ”

Some clients describe examples of how social and health services were helpful.

- “They helped me accomplish the goal of becoming a mom, through adoption.”
- “I like the fact that they go beyond and help with other things such as hygiene needs and gas cards.”
- “They were able to make it easier for me to get a job that I could keep.”
- “We would have to put him in an institution without the help we get from the state.”
- “They helped me when I was first getting out of the shelter. I was just starting out on my own and they helped me fix my car, helped me get into an apartment, and helped pay for my certified nurse assistant (CNA) training.”
- “They help me get sober.”
- “I like all the help they have given me, like food stamps, medical, housekeeping, and rides to my appointments.”

Knowing that help is available gives many clients peace of mind.

- “I like that there was a place I could turn to for help.”
- “They provide me with medical and financial needs. It gives me peace of mind because then I know it will be handled.”
- “I'm a low-income, single, disabled mom. I work part-time, but I struggle to get by. Knowing that there are these services out there makes a world of difference.”
- “I like the peace of mind that my family is being cared for.”

Some clients describe limitations to the quality and helpfulness of services.

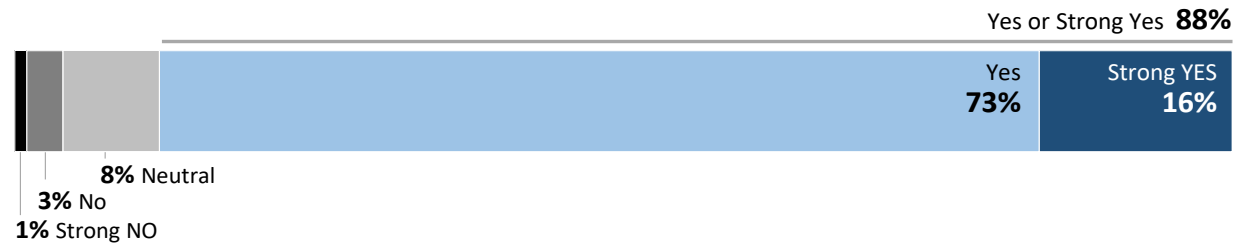
- “They could do a better job collecting back child support.”
- “It takes forever every time you want to talk to someone or go in the office. It ends up being an all-day affair.”

² Note: “Quality and helpfulness of services” is reported in Appendix F as an unduplicated rollup of all subthemes. This page reports the unduplicated rollup of all subthemes *except for* “Specific Program Quality,” which is described separately on page 13.

QUESTION | **Does your program do good work?**

Almost **9** out of **10** survey respondents (88%) reported that their social and health service programs do good work. Fewer than **1** in **20** (4%) disagreed.

RESPONSE

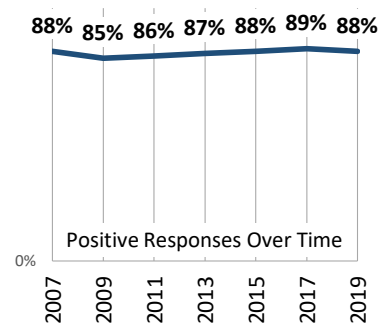


DETAIL

Respondents were asked to rate each program individually, in addition to the overall assessment of social and health services discussed previously on page 9. At 88 percent positive, evaluation of individual programs remains high, but is slightly lower than the overall assessment of all programs together (90 percent positive).

The one percentage-point decrease compared to 2017 is not statistically significant and there was no change compared to 2007.

TREND



Our clients speak . . .

“
THEY'RE DOING SOMETHING PRACTICAL TO IMPROVE THE QUALITY OF PEOPLE'S LIVES.
 ”

Some clients say the help gives them and their families a better quality of life.

- “She likes that she can get all the help she needs to have a happy life.”
- “They help me provide the best quality of life for my disabled son.”
- “It bridges the gap between what I can provide for him on my own, and what care he needs.”
- “I like the fact that they work together so I get the best assistance that I can for me and my children.”
- “The services that I have access to really make my life more manageable.”

Others say their programs provide a sense of support and community.

- “I now have a whole community of people who are supporting our family and I am so thankful for the services we are getting for my daughter.”
- “I would like to say I am very grateful that both of these programs are very supportive and are very important to our family.”

“Just realizing that we are not alone in our struggle to raise these kids.”

“So far, I have appreciated having the resources that I can turn to and not have to figure out everything for myself.”

“I like that they have a lot of options and opportunities to make things happen that most people can't make happen on their own.”

“They have been so helpful and they have hooked me up with other resources and people that have helped me.”

A small number of clients offer suggestions for how to improve.

“The CSO [Community Services Office] has their hands tied in what they can do for clients. They should consider offering better benefits to staff so they can hire competitively for people who want to work there.”

“I wish there were better services earlier in the process so more serious health problems don't develop.”

QUESTION | **Are you satisfied with program services?**

More than **8** out of **10** survey respondents (86%) reported they are satisfied with program services. Fewer than **1** in **10** (7%) disagreed.

RESPONSE

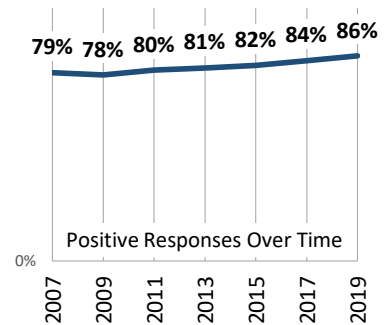


DETAIL

At 86 percent positive, this question reached a new high in 2019.

Satisfaction with program services has steadily increased since 2007. The score is up from 84 percent positive in 2017 (a non-significant increase) and 79 percent positive in 2007 (a statistically significant increase).

TREND



Our clients speak . . .

“
**I HAVE ONLY HAD
 GOOD SERVICE
 AND IT GETS BETTER
 EACH TIME I GO.**
 ”

Most clients are satisfied with the services they receive.

“I have had no inconvenience with them. They have helped us very much. I am very satisfied.”

“To be honest, they have gone above and beyond. I have nothing negative to say.”

“I am 100% satisfied.”

“I don't have any complaints. They do great.”

“They help other people and I think they genuinely do a good job.”

“I would not change a thing about the experiences our family has had.”

“I have no complaints. Just keep these programs open and available to families like ours.”

“They usually help me with whatever I need and there's always a solution to everything.”

“I'm really satisfied with Apple Health.”

“They've treated me very well and I am very satisfied with them.”

Some clients describe satisfaction with programs even when participation is mandatory.

“I just want to say that I don't blame Child Protective Services for the outcome with my children. I was screwing up big time and they called me on it. I have no hard feelings and I am trying to get it together.”

“My child is in another state and my child support is collected automatically through my work through a wage withholding. Everything has been handled with ease and they simply deduct my payment from my check. I have never had to go to the local child support office and I haven't ever had to call them. I very much like this system.”

But some clients are not satisfied.

“I've never had a positive experience with any social and health program.”

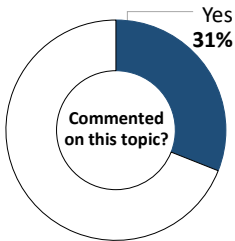
“They are hard to work with.”

“I dread them because the correspondence we need is not there. They need some work.”

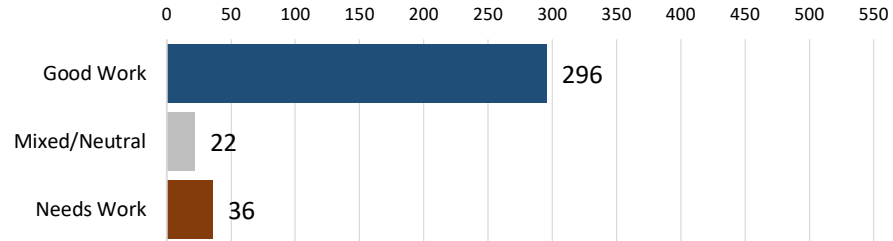
Quality and helpfulness of specific programs, offices, and locations

354 of the 1,152 clients commenting (31%) mentioned the quality and helpfulness of specific programs or locations. Of those, 296 were positive and 36 were suggestions for improvement.

PERCENT



NUMBER



KEY FINDINGS

Most comments about the quality of specific programs were positive or expressed satisfaction.

- Over 150 clients were pleased with medical services and almost 100 said they appreciate food assistance.
- Though smaller in number, clients also praised child support services, mental health services, children and family services, vocational rehabilitation services, developmental disabilities services, aging services, and substance use programs.
- Some clients suggested improvements for specific programs. The most frequently mentioned program was child support services with 15 comments. Fewer than 10 clients mentioned improvements for food assistance, child protective services, mental health services, vocational rehabilitation services, or developmental disabilities services.

Our clients speak . . .



THE FOOD STAMPS HELP US PUT FOOD ON THE TABLE EVERY DAY. THE STAFF IS ALWAYS KIND WHEN I TALK TO THEM.



Most clients appreciate the quality and helpfulness of specific programs.

“Mental health services has given me a lot of skills that I can use to help me, but also to help my friends and family.”

“We just have so much respect for the Washington State children’s services. They helped us in getting our five grandchildren back here to Michigan. They helped through the whole adoption process.”

“If it were not for this program, I would not be able to afford medical and dental. I am grateful for the help and all the people we have dealt with so far have been really nice and understanding.”

“They helped me with food when I didn’t have enough money to buy any. They also help with my medical and mental health.”

“I like WorkFirst best. I wish they would tell more people about it. I tell people about it all the time.”

“I’ve been very satisfied with Division of Community Services. I’ve heard from other moms that DCS hasn’t met their needs, but I’ve had a good experience.”

“Our special needs daughter was ready to graduate high school and had been registered with Division of Vocational Rehabilitation to help find a job. We really had to stay on it to get anything going, but with all of us working together, we had a very rewarding outcome.”

“The ALPHA Supported Living Services has been the best. It’s the closest thing my son will ever experience to independent living.”

“My Medicaid was easy to get into the system and make appointments. DVR helped me widen my horizons for different jobs. Food assistance has helped me so I can get the food I need and use the money I would have spent on food to get a job.”

Though less common, some clients describe specific program areas that could be improved.

“With DVR, there was a bit of gap in our understanding of what kind of applications would be best for me to pursue.”

“They should improve the respite care system for foster parents.”

CHAPTER 2

Staff

Social and health services staff are very important to the client experience.

When Washingtonians are in need of social and health services, the first encounter they have is likely with program staff. A positive experience can be especially reassuring to clients during challenging times, and a negative one can discourage them from seeking services in the future.

Survey scores about program staff are among the highest in the entire survey, demonstrating their commitment to person-centered care. More than 9 in 10 clients agreed when asked:

- *Do staff treat you with courtesy and respect?* (93% positive)
- *Do staff listen to what you have to say?* (91% positive)
- *Do staff understand your needs?* (90% positive)

Clients had a lot to say about program staff. More than 4 out of 10 client comments (41%) discussed staff. Their comments addressed both social and health services staff employed by state agencies and by contracted providers. Of the 475 total comments about staff, 308 were positive, 50 were mixed or neutral, and 117 were suggestions for improvement.

Both positive and negative comments often included some aspect of the relationship between the client and staff member, such as courtesy, respect, listening, responsiveness, and competence. Some clients mentioned that systemic issues, including high workloads and frequent turnover, have negative consequences for program services and interactions with staff. With some important exceptions, clients generally praised staff for treating them as individuals, being understanding of their unique situations, and providing much-needed services.

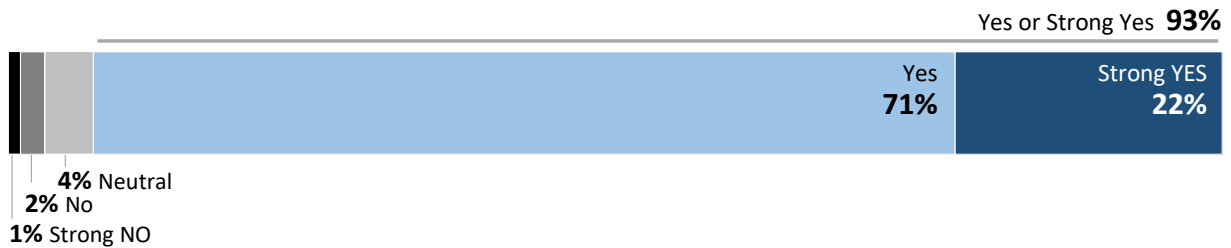


Inside DSHS/BCCU Team

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

More than **9** out of **10** survey respondents (93%) reported that social and health services staff treat them with courtesy and respect. Fewer than **1** in **20** (3%) disagreed.

RESPONSE

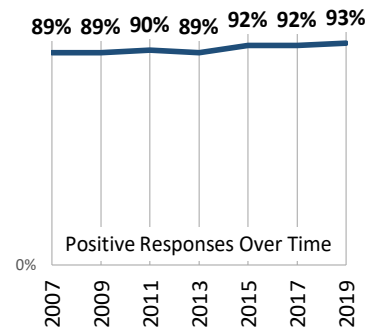


DETAIL

At 93 percent positive, this question is the most highly-rated topic in the entire survey.

Positive responses continue to trend upward, with a one percentage-point increase compared to 2017. From 2007 to 2019, positive responses increased by four percentage points, a statistically significant difference.

TREND



Our clients speak . . .

“ I HAVE ALWAYS BEEN TREATED GREAT AND WITH COURTESY. WHATEVER WAS GOING ON WITH ME MATTERED, I WASN'T JUST A NUMBER. ”

Most clients praise staff for treating them with courtesy and respect.

“I think they really try to be respectful of people and I appreciate that.”

“I like that they have always been so kind and courteous to my daughter.”

“Every caseworker I have had has been remarkably kind. Many of them have taken the time to have tea with me and get to know me.”

“I like the experience I had with Child Support the best. When I went to them and I was crying and so upset, they treated me so dearly. They said they would try and help me quickly and they did.”

“I like the fact that I can go in and be treated with respect and get some help when needed.”

Positive interactions with staff make the whole experience better for clients.

“They are warm and welcoming when we come in. It's always scary because we get free healthcare but they are great.”

“They're pleasant people and they don't try and rush you out the door.”

“People who work with us are caring and friendly. They have a smile on that helps me feel better when I go to the office.”

“I dreaded going to the Community Services Office to apply for food stamps. But the people at the Shelton office were so professional and courteous that it made me wonder why I waited so long.”

A few clients say respect is lacking.

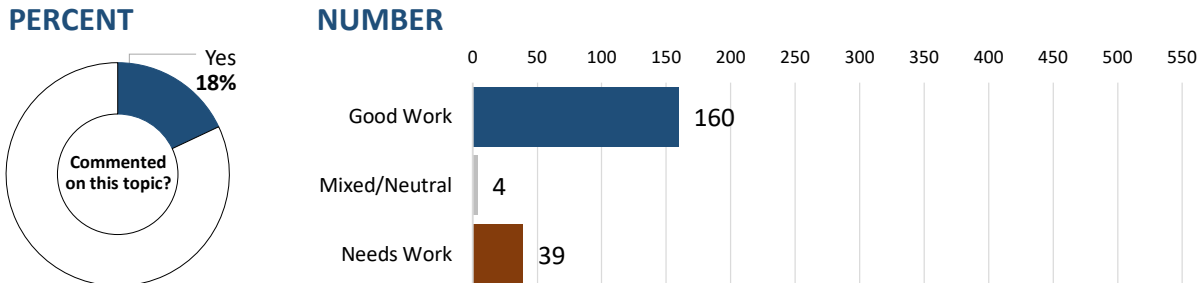
“Don't treat someone who messes up their paperwork so unkindly. Have a little empathy.”

“Workers should know how hopeless the client can feel about their situation and how important it is to be treated with dignity and respect.”

“DSHS seems to treat us like cattle. Their customer service is lacking except for once in a while.”

“I'm always kind to the person, and they all are like plastic, like this is my job, but I don't give a crap about you.”

203 of the **1,152** clients who made comments (18%) mentioned staff courtesy. Of these, 160 comments were positive, while 39 were suggestions for improvement.



KEY FINDINGS

Client comments about staff courtesy and respect were overwhelmingly positive.

- Most clients praised staff for showing them respect, kindness, and compassion. They appreciated staff who maintained a positive and helpful attitude, even in difficult circumstances. Many clients expressed gratitude for staff who sincerely cared about them as individuals and did not treat them as “just a number.”
- A few noted that their sense of courtesy and respect depends on the staff they encounter, with some positive and some negative interactions.
- Some felt they were treated rudely, without compassion, or judged for needing services. These clients wished staff had more empathy for their unique situations. A few clients said that staff did not seem to understand that all people make mistakes at some point in their lives.

Our clients speak . . .

“ I WAS HOMELESS FOR 15 YEARS AND THEY HAVE GONE ABOVE AND BEYOND TO HELP ME. THEY TREAT YOU LIKE A HUMAN BEING. THEY HAVE TRUE FEELINGS AND COMPASSION. ”

Clients appreciate staff who truly care about them and their children.

“I thought the counselors did a good job in making me feel important and valuable and not just a number.”

“I like how much they value us and are helpful to us. They don't just treat us like someone trying to slide by; they actually care.”

“I like the fact that the people I was dealing with cared.”

“I honestly think they had the best interest of the child in mind.”

“My latest placement was out of Ellensburg and the social worker was wonderful and handled everything so efficiently. The child's needs were always placed first.”

Clients praise staff who don't judge them for needing services.

“I liked that they didn't make me feel guilty about using them.”

“I like the Omak office best! The people there are nice and helpful and I don't feel they are judging me. When my children were a little out of control and running around, the caseworker kindly gave them some fruit snacks and that calmed them down.”

“I like that they don't judge and they show empathy and respect. Everyone falls on hard times at one time.”

“They're all open-minded. They always help you.”

But some clients do feel judged.

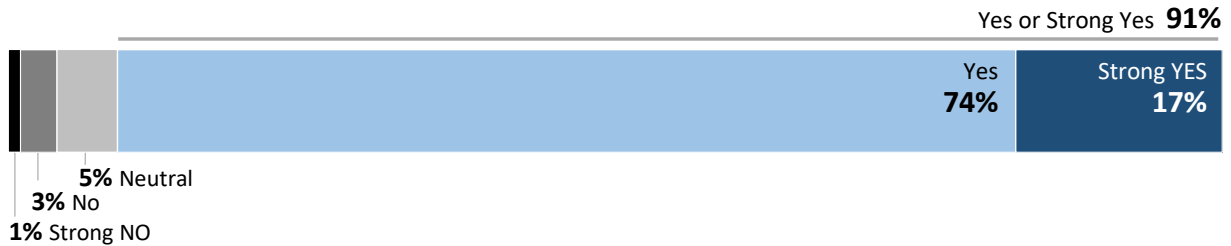
“They treat us like crap and look down on us. They say they want us to pull ourselves up by the bootstraps and get off of the system and we are trying our best, but we just need a little help with food and medical. It's awful to be made ashamed of something when we are trying so hard.”

“I am a professional, but when I deal with DSHS staff they treat me like I don't know anything and they treat me like a deadbeat dad.”

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

More than **9** out of **10** survey respondents (91%) reported that social and health services staff listen to what they have to say. Fewer than **1** in **20** (4%) disagreed.

RESPONSE

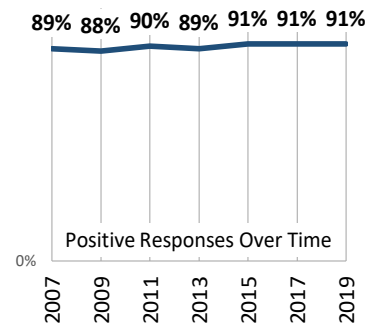


DETAIL

At 91 percent positive, this question is the third-highest rated topic in the survey.

Positive responses increased from 89 percent positive in 2007 to 91 percent positive in 2015, a non-significant increase, and have remained consistent over the past three surveys.

TREND



Our clients speak . . .

“
THEY HEARD ME, BUT THEY DIDN'T HEAR ME, YOU KNOW? YOU COULD TELL SHE WAS VERY OVERWHELMED.
”

Clients are grateful when staff listen to them.

- “I felt they were compassionate about what my family was going through. They cared and listened.”
- “When the workers investigated false allegations, they were very willing to listen to my side and did not judge me. They were great.”
- “I like the fact that they were polite and patient and listened to what I had to say. I have a hard time explaining myself so they gave me plenty of time to explain.”
- “They listen and they help me with my needs. Without your help I would not be here.”
- “They are kind and understanding and eager to listen. They provide with medical and food stamps and mental health services.”
- “They listen. They're there for your needs.”
- “I like that they take an interest in me and my issues.”

“I think they do well with hearing what I have to say.”

- “I like the fact that they will listen to you even if they can't do anything to help you.”
- “They listen, they help, and they're good helpers. They have patience.”

But some clients do not feel heard.

- “Listen to the people, really listen to them.”
- “Be more open to listening instead of thinking they know why I'm there. Stop jumping to conclusions.”
- “They need to listen more to what the family has to say and respond more quickly to their needs.”
- “They could take into account both parents' side of the story and also both parents' opinion of what the children need.”
- “Please keep us on the line until we explain what we need and don't transfer to another person/line until I am finished. Both Apple Health and the CSO are guilty of this, but Apple Health was the worst.”

QUESTION | **Do staff understand your needs?**

9 out of 10 survey respondents (90%) reported that social and health services program staff understand their needs. 1 in 20 (5%) disagreed.

RESPONSE

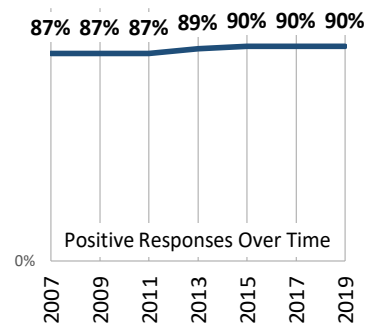


DETAIL

At 90 percent positive, staff understanding remains high.

Positive responses increased by three percentage points from 2007 to 2015, a non-significant increase, with no change from 2015 to 2019.

TREND



Our clients speak . . .

“
A LOT OF THE PEOPLE IN SOCIAL SERVICES HAVE BEEN IN SIMILAR PLACES IN THEIR LIVES. THEY REALLY UNDERSTAND WHERE I AM COMING FROM.
”

Most clients say that staff understand their needs.

“They seem to understand me and know what I'm talking about. They help. They seem warmer and more humane than they are in Indiana.”

“Most of the time they understand and know what I'm trying to achieve.”

“DVR [Division of Vocational Rehabilitation] has always been helpful and understanding of my disability. They provide exactly the services I've needed. They are the best I've ever had to deal with in any government agency.”

“They are there for me and understand my needs. They are quick to do the paperwork. They get it done fast so you can get what you need.”

“They are very understanding and helpful to a child with special needs.”

“They are very clear, they listen, and they do their best to meet my needs.”

“They're understanding of me and my needs.”

Clients appreciate staff who understand their unique circumstances.

“They seem to understand that I am a single mother and sometimes life is hard.”

“They are courteous and understand different situations.”

“A lot of the workers are very understanding and actually care about what is going on.”

“I think the staff are pretty good people and understand the situation you are in.”

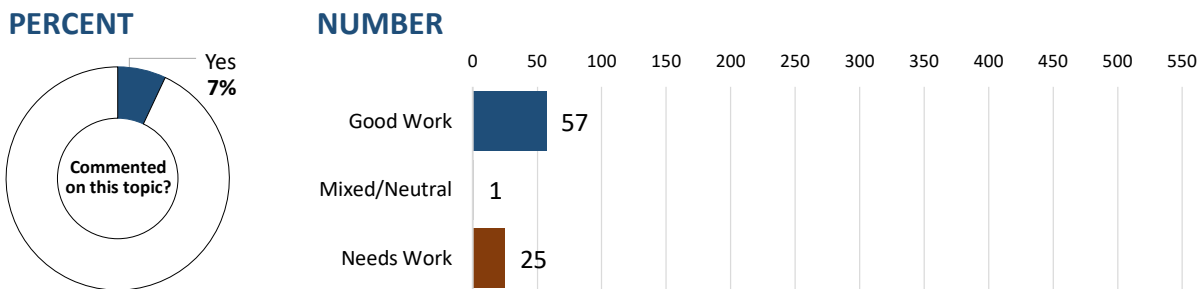
Some clients feel that staff are not understanding.

“Be more understanding of people's needs.”

“They could understand that people are people and they make mistakes. Don't condemn them and completely give up on them.”

“Have more understanding in what people are going through. Stop judging people by their so-called notes.”

83 of the **1,152** clients who made comments (7%) mentioned staff listening and understanding. Of these, 57 comments were positive and 25 were suggestions for improvement.



KEY FINDINGS

Client comments about staff listening and understanding were largely positive.

- Clients praised staff for giving them the time and space to express themselves, for actively listening to their concerns, and for being understanding of their individual needs. Clients receiving services from regulatory programs conveyed appreciation for staff who listened to “all sides” of the story. Several clients noted that understanding and supportive staff provided the encouragement they needed to move forward.
- However, some clients felt that staff did not listen to them or understand their needs. These clients noted that staff members made assumptions, didn’t listen to all parties involved, or didn’t provide the opportunity for clients to share concerns. A few clients mentioned that staff were not understanding when they made mistakes.

Our clients speak . . .

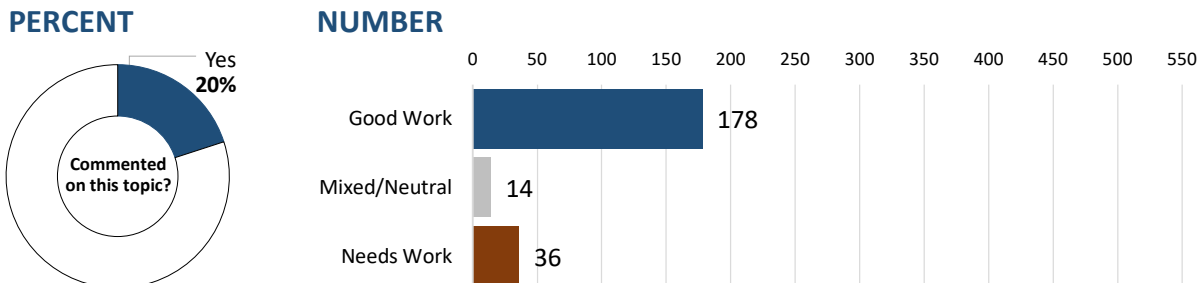
“ I REALLY LIKE THE STAFF. THEY’RE SO UNDERSTANDING. IF I HAVE A QUESTION OR A NEED, THEY’RE ABLE TO HELP ME. ”

Staff support is motivating for clients.
 “They were very concerned and they were on our side; that was very apparent. They cheered us on.”
 “Steve being our social worker was great. He always listened to us and gave us advice and encouraged us.”
 “With the methadone clinic I go to, they made me feel welcome and that they were there to support me and get me to stand on my two feet.”
 “They are really nice and they understand my situation and are reassuring.”

Clients appreciate staff who take the time to find out what they really need.
 “They are always nice to me and always have time for me. They understand where I’m coming from.”
 “They listen and are concerned about the needs of my children.”
 “They’re always there when you need help and they’re very understanding.”

Some clients think communication with staff could be improved.
 “What I like the best is that most of the people I have talked to usually try real hard to make sure I understand everything before leaving the building or hanging up the phone.”
 “Participate in some active listening and then develop actionable steps. More consistent and complete communication.”
 “Maybe have a check-in to see how the services are handled and if there are any life-changing events. Check how newcomers to the program feel about the services and not just guessing that they are well.”
 “They need to inform us when case workers change. I called my case worker and the person said ‘I’m not your caseworker anymore,’ and didn’t take the time to find out why I was calling and expected me to start all over by calling again instead of finding out who had my case.”

228 of the 1,152 clients who made comments (20%) provided other remarks about staff. Of these, 178 were positive, 14 were mixed or neutral, and 36 were suggestions for improvement.



KEY FINDINGS

Any comments about staff that did not refer to courtesy, respect, listening, or understanding were categorized as “other” staff comments. These comments were mostly positive, but revealed a few areas in need of change.

- Most clients commended staff for being helpful, professional, and knowledgeable about services. They especially appreciated staff who went “above and beyond” to help them, made sure they received all available services, and provided responsive customer service.
- A few clients mentioned that some staff have been helpful, while others have not; or that they have worked with staff who had good intentions, but were limited by policies or workload.
- A number of clients noted that communication and responsiveness were lacking. They suggested staff training as an avenue to address poor communication skills, poor client treatment, and insufficient job knowledge.

Our clients speak . . .

“ I WAS PREGNANT AND HAD A CHILD WHO WAS ACTING OUT. I WAS AT A VERY LOW POINT IN MY LIFE. IF IT HADN'T BEEN FOR THE GREAT STAFF AND ALL OF THE HELP THEY GAVE ME TO GET MY DAUGHTER THE SERVICES SHE SO DESPERATELY NEEDED, I HONESTLY DON'T KNOW WHERE WE WOULD BE TODAY. ”

Clients appreciate staff who are helpful, responsive, and hardworking.

“I haven't run into anyone who's been a slouch. They take good care in making sure our daughter gets services needed and available.”

“They try to help you with your problems as quickly as possible. They are hardworking people.”

“I know they are overworked and no matter how stressed they might be, they are always professional and kind.”

“They have all been helpful even though I've been grumpy.”

Clients praise high-quality staff.

“All of the programs and dedicated people are great. You never want to be in these services. It's embarrassing and you'd rather be contributing to them than using them. But they are so fantastic, bless them all.”

“You all are the gold standard right now. Our social workers were fantastic.”

“Our social workers were so amazing. They wanted to place kids and they were willing to work with people. You don't find that in other states.”

“They were compassionate and understanding, and provided me with the tools I needed to help my son progress at home. Everyone we have dealt with has been wonderful.”

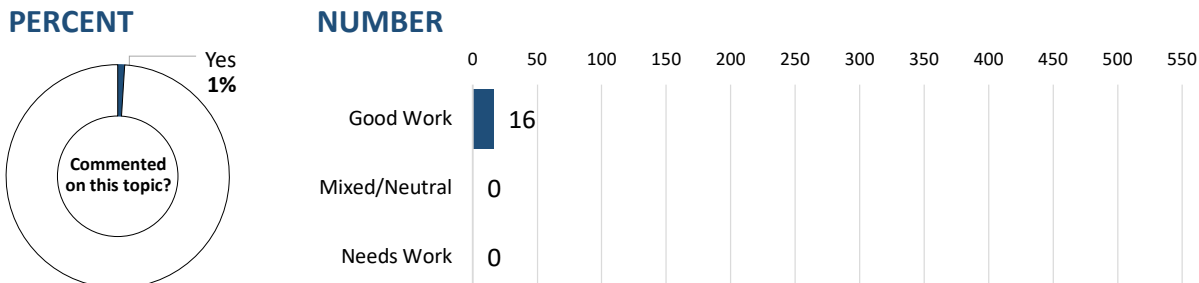
Some clients see areas where training could improve staff skills.

“Would be nicer if all of the staff was trained to be friendly and engage with people more. When you are in the situation, you don't want to be dealing with a hater.”

“DVR needs to do a better job training their case managers about the different programs available to folks.”

“The staff needs more knowledge and training. They need to review the application to determine what the client is eligible for. I don't always know the questions to ask.”

16 of the **1,152** clients who made comments (1%) mentioned specific staff members. All comments were positive.



KEY FINDINGS

The sixteen positive comments mentioned specific employees who were particularly helpful, exceptional at their jobs, or went out of their way to help.

- Two clients traced positive life outcomes, like graduating from school and being able to buy groceries without food stamps, back to the good work of specific social and health services staff.
- Clients were grateful for the little things, like when staff remembered them after years had passed or when they were proactive about post-partum needs.
- In difficult circumstances, clients remembered by name those who showed them kindness.

Our clients speak . . .

“ I JUST WANT TO GIVE A SHOUT OUT TO JULIE JANKY IN THE CSO. SHE EVEN REMEMBERED ME AFTER I HADN'T SEEN HER IN TWO YEARS. WHO DOES THAT THESE DAYS? ”

Clients complimented the good work of specific staff members.

“Sarah Crain (my son's case manager) has been amazing. We give her the highest marks for what she has done to help our family.”

“What I like best is my specific counselor, Haley Gross.”

“Robert Federico in Spokane (he is a social worker) has been such a help with my SSI application.”

“DDA (specifically Holly Ridge) has been great and they are always eager to help us.”

“Theresa Fach went out of her way to make sure our adoption was successful and we were very pleased with her.”

“The DVR office in Bellingham is just wonderful. Debbie Maxwell is amazing, She's an extraordinary, wonderful, and just so intelligent woman. She had been my counselor for years. I told her I wanted to go back to school and she made it happen. I proudly graduated at age 64.”

“My advocate, Sunnie Smith (Cowlitz County) is there for me and I trust her. I'd also like to mention Leslie Pfanez. She's Tribal and she's a chemical dependency counselor. She is so good at what she does.”

“I had a fantastic social worker in Longview, her name was Terry. Actually, for the first time today, I bought groceries without using food stamps. It was so weird, but it felt so good to be able to do that on my own!”

“Steve at White Center was so kind.”

“Kathy at the Ellensburg CSO is terrific. She goes above and beyond what her job duties require.”

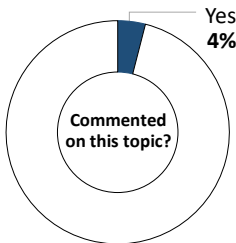
“The Child Protective Services workers are flexible and one in particular, Laura, brought me a voucher for my new baby. She was great.”

“I love my case manager Heather at Aging and Adult.”

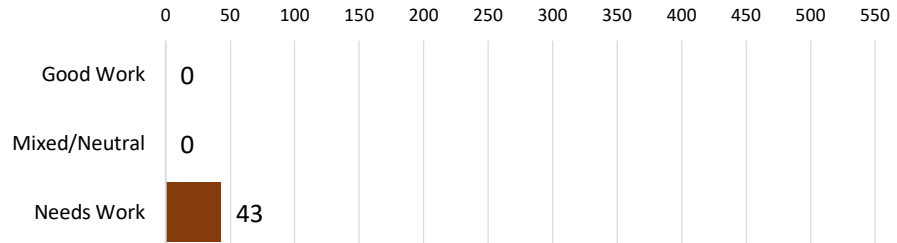
“I was sorry I didn't help my kids and it had to go that far, but Mrs. Palmer was a great person to work with.”

43 of the **1,152** clients who made comments (4%) mentioned the need for more social and health services staff.

PERCENT



NUMBER



KEY FINDINGS

Comments included in this category were negative, by definition. Clients noted that:

- High workloads lead to poor response time and poor communication.
- High workloads affect staff’s ability to be attentive, causing client needs to go unmet.
- High workloads contribute to staff stress and burnout, which affects how clients are treated.
- High turnover causes difficulties in service delivery and negatively impacts the overall client experience.

Our clients speak . . .

“
I BELIEVE THE CASE WORKERS WERE OVERLOADED. THEY COULDN'T GIVE US THE ATTENTION WE NEEDED.
 ”

Clients think customer service would be better if staff weren't overworked.

“Hire more staff in the Community Services Offices so the wait time won't be so long.”

“They try to process everything fast, but they are understaffed.”

“Hire more people so that you are not on the phone on hold for so long just to ask a question.”

“Having more people to answer phone calls. It would definitely help. It's dreadful knowing you have to call down there.”

“I think the people have good intentions but I think they are limited too much by the workload or the policies. So, the needs of the client tends to be overlooked or neglected. I think they could be really great programs, but they just aren't yet.”

Clients can feel staff stress.

“Hire, support, and maintain smart, caring, passionate, and innovative staff. Hearing and feeling the burnout adds to our stress and fear.”

“It is sad to see how some of the most vulnerable clients are treated. I think there is a compassion fatigue for many of these workers. They sometimes forget their customers are people.”

“Be able to have more staff since their caseloads are too heavy and it is a heavy job.”

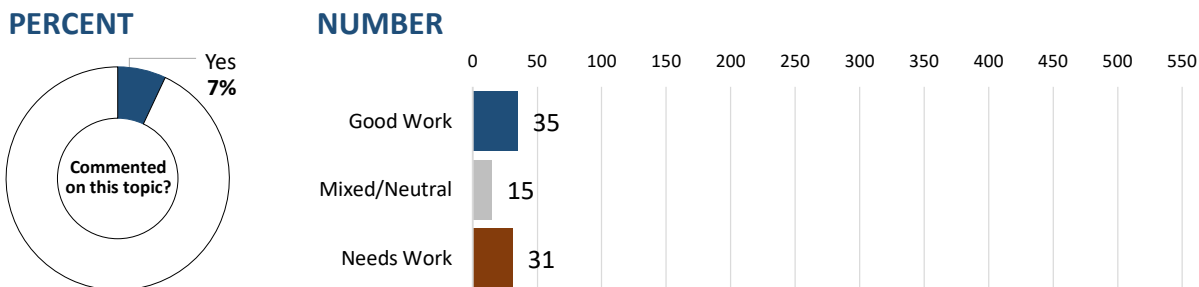
Clients think there's too much staff turnover.

“Retain good people longer in their jobs so we don't have to get used to new people all the time.”

“Social worker turnover rate is very bad. They need smaller caseloads. When we got a new caseworker, which was very often, it was like starting from the beginning all over again. It took almost six years to close her case. The longer time makes it harder on the child.”

“Reduce the high turnover between the workers, which leads to inconsistency in training.”

81 of the 1,152 clients who made comments (7%) mentioned providers. Of those who commented, 35 were positive, 15 were mixed or neutral, and 31 were suggestions for improvement.



KEY FINDINGS

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

- Half of the clients who made comments about providers expressed appreciation. A large share of these comments mentioned positive interactions with primary care doctors and their staff. Several clients expressed appreciation for the high quality care received in group homes or from individual caregivers. Others noted the high quality counselors they have worked with while receiving services.
- Clients also suggested providers should tailor treatment to individual needs, provide more continuity of doctors and counselors, and address the rude behavior of some clinic staff.

Our clients speak . . .

“ I WENT TO SEA MAR MENTAL HEALTH AND THE COUNSELOR WAS ESPECIALLY GOOD, BUT SOMETIMES IT WAS OVER A MONTH BEFORE I COULD SEE THE NURSE PRACTITIONER FOR MY MEDS. ”

Clients note the many ways providers support them and offer high quality care.

“My drug and alcohol counselor has awakened me to a lot of my stressors and triggers to the point that I am not even tempted by drugs and alcohol anymore. I am extremely impressed by the program.”

“It is so good that we can go to a doctor that speaks Korean. He takes care of all our needs and he is a very detailed person.”

“Living Life in Vancouver, Washington has been wonderful, and their program is so far a great program.”

“I had the best guardian ad litem. She was the only person who did not make me feel like a crappy person and a bad father.”

“I like that my son is being watched over and taken care of. He is so happy in his group home.”

“The doctor's office staff are great. They all know my name and are respectful towards me.”

Others think that service from their providers could be improved.

“Please hire strong, more responsible psychiatric counselors for Compass.”

“They should shadow the new mental health therapists more until they get some experience on how to treat live clients.”

“Improve the quality of the providers in rural areas. They want us in and out very quickly. It feels like they don't really care.”

“The intake process at Community Psychiatric Clinic was grueling and not very human friendly. Only first come first served? And took over two hours to complete? Really? Not good.”

“Stop cycling through mental health counselors. I have very bad trust issues and I just start to have a trusting relationship with a counselor and then they are gone. Fix this!”

“At another clinic, they shamed me. They should not say those things because they are there to help us, not discourage us.”

Access and Processes

Social and health services must be accessible.

The processes for applying for and using services – and asking for help along the way – must be easy for clients to navigate.

Survey scores about access and process are mixed. Clients generally agreed that it was easy to get services quickly and that office locations were convenient and open at good times. However, contacting staff continues to be a challenge for many clients.

- *Are program offices open at times that are good for you? (90% positive)*
- *Is it easy to get to the program office? (88% positive)*
- *Did you get services as quickly as you needed? (84% positive)*
- *Is it easy to get services from the program? (83% positive, up from 75% in 2017)*
- *Do staff return your calls within 24 hours? (79% positive, up from 74% in 2017)*
- *When you call, is it easy to get a live person when you need to? (74% positive, up from 66% in 2017)*

Clients also had a lot to say about this topic. Almost half of the comments (49%) mentioned access or processes. Of these 565 comments, 336 were suggestions for improvement and 150 were positive.

Many comments noted improvements in access to staff and managing processes online. However, even more expressed frustration with long wait times in the office and over the phone. Among other things, clients want longer hours at Community Services Offices, better staffing on the phone, simple application processes, and individualized services.

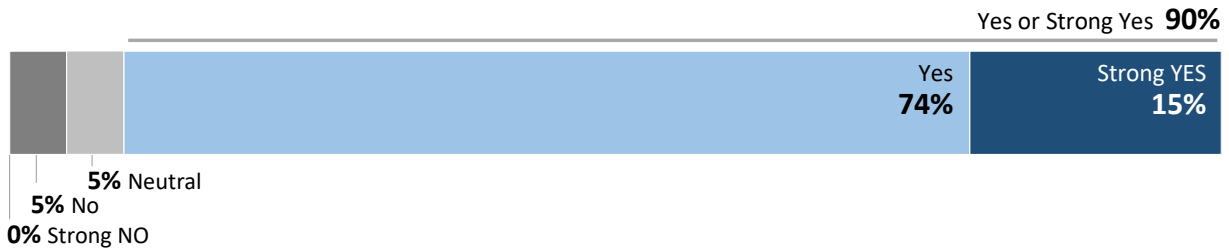


Getty Images/iStock

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

9 out of 10 survey respondents (90%) reported that offices are open at times that are convenient for them. 1 in 20 (5%) disagreed.

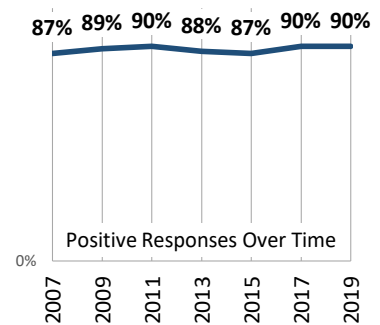
RESPONSE



DETAIL

At 90 percent positive, responses to this question remain high, with no statistically significant change since 2007.

TREND



Our clients speak . . .

“**THEY TELL ME, GO TO THE OFFICE. ONLY PROBLEM IS, BY THE TIME I CAN MAKE IT TO THE OFFICE, THEY'RE ALREADY CLOSED FOR THE DAY.**”

Some clients think longer hours would improve services.

“Do two shifts per day. That will allow more people to get services.”

“Have the social service offices open later into the early evening, as I sometimes work later into the evening. That way the lines in the CSO [Community Services Office] would be shorter. And the window closes at 2:00 pm, which means we have to get there really early. Sometimes we still have to wait until the next day.”

“DVR [Division of Vocational Rehabilitation] shouldn't close during lunch hour (SeaTac office).”

“They need more flexible or extended office hours.”

“The CSO should be open beyond 3:00 pm or make it clear to everyone that they close at 3:00 pm. This early closure is not helpful for people who work or are looking for work.”

“They need longer hours of operation.”

Others want evening and weekend hours.

“Have CSO availability on Saturdays for the working people.”

“It would be nice if Division of Child Support was open one evening a week or a half day on Saturday. I have to take time off to go there and it's not easy for me.”

“I wish that there were extended business hours for people who work during the day. Or at least one day a week that you can call before 8:00 am and after 6:00 pm.”

“Have better hours for those of us who work 9:00 am to 5:00 pm or maybe some weekend hours.”

“Later hours at the office would be helpful.”

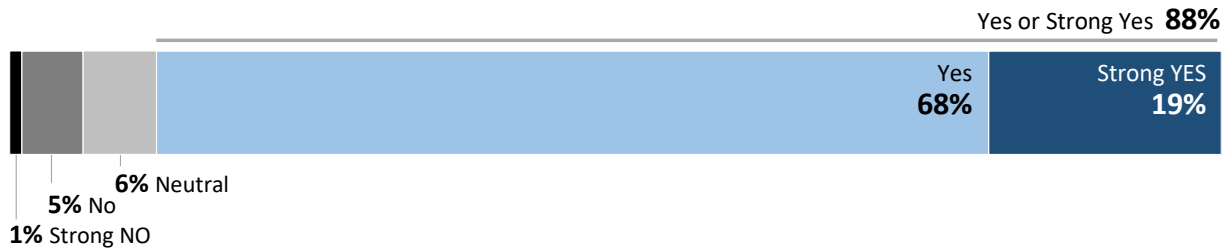
“Child Protective Services should be open later in the day for visits. Something like 7:00 pm instead of only 5:00 pm.”

“Office hours aren't always good when you work 8:00 am to 5:00 pm. I can't get to the office. I have to take time off work.”

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

Nearly **9** out of **10** survey respondents (88%) reported that it is easy to get to program offices. Less than **1** in **10** (6%) disagreed.

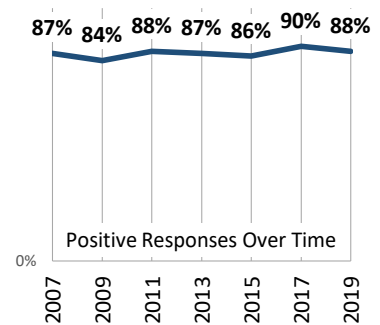
RESPONSE



DETAIL

This question declined from a high of 90 percent positive in 2017, but the two percentage-point decrease is not statistically significant.

TREND



Our clients speak . . .

“
IT IS LOCAL AND HAS BEEN VERY CONVENIENT. LAST TWO TIMES I WAS THERE, I WAS IN AND OUT.
”

Most clients think it's easy to get to their program offices.

“I like that it's easy to get to, and I could go in and talk to someone if I had questions.”

“All of the offices are very close to each other. The doctor's office I go to is also really close, so it makes it easy to get from one to the other.”

“I like that the bus takes me to the office.”

“The office is in a good location. It's easy to get to.”

“I like that an office is available in my town.”

Some clients find access difficult.

“We need easier access on Whidbey Island. We have to travel so far to get to the Community Services Office.”

“They could have treatment offices closer to the client's home.”

“They could have a different office in an easier spot to get to.”

“I was doing so much counseling and too many requirements for me to complete. They thought it was beneficial, but sometimes it's not possible to do it all. I had to drive an hour from my house to do these appointments for Child Protective Services and Mental Health.”

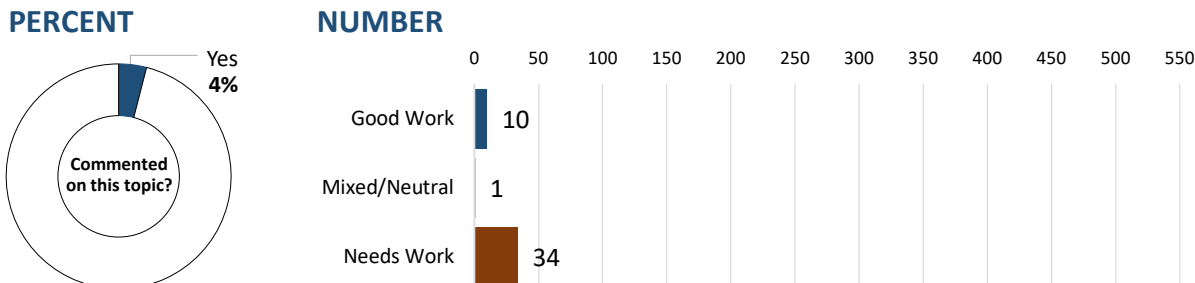
Others want more office locations.

“There should be a Division of Child Support representative in every DSHS office. I live in Port Angeles and I am told I would need to travel to Tacoma to talk with someone.”

“They should have more locations around the state, like small walk-ins, especially in small towns and cities.”

“Consider locations that are not only in the downtown core when serving large cities and the surrounding areas.”

45 of the **1,152** clients commenting (4%) mentioned office location and hours. Of these, 34 comments were suggestions for improvement, and 10 comments were positive.



KEY FINDINGS

Comments on location and hours of Community Services Offices (CSOs) and other program offices generally expressed dissatisfaction or provided suggestions for improvement.

- Positive comments were small in number, but several of them mentioned that program offices were easy to get to. However, clients who live in rural or remote areas said that access is difficult for them. They said more office locations outside of urban cores would help.
- Many clients said it is difficult for them to make it to the program office between the hours of 8 and 5.
- Some clients expressed frustration with transportation, particularly for clients who are older or who have disabilities. They said more options for transportation would help.

Our clients speak . . .

“
THEY NEED TO MAKE IT MORE CONVENIENT TO ARRANGE TRANSPORTATION, ESPECIALLY FOR SENIOR CITIZENS LIKE MY MOM. BECAUSE SHE IS IN HER OWN HOME, TRANSPORTATION IS HARD.
 ”

Some clients want more hours available for provider appointments.

“A lot of the hours available for mental health services are fairly limited and more options need to be made available.”

“The whole waiting for a therapist is so inconvenient. The office is only open two days a week, and it's always a first come, first served basis. But taking him out of school and me taking time off work is just a hassle. There is no guarantee that you'll be seen either.”

Transportation is an issue for some clients.

“My mom received a lot of services, and it was hard to get programs to assist her. I've seen able-bodied people just go in and get whatever they needed, but it was difficult for her. She felt that it was because she was disabled. People with disabilities should get a standard bus to ride and get around.”

“Transportation when living out in the country is an issue.”

“The hours are suitable for those with good transportation, so possibly they need better transportation for those who live remotely.”

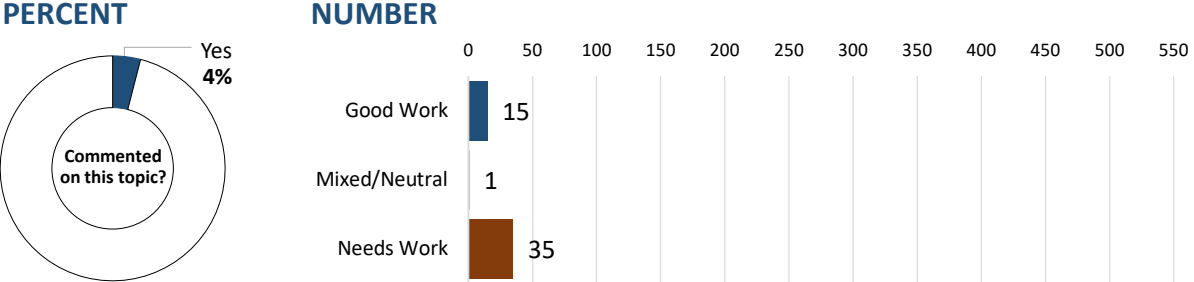
“I have to travel 20 miles to Spokane, which is very expensive for me.”

Some clients said offices need physical improvements.

“Please get better chairs in your waiting rooms.”

“The offices seem very clinical and I know it's a small thing, but it should be decorated more colorfully and more inviting and comfortable.”

51 of the 1,152 clients commenting (4%) mentioned appointment process. Of these, 35 comments were suggestions for improvement, and 15 were positive.



KEY FINDINGS

Most comments about appointment processes were negative.

- Some clients appreciated in-person and remote options (phone or online) for appointments. A few clients noted that wait times have improved over time.
- The majority of client comments were about long wait times in Community Services Offices (CSOs) and other program offices. Several clients also noted long wait times on the phone. A few mentioned long wait times between appointments.
- Clients thought office wait times could be improved if there were more lines open at the CSOs, more staff on the phone, and more availability for appointments.

Our clients speak . . .

“
IF YOU GO INTO THE OFFICE, YOU CAN'T SEE YOUR WORKER, AND HAVE TO WAIT FOR HOURS JUST TO ASK QUESTIONS.
 ”

Clients appreciate having both in-person and remote options for appointments.

- “I like meeting people in person.”
- “When you go into the building the services are faster in person and you don't have to wait. That's nice.”
- “I like having the ability to communicate with agencies without having to leave my home.”
- “In Washington they were fantastic. They were willing to do interviews remotely because I was deployed at the time.”
- “Most of the time we work with the office by mail and don't have to go in. We don't have to call them all the time.”

Clients don't like long wait times in the office.

- “I had to wait a lot when I needed to renew or apply for benefits. I had to wait about two hours in the office.”
- “I think that when you go into the office the lines are too long and the wait is awful.”
- “Wait times at the CSO are way too long.”

“ESA could get more people to answer the phones much more quickly. There are also long waiting lines in the CSO.”

- “The wait times are a little crazy.”
- “If you need to apply for other services, the waits can be really long.”
- “I wish the wait in the office could be shorter.”

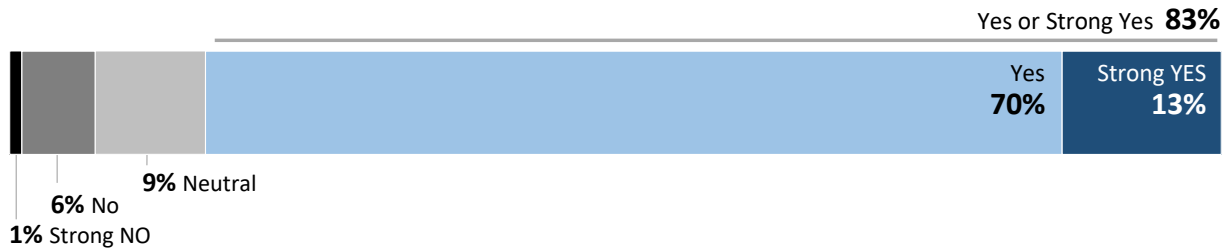
Some clients offered suggestions for how to improve wait times.

- “When you have to go into the office, it shouldn't take us two to five hours. They should have more people on the phones, so wait times aren't crazy.”
- “They should get more workers at the front desk at the CSO so we don't have to wait as long.”
- “I wish there was a way to make an appointment ahead of time, so I can go in at a set time, check in and get help, without waiting in line.”
- “They should make appointments so we don't have to wait so long.”

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

8 out of **10** survey respondents (83%) reported that it is easy to get the services they need. Fewer than **1** in **10** (7%) disagreed.

RESPONSE

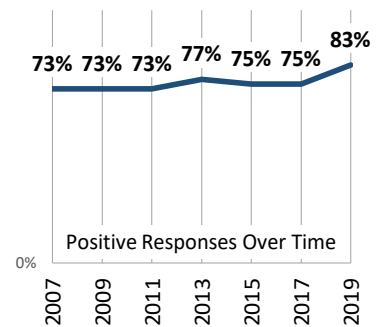


DETAIL

At 83 percent positive, the 2019 score represents a new high for this question.

Positive responses increased by eight percentage points compared to 2017, a statistically significant change that is one of the largest increases in the survey. Positive trends were widespread, with statistically significant increases for Children and Family Services (DCYF), Community Services Division (ESA), Aging and Long-Term Support Services (ALTSA), and Medical Assistance (HCA).

TREND



Our clients speak . . .

“**THEY MAKE IT EASY TO GET THE HELP YOU NEED.**”

Many clients say it's easy to get services.

“The process is easy to deal with. All of my son's needs are met, and we get the answers we need. I am very grateful for the assistance.”

“To me, it was pretty easy to get the help I needed. I went in person to do the paperwork.”

“It was a real quick, easy process. I was able to get my medical card soon after applying.”

“I like the ease of getting help.”

“It's easy to deal with them. I have open communication with my kids' dad. They take the information I give them and handle things.”

“It's easy to get services. They do all the paperwork and they tell me what is covered.”

“I feel like my son gets what he needs and the system is fairly easy for us to navigate.”

“I especially appreciate the counseling program. They released me and put me in an interim program but when I needed to go back, it was super easy.”

Some clients have mixed feelings about ease of service.

“Generally I have had an easy time getting services where I have lived, but not medical services.”

“You get bumps in the road. You wish some things would move faster, but that's understandable.”

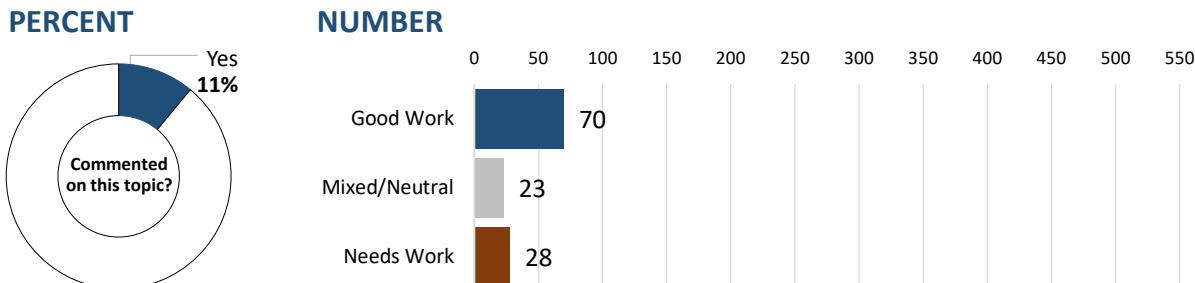
For others, it's not so easy.

“Receiving services when he was a child with DD was easy, and as he's gotten older it's been extremely difficult to get much-needed services.”

“Everything is complicated. Now we're trying to get some services for my dad and it's been so long since we've done the application. There are so many unnecessary things.”

“Make it easier to apply and streamline things.”

121 of the **1,152** clients commenting (11%) mentioned processes in general terms. Of these, 70 comments were positive, and 28 were suggestions for improvement.



KEY FINDINGS

Most comments about general social and health services processes were positive, but some comments revealed areas in need of improvement.

- Many clients expressed appreciation for services that were easy to get and use. They were grateful for processes that were accessible, efficient, and effective. They also liked processes that ran smoothly with minimal interaction.
- A large share of the negative comments noted that processes were “one-size-fits-all” with little room for personalization. Others described instances where complicated processes resulted in confusion or errors.

Our clients speak . . .

“**EVERYTHING WORKS SO SEAMLESSLY FOR MY MOTHER. ALL THE BURDEN WOULD FALL ON US OTHERWISE AND WE ARE VERY GRATEFUL.**”

Many clients describe processes that are smooth and free of error.

“Everything is made simple for me and runs smoothly. They provide me with medical, food stamps, and treatment.”

“They are efficient.”

“I only pay my child support through Division of Child Support. The process at my end runs smoothly.”

“Everything worked fairly smoothly. It was easy to sign up with a provider and that provider was very responsive and helpful.”

“They are on top of things and they're quick to help.”

“Overall, it's been a pretty smooth experience.”

“I have never had any problems with the programs. Everything runs well.”

“We appreciate that everything seems to run seamlessly and we rarely have to interact with them.”

“I like the ease of use. We have never really had any problems with the medical program.”

“I can't honestly think of a way they could do things better currently. Everything is done pretty efficiently.”

Clients don't like “one-size-fits-all” approaches.

“Kids are not cookie cutter and programs should eventually be a little more tailored to what kids and families need. You would retain more foster parents that way.”

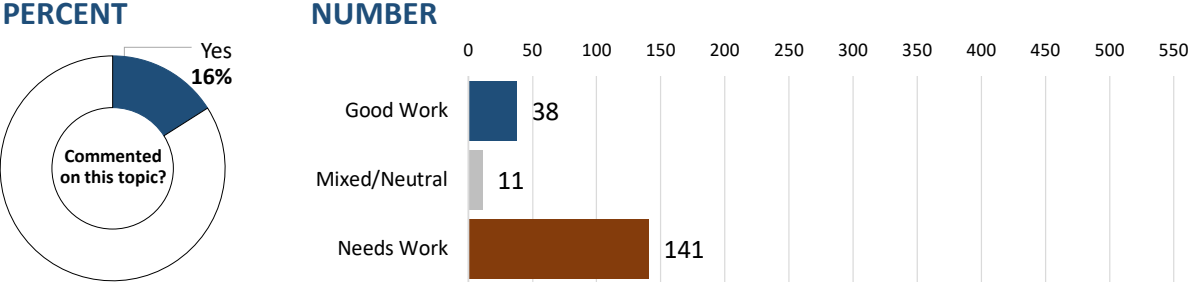
“Assist each person with their specific needs instead of a broad band of services. Each person has different circumstances.”

Some clients describe complicated or error-prone processes.

“There have been so many hoops to jump through to get a hearing aid and sometimes things just seem backward to me.”

“I sent a form to DCYF and they said they never got it. I paid extra for certified mail both times and someone signed for it, but I was told repeatedly that it never arrived.”

190 of the **1,152** clients commenting (16%) mentioned specific processes. Of these, 141 were negative or suggestion for improvements, and 38 were positive.



KEY FINDINGS

Comments about specific processes related to access or delivery of social and health services were mostly negative or suggestions for improvement.

- The positive comments noted appreciation for a range of processes, including automated payment methods, a good system of medical referrals, and detailed records for child support.
- Some negative comments described frustration with processes common to many programs, like excessive or confusing paperwork, poor online services, or impersonal automated information services.
- Many clients also noted program-specific suggestions for improvement, like more caregivers for older adults and individuals with disabilities, better support for foster parents and kinship caregivers, and stronger enforcement of payment from noncustodial parents.

Our clients speak . . .

“ I’D LIKE TO SEE MORE CAREGIVERS THAT ARE SPECIFICALLY TRAINED. IT’S CHALLENGING TO FIND A CAREGIVER. ”

Clients describe many specific processes they appreciate.

“Our daughter is able to volunteer two days a week, which will help her get a job where she can make a little bit of money.”
 “I loved that I got to have my same family doctor for the kids through Apple Health.”
 “Referrals are easy to get.”

But most describe difficulty with specific processes.

“The worst thing about it is that Division of Child Support pulls my license, and how am I supposed to pay support if I can’t get to work?”
 “They need to have an appeals process if the state denies services and not just ‘we won’t approve that.’”
 “I felt like they didn’t put much effort into finding a job that really fit my needs.”

Several clients note issues with the amount and complexity of paperwork.

“They should shorten the paperwork needed to get assistance.”

“I think they could make the paperwork process clearer to the average citizen. We don’t know the lingo and how to approach it. Make it easier. We are already stressed out by the health issues and the extra confusion about paperwork is not good.”
 “There should be less paperwork.”

Many clients express frustration with automated information systems.

“I think they need more person-to-person contact instead of the computer to get answers.”
 “They should get rid of the automated systems.”

But clients appreciate automated financial transactions.

“I am grateful that I have an automatic way to make my child support payments.”
 “When my ex-husband pays any money in, it goes right on my card at the bank.”
 “Economic services (i.e., WIC program) needs to move past the paper check system to a system similar to EBT.”

Some client comments revealed program-specific challenges.

Our clients speak . . .

AGING AND LONG-TERM SUPPORT ADMINISTRATION

Clients want more frequent contact.

“Have more contact with the client or their family: twice a year instead of once.”

“Check in more often with the client, like every six months instead of once a year.”

DEVELOPMENTAL DISABILITIES ADMINISTRATION

Clients want more respite care.

“I appreciate all of the hard work from the people at DDA and DSHS, but the amount of training that’s needed for caregiving is limiting caregivers. I’ve gone two years with little to no help and I feel like walking away from it all—for my family and everything—for a week, to provide myself some self-care. That’s how serious it is.”

“I cannot get respite care. My son destroys things in my house: doors, windows, blinds, furniture, etc. I need the respite care to get him out of the house so repairs can be made for the damage he has done.”

DIVISION OF VOCATIONAL REHABILITATION

Clients have suggestions for waitlist priorities.

“Take the people who are employable and get them into the workforce. Some of us are injured and need other help to get back to work, but we are too far down on the list of clients in order to be served.”

“We had one interview with DVR. Despite the second-to-worst rating of severity, we never were offered any services. Prioritizing should consider age also because a 20 year-old has the most to lose over a lifetime if they cannot gain successful employment.”

ECONOMIC SERVICES ADMINISTRATION - DIVISION OF CHILD SUPPORT

Client comments highlight the challenges associated with ensuring correct payments.

Custodial Parents

“I haven’t gotten full child support from the father of my child for over three years. He works full-time at his job and I think his boss is not recording his hours in order to cheat me. I wish the agency would look into this fraud.”

“They don’t hold him responsible for the medical or childcare expenses he’s supposed to cover.”

Noncustodial Parents

“My daughters are Canadian. Child support was based off what I was supposed to pay in Canadian dollars. But, Washington State took the amount in US dollars, which meant I paid more child support than I was supposed to pay. My ex-wife gets 20% to 30% more than she should.”

“Track the money I send and make sure it’s being used for my kids.”

ECONOMIC SERVICES ADMINISTRATION - COMMUNITY SERVICES DIVISION

Clients note issues related to mail service delivery.

“Send out the renewal information in a format besides the mail. I don’t always get the mail in time and I have to reapply because I missed the deadline.”

“Make it so you could come into the office and pick up a new EBT card if you lose it. Some people cannot wait for you to mail them a new one.”

HCA - MEDICAID/APPLE HEALTH SERVICES

Some clients have trouble with online access.

“Make it easier to call the medical provider’s offices. The online access for healthcare was not user-friendly.”

“Don’t make us change the online password - it’s not Fort Knox.”

HCA - MENTAL HEALTH SERVICES

Clients note issues with treatment options.

“When it comes to mental health, the emergency rooms are not prepared. There needs to be a place to hospitalize the patients who are suicidal, as my husband was ready to take his life. He begged them to keep him, as I did. We need more help for the mentally ill.”

“Mental Health needs to screen who they place together in homes. I’m PTSD and I’m placed with a heroin addict who committed suicide. The drug addicts should not be in the same house as the mental health clients.”

HCA - SUBSTANCE USE TREATMENT SERVICES

Clients have specific suggestions for improvement.

“I wish they had a mentor or coach to meet with you, not hold your hand, but just walk with you through the program services. Homelessness is huge and it’s sometimes the reason people use. I would like one person walking us through the steps with all the programs.”

“They should have a drug and alcohol center in South King County (i.e., Federal Way, Auburn, Kent, Burien) for the methadone program.”

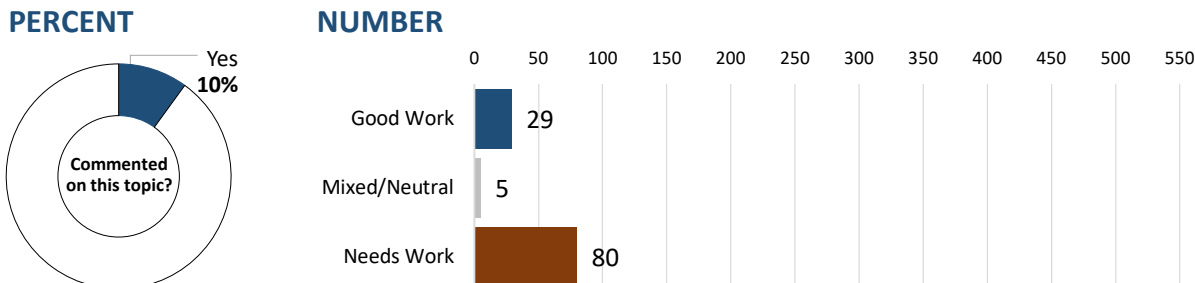
DCYF - CHILDREN AND FAMILY SERVICES

Clients want more support for foster parents.

“The adoption rules need to be better explained to the foster parent.”

“There should be more support during the adoption process so foster parents don’t get guilted into adopting to keep our foster child from going into a group home.”

114 of the 1,152 clients commenting (10%) mentioned eligibility processes. Of these, 80 comments were negative or suggestions for improvements and 29 were positive.



KEY FINDINGS

Comments on eligibility processes were generally negative or suggestions for improvement.

- Many of the positive comments noted that it’s easy to apply. Clients also appreciate online and phone options. Two clients mentioned that it’s easier to apply in Washington than other states.
- A large share of the negative comments expressed frustration with income limits that were generally too low, too strict, or based on gross (rather than net) pay. Some clients said the timing of benefit reductions created financial hardship for them.
- Others thought the policies and procedures associated with qualifying for benefits were confusing or arbitrary.

Our clients speak . . .

“
THEY SHOULD MAKE IT EASIER FOR PEOPLE WHO WORK TO GET HELP. MY HUSBAND GETS PAID MINIMUM WAGE AND WE STILL DON'T QUALIFY.
 ”

Clients appreciate the option to apply online and over the phone.

“I like that I can do most of the application process and renewals over the phone.”
 “I like to recertify online. This is more convenient for me.”

Many clients note frustration with income limits that are too low.

“Make the income level higher for medical coverage. We no longer qualify.”
 “I’m a single mom and work but still need help. I think the food stamp standard needs to be reviewed. So many working families live on the edge.”
 “My daughter started working eight hours a week and her food benefits were reduced by more than 50%. Her few wage hours were about the same as the reduction.”
 “Take real expenses into consideration when determining benefits.”

Others find the income limits too strict.

“There should be a little more flexibility. We did not qualify for day care because we made \$10 too much.”

“Change your dumb guidelines. It isn't fair that if someone makes \$3 over your max income amount that they should be denied any help at all.”

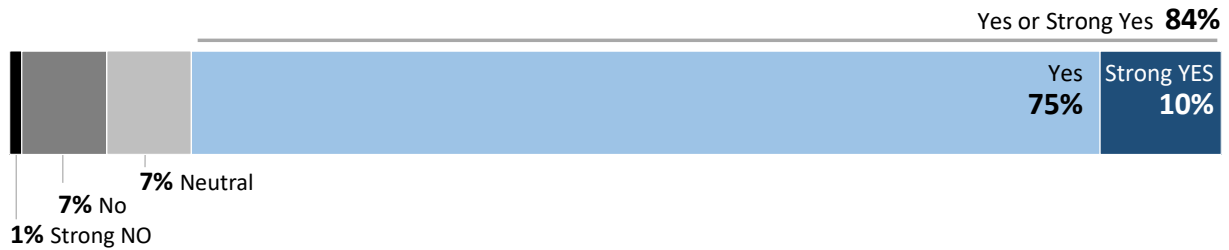
Others describe rules that they find problematic.

“I got work at a decent wage, but it was going to be a month before my first paycheck and my benefits got terminated. It created a huge financial hardship. A buffer of maybe 60 to 90 days would help.”
 “Because of my accident, I've had 17 surgeries and am now a partial amputee. Yet they denied me disability. I was told that they always deny the first time. I think they need to review their policy.”
 “I would say there is an issue when I go to the store and ask that a sandwich be warmed up, but the store tells me that I cannot use my food stamps if they warm it.”
 “Change the age limit for dental and eye exams. Once you are 21 years old they no longer cover these services.”

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

More than **8** out of **10** survey respondents (84%) reported that they got services quickly. Fewer than **1** in **10** (8%) disagreed.

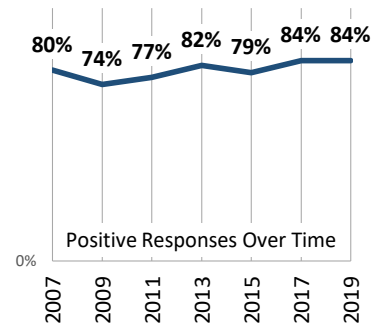
RESPONSE



DETAIL

Positive responses did not change compared to 2017. Longer term trends show statistically significant increases compared to 2007.

TREND



Our clients speak . . .

“ WHEN MY HUSBAND GETS LAID OFF WE GET FOOD STAMPS IMMEDIATELY AND I'M ABLE TO PROVIDE FOR MY CHILDREN. **”**

Many clients express appreciation for quick approvals for services.

“Medical was great, and we got approved for medical immediately.”

“I like that they respond quickly to my needs and provided us with support very quickly.”

“I like that I don't have to wait to get help, and the service in general is great.”

“Economic Services Administration helped me out during hard times and were speedy. I can't complain.”

“The programs work better in Washington than Oregon. It is easy to apply for the services we needed, and we got help immediately.”

They also appreciate receiving those services on a timely basis.

“They give me my food stamps on the day they say they're going to.”

“The benefits are always on time.”

“Everything is done on the computer and you can get one-day service.”

“They are pretty fast at getting me interviews and getting me a job.”

“It is a lot quicker to get the services than it used to be. Now you can get to the counter instead of waiting two to three hours.”

“I like the fact that they are helping low income families to get mental health and medical services on a timely basis.”

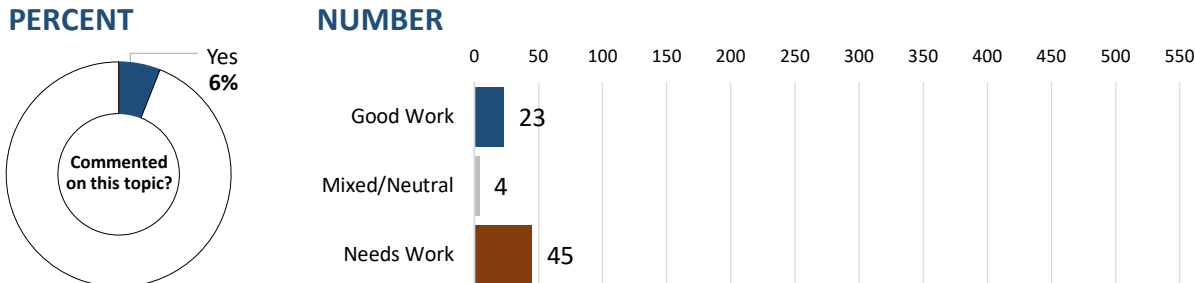
Some clients are frustrated with long approval times.

“Sorry to sound so negative, but I am just worn out with fighting to get things for my son. I want him to be as independent as he can be, but it's such a struggle to get things from the department. Everything is a fight, followed by a long wait.”

“With Long Term Care, I've had to wait such long periods for decisions.”

“It took too long to approve, and by the time it was approved, it was time for my review. It confused me because I thought I had just done it.”

72 of the **1,152** clients commenting (6%) mentioned timeliness of services. Of these, 45 were negative or suggestions for improvements, and 23 were positive.



KEY FINDINGS

Comments on timeliness of services were more negative than positive.

- The positive comments described appreciation for quick approvals for services, timely receipt of those services, and staff who were quick to help throughout.
- Many of the negative comments described long approval times to begin services or receive certain benefits. Clients noted long wait times for various services, including housing assistance, vocational services for people with disabilities, mental health and dental appointments, and approvals for medical equipment.
- Some clients mentioned certain administrative processes that slowed down service. Others noted getting information that was not timely – like receiving notice their benefits would expire on the date the renewal was due.

Our clients speak . . .

“
I DO NOT LIKE THE FACT THAT WE HAVE TO WAIT THREE MONTHS BEFORE I CAN GET HELP. I COULD HAVE GOTTEN ON MY FEET MUCH QUICKER IF THEY GOT RID OF THAT THREE MONTH WAIT.
 ”

Positive comments about timeliness often mention helpful staff.

“The office makes sure Sally is covered and that the paperwork is completed in time.”

“They take care of their patients and clients. They are on top of things and I don't have to wait long.”

“They take care of the issues (especially medical) with such ease. They are so quick in getting us the services we need.”

Many clients think the waitlists for services are too long.

“My son's been on the waiting list for four years.”

“They need to shorten the waiting list in order to get services from DVR.”

Others note long approval times, especially for medical equipment.

“It takes too long to get things approved. I'm waiting on a new hospital bed and wheelchair.”

“They could respond a little faster, especially when we are dealing with durable medical equipment. Seems like the approval takes forever. We've waited as long as a year for some of the equipment for our son.”

Clients wish certain processes were faster.

“I wish they were quicker with paying my medical bills.”

“One thing to improve is to process child support payments quicker.”

“The adoption did take too long. That was the most frustrating part. It took over two years.”

Clients express frustration when the information they receive is not timely.

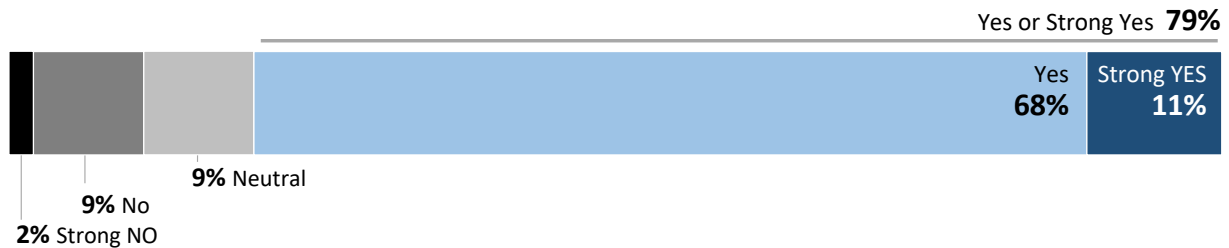
“At one point, my benefits were set to expire and I didn't get my form in the mail until the day it was due. I had to rush to get it into the office. More notice on those types of things would be very helpful.”

“I get letters at the same time with different dates, or later get a letter with an earlier date. That leads to total confusion.”

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

Nearly **8** out of **10** survey respondents (79%) reported that social and health services staff returned their calls in a timely manner. Just over **1** in **10** (11%) disagreed.

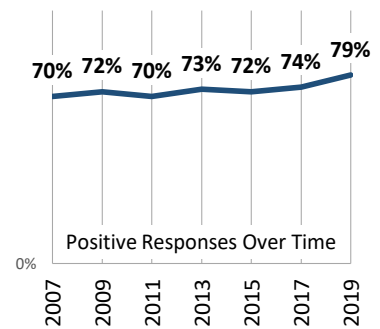
RESPONSE



DETAIL

Positive responses continue to rise, with a five percentage-point increase compared to 2017 and an impressive nine percentage-point increase compared to 2007. Both increases are statistically significant, and the 2019 score represents a new high.

TREND



Our clients speak . . .

“ I LIKE THE RAPID RESPONSES AND THE PEOPLE ARE OF HIGH INTEGRITY AND HAVE GOOD COMMUNICATIONS. ”

Most clients think staff return their calls quickly.

- “I just really liked how prompt they are and that they spoke to me all the time.”
- “They are friendly and provide excellent advice. They are there for me to call if I have any questions.”
- “They're fast at getting back to me.”
- “The person that returned my call was positive and answered questions.”
- “They answer in a timely manner and are very helpful to me.”
- “My worker is always good about responding to me.”

Responses by email are also appreciated.

- “The people I've dealt with have been very responsive with emails. They usually respond to me within 24 hours.”
- “I like that the programs are easy to get ahold of, and they usually call me back fairly quickly. Or they email me.”

Some clients feel staff should return calls more quickly.

- “They should return phone call in a more timely manner. At least in 24 hours.”
- “They need to answer their phones and return calls promptly.”
- “Answer the phone and return my phone calls. If they can't call me, send me an email and tell me when someone will get back to me.”

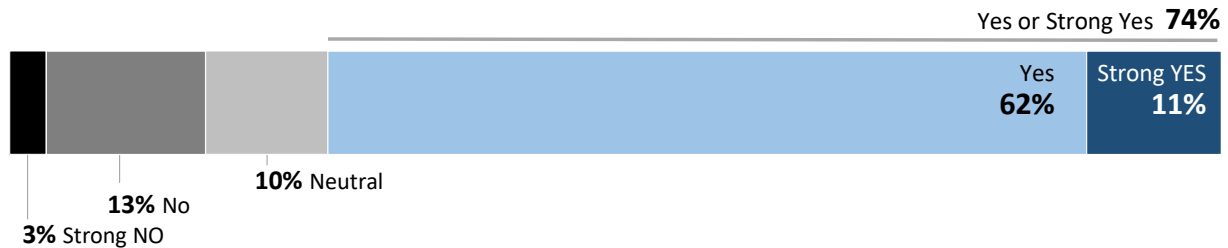
Others say calls are not returned.

- “Aging and Long Term Support needs to return calls.”
- “They need to answer phones and return calls. I've called caseworkers who have NEVER returned calls.”
- “I was assured everything would be taken care of, but they never called me back and never followed through with anything.”
- “It would be nice to get information in a short amount of time. Social workers don't respond to calls or emails. I've literally had to go up the ladder to get anything done.”

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

More than **7** out of **10** survey respondents (74%) reported that it was easy to get a live person when they needed to. Less than **1** in **5** (16%) disagreed.

RESPONSE

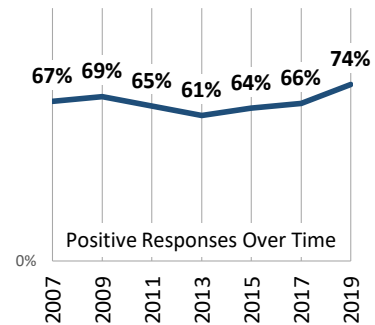


DETAIL

At 74 percent positive, this question is the second-lowest scoring question in the survey.

However, the 2019 score represents a new high, up from 66 percent positive in 2017 (a statistically significant increase). Scores for all program areas showed positive trends, with statistically significant increases for Economic Services Administration’s Community Services Division and Health Care Authority’s Substance Use Treatment Services.

TREND



Our clients speak . . .

“
I DON'T HAVE ANY TROUBLE REACHING THE PERSON WHEN I NEED HELP WITH CHORE SERVICES, MEDICAL AND FOOD STAMPS.
”

Most clients think it's easy to get a live person when they need to.

“I get a person when I need one. I can reach a live body.”

“When I have a question, I can call them up and get an answer.”

“They help me with food stamps and I appreciate it. I use the 800 number to make contact.”

“I like some of the people who are long term and they know what they are doing. I just call him and he knows what to do for us.”

“I was always able to get in touch with my assigned case representative when I had a question.”

“What I like is I can get the option to talk to someone on the phone or online. If I have problems with the online stuff at least I can call someone.”

“I like that there are people available for me to ask questions.”

“It's easy to communicate with the social workers when I need something.”

“There is always someone to help us with what we need with our medical and mental health.”

Others think it's difficult to get a live person.

“There shouldn't be so much red tape on the phone to get to a live person.”

“Make it easier to get ahold of a live person.”

“They can have a live person answer the phone when we call so we can get an answer to our questions.”

Some clients describe difficulty reaching the specific people they need.

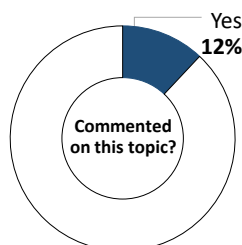
“If I call, I can't get through to my caseworker.”

“It is very hard to get in touch with our caseworker at DDA and DVR. DDA is especially difficult to contact.”

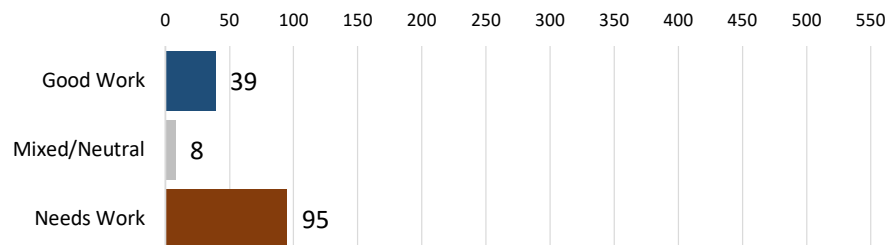
“I'd say on the child support side, I'm sure it's not their fault, but it would be nice to be able to get ahold of my actual case worker when I call. I call an 800 number and just talk to a random social worker.”

142 of the 1,152 clients commenting (12%) mentioned staff access, including over the phone. Of these, 95 were negative or suggestions for improvements, and 39 were positive.

PERCENT



NUMBER



KEY FINDINGS

Comments about the phone system and staff access were more negative than positive. However, the number of negative comments about phone and staff access decreased compared to 2017.

- Positive comments were varied, with clients expressing appreciation for quick responses, access to live people, and multiple channels to reach staff (phone, email, and in-person).
- Negative comments were overwhelmingly about long wait times on the phone. Multiple clients mentioned waiting on the phone for over an hour. Some noted that more staff or better automated phone systems could help.
- Some clients also said they had trouble reaching their case workers, or that they did not receive timely responses to their calls.

Our clients speak . . .

“
THE PHONE SYSTEM IS A NIGHTMARE. THE WAIT TIMES ARE HORRENDOUS.
 ”

Clients appreciate having access to staff who can provide guidance.

- “I can talk to someone and they will guide me to what is needed and how to get it.”
- “I've always had really good customer care, especially when I call with an issue.”
- “I have a disabled son, so if I have any concerns I will call them and they get right on point.”

They also like having multiple ways to reach staff.

- “They're good about doing things over the phone. I don't always have to go to the office and that's nice.”
- “I like that I can get help without talking on the phone or using the computer.”

Clients are frustrated with long wait times on the phone.

- “The wait time is way too long, over an hour. This makes it difficult for working parents who are attending school and raising a child. We keep missing one another. We play phone tag.”

“Please get some more lines for your 800 number. I have waited upwards of two hours before.”

“Cut down the phone wait time at the Community Services Office (CSO). Sometimes we are on hold for one hour.”

“It would be nice if could speak to a live person right away. Being on the phone for a long time gets aggravating.”

“Have more people to answer the phones so that you don't have to be on hold for an hour or two.”

Some clients think a better phone system would help.

“I think if they know within five minutes that your wait on the phone is going to be a long one, they need to cut in and tell you that you can leave your number and they will call you back.”

“Quit having so many push buttons on the phone. It takes forever to get through the phone system.”

“When I call the CSO the message box is always full.”

Information

Clients need clear and complete information about services.

Providing adequate information about social and health services is critical to ensure that Washingtonians can get all the help that is available to them.

Survey scores about information show mixed results. Clients generally agreed that staff explained things clearly and that it's easy to get information. In addition, survey scores for two of the three information questions reveal significant improvement compared to 2017. While significantly improved, self-reported knowledge about the availability of services scores lower than any other question.

- *Do you know what program services there are for you and your family? (68% positive, up from 61% in 2017)*
- *Did program staff explain things clearly? (89% positive)*
- *Was it easy to get the information you needed about services? (86% positive, up from 82% in 2017)*

Over 200 of the 1,152 total client comments (18%) discussed information, identified as either “general information” (190), “language services” (11), or both (2). Overall, client comments about information were slightly more negative than positive.

With a few exceptions, clients commended staff for their transparency and clear explanations to questions. The negative comments were generally about inadequate advertising of services and a lack of proactive information-sharing about policies and procedures.



Getty Images/iStock

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

Almost **7** out of **10** survey respondents (68%) reported that they know what services are available. **1** in **5** (21%) disagreed.

RESPONSE

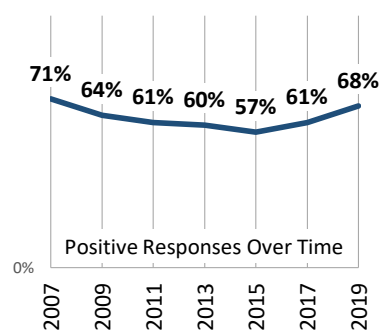


DETAIL

At 68 percent agreement, this question is generally positive, but is the lowest-scoring in the survey.

Positive responses are still trending upward after a low point in 2015. Responses increased seven percentage points from 2017 to 2019, a statistically significant change.

TREND



Our clients speak . . .

“ I COULD HAVE RECEIVED THIS HELP THREE YEARS AGO, BUT I HAD NO IDEA ABOUT DDA. LET US KNOW WHAT KIND OF HELP WE CAN GET. ”

Clients appreciate receiving information about what services are available to them.

“They suggested programs I knew nothing about and gave me the opportunity to change. The resources and plan helped.”

“I like the fact that they provide information about resources I wasn't aware of. While I was pregnant the services really helped.”

“They have a wealth of information and they are very open about programs he is eligible for.”

“I like that the social worker comes out once a year and we reevaluate current goals. She also explains new programs that are coming.”

“They give me information about resources.”

“I like that they give a lot of information and help me figure out what is needed and available.”

“They usually have information for resources and stuff.”

“I like that I got a packet that explained what services were available and what providers were available for the medical assistance.”

But many clients don't think they receive enough information.

“They need to ensure that people are more aware of what services are available to them, as a whole.”

“They should supply more information about Apple Health and what services are available, especially for young people.”

“I wish they could find a better way for all of us to understand what is available.”

“Be more hands-on as to information about the programs and what they offer.”

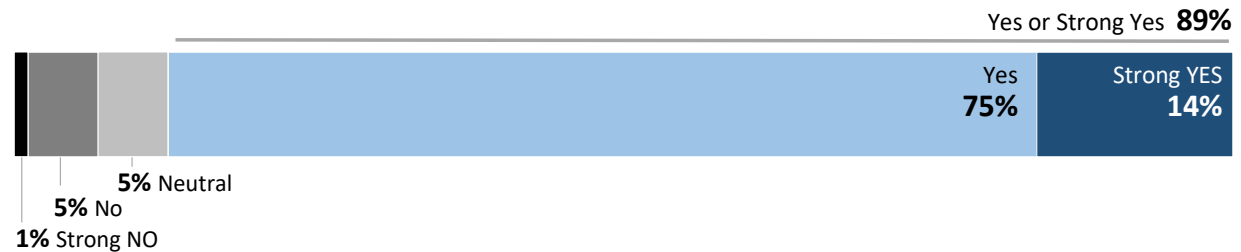
“We need more communication between the social worker and parents to provide information about benefits and services.”

“We are glad there is some assistance available for us, but don't think we are receiving everything we could be eligible for because of staff unwillingness to let us know what is available.”

QUESTION | **Did program staff explain things clearly?**

Nearly **9** out of **10** survey respondents (89%) reported that program staff explain things clearly. Fewer than **1** in **10** (6%) disagreed.

RESPONSE

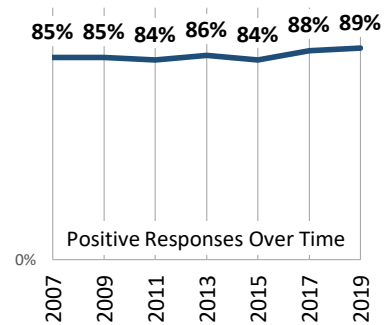


DETAIL

At 89 percent positive, this question is the most highly-rated of the information questions.

The one percentage-point increase from 2017 to 2019 is not significant, but the four-point increase from 2007 to 2019 is statistically significant.

TREND



Our clients speak . . .

“
I THINK THEY SHOULD TAKE MORE TIME TO EXPLAIN WHY THEY ARE CUTTING BENEFITS. I DID NOT UNDERSTAND WHY AND NOW I AM POORER. I CANNOT UNDERSTAND WHY.
 ”

Most clients think staff explain things clearly.

- “I like how they explain the program to me to make sure I understand what I am going to be receiving.”
- “The people have been pretty great. They are good at explaining things and good at following up. They have been so helpful in our time of need.”
- “I like getting a real person who can explain things to me and help me along the way.”
- “They always get me answers and they will always explain things. They never get frustrated with me.”
- “They actually explain what your services are and the rates.”
- “I like the fact that I can get the answers I need. They explain things to me as clearly as they can.”

But some clients disagree.

- “They don't explain anything well. We need to know how to use your programs.”
- “Please try to explain things to me a little better.”

- “Don't use acronyms until people are familiar with what they mean.”
- “I have the most confusion with Section 8. Dealing with them is really tricky. I don't know how they come to conclusions on things. We had to hire someone to help us get through the process.”
- “I wish they could explain better why my food stamps go up and down so much.”
- “For DVR, they need more clarity in regards to reasons behind operational policies.”

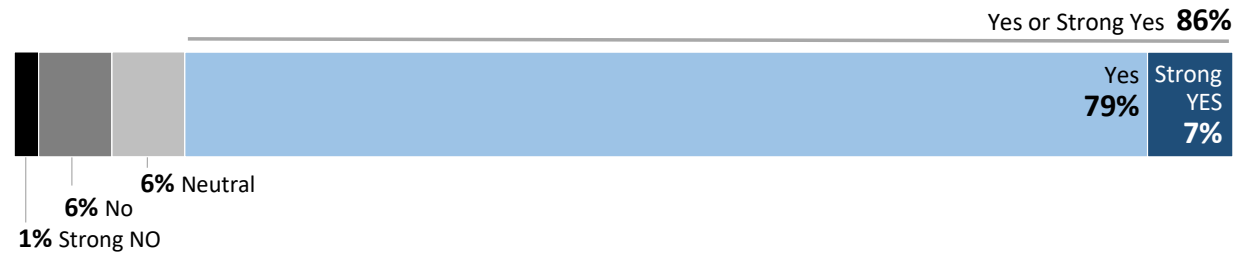
Clients appreciate language services, and note difficulty when interpreters aren't available.

- “What I like the most is that even though I speak Spanish, they offer an interpreter to explain services to me and let me ask questions.”
- “I think it's good that they offer help and also send the letters in different languages.”
- “They need more training on how to handle deaf callers. We don't always like writing notes back and forth.”

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

More than **8** out of **10** survey respondents (86%) reported that it was easy to get information about services. Fewer than **1** in **10** (8%) disagreed.

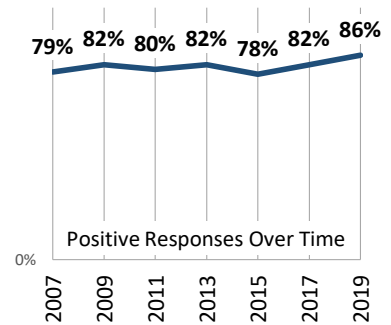
RESPONSE



DETAIL

At 86 percent positive, this question is on an upward trend, with statistically significant increases compared to both 2017 and 2007.

TREND



Our clients speak . . .

“ **THEY'RE WILLING TO GIVE YOU SPECIFIC INFORMATION AND TELL YOU HOW TO GET THE HELP YOU NEED.** **”**

Clients appreciate staff who are knowledgeable, transparent, and responsive.

- “They always have an answer to my questions.”
- “If I call in randomly, my caseworker answers my questions right away.”
- “They are informative and easy to talk to. They usually answer any questions to the best of their ability.”
- “I like the transparency of information.”
- “They respond to my phone calls in a very timely manner and have answers to my questions.”
- “They seem to be very forthcoming with information.”
- “If I need information that I'm requesting, it's always supplied to me.”
- “So far I have dealt with very knowledgeable folks who have always been willing to guide me and give me information.”
- “They answer my questions in a timely manner.”

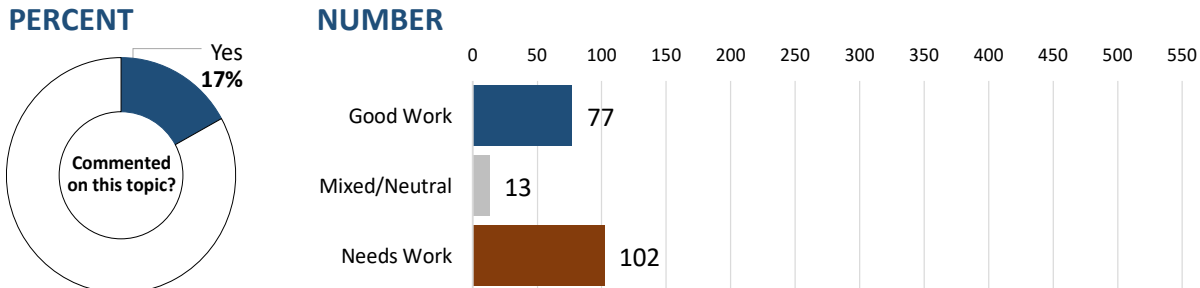
Clients like to receive information through a variety of channels.

- “I like that they have actually improved and make it easy to get online to get questions answered.”
- “I think the online site is very helpful.”
- “I go to the offices for assistance and answers.”

Some clients describe difficulty receiving information from staff.

- “I cannot get a straight answer on how to get my medical started up again or why it was terminated.”
- “All of the agencies need to give out better information. We have to beg for information about the programs.”
- “They don't freely tell you everything. They make you hunt for it or talk to someone else that has something that I am not getting but they are.”
- “Sometimes we have had trouble with transparency and it is sometimes difficult to contact the case manager.”

192 of the **1,152** clients commenting (17%) mentioned the information they receive from social and health services. Of these, 102 comments were negative and 77 were positive.



KEY FINDINGS

Comments were more likely to be negative than positive, but many comments reveal staff strengths.

- The majority of positive comments expressed appreciation for staff who were knowledgeable, responsive and willing to share information. Clients praised staff who explained things clearly, or referred them to others if they were unable to help.
- Many of the negative comments indicated that clients don't know what services are available. They suggested better advertising, both broad-based and targeted, like making sure pediatricians and schools have information about disability services for children.
- Some clients noted they want more information about providers, better explanations for benefit changes, and clearer instructions on how to receive services. Others expressed frustration with inaccurate information, like when the phone number listed on a website was actually a fax number.

Our clients speak . . .

“**IF SOMEONE WANTS TO GO ABOVE AND BEYOND, MAKE A BROCHURE OF SOME KIND THAT GIVES PHONE NUMBERS, WEBSITES, AND INFO ON ALL OF THE SERVICES – OH AND MAYBE SOME INFO ON THE TRANSIT BUS SYSTEM.**”

Clients appreciate staff who refer them to others if they are unable to help.

“Sometimes when they don't have the help to offer you, they give you a list of other places to call and get help. I like that.”

“When I needed something, they tried to answer my questions or at least point me in the right direction.”

“Usually if they cannot provide the services necessary, they will point me in the right direction.”

Some say it's easy to find provider and coverage information.

“It is easy to find providers and get my son services that he needs.”

“They have a resource line if you need it and a list of providers also.”

But most comments describe difficulty.

“It should be easier to know which doctors take Apple Health in each area.”

“Make the portal easier to understand what is covered under the medical program.”

Some clients note instances where critical information was missing – or they receive misinformation.

“Case managers should have let us know we needed to report major changes in finances.”

“When a contract is needed or agreement is needed, the actual document should be shared and signed. That did not happen at Division of Vocational Rehabilitation.”

“Stop sending out automated letters that contradict each other.”

Others describe information that is presented poorly.

“It is hard to navigate the website and to find forms.”

“Update the DCS website.”

“I have to look up the phone number, look up my case number, and find out who my social worker is. It's a roundabout way to try and call on the phone.”

“They should give better information about what I am looking for. The automated information is not clear.”

Client Involvement

Clients want to be involved in the services they receive.

Clients have a better experience when they are involved in planning their own services and support. They can become frustrated if they don't feel like active participants in the direction of their care.

Fortunately, survey scores show that most clients agreed they had a say in the kind of services they receive – and it's improving. This question is up eight percentage points from the previous survey, representing one of the largest increases. Most clients also agreed that they helped make plans and set goals about services, but there was no change from 2017 for this question.

- *Did you have a say in what kind of services you get? (85% positive, up from 77% in 2017)*
- *Did you help make plans and set goals about services? (78% positive)*

Themes from other sections show that clients generally praised staff for listening to their needs, working with them as a team, and taking their unique circumstances into account. However, some clients said that program staff didn't listen to them or that policies and procedures were too inflexible to meet individual needs.

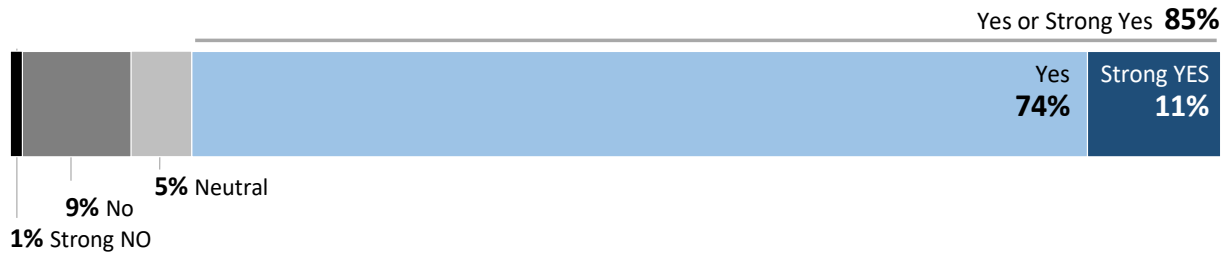


"Grandson"/2017 Employee Survey Contest/Julie Brown

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

More than **8** out of **10** survey respondents (85%) reported that they had a say in the services they received. **1** in **10** (10%) disagreed.

RESPONSE



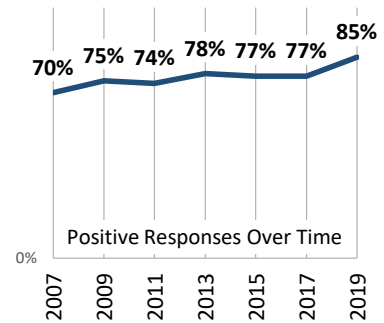
DETAIL

At 85 percent positive, this question reached a new high in 2019.

Positive responses have steadily increased over time, with an eight percentage-point increase compared to 2017 (one of the largest increases in the survey) and a 15 point increase compared to 2007. Both increases are statistically significant.

While most program scores show positive trends compared to 2017, the only statistically significant increase was seen in Economic Services Administration’s Community Services Division.

TREND



Our clients speak . . .

“ I LIKE THAT THEY LISTEN TO WHAT WE WANT. ”

Clients appreciate staff who listen to what they need.

“I recently got a TANF [Temporary Assistance for Needy Families] extension. I was worried, but the gal who helped me really listened and made it happen.”

“I like that they definitely know the clients they are serving and what their needs are.”

They also appreciate services that take their individual needs into account.

“They cater the plan to meet the individual's needs.”

“Overall, the staff try to make as much effort as they can to meet family and individual needs.”

“They are helpful if I get stuck in a predicament. They give multiple options for help. The staff tries to work with a person in a way that is best for the individual's situation.”

“I like that our person (DD and DVR) really cares and is very patient to figure out what works for us.”

“They are very open minded and make sure to address every need that you have.”

“I liked the programs that were so willing to help, and the drug treatment program did over and above what was needed to make sure I was okay and got what I needed.”

Some clients don't think services are flexible enough to meet individual needs.

“They need more staff who can think outside of the box and not just do what is scripted. Every technique should be applied to each situation.”

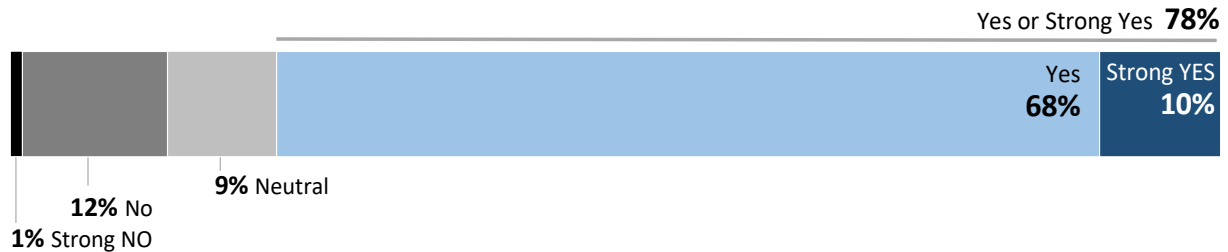
“It is a pretty efficient system and it is black and white, but there is no gray.”

“They could maybe help individuals more than just in a wide range.”

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

Almost **8** out of **10** survey respondents (78%) reported that they helped make plans and set goals about services. Fewer than **1** in **5** (13%) disagreed.

RESPONSE

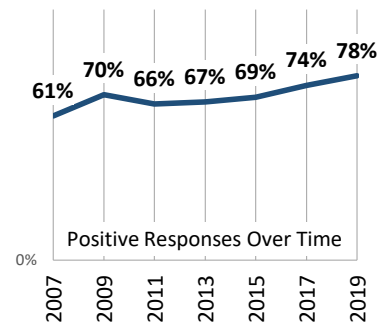


DETAIL

At 78 percent positive, this question reached a new high in 2019.

Positive responses have been trending upward over time, with a four percentage-point increase compared to 2017 (non-significant) and a 17 percentage-point increase compared to 2007 (significant).

TREND



Our clients speak . . .

“ **DVR WANTS ME TO BE IN THE DRIVER'S SEAT IN RECOVERY.** **”**

Clients appreciate the chance to help make decisions and plans.

“The case managers are excellent and part of a team with the family to help in any way necessary.”

“They are understanding and they really try to work with you.”

“I like that they listen to the needs of my child, help make a plan, and follow through on that plan.”

“The Birth to Three program is amazing. They have been there every step of the way. They are quick to respond and very inclusive.”

“If you put the effort in they make sure to provide the support needed to reach your goals. They customize my plan for me. They saved my life! They helped me find a way to make a plan for my future.”

“With their help I can always figure out a way to solve problems.”

“I like that they work with you and give you information about the things you need.”

“I like that they help you with your mental problems and help make goals. I'm happy with what I get. They help.”

“I like that he gets the chance to talk about things and let them know what he likes.”

But some clients don't feel involved.

“My child support officer is rude, bull-headed, and doesn't listen to me. She doesn't understand what I need and I would like to get a new worker.”

“CPS needs to listen to the family more.”

“Don't be closed minded. Listen to the whole situation. Do not have an answer before the client has finished.”

Coordination

Clients want staff from different programs to work together.

Many clients receive services from multiple social and health service programs. Good coordination between programs is more efficient at the state level, reduces client effort in receiving services, and helps clients receive all the services they need. Poor coordination results in extra work, miscommunication, and client frustration.

Respondents who received services from three or more programs were asked about coordination between those programs. Survey scores in this area are generally high, but are not as positive as other topic areas, highlighting an opportunity for improvement.¹

- *Do social and health services make sure all your services work well together? (81% positive)*
- *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? (75% positive)*

Client comments about coordination were generally suggestions for change. Out of the 1,152 total client comments, 44 (4%) discussed coordination. Of these, 35 were negative and 6 were positive.

Comments focused on the need for collaboration between different programs and offices, better communication between staff who share clients, and more information sharing across different programs to improve referrals for services.



Getty Images/GlobalStock

¹ Because only a subset of respondents are eligible to answer the coordination questions, score changes must be larger for these questions to reach statistical significance.

QUESTION | **Do social and health services make sure all your services work well together?**

8 out of **10** survey respondents (81%) served by three or more programs reported that their services work well together. Fewer than **1** in **10** (8%) disagreed.

RESPONSE

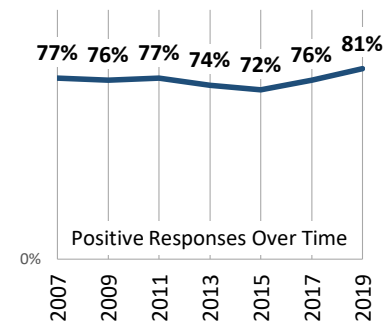


DETAIL

At 81 percent positive, responses are trending upward and the 2019 score represents a new high.

The increases compared to 2017 and 2007 are not statistically significant.

TREND



Our clients speak . . .

“ I WISH ALL AGENCIES WOULD WORK TOGETHER TO PROVIDE BETTER SERVICES. ”

Some clients say that services don't work well together.

“They need better coordination between all of them.”

“I do remember getting frustrated when trying to contact services outside of the agency. That was difficult. We felt we were being passed around from one group to another group.”

“They should coordinate more with other branches delivering services at state level.”

“Vocational Rehab and Economic Services should be better partners. That would be more efficient.”

Others note that coordinating services is difficult if you aren't familiar with the process.

“This is a new town for me and I don't know how to get everybody together to help. I'm still trying to make the program work.”

“You need the right people to help coordinate stuff. You have to be specific and know what you want to do.”

Clients want better information sharing across social services programs.

“Have every department get on the same page when dealing with the same person. Having to deal with so many different departments results in a lot of lost time and miscommunication. One program tells me I am eligible, and another tells me I am not eligible for the same program.”

“My review for my food stamps and my review for day care are within a month of each other. I just wish those systems were linked. I don't like that I have to fill out all of the same forms twice and answer all of the same questions twice. It would be way more helpful if those DSHS places would share the information between the two of them. That's my only issue.”

Clients have better outcomes when programs work together.

“I really have to say that my caseworker and my DVR caseworker work together so I can get off social services. They are wonderful and they make me feel like part of a team that moves forward.”

QUESTION |

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?

3 out of **4** survey respondents (75%) served by three or more programs reported that staff from different programs work as a team. Just over **1** in **10** (11%) disagreed.

RESPONSE

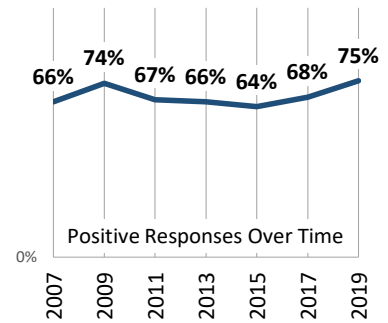


DETAIL

At 75 percent positive, this question is in the bottom three of the survey overall, but the 2019 score represents a new high.

The seven percentage-point increase compared to 2017 is not statistically significant, but longer term trends show continued progress and a statistically significant nine-point increase compared to 2007.

TREND



Our clients speak . . .

“
**THE RIGHT
 HAND DOESN'T
 KNOW WHAT THE
 LEFT IS DOING.**
 ”

Service delivery falters when program staff don't work as a team.

“I don't think the different programs work as a team to make my services work together. If they did, things would run more smoothly.”

“The different programs do not work as a team and don't communicate with each other.”

“It needs to be a team agreement. Work with community resources and everyone involved. Everything should be validated, especially with children. I think when agreements are made regarding kids, it should be made after taking everything into account.”

Clients want programs to be better informed about other social and health programs.

“There is too much confusion with all the programs. The different agencies need to have a clearer understanding of each other. There is too much run around.”

“Offer these programs to people because we don't know about all the services that are available. I had to do research to find out what services might be helpful to me.”

“Each division under Social and Health Services should be more familiar with what other divisions do.”

“They should have an understanding of other services that are beyond their scope and be able to refer to other agencies.”

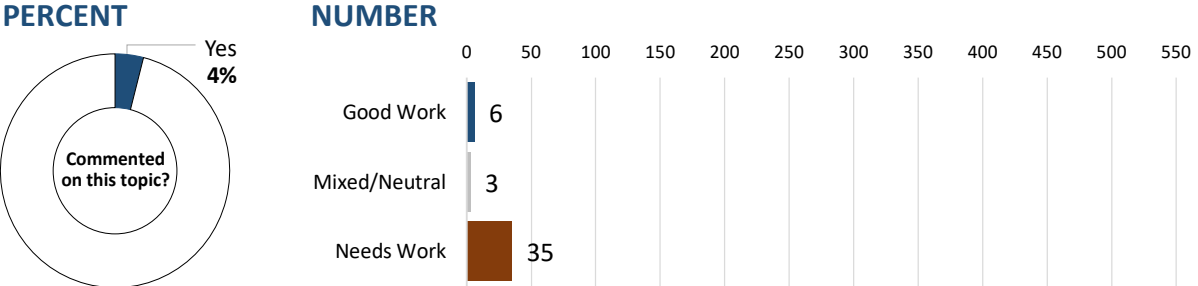
“Reach out to each other, like doctors referring to different doctors and mental health.”

Clients are grateful when program staff work together to help them.

“All of my workers meet quarterly and they work as a team.”

“They all worked together to get me my walker and cane and what I needed. They also helped me with my medical needs.”

44 of the **1,152** clients commenting (4%) mentioned coordination. Of these, 35 were suggestions for improvement and 6 were positive.



KEY FINDINGS

Client comments about coordination refer to both coordination between different social and health service programs and coordination between staff in the same program. Twenty-seven comments mentioned coordination between programs and 19 mentioned coordination between workers (two mentioned both). Comments were largely requests for improvement.

- Many clients who made comments expressed frustration with social and health service programs that don't work well together, resulting in duplicative work, miscommunication, and poor service delivery.
- Clients mentioned there should be better communication between social and health service offices to improve efficiency and help them find services they may not know about.
- Others noted that staff consistency reduces the challenge of coordinating information between multiple staff members.

Our clients speak . . .

“
THE COMMUNICATION – BETWEEN EACH OTHER, THE CLIENTS, AND WHOEVER – IS A BIG ONE TO IMPROVE SERVICES.
 ”

Some clients say communication between programs is lacking.

“They need better communication between the services. Sometimes the people do not know what they are doing so things do not get completed.”

“They need better communication between the offices of the different services provided.”

“They need better communication and cooperation between DDA and DVR.”

“Medical and mental health programs need to communicate better.”

Others say communication among program staff is lacking.

“I think they could learn to work together, and to communicate with one another to better help folks. Have team leaders that could do this!”

“They tell me something different every time I call.”

“When staff get feedback, send it to the appropriate people so action can be taken and procedures changed.”

Clients appreciate staff consistency.

“I am thankful that my son has had the same case manager in DDA for the last two years. It makes our life so much easier to have that consistency.”

“I like the continuity of having the same DCS caseworker for years. I never had to explain my situation to him and he remembered me each time I called.”

They are frustrated when consistency is missing.

“I wish there had not been so many changes in caseworkers during the time before we adopted our child. It made us anxious all over again each time a new one had to come and do yet another home visit or inspection.”

“Our social worker was pregnant and then went on leave. Then they sent her somewhere else. Consistency would be better.”

“At Division of Child Support, it seems so impersonal to be passed around from caseworker to caseworker.”

Resources

Meeting client needs is a challenge.

The survey does not include specific questions about resources because programs often have little control over what is available from federal and state sources. However, many clients offered comments about resources in response to the open-ended questions.

Clients appreciate the resources that social and health services provide, but some said their benefits were hard to access. Others said their benefits were simply not enough to cover their needs.

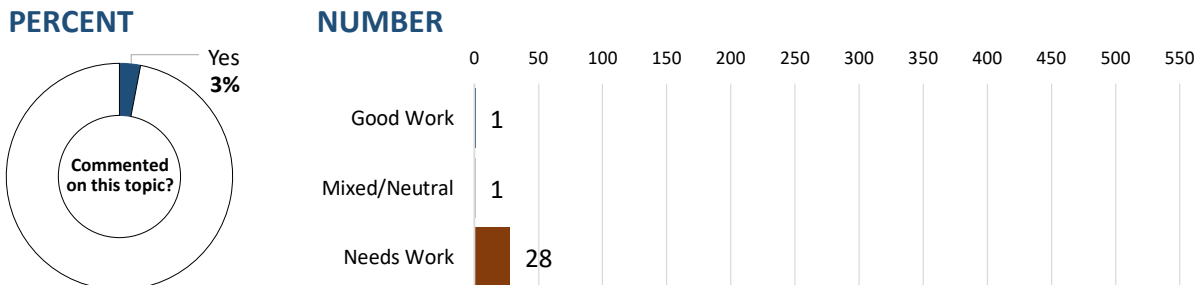
Of the 1,152 total comments, 180 (16%) discussed the availability of programs and benefits. Comments were overwhelmingly suggestions for improvement, with 97% of resource comments (174) expressing a desire for more programs or benefits.

Clients would like to see new programs and expansion of existing programs, such as affordable housing, transportation options, substance use treatment, and mental health services. Many of the clients who requested an increase in benefits specifically mentioned their food stamp allotment. Clients also described challenges in finding providers that accepted Medicaid/Apple Health, including both primary and specialty care. Many clients noted that finding dental providers was especially difficult.



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30 of the 1,152 clients commenting (3%) mentioned the availability of social and health programs. All but two of these comments were requests for more programs.



KEY FINDINGS

Most (28 of 30) comments about program availability were suggestions for improvement.

- Topics that were noted more than once include the need for more: programs for specific types of clients (5 comments); affordable housing (4); funding for all social and health programs (4); transportation (3); education/training (2); and funding or expansion of substance use programs (3) and mental health programs (2).
- Comments also included other suggestions for service offerings, including day care, exercise programs, legal services, a greater variety of programs, and more funding for vocational rehabilitation.

Our clients speak . . .

“
PLEASE BRING BACK THE JOB TRAINING FOR PEOPLE LIKE MY SON. WE LOST ALL THE FUNDING FOR THOSE PROGRAMS AND NOW OUR SON JUST SITS IN HIS GROUP HOME AND PLAYS VIDEO GAMES.
 ”

Some clients request more programs for specific types of clients.

- “They need more programs to help the elderly.”
- “I wish they had more for single dads.”
- “There should be more classes and services directed at single fathers trying to get it together.”
- “They should offer more options for people with disabilities.”
- “I think the DCS should help the paying parent with programs that can reunite fathers with their children.”

Others mention a need for more funding in general, or for specific programs.

- “Services need to be better funded. That’s the biggest issue.”
- “The staff needs more support from the state and the legislature.”
- “Vocational rehab needs better funding.”
- “They need more funding for Mental Health.”

“I live in a rural area and there seems to be a cutback in services in the drug and alcohol services in our area. There are less options available.”

Several clients think there should be more affordable housing.

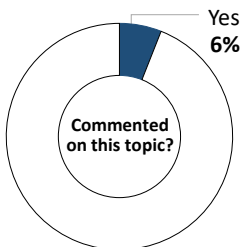
- “They need better help with housing for the poor people.”
- “They should provide more available housing for temporary homelessness.”
- “There should be more affordable housing for seniors.”

Others would like better transportation services.

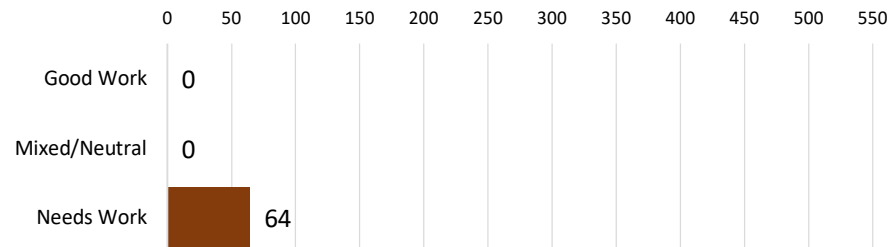
- “I wish they could help with any transportation.”
- “I need transportation to all of my appointments. It’s hard for me to travel. I get lost easily and I get very confused.”

64 of the **1,152** clients commenting (6%) mentioned benefit levels. All of these comments were requests for more benefits.

PERCENT



NUMBER



KEY FINDINGS

All of the comments about benefit levels were suggestions for change.

- Over half of the comments were requests for more food assistance.
- Several clients also expressed a desire for more cash assistance.
- The remaining comments were requests for more hours for a variety of services, including caregiving, time with aides, housekeeping, and child care.

Our clients speak . . .

“
**I’M IN HARD TIMES
 AND IT IS HARD TO
 LIVE ON THE FEW
 FOOD STAMPS THAT
 I GET.**
 ”

Many clients want more food assistance.

“Increase the amount of food stamps that I receive each month. \$15 is not enough.”

“I only received \$20 a month in food stamps. That was a slap in the face. They were very blunt and basically said that they were turning the stamps off.”

“Food prices keep going up and the food stamps need to come close to the increase in food.”

“Please increase my food stamp amount. As a single parent it is hard to make it on a few food stamps.”

“Understand that food is a definite necessity and we need more assistance with this.”

“They could increase my food stamp amount. It’s only \$16, but we need it.”

“Please explain the limit for not getting food stamps. I was told by a worker you can’t go over \$1,300. My checks never went over \$1,296. How can you go from \$192 to \$17? You can’t live on that at all.”

“Personally, I sure could have used more food stamps.”

“Give more food stamps for households that pay more on rent and power bills.”

Others want more cash assistance.

“If the budget was better, they could up the amount for cash and food assistance.”

“Increase the amount of money that I am able to get each month.”

“I wish there was just a little more help. I can’t live off of \$190 a month. I’m homeless and everything is so expensive.”

Some express a desire for increased service hours in different programs.

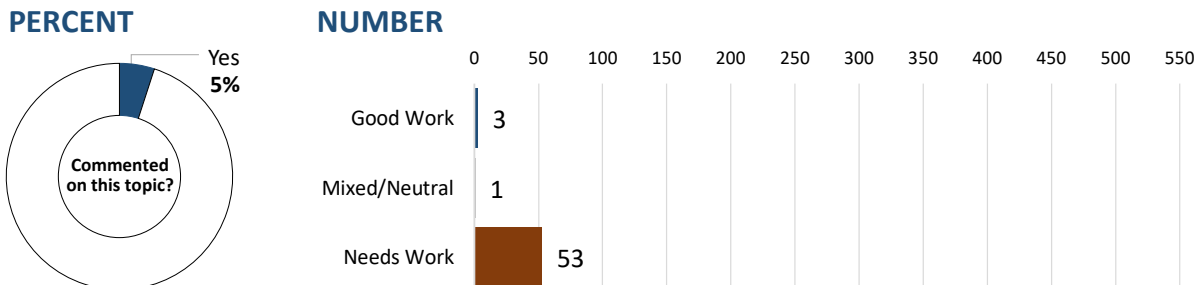
“Some people really do deserve more hours for their one-on-one aide.”

“Three doctors are recommending more hours for him with caregivers.”

“My grandson needs more hours per week. They have been cut from nine hours per week to four.”

“They need to help more with childcare.”

57 of the **1,152** clients commenting (5%) mentioned health care provider availability. Most of these comments described a need for more providers that accept Medicaid.



KEY FINDINGS

Comments about the availability of health care providers were largely negative.

- The most frequent complaint was that not enough providers accept Apple Health/Medicaid for primary (or unspecified) coverage. Some of these comments noted that it’s hard to find providers that are accepting new patients, especially in remote or rural areas.
- Clients also noted difficulty finding dentists that accept Apple Health/Medicaid.
- Others said it was hard to find mental health providers. Some clients said this resulted in very long waits for appointments when they were in need of care right away.

Our clients speak . . .

“
IT IS HARD TO FIND A GOOD DOCTOR THAT ACCEPTS APPLE HEATH, AND THERE ARE VERY FEW THAT WILL TAKE SPECIAL NEEDS CASES.
 ”

For some clients, it’s hard to find a provider that accepts Apple Health.

- “It has been really hard to find a Primary Care Provider for her. I end up using Urgent Care, because none of the providers that take the Medicaid are taking new patients.”
- “They should give us more providers to choose from. I call around and places never accept state insurance.”
- “I think the list of medical providers we are given is full.”
- “They need more providers on the coast and in remote areas.”
- “They need more providers in the community that take Medicaid and more extended services.”
- “It took 12 months to find a doctor that would take me and then get an appointment. They could improve services by having more doctors that take Molina in more areas of the State.”
- “I wish there were more doctors who accepted state patients.”

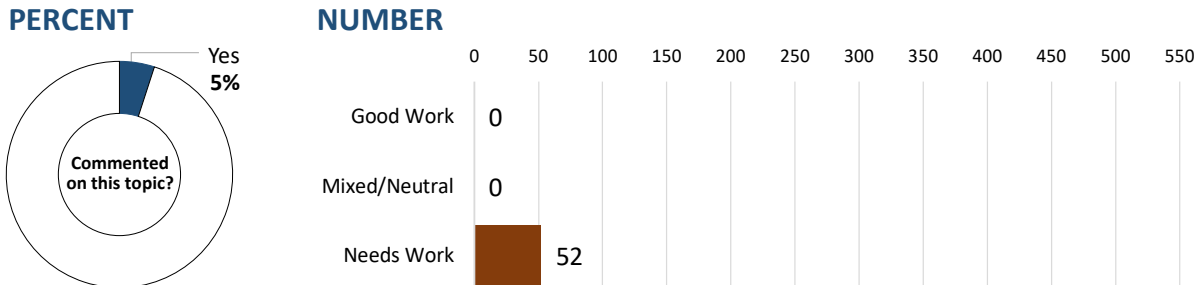
Finding dental providers can also be a challenge.

- “Dental is a huge issue in Mason County. No one provides care.”
- “There aren't as many providers for dental services for older kids. At 13 years old, my kids aren’t considered pediatric patients. There is only one clinic in my area and it takes forever to get an appointment.”
- “He can't find dental or vision coverage.”
- “It is nearly impossible to find a dentist.”

Some clients say a lack of mental health providers is a problem.

- “The waiting time to get mental health care is shameful.”
- “Mental health appointments can sometimes be three months out and that runs the risk of me making a bad decision in the meantime.”
- “They need more mental health providers that take the state medical.”

52 of the **1,152** clients commenting (5%) mentioned the level of health-related benefits. All of these comments were requests for more health benefits.



KEY FINDINGS

All of the comments about health-related benefits were suggestions for improvement.

- About a third of the comments were about the need for better dental services. Clients expressed frustration with lack of coverage for certain procedures, like root canals, crowns, and orthodontia.
- Some clients were unhappy that vision services covered eye exams, but not glasses. They also mentioned the need for better coverage for medication and medical supplies, like hearing aids and walkers.
- Others noted a desire for better and more accessible health care, and more specialty services (especially mental health).

Our clients speak . . .

“
**THE DENTAL
 COVERAGE NEEDS TO
 BE IMPROVED. THEY
 PULL OUT A TOOTH
 BECAUSE THE ROOT
 CANAL AND CROWN
 IS NOT COVERED.**
 ”

Many clients want more dental benefits.

- “I wish we had more help with dental such as crowns and root canals.”
- “The dental program needs to be expanded. My son needs to have anesthesia with every dental procedure, which we have to pay, and we live on retirement income.”
- “We waited over a year to get an answer on braces and they still turned him down. This is after his dentist and his oral surgeon both said that he is so bad that he must get this done.”
- “I wish they covered more than just basic dental care.”
- “They should have more dental care available for TMJ. We could not find anyone that would cover it.”

Others want better vision coverage.

- “DSHS and Molina need to work together to provide better vision. I need glasses, but I can't pay 22% of the cost.”
- “They need to include eye glasses with medical.”

Some clients want coverage for medications and medical supplies.

- “I wish there was more help with orthopedic supplies for my father.”
- “Include the payment of Ensure if that is the main source of food.”
- “Get me a shower chair and walker please. They never gave it to me.”
- “Get me a scooter!”
- “Make the medicine cheaper.”

Others expressed a desire for better health care in general, and for better mental health care specifically.

- “Universal health care would be great.”
- “They should offer more medical and medicine.”
- “Have better health care and make more doctors take it. Reimburse them better or whatever you got to do.”
- “There needs to be more mental health services available.”
- “They need better quality mental health care.”

CHAPTER 8

Diversity and Disparity

The importance of diversity issues requires a detailed analysis.

The leaders of Washington’s social and health service agencies are strongly committed to diversity, equity, inclusion, and cultural competency. This chapter differs from previous chapters in its approach. Instead of focusing on broad trends, it presents a closer look at individual responses to reflect the full range of issues.

When asked specifically about any unfair treatment due to diversity issues, 77 respondents said they had been treated unfairly.

- *Has there been a time when you felt that social and health services staff treated you unfairly because of your race, culture, age, gender, sexual orientation, or disabilities? (6% said “yes”)*

The 77 clients who answered “yes” were then asked about the basis for unfair treatment. The analysis in this chapter includes the responses of those 77 and of the 14 clients who mentioned diversity issues when asked what social and health service programs do well and could do better to serve clients. Of those 14, three clients praised the commitment to equity, and 11 discussed concerns.

Looking at all relevant responses, the most commonly perceived basis for unfair treatment was disability (37 respondents mentioned this), followed by race/ethnicity (24), gender (14), age (12), and sexual orientation (3). Six of the 24 comments addressing race were complaints of “reverse discrimination.”

Responses to standard survey questions varied by race/ethnicity, with Hispanic clients generally more satisfied than other groups. But they reported more difficulty finding information about services.



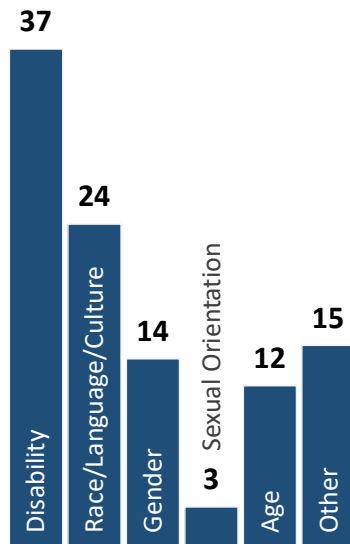
Getty Images/iStock

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

77 of the 1,222 respondents (6%) answered “Yes” to the question about unfair treatment.

RESPONSE

What was the basis for unfair treatment?



Total exceeds 83 because some indicated more than one basis for unfair treatment.

DETAIL

The chart at left shows the bases for unfair treatment cited by respondents.

- A total of 83 clients reported unfair treatment. This includes the 77 respondents who answered “Yes” to the question above, along with 6 clients who said “No,” but made comments about the treatment of diverse groups in response to other survey questions.
- 15 responded “Yes,” but reported instances of unfair treatment not related to the protected groups listed in the question. 8 of these 15 made no mention of protected groups.

TREND

As shown in the table below, reports of unfair treatment related to diversity issues have decreased since 2009 and 2011.

Year	2007	2009	2011	2013	2015	2017	2019
Percentage	7%	9%	9%	7%	7%	7%	6%

Our clients speak . . .

“
I FEEL
THAT THEY DO NOT
UNDERSTAND MY
DISABILITIES AND
WHAT I AM ABLE TO
DO.
”

Some clients attribute poor treatment to multiple factors.

“Because of my citizenship and my age and culture, I was denied any help in my house. I am very sick and I have to go to dialysis and I am very weak and cannot take care of my children properly.”

“I did not get the services or treated like a human being, but I don't know if it is because I am black or because I am male.”

“I am a white male and I have been deserted by my family and everyone else. I need mental health help so badly and you won't listen or help me.”

“Social Services need to police the low rent apartments and housing more. I went to two places and found that they were predominantly Hispanic and black; and in one, I would have been the only white person. I feel these people get paid under the table and then cry poor mouth so they can get into these cheaper housing situations. There are no safe housing options for a lower income older white lady like me.”

Disability is most commonly seen as the catalyst for unfair treatment.

“I suffer from depression and I feel that is the reason they took my kids away. The way they talked down to me was crazy.”

“When we left Sound Mental Health I was berated by my provider and she became combative, and kept reading from the screen and telling me everything that was wrong with me. She was very irresponsible and unprofessional.”

“I got terminated from benefits when I was in the hospital and it took a long time for me to get my benefits back.”

“There isn't enough handicap parking.”

Several clients specifically praise the treatment of diverse groups.

“I like how they work with tribal members.”

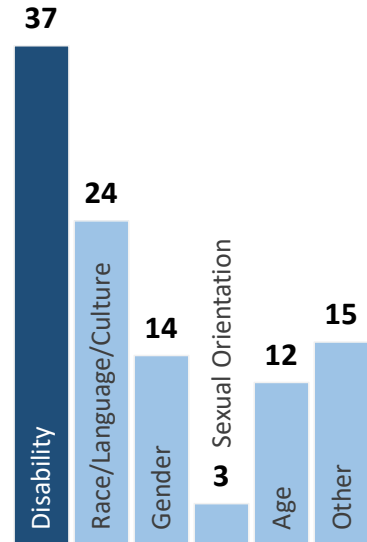
“The people are understanding of peoples with different cultural issues.”

“In my small town, everyone at the local office is so respectful. They treat everyone the same no matter how they look.”

37 clients indicated they had received unfair treatment based on disability.

RESPONSE

What was the basis for unfair treatment?



DETAIL

While a few mentioned discriminatory practices, the responses concerning unfair treatment based on disability covered a range of issues.

- Many concerns raised by clients with disabilities focused on a lack of services or accommodations.
- Clients also felt that workers did not always understand their disabilities and limitations. This is especially true for clients with mental health or cognitive issues.
- Some respondents reported encountering impatience and condescension.

Our clients speak . . .

“
THE MENTAL HEALTH WORKER LOOKED DOWN ON ME AND WAS CONDESCENDING. I FELT SHE TALKED CIRCLES AROUND ME AND DIDN'T EXPLAIN THINGS WELL.
 ”

Clients can feel lack of respect or understanding, especially those with mental health or cognitive issues.

“I just don't think they understood my mental issues, which was unfair to me.”

“I am a slow learner, and they aren't as patient as they should be. They could explain other options.”

“People think I can remember stuff because I look alright. But I can't remember stuff if they don't write it down.”

“A case manager lied to the caregiver thinking that the client didn't understand. Just because she's disabled doesn't mean she doesn't understand.”

“I have been talked down to regarding my disability. They would not listen to me as to what was happening.”

“Sometimes I think they treat me like I'm not intelligent – that I'm stupid. But my disability is I can't walk; it's not mental.”

“Because I'm deaf, people treat me differently; especially my dentist.”

“With the child support thing, when I went to court I explained my disabilities and surgeries...they acted like I was lying.”

“My son has a learning disability and he gets frustrated easily. He feels that people have not been very patient with him because of that.”

It can be difficult to get services and accommodation for disabilities.

“I feel like they've written off my disability, ignored them, not taken them seriously.”

“I'm a proud person and I need a bed that I can get out of, and so I think it's unfair that they can't provide that.”

“DCS needs a different way to evaluate how they treat disabled clients in a way that is fair to them and the children they support. The majority that DCS says that I owe has accumulated in the last five years since I have been disabled.”

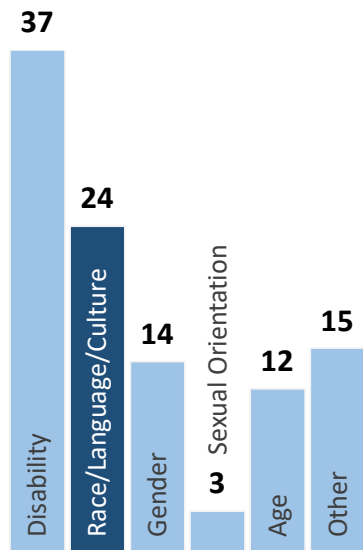
“Have to jump through unnecessary hoops to get the help I need.”

“They are great at placing people in wheelchairs or physical handicaps, but not so great at placing people with mental problems like me.”

“CPS assumed I should just go out and get a job when I am getting treatment for mental health issues.”

24 clients indicated they had experienced unfair treatment based on race, language, and/or culture.

RESPONSE
What was the basis for unfair treatment?



DETAIL

The clients who made comments in this area came from a variety of racial/ethnic backgrounds:

- Of the 24 clients discussing race, culture or language issues, 8 were African American, 5 Asian/Pacific Islander, 4 Hispanic or Spanish, and one was Native American. 6 were Caucasian and most of these raised issues of reverse discrimination.
- Overall, 2% of respondents reported unfair treatment in this area. Some races had higher rates. 8 percent of African American clients cited race/ethnicity as a contributor to unfair treatment, although most mentioned other additional factors. 5 percent of Asian American respondents cited race/ethnicity; one of these 5 complained about treatment from workers of the same race.
- Of the 24 clients included in this category, 9 mentioned other bases for unfair treatment in addition to race, language, or culture. Some of these mixed comments appear on other pages in this chapter.

Our clients speak . . .

“
**I GUESS
 IT IS ME BEING
 BLACK. THEY ARE
 ALSO
 CONDESCENDING
 WHICH I FEEL IT IS
 BECAUSE OF MY
 RACE.**
 ”

Some minority clients feel that race is a factor in poor treatment.

“We have had difficulties because of race. We were at a meeting and the worker brought up, ‘Well white parents do this...’ The worker just kept making comments about black parents and white parents. We shouldn’t be judged right at the beginning.”

“What we felt was about the training with DDA program, some white people who had more severe disabilities got jobs instead of my son.”

“I tell them that I need care in my house, and they don’t understand that I cannot find a job and have a hard time because I don’t speak the language or understand so well.”

“It wasn’t just one time. It’s happened before, I was mistreated.”

“When I lost my daughter one time, they didn’t take time to really listen. I felt discriminated against big time and it made me really mad – especially at CPS.”

“When we had an American social worker we got more hours than when we have had a Vietnamese social worker.”

Several clients perceive reverse discrimination. They feel that they would receive more help if they were minorities.

“If I were Hispanic I would be treated much better down at the welfare office. They are mean and don’t answer my questions. They have lost my paperwork a couple of times and you have to go down and fight with them to get anything done.”

“If I was somebody who was a minority, I’d get money for that. I’m a middle-aged white woman who pays her own bills, who has a decent job, so I don’t get help.”

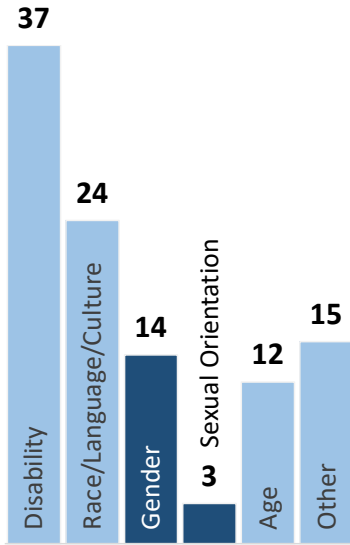
“I feel they help the Hispanic community here and give them more preferences; it is especially bad on the college campus.”

“The social worker told us we wouldn’t understand because we weren’t the same race. She didn’t seem to care about our concerns because she was from the same area as the birth father.”

14 clients indicated they had experienced unfair treatment based on gender. **Three** indicated they had experienced unfair treatment based on sexual orientation.

RESPONSE

What was the basis for unfair treatment?



DETAIL

Gender issues were mainly reported by males. A few clients mentioned sexual orientation.

- 10 of those reporting concerns about gender discrimination answered “yes” to the question about unfair treatment, while 4 more mentioned this in response to open-ended questions.
- Nearly all of the gender-related answers (12 of 14) came from males who felt they were not treated fairly around issues of child support and reports of child maltreatment.
- Of the 3 clients who said they had experienced unfair treatment based on sexual orientation, two provided descriptions of those circumstances (see below).

Our clients speak . . .

“
I FEEL THAT THE SYSTEM IS BIASED IN FAVOR OF THE MOTHER RATHER THAN A NEUTRAL, FAIR UNBIASED VIEW TOWARDS BOTH PARTIES.
 ”

A number of respondents feel that the Division of Child Support does not treat men as well as women.

“I am a male and I feel I am being judged when I first walk into the DCS office. There are a lot of bitter women there (except the Seattle office) that judge men.”

“I was discriminated against by the Division of Child Support because of sex. She assumed I was a deadbeat dad because I was male.”

“The officer in the Vancouver Office of Child Support treated me with anger; and it was obvious she didn't like me. She was very judgmental and never once explained things to me clearly.”

“I believe child support is unfair. Listen to both sides and don't judge the father when he walks into the office.”

Other men complain about a lack of support from the State.

“I was falsely accused of abuse, yet the mother was never investigated. I don't have any rights as a father; that needs to change.”

“Washington State seems to side with the mother 97% of the time.”

“I am not given the chance to get the same resources as women in this state or even the same resources as my daughter's mother. I am a law abiding citizen and have custody of my daughter. The state treats her with more respect than me.”

Two clients describe difficult situations specifically related to sexual orientation.

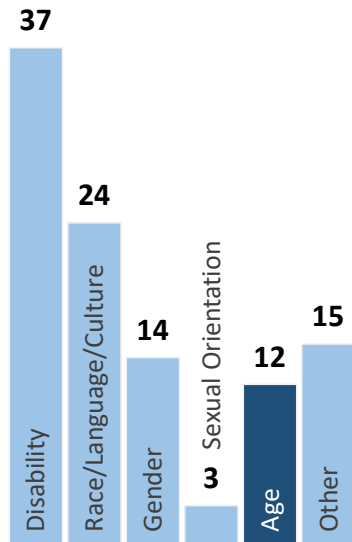
“Because we are a same sex couple, we had a lot of trouble in the beginning with WIC. Even though all our last names are the same, I have literally had to bring the birth certificate and my ID just to get the baby's weight.”

“Numerous times being called slurs by family members that we have to have contact with, and no response or support from DSHS staff or DCYF staff. It was ignored and nothing was done about it. Even with placement of children you are 30 to 40% more likely to have special needs. LGBT families experience more of this than other families.”

12 clients indicated they had experienced unfair treatment based on age.

RESPONSE

What was the basis for unfair treatment?



DETAIL

Age was often mentioned in conjunction with other factors.

- In 8 of the 12 cases, age was mentioned along with another protected group.
- Disability or race was often mentioned together with age.
- Youth was cited as a basis for unfair treatment more often than advanced age.

Our clients speak . . .

“
**I THINK
 BECAUSE I AM
 YOUNG THAT I AM
 NOT TAKEN AS
 SERIOUSLY AS AN
 OLDER PERSON
 WOULD BE.**
 ”

Some respondents report unfair treatment based on age alone.

“My social worker only listened to what my ex-husband had to say, and because he was older than me, she accepted his word as gospel.”

“I’m 62, and that makes no difference.”

Some people report difficulty getting services due to age and race.

“I went in for a very bad back pain since I had an epileptic seizure. They were pushing and asking me if I did any illegal drugs over and over since I am young and black and dress in a certain way.”

“The best way to explain it is that I was looked at as a dumb female with the amount of children I have and how young I am. I was trying to get information about getting into a college or taking some college classes and I was told that it was pointless to look into school. They never gave me a reason, but that’s what they said and I just have a feeling that my race played into it, and my age.”

The explanation of poor treatment often includes both age and disability.

“Behavioral Health here in Clallam county would not accept him because of his young age.”

“It goes back to mom being locked up in Western State hospital and it was difficult to get her out. They took her ability to walk away since they kept her in bed and drugged. When she left Western State, she was covered with feces and in a wheelchair. They also cut off her long hair since it got snarled from being in bed so long. Plain and simple, she was abused and neglected. Now, she is permanently in a wheelchair and requires full time assistance. DSHS has turned her down and will not provide assistance.”

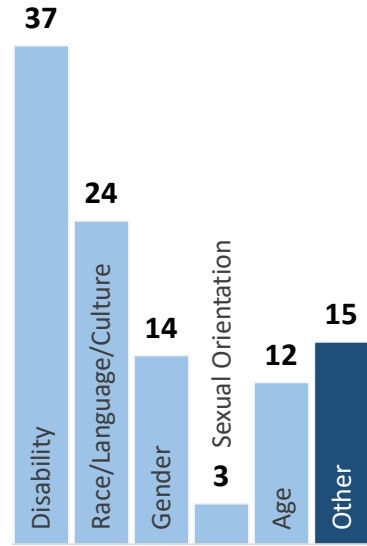
“I am homeless and sick and no one will help me.”

“A disability of bipolar may get less preferred treatment than a non-brain oriented condition. Treating all ages ‘equally’ actually disadvantages youth.”

15 clients indicated they experienced unfair treatment based on a factor or life circumstance that was not included in the standard protected groups (race, culture, age, gender, sexual orientation, and disabilities).

RESPONSE

What was the basis for unfair treatment?



DETAIL

Factors such as life circumstance, use of state programs, appearance, and substance use were listed as the reasons for unfair treatment.

- Almost half of these respondents (7 of 15) mentioned a standard protected group in addition to one of the “other” factors listed above.
- One additional respondent made a more general observation about the need for diverse staff: “Maybe have some of the employees have different backgrounds so they can better understand.”

Our clients speak . . .

“
HER DRUG ADDICTION HAS CAUSED PREJUDICE AGAINST HER, NOT ONLY IN THE TREATMENT SHE GETS WITH SOME OF THE OTHER PROGRAMS AND WHEN GETTING MEDICAL CARE.
 ”

Clients can feel they are looked down upon due to life circumstance.

“Basically, treat everyone as equal. I can see the difference in the way they treat us.

When you are on state medical we get no respect, but when I have private medical it all changes for the better.”

“I felt that not being a custodial parent they didn't listen to me. I was trying to understand my situation and what I could do.”

“They belittled me. They made me feel like I was there only because it was free money and free services. This especially applies to the drug and alcohol treatment services.”

“They did not treat me well at the ER when they discovered I was on state medical.”

Others feel that they are judged on the basis of appearance.

“My daughter is so tiny, and so is her extended family. But medical providers judge me because she gains weight so slowly and act as though I'm not feeding her properly. She will be tiny all her life probably, just like her grandmother.”

“It was about looks. We have long hair and paint on our clothes, I believe we're a great family. I noticed when my Dad tries to get help, if he doesn't look the part, he doesn't get it.”

“I am overweight and it seems like that is all anyone ever wants to talk about. Like the crux of all my problems stems from the fact that I wear size 22 pants. I can be having a real crisis and the doctor, therapist or whoever wants to talk about my weight – HELLO, I know I am fat, but I am also bipolar and I am having a meltdown.”

Several clients feel that they experience discrimination because of drug use.

“Because I'm an addict, I just feel like some of the counselors don't really know where we're coming from. My counselors have never been where I am. I think it would be more helpful if the counselors were recovering addicts themselves. Then the judgment and the 'know-it-all' attitude wouldn't be there.”

“I did feel judged for my drug use.”

There were statistically significant differences between racial/ethnic groups on 8 of the 20 standard questions.

Most of this chapter examines diversity issues through client comments and responses to a diversity-specific question. Standard survey questions (with Agree or Disagree answers) also help us look at differing response patterns among racial or ethnic groups.¹

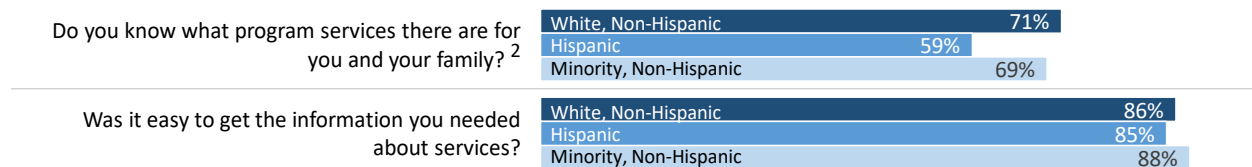
In most areas, Hispanic clients reported higher satisfaction levels than non-Hispanic, white clients or other minorities. The exceptions were questions about information, suggesting that finding information about programs is more difficult for Hispanic clients.

KEY FINDINGS

For seven of the 20 questions in the survey, responses from Hispanic clients were significantly more positive than responses from non-Hispanic whites or other minorities, or both. Also, non-Hispanic white clients were significantly more satisfied than non-Hispanic minority clients on a single question: “Did staff explain things clearly?”



Questions about information were answered quite differently. Hispanic respondents reported more difficulties getting information about available services. They agreed less frequently to two questions in this area, although only the first difference was a statistically significant.



¹ For this analysis, race was divided into 3 categories: non-Hispanic Minority (n = 232); Hispanic (n = 180); and non-Hispanic White (n = 805) to make numbers in each group large enough for statistical comparison. For all subgroup comparisons, see Appendix E.

² Statistically significant difference between Hispanic and non-Hispanic White, p < .05.

³ Statistically significant difference between Hispanic and non-Hispanic Minority, p < .05.

⁴ Statistically significant difference between non-Hispanic White and non-Hispanic Minority, p < .05.

In Closing

This survey provides one avenue for client participation in program planning and evaluation, which not only contributes to better service delivery, but sends an important message to clients about the value of their opinions. While many individual social and health service programs have ongoing projects to measure client satisfaction and recommendations for change, this is the only statewide client survey.

The Client Survey gathers information about various steps along the client journey, including client awareness of services, applying for services, using services, and the overall quality and helpfulness of these services. Taken together, the 2019 results paint a picture of the successes and challenges that face social and health services clients.

As shown in the figure below, a challenge is encountered at the beginning of the journey: many clients feel like they don't know what services are available to them. However, once they learn about program services, more clients are saying services are easy to get. Clients still think it's hard to reach a live person, but it's finally improving after years of low scores. Most other aspects of using services are successes: clients continue to say that staff are respectful and compassionate, and they feel more involved in their services than ever before.

As always, clients suggest many areas that could be improved, but overall, the 2019 Client Survey is the most positive on record.

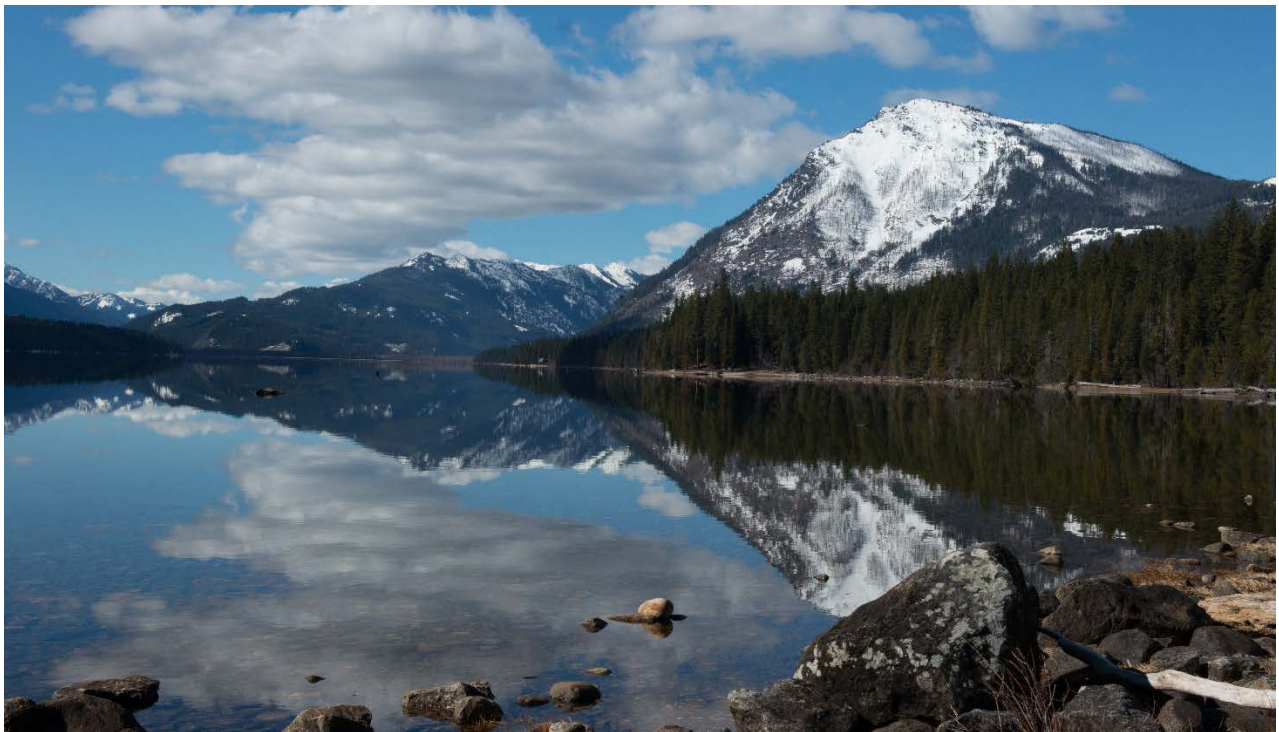
The Client Journey



Appendices

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"Waiting for Spring"/2013 Employee Survey Photo Contest/Cindy Rochelle

Methods

Background and Purpose of the Survey

The Washington State Department of Social and Health Services (DSHS), Health Care Authority (HCA), and Department of Children, Youth, and Families (DCYF) are committed to continuous quality improvement in services to their customers, the residents of Washington State. Agency leadership commissioned this 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 guidance to agency leadership for planning and risk management.

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, changes 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.

Survey Instrument

A cross-department survey team led by the DSHS Research and Data Analysis (RDA) Division developed the core set of survey questions for the first Client Survey in 2001, when Medicaid, Substance Use Treatment, Mental Health Services, and Children and Family Services were still programs 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 instrument 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 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. Clients who utilize more than one program answer the 17 program-specific questions several times — once for each program utilized.

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 G.

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 the Department of Children, Youth, and Families because many DCYF 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 DCYF reads: "If you need help from Children 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. Appendix C contains a list of the standard wording for the basic survey questions. Appendix G 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.

Previous Changes in the Survey

The standard survey questions have remained fairly stable since the first Client Survey in 2001.

2019 Changes. No standard questions were added or removed in the 2019 survey.

- Several revisions were made to reflect organizational changes.
 - References to the Behavioral Health Administration (BHA) were removed as Substance Use Treatment and outpatient Mental Health Services were transferred from BHA to the Health Care Authority (HCA).
 - Questions formerly asked with respect to the Division of Child & Family Services under the Children’s Administration (CA) were changed to reflect that Administration’s transfer to the new state agency, Department of Children, Youth, and Families (DCYF). References to the “Children’s Administration” were changed to “Department of Children, Youth, and Families.” References to “Child & Family Services” were changed to “Children and Family Services.”
 - References to “DSHS and HCA” were changed to the more general “social and health services agencies” to incorporate DCYF.
- The “customized” personal doctor questions for medical assistance clients were removed.

2017 Changes. No standard questions were added or removed in the 2017 survey.

- Several revisions were made to reflect organizational changes.
 - The Behavioral Health and Service Integration Administration (BHSIA) was renamed as the Behavioral Health Administration (BHA).
 - The Juvenile Justice and Rehabilitation Administration (JJRA) was renamed as the Rehabilitation Administration (RA).
- Noncustodial parents were asked two questions that had previously been suppressed for this group: “Do you know what Child Support services there are for you and your family?” and “Did Child Support staff understand your needs?”
- Several “customized” questions were revised for medical assistance clients in order to improve comprehension and account for changes in programs and terminology.
 - The question about a client’s personal doctor was simplified: “A personal doctor is the one you would see if you need a check-up, or get sick or hurt. Do you have a personal doctor or nurse?”
 - The question about the amount of time one waits before trying to get care and actually seeing a provider was changed to be more specific to urgent care: “How long did you have to wait between trying to get urgent care and actually seeing a provider?”
 - References to medical “coupons,” Healthy Options, and Basic Health were removed.

2015 Changes. No standard 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). The Division of Vocational Rehabilitation was transferred to the Juvenile Justice and Rehabilitation Administration (JJRA). Medicaid services were transferred from DSHS to the Health Care Authority as Apple Health.
- 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 about using Apple Health/Medicaid insurance 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?”
- The question about calling the toll free Apple Health/Medicaid number was substantially revised to: “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 in the past two years?”
- 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?”
- 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?”
- Questions referring to a “personal doctor” were changed to “a personal doctor or nurse.”
- The question about discrimination, first introduced in 2007, was edited slightly to reflect organizational changes, substituting “DSHS or Health Care Authority” for “social and health services.”

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 was: “Do you have a say in what kind of services you get?”
- Rewording the discrimination 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?”

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.

- 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 was: “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?”
- Addition of another question on telephone access, reflecting the trend toward call centers: “When you call [Program Name], is it easy to get to a live person when you need to?”
- Addition of a trial question about discrimination at the end of the survey with a follow-up open-ended question for those who answer “yes.”
- Addition of noncustodial parents who are DCS clients to the survey sample (custodial DCS parents were added in 2005).

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 identified client programs^{2,3,4} listed below, they drew a random sample of all clients who received services from that program between May 2017 and April 2018. 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:

Department of Social and Health Services

- Aging and Long-Term Support Administration
 - Long Term Care – Home and Community and Residential Care Services Divisions
- Developmental Disabilities Administration (All programs)
- Division of Vocational Rehabilitation
- Economic Services Administration
 - Community Services Division
 - Division of Child Support, Custodial and Noncustodial Parents

Health Care Authority

- Apple Health (Medicaid)
- Behavioral Health and Recovery (Substance Use Treatment and Mental Health Services)

Department of Children, Youth, and Families

- Children and Family Services

² Clients are not selected from Juvenile Rehabilitation (JR). Experience has shown that a survey administered after youth are released from supervision is not an effective or representative method to obtain JR client feedback. JR conducts surveys while youth are under their supervision.

³ Clients of Substance Use Treatment and Mental Health Services programs were sampled as two groups.

⁴ Custodial and Noncustodial Parents were sampled as two groups.

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 Behavioral Health and Recovery was between the ages of 13 and 17 years old, that client was not included in the sample. This protects client confidentiality, since youth between the ages of 13-17 are able to access mental health and substance use treatment 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 medical assistance, these clients were included in the survey, but no questions were asked about mental health or substance use treatment services.
- Only adult clients (age 18 and older) were selected in the sample from the Department of Children, Youth, and Families (DCYF). As described previously, throughout the survey, parents or caregivers answered questions about services for children under the age of 18. The selection of adult DCYF clients ensured that all families receiving services from DCYF could be selected to participate in the survey, because the DCYF database is organized by families and always includes co-residing parents. Survey questions regarding DCYF 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 DCYF. In those cases, the responsible adult was asked about all social and health services the selected child received, including services from DCYF.
- The DCYF sample was taken from the best available client list, which is partially derived from the agency-wide Client Services Database (CSDB), but supplemented from other sources.

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 they were ineligible. 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 JR 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 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 and had no actual contact with the program.
- The client has a confidential address.
- The client is deceased.

Interview Methods

Telephone interviews began on September 24, 2018 and ended on April 26, 2019. 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 24 \$125 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 G, tailored to the specific client's circumstances and pattern of social and health service use. 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. The length of the typical interview varied from 10 to 40 minutes, depending on the number of social and health services utilized by the client. Beginning with the 2019 survey, respondents who used five or more programs⁵ answered a subset of the survey questions in response to concerns about interview time, comprehension of questions, and issues of recall. See Appendix C for a list of the seven questions that were skipped. 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 are entered into the CATI system. 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 a contracted service (Pacific Interpreters).

Response Rate Methods

The overall cooperation rate for the survey was 91% and the completion rate was 72%.⁶

These response rates are extraordinarily high for any survey, but are especially remarkable for a survey involving the particularly challenging population of DSHS, HCA and DCYF 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 common among young adult clients (18 to 21 years old) who have recently been released from foster care or substance use treatment programs.
- Like many people, social and health service clients may screen their calls and do not always respond to survey calls.
- Most social and health service clients have low incomes, 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.)

⁵ In the 2019 survey, 74 of 1,222 respondents (6%) used 5 or more programs.

⁶ 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.

- Some 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 use, mental health issues, developmental disabilities, age-related concerns, or other problems may have difficulty understanding survey questions, or may find them to be intrusive.

Surveyors employed a number of measures to maximize response rates:

- **Skilled staff.** The telephone survey team includes experienced interviewers who were chosen for their survey experience, and are mostly 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 are 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, we mailed a letter to them 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, and best times to call.
- **Incentives.** All clients who completed the survey were entered in a drawing for \$125 grocery gift cards. They were informed of this opportunity in the initial letter and at the time of the interview. Clients who answered survey questions about five or more programs were also offered a \$20 grocery store gift cards.
- **Multiple attempts.** Interviewers attempted to reach clients at many different times, and made 20 or more attempts to reach each client. Upon reaching voice mail, interviewers left a message asking the client or representative to call them at a toll-free number (no more than one message within seven days).
- **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. Respondents were contacted using 21 languages: English, Amharic, Arabic, Burmese, Cantonese, Castilian, Chuukese, Farsi, Khmer, Korean, Oromo, Mandarin, Punjabi, Romania, Russian, Somali, Spanish, Tagalog, Ukrainian, Urdu, and Vietnamese.

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.⁷ 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.

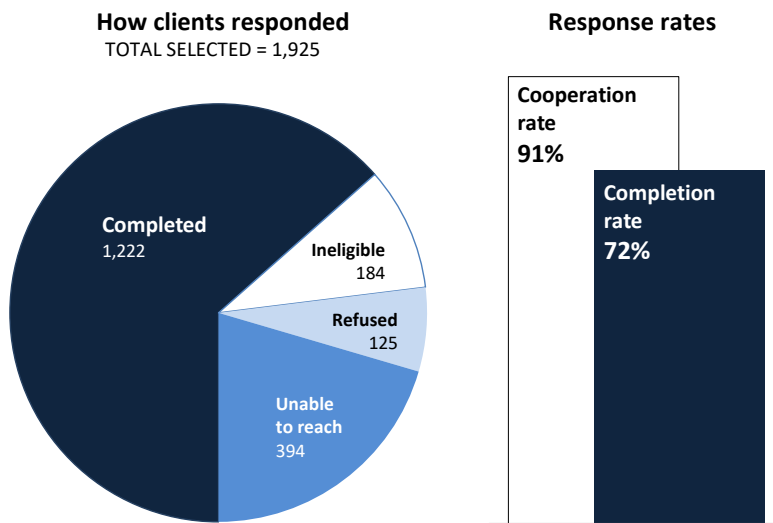
⁷ See Appendix D for more detail and the complete weighting table.

APPENDIX B

Cooperation and Completion Rates

The completion rate was 72% of sampled clients. Of the clients who could be contacted, 91% completed the survey. These response rates are very high for any survey, but are especially remarkable for a survey involving the particularly challenging and often transient population of social and health service clients.¹

The chart below shows the disposition of all clients selected for the survey. To meet the goal of 100 completed surveys for each of the different programs, 1,925 clients were randomly selected as the survey sample. Of those, 394 of the clients could not be reached. Of those who could be reached, 1,222 people completed the telephone survey, 125 refused to complete the survey, and 184 were found to be ineligible.



¹ Surveyors employed a number of measures to increase response rates. Descriptions of methods used to increase response rates, and of how clients are deemed ineligible, can be found in Appendix A.

Cooperation and Completion Rates, by Program²

	Department of Children, Youth, and Families – Children and Family Services										
	Health Care Authority – Mental Health Services										
	Health Care Authority – Substance Use Treatment										
	Health Care Authority – Medicaid/Apple Health										
	Economic Services Administration – Division of Child Support (Noncustodial Parents)										
	Economic Services Administration – Division of Child Support (Custodial Parents)										
	Economic Services Administration – Community Services Division										
	Division of Vocational Rehabilitation										
	Developmental Disabilities Administration										
	Aging and Long-Term Support Administration										
	TOTAL	AL TSA	DDA	DVR	CDS	DCS-C	DCS-N	MA	SUT	MH	DCYF
A Survey Completed	1,222	112	110	105	135	102	107	228	105	104	114
B Refusal	125	3	10	8	9	11	24	23	16	11	10
C Subtotal: Found Eligible (A + B)	1,347	115	120	113	144	113	131	251	121	115	124
D Found Ineligible	184	24	9	6	9	17	22	16	43	17	21
E Subtotal: All Found (C + D)	1,531	139	129	119	153	130	153	267	164	132	145
F Percent found ineligible (D/E)	12%	17%	7%	5%	6%	13%	14%	6%	26%	13%	14%
G No Contact	394	6	6	27	35	36	83	48	72	28	53
H No Contact/Estimated to be ineligible (FxG)	47	1	0	1	2	5	12	3	19	4	8
I Subtotal: All Eligible (C+G-H)	1,694	120	126	139	177	144	202	296	174	139	169
J Total in Sample (E+G)	1,925	145	135	146	188	166	236	315	236	160	198
K COOPERATION RATE³ (A/C)	91%	97%	92%	93%	94%	90%	82%	91%	87%	90%	92%
L COMPLETION RATE⁴ (A/I)	72%	93%	88%	76%	76%	71%	53%	77%	60%	75%	67%

² Clients often receive 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.

³ The ratio of completed interviews to all potential respondents contacted.

⁴ 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).

APPENDIX C

Survey Questions

The following is a list of the **standard 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. 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 G 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?

Beginning in the 2019 survey, respondents who used five or more programs answered a subset¹ of the above survey questions to address concerns about interview time and comprehension issues.

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 programs?
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 about social and health service agencies in the State of Washington, I can note them now.

¹ The following seven questions were skipped for respondents who used 5 or more programs: Questions 3, 2, 1, 8, 11, 12, and 15. These questions were selected because they had low variation over time, were redundant with other questions, or were hypothetical.

APPENDIX D

Weighting

Clients' responses were weighted according to 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 59 clients in the completed survey sample used Aging and Long-Term Support (A), Economic (E), and Apple Health/Medicaid services (M), making up 4.8280% of the 1,222 completed surveys. The number of clients who used this combination of services in the total population of all social and health services clients from May 2017 to April 2018 was 33,043 (or 1.2270% of the total). In order for the survey results to be representative of the total population of social and health services clients, survey responses must be weighted so that the percentage of AEM clients in the survey sample matches the percentage of AEM clients in the social and health services population. Thus, the responses of the 59 survey respondents were weighted by a factor of 0.2541 so that they represent 14.9930 respondents – or 1.2270% – in the weighted survey sample.

Programs	SAMP_N	SAMP_PC	POP_N ¹	POP_PC	WT	WT_N
ACEHMSZ	1	0.0820%	16	0.0010%	0.0073	0.0070
ADEHM	3	0.2450%	525	0.0190%	0.0794	0.2380
ADEM	13	1.0640%	3,569	0.1330%	0.1246	1.6190
ADEMV	2	0.1640%	153	0.0060%	0.0347	0.0690
ADEMX	1	0.0820%	32	0.0010%	0.0145	0.0150
ADHM	2	0.1640%	222	0.0080%	0.0504	0.1010
ADM	5	0.4090%	2,270	0.0840%	0.2060	1.0300
ADMV	1	0.0820%	165	0.0060%	0.0749	0.0750
AEH	2	0.1640%	54	0.0020%	0.0123	0.0250
AEHM	22	1.8000%	7,153	0.2660%	0.1475	3.2460
AEHMS	2	0.1640%	482	0.0180%	0.1094	0.2190
AEHMX	1	0.0820%	174	0.0060%	0.0790	0.0790
AEHMZ	2	0.1640%	409	0.0150%	0.0928	0.1860
AEM	59	4.8280%	33,043	1.2270%	0.2541	14.9930
AEMS	2	0.1640%	332	0.0120%	0.0753	0.1510
AEMSZ	1	0.0820%	35	0.0010%	0.0159	0.0160
AEMV	2	0.1640%	266	0.0100%	0.0604	0.1210
AEMX	1	0.0820%	482	0.0180%	0.2187	0.2190
AEMZ	3	0.2450%	1,419	0.0530%	0.2146	0.6440
AHM	5	0.4090%	3,708	0.1380%	0.3365	1.6830
AHMS	1	0.0820%	55	0.0020%	0.0250	0.0250
AM	25	2.0460%	26,290	0.9760%	0.4772	11.9290
AMZ	1	0.0820%	254	0.0090%	0.1153	0.1150
C	62	5.0740%	60,631	2.2510%	0.4437	27.5110
CDMV	1	0.0820%	32	0.0010%	0.0145	0.0150
CE	1	0.0820%	4,707	0.1750%	2.1358	2.1360
CEHM	3	0.2450%	10,038	0.3730%	1.5183	4.5550
CEHMS	3	0.2450%	961	0.0360%	0.1454	0.4360
CEHMSX	4	0.3270%	830	0.0310%	0.0942	0.3770
CEHMSZ	8	0.6550%	1,434	0.0530%	0.0813	0.6510
CEHMOV	1	0.0820%	91	0.0030%	0.0413	0.0410
CEHMOVZ	1	0.0820%	85	0.0030%	0.0386	0.0390

PROGRAMS:
A: Aging and Long-Term Support
C: Dept. of Children, Youth, and Families
D: Developmental Disabilities
E: Economic Services
H: Mental Health (HCA)
M: Medical Assistance (HCA)
S: Substance Use Treatment (HCA)
V: Vocational Rehabilitation
Z: Child Support - Custodial
X: Child Support—Noncustodial

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 using this combination of programs from May 2017 to April 2018

POP_PC: Percentage of clients using this combination of programs from May 2017 to April 2018

WT: Weight to produce N of 1,222 with program distribution equal to population program distribution (adjusted for empty cells)

WT_N: Number using this combination of programs after applying WT

¹ Includes the 99.00% of the social and health service population in survey-eligible groups whose service profile was represented in the client survey sample.

Programs	SAMP_N	SAMP_PC	POP_N	POP_PC	WT	WT_N
CEHMX	2	0.1640%	1,066	0.0400%	0.2419	0.4840
CEHMZ	2	0.1640%	2,421	0.0900%	0.5493	1.0990
CEM	11	0.9000%	54,532	2.0250%	2.2495	24.7440
CEMS	1	0.0820%	1,337	0.0500%	0.6067	0.6070
CEMSVZ	1	0.0820%	11	0.0000%	0.0050	0.0050
CEMSX	3	0.2450%	1,407	0.0520%	0.2128	0.6380
CEMSZ	7	0.5730%	1,808	0.0670%	0.1172	0.8200
CEMV	2	0.1640%	148	0.0050%	0.0336	0.0670
CEMVZ	2	0.1640%	99	0.0040%	0.0225	0.0450
CEMX	4	0.3270%	4,872	0.1810%	0.5527	2.2110
CEMZ	9	0.7360%	12,014	0.4460%	0.6057	5.4510
CEX	1	0.0820%	1,255	0.0470%	0.5695	0.5690
CEZ	1	0.0820%	1,838	0.0680%	0.8340	0.8340
CHMSX	1	0.0820%	55	0.0020%	0.0250	0.0250
CHSZ	1	0.0820%	3	0.0000%	0.0014	0.0010
CM	7	0.5730%	32,060	1.1900%	2.0782	14.5470
CMSX	1	0.0820%	228	0.0080%	0.1035	0.1030
CMV	1	0.0820%	95	0.0040%	0.0431	0.0430
CMX	1	0.0820%	1,674	0.0620%	0.7596	0.7600
CMZ	4	0.3270%	2,134	0.0790%	0.2421	0.9680
CV	1	0.0820%	63	0.0020%	0.0286	0.0290
CX	5	0.4090%	5,338	0.1980%	0.4844	2.4220
CZ	13	1.0640%	6,361	0.2360%	0.2220	2.8860
D	7	0.5730%	11,447	0.4250%	0.7420	5.1940
DEHM	9	0.7360%	1,861	0.0690%	0.0938	0.8440
DEHMV	4	0.3270%	361	0.0130%	0.0410	0.1640
DEM	23	1.8820%	12,602	0.4680%	0.2486	5.7180
DEMV	10	0.8180%	1,088	0.0400%	0.0494	0.4940
DHM	4	0.3270%	1,079	0.0400%	0.1224	0.4900
DM	43	3.5190%	16,116	0.5980%	0.1701	7.3130
DMV	14	1.1460%	1,344	0.0500%	0.0436	0.6100
E	35	2.8640%	174,093	6.4640%	2.2570	78.9950
EH	1	0.0820%	2,735	0.1020%	1.2410	1.2410
EHM	48	3.9280%	55,377	2.0560%	0.5235	25.1270
EHMS	15	1.2270%	9,088	0.3370%	0.2749	4.1240
EHMSV	2	0.1640%	399	0.0150%	0.0905	0.1810
EHMSVX	1	0.0820%	86	0.0030%	0.0390	0.0390
EHMSVZ	1	0.0820%	58	0.0020%	0.0263	0.0260
EHMSX	5	0.4090%	2,422	0.0900%	0.2198	1.0990
EHMSZ	9	0.7360%	1,679	0.0620%	0.0847	0.7620
EHMV	11	0.9000%	2,236	0.0830%	0.0922	1.0150
EHMVZ	3	0.2450%	294	0.0110%	0.0445	0.1330
EHMZ	6	0.4910%	7,039	0.2610%	0.5323	3.1940
EHS	1	0.0820%	262	0.0100%	0.1189	0.1190
EHV	1	0.0820%	89	0.0030%	0.0404	0.0400
EHVZ	1	0.0820%	2	0.0000%	0.0009	0.0010
EHX	1	0.0820%	274	0.0100%	0.1243	0.1240
EM	126	10.3110%	678,717	25.2020%	2.4442	307.9690
EMS	28	2.2910%	15,279	0.5670%	0.2476	6.9330
EMSV	1	0.0820%	166	0.0060%	0.0753	0.0750
EMSX	10	0.8180%	4,740	0.1760%	0.2151	2.1510
EMSZ	6	0.4910%	3,384	0.1260%	0.2559	1.5350
EMV	17	1.3910%	3,737	0.1390%	0.0998	1.6960
EMVX	2	0.1640%	234	0.0090%	0.0531	0.1060
EMVZ	3	0.2450%	515	0.0190%	0.0779	0.2340
EMX	27	2.2090%	32,376	1.2020%	0.5441	14.6910
EMZ	21	1.7180%	66,990	2.4870%	1.4475	30.3970
ES	2	0.1640%	658	0.0240%	0.1493	0.2990

Programs	SAMP_N	SAMP_PC	POP_N	POP_PC	WT	WT_N
ESX	1	0.0820%	116	0.0040%	0.0526	0.0530
EV	12	0.9820%	1,391	0.0520%	0.0526	0.6310
EVX	1	0.0820%	71	0.0030%	0.0322	0.0320
EVZ	1	0.0820%	94	0.0030%	0.0427	0.0430
EX	12	0.9820%	10,439	0.3880%	0.3947	4.7370
EZ	14	1.1460%	13,895	0.5160%	0.4504	6.3050
H	2	0.1640%	12,027	0.4470%	2.7286	5.4570
HM	26	2.1280%	28,843	1.0710%	0.5034	13.0880
HMS	2	0.1640%	1,734	0.0640%	0.3934	0.7870
HMV	4	0.3270%	524	0.0190%	0.0594	0.2380
HMX	1	0.0820%	778	0.0290%	0.3530	0.3530
HMZ	1	0.0820%	863	0.0320%	0.3916	0.3920
HZ	1	0.0820%	209	0.0080%	0.0948	0.0950
M	161	13.1750%	883,936	32.8220%	2.4912	401.0870
MS	15	1.2270%	6,502	0.2410%	0.1967	2.9500
MSZ	1	0.0820%	380	0.0140%	0.1724	0.1720
MV	4	0.3270%	1,992	0.0740%	0.2260	0.9040
MX	9	0.7360%	19,482	0.7230%	0.9822	8.8400
MZ	6	0.4910%	24,702	0.9170%	1.8681	11.2090
S	6	0.4910%	2,098	0.0780%	0.1587	0.9520
V	22	1.8000%	4,113	0.1530%	0.0848	1.8660
VZ	1	0.0820%	107	0.0040%	0.0486	0.0490
X	48	3.9280%	145,374	5.3980%	1.3742	65.9640
Z	50	4.0920%	133,870	4.9710%	1.2149	60.7440

APPENDIX E

Responses by Sub-group

Demographic Sub-Group

Percent who answered “Yes” or “Strong YES”

	Client Gender		Client Age		Race Ethnicity			Race Differences ¹			
	Male	Female	Adult	Child	White	Other Minority	Hispanic	W-O	W-H	O-H	
	Number (Percent)	575 (47%)	646 (53%)	1007 (82%)	215 (18%)	805 (66%)	232 (19%)	180 (15%)			
QUALITY AND HELPFULNESS											
Overall, have social and health service programs helped you and your family?	92%	92%	90%	96%*	92%	89%	95%				*
Thinking of all the programs together, have they done good work?	89%	91%	88%	95%*	90%	87%	93%				
Does your program do good work?	87%	89%	86%	94%*	88%	86%	92%				
Are you satisfied with program services?	86%	87%	84%	92%*	87%	84%	89%				
STAFF											
Do staff treat you with courtesy and respect?	94%	92%	92%	95%	93%	90%	96%				*
Do staff listen to what you have to say?	92%	90%	89%	94%*	91%	87%	94%				*
Do staff understand your needs?	91%	89%	87%	95%*	90%	88%	91%				
ACCESS AND PROCESS											
Are program offices open at times that are good for you?	92%	88%	89%	90%	90%	87%	91%				
Is it easy to get to the program office?	88%	87%	85%	93%*	87%	84%	94%		*		*
Is it easy to get services from the program?	83%	83%	79%	90%*	81%	82%	90%		*		
Did you get services as quickly as you needed?	84%	85%	81%	90%*	84%	82%	89%				
When you call, is it easy to get a live person when you need to?	81%	78%	78%	82%	78%	78%	84%				
Do staff return your calls within 24 hours?	75%	73%	72%	77%	72%	72%	78%				
INFORMATION											
Do you know what program services there are for you and your family?	65%	71%	68%	69%	71%	69%	59%				*
Did program staff explain things clearly?	91%	88%	88%	93%*	90%	83%	93%	*			*
Was it easy to get the information you needed about services?	86%	87%	85%	88%	86%	88%	85%				
CLIENT INVOLVEMENT											
Did you have a say in what kind of services you get?	84%	86%	80%	92%*	84%	82%	91%				*
Did you help make plans and set goals about services?	79%	77%	73%	85%*	75%	81%	82%				
COORDINATION											
Do social and health services make sure all your services work well together?	70%	86%*	81%	70%	77%	86%	88%				
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%	77%	76%	55%	75%	73%	76%				

* Statistically significant difference (p < .05)

¹ Comparisons between various combinations of 2 groups: W = White (non-Hispanic); H = Hispanic; O = Other minority (non-Hispanic), including African American, Asian American/Pacific Islander, and American Indian.

Program Usage Sub-Group

Percent who answered “Yes” or “Strong YES”

	Completed By		Number Programs Used			Differences			
	Number (Percent)	Client 796 (65%)	Other ² 426 (35%)	1 prgm 393 (15%)	2 prgms 324 (25%)	3 + prgms 505 (59%)	1-2	1-3	2-3
QUALITY AND HELPFULNESS									
Overall, have social and health service programs helped you and your family?	90%	95%*	91%	95%	89%	*		*	
Thinking of all the programs together, have they done good work?	88%	92%	88%	93%	89%				
Does your program do good work?	86%	92%*	88%	89%	87%				
Are you satisfied with program services?	83%	91%*	86%	89%	83%				*
STAFF									
Do staff treat you with courtesy and respect?	92%	95%*	93%	94%	92%				
Do staff listen to what you have to say?	88%	94%*	91%	91%	89%				
Do staff understand your needs?	86%	94%*	90%	91%	84%		*		*
ACCESS AND PROCESS									
Are program offices open at times that are good for you?	90%	89%	89%	90%	89%				
Is it easy to get to the program office?	85%	91%*	88%	87%	86%				
Is it easy to get services from the program?	78%	90%*	82%	86%	80%				*
Did you get services as quickly as you needed?	81%	89%*	82%	89%	81%	*			*
When you call, is it easy to get a live person when you need to?	76%	83%	82%	78%	76%				
Do staff return your calls within 24 hours?	71%	76%	76%	71%	73%				
INFORMATION									
Do you know what program services there are for you and your family?	67%	70%	65%	72%	70%				
Did program staff explain things clearly?	87%	92%*	90%	90%	85%			*	
Was it easy to get the information you needed about services?	85%	88%	85%	89%	85%				
CLIENT INVOLVEMENT									
Did you have a say in what kind of services you get?	78%	92%*	89%	81%	83%	*		*	
Did you help make plans and set goals about services?	71%	85%*	76%	77%	83%				
COORDINATION									
Do social and health services make sure all your services work well together?	82%	73%			81%				
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?	76%	70%			75%				

* Statistically significant difference (p < .05)

² Other includes parent, guardian or representative.

APPENDIX F

Themes from Narrative Questions: Glossary and Report

Response Glossary

QUALITY/HELP	Typical Response Example
Services Helped	Social and health services have helped me/my family; good service overall/satisfied; grateful for help; appreciative; likes options/variety (no specific program noted); like social and health services/everything
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 (helpful/likes to help), sensitivity, friendliness, compassion
Staff Listens/Understands	Staff listens; is/isn't attentive; understands; gets input from clients; includes clients in decision-making/planning
Other Staff Comments	Staff's responsiveness (and general timeliness); fairness, flexibility, knowledge, professionalism, honesty, commitment, helpfulness, follow-through, customer service, general communication
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; return calls and messages timely; call centers/automated phone systems
Office Location/Hours	Ease in getting to programs/providers or services/parking; office hours/class times; 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: "DDA 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/letters
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, language, immigration status, religion, parental status, sexual orientation or age

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 programs/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

Program Availability Don't cut/expand certain programs; social and health services need better funding; grateful for funded program

Benefit Levels Need more/don't cut hours or benefits; better providers payments; grateful for available hours/benefits

Provider Availability Need more medical, dental, mental health, vision or pharmacy providers who accept Medicaid; difficult to find a provider; grateful for available providers who accept Medicaid

Health Benefit Levels Don't cut/expand medical, dental or mental health services; need medical equipment/procedures; grateful for available funding/benefits

OTHER

Other Miscellaneous comments that don't fit elsewhere, including content regarding the survey itself

Narrative Comments Report

1,152 of 1,222 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	#	% of All	#	% of All	#	% of All
Quality/Helpfulness		802	70%	693	60%	66	6%	43	4%
Services Helped	H	460	39.9%	460	40%				
Didn't Help	HD	26	2.3%			26	2%		
Things are OK	HO	44	3.8%	44	4%				
Nothing	HN	215	18.7%	171	15%	40	3%	4	0%
Specific Program Quality	HS	354	30.7%	296	26%	36	3%	22	2%
Staff		475	41.2%	308	27%	117	10%	50	4%
Staff Courtesy	SC	203	17.6%	160	14%	39	3%	4	0%
Staff Listens/Understands	SL	83	7.2%	57	5%	25	2%	1	0%
Other Staff Comments	SO	228	19.8%	178	15%	36	3%	14	1%
Specific Staff	SP	16	1.4%	16	1%	0	0%	0	0%
Need More Staff	SN	43	3.7%			43	4%		
Providers	SX	81	7.0%	35	3%	31	3%	15	1%
Process/Access		565	49.0%	150	13%	336	29%	79	7%
<i>ACCESS</i>		219	19.0%	57	5%	148	13%	14	1%
Phone/Staff Access	AP	142	12.3%	39	3%	95	8%	8	1%
Location/Hours	AL	45	3.9%	10	1%	34	3%	1	0%
Appointment Process	AA	51	4.4%	15	1%	35	3%	1	0%
<i>PROCESS</i>		416	36.1%	126	11%	240	21%	50	4%
Process - General	PR	121	10.5%	70	6%	28	2%	23	2%
Process - Specific	PS	190	16.5%	38	3%	141	12%	11	1%
Paperwork	PP	23	2.0%	2	0%	19	2%	2	0%
Process - Timeliness	PT	72	6.3%	23	2%	45	4%	4	0%
Eligibility	PE	114	9.9%	29	3%	80	7%	5	0%
<i>DIVERSITY</i>		14	1.2%	3	0%	11	1%	0	0%
Diversity/Preference	DV	14	1.2%	3	0%	11	1%	0	0%
Information		203	17.6%	83	7%	106	9%	14	1%
Information - General	IN	192	16.7%	77	7%	102	9%	13	1%
Language Services	IL	13	1.1%	8	1%	5	0%	0	0%
Coordination		44	3.8%	6	1%	35	3%	3	0%
Between Programs	CP	27	2.3%	1	0%	25	2%	1	0%
Between Workers	CW	19	1.6%	5	0%	12	1%	2	0%
Resources		180	15.6%	2	0%	174	15%	4	0%
Program Availability	RP	30	2.6%	1	0%	28	2%	1	0%
Benefit Levels	RB	64	5.6%	0	0%	64	6%	0	0%
Provider Availability	RC	57	4.9%	3	0%	53	5%	1	0%
Health Benefit Levels	RM	52	4.5%	0	0%	52	5%	0	0%
Other		263	22.8%	39	3%	46	4%	178	15%
Other/Miscellaneous	O	158	13.7%	39	3%	46	4%	73	6%
Don't Know	DK	121	10.5%					121	11%

Notes for Narrative Comments Report (previous page)

¹ Major 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.

² All # 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.

³ All % columns show respondents who commented on this theme as a percentage of the total number of respondents who made narrative comments.

Note: "Quality and Helpfulness of Services" is reported on p. 10 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.

APPENDIX G

Survey Instrument

Introduction¹

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

Hello, this is <<Interviewer Name>>.

I am calling to talk to you about social and health services you have received from the State of Washington. You should have received a letter explaining this survey.

The results of this survey will help social and health service agencies 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 social and health services from the state.

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 services.

Whether or not you participate in the survey will not affect any services you may receive from these agencies. 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 while helping <<Client Name>> with social and health services received from the State of Washington.

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
- Other Non-Family Caregiver (NOT decision-maker)

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. Instructions to the interviewer are in bold font.

Survey Instrument

DDA (Developmental Disabilities Administration)

First/Now I'd like to ask you about your experience with DDA, the Division that helps persons with developmental disabilities. We see that you have been helped by DDA 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 DDA 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 DDA?

Denies Contact with DDA

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

I'd like to ask some questions about your experiences with DDA 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 DDA office? <i>(Probe or mark DNA if R has not attempted to get to the office)</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. Is the DDA 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 DDA?	<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 DDA, 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 DDA 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 DDA 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? <i>If needed: "Were you involved in making choices about your services?"</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"/>
13. Did you help make plans and set goals about DDA 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 DDA 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 DDA 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 DDA 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? <i>(Probe or mark DNA if R has not attempted to get to the office)</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. 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? <i>If needed: "Were you involved in making choices about your services?"</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"/>
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

ALTSA (Aging & Long Term Support Administration)

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 ALTSA 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? <i>(Probe or mark DNA if R has not attempted to get to the office)</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. 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? <i>If needed: "Were you involved in making choices about your services?"</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"/>
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 (Health Care Authority)

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, SSI, pregnancy medical, spenddown, or family medical.
- Sometimes Medicaid has paid part of your Medicare costs.

EXPLAIN THAT: WE WILL CALL ALL OF THESE "APPLE HEALTH OR MEDICAID" IN THE SURVEY

- 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"/>

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 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? <i>(Probe or mark DNA if R has not attempted to get to the office)</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. 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/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/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? <i>If needed: "Were you and your family involved in making choices about your services?"</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"/>
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)? <i>(Probe or mark DNA if R has not attempted to get to the office)</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. 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? <i>If needed: "Were you and your family involved in making choices about your services?"</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"/>
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

BHR-MH (Mental Health; Health Care Authority)

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? <i>(Probe or mark DNA if R has not attempted to get to the office)</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. 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? <i>If needed: "Were you and your family involved in making choices about your services?"</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"/>
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)—Noncustodial 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.
- Sometimes the Division of Child Support still works on getting child support payments long after the child is out of the home receiving the 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? <i>[If they have not gone to a DCS office, select DNA]</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 DNA]</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 DNA]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Do you know what child support services there are for you and your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5a. If you call 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 DNA]</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 DNA]</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 DNA]</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"/>
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 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 or tried to get you to pay child support.
- Sometimes the Division of Child Support still works on getting child support payments long after the child is out of the home receiving the payments.

[If they still deny DCS interaction]

Denies DCS Contact

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

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

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

Survey Instrument

BHR-SUD (Substance Use Disorder; Health Care Authority)

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

[If initially denies BHR-SUD 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 Substance Use Disorder 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 Use Disorder 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 Substance Use Disorder?

Denies SUD Contact

I'd like to ask some questions about your experiences with the Substance Use Disorder program 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? <i>(Probe or mark DNA if R has not attempted to get to the office)</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. 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? <i>If needed: "Were you involved in making choices about your services?"</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"/>
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

DCYF (Department of Children, Youth and Families)

Note to Interviewers: The formal name of this program is "Department of Children, Youth and Families" 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 Children, Youth and Family Services, the department 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 and Family Services or received services from Children and Family Services over the last two years?

[If initially denies DCYF 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 Children & Family Services. Let me tell you what kinds of services you may have received:

- You may have provided foster care or received adoption support.
- 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.
- 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.
- 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.

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

[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 DCYF Contact

I'd like to ask some questions about your experiences with Children & 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 Children and Family Services office? <i>(Probe or mark DNA if R has not attempted to get to the office)</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. Is the Children 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 Children and Family Services is it easy to get that help? [If they have not needed help from Children and Family Services select DNA]	<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 Children 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 Children 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 Children 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 DNA]	<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 Children 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 Children 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? <i>If needed: "Were you involved in making choices about your services?"</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"/>
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 Children 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 Children 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 Children 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

47. The next set of questions is based on the number of services received by the client:

- Client received services from only ONE program
- Client received services from TWO (2) programs
- Client receives services for THREE or more (3+) programs
- Client denies ANY contact with services

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 your social and health services programs do well and how they can improve.

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

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

What is your [the client] gender? [DON'T READ OPTIONS] If needed: "We understand that not everyone identifies as male or female. We are asking people how they describe themselves in order to find out the best way to ask this question."

- Male
- Female
- Other (please specify)

Are you [the client] Hispanic or Latino?*

- Yes
- No
- Don't Know
- Refuse

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

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

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

Please specify for "Other":

In the past 2 years, has there been a time when you felt that social and health services 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 2017, which Washington State county have you (the client) lived in the longest? Please specify for "Other" (City, State if outside WA):

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



2019 Social and Health Services
Client Survey
Our Clients Speak



Washington State
Health Care Authority



Washington State Department of
CHILDREN, YOUTH & FAMILIES