ISD

Integrated Service Delivery

State of
Washington

Department
Of Social & Health
Services

(Publish Date: Probably January 1975)

When requesting this report, please refer to Report Number 7.07

PREFACE

This report has been written to fulfill the federal reporting requirements for demonstration grants awarded under Title XI, Section 1115, of the Social Security Act, as amended.

The Integrated Service Delivery Demonstration (ISD) and Evaluation Project was funded for a three year period beginning June 30, 1971.

A six months extension of this project was authorized to complete the project research component. The DSHS was the project sponsoring agency, and in view of the ISD project goals of integration and regionalization impacting on the DSHS, staff of DSHS were active in the planning, application, implementation, and ongoing project activities. It is difficult to adequately mention the contribution of every person involved in the ISD project. A collective "thank you" is therefore given to everyone who was involved in the project.

The project writeup is organized in five chapters. Chapter One presents a brief overview of the ISD project. This includes the stated need for service integration, how service integration has been measured, the development of the DSHS, the Seattle Model City program, the developments leading to the project proposal, and the operation and research components of the project.

Chapter Two describes the components of the project on an individual basis, with the realization that all components were interrelated during the life of the project. The project components were: The Service Integration Specialists, Olympic Center (Bremerton), Pioneer Square Service Center (Seattle), Skid Road Community Council, Central Area Project, and the Control Site (Bellingham).

Chapter Three details the research design, procedure and results. This includes the selection of sites, hypotheses, research strategy and data sources.

Chapter Four delineates a summary of the research data and discussion of the data.

Chapter Five summarizes the significant project findings.

This report was prepared by the Special Welfare Services Section, Office of Social Services, Community Services Division, DSHS, and the Office of Research, Planning & Research Division, DSHS.

INTEGRATED SERVICE DELIVERY REPORT

TABLE OF CONTENTS

PAGE

PREFACE

CHAPTER I - INTEGRATED SERVICE DELIVERY OVERVIEW

Integrated Service Delivery Project..... 1
The Integrated Service Need..... 2

Developmental Background..... 2
Integrated Service Delivery - Defined..... 2
National Level - Integration Development..... 2
Measuring Services Integration..... 3
Department of Social and Health Services -
Umbrella Agency..... 4
Seattle Model City Program..... 6

Project Proposal..... 6
Skid Road Services..... 6
Regional Integration..... 6
Operational & Research Components..... 6

CHAPTER II - PROJECT OPERATIONAL & RESEARCH COMPONENTS

Operational & Research Component..... 11
Pioneer Square Service Center..... 12

Operational Components..... 21
Service Integration Specialists..... 21
Skid Road Community Council..... 23
Central Area Project DVR..... 27

Research Components..... 35
Olympic Center (Bremerton)..... 35
Control Site (Bellingham)..... 40

CHAPTER III - RESEARCH DESIGN & PROCEDURE

Selection of Sites..... 43
Hypotheses..... 43
Research Strategy & Data Sources..... 46
Client Information System..... 47
Client Attitude Survey..... 51
Staff Attitude Survey..... 52
Service Community Survey..... 54

CHAPTER IV - SUMMARY OF RESEARCH RESULTS

Bremerton (MSDS)..... 60

Table of Contents - Continued

PAGE

Client Attitudes Towards Service Program..... 60
Client Needs..... 60
Service Delivery Efficiency..... 61
Service Delivery Effectiveness..... 62
Information Sharing & Consumer Participation..... 62
Staff Caseloads & Time Allocation..... 63
Staff Job Satisfaction..... 64
Contact & Cooperation Between Service Programs..... 64

Pioneer Square (ISD)..... 65

Client Attitudes Towards Service Program..... 65
Client Needs..... 66
Service Delivery Efficiency..... 66
Service Delivery Effectiveness..... 67
Information Sharing & Consumer Participation..... 68
Staff Caseloads & Time Allocation..... 68
Staff Job Satisfaction..... 69
Contact & Cooperation Between Service Programs..... 70

CHAPTER V - CONCLUSION

Federal Support..... 71
DSHS Administrative Support..... 72
Research Findings..... 72
ISD Impact..... 75
Regionalization Effort..... 76
Colocation..... 76
References..... 77
Attachment A..... 78

DATA ANALYSIS SUPPLEMENT

Data Results..... 81

Client Information System..... 81
Client Attitude Survey..... 88
Staff Attitude Survey..... 93
Service Community Survey..... 103

List of Tables..... 105

Data Collection Instruments..... 155

Time Expenditure Form..... 156
Service Worker Assessment of Client Needs..... 157
Clients Needs Assessment Interview..... 158
Index of Well-Being..... 159

Table of Contents - Continued

PAGE

Client Follow-up Form..... 160
Client Attitude Survey..... 161
Staff Attitude Survey..... 165
Staff Attitude Questionnaire..... 179
Service Community Survey..... 183

CHAPTER I

INTEGRATED SERVICE DELIVERY OVERVIEW

Integrated Service Delivery Project

The Integrated Service Delivery Project (ISD) was a planned three year 1115 Demonstration Project which included three main components. 1) Implementation of an Integrated Service Delivery Center, 2) Monitoring of Olympic Center, Bremerton, as a comparison site, and 3) Monitoring of the Bellingham Office as a control site.

The ISD project purpose was twofold: 1) To test an integrated service delivery system utilizing thirty nine stated hypotheses, and 2) To assist in the implementation of a departmental regionalization effort.

The chronological development of the ISD project was as follows: One year prior to the implementation of the Integrated Service Delivery Project, the Seattle Neighborhood Social Service Center (NSSC) project (11-P-57102) was approved. This project began on July 1, 1970. The NSSC Project was developed to implement two neighborhood social service centers. The NSSC project was initiated with two components - the Home Management Service Center (HMSC), and the Pioneer Square Service Center (PSSC). The PSSC functioned for one and one half years as a combined Division of Vocational Rehabilitation expansion grant and 1115 demonstration grant.

The Integrated Service Delivery, Development & Evaluation Project, Project # 11-P-5193/0-02, (ISD Project) was initiated July 1, 1971. The first year of the ISD project incorporated a component of additional staff for the Pioneer Square Service Center, the HMSC and Olympic Center in Bremerton. Olympic Center was the Department's Multi-Service Delivery System (MSDS) effort and was selected to be a research component of the ISD project.

During the second year of the ISD project, the Pioneer Square Service Center was selected as an operational and research site for the ISD project. After consideration of numerous sites, Bellingham was selected as the research control site. Thus, the second year ISD consisted of 1) Pioneer Square Service Center, 2) Research Monitoring of Olympic Center and Bellingham, and 3) the Home Management Service Center. (This was the 1 st year of the HMSC. The project report was published in February, 1975).

The third year of the ISD project then consisted of 1) the Pioneer Square Service Center, and 2) the Research & Monitoring of Olympic Center and the Bellingham Office.

The ISD project, during its operational period of June 30, 1971 through March 31, 1974, had four project directors. The project did, therefore, lack a continuity of direction during the operating period. However, much can be said regarding the efforts of the project directors and DSHS administration for a continuation of the project goals during the operating period.

The Integrated Service Need

The need for integrating the delivery of human service programs is typically illustrated by the needs of a hypothetical family: They live in delapidated housing, the mother is in poor health and functionally illiterate, and the father has a prison record, jobs are difficult to obtain and hold; one son is picked up for theft and is thought to be on drugs; another appears retarded and a daughter is pregnant. The needs of such a family can only be met through a variety of services— financial assistance, counseling on various problems, health diagnosis and care, education and training, and correctional programs. These services are rendered by a number of governmental agencies, each with its own system of entry, diagnosis, referral, treatment, reporting and follow-up. Similar services may be offered by separate agencies, while other services may not be available in the locality. One report outlines the problem: Services have been delivered in a fragmented manner, are delivered with different goals and objectives, are offered in a confusing manner to those who need them, lack accountability and become self-perpetuating, and do not provide attention to prolonged needs.[1] The concept of integrated service delivery is addressed to overcoming those problems and to better meet the needs of people.

Developmental Background

Integrated Service Delivery - Defined

There is no generally accepted definition of service integration. In one study the service integration effort is described as "the creation of new flexibility in accountable systems of delivery in response to locally determined priorities."[2] This flexibility would allow new combinations of services across agency and program lines in an attempt to respond to an individual's or family unit's total problems rather than on a piecemeal approach. Another study pointed to the lack of widely accepted definition and offered the following: "The linking together by various means of the services of two or more service providers to allow treatment of an individual's or family's needs in a more coordinated and comprehensive manner."[3]

These are only two of the many attempts at defining service integration. While there is no single widely recognized definition, one of the most commonly stated goals of the service integration process is a total service approach to human service needs as opposed to a categorical approach.

National Level - Integration Development

The need for such an approach has been generally recognized throughout the history of social welfare in this country. It became increasingly urgent with the volume of new social legislation in the '60's, which in large part addressed human problems in a specialized, categorical manner. This proliferation of

1. American Society for Public Administration,"Introduction", Human Services Integration, special publication, (Washington, D.C., March, 1974), pp.2-4.

2. Sidney Gardner, et al. Services Integration to HEW: An Initial Report, (Washington, D.C.: Department of Health, Education & Welfare, February 26, 1971.)

3. Research Group, Inc., and Marshall-Kaplan-Gams & Kahn, Integration of Human Services in HEW: An Evaluation of Services Integration Projects (Washington, D.C.: Department of Health, Education & Welfare, Social & Rehabilitative Services, 1972)p.

categorical grants resulted in separate procedures for application, funding, budgeting, hiring of personnel, reporting, auditing, and a host of other administrative details. The federal response in HEW and elsewhere has been an attempt to improve and simplify the system. It has resulted in presidential directives and initiatives to provide uniformity in administrative procedures and decentralize responsibilities to regions, and in proposals to simplify funding through block grants and special revenue sharing.

A number of integrative efforts have been made with respect to services. One of the first organized attempts was through the Office of Economic Opportunity (OEO) Community Action Programs and Neighborhood Service Programs aimed at coordinating service programs in single geographic locations (multi-service centers). Late in 1970 HEW Secretary Elliot Richardson established a working task force on services integration which made a number of recommendations to the department. One of these recommendations led to the creation of an HEW interagency services integration demonstration program referred to as SITO (Services Integration Targets of Opportunity), which encouraged and supported the development of various models at different levels of government. HEW also submitted the Allied Services Act to Congress which would provide grants to encourage service integration and allow the consolidation of certain funding sources.

Measuring Service Integration

In practice, service integration is difficult to achieve because of problems inherent in any fundamental change. The integration of diverse programs involves interprofessional relationships, scattered location of offices, different sources of funding, and changing power and authority relationships for legislators and affected employees. To the extent that these problems are overcome, the question then becomes: How do we know whether service integration has been achieved?

One method of evaluating service integration is to assess the degree to which certain integrative tools or procedures are used. However, these criteria are merely indicators of services integration and are most difficult to measure. For example, the existence of central departmental planning and budget units is commonly found, but most such activity still takes place in the divisions and institutions. The relative importance of the role of departmental and divisional units in final planning and budget decisions is not one that can easily be evaluated. Furthermore, the same joint administrative procedures are also used in departments where service integration is not the goal in order to coordinate administration for greater efficiency and coordinate programs for more complete coverage of services.

Service integration criteria are significant to the degree that program specialists become aware of total client needs--another factor hard to measure. The criteria stated above are not of equal importance, however, to obtain agreement on relative importance would be difficult. These criteria are, therefore, of limited value in assessing progress toward integration.

The I.S.D. research component was an integral part of the approved project. This research component compared three sites as to the success of integration on the basis of 39 stated hypotheses. Chapters III & IV of this report describe the research findings.

Department of Social & Health Services Umbrella Agency

In July, 1968, Governor Evans appointed a task force on executive organization and charged them with the responsibility of developing an organizational structure that was more responsible and responsive to the dynamic needs of state government. In November, 1968, this task force made several recommendations for the Executive Branch of state government. One of these recommendations was to consolidate the following major state service organizations—the Department of Public Assistance, the Department of Health, the Department of Institutions, and the Veterans Rehabilitation Council.

On July 1, 1970, five units of the Washington State Government — the Department of Health, the Department of Institutions, the Department of Public Assistance, the Division of Vocational Rehabilitation and the Veterans Rehabilitation Council — became one agency, the Department of Social & Health Services.

The stated purpose of the legislation creating this new agency (Senate Bill 52) was to "unify the related social and health services of state government."

True unification of these services involved extensive detailed planning, and the statute charged the Secretary of the new Department with the responsibility for planning and implementing the necessary organizational changes, subject to the approval of the Governor.

Between July, 1970 and January, 1971 a small planning staff of agency executives and other key Department individuals formulated a "Concept of Organization" presented to the Governor in January, 1971. The focus of that document was the means to meet the mandate of Senate Bill 52: "...The Department will concern itself with changing social needs, and will expedite the development and implementation of programs designed to achieve its goals."

To achieve the Departmental program goals, a regional planning process was initiated to further the development of services on a regional basis consistent with the following:

A. To help make available to every community and individual, regardless of status, age, race, sex, religion, education or place of residence, the basic benefits of:

   1. A physical, biological and social environment in which hazardous or potentially hazardous conditions are prevented or minimized.

   2. Direct and ready access to quality social and health services.

B. To assure the basic necessities of food, clothing and shelter at an adequate level of health and dignity to all those in need.

C. To help secure, in concert with other public and private programs, the opportunity for every individual to lead a useful, satisfying life.

D. To assist in shaping national social and health goals.

The Departmental management goals were:

A. To emphasize, through organizational structure and administrative systems, the importance of making services available when and where needed, with recognition of the total needs of recipients and communities.

B. To develop comprehensive service programs which involve federal, state and local governmental units as well as agencies in the private sector.

C. To provide an atmosphere which encourages and gives weight to a variety of specialized inputs from all levels of staff and interested citizens, and facilitates innovative approaches to meeting changing needs through new or modified services and delivery methods.

D. To integrate and coordinate organizational structure and management systems to optimize operational effectiveness and economy in meeting the program goals of the Department.

   1. To establish centralized policy-making authority while encouraging inputs from all relevant sources.

   2. To deeentralize authority for operational decisions within policy guidelines.

   3. To combine related program development and policy-making activities.

   4. To place under one administrative head a decentralized organization with responsibility for service delivery.

   5. To establish clear lines of authority and responsibility for and between all organizational units.

E. To optimize the utilization of all public and private funding sources.

Development of regional service delivery systems was based on decentralization of significant administrative authority to the regional level. Planning for new service delivery systems included consideration of the following general objectives in provision of services: Unification, coordination, accessibility, comprehensiveness, efficiency, responsiveness, flexibility, manageability, and effectiveness.

After extensive discussion and analysis of suggestions from both Departmental staff and community individuals, ten regional planning areas were established, consistent with official districts of the state. Some considerations for the selection of the planning regions were: Population size, geographic size, natural ties, transportation, existing administrative boundaries of related service agencies, and administrative and management concerns deriving from the assumption that administrative regions eventually to be defined may approximate in number and general outline the planning areas. (The planning regions did become the ten official Department of Social & Health Services administrative regions).

In May of 1971, Regional Planning Coordinators, detached temporarily from various departmental administrative responsibilities, were assigned to each planning region. In addition to being responsible for the involvement of staff, the consumers of services, and other agencies and public officials in the planning process, the coordinators assessed regional problems, identified Department and non-Department resources and proposed alternative plans to accomplish planning and implementation.

A basic foundation for this process was in the Department's commitment to plan with community groups, agencies and consumers. This commitment was upheld and by November, 1971 each Regional Planning Coordinator submitted an extensive report documenting the recommendations of hundreds of Departmental staff, consumers of services, private and voluntary agencies, public officials and interested citizens in general. From these reports, 13 major categories of recommendations resulted (see Attachment A). These 13 common recommendations were adopted for action by the Secretary of the DSHS.

In January, 1972, ten Regional Administrators were appointed to continue the Department's planning efforts and reorganization. Essential to this phase was the Department's commitment to the implementation of the thirteen recommendations. One of these recommendations involved integrated and coordinated service delivery systems; e.g., team approaches to the delivery of services, common intake procedures, central files and casefolders, provisions of adequate physical facilities to meet service delivery needs, and uniform client training and placement policies.

The ten regions were subsequently changed, during departmental organization, to six regions. These six regions remain and service the needs as intended by Senate Bill 52.

Seattle Model City Program

The Seattle metropolitan area was selected as one of the cities to receive a model city grant toward the meeting of the Model City goals.

One of the Seattle Model City goals was directed toward providing a total service delivery system in a section of the inner city, commonly known as the Skid Road area. The residents of this area were generally perceived to be in need of many services; i.e., social, financial, vocational, employment. The Model City staff was instrumental in developing citizen support for a service delivery system to deliver these services in the Skid Road area.

Concurrently (as described earlier) the Department was mandated by the Washington State Legislature to combine five previously separate departments into one agency: (the Departments of Health, Public Assistance, Institutions, Vocational Rehabilitation and Veterans Affairs).

With the impetus developed by Model City efforts, and the legislative mandate given to the Department of Social & Health Services, the state was set. An Integrated Service Delivery Project was viewed by administration as an appropriate method to assist the Department in 1) delivery of services to the Skid Road area, and 2) combining the separate departments into one unified Department of Social & Health Services.

The Seattle Model City Program (SMCP) was initiated in December, 1967 as part of the national Model Cities Program administered by the U.S. Dept. of Housing & Urban Development (HUD). This program sought to provide a new and demonstrably sound basis for future policies and programs of assistance for the nation's cities. Its basic approach was to provide Federal support for locally planned and executed attacks on social and physical blight within selected neighborhoods across the country in order to demonstrate new and imaginative proposals to improve living conditions for the people who live in such areas.

Key elements of the program were:

- Comprehensive local planning and coordination of Federal and local funds
- Local innovation and experimentation
- Local evaluation, program control, and management
- Citizen participation (a partnership of local residents with the City in program planning, review, and evaluation.)

Following the national guidelines established by HUD's Model Cities Administration, a problem area constituting about 10% of the city; was selected as the initial site of the SMCP's activities. This area was designated the Model Neighborhood.

The Model Neighborhood (MN) in Seattle was an approximately four square mile area chosen for intensive planning on the basis of its racial imbalance, low income levels, high unemployment, and other factors that contribute to urban blight. The area had diverse life styles, income levels, and problems among its several racial groups.

The SMCP, although funded primarily through Federal grants, was a branch of the Executive Department of the City of Seattle. The director and staff reported to the mayor of Seattle, who had final responsibility for the program.

As the city's agent, the SMCP established a citizen's organization, headed by an Advisory Council, to help plan for the Model Neighborhood. One hundred organizations invited by the mayor provided representatives to the council. Also included in the citizen structure were task forces, concerned with specific fields of planning, which were open without restriction to all Model Neighborhood residents.

In line with the Model Cities legislation, the SMCP included within its plans all projects and activities within the Model Neighborhood that had an impact on the lives of the residents. This scope of planning called for increased concentration and coordination of federal, state and local public and private efforts. To help achieve this, a Model City-State Interagency Team was established by the Governor, which met monthly to review and communicate SMCP planning to State departments. It was chaired by the Director of the State Planning & Community Affairs Agency, and included the State Departments of Health, Labor, Education, Welfare and Institutions. A City Interdepartmental Team was established to serve a similar function with the City agencies; and an SMCP-Federal Interagency Team was the vehicle for coordination with Federal agencies. Sixty local public and private agencies were involved through representation on the Interagency's Director's

Project Proposal

The influences at the national level, the new Department of Social & Health Services and the Seattle Model City Program were the three prime movers of the Integrated Service Delivery Project. The Integrated Service Delivery Project had two main thrusts, regional integration and improved Skid Road service delivery. Both primary goals were seen as a means for the Department to improve delivery of services to its clients.

Skid Road Services

Most people in Skid Road required vocational rehabilitation and other social services. Interrelated problems such as poor education, ill health, physical disabilities, and psychological disturbances separated these persons from stable employment.

The means used by the SMCP to better serve the Skid Row residents was to centralize and integrate services, such as Public Assistance, Vocational Rehabilitation, and other public and private service organizations.

Regional Integration

From the Pioneer Square Service Center and Olympic Center experience, it was planned by the Department to produce through this demonstration, integrative techniques which could be transferred to other administrative regions in the State. The purpose of this component was to attain resources to assist in the regionalization process, specifically related to the integration of service delivery.

The regional integration component is focused on facilitating the integration and coordination of the five former independent divisions, specifically dealing with coordinated program planning and non-categorical program administration at the regional level.

Placement of Service Integration Specialists (SIS's) were made within the regional administrative structure to accomplish the project's goals and objectives. On January 20, 1972, three of the proposed five SIS's were assigned to their respective regions to act as catalysts for inter-agency coordinated efforts to assess needs, analyze and clarify regional service priorities, develop integrated service systems, and achieve integrated service by maximizing flexible use of existing resources and services.

The most important aspect of the SIS's role was to constantly measure, test, evaluate, etc., the techniques, methods, and systems developed in project sites and to assess their transferability and their effectiveness in other areas.

Operational & Research Components

The components of the ISD project have been classified as either operational components or research components. The Pioneer Square Service Center is the only component that was both an operational component and a

research component. A brief description of these project components follows:

Pioneer Square Service Center -(Seattle) - Operational & Research

The PSSC was established under a joint effort of the Seattle Model City Program working through the Seattle UGN sponsored Skid Road Community Council, and state divisions of Public Assistance and Vocational Rehabilitation, to centralize and integrate the services of these and other organizations to better serve the people of the area.

Service Integration Specialists - Operational

The Service Integration Specialists were intended to be the vanguard of the department's regionalization effort and would serve to implement the integration of services in the Departmental regions. Before these tasks were underway, the allocation of 5 Integration Specialists was reduced to 3 at the recommendation of federal staff. The 3 Service Integration Specialists were not able to totally meet the original project expectations due to federal changes and lack of departmental commitment to the ISD project effort.

Skid Road Community Council (Seattle) - Operational

The Skid Road Community Council was incorporated as a non-profit organization and was comprised of members representing the community at large as well as potential clients of a Skid Road service system. The council was involved in monitoring and evaluating a food and shelter program for Skid Road jointly sponsored by the Department of Public Assistance and Seattle Model Cities Program. It worked closely with both private and public agencies in planning for a multi-purpose system of service delivery. In October of 1971 DSHS entered into an agreement with the Skid Road Community Council to perform certain services in accordance with the Skid Road Integration Project. The formal agreement, or contract, listed a series of services, known as "Contract Services", which the Skid Road Community Council was to perform. The nature of the services was to expand and to coordinate other services within the community into a system linked with the Pioneer Square Service Center (PSSC) complex.

Central Area Project (DVR) - Operational

A review of DVR caseloads in Seattle verified that: (1) minorities were not equally represented in the receipt of services; (2) those services given were not effective; (3) DVR was not viewed as a helping agency by minorities, but rather as a further example of institutional discrimination; and (4) agency staff lacked the expertise to offer effective vocational rehabilitation services to ghetto residents. Out of the findings was developed the initial Central Area Project Innovation Grant. The Central Area Project was operational from July 1, 1972 through June 30, 1974. This project resulted in 1) a locally located office; 2) the use of indigenous Rehabilitation Aides, and 3) immediate response to urgent client needs.

Home Management Service Center (Seattle) - Operational

The Home Management Service Center began as a part of the Neighborhood Social Services Project, initiated at the request of the Seattle Model City

program and developed through a series of conferences with administrators of the Department of Public Assistance. The purpose of the project was to demonstrate the establishment and operation of a neighborhood center providing home management social services as an outstation of the Department's area office.

Olympic Center (Bremerton) - Research

Olympic Center was selected as the site for the study because it housed all of the "non-institutional" services offered by the Department, a representative client caseload, a distinct geographical responsibility within Region V of the Department and a reasonably encompassing relationship with various institutions and private agencies. The Center appeared to be ideal for implementation of a multi-service delivery pilot project.

Control Site (Bellingham) - Research

Bellingham was selected as the ISD project control site because it matched as much as possible, the Olympic Center service site and catchment area in terms of the 1) range site; 2) site of the caseload in each program, 3) number of service staff, and 4) demographic and socio-economic characteristics of the population in the service area. A special effort was made to select a control site in a region of the state where no explicit plans had been made (in the regional planning office) to promote service integration for the duration of the project.

CHAPTER II

PROJECT OPERATIONAL AND RESEARCH COMPONENTS

This chapter details a description of the Operation & Research Components of the Integrated Services Delivery project. The Pioneer Square Service Center had both an operational component and a research component. The operational components were the Service Integration Specialists, the Skid Road Community Council and the Central Area Project. The research components were Olympic Center and the Control Site.

It is at times difficult to relate the inter-dependence of these components when each is described separately. However, to attempt a combined chronological description of the events which actually occurred, including each components' participation, would render the description valueless. The separate components are described in this chapter, with the understanding that each component interfaced with the other components during the life of the project.

Operational and Research Component

Pioneer Square Service Center

The Seattle Model Cities Welfare Task Force planned for and considered a variety of service programs. An item of high priority was the development of a Neighborhood Social Service Center System (NSSC). This system, as envisioned by the Welfare Task Force, would provide needed and appropriate services at the neighborhood level. The Washington State Department of Public Assistance, at the request of the Seattle Model Cities, made an application for a NSSC project. The Pioneer Square Service Center was the first of two centers established under the Neighborhood Social Services Center Demonstration Project. The Center opened December 1, 1970 in temporary quarters and moved to permanent quarters in February, 1971. In February the Division of Vocational Rehabilitation initiated services in conjunction with the limited social services called for in the NSSC project which were being provided to the restricted caseload within the Pioneer Square district. The Center operated for approximately one year under the provisions of the original application of the NSSC project.[1]

As a result of the meeting initiated in the Spring of 1971 between representatives of the Department, the Seattle Model City Program, Region X Office of the Department of Health, Education & Welfare, and the Skid Road Community Council, the Center was incorporated as a component of the Integrated Service Delivery Project.

Under the ISD project, the Pioneer Square Service Center was reorganized from a storefront service center providing limited financial, social and vocational rehabilitation services to a full service, multi-service, center.

Center Purpose

The purpose of this center was to find how to better serve the populace of the Pioneer Square area, which in June, 1970 consisted of 6,478 persons.

The ethnic composition was 4,297 Caucasian, 803 Black and 1,378 non-Caucasian. This non-Caucasian population was primarily Asian and Indian. Of the total population, 53.2% were 55 years or older, 15.7% were in the 45-54 age category, making a total of 68.9% 45-54 years or older.

More than 95% of the population was male, with an average age of 43 years. This area includes a broad range of residents of extreme poverty and other disability circumstances.

Further definition shows several different identifiable groups; most residents fit into one or more of these groups:

— Elderly - generally non-working and on pension;

— Physically disabled - generally non-working, receiving few services;

— Emotionally disabled - scattered short-term work patterns;

1. Home Management Service Center Final Project Report, 1971-1973, State of Washington, Department of Social & Health Services.

— Working men - seasonal, part-time, occasional full-time employment;

— Transient unemployment - on the move, in hiding, illness;

— Resident unemployment - criminal activities, illness;

— Families - often Indian, Gypsy, Black or other minority persons;

— Youth - a new and increasing dimension in the area;

— Single women - only a few, often retarded or emotionally ill;

Certain problems common to all these groups were identified in a variety of research and survey reports conducted by various groups;

— Widespread physical disabilities, mental retardation, emotional problems, alcoholism, malnutrition, crippling diseases and other impairments;

— High rates of unemployment and under employment in a seasonal job market based on casual labor;

— Obvious conditions of extreme poverty stemming from erratic and low incomes, substandard housing, high and increasing crime rates, general distrust and alienation;

— Increasing youth problems and rising drug abuse, stemming from an influx of unemployed and untrained young people.

It was clear that the majority of the people living in Skid Road needed vocational rehabilitation and other social services. Interrelated problems such as poor education, ill health, physical disabilities and psychological disturbances separate these persons from stable employment.

Additionally, the PSSC catchment area was not limited to the "hard core" Skid Road client. The catchment area also encompassed the International District with its large number of elderly Philipino, Japanese and Chinese, many of whom did not speak English.

Office Location

In accord with the concepts expressed in the NSSC proposal, initially all services provided directly by the PSSC were housed in a store front facility located at 315 Third Avenue South. This location was conveniently accessible to the target population of the catchment area.

The progressive increase in the consumer population being served by the PSSC resulted in extreme congestion at this location and necessitated the establishment of a second office location.

Adequate office facilities were at a premium in this area and several months were spent in a search for suitable expansion space. It was eventually decided that the Smith Tower was the most feasible alternative. It is generally acknowledged that this addition, while in proximity to the store front location, represented a significant departure from values attributed to the store front concept. The small, store front type center was less imposing and frightening

to individuals who sought help, who had a history of rejection and mistreatment by such massive community institutions as the schools, police, hospitals, employment services and the welfare agency, and whose institutional atmosphere and situational inconvenience manifest geographical and psychological barriers to consumer accessibility.

It was with consideration of the above aspects that the transfer of some functions from the PSSC to the Smith Tower was determined. Processes requiring the least direct consumer contact and activities involving the more stable consumers were relocated to the Smith Tower offices. This necessitated some rotation of staff during the peak work periods and occasionally hindered effective communication, but for the most part was a satisfactory arrangement. It noticeably reduced the congestion at the PSSC, while improving the working environment for staff and consumers at both locations.

Economic services and Social Services (ESS) provided a limited range of categorical services at the center: Old Age Assistance, General Assistance "U", General Assistance "UN/EN", Medical Assistance and Food Stamps. Social Services, both mandatory and optional, were provided to categorically related consumers. Only limited social services were offered to persons not associated with a categorical program. A limited amount of outreach and community organizational services were provided by the center's community worker staff. Both economic and social services not offered or only partially offered at the center were available through the Queen Anne Office. In some cases, limited applications for family services related to financial grants, primarily of a mandatory nature. In addition, the Queen Anne Office handled aspects of the paper processing of financial applications. Coordination of volunteer workers recruited for the center was also provided by the Queen Anne Office.

The VRS component offered, either directly at the center or indirectly through its home office, a complete range of traditional VRS services to the target population. Most services were offered at the center; however, some testing requirements, psychological workups, and medical social work consultation were provided from other elements of the Central Area project. The VRS unit consisted of three Vocational Rehabilitation Officers, six VR aides, and six clerical staff. Development and implementation of innovative service delivery techniques directed at providing successful services to a "skid road" target population was a further obligation of this unit. A write up of the vocational rehabilitation experience is detailed later in this chapter.

Center Organization

The PSSC was composed of four distinct administration systems: Financial Services, Social Services, Support Services, and Vocational Rehabilitation Services. The Financial, Social Service, and Support Service Units were administratively accountable to the center's administrator who was under the jurisdiction of the Queen Anne Local Office administrator.

A. Financial Services: The structure of the PSSC Financial Unit was patterned in accordance with the implemented state-wide plan referred to as the System Improvement Plan (SIP). Under this plan the financial services responsibility was assigned to three separate units: Reception Financial Intake

System (RFIS); Financial Maintenance System (FMS); and Verification Overpayment and Control System (VOCS).

The PSSC did at one time provide both RFIS and FMS services. However, an administrative decision transferred the FMS service staff to the Queen Anne Local Office where the VOCS unit was also stationed. Due to Queen Anne office staff limitations and the heavy FMS workload at PSSC, it was more feasible to combine FMS units at the main Queen Anne Office. This left the RFIS unit as the only financial service unit housed at the Center.

This unit, composed of a supervisor, three workers, and a clerk, was responsible for processing all adult financial service applications, determining eligibility of applicants and processing food stamps and medical only applications. One FMS worker was assigned to service those project DVR cases who were receiving financial assistance. Project cases were identified and separated from the normal financial system.

These were assigned to the PSSC for purposes of providing better client service. They fell primarily into areas of coordination and information exchange with the Queen Anne financial social service staff.

B. Social Services: The Social Services Unit was subdivided into two sections, Intake/Entry Services and Ongoing Services. Shared between the two sections was responsibility for all social services provided to PSSC clients.

1. Intake/Entry Section: This section consisted of six caseworkers and a lead worker tho carried a caseload as well as assisting with the supervisory responsibilities.

The energies of this unit were primarily invested in provision of emergency services, short term casework services, and services supporting to the financial application and maintenance functions. There was limited carrying of long-term cases on a selective basis. Caseload responsibilities consisted of both active service cases and banked cases (cases receiving financial services but inactive in the social service area). Caseload assignments were made on an alphabetical basis, the average caseload was 350.

All caseworkers assigned to this section were basically entry service workers and each had a caseload. Intake responsibilities were assigned on a rotating basis and averaged one day a week per worker.

2. On-going Services: This section consisted of one caseworker, four paraprofessional community workers, and two social service assistants. Primary responsibilities assigned to this section were the provision of services with VRS for project clients and limited community development and outreach activities. In addition, various financial application and maintenance activities were performed by on-going service workers; i.e., taking of field applications and disability assistance reviews.

Caseload size ranged from 18-31 with an average of 36. Approximately 75% of staff time was invested in caseload responsibilities and 25% devoted to community development activities.

Coordinated service cases carried by this unit were at a minimum with only seven assigned to the total section. One member of the unit had

recently become active in the group counseling services offered by the VRS unit.

C. Support Services: The Support Service Unit was composed of seven clerks, one auto driver, and a supervisor. They performed a variety of activities and tasks supportive to financial and social services and management.

Functions and activities performed by this unit included: Reception for financial and social services unit, filing, typing, and other clerical tasks, make-up and accountability for social service records, form completion of management control documents, for social service records, processing, transportation services for clients, and secretarial tasks.

In addition, due to the informality of the store-front location, support service staff became involved in tasks not ordinarily associated with this type of unit. Examples are: Referrals for food, clothing, and glasses; maintenance of a clothing bank; client screening and accompanying clients to other agency resources.

Impact on Community

Through the efforts of the ISD project and a contract negotiated with the Skid Road Community Council (SRCC) described ahead, a major step was taken to coordinate public and private agency efforts and eliminate duplication of services. The following are examples of this effort:

A. Commitment of public and private bodies to Skid Road concerns. Prior to the beginning of the project, the dramatic needs of the area went unmet for years, eventually erupting into crisis confrontation between desperate residents and city and state officials. Ongoing efforts to develop resources had repeatedly met with failure. The public and private commitment to Skid Road concerns had reversed the situation. Extensive media coverage of the problems, numerous meetings with governmental officials, and private groups had focused considerable attention on the problems. Then various agencies and resources aggressively moved to assist in meeting the problem. For example, the City of Seattle, which had previously refused to assist in Skid Road concerns by assigning staff time, granted nearly $30,000 for emergency food and shelter, and secured approximately $200,000 to assist in developing a municipal shelter facility.

B. Development of resources to fill service gaps.

Federal and local funds were awarded to SRCC to establish local programs. The DHEW National Institute of Alcoholism and alcohol abuse awarded 1.7 million dollars for a Public Inebriate Program. The City committed SMCP funds to develop a shelter facility. The County committed $15,000, the Seattle Department of Human Resources loaned staff time, the State Employment Security's maintenance and expansion of a Casual Labor Office was obtained; these developments have been the result of contract service of the SRCC.

C. Coordination of agencies to meet service needs in consort.

Two areas of service agency coordination were sustained:

a) Private agencies and b) public agencies.

Many of the private agencies were church related and while representing significant resources, these agencies (often 50 years in operation) frequently were duplicative, used manipulative or dated service techniques, and were extremely resistive to change. This resistiveness developed and resulted in some conflict. However, significant changes did occur. Several of the key agencies, in some instances with new administration, were aggressively pursuing cooperation in the service delivery effort. Several agreements were signed and agency compacts appeared near completion.

D. Community Involvement

1. Advisory Board

The purpose of the Board was to evaluate and monitor the operations of the centers and to provide the project with information relative to effectiveness of the centers in providing relevant services to the client population. This advisory board was initiated by a subcommittee of the Model Cities Welfare Task Force. When the PSSC was incorporated into the ISD project the PSSC Advisory Committee was constituted by the SRCC.

2. Use of Indigenous Staff

To the greatest degree possible within the constraints of the Washington State Personnel policies, all Project Staff were hired from the Model Neighborhood area.

3. Pioneer Square Center Development & Operation

The development and operation of the Center was reviewed with the director of the Center, the DVR district representative for Metropolitan Seattle who was the DVR counselor/coordinator at the beginning of the project, and the Skid Road Community Council director. The following represents the consensus of findings:

a. Physical setting: Crowding was a disadvantage during the first years of the project when all DVR/DPA staff were stationed there. It would have been better if the larger multi-service facility had been obtained.

The physical presence of the Center was, and continues to be, a primary reason for the changed social climate of the Skid Road resident. Staff were responsive to human needs, striving to meet these needs quantitatively and qualitatively.

b. Indigenous Paraprofessional: One of the activities demonstrated by the project was the development of the indigenous outreach worker. The Skid Road Council used the 1st Avenue Service Center (a private agency drop-in center) as a training

center. Seventy-five percent worked six months or longer on the job and were productive to the goals of the center.

The beginning paraprofessional requires close supervisory work and on-going reality orientation. If the job description is not too rigid and represents a cluster of skills, the job flexibility allows the individual to develop specialties at which he is particularly good within the specifications of the job. Those applying for the paraprofessional job are often those who have had a successful service experience themselves.

DVR experience has been that training the paraprofessional requires much more supervisory time and in-depth instruction. Vocational Rehabilitation aides in the Pioneer Square Service Center were the first successful experience DVR has had with aides. Aides had been hired previously without planning and without a career ladder.

The paraprofessional staff at PSSC had casework responsibility for the project DVR clients. When it was recognized the paraprofessionals lacked the necessary skills and expertise, they saw their primary role as an outreach worker in their own community, their job focus was changed to that of outreach. At PSSC there were two native American Indians, one Filipino, one Black, one Chicano, one part-native American Indian paraprofessional, and two Caucasian community workers; all of whom had a great deal of indigenous "street" knowledge. Working within their own community area in the PSSC catchment area they were responsible for enlarging the center's linkage with other agencies and bringing clients into the service delivery system.

c. Service Concepts: New services were revealed, for example:

(1) The Pioneer Square Service Center modified historic DVR concepts and attitudes concerning goal definition. Staff were able to function within the standard rules to accomplish the job. The tendency of counselors and caseworkers to be "hide bound" became apparent and required experience in learning how to "reach out" and coordinate services effectively.

(2) The use of the Employment Service counselor in the Pioneer Square Service Center and coordination with the casual labor office is an outstanding example of successful coordination.

(3) There is an over-emphasis on numbers in service delivery without sufficient regard for the degree of skill needed to provide service appropriate to the personality of the client. The Skid Road area required special techniques and counselors with special skills.

(4) Special techniques and skills were used in determining eligibility and providing social services for disability assistance. Higher administration were impressed with the extent of the eligible unserved population.

(5) Experience has demonstrated that normal procedures will often not work in the Skid Road area. The project had unreasonable expectations for the period of time available. It is now known that the skill required to provide good service is still being developed.

4. Screening and Staffing Team

Social service community workers, caseworkers, VRS counselors, ESS coordinators and the Employment Security interviewer, met on a regular basis to discuss mutual clients. These team staffings were felt to be extremely important. They provided an opportunity for those present to impart information they had about the client in order that alternative plans might be offered.

These team staffings included all pertinent staff. The Employment Security representative was present since he could, when a client was ready for employment, offer suggestions regarding suitable placement. The volunteer coordinator from Queen Anne local office suggested ways in which the client might be brought into an on-the-job training situation and made arrangements for the client to enter this type of work experience. VRS counselors, community workers, and VRS assistants all presented cases to the staff. It was helpful to have the VRS staff psychologist present as he could explain some of the psychological factors involved in the case and could offer suggestions on ways to deal with psychological problems.

The medical social work consultant became involved when the client had medical problems and frustrations that involved family members. The various units of the team staffing were having problems with team staffing and the communication coordination that seemed to be getting in the way of effectively working together. Therefore, regular meetings were spent examining the VRS and ESS systems. Discussions were held regarding the VRS intake and ongoing counseling system in detail using role playing techniques. Comparison was made between the VRS counseling process and the ESS casework process, using role playing with both counselors and caseworkers involved in action demonstrations.

During these meetings an attempt was made to promote more effective communication/coordination between the project components. Common points of frustration were identified and it was determined that those involved shared essentially similar goals.

It was found that the role concept of the caseworker and the counselor is different. Team staffing does not do the necessary coordinating job by itself. Attempting to tell another person what to do for a client and calling this a referral was a major barrier to coordinated service.

The DVR representative reported his enthusiasm with the way joint services started when the Pioneer Square Service Center was first established. However, team staffing trailed off due to routine presentations of primarily DVR diagnostic concerns. The DVR representative (at that time the DVR counselor) was the only DVR person with prior knowledge in the special skills of serving the Skid Road client involved in the project.

A major obstacle to DPA involvement was that the major part of staff were new hires, paraprofessional and professional, and the Pioneer Square Service Center was required to service a caseload transferred to the Center. This created a crisis priority orientation leading to a low priority in the team staffing concept.

Another major obstacle to DPA's involvement in the team staffing was the fact that the DVR counselor and aide had primary responsibility for the client. After a client was accepted into DVR there was little PA involvement other than issues related to a client's financial eligibility. The casework staff of PSSC spent most of their time providing crisis intervention services to non-project clients. The percent of project cases related to the majority of non-project cases was seen as too small to justify their involvement in the team staffing effort.

5. Interagency Cooperation: There was an increased degree of cooperation between public and private agencies. Communication occurred which was unlikely to occur three years previously. Cooperation was not a simple change in attitude but consisted of a whole series of developmental steps which have been continuing.

   The Pioneer Square Service Center has led to a greatly changed attitude toward the Department. The Department is now respected in the Skid Road area. The overall project has stabilized the Skid Road population despite the severe housing problems. Extreme differences in summer and winter population have flattened out. The severely disabled derelict is less an occurrence and the victimized isolate population in the hotels is less.

6. Center Impact: There was a notable increase in the number of the socially stable and employable population remaining in the area. Project staffing underestimated the service needs of the area. The majority of Skid Road residents (not just the alcoholic) have special preparation needs to be able to take advantage of available social and economic resources. (Population studies and outreach experiences definitely show the need for services to all residents in the area.)

   Other Skid Road areas have subsidized housing for the retired and single man population so that merchants cannot relocate these residents with redevelopment activity, recreating the negative cycle. The Skid Road Community Council, working with the City

of Seattle, also actively developed subsidized housing. The Morrison Hotel was acquired in January, 1974 which now houses the Pioneer Square Public Assistance Office. Food stamps and a full range of welfare services are offered.

The Skid Road Community Council worked on the possibility of funding from federal subsidies to progressively renovate Skid Road hotels. The Council has affiliated with district groups such as the Pioneer Square Business Men's Association and the Pioneer Square Restoration Commission. The Council considered use of Limited Improvement District legislation for taxing parking as a funding resource. The Seattle City Council joined with the county in passing an ordinance declaring a one-year moratorium on a commercial development surrounding the new stadium (adjacent to the Pioneer Square District).

Pioneer Square as a Full Service Office

The PSSC was reorganized when incorporated in the ISD project, to a full service office. The second year of the project financial services were removed from PSSC as a result of staff requirements at the Queen Anne Office. The removal of the social service staff to the Smith Tower location, relieved the crowding and congestion of the PSSC location.

These staff relocations serviced to lessen the PSSC impact as a full service office and negate the attempt toward an integrated service delivery system in the Pioneer Square area.

Additionally, the integration efforts of the ISD project were adversely affected by federal reduction of DSHS requests for service delivery staff. The integration efforts at PSSC may have been more successful had DSHS requests been approved to fully implement integration efforts with adequate staff.

Operational Components

Service Integration Specialists

The ISD project plan detailed the hiring and utilization of five Service Integration Specialists. The plan for use of the five full Service Integration Specialists was to place them in regions with a mix of rural and urban population. They were to act as catalysts for interagency coordinated efforts to assess needs, analyze and clarify regional service priorities, develop integrated service models and advocate for resources to achieve integrated services by maximizing flexible use of existing resources and services.

The Service Integration Specialists were to work closely with the Regional Administrators who reported to the Assistant Secretary for Service Delivery who reported to the Secretary of DSHS. The Project Director, who also reported to the Assistant Secretary for Service Delivery, was responsible for the supervision of the Service Integration Specialists.

It was planned to fill the five Service Integration Specialists positions by January 15, 1972. However, when the project director and three Service Integration Specialists had been hired, it was necessary to utilize the remaining two Service Integration Specialist positions for project research staff positions. This reduction from five to three Service Integration Specialists was due to a strong recommendation by federal staff to implement the research component earlier than originally planned. There was considerable resistance from project staff and state staff to this reduction in the number of Service Integration Specialists. The feeling was this reduction would lessen the impact of the project effort to the detriment of the project goals, most importantly the regionalization effort. However, the federal recommendation prevailed.

The research component was initiated with only three Service Integration Specialists available to begin the planned primary task of assisting toward regional integration. These three specialists were assigned to the following regions: Region 3 (Snohomish County, largest city - Everett); Region 4 (King County, largest city - Seattle) and Region 5 (Pierce County - largest city, Tacoma).

The Service Integration Specialists were expected to monitor the implementation and operation of integrated programs in each region but would have no administrative control over these operations. They were expected to recommend from time to time changes, modifications, and additions to the integrated programs which would have been approved at the regional and central project level. The regional integration specialists were to act as staff persons for the regional administrator and assist the administrative and program staff in dealing with regional problems and provide information, feedback between the region, the central project research staff and other demonstration regions.

For a short time each service integration specialist performed the duties consonant with the position of service integration specialist in the region to which they were assigned. The specialists were expected to work in a dual capacity of 1) developing the MSDS, and 2) performing the previously listed service integration specialist duties. However, during the time the three positions of Service Integration Specialist were filled, changes occurred at the federal level which had irrevocable effect on the effectiveness of the integration specialists. The first federal change regarding the ISD project occurred when the specialists were being hired; the switch from five to three specialists - the other two positions being utilized for research staff as explained above. This first change had an impact on the initial statewideness of the ISD push and lessened the strength of the integrative uniformity. The three specialists then began performing their duties in the three regions and working toward the selection of a suitable office to serve as a demonstration integration center for each region. This plan to develop MSDS in three regions was not followed through, possibly due to lessened support by DSHS administration. At this time, the latter part of 1971, the ISD project and the Neighborhood Social Service Center Project (NSSC) were seen as two projects with merger possibilities; benefit being derived from both projects towards the goal of both. The Pioneer Square Service Center (PSSC) was seen as a suitable vehicle for the experimental site of the ISD project. Olympic Center as a comparison site and Bellingham as a control

site were retained and included in the research design. However, Olympic Center was operational for one year before the collection of ISD research data began.

In accord with Federal expectations, the duties of the three integration specialists were altered to meet these revised recommendations. Thus, the Region 5 integration specialist was assigned to work with Olympic Center and keep Region 5 administrative staff informed of the Center's progress. The integration specialists of Regions 3 and 4 were briefly oriented at Olympic Center and then returned to their respective regions to perform the planned Service Integration Specialist duties. One specialist was also assigned to Olympic Center to assist in integration of services in addition to duties at the regional office.

The Pioneer Square Service Center was seen as the primary Service Delivery Integration site. Regions 3 and 4 did not proceed with the selection of experimental sites. Thus, the ISD project and the PSSC project were merged to allow both projects to continue toward their goals within the restricted guidelines as authorized by the federal approving agency. This merger occurred in October, 1972.

Following the selection of PSSC as the only experimental site, the three integration specialists took advantage of other employment opportunities. One of these SIS positions was refilled. This new SIS filled the positions of PSSC and ISD project director (when the project director left for other employment). It was not possible for this one SIS to meet the goals originally set out for the Service Integration Specialist. Thus, the selection of the PSSC site was a significant reduction from original project planning and no doubt lessened the project impact as viewed by DSHS administration.

The original project expectation that the Integration Specialists would be at the forefront of the service integration movement was not fulfilled. This project staff deficiency may well have been the first important factor that obviated a totally successful service integration project.

The Skid Road Community Council

The new Department of Social & Health Services was to integrate and coordinate activities involving provision of care for individuals who, as a result of their economic, social or health condition, require financial assistance, institutional care, rehabilitation or other social and health services. Seattle's Pioneer Square area was selected to demonstrate possible ways to integrate these services. This neighborhood was a major concern of a number of private agencies, often religiously oriented. It had become increasingly clear, even to these agencies,that their uncoordinated efforts were not solving the problems and perhaps even helping to maintain the Skid Road area. In 1968 these agencies appealed to the Council of Planning Affiliates (COPA), a voluntary planning organization affiliated with the Seattle United Good Neighborhood Fund, to study Skid Road problems and recommend solutions. COPA published a report in March, 1969, which documented the needs of the area and made three suggestions: 1) That a cooperatively supported multi-purpose system of service delivery be established, 2) a greater degree of client and citizen input in planning and program implementation be evolved and 3) greater community awareness of the problems be solicited.

Following the sustained effort on the part of COPA and SMCP a representative group was established for the Skid Road Community through the establishment of the Skid Road Community Council (SRCC). The Council had representation from local Skid Road agencies, from local government, from business, and from Skid Road residents themselves. The Council elected a Board of Directors, Officers, and became incorporated as a non-profit organization under the laws of the State of Washington. Its intended role was to act in behalf of Skid Road residents in activities including: Planning, research, evaluation, monitoring and advocacy.

Contract Services

In October of 1971, the Department of Social & Health Services (DSHS) entered into an agreement with the Skid Road Community Council to perform certain services in accordance with the Skid Road Integration project. The formal agreement, or contract, listed a series of services, known as contract services, which the Skid Road Community Council was to perform. The nature of the services were to expand and to coordinate other services within the community into a system linked with the Pioneer Square Service Center (PSSC) complex.

One of the most important and yet, most difficult, goals of the project was the development of a coordinated service system of private and voluntary agencies linked to the total integration project. The following is what transpired through the Contract effort.

There had been meetings of Skid Road Agency Directors held monthly and staffed by SRCC staff. Minutes were taken, prepared and distributed by SRCC staff. At virtually every meeting, discussions of project goals, as well as implementation of the goals, were undertaken. Following a survey of the food and shelter needs of the community an Emergency Food & Shelter Program was established to provide for individuals in need: This program was instrumental in the establishment of a Neighbors-In-Need food bank, as well as the purchasing of the Morrison Hotel by the Seattle Housing Authority as a low-rent shelter facility, with a Neighborhood Social Service Center on the mezzanine floor, staffed by DSHS and Public Inebriate Program staff. It has become a multi-purpose facility for the community.

The Pioneer Square Health Station, a Seattle Model City activity, became linked into the Service Integration Project. This was accomplished administratively and functionally in several ways:

A. The Director of the Pioneer Square Health Station was a member of the Board of Directors of SRCC. He participated in the Alcoholism Committee, the Health Committee, and the Citizens' Advisory Council.

B. Out-posted contract services outreach staff worked at the temporary locations of the Health station in assisting clients to obtain other services such as housing and food in addition to the medical service that they had requested. Outreach staff of the Health Station worked closely and cooperatively with contract outreach staff of SRCC and community worker paraprofessional staff of PSSC. To

better coordinate and train outreach staff, joint meetings were held with outreach staff of the health station, SRCC, PSSC and First Avenue Service Center.

C. The Health Station director worked closely with potential PA and DVR candidates assisting in the review of possible disability cases. Health station staff were used extensively to provide emergency medical services to PA and non-PA clients of PSSC. Special billing procedures were established to process PSSC clients.

Contract Services staff worked extensively with numerous public agency representatives in the community. Of particular note are the following:

A. Washington State Department of Employment Security

Employment Security was represented on the Board of Directors of the SRCC. The E.S. representative worked with contract staff and the manager of the Casual Labor Office to improve and expand Employment Security services to the community.

B. Seattle Housing Authority

The Seattle Housing Authority was represented on the Board of Directors of SRCC. The Seattle Housing Authority was a possible candidate to become the managing agency for the SRCC proposed shelter facility within the community. Some referrals were made to Seattle Housing Authority facilities for housing.

C. Seattle Treatment Center

The contract staff participated in an evaluation of the Seattle Treatment Center (STC). Contract staff worked closely with the community in an effort to develop a comprehensive alcoholism program which would expand the resources of S.T.C. In addition, the contract staff developed a Public Inebriate Program proposal which was linked very closely to S.T.C. Frequently, contract staff provided referrals and transportation to S.T.C. for intoxicated clients.

D. City Government

Contract staff worked closely with various branches of City Government, particularly the Office of Human Resources and the Department of Community Development. Both of these organizations are represented on the SRCC Board. One of the major efforts in this capacity has been the development of the Skid Road Permanent Shelter Facility. Funding was requested for such a facility from the Seattle Model City Program (SMCP). The Seattle Police Department also cooperated in these efforts to improve services to the community and was represented on the SRCC Board of Directors.

E. Legal Services

Contract staff have worked extensively with and established linkages

with the Seattle Legal Services program. Ongoing activities linked these public resources with the private agency system towards the goal of unified service delivery system. Linkages included frequent client referral as well as legal consultation on such matters as client rights in relation to treatment programs.

F. Citizens Advisory Group

Initially, a Citizen's Advisory Group was organized. The Citizens' Advisory Board, later established, drew from this "Group" for citizen representation. The contract services employed an outreach staff comprised of indigenous or poverty background paraprofessionals. These staff were involved in an extensive and ongoing training program which included daily staff meetings, on-the-job observation and training, careful supervision, and consultant training programs.

1. Outreach staff spent at least half of their day on the street, visiting natural congregation places: Lutheran Compass Center, etc. The "Elderly Project" has put outreach staff in hotel lobbies and, via acquaintenances thus gained, in the hotel proper. Outposting methods were also increasingly utilized.

2. Follow-up forms were maintained on all successive contacts with clients. A monitoring system was devised.

3. Several brochures and handouts were developed and distributed broadly. Posters and suggestion boxes were placed in several agencies and other locations.

Goal Accomplishments

The contracted goals established between the Skid Road Community Council and the Department were met. Additionally, the Welfare Task Force goals which were adopted from the Seattle Model City five year comprehensive plan were responded to by the SRCC. These goals and the SRCC accomplishments are given below.

A. Establish a service center in the neighborhood to make services easily available to clients and bridge the gap between people in neighborhoods and more centrally located services.

The center was located in and served the Pioneer Square District of the Model Neighborhood. It was a storefront facility of easy access and was an outstation of the Queen Anne Office, DSHS, whose service area included the Pioneer Square District.

B. Develop a joint approach between public and private service agencies to provide coordinated services.

As a component of the Integrated Service Delivery Project the center was a part of a service delivery complex developed to deliver services coordinated in an integrated service delivery system.

C. Centers manned by residents

The hiring policy for project center staff gave priority to MN residents. The majority of paraprofessional and support staff were such residents.

D. Two sets of staff for each center to remain open 65 to 75 hours per week.

Funding was not available to consider this goal. The center was open 40 hours per week.

E. Transportation will be provided for clients.

Two of the center staff were Automobile Drivers whose primary assignment was to provide client transportation for effective referral and use of services needed.

F. An administrative board composed of participating agency representatives and residents on a 50/50 + 1 resident basis will:

1) Hire the director;

2) Set and modify goals;

3) Evaluate effectiveness;

4) Guide center operations.

The Center Advisory Committee reserved five of the ten positions for center recipients. The committee provided advisory services to the center administrator and participated in the project evaluation.

One activity not mentioned but important to the Skid Road community is the person-to-person relationship between Skid Road residents and SRCC staff. This activity has been an important aspect of SRCC's work and has included referral, information, counseling and friendship. It cannot be measured in any objective way except how it has affected or changed each individual's life.

Most of this person-to-person relationship was the work of a competent outreach staff composed of indigenous or poverty background paraprofessionals. These persons have been on welfare, in prison, and/or were alcoholics. Outreach staff were involved in extensive and ongoing training programs which include: Daily staff meetings, careful supervision, and consultant training programs. Outreach staff spent at least half their day on the street, visiting natural congregation places: Lutheran Compass Center, First Avenue Service Center, restaurants, taverns, amusement centers, and park benches.

Central Area Project - DVR

Prior to 1967, very few of the vocationally handicapped residents of Seattle's Central Area had utilized the services of DVR. The subject of adequate jobs and opportunities for vocational advancement was a frequent

topic heard in the aftermath of the racial riots and other confrontations with the "Establishment". A review of the DVR caseloads in Seattle verified that: (1) minorities were not equally represented in the receipt of services; (2) those services were not effective; (3) DVR was not viewed as a helping agency by minorities, but rather as a further example of institutional discrimination; and (4) agency staff lacked the expertise to offer effective vocational rehabilitation services to ghetto residents. Out of the findings was developed the initial Central Area Project Innovation Grant.

DVR became a viable socio-economic force within the area, and many residents were applying for services. The effect of establishing a small, informal store front office within the central area and later participating in the multi-service center, also located within the area, resulted in a massive request for services. Factors in this success were seen as: (1) A locally located office; (2) the use of indigenous Rehabilitation Aides familiar with the area and known to many of the residents; and (3) immediate response to urgent needs.

Because of the lack of community resources at that time, the DVR staff had to fill many roles, including mental health services, financial services, and client advocate with many other "downtown" agencies.

One disappointing result emerged from the three year Innovation Project. Disadvantaged, vocationally handicapped individuals wanted to better themselves financially and vocationally, but they frequently did not pursue this goal in the familiar and predictable manner of the usual DVR client. Thus, while many eligible persons applied for VR services, successful rehabilitation or closures were disappointingly low. Viewed from another perspective, where there had been almost no successes, there were now a few, and the potential still appeared to be there, both staff and administration, however, were frustrated in the attempt to gauge program success of this new type of client by the standards established over the years.

Out of the frustration caused by the failure to achieve "numbers", and the very strong belief of project staff in the worthwhileness of their efforts, grew the three year Expansion grant request. This resulted from a joint planning effort by all of the paraprofessional staff involved in the two Central Area VR offices, plus community agencies and groups. Combined with the Central Area Project was the need for VR development in the Seattle Skid Road area. Thus, there was developed two locations to serve two populations: The Central Area, essentially the Black section and characterized by the minority disadvantaged, and the Pioneer Square Service Center, serving the Skid Road district, and characterized by the single male, transient alcoholic. Needs of the VR agency to serve these two groups more effectively were defined as: (1) a separate administration with the ability to respond to the needs of the project quickly and with relevance; (2) improved and expanded consultant services; and (3) increased staff to adequately serve the many applicants for services.

Project Development

The two Central Area offices, combined in one location, became closely involved with the Department of Public Assistance in a co-location effort within the Central Area. Together the two agencies operated as the "Support Service Center", an arm of the Unicenter, or Joint Manpower effort. The second arm was the Employment Service and under the Unicenter

concept developed by the Joint Manpower Board, organized a coordinated sequential series of services involving all three agencies. The Support Service Center was administered by a Public Assistance administrator, whose administrative control over DVR staff extended to office regulations, physical space, relations with PA staff, case movement, etc., but did not cover professional aspects of VR services.

This relationship was dissolved in April, 1973 when the PA staff was moved to a separate location, and the CAP/DVR again operated as a distinct administrative unit. The Joint Manpower Board was dissolved at approximately the same time, and all three service agencies, Public Assistance, State Employment Service, and Vocational Rehabilitation resumed their separate functions. These roles have continued to the present.

Project Consultation

As a result of the grant, a stepped up program of consultation was developed. A staff psychologist and a medical social worker were hired, and the part-time services of a psychiatric consultant were increased. This group, together with the Project Coordinator, developed a training package for all professional and paraprofessional staff. Conducted one hour per week for over one year, the training covered such basic subjects as interviewing, counseling, crisis intervention, plan writing, medical information, psychometric testing, psychological and psychiatrict evaluations, and medical information. Additional consultation was given to individual staff in areas of client needs, diagnostic workups, and case services. All medical consultation was done with the psychiatrist who had had considerable general practice experience, with the result that each client was reviewed both medically and behaviorally. Each VRC had a specific hour per week assigned for medical consultation, which gave the opportunity for considerably more consultation than was formerly provided. This, together with the ongoing formal training program, was needed because of the relative newness of staff, the serious problems of disadvantaged clients evidenced by depression and poverty, etc., and the need to better define areas where help could be more effectively given.

Job Placement

Employment was a prime need for clients of both project offices, but stable job placements were relatively low. Clients frequently dropped out of the rehabilitation program to go to work in temporary jobs. Therefore, in July, 1973, a job placement unit was developed using a VRC II as unit coordinator, two Rehabilitation Assistants, and a secretary. A consultant, a person with many years' experience operating a private placement agency, was hired for three months to help design the unit and to teach placement methods. The unit had no responsibility beyond placement and follow-up. If clients appeared to have other problems, they were referred back to their counselors. The placement unit staff was instructed to deal only with job aptitudes and skills, to try to develop client motivation to work, to find appropriate jobs, and to follow up on the placements for at least two months. VR counselors retained control of their client's cases and received regular reports from the placement unit, but did not become involved in the job

finding unless they so desired. Participation by the VR counselor, was, however, encouraged.

Research

While process evaluation was included as a project goal, it was never implemented, due to frequent changes in project coordination, and to the confusing and diffusing effects of co-location, etc. However, throughout the project there were attempts to understand why project clients differed from regular VR clients, and what, if any, additional services might be needed to obtain higher rates of success. Several methods of client evaluation were experimented with, including evaluation of standard data collected by VR, the Heimler Scale of Social Functioning, standard psychological assessments, and the Holmes-Rahe Schedule of Recent Experience. A second year graduate student at the University of Washington Graduate School of Rehabilitation Counseling assisted in this effort. Out of her experiences of reading many records, certain patterns began to emerge regarding the client's previous vocational experiences, and client attitudes toward work. It was found that these two factors, as developed during the initial diagnostic workup, showed a high correlation to later case development and termination. Therefore, scales were developed and approximately 100 cases, those successfully closed as rehabilitated and those closed unsuccessfully after plan initiated, were read against the scales.

Results

Out of the several major thrusts of the project are specific results, together with others more difficult to define. These are reported by specific areas for purposes of simplification.

A. Consultation - Increased consultation was instrumental in assisting staff to develop more realistic expectations of services they could expect to offer. This was evidenced by an increasing selectiveness at intake, a greatly increased ability and willingness by both professional and paraprofessional staff to make decisions as to eligibility and client needs, and a more realistic provision of effective services. This effect was measured by a regular program of case review during the final year of the project. The role of the medical social worker in the project became a much more dynamic one in terms of interaction with staff than was customary in the Agency. This was facilitated by supervisory referrals on a case-by-case basis following reviews, together with the assignment of new staff to the MSW for regular training sessions in casework procedures. The MSW was also later assigned a specific role on the placement team to assist in initial evaluations, also a complete departure from standard practice. The MSW also occasionally assumed limited case responsibility for a few selected cases of severe disability to work out specific problems.

The PhD psychologist consultant assumed a very active role with staff also, following up his client evaluation with staff consultations so that staff became very much aware of the psychologist's role in client services. This understanding was

evidenced by more frequent referrals and better interpretation to client.

An overall result of the increased consultation and training program was the gradual moving away from a crisis intervention program into a more relevant vocational rehabilitation program of services. This was of course greatly aided by the growth of resource agencies within the area, but was also reflected in the records of intake interviewing. Many applicants were referred to more appropriate resource agencies during the intake interview and the statistics reflect a gradual decrease of applicants during the final year. Thus, residents of the area received more efficient and relevant services.

B. Co-location - The total staff reaction to the attempts in both CAP and PSSC to co-locate with Public Assistance staff was negative. Individually there were good relations. When necessary, individual counselors and caseworkers and financial staff worked well together, and there is no question but that the two agencies learned a great deal about the services each could offer. In the CAP "Support Services Center" location, there was an attempt to combine caseloads and staff, to establish a service team for each client. This was largely unsuccessful. Roles were never clearly enough defined, and PA staff frequently found themselves performing in VR functions. Because of administrative policy differences, VR staff frequently found themselves frustrated by the procedures of the larger PA agency. Basic aims of the two agencies, as interpreted at the caseworker-counselor level, were frequently in conflict. Many PA caseworkers were unable to accept DVR interpretation of eligibility, choosing instead to feel that any client with a disability was automatically eligible for VR services, especially for those financial services which could be added to the PA benefits. Case conferences tended to be viewed as additional duties rather than essential parts of the services. Case records were frequently lost, and much of the staff time was devoted to non-productive efforts in this area.

The DVR view is that the total effort at combining service was not undertaken, although efforts were made to combine case records. This was actually done, but proved of little value since the offices were eventually divided into two locations and the files were inaccessible to parts of the staff. The result of the coordination of the PSSC staff never produced the understanding of services that had been hoped for. Efforts by administration to develop combined staffing of cases to fulfill the goals of the Integrated Service Delivery Project, were largely frustrated by staff resistance, and more basically, by a lack of need for this effort. Results could never demonstrate a justification of the time spent in such conferences. Objectives of the two agencies did not seem to correlate sufficiently to create the need for frequent staffings. When the need did arise, it was taken care of informally.

The DVR staff felt the major result of the efforts by both project offices to co-locate and combine services in accordance with project goals, was not a desirable move for either DVR or PA, and resulted in

confusion of administrative direction, of client movement, and a diffusion of agency goals.

C. Job Placement and Research - The development of the job placement unit, together with the findings of the research effort, caused a reappraisal of the standard VR service delivery method, and points the way toward the creation of a new and more effective delivery system.

Initially, counselors resisted referral of clients for placement. Resistance was expressed in many ways, including charges of unprofessionalism on the part of the unit staff, feelings of racial bias, feelings that clients were not ready for placement even when there had been no case movement, and feelings that the clients needed the more understanding and protective services of their own counselors. During the initial months, only the very difficult to place clients were referred, and considerable supervisory pressure was needed to reverse this. The reluctance was viewed, not as a lack of professionalism, but rather as a result of intense concentration on disability rather than ability by both client and counselor. This resulted in very thorough evaluation and treatment of disability, but a considerable lack of information on vocational aptitudes and skills.

The placement staff, instructed not to become involved with problems other than vocational, found that many of the "difficult" clients had useable vocational skills, and were able to place them on suitable jobs. The team also discovered that contrary to belief, there was not a lack of suitable jobs in the community, but rather a lack of expertise in finding them, in selecting the appropriate one for the clients, in motivating the clients, and in teaching how to obtain jobs. The experience of the placement unit demonstrated the need for learning a specific orientation and set of skills in finding jobs and placing clients. In a heavily populated, urban area, the usual counselor does not maintain the necessary employment contacts needed while functioning as a counselor. A specialist can do this. The Employment Specialist must also be skilled in evaluating employment history, and the specific interests of the client, and know when a referral back to the counselor is appropriate. Group motivational training and resume preparation also seemed instrumental in placement success.

Approximately half of the clients referred for placement did not show up for services, indicating that they did not want to work or had been inadequately prepared for the referral, or did not believe the service would help them. Almost all of those clients who did show up for placement services, and who followed through with the motivational group and resume writing session, and made attempts following up job leads, were placed. A very high percentage of placement remained stable during the three month follow-up period.

At the end of the third year, and the first year of the placement

unit, placements began to increase, with the result that the rate of successful rehabilitation to all cases processed increased from 5.1% for Fiscal Year 1973 to 15.2% for Fiscal Year 1974. This percentage was 13.3% for the district and 14.9% for the state.

These findings dovetail with the case surveys based on client's Vocational Experience and Vocational Attitudes Scales. These scales are essentially an inquiry into the client's vocational motivation; motivation in this instance being a reflection of personal and family history and attitudes towards work. Logic would seem to demand that in order to evaluate the probability of a VR client going to work, all of the aspects of his former relationship with work should be explored. VR experience frequently centers around the evaluation of disability. We were unable to demonstrate a strong correlation between types of disabilities and successful job placement in the CAP client population. We did demonstrate that 80% of the CAP successful closures, and 89% of the regular DVR successful closures, included in the random sampling studied, occurred with clients who had had specific vocational experiences. Failure rate for this group of clients was 45%. Client who showed specific vocational attitudes demonstrated 63% of the successful CAP closures, and 78% of the successful regular program closures, as opposed to 10% and 11% failure for the same grouping.

The limited sampling, and the limited time to perfect the scales are recognized. However, the results seem to supply some corroborative data to the old VR counselors saying that no matter how severe the disability, the client can return to work if he is sufficiently motivated. What the research placement team results suggest is that VR could more effectively deliver appropriate services to vocationally handicapped clients in the following manner:

1. Upon application for services and following the tentative establishment of probable eligibility, the client would be immediately referred to a vocational unit for evaluation of employability. This would be done prior to any discussion in depth about his disability and would give the client the message that VR is vocationally oriented. Evaluation would include a complete job history, together with a work prescription based on the Dictionary of Occupational Titles.

2. If evaluation indicates a possibility of selective placement, the VR counselor would proceed to establish eligibility in the usual manner, but with a vocational goal in mind. Placement services would recommence within a very short time, since both client and counselor would be goal directed.

3. For those clients not suitable for placement, the development of vocational possibilities by the placement unit would greatly expedite training or treatment plans, and would be directed toward more realistic vocational opportunities.

4. Those clients who are not vocationally oriented would be

identified and could be given pre-vocational services, such as workshop experience, or referred to more appropriate agencies.

The results of the case sampling and the analysis of the Vocational scales indicate a strong need to develop this approach further to define more specifically the strength of vocational motivation, and to become able to identify this factor early in the rehabilitation process. Such exploration would also lead toward a more complete understanding of case difficulty and more appropriate provision of services.

D. Transition to Regular Program - At the conclusion of the project all staff and clients had been successfully transferred into regular programs, and Central Area and Skid Road DVR services have essentially become a part of the DVR program in Seattle.

At present it appears that local offices will remain in each area, ensuring that applicants will continue to use the services. There has been a good deal of in-service training between regular and project staff, both formal and informal, regarding service to minorities, with the result that quite a few staff members have the required expertise and interest to work successfully with minorities. Because minority groups still experience more difficulty than the majority group, it will be necessary to maintain a priority of service to these groups if they are not to be pushed into the background again.

Summary of DVR Findings

A. Characteristics of the successfully rehabilitated clients in the Central Area Project, as defined in terms of Vocational Experiences and Attitudes, are very similiar to the regular DVR client.

B. At the conclusion of the project, the rate of successful rehabilitations to the total caseload of CAP clients equaled the state and district percentages.

C. Extensive use of consultant services improved the effectiveness of CAP staff, as evidenced by improved closure rate, decreased size of caseloads, and more timely case decision.

D. Attempts to combine Public Assistance and Vocational Rehabilitation services failed due to differences in goals, functions, case carrying staff responsibility, and administrative confusion.

E. Placement unit services as developed in the CAP proved that successful placement is a specialized skill and not necessarily possessed by the VR counselor.

F. Sufficient jobs do exist in the community for placement of clients, but specific skills are required to find them.

G. Counselor evaluation of client employability does not always coincide with placement success.

Research Components

Olympic Center (Bremerton)

Subsequent to the consolidation of five departments to the one Department of Social & Health Services, organizational planning and development continued, and the statewide DSHS organization was divided into ten separate administrative regions, each responsible for directing the services offered by local centers within its jurisdiction. Following this successful effort to provide better and more responsive social and health services to the citizens of the State of Washington by reorganization and consolidation, department management next faced the problems of implementing a more responsive system of delivering services at the point of interaction between the Department and the individual client. The consolidation resulted in substantial savings in staff time and related costs, but it did not change the manner of delivering social and health services to the clients at the local level. Applicants still coped with several receptionists, application blanks and administrative procedures at a single office in order to receive multiple services. The multiple services delivery system was developed in answer to that problem.

DSHS contracted with Touche-Ross & Company of Seattle, Washington to conduct an inventory of activities at a selected local service delivery center (Olympic Center in Bremerton) and, on the basis of this inventory, to develop a conceptual model of a multiple services delivery system appropriate to that site. This conceptual model was delivered in April, 1972 and became the basis for the department's request for a contractor to develop the conceptual model into an operational MSDS for the Olympic Center, then to implement and evaluate it. In September, 1972, Stanford Research Institute (SRI) was awarded the contract to carry out this task, with the understanding that system implementation would occur by June 30, 1973.

The Olympic Center delivered services to the Kitsap County area of Washington State. It was selected as the local center for which the operational MSDS would be developed both because it was the center on which the Touche-Ross & Company conceptual model had been based and because this particular center represents almost a complete DSHS service facility; i.e., it offered almost the full range of social and health services available from the department.

Not only did Olympic Center house all the non-institutional services offered by DSHS, it had a representative client caseload, a distinct geographic responsibility (Kitsap County, including the Bremerton area) and a reasonably broad relationship with various institutions and private agencies active in the social services field. Services were delivered by seven units within the Center: Financial Services, Social Services, Center for Youth Services, Vocational Rehabilitation, Adult Probation & Parole, Juvenile Parole, and Veteran's Affairs.

Only two of these, Financial Services and Social Services, were responsible to the local Olympic Center administrator, and then to the Office of Field Operations for Public Assistance in Olympia, Washington. The other five reported to the Region V administrator in Tacoma, Washington rather than to any administrator in Kitsap County.

The complexity of the Olympic Center operations can best be appreciated by

considering that the seven units within this local DSHS organization delivered services under about 60 programs using funds supplied through nearly 300 agencies. The implications for the client seeking these services, in terms of the number of individuals, procedures, and administrative patterns with which he had to contend, are obvious, as was the appropriateness of the Olympic Center as a candidate for a client-oriented multiple service delivery system.

The MSDS Development Task - As is apparent from the pre-MSDS Olympic Center organization just described, at the local services delivery level the client was still confronted with much the same complexity as he was before consolidation of the five agencies into the DSHS and development of the ten regional authorities. The task was to examine how the DSHS interfaced with individual clients through the sixty or more programs at Olympic Center and to develop a working system that would be more client oriented and would: Eliminate redundancies and duplication; simplify the process of entry into the system; reduce costs, and improve efficiency.

In addition, the system developed was to be designed so as to be adaptable to the requirements of any other service delivery point in the State of Washington. Defining manpower, facility, and budget requirements implied by the system and developing procedures for training and MSDS implementation were also specified as part of the overall development task. It was assumed that any system for delivering multiple services based upon indicated needs of individual clients at the services delivery level would later have to be accomodated by changes in the organization of DSHS at regional and higher levels.

Implementation Strategy

The project strategy employed by SRI was based on participative methods wherever possible. The chief obstacles to be overcome were seen as the traditionally limited communications and even competition among different program staffs, and the actual flow of clients and documents used in providing services. Task forces consisting of all members of each Olympic Center program worked closely with the SRI project team to identify organization problems and to contribute ideas toward their solution. In forming task force groups, SRI deliberately included as broad a spectrum of viewpoints as possible in each group to stimulate intensive discussion on the major issues and to permit the interests of the various stakeholders to be closely examined. The goal was to arrive at a reasonable consensus on most issues.

An additional strategy was to encourage, through the task force group, re-thinking of existing modes of performing activities and meeting responsibilities by introducing participants to new perspectives for viewing their work. This was done to combine the knowledge, experience, and insights of participants in a way that would result in a system organization that would encourage:

Open communication with and among the Olympic Center's many program staffs

Recognition of existing capabilities of various program staffs

Group capacity to anticipate and cope with implementing change

Openness to alternatives that might upgrade services to clients

Awareness of the cost/benefit implications of different methods of providing services

Development of new service applications

The strategy followed produced intensive interaction and communication between client members of the task forces and the SRI project team. This resulted in many suggestions and ideas that were later incorporated in the MSDS.

The earlier activities inventory at Olympic Center had established seven basic functions in the services delivery process:

Reception, during which it is established an applicant has come to the right place

Application, during which the applicant completes the necessary forms for entry into the system

Eligibility evaluation, which determines his eligibility for services

Service planning, which determines what his needs are, and appropriate services to satisfy them

Service delivery planning, which specifies which needs can be served and how

Delivery of services, such as counseling, therapy, training and the like

Case management, or administration of service delivery

The key elements in the successful performance of these functions were seen to be the staff member in actual contact with the client, and the client himself. All the systems and structures in the DSHS were considered to exist solely to provide the support necessary to operate successfully at this staff/client interface point. With this as first principle, and taking into account broader requirements for system efficiency, an MSDS was developed that could provide individual clients with any cluster of DSHS services they might need at a single point of contact.

Goals

The primary Olympic Center Multi-Service Delivery System (MSDS) goal was integration of services. The integration of services was not permanently achieved at Olympic Center because of a number of factors. These factors included action and plans that affected the planning phase and the implementation phase. These various factors are discussed below:

A. Contractors - As mentioned earlier, the Touche-Ross firm was awarded the initial planning contract and developed the working plan for the MSDS. The Stanford Research Institute then was awarded the contract to implement the MSDS plan. This changing of contractors detracted from a smooth and orderly implementation of the MSDS. The knowledge gained by the initial contractor during the planning phases was

probably not transmitted in total to the second contractors. Hindsight would indicate the desirability of retaining the initial contractor throughout a project.

B. Project Director - The Director of the MSDS was not appointed until six weeks after the SRI team was actively involved in project implementation. This lack of project leadership during the initial planning and implementation phase was no doubt a deterrent toward an effectively operating project.

C. Agency Commitment - Due to shifting federal direction regarding integrated services, changes in administration of the DSHS during the project period, and subsequent uncertainty as to the degree of agency support that was given to the MSDS project, it was no doubt difficult for project staff to retain the feeling that the agency was behind them.

D. Staff Reductions - A sizeable reduction of clerical staff adversely affected the ability of the MSDS to operate in the manner which was originally planned. Additionally, an important adjunct to the implementation of the MSDS was success in obtaining four trainers assigned to the project. The training staff was to assist the project staff in implementation of the project plans and assist the regular staff in attitude changes and ways of functioning necessary to the successful project implementation. Unfortunately, the trainers received their reduction-in-force notices shortly after the training plan was initiated. These notices adversely affected the trainers in the initiation of the training plan and did not allow them to complete the planned training. The project staff was then faced with the prospect of implementing the project plans without proper training.

E. Reorganization - A major deterrent to integration of services was the reorganization of the department following the combining of the five separate departments into the Department of Social & Health Service. The MSDS at Olympic Center did achieve administrative integration for approximately six months, at which time the reorganization realigned Adult Corrections. It was not then possible to include Adult Probation & Parole in the MSDS single administrative unit. Additionally, the Division of Vocational Rehabilitation federal requirement of a single organization unit prevented the total integration of DVR in the MSDS.

Findings - In spite of the above difficulties, integration of services did occur to some extent at Olympic Center. For example: The Family Services Section did do some pre-sentence investigation reports for Adult Probation & Parole. In some cases the Family Services Section was able to make supervisory reports to Probation and Parole when there were clients served in common. Juvenile Rehabilitation Services and Children's Services accomplished some integration in that a child in foster care and under jurisdiction in Juvenile Rehabilitation Services was carried by one worker.

Additionally, integration of child Protective Services was completed by the CPS staff and Delinquency Prevention staff when some group meetings of child abusers were being conducted by Delinquency Prevention staff. However, the above integration of services was not continuous during the project period.

The question of whether the primary goal of successful service integration at the Olympic Center MSDS occurred must be answered partly in the positive but primarily in the negative.

The secondary goals established by the department for Olympic Center are listed below followed by a brief discussion regarding their accomplishment or non-accomplishment.

Goal A: To provide the appropriate and required departmental services to the citizens of Washington.

The appropriate and required departmental services were provided to the citizens of Washington requesting services in the Bremerton area. The MSDS was able to accomplish this goal with little difficulty.

Goal B: To provide improved services through elimination of administrative and program redundancy.

The MSDS had the potential of improving services through elimination of administrative and program redundancy and some inroads were made. However, the department did not make a full commitment to the MSDS concept and it was not possible to integrate some administrative and program areas.

Goal C: To provide improved services through enhanced efficiency of administrative and program-related systems.

Some inroads were made but total departmental backing was needed and was not forthcoming to provide improved services through enhanced efficiency of administrative and program-related systems.

Goal D: To minimize multiple referrals and redundancy for clients requiring multiple services.

For clients requiring multiple services, the MSDS did offer a resource of multiple services. Thus redundancy and multiple referrals were reduced for clients requiring such services.

Goal E: To minimize paperwork associated with multiple service delivery.

The MSDS experience was not able to bring together the forms and paperwork of the separate reporting systems. Conversely, the MSDS experience resulted in more paperwork.

Goal F: To make departmental services as accessible as possible to clients requiring services.

Departmental services were made as accessible as possible to clients requiring services. Services remained accessible to clients with optimum efficiency throughout the project period.

Goal G: To consolidate and/or integrate departmental client information within the context of retrieval requirements.

The MSDS did have the potential to consolidate and integrate departmental client information within the retrieval requirement context. This potential was not developed due to the lack of departmental commitment.

Goal H: To functionally structure a Multi-Service Delivery System which is sufficiently flexible in design to accomodate changing requirements (internally and externally).

The MSDS was functionally structured to allow great flexibility in meeting the needs of clients and to meet changing requirements, both internal and external. The MSDS proved to be very flexible and did accomodate many internal and external changes.

Goal I: To implement the system by March, 1973, at Olympic Center and to complete an evaluation of the system by June, 1973.

The MSDS did not meet the March, 1973 implementation date at Olympic Center but was implemented May, 1973. The system evaluation was an ongoing process and was completed November, 1974.

Thus, five of the nine goals as outlined in the MSDS plan were met and four of the goals were not met. These four not met were 1) elimination of administrative and program redundancy; 2) improved services through enhanced efficiency of administrative and program-related system: 3) bringing together the forms and paperwork of the separate reporting systems, and 4) a complete system evaluation was not finished by June, 1973.

The complete integration of Olympic Center would require these goals to have been successfully accomplished. As they were not accomplished, service integration of Olympic Center was not accomplished within the guidelines set forth.

Control Site (Bellingham)

After much review of possible control sites, Bellingham was selected as the project control site because it more closely resembled the experimental site (Bremerton) than the other possible control sites.

The factors utilized in the selection of a control site were as follows:

A. Collection and review of 1970 population characteristics of six alternative control sites for preliminary selection of a few alternative sites.

B. Identification of the range of DSHS programs available and caseloads at test and alternative control sites.

C. In person visitation of two "best" alternative control sites for indication of the amount of administrative and staff co-operation with project evaluation staff.

D. Collection of statistical reports generated at two "best" alternative sites (above DSHS or federal requirements) to see what information could be utilized in project's evaluation effort.

An analysis of the sites, as reviewed, with pertinent comparisions, will give the reader the rationale used for the Bellingham site selection.

Bellingham - Age and socioeconomic characteristics of Bellingham's population were generally similar to Bremerton and to the State. Integration of service delivery at the regional level had no substantial impact at that time.

The public assistance service programs in Bellingham and Bremerton were of comparable size in terms of monthly public assistance recipients.

The public assistance office in Bellingham did have a facilities problem and were required to remodel their present location.

Everett - The social and economic characteristics of Everett's population were quite similar to Bremerton and the state. The proportion of the population completing high school or more years of school is somewhat lower for Everett (55.5 percent) than for Bremerton (63.2 percent, or for the State (63.5 percent).

Although regional planning efforts had not yet had any impact on local service delivery, changes would be expected to occur in this area before they would at alternative control sites.

Spokane - Compared to both Bremerton and the State, the Spokane population had a lower median income and a larger proportion of persons age 65 and over. Other characteristics are similar.

As a metropolitan center, the Spokane area represented a good location for a control site. However, Spokane had two major disadvantages. First, the public assistance office in Spokane is the third largest in Washington. The mere size of this office could have a substantial negative influence on the communication patterns and over-all work effectiveness. This ultimately creates client and staff dissatisfaction.

Since an important part of the research involved a survey of client and staff attitudes, it would have been extremely difficult to account for client

and staff attitudes at the Spokane site which stemmed from "size-effect". Moreover, the Spokane public assistance office was scheduled to decentralize shortly into several sattelite locations. This, of course, may have caused a major problem if Spokane had been used as a control site.

Tri-Cities Area - Combined, the Tri-Cities represented a population of 55,422 in 1970. Richland, with a population of 26,290 comprised the largest proportion of this total. When compared to Bremerton, Richland's population had a much higher median income, higher level of education, and lower proportion of families with incomes below poverty level. The population characteristics of both Pasco and Kennewick more closely resemble the State.

In the Tri-Cities, two task forces submitted proposals for the administrative structure of a service delivery system. The task force comprised of "Social & Health Services personnel, other community agency personnel, and three interested citizens recommended the establishment of a private, non-profit corporation directed by a board of directors recruited from the local area. The state would contract with this corporation for services, and the corporation would take over the current state employees. This type of recommendation may have been indicative of major problems in social and health service delivery which would not be compatible with the requirements of a good control site.

Yakima - Yakima's population had a low median income and an extremely large proportion of families with incomes below the poverty level. In Yakima County, 14.6 percent of the population were receiving some form of public assistance, compared to 6.7 percent of the population in Washington, or 4.5 percent of the population in Kitsap county where Olympic Center is located.

On the basis of social and economic characteristics of the population, Yakima did not appear to be a good control site.

Vancouver - The age and socioeconomic characteristics of Vancouver's population were very similar to both Bremerton and the state. Vancouver's proximity to Portland and its functional integration with the Portland metropolitan area may have caused some problems if it had been selected as a control site.

CHAPTER III

RESEARCH DESIGN AND PROCEDURE

Selection of Sites

Pioneer Square was selected as a test site for Integrated Service Delivery (ISD) because of demonstrable client needs for services in the area. Clients at the site demonstrated several interrelated characteristics: 1) there was a sizeable percentage of elderly individuals, generally not working and on pensions; 2) there were emotionally disturbed individuals with a history of short-term work patterns; 3) there were physically disabled individuals, generally not working, and receiving few services; 4) there were individuals with seasonal or part-time patterns of employment; 5) there was a sizeable percentage of transient and unemployed individuals; and 6) there were individuals with minority backgrounds (Indian, Gypsy, Black, Orientals and others). The ISD Project was viewed as a program that could better meet the needs of these clients. Public Assistance Social Services and Vocational Rehabilitation were the agencies chosen for integration at Pioneer Square.

The Olympic Center test site in Bremerton was selected for Multi-Service Delivery (MSD) because: 1) there was demonstrable need for DSHS social and health service in the area; 2) a conceptual model for integrated services had been developed for the site (Touche Ross and Company, 1972) and 3) the existing facility offered a full range of social and health services. Thus, an operating facility with co-located agencies was available for implementation of the MSD concept. A number of considerations related to facilitating ease of data collection and ensuring comparability between the Olympic Center and the control sites led to the inclusion of only Public Assistance Social Services (PA), Vocational Rehabilitation (DVR), and Adult Probation and Parole (AP&P) in the final evaluation.

The control site in Bellingham was selected as a match to the Olympic Center test site. All municipalities in Washington with approximate populations to Bremerton were reviewed. In addition to meeting the population criteria: 1) the socio-economic characteristics and general age characteristics of the Bellingham population were similar to those of Bremerton; 2) regional level service delivery integration had little impact on the DSHS agencies in Bellingham; and 3) the Public Assistance programs in Bremerton and in Bellingham were comparable in size. PA, DVR and AP&P were included as participating agencies.

Hypotheses

The major goal of this study was to determine the value of integrated service delivery systems in terms of the appropriateness of service, of service accessibility, of service cost, and of service effectiveness.

The study was intended to answer 39 specific questions as proposed by the Department of Health, Education & Welfare.[1]

1. Can equivalent services be provided at reduced cost per service?

2. Can equivalent services be provided with reduced aggregate personnel time?

3. Will client processing time from intake to acquisition of equivalent services be reduced?

4. Do a greater proportion of clients reach total or partial self-supporting status?

5. Will the number of clients processed over a six month period for equivalent services be greater?

6. Have referrals increased?

7. Has information sharing increased at each point in the delivery system?

8. Has information sharing increased at all organizational levels of each participating service?

9. Do a greater proportion of clients exhibit improved social-psychological well being?

10. Are clients more receptive toward the service system?

11. Have referrals been more successful for all clients?

12. Do clients judge the combination of services provided to be more appropriate to their needs?

13. Do clients judge the priority of services provided to be more appropriate to their priority of needs?

14. Have more client needs been served six months after intake?

15. Is client participation in an advisory capacity greater?

16. Is client participation in an advisory capacity more effective?

17. Will key supervisors judge participating service programs to be more effective?

18. Will key supervisors judge participating service programs to be more efficient.

[1] Hypotheses to be Tested in Service Projects, SRS staff HEW memo dated June, 1971. Some modifications have been made in the hypotheses due to the difficulty of securing specific data from the research sites.

19. Do key supervisors judge their own service programs to be more efficient?

20. Do key supervisors judge their own service programs to be more effective?

21. Do key supervisors judge the development of clients to be better?

22. Do key supervisors judge their own work effectiveness to be better?

23. Do supervisors judge the combination of services proved to be more appropriate to client needs?

24. Do supervisors find the sequential presentation of services provided to be more appropriate to client's priority of needs?

25. Have problem solving activities increased at the supervisory level?

26. Do staff judge the combination of services provided to be more appropriate to the client's priority of needs?

27. Do staff judge the sequential presentation of services provided to be more appropriate to the client's priority of needs?

28. Do staff judge other participating service programs to be more efficient?

29. Do staff judge other participating service programs to be more effective?

30. Do staff judge their own service program to be more efficient?

31. Do staff judge their own service program to be more effective?

32. Do staff judge development of their clients to be better?

33. Do staff judge their own work effectiveness to be better?

34. Have problem solving activities increased at staff levels?

35. Is service community staff knowledge of other services available in the area greater?

36. Is service community staff knowledge of eligibility requirements of other services available in the area greater?

37. Do service community staff have more favorable attitudes toward the effectiveness of other service agencies in the area?

38. Is community knowledge of services available in the area greater?

39. Is general community knowledge of the eligibility requirements for services in the area greater?

Research Strategy and Data Sources

As originally proposed, the basic research plan was to collect detailed information relative to the participating agencies at the three sites prior to and at two six-month intervals after the implementation of integrated services. By comparing the pre- and post-program information with baseline data provided by the control site, it was hoped to document the important changes that may have occurred as a result of the impact of the ISD and MSD programs. Because of staff limitations, budgetary restrictions and difficulties in obtaining access to the sites, the plan was modified to include data collection at only two points in time. Essentially, the design is a "before-after", or a Time 1 vs. Time 2 (T_1 vs. T_2) comparison.

Four primary data sources were selected as necessary to meet the evaluative requirements of the project, and the following research instruments were developed by the ISD research staff: 1) the Client Information System to collect data on client needs and services provided, allocation of staff time, and service delivery processes; 2) the Client Attitude Survey to assess client opinions and attitudes towards service agencies and service delivery; 3) the Staff Attitude Survey [2] to measure attitudes of staff towards their own and other service agencies; and 4) the Service Community Survey to determine the extent of the coordination of health and social services within the community as a whole.

It was intended originally to include a community resident survey to evaluate the potential consumer population, and a staff activity accounting system to document changes in the allocation of work time. However, due to the imposition caused by the data collection techniques and the budgetary restrictions of the project, both were dropped from the evaluation component.

All instruments were developed and reviewed by the ISD research staff for possible misinterpretations or ambiguities prior to field testing on a small sample from the target population. There were no attempts to collect reliability or validity data. Finalized versions of all research instruments may be found in the Data Analysis Supplement.

The statistical analyses of items contained in all of the data sources relied exclusively upon the use of non-parametric statistics. In the main, this decision was dictated by the level of measurement associated with the item scales, i.e., nominal or ordinal measures. In situations where a higher level of measurement might be assumed, such as the staff time-expenditure data, non-parametric techniques still were preferred due to the large degree of variability found within the samples. Moreover, there was a lack of programming facilities to accomodate the more complicated analysis of variance techniques required for samples with an unequal number of respondents.

For items yielding nominal data, chi-square analyses were used to determine the significance of the inter-sites differences found in the frequency of responses that had been partitioned into independent categories. The

[2] The SAS was developed by Stanford Research Institute while the ISD staff prepared a supplemental form.

typical chi-square test involved the distribution of one dichotomous variable between the test and control sites, e.g., the number of clients having no referrals or having one or more referrals. Chi-square was also used for intra-site comparisons where the independence of the samples could be assumed, i.e., different samples were drawn at T_1 and T_2. The Fisher's exact probability technique was utilized in lieu of chi-square in some comparisons with small sample n's.

For items which were constructed with ordinal scales, the Kolmogorov-Smirnov test of the maximum difference in cumulative frequencies of two independent samples was chosen. The Kolmogorov-Smirnov typically involved testing for differences between sites, but also was used for intrasite comparisons when the independence of samples was assured. Two techniques for the application of the Kolmogorov-Smirnov test, i.e., the large-sample method or the chi-square approximation, were used where appropriate.

The sign test was selected for the non-indepenent samples, i.e., where the same respondents were measured at two points in time. The sign test allows for the determination of the probability of the frequence of changes in a particular direction. That is, it was possible to calculate the probability of the observed differences in the distribution of "positive" and "negative" changes by respondents between T_1 and T_2. However, a major limitation is that sign test omits all respondents who show no change, and does not take into account the magnitude of change. For a more comprehensive discussion of the sign test and the other non-parametric techniques employed, see Seigle (1956).

Several considerations led to the use of two-tailed tests in all comparisons. Firstly, there were no basis for a priori predictions relative to the direction of expected differences between the test and control sites. Secondly, while positive predictions had been made concerning the impact of ISD and MSD prior to program implementation, negative outcomes certainly were a possibility that would be of interest in the final evaluation. Consequently, it was deemed appropriate to consider both positive and negative outcomes. A .10 significance level was chosen for all statistical tests. It was felt that a somewhat lower than usual level of significance would be appropriate for the type of data collected, and would partially compensate for the loss of power as a consequence of choosing a two-tailed test.

Client Information System (CIS)

The Client Information System consisted of four distinct parts: 1) Time Expenditure Form, 2) Clients Needs Assessment (completed by both client and service worker); 3) Client Follow-up, and 4) Index of Well-Being.

Due to the relatively few number of respondents in the agencies other than PA[4], it was necessary to combine responses for DVR and AP&P and perform the evaluation for Non-PA rather than individual agencies. Tables summarizing the data for the CIS, and the other data sources as well, may be found in the Data Analysis Supplement, and are denoted by an alphabetical character.

[4] PA refers only to PA Social Services throughout this report unless otherwise noted.

Only those tables reporting the composition of the samples involved are included within the text of the report.

A. Time expenditure data. The time expenditure form was devised to describe the extent and nature of client contracts with staff at a particular DSHS agency during the test period. Service workers were required to specify individual needs for each sample client, as well as the frequency, duration and type of professional or clerical activity expended to meet those needs. Client contacts were defined in terms of any time expended with respect to a sample client. The types of client-contacts were categorized according to: 1) direct face-to-face or telephone contact with the client; 2) paper-work involved with the disposition of the client's case; 3) contacts made with other persons or agencies in the client's behalf; and 4) any other required activities related to the client's case.

Summary statistics for the time expenditure data by site and agency may be found in Tables 1A through 4A. Professional staff time is shown by type of client contact, while only total clerical time is reflected. The frequency of client referrals and staff contacts made in their client's behalf are presented in Table 5A.

B. Needs Assessment. The needs assessment was designed to identify client needs and to determine the extent of recognition of those needs by the service worker. Both client and service worker were also requested to indicate high and low priority needs. While a large number of specific needs were included in the assessment, all were classifiable under major categories of <u>housing</u>, <u>money</u>, <u>food</u>, <u>clothing</u>, <u>work</u>, <u>treatment</u> (medical, dental, or drug and alcohol rehabilitation), counseling, other (legal aid, birth control information, transportation, etc.) and general <u>information</u>. In order to expedite analysis, it was necessary to consider only the major categories of needs in the description of the data.

1. Description of needs. The frequency distributions of relevant needs as indicated by the clients and staff are shown in Tables 6A and 7A for the PA agencies. Distributions of relevant needs for the Non-PA agencies are found in Table 8A and 9A. Corresponding distributions of high priority needs may be found in Tables 10A and 11A for PA clients and staff, and in Tables 12A and 13A for Non-PA clients and staff.

2. Number of needs. The mean number or relevant needs as reported by the client and by their respective service workers are shown in Table 14A. In addition, the mean number of needs reported by the client as being satisfied within a 30-day period also is presented.

3. Need agreement. The relevant and priority needs as perceived by clients and staff as distinct groups are

provided by the needs description. However, these data are descriptive of the total samples and do not reflect the extent of agreement between individual clients and service workers.

Distributions showing the individual client-staff agreement for relevant needs are presented in Table 15A for the PA agencies and in Table 16A for the non-PA agencies. Corresponding distributions showing client-staff agreement for priority needs may be found in Tables 17A and 18A.

C. Client Follow-up. The client follow-up was used to gather information from the client relative to those needs identified as important in the needs assessement. The clients were questioned as to the time flow associated with service delivery, and the satisfaction with the services rendered. The success of any referrals that were made also were noted.

D. Index of Well-Being. The Social and Rehabilitation Services from DHEW recommended that a psychological inventory be included to describe any changes in the psychological well-being of the clients in the test program. The Index of Well-Being has been suggested for use as a brief indicator of mental health in the general population (Berkman, 1971a). The eight items may be weighted and scored on a scale from "1" (individuals reporting positive feelings exclusively) to "7" (individuals reporting negative feelings exclusively). Apparently, the IWB has gained some tentative support for validity as evidenced by significant correlations of Index scores with psychiatrists ratings of life stresses and mental health from extensive personal interviews (Berkman, 1971b; Langer & Michael, 1963). Summary statistics of the client's IWB scores are presented in Table 19A.

Respondent Selection and Description. Respondents selected for involvement in the CIS included all new entries into a particular DSHS agency during a specified period of 22 working days. The frequencies of participating clients by site and by agency are shown in Table 1. The relatively few number of respondents for the Non-PA agencies should be noted since it severely restricts the confidence one may have in the results generated therefrom.

There was an approximately even distribution of males and females at both the Bremerton and Bellingham sites with the exception of Bellingham at T_1 which had almost 60 percent females. On the other hand, over 85 percent of all clients at Pioneer Square were males. Sample clients were comparable in age at the Bremerton and Bellingham sites with approximately two-thirds being 25 years or younger. Pioneer Square clients were considerably older with more than two-thirds over the age of 35. Moreover, more than 50 percent of the Pioneer Square clients were over the age of 50 during the T_1 test period.

TABLE 1

FREQUENCY OF SAMPLE CLIENTS IN THE CLIENT INFORMATION SYSTEM BY SITE AND BY AGENCY

	Evaluation Sites					
	Bremerton		Bellingham		Pioneer Square	
	Time 1	Time 2	Time 1	Time 2	Time 1	Time 2
	Number	Number	Number	Number	Number	Number
PA	196	219	147	147	112	60
DVR	17	12	12	7	9	2
AP & P	13	8	7	8	***	***
TOTAL	226	239	166	162	121	62

*** The corresponding agency did not participate in Pioneer Square.

Data Collection

Collection of the CIS data for T_1 began in Bremerton in January, 1973; in Bellingham in March, 1973; and in Pioneer Square in April, 1973. T_2 data collection began in Bremerton and Bellingham in November, 1973, and in Pioneer Square in January, 1974. At both points in time, approximately four months were required for completion of the task.

Upon initial entry into the system, consenting clients were interviewed by members of the research staff to determine their relevant needs. At the same time, the Index of Well-Being was administered. The service workers were requested to complete a needs assessment immediately after their first contact with the clients. All due precautions were taken to ensure complete confidentiality of this information.

The time expenditure form was attached to the sample client's personal file. The service workers who had been instructed previously in the proper use of this form were requested to maintain a detailed and accurate log of time expended with respect to each client. The logs were to be continued for a period of 90 days immediately following the 22-day sampling period. A notable exception occurred at the Bremerton site during T_1 where it was necessary to terminate data collection after 60 days since the implementation of MSD was scheduled for that time. The percentages of completed time expenditure forms for the sample clients at the three sites were 58, 87, and 82 percent at T_1, and 47, 96, and 179[3] percent at T_2 for Bremerton, Bellingham and Pioneer Square, respectively.

Approximately 30 days after the determination of the client's relevant needs, the follow-up forms were mailed to the clients. If the client failed to respond within two to three weeks, a second, and if necessary, a third follow-up form was forwarded. No further attempts were made to obtain the data if no response was forthcoming to the third request. The percentages of sample clients providing follow-up information were 65, 67 and 44 percent at T_1, and 75, 70 and 42 percent at T_2, for the Bremerton, Bellingham and Pioneer Square sites, respectively. These percentages also include sample clients for whom a mailing address could not be determined. This was a significant factor only for Pioneer Square.

Client Attitude Survey (CAS)

The primary concerns of the CAS were directed toward the client's evaluation of: 1) efficiency in service delivery; 2) effectiveness of service delivery; 3) attitudes about service workers and their respective DSHS programs; 4) the number and success of client referrals; 5) staff and client communication with regard to relevant information; and 6) the client's participation in the development of more effective service programs. Summaries of client responses and the data analyses are provided in tables 1B through 10B in the Data Analysis Supplement.

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[3]At T_2, Pioneer Square collected time expenditure data on a large number of clients who had not been designated as sample clients. It was decided to include this data in the final analysis.

Respondent Selection and Description

A sample size necessary to ensure a tolerated error and confident level of .05 was selected (Touche Ross & Co., 1972). In addition, a 50 percent inflation factor was added to compensate for ineligible respondents or for respondents lost during the data collection process. The population of eligible clients was proportionally stratified according to type of services required and the status of the case. Samples were randomly drawn at T_1 and at T_2 from the current case files of each cooperating agency with several restrictions: 1) mentally retarded persons; 2) persons under 18 years of age unless a head of a household; and 3) persons licensed for day care, adoptions or foster home only, i.e., not receiving other DSHS services, were excluded. In addition, at T_2, it was necessary to eliminate a few clients who had been included in the T_1 sample.

There were no marked differences between Bremerton and Bellingham in the distribution of sex, age or marital status found within the samples. Both AP&P and DVR clients typically were male (88 and 68 percent), 35 years of age or younger (87 and 68 percent), and either single or married (76 and 77 percent). On the other hand, PA clients were most frequently female (66 percent) and either married or divorced (72 percent). The PA clients in Bellingham with 50 percent over 35 years of age were somewhat older than Bremerton clients which had 75 percent 35 years or younger.

However, the client characteristics were quite different in Pioneer Square than in the other sites. The clients were predominately male (85 percent), 35 years or older (72 percent), and either single or divorced (83 percent) in both the PA and DVR programs. Moreover, approximately one-third of the Pioneer Square clients were 50 years or older.

Data Collection

Because of limited staff resources, it was necessary to mail out the CAS to respondents in Bremerton and Bellingham. If the client failed to respond within three weeks, a second, and if necessary, a third form was forwarded. If no response was made to the final request, the client was dropped from the sample. A mail-out survey in Pioneer Square was considered inappropriate since many of the clients lacked basic reading and writing skills. Furthermore, to encourage participation, Pioneer Square clients were awarded a stipend of three dollars. Accordingly, respondents at Pioneer Square were contacted personally by ISD interviewers. Table 2 shows the frequency of respondents selected at the three sites, as well as the percentage of respondents actually participating. As can be seen, the completion rate ranged from 53 to 88 percent for the various agencies.

Collection of the CAS data was initiated at Bremerton and Bellingham in April, 1973 and at Pioneer Square in July, 1973 for T_1, and in January and February, 1974 for T_2 at all three sites. Approximately ten weeks were required for the completion of data collection.

Staff Attitude Survey (SAS)

The SAS was concerned with staff evaluation of: 1) efficiency in service

TABLE 2

FREQUENCY OF SAMPLE CLIENTS INVOLVED IN CLIENT ATTITUDE SURVEY

	Evaluation Sites																	
	Bremerton						Bellingham						Pioneer Square					
	Time 1			Time 2			Time 1			Time 2			Time 1			Time 2		
	Mail-Outs	Ret.	Pct.	Mail-Outs	Ret.	Pct.	Mail-Outs	Ret.	Pct.	Mail-Outs	Ret.	Pct.	Mail-Outs	Ret.	Pct.	Mail-outs	Ret.	Pct.
PA	115	77	67	111	69	62	126	87	69	123	98	80	**93	62	67	**114	62	53
DVR	130	83	64	109	58	53	88	77	88	51	31	61	**102	68	67	**107	64	60
*AP&P	87	46	53	81	46	57	113	73	65	86	54	63						

*AP&P did not participate in Pioneer Square.

**Indicates original sample size in Pioneer Square.

delivery; 2) effectiveness of service delivery; 3) personal effectiveness and job satisfaction; 4) time allocation and caseloads; 5) information sharing within programs; and 6) the extent of contact and cooperation between service agencies. Summaries of staff responses are presented in tables 1C through 14C in the Data Analysis Supplement.

Respondent Selection and Description

All on-line supervisory personnel and professional staff, as well as some non-professional staff members in PA, were included in the SAS. Since there were a minimal number of supervisors involved at each agency, it was necessary to exclude their data because of requirements for confidentiality. The AP&P staff in Pioneer Square was involved in the survey at T_1, but not at T_2. Since there were few DVR staff members in Pioneer Square, it was decided to include the AP&P personnel in the analysis. While this decision allows valid comparison between sites at T_1, it severely restricts the interpretations that may be given to the remaining comparisons. The frequency of participating supervisors and staff members by site are shown in Table 3.

Approximately one-third of the PA staffs and two-thirds of the Non-PA service workers in Bremerton and Bellingham were male. In Pioneer Square, more than two-thirds of all staff members were male. The greater percentage of PA personnel in Bremerton fell into the 26 to 35 age bracket, while the PA staff in Bellingham was somewhat older. The majority of non-PA service workers in both Bellingham and Bremerton were between 35 and 50. In Pioneer Square, more than two-thirds of all staff members were 35 years of age or younger. Most staff members at the three sites had at least some college, and about 25 percent had graduate training. There were a few non-college trained personnel in Bellingham PA and in the Pioneer Square PA and DVR programs.

Data Collection

The SAS was administered to all staff members on-site by ISD research personnel during June, 1973 (T_1), and March, 1974 (T_2). The SAS had been administered previously in December, 1972, but since the data did not differ appreciably from that collected during June, 1973, it was omitted from the evaluation.

Service Community Survey (SCS)

The SCS was designed to determine the coordination of health and social services within the community as a whole by assessing the opinions and knowledge of service workers associated with various community service agencies. The SCS instrument was directed specifically towards evaluating the extent of contact, communication and cooperation between service agencies within the community. Service worker's responses are summarized in Tables 1D through 3D in the Data Analysis Supplement.

Respondent Selection and Description

The service agencies to be included in the SCS were determined from an

TABLE 3

FREQUENCY OF STAFF AND SUPERVISORS INVOLVED IN SAS BY SITE AND AGENCY

	Evaluation Sites											
	Bremerton				Bellingham				Pioneer Square			
	Time 1		Time 2		Time 1		Time 2		Time 1		Time 2	
	Staff	Supervisors	Staff	Supv.	Staff	Supv.	Staff	Supv.	Staff	Supv.	Staff	Supv.
PA	30	4	23	4	34	5	31	4	10	2	6	2
DVR	2	1	2	1	2	1	1	1	8	0	3	0
AP&P	2	1	3	0	4	0	4	0	11	1	0	0

Staff members from Juvenile Parole & Probation were also included in Bremerton & Bellingham

item on the SAS questionnaire which requested DSHS staff members to rank in order of frequency of use other outsite community agencies also serving their clients. Approximately 20 of the most frequently indicated agencies at each site were selected for involvement in the SCS Tables, 4, 5 and 6, reports the frequency of respondents by agency at each site. However, it should be pointed out that between 55 and 62 percent of the service workers at the three sites were not interviewed at both points in time. Consequently, the data for evaluating changes between T_1 and T_2 included less than 50 percent of the total number of respondents.

Data Collection

Respondents were interviewed personally by ISD research staff during May and June, 1973, in Bremerton and Pioneer Square, and during August, 1973 in Bellingham for T_1. The T_2 data were collected in June, 1974 for all three sites. The data collection required from 5 to 20 days depending upon the time and location.

TABLE 4

FREQUENCY OF RESPONDENTS AT BREMERTON COMMUNITY SERVICE AGENCY PARTICIPATING IN THE SCS

Agency	Time 1	Time 2
Crisis Clinic	8	1
DSHS	5	3
Employment Security Department	7	7
Fishline	1	1
Futures Clear	2	2
Holly Ridge Center	1	1
Home Emergency Aid Program	3	3
Self-Help Housing	1	2
Kitsap Community Counseling Service	4	6
Kitsap County Alcoholism Information & Referral Center	5	9
Kitsap County Alcoholism Recovery Program	9	8
Kitsap County Community Action Program	7	4
Kitsap Council on Aging	3	1
Kitsap Council on Youth	4	4
Kitsap County Health Department Family Planning Unit	12	11
Kitsap Food Bank	2	0
Kitsap Youth Homes	9	11
Legal Aid	1	1
Red Cross	3	5
Salvation Army	2	2
Seventh Day Adventist Health & Welfare	2	1
Social Security Administration	8	7
Society St. Vincent de Paul	1	1

TABLE 5

FREQUENCY OF RESPONDENTS AT BELLINGHAM COMMUNITY SERVICE AGENCY PARTICIPATING IN THE SCS

Agency	Time 1	Time 2
Alcoholism Information & Referral Center, Inc.	3	6
American Red Cross	1	1
Bellingham Food Bank	2	2
Community Task Force	1	1
Crisis Clinic	3	3
DSHS	1	1
Employment Security Department	10	9
Lighthouse Mission	3	3
N.W. Legal Aid	4	4
Planned Parenthood of Whatcom County	2	3
Project Concern	5	3
Project Create	6	3
Project Hope	5	4
Rising Sun Human Relations Center	9	2
Salvation Army	3	3
Social Security Administration	5	6
VETEC	7	2
Whatcom Community Mental Health Services, Inc.	6	9
Whatcom County/Bellingham Health Department	8	7
Whatcom County, Council on Aging	2	3
Whatcom Volunteer Center	1	1
Workshop for the Handicapped	1	1
Total Respondents	88	77
Total Agencies	22	22

TABLE 6

FREQUENCY OF RESPONDENTS AT PIONEER SQUARE COMMUNITY SERVICE AGENCY PARTICIPATING IN THE SCS

Agency	Time 1	Time 2
Bread of Life Mission	2	2
Casual Labor Office (Employment Security Dept.)	3	5
Columbia Club	4	5
First Avenue Service Center	4	6
Goodwill Industries	2	2
International Drop In Center	7	6
Lutheran Compass Center	1	1
Neighbors in Need		
Capitol Hill Food Bank	2	0
Indian Center Food Bank	1	1
Pioneer Square Neighborhood Health Station	3	4
Pioneer Square Service Center (DSHS)	1	1
Relocation Field Office	7	5
Salvation Army Harbor Light	4	3
Salvation Army Men's Social Service Center	2	2
Salvation Army Welfare Services Bureau	5	5
Seattle Indian Center Alcoholism Program	6	2
Seattle Treatment Center	1	0
Skid Road Community Council	7	8
Society of Saint Vincent de Paul	1	1
Traveler's Aid Society	4	7
Union Gospel Mission	1	1
Total Respondents	68	67
Total Agencies	21	19

CHAPTER IV

SUMMARY OF RESEARCH RESULTS

In this chapter, an attempt will be made to summarize the results generated by the various data sources in a topical sequence and to point out any consistent changes found for the target sites between pre- and post-program assessments. More detailed descriptions of the analyses for each individual data source may be found in the Data Analysis Supplement.

BREMERTON (MSDS)

Client Attitudes Towards Service Program

Both PA[1] and Non-PA[2] clients were quite positive towards their respective service workers. The majority of all clients reported friendly and courteous service workers who were seriously involved with and concerned about their situations. Moreover, the large majority of PA and DVR clients would recommend their programs to friends, while about one-half of the AP&P clients would do so. No significant changes in client attitudes towards their respective service workers were found but both the PA and AP&P clients were slightly, but consistently less positive.

Client Needs

Bremerton PA clients identified money, food, medical treatment, and to a lesser extent, limited employability as their prominent needs with money assigned the highest priority. The services provided as reported by the clients appeared generally consistent with their reported needs, although the problem of employability was not directly addressed. PA service workers generally concurred with the clients as a total group in the relative prevalence and priority of needs, but there was considerable disagreement between individual service workers and their respective clients. Although there was a consensus of clients and staff members in the selection of money as a relevant need at both points in time, and moderate agreement with respect to client requirements for housing, food and treatment in the post-assessment, there was little accordance for the remaining needs. The client-staff agreement was much greater when considering the client's top priority needs particularly in regard to financial exigencies. There also was moderate agreement concerning the priority of client needs for housing and medical treatment.

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[1]PA refers only to Public Assistance Social Services unless otherwise noted.
[2]Non-PA refers to a composite of DVR and AP&P clients or staff.

For Non-PA clients in Bremerton, work was the predominant relevant need at the time of the pre-MSD assessment with money, treatment, counseling, and miscellaneous others being added in the post-assessment. The Non-PA staff members selected work and counseling as the predominant relevant and priority needs, while clients attached the highest priority to work. The services provided appeared consistent with the needs described by Non-PA clients, although some did not feel that there was sufficient training, education or general help in gaining employment. While there was considerable disagreement in the selection of needs for individual clients and their respective service workers, the greatest agreement was found for work both as a relevant and priority need. There was also substantial agreement in the selection of counseling as a relevant client need in the post-assessment. Interestingly, Non-PA staff members reported twice the number of needs as the clients at the time of the pre-MSD assessment, but less than one-half as many as in the post-survey. This was found to be largely attributable to the fact that the clients had shown over a four-fold increase in mean number of needs.

Several apparent changes between pre- and post-MSD assessments warrant comment. Other than the exception mentioned above, the PA and Non-PA clients identified a greater variety and number of needs than did their service workers at both points in time. Furthermore, there was a large increase in the number of needs reported by all clients, and a concomitant, although substantially smaller, increase in the number of needs identified by PA service workers. Secondly, there appeared to be somewhat greater client-staff agreement in the PA program with regard to the total relevant needs, but no changes with regard to priority needs. Finally, significant changes for the Non-PA program showed increased client-staff agreement in the selection of counseling as a relevant need, but decreased agreement in the selection of work as a priority need.

Service Delivery Efficiency

All clients had relatively few complaints about efficiency in the delivery of service. The major complaints by PA and DVR clients that were offered were directed towards the convenience of the location of DSHS offices, and the repeated questioning necessary in order to obtain services, while PA clients added experiencing prolonged delays in gaining appointments with service workers. The primary complaint of AP&P clients involved the location of the office. In the main, the service workers gave favorable responses with respect to service delivery efficiency. The PA staff members complained of the excessive paperwork required of their clients, and non-PA staff strongly suggested that administrative policy often hindered the delivery of services, and that there was unnecessary duplication of paperwork for multi-service clients.

There were substantial increases in complaints by clients in all programs about the location of the office, the frequency of required returns to the office, and the promptness in which services were delivered. Moreover, the DVR clients responses were somewhat less favorable on all other criteria used to evaluate service delivery efficiency. No significant changes were evident for either PA or Non-PA staff members, but the Non-PA service workers showed small, but consistently positive changes in their opinions of service delivery efficiency.

Service Delivery Effectiveness

The PA clients in Bremerton generally responded favorably towards the effectiveness of the services delivered. The majority of PA clients reported accurate need identification, service appropriate to their most critical needs, and general satisfaction with the services provided. A considerable percentage also indicated that comprehensive services were provided. Indeed, approximately 70 percent of the PA clients did not specify one single need for which services were not available.

The majority of Non-PA clients also were positive about the effectiveness of services provided, but felt that services were not comprehensive. Furthermore, AP&P clients had some reservations about whether their needs were accurately identified, and whether their most critical needs were given priority in the provision of services. However, it should be pointed out that over 60 percent of the AP&P clients, and the DVR clients as well, did not specify a single need that required services which were not available.

Bremerton's PA service workers generally were in concert with their client's appraisal of service delivery effectiveness. In addition to the positive statements of the clients, the PA staff members added that the services were accessible to their clients, appropriate to their clients needs, and most often continued until service goals were accomplished. In fact, PA service workers endorsed the services of both PA and DVR as being appropriate to the client's needs, and promoting client self-sufficiency. The major criticisms by the PA staff were directed towards the prohibitive eligibility requirements for deserving clients, and towards the rate at which clients were able to achieve self-sufficiency.

The Non-PA staff members were a great deal less favorable than their clients about the effectiveness of service delivery. In the pre-MSD survey, there was considerable negativism with respect to the accessibility of services, the appropriateness of the services to the client's critical and total needs, and the prohibitive eligibility requirements. The post-MSD survey found Non-PA service workers reporting that services were not relevant to the client's critical needs; that services often were irrelevant; and that the clients did not achieve self-sufficiency as rapidly as desirable. Moreover at both points in time, the Non-PA service workers doubted that many of their clients viewed the services received as particularly helpful, and seriously questioned the appropriateness of the financial services provided by PA.

All clients in Bremerton consistently showed negative changes in their evaluation of service delivery effectiveness, although none were statistically significant except for a decline in service satisfaction expressed by AP&P clients. No significant changes were found for either PA or Non-PA staff members.

Information Sharing & Consumer Participation

Bremerton client's predominant sources of information about the available DSHS services were reported to originate from personal acquaintances, outreach workers, or unspecified others, although virtually all AP&P clients were referred from the courts. Only about one-fourth of all clients felt that there was adequate knowledge of the available services, but most

indicated that there was ample opportunity for questions, and that their service worker took sufficient time to provide explanations.

The majority of all clients reported that there also was an opportunity to voice complaints about DSHS services, but substantially fewer believed that complaints had much impact. There was not much agreement by clients with respect to specific changes that should be made in their service programs. In fact, nearly 60 percent of the PA clients and 35 to 40 percent of the Non-PA clients offered no recommendations for changes at all. However, the most frequent complaint was directed towards problems with program staff in the delivery of services, e.g., uninformed staff, too few staff, etc.

Most of the service workers in all programs indicated that their clients were well informed. Considering information exchange at higher organizational levels, PA service workers reported that frequent attempts were made to provide updated information on policy decisions within their own local programs, but that only occasionally or infrequently was current information given about DSHS policy decisions, and changes in state or federal regulations. Non-PA staff members did not feel there was adequate access to any of this administrative information.

No significant changes were found for PA clients, but substantially fewer PA clients reported opportunities for questions or for complaints about services, and the provision of adequate explanations of the available services. Furthermore, significantly fewer of the DVR and AP&P clients indicated that there was adequate opportunity for questions relative to available services. No consistent changes were evident for PA staff, but the majority of Non-PA service workers reported increased access to information about local programs and DSHS policy decisions, and changes in state or federal regulations although the differences were non-significant.

Staff Caseloads and Time Allocation

The average caseload per PA service worker was estimated to be considerably less, and closer to optimum level than in the control site. Moreover, there were fewer case continuances beyond six to 12 months. The number of monthly intakes were reported to be approximately equal to the number of monthly closures or transfers. On the other hand, the average caseload for the Non-PA service workers was considerably more than in the control site with the actual caseload estimated to be over 40 percent more than the optimal. The number of monthly intakes were substantially greater than the closures and transfers, and about one-half of the clients were estimated to be on the rolls after twelve months.

Post-MSD changes showed a 35 percent increase in caseloads for PA service workers, and a 20 percent increase for Non-PA staff. Perhaps surprisingly, a proportional increase in the perceived discrepancy between actual and optimum caseloads was not reported. The Bremerton PA service workers showed dramatic increases in the total professional time, and time in direct encounter expended per client contact. The PA service workers also made significantly more contacts with others in behalf of their clients. The Non-PA staff reported a

75 percent increase in monthly intakes, but no corresponding increase in monthly closures or transfers. There were increases in the Non-PA staff time spent in direct encounter and clerical time expended per client contact although none of the changes were significant.

Staff Job Satisfaction

The majority of both PA and Non-PA staff responded favorably to most criteria related to satisfaction with their jobs. The PA staff members expressed personal effectiveness, accountability, and freedom, and a sense of accomplishment in the performance of their duties. Both PA and Non-PA staff felt that there were adequate privacy and supervisory support, and that their assignments were commensurate with their training and background. The most frequent complaints by all staff members were related to the sufficiency of the time available for the completion of assignments, excessive paperwork, and inadequate clerical support. Furthermore, the PA service workers questioned the adequacy of the in-service training program, while Non-PA service workers were somewhat negative towards their personal job effectiveness and efficiency in appointment scheduling in the pre-MSD survey. However, very few staff members reported any serious problems associated with their programs, although those so reporting most frequently implicated paperwork and organizational red tape. Finally, both PA and Non-PA staff's job ratings along a series of descriptive dimensions generally were positive.

In considering changes in staff evaluation of job particulars, it was found that significantly fewer of the PA staff reported efficiency in the scheduling of appointments, but significantly more were favorable towards the in-service training program. No other changes were significant for either PA or Non-PA service workers. However, the Non-PA staff showed consistently positive changes in their opinions of specific job attributes. No significant changes were found for either PA or Non-PA staff in general evaluative descriptions of their jobs, although the Non-PA staff tended to describe their jobs in somewhat more negative terms.

Contact and Cooperation Between Service Programs

DSHS Service Programs

PA Financial Services and private agencies were the most frequent recipients of the contacts made by Bremerton PA service workers in behalf of their clients, while PA Social Services and private agencies received the greatest amount of Non-PA staff contacts. The majority of both PA and Non-PA staff members felt that there was extensive cooperation between their own and other DSHS and outside agencies. The majority of Non-PA service workers reported following up referrals to other agencies, but less than one-half of the PA staff so reported. The majority of all service workers indicated that contacts were made with other agencies prior to referrals. However, there was little indication that the other agencies notified service workers of action taken with respect to their clients at the time of the pre-MSD survey.

For the PA service workers, no consistent changes were noted in the contact and cooperation with other DSHS programs. However, significant changes with respect to outside community programs showed more PA clients being referred from outside agencies, and more PA staff making follow-ups of clients referred to outside agencies. Moreover, the evidence suggested increased cooperation with outside agencies, more frequent conferences prior to referrals, and increased notification of action taken by outside agencies, although the differences were not significant. The Non-PA service workers showed substantial, but non-significant, positive changes in all criteria evaluating the extent of contact and cooperation between their own and other DSHS and outside agencies.

Outside Community Service Programs

DSHS programs were the primary recipients of contacts made by service workers in outside community programs. The large majority of community service personnel felt that there usually was cooperation between agencies within the community, that information was provided their clients about services offered by other programs, and that there were frequent referrals made to other community programs. However, only about one-half reported conferring with other agencies prior to referral, or expecting that the other agencies would be able to provide the necessary services.

Less than one-half of the community service workers reported having adequate knowledge of the other service programs, but most felt there was sufficient information to provide a resource for making referrals. Service workers also indicated that there was only occasional duplication of services by community programs and that there were few inappropriate referrals to their programs from other agencies. However, the majority also reported only occasional or infrequent notification of important changes in the policies of other agencies that affected service delivery.

Significant changes showed that community service workers in Bremerton had increased contacts with DSHS programs, and with other private agencies as well; reported more adequate knowledge of the other community service programs; and showed a decrease in incoming misinformed referrals.

PIONEER SQUARE (ISD)

Client Attitudes Towards Service Program

The PA and DVR clients were extremely positive towards their service worker's demeanor; the extent of the service worker's involvement, i.e., time spent in contact with the client; and the service worker's concern for the client's situation. The large majority of both PA and DVR clients would recommend their respective programs.

In Pioneer Square, no significant changes were found in the PA client's attitude towards their respective service workers, but the response was more favorable to each item. DVR showed a significant decrease in the frequency of clients reporting service worker involvement, and the DVR clients

also were somewhat less positive towards their service workers on the other criteria.

Client Needs

Pioneer Square clients were largely characterized by older transient males residing alone with a wide variety of multi-needs. Indeed, more than one-half of the Pioneer Square clients responded to nearly every need category included on the assessment.

Money, food, treatment and housing were viewed by PA clients in Pioneer Square as their prevalent needs, and the clients generally reported receiving services directed towards those needs. Some clients did not feel that the financial assistance was sufficient, or that their needs with respect to employment received proper attention. However, more than 55 percent of the PA clients did not specify one need as being neglected by the services provided. The PA service workers generally agreed with clients about the relative prevalence of needs, but identified less than one-half the number of needs per client. PA clients gave priority to housing as their most urgent need, while the service workers indicated treatment. As with the other sites, there was much disagreement between individual clients and service workers in the identification of relevant needs, but somewhat greater agreement for the priority needs. Client-staff agreement was found to be greatest in the selection of treatment, money and food as relevant needs, and the selection of money and treatment as priority needs.

A preponderance of DVR clients in Pioneer Square perceived work and counseling as their relevant needs, but the selection of money, food and treatment also was quite common. The DVR client reported receiving services pertinent to employment, finances, and counseling, although some clients did not feel that services relative to employment were sufficient. The Non-PA staff in Pioneer Square viewed work, counseling and treatment as the relevant client needs with work assigned the highest priority. DVR clients also attached the highest priority to work, but reported nearly twice the number of needs than were identified by service workers. Again, there was much disagreement for individual client and staff members in the selection of relevant needs, but the agreement was greatest for work, treatment and counseling. Work and treatment also showed relatively high agreement as priority needs.

Significant changes for need identification in Pioneer Square PA revealed less client-staff agreement in the total number of relevant needs, and less agreement with respect to food as a specific needs. However, there was greater client-staff agreement in the selection of the priority needs. Insufficient data were submitted for the DVR program to evaluate post-ISD changes.

Service Delivery Efficiency

The PA clients in Pioneer Square were extremely favorable about the efficiency in the delivery of services. Less than one-fourth of the clients

voiced complaints about any aspect of service delivery efficiency other than about repetitive questioning. The PA staff members were more critical of service delivery efficiency with the majority citing repetitive interviews, excessive paperwork, and duplication of forms as necessary requirements for the receipt of services. DVR clients also were largely positive about all aspects of service delivery efficiency, and while the Non-PA staff generally were favorable, they offered strong criticisms of the excessive paperwork particularly duplication in forms for multi-service clients.

In considering changes in client's opinions of service delivery efficiency, significantly fewer of the PA clients reported excessive paperwork, and significantly more indicated promptness in the delivery of services. No significant changes were observed for PA staff, but the response was more favorable on six of the eight criteria considered. There was a significant increase in clients complaining of frequent returns to DVR offices, but no systematic changes were evident for Non-PA staff members.

Service Delivery Effectiveness

The majority of both PA and DVR clients reported accurate identification of needs, services appropriate to their most critical needs, and satisfaction with the services provided, but were more reserved in their praise of the comprehensiveness of services. In the main, PA service workers agreed with their client's appraisal of the effectiveness of the service provided, adding that services were accessible and comprehensive. The PA staff also felt that their own services promoted client's movement towards self-sufficiency, but were less generous in their assessment of the services offered by DVR. However, there was some question of the appropriateness of their own services, relative to the client's needs, as well as the financial services provided by PA. Finally, the post-ISD survey found many of the PA staff members reporting that prohibitive eligibility requirements and excessive regulations denied services to clients.

The Non-PA service workers were less positive than their clients in the assessment of service delivery effectiveness. The major criticisms were directed towards prohibitive eligibility requirements and the accessibility of services. Also, the Non-PA staff expressed some doubt as to whether their services addressed the clients most critical needs. The Non-PA service workers felt that their own services promoted clients self-sufficiency, but seriously questioned the appropriateness and effectiveness of the services furnished by both PA Financial and Social Services.

The post-ISD survey revealed positive changes for PA clients on every criteria related to effectiveness of services. Moreover, nearly all the changes were statistically significant. On the other hand, significantly more PA staff reported excessive regulations, and generally showed a less favorable assessment of service delivery effectiveness. The DVR clients were less positive on every evaluative criteria concerning effectiveness of services, but none of the changes were significant. Two few Non-PA staff members were involved in the post-ISD survey to allow comparisons.

Information Sharing & Consumer Participation

Both PA and DVR client's initial information about their respective service programs came from a variety of sources including family and personal acquaintances, outreach or social workers, other DSHS programs, and community organizations. Less than one-half of the PA and DVR clients reported sufficient knowledge of the available services, but most indicated ample opportunity for questions, and that adequate explanations were provided.

The large majority of all clients in Pioneer Square felt that there was an opportunity for complaints about services, but considerably fewer believed in the effectiveness of such complaints. It should be pointed out, however, that more than one-half of the clients offered no suggestions whatsoever to improve their programs. The major complaint that was lodged by both PA and DVR clients was directed towards problems with staff members affecting the delivery of services.

Only a small percentage of the PA service workers reported that their clients were well-informed of the available services, but the majority of Non-PA did. The Non-PA staff also indicated that there was not adequate access to information about local program policy decisions, DSHS policy decisions, or changes in state or federal regulations. The PA staff members responded similarly in the pre-ISD survey, but generally were more positive about informational access in the post-assessment.

No significant changes were found for PA clients with regard to information sharing or consumer participation, but all changes were in a positive direction. All changes observed for DVR clients were in a negative direction and a significant change showed fewer DVR clients expressing a belief in the effectiveness of complaints. No significant changes were found for either PA or Non-PA staff members, but the PA staff showed consistently positive changes with respect to information exchange at higher organizational levels.

Staff Caseloads & Time Allocation

The average caseload for the PA service workers in Pioneer Square was nearly four times greater and continuances were much longer than in the control site. The PA staff estimated that their case loads included 50 percent more clients than could be optimally serviced. The number of monthly intakes was reported to be 40 percent greater than the number of case closures or transfers contributing to increasingly larger caseloads. The PA staff in Pioneer Square spent less time per client contact, spent more relative time in intake and need identification than in service delivery, and made more referrals than staff in the control site.

The Non-PA staff in Pioneer Square reported smaller caseloads than service workers in the control site, but still considered it to be about 20 percent beyond the optimal level. The Non-PA staff members indicated that monthly intakes were approximately equal to monthly closures and transfers, and that relatively few cases were continued beyond twelve months. Insufficient data were submitted to evaluate the actual expenditure of Non-PA staff time.

A number of significantly and undoubtedly inter-related changes were observed for the PA service workers:

1) A 40 percent increase in the average caseload per service worker.

2) A greater discrepancy between actual and optimal caseloads.

3) Significantly less relative staff time allocated to service delivery.

4) Significantly less total staff time, less staff time in direct encounter, and less staff time in administrative matters expended per client contact.

5) Significantly less clerical time expended per client contact.

6) Significantly fewer contacts made with others in the client's behalf.

Several non-significant, but substantial changes were evident for the Non-PA staff. However, since the composition of the samples had been radically altered between pre- and post-evaluations, i.e., the AP&P service workers were included in the pre-but not the post-MSD surveys, little importance should be attached to the changes.

Staff Job Satisfaction

The PA service workers were quite negative about their personal effectiveness in dealing with client problems, and reported frequently having feelings of frustration and ineffectiveness. About one-half of the PA staff felt personally accountable for the services provided, and had a sense of accomplishment in their work. The majority of the PA service workers also reported insufficient time for the completion of assignments, excessive paperwork involved in their duties, and inadequate privacy and in-service training. However, the PA staff generally was positive with regard to the personal freedom associated with their jobs and reported that there was efficiency in the scheduling of appointments and adequate clerical and supervisory support. More than three-fourths of the PA staff indicated that there were serious problems involved in the operation of their programs, the most frequent being organizational red tape and the type of client encountered. The PA service workers in Pioneer Square viewed their jobs as less interesting, less important, and less satisfying, and as requiring less skill, less dedication, and less initiative and good judgement than did the staff members at the other sites.

On the other hand, the Non-PA staff members were positive about their personal effectiveness, felt personally accountable for the services provided, and did not frequently feel frustrated or ineffective. Furthermore, the Non-PA service workers reported efficiency in scheduling of appointments, reasonable amounts of paperwork, job assignments compatible with their training, and adequate privacy and in-service training. There were few serious problems reported in the operation of the Non-PA programs. Finally, Non-PA staff members generally described their jobs in evaluative terms that were positive.

No significant or consistent changes were found in the service workers' attitudes and opinions about their jobs for either PA or Non-PA staffs.

Contact and Cooperation Between Service Programs

DSHS Service Programs

Both PA and Non-PA service workers reported frequent contacts with the various service programs within the community. The majority of PA and Non-PA staff members felt that there was cooperation between their programs and other DSHS and outside agencies. The Non-PA staff reported frequently following up on clients referred to other DSHS programs or private agencies, while the PA staff reported only infrequent follow-ups. The majority of both PA and Non-PA service workers indicated that contacts usually were made with private agencies prior to referring clients, but only the Non-PA staff reported frequent notification of the action taken was provided by other DSHS programs. Misinformed incoming referrals were not considered a frequent occurence by either PA or Non-PA staff members.

Outside Community Service Programs

DSHS programs were the major recipients of the contracts made by personnel from outside community agencies in Pioneer Square, although there was considerabl contact with other Non-DSHS programs and private agencies. The community service workers felt that there was cooperation between community agencies, and only infrequently feelings of competition. The majority of community service personnel also reported that information was provided their clients about other area service programs, frequent referrals were made, and usually contact was made with the other agencies prior to referrals. The community service staff generally indicated having sufficient knowledge of other community service agencies, and the referral resources within the area. However, most of the service personnel reported that frequently, or at least occasionally, inappropriate referrals were made to their programs, and that there was seldom notification of changes in the policies of other community agencies.

The post-ISD assessment revealed both positive and negative changes. Significantly more of the community service personnel reported adequate knowledge of other service programs, but significantly fewer of the service personnel felt that there was extensive cooperation between local service programs, or that adequate information was provided their clients about other service programs. Furthermore, fewer contacts were made with other agencies prior to referrals.

CHAPTER V

CONCLUSION

The following is a presentation of the findings of the three years of the ISD project. Results are divided into two areas: 1) Those substantiated by research data which are limited but not unexpected, in view of the difficulty of integration efforts and the many variables which impinged on these results and (2) results secured by observation, reports and interviews with participants of various aspects of the project.

Mitigating factors in the project have been discussed in previous chapters and some are discussed here so the reader can understand the circumstances which were instrumental in bringing about some of these findings.

The Integrated Service Delivery project was conceived and developed by DSHS staff and approved by SRS, HEW for the purpose of demonstrating an integrated service delivery system and assisting the department in a regionalization effort. Prior to the ISD project implementation the Pioneer Square Service Center (PSSC) and the Skid Road Community Council (SRCC) were operative and had an impact in the Skid Road area.

The PSSC project was a separate project for one year prior to the initiation of the ISD project. The PSSC initially was linked to the ISD project with administrative staff, later becoming totally identified with the ISD project. Thus the PSSC was a viable force in the Skid Road area prior to total linking with the ISD project.

Additionally, the PSSC worked closely with the Skid Road Community Council toward the expansion and coordination of services within the Skid Road community. The SRCC was established by the efforts of the Seattle Council of Planning Affiliates and the Seattle Model City program; and worked closely with public and private agencies in planning for a multi-purpose system of service delivery.

Federal Support

This ISD project was part of a nationwide effort by HEW encouraging services integration projects. However, federal coordination of these project efforts among the states was minimal in the view of project staff in this state.

However, the amount of information exchange regarding ISD information between states should have been greater.

Federal encouragement for integrated service delivery was evident in the number of states that implemented such projects with federal monies.

In spite of the number of such projects and numerous requests by states for project information interchange via joint federal-state meetings, there was no action by federal staff to schedule such meetings. Service integration efforts might have been more successful had states been given more opportunity

to meet and exchange information.

A review of available literature indicates complete integration of services was not successfully accomplished in any federally funded project.

DSHS Administrative Support

References have been made to the lack of administrative backing for the integrated service delivery concept within DSHS. This support was lacking due in part to the state of change within the Department during the project period. Two secretaries, administering consecutively, were responsible for DSHS administration during this project period. The intervening time between administrative terms and consequent lack of decisions regarding DSHS ISD policy deferred a total commitment to ISD by department and project staff... Adding to this lack of administrative support was the fact that the department's investment in the Multi-Service Delivery System (MSDS) had produced no conclusive findings at the time the new secretary was appointed. The DSHS administration therefore had no facts on which to postulate a financial gain with a massive ISD effort and adopted a wait and see attitude. This was probably the major reason the department did not make the total commitment to ISD efforts, including the establishment of ISD centers in other regions within the state.

An additional factor influencing administration was the DVR single state organizational unit requirement. This ruling made it more difficult to appoint an administrative head who could effectively administer a totally integrated Service Delivery approach including DVR with other services.

The fact must be stated that Olympic Center was occasioned and implemented prior to the initiation of the I.S.D. project, at the department's expense. This initial fiscal commitment by the department toward an integrated service delivery approach indicated the department's initial commitment to this concept.

Research Findings

There was no convincing evidence to suggest that either the MSDS project in Bremerton, or the ISD project in Pioneer Square had a substantial positive impact upon the delivery of social and health services. A number of the significant changes that were found appear isolated and fortuitous unless viewed within the context of other changes, which were non-significant. The following conclusions are based upon both the significant changes and the consistent trends observed.

One of the most pervasive findings was the extremely favorable attitudes of all clients towards their service programs both prior to and after the implementation of integrated services. This was particularly evident for the Pioneer Square clients. In general, the PA service workers in Bremerton gave more favorable evaluations of their programs than the Non-PA staff, while the converse was true in Pioneer Square. The service workers generally gave less favorable evaluations than their clients at both test sites, but the staff response was more positive in Bremerton than in Pioneer Square.

Substantial increases in the average caseload per service worker was reported in all agencies at both sites. For Bremerton PA, the increase in caseload was accompanied by large increments in the total staff time, and the staff

time in direct encounter expended per client contact. Consequently, it appeared that PA service workers in Bremerton were accomodating more clients, and yet expending more time per client. The PA staff members in Pioneer Square showed large corresponding decrements in the amount of staff time and clerical time expended per client contact, and also showed a significant decrease in the number of contacts made with others in their client's behalf. Probably these results are more parsimoniously interpreted in light of the large increase in caseloads due to the inclusion of additional geographical areas of responsibility in Pioneer Square, rather than any improvement in time effectiveness.

There were some consistent changes found in the client's attitudes and opinions of their respective service programs. The PA clients in Bremerton showed negative changes on nearly all of the evaluative criteria used in the study, while the PA clients in Pioneer Square had consistently positive changes, most strikingly evident in their assessment of the effectiveness of service delivery. The changes in attitudes for the Non-PA clients were largely negative at both sites. The DVR clients in Bremerton were more unfavorable towards the efficiency and effectiveness of service delivery, while the DVR clients in Pioneer Square were more unfavorable on nearly every criteria. While the changes observed for the DVR clients in Bremerton were directed towards specific aspects of the service program, it is difficult to assess the other generalized changes, i.e., changes in the same direction on nearly all evaluative criteria. These global changes would seem to represent differences in favorability of attitudes towards the service program as a whole, but do not suggest the specific factors responsible. Such changes may be attributable to differential effects of unknown biases operating between the pre-and post-surveys, the influence of other variables unrelated to the experimental program, or an incisive impact of the program itself.

Few significant changes were found in the attitudes and opinions of the service worker towards their own service programs. However, the Non-PA staff in Bremerton reported increased contact, communication and cooperation between their programs and other DSHS and outside agencies within the community. The PA service workers in Bremerton showed similar changes, but with respect to outside service agencies only. The Non-PA staff in Pioneer Square also indicated increased cooperation and communication with other programs outside DSHS, while no consistent changes were observed for PA staff in Pioneer Square except for a significant decrease in inappropriate referrals from outside agencies.

The community service personnel from programs outside DSHS corroborated the PA and Non-PA assessment of community inter-agency integration by reporting increased contact, communication and cooperation between service programs in Bremerton. The community service personnel in Pioneer Square showed both positive and negative changes indicating greater knowledge of other service programs, but also reporting less provision of information to their clients about other service programs, less cooperation between programs, and less contact with other programs prior to referrals.

There also appeared to be improved information sharing between clients and service workers within service programs at higher levels of organization.

The PA service workers in Pioneer Square and the Non-PA staff in Bremerton reported more informed clients, and greater access to information about administrative policy decisions, and changes in regulations although none of the changes were significant.

In the total assessment of integrated services, there is tentative evidence to suggest that the impact of the test programs resulted in more efficient utilization of staff time for Bremerton PA, more positive client attitudes for Pioneer Square PA, and improvement in intra- and inter-program communication at both sites. However, the latter result becomes less convincing when it is realized that some improvement in both intra-and inter-agency communication were observed in the control site. It would seem that while integrated services may have facilitated communication, other variables independent of the test programs also were operative.

It is appropriate to suggest a number of limitations with respect to the data presented. The results are vulnerable to all of the criticism inherent with data collected from self-reports including the extent of respondent co-operation, personal biases and expectations of outcomes, etc. There were even some serious reservations expressed by the research staff about the validity of the more "objective" data, i.e., that which was generated by the staff time expenditure. Indeed, there were no reliability or validity checks made for any of the research instruments.

There were some problems associated with the standardization of research instruments and data collection procedures. Inconsistencies in both content and response format for items on the various instruments made cross-validation between clients and service workers difficult. Moreover, there were inconsistencies in administration of the surveys including data collection at different points in time, differences in intervals between pre-and post-evaluations, and differential treatment of the respondents at the three sites. A personal interview with an accompanying stipend may at least partially account for the extreme favorability expressed by the Pioneer Square clients.

There were possibilities of error including the incomplete return of all mail-out surveys which introduced an opportunity for selective biases to have an effect. Tabulation of the data, compilation of summaries, coding and key-punching data, and statistical manipulation offer other possible sources of error. Difficulties encountered in the use of statistical techniques included a small number of respondents for some agencies, the use of only part of the available data, and the application of statistical tests under less than optimal conditions.

It was impossible to assess the effect of variables other than those indigenous to the experimental programs that may have been operating at the test sites. For example, in Pioneer Square in addition to the implementation of ISD there were a number of other major changes in the PA agency including a greater geographical area of responsibility, and a conversion to the Supplementary Security Income program. Undoubtedly, there were many factors other than integrated services which may have influenced the results found at each site. All of the above limitations must be recognized and taken into account limiting any strong conclusions about the impact of integrated service delivery.

ISD Impact

There are reasons which lead us to conclude the ISD effort was successful toward the end of improving service delivery and assisting those eligible clients toward utilization of existing resources.

These reasons are:

A. The efforts of the Skid Road Community Council, Employment Security, Pioneer Square Service Center, and Vocational Rehabilitation Offices in the Skid Road area which have produced a positive change in the attitude of the total Skid Road population and the ways in which they are being served. The merchants feel there are now resources for the traditional Skid Road transient and permanent population to rely on. Having been stabilized in the Pioneer Square area the needy Skid Road population has reason to feel more accepted in the community and more able to apply for help from the readily available community resources.

B. The central location of the services has established a feeling of permanency in the transient and year-round population. The transient population, although not necessarily permanently settled in the area, now have these services available to them as do the permanent residents. This situation is in contrast to the previous situation when all residents had to go out of the Central Area for services, or not receive the services.

C. The ISD project was a successful effort since the SRCC and the PSSC, working with other agencies, have generated many activities. Among these are: 1) The permanent establishment of the Pioneer Square Neighborhood Health Station; 2) Purchase of the Morrison Hotel as a local subsidized low income housing facility; 3) Utilization of the Morrison Hotel as the location of a full service Public Assistance office; 4) Three locally financed food and shelter programs; 5) A contract for resident employment to maintain neighborhood parks; 6) Free bus service in the downtown core; 7) And a land use plan for the Pioneer Square neighborhood which has a strong resident component.

D. Employment Security has a casual and farm labor service office in the Skid Road area offering ES services to area residents.

E. Vocational Rehabilitation staffs a full service office in the Skid Road area, located in the Smith Tower. This office developed out of the Central Area project efforts.

F. The January, 1975 establishment of a full service Public Assistance office in the Skid Road area at the Morrison Hotel indicates a commitment to a continuation of such service delivery with direct access to clientele.

These combined services are meeting the needs of the Skid Road permanent and transient population in an improved manner as compared to the period prior

to PSSC, SRCC, CAP, SMC and ISD. Each agency had their own unique ways of meeting these needs.

Regionalization Effort

The Department's regionalization effort has been partially successful insofar as accomplishing a unification of related social and health services of state government, as was the stated purpose of Senate Bill 52 creating the Department of Social & Health Services. The ISD project can be credited with assisting this regionalization. In addition to affording more local availability of services to clients, the regionalized services are offered in a more consistent and coordinated delivery system, meeting the unique needs generated by the local conditions.

Collocation

When interviewing those persons involved with the project and those seasoned observers of the project, those interviewed felt the establishment of a facility to collocate the appropriate agencies would have established a foundation on which to build an integrated service delivery system. Following a period of collocation the integration of services could then proceed with less administrative problems and less disruption of agency staff, since informal lines of communication tend to develop between staff in a collocated facility.

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13 Major Categories of Recommendations Resulting from Statewide Planning Effort:

1. Local Accessibility and Availability of Services.

   Input from various regions focused on two major solutions.

   A. Dispersion of services throughout the regions by way of satellite offices, contracted services, mobile units, additional facilities, itinerant services and 24-hour emergency service and zenith phone number.

   B. Development of new sources of transportation and expanding the existing transportation resources, through contractual arrangements, payment of mileage to clients, state-supported consumer auto insurance and common transportation pools.

2. Integrated and Coordinated Service Delivery Systems.

   Recommendations in this area included the use and development of multi-service centers, team approaches to the delivery of services, common in-take procedures for the Department's service elements, central files and case folders, providing adequate physical facilities to meet service delivery needs, as well as uniform client training and placement policies.

3. Establish Department of Social & Health Services' Policy on Confidentiality.

   This would include guidelines for staff use of and release of confidential information both within the Department and to related-service agencies.

4. Information and Referral Centers.

   The primary purpose of an Information and Referral Center is to act as a central resource for consumers as well as related-service agencies to provide information as to what services are available within the community and how they can be utilized. This might include a 24 hour telephone service as well as some type of "follow-up" to determine if the proper referral was made and if the services were provided to the client.

5. Uniform Data Collection and Information System at the Central Level with Availability to the Regional Level.

   Recommendations included unification and standardization of "forms" used within the Department, the development of a Management Information System for the Regions, common client identification numbers, computerization of data and information.

6. Program Development and Program Modification Responsive to Regional Needs.

These recommendations fell into two major areas:

A. New Programs.

The new programs suggested include a housing locator or that the Department provide more assistance to the client in locating housing, legal aid service particularly for civil matters, new job and training opportunities and training opportunities for clients, Department transportation services, and the establishment of an Ombudsman who would handle complaints and provide a communication link between the Department and the consumers of service.

B. Expansion of Programs.

A general increase and expansion of all medical care services now provided by the Department, an increase in the money grants for categorical assistance programs and the further evaluation of what preventive services should be offered by the Department.

7. Coordinated Health Services

To provide for the utilization and continuity of the delivery of health services within various regions, as well as the development of preventative health measures.

8. Development, Utilization and Coordination of Volunteer Services.

Recommendations included the establishment of a Volunteer Coordinator on the regional staff, more emphasis on the use of volunteers to provide transportation, and to develop the Department's capacity to pay volunteers for mileage and child care.

9. Consumer/Client Participation.

Utilize more consumers and Department of Social & Health Services clients in an advisory capacity, as volunteers to the services elements of the Department, and employ more clients within the various agencies.

10. Regional Advisory Committees.

To establish as soon as possible Regional Advisory Committees with adequate community representation, and with formal lines of communication between the Committees and the Office of the Secretary.

11. Responsibility for Training Should Be Located at the Regional Level.

The Department's training should be relevant to regional needs, to unify orientation and in-service training programs, develop a more structured training program for volunteers and other agency staff

such as New Careerists, share training resources among the Department's programs and with other service-related agencies, and to extend training outside the existing training centers to where the employees are located.

12. Public Affairs Program Administered by the Region and Directed to Local Needs.

    Develop and expand a public information, education program involving local communities, develop handbooks, brochures and flyers on what services are available, then provide an ongoing publicity program.

13. Continued & Integrated Planning

    Since the preliminary phase of planning has been completed, it is obvious that this needs to be maintained and continued in order to provide a proper interchange between the Department and the community.

DATA ANALYSIS SUPPLEMENT

DATA RESULTS

Client Information System

Analysis of Time Expenditure Data

Professional staff time involved in contacts with clients was described according to the nature of the contact. A client contact was defined in terms of a single episode in which any staff time was expended with respect to a sample client. Length of the contacts were classified according to 15 minute intervals, and the summary statistics for the resulting distributions by type of contact are presented in Table 1A for PA professional staff and in Table 2A for Non-PA professional staff. Time expended per client contact by both PA and Non-PA clerical personnel is shown in Table 3A.

The Kolmogorov-Smirnov test was used in all comparisons involving time expenditure. Comparisons revealed major inter-site differences in the time expenditure of PA staff at the three sites. Significant differences between the Bremerton and Bellingham sites were found in direct contact, paperwork, and total time expended at T_1 ($p < .01$), and in paperwork and total time at T_2 ($p < .01$). The Pioneer Square and Bellingham sites showed significant differences in direct contact, paperwork, and total time at both T_1 and T_2 ($p < .01$), and in contact with others at T_2 ($p < .055$). There were too few cases reported relative to the category of other activities to make valid comparisons either between or within any of the sites. Inspection of the frequency distributions of time expended by professional staff indicated that both Bremerton and Pioneer Square expended significantly less time in each of the above-mentioned categories than did the Bellingham PA staff.

Significant intra-site differences (T_1 vs T_2) were found in direct contact and total time ($p < .01$) for Bremerton PA, and direct contact ($p < .01$), paperwork ($p < .05$), and total time ($p < .01$) for Pioneer Square PA. The Bellingham control site showed no changes between T_1 and T_2. All of the changes observed indicated rather large increases in time expended per client-contact for Bremerton PA staff, and rather large decreases in time expended per client-contact for Pioneer Square PA staff.

No significant inter- or intra-site differences were found in time expended by the professional staff of Non-PA agencies. While marked differences in mean time per contact are apparent in some of the categories, none of the differences reached statistical significance suggesting a limitation in the relatively small number of client-contacts within each category. Moreover, since few client-contacts were reported by DVR in Pioneer Square, no attempt was made to make relevant comparisons.

It was difficult to assess any changes in time expended by clerical personnel at the three sites on the basis of the data obtained. Bremerton PA did not report expenditure of clerical time for T_2, and the majority of Non-PA agencies indicated few clerical contacts with clients. The only

inter-site difference found suggested that Pioneer Square staff expended less clerical time per client-contact than the Bellingham staff at T_2 ($p < .10$). The one analysis possible with the data obtained from the Non-PA agencies showed some tendency towards increased clerical time between T_1 and T_2 at the Bremerton site, but the change was not statistically significant.

It was thought that an evaluation of any changes in the expenditure of professional staff time relative to the client's most critical needs might also prove informative. The most critical needs were found to be financial, treatment (medical or dental), and food as determined by the client's needs assessment. Due to the limited data available, the analysis was made for the PA agencies only. Table 4A summarizes the results.

Essentially, the results were consistent with those reported for expenditure of staff time without regard to specific needs, i.e., the Bremerton and Pioneer Square PA staffs generally expended less time per client contact than the Bellingham staff. There was also some evidence that staff time expended per client contact increased for Bremerton PA and decreased for Pioneer Square PA at T_2, but the changes were not significant.

Analyses were also made on the number of referrals to other agencies, and the number of contacts made on behalf of the client by professional staff. The distributions of clients receiving 0, 1 and 2 or more referrals and contacts are reflected in Table 5A for both PA and Non-PA agencies.

Chi-square comparisons (or the Fisher's exact probability technique) were used to compare the frequency of clients having no referrals with those having at least one referral. Furthermore, Kolmogorov-Smirnov comparisons were made of the total distribution of clients with at least one referral. The latter comparisons provides for an analysis of clients who were actually referred, i.e., an analysis of multiple referrals.

For PA agencies, significant inter-site differences were found in the proportion of clients receiving at least one referral. A greater proportion of clients were referred in Bellingham than in Bremerton at T_1 ($\chi^2 = 5.71$, $p < .02$), but the converse was found at T_2, i.e., a greater proportion of referrals occurred in Bremerton ($\chi^2 = 2.84$, $p < .10$), Pioneer Square had a greater proportion of referrals than Bellingham at both T_1 ($\chi^2 = 9.37$, $p < .01$) and T_2 ($\chi^2 = 45.26$, $p < .001$). No changes between T_1 and T_2 were observed with the exception of Bellingham which showed a decline in the proportion of clients referred ($\chi^2 = 7.62$, $p < .01$).

The only significant result found with the Kolmogorov-Smirnov comparisons showed that the Pioneer Square PA staff made more multiple referrals than Bellingham's staff at T_2 ($p < .05$). No changes between T_1 and T_2 were found at any site.

For the Non-PA agencies in the comparison of clients with or without referrals, the only significant inter-site difference showed a greater proportion of referrals in Bellingham than in Bremerton at T_1 ($\chi^2 = 13.20$, $p < .001$). No significant intra-site changes between T_1 and T_2 were found. Furthermore, not a single inter- or intra-site difference was found in the number of multiple referrals.

The same comparisons reported above with respect to referrals also were performed on the number of contacts with others made by professional staff in behalf of their clients. In comparing the proportion of clients receiving no contacts in their behalf with the proportion receiving at least one, Bremerton PA was found to have a significantly greater proportion of clients receiving contacts at T_2 than Bellingham ($X^2 = 27.75$, $p < 001$). Changes between T_1 and T_2 were found for both Bremerton and Bellingham PA with the former increasing in the proportion of clients receiving contacts ($x^2 = 6.17$, $p < .05$), and the latter decreasing in the proportion of clients receiving contacts ($X^2 = 5.74$, $p < .05$). No other differences were found for either PA or Non-PA agencies.

In considering the number of multiple contacts made by professional staff for their clients, it was found that more multiple contacts were made by the Non-PA staff in Bellingham than by staff at corresponding agencies in Bremerton at T_2 ($p < .05$). No other differences between sites were noted. Significant changes over time revealed that the PA staff in Pioneer Square made fewer multiple contacts, ($p < .05$) and the Non-PA staff in Bellingham made more multiple contacts ($p < .05$) in behalf of their clients at T_2.

Needs Assessment

1) Description of needs. The frequency distribution of relevant needs as indicated by the clients and staff are shown in Tables 6A and 7A for the PA agencies. Distributions of relevant needs for the Non-PA agencies are found in Tables 8A and 9A. Since respondents were not restricted in the number of responses made in the needs assessment, the percentages shown in the tables are not independent, i.e., do not sum to 100%.

When considering the relevant needs averaged across T_1 and T_2 for PA clients, the most frequently chosen needs at each of the three sites were found to be money, food and treatment with more than 70 percent indicating one or more items within each of these categories. In addition, approximately two-thirds of the PA clients saw housing as a major need at the Pioneer Square site. Work was also found to be a relatively frequent need being selected by approximately one-half of the clients at each site. Major differences in the distribution of relevant needs were observed for Pioneer Square and Bellingham. In general, a significantly greater proportion of Pioneer Square PA clients responded to each need category than did Bellingham clients. Indeed, 50 percent or more of the Pioneer Square PA clients responded to each category of needs with the exception of the one related to the need for specific kinds of information. No major differences in the distribution of needs were found between the Bremerton and Bellingham sites.

The PA staffs agreed with the clients in the selection of money and treatment as frequently occurring needs with approximately one-half to three-fourths of the clients identified as having these needs at the three sites. Food and housing also were identified as relevant needs for the majority of PA clients by the Pioneer Square staff. The PA staff in Bellingham tended to agree with clients in the selection of work as a relatively common need, but the staffs at Bremerton and Pioneer Square did not. In general, there was fairly consistent agreement between clients and staff on the relative prevalence of relevant needs, but the client's

response was typically greater to each of the need categories. This result particularly was evident when comparing responses to food and clothing.

For the Non-PA agencies, work generally was determined to be the predominant client need with three-fourths or more of the clients indicating this need at each site. Money was also considered to be relevant by a substantial portion of the clients, particularly in Bellingham. Furthermore, over one-half of the Bellingham clients also viewed counseling and treatment as relevant needs. Counseling, treatment and clothing were found to be major needs in Pioneer Square with 55 to 80 percent of the clients responding to these categories. With the exception of information, there was also a considerable number of client responses distributed throughout the remaining need categories at Pioneer Square.

Consistent with the client's perception, work was seen as the most prevalent client need by the Non-PA staff with approximately 80 percent or more of the clients involved at the three sites. Counseling was the second most frequently selected need with more than 70 percent of the clients identified as requiring this service. Moreoever, except for Bremerton, more than one-half of the Non-PA clients were seen as needing treatment of one sort or another. Again, as was noted for the PA agencies, there was considerable consistency between clients and staff in the identification of relevant needs, but the client's response to each need generally was greater. An interesting exception to this finding was observed at the Bremerton and Bellingham sites where the Non-PA service workers saw a greater need for counseling than did the clients.

The distribution of high-priority needs as indicated by clients and staff for PA agencies are presented in Tables 10A and 11A. The corresponding distributions of priority needs for Non-PA agencies are reflected in Tables 12A and 13A. The results generally are similar to those found in the preceeding evaluation of relevant needs. Money, food, and to a lesser extent treatment were seen as the most critical needs by PA clients at Bremerton and Bellingham. Pioneer Square PA clients indicated housing as their most important need with food and money as a distant second. Money was the ubiquitous client need perceived by the Bremerton and Bellingham PA staffs, while Pioneer Square staff rated money, housing, and treatment about even.

Work was the most frequent high priority need identified by both clients and staff at the Non-PA agencies. Counseling and treatment were other needs that the staff viewed as relatively common. Other than work, the clients showed much variation in their selection of critical needs at the three sites

2) Number of needs. The mean number of relevant needs as reported by the client and by their respective service workers are shown in Table 14A. In addition, the mean number of needs reported by the clients as being satisfied within a 30-day period is also presented. The latter information was taken from the client follow-up, but is included in the present section for the purpose of analysis.

A perusal of Table 14A reveals several general differences between the sites for both PA and Non-PA agencies. Firstly, Pioneer Square clients

reported many more needs than did clients from the other sites. Secondly, the service workers generally underestimated the number of client needs, at least as seen from the client's perspective. However, this was not true of Bremerton Non-PA staff at T_1 which reported almost twice as many needs as did the clients' themselves. Nor, was it true of the Bellingham non-PA staffs which showed quite high agreement with clients with respect to the total number of needs. Bellingham PA service workers also showed somewhat greater agreement as to the number of client's needs than service workers at the other sites. Furthermore, with the exception of the Bellingham Non-PA agencies, there was an apparent decline in the client-staff agreement about the number of needs at all sites between T_1 and T_2. Thirdly, the number of needs satisfied invariably was much less than the number of needs reported as relevant by either staff or client. And finally, with the exception of Pioneer Square PA, there was a tendency for the number of needs reported by the client to increase between T_1 and T_2. This was most strikingly evident with Bremerton Non-PA clients who jumped from an average of 2.00 to 9.39 needs.

In considering the number of needs satisfied relative to the number of relevant needs reported by the client, no overall differences were found between Bremerton and Bellingham. Bellingham was found to have a greater proportion of client needs satisfied than Pioneer Square PA (.38 to .30), but Pioneer Square had a greater proportion of needs satisfied in the Non-PA agencies (.35 to .22). There appeared to be a decline in the proportion of needs satisfied between T_1 and T_2 for all agencies except Pioneer Square PA. Kolmogorov-Smirnov comparisons were made of the number of needs satisfied both between and within sites. The only significant finding indicated an increase in number of needs satisfied for the Bremerton Non-PA agencies ($p < .05$).

The apparent decline in client-staff agreement as to number of needs and in the proportion of needs satisfied requires some clarification. The number of relevant needs reported by staff, and the number of satisfied needs reported by the client did not decrease substantially. Indeed, it has already been shown that there was a significant increase in needs satisfied for Bremerton Non-PA. Primarily, it was an increase in the number of relevant needs reported by the client at T_2 that accounts for the above findings. Thus, the staff saw approximately the same number of needs and the clients reported the same number of needs satisfied, but the client felt there were more needs that required service at T_2.

3) Need agreement. The relevant and priority needs as perceived by clients and staff have been described previously. However, these data are descriptive of the total samples and do not reflect the extent of agreement between individual clients and service workers. Accordingly, the client's and staff's responses were compared with respect to their agreement as to the revelancy and priority of each need. The response pairs were categorized as <u>in agreement</u> (both client and service worker had identified the need); as <u>in disagreement</u> (either the client or service worker, but not both, had identified the need); or as <u>not relevant</u> (neither client or service worker had identified the need).

The distributions for the client-staff agreement as to the relevancy of needs are shown in Table 15A for the PA agencies and in Table 16A for the

non-PA agencies. As can be seen, no data were submitted for Pioneer Square Non-PA at T_2 precluding meaningful comparisons. Chi-square (or Fisher's exact probability) analyses were performed in comparing the relative frequency of agreements and disagreements for each need category both between and within sites. In addition, comparable analyses were made on client-staff agreement for total number of needs disregarding type.

The most striking feature of the resulting distributions is the extent of disagreement between clients and staff concerning the relevancy of needs. When considering the client-staff agreement for the total number of needs, it is clear that there is greater disagreement than agreement for all of the agencies at the three sites. However, client-staff agreement was found to be significantly less for Bremerton PA at T_1 (χ^2=3.57, $p < .10$), and for Bremerton Non-PA at T_2 (χ^2= 4.29, $p < .05$) than for corresponding agencies in Bellingham.

For the PA agencies, there was a general consensus as to the importance of money as a relevant need, and moderate agreement as to the importance of treatment. No significant differences were found between Bremerton and Bellingham other than there was less client-staff agreement in Bremerton in the identification of treatment as a relevant need at T_1 (χ^2= 8.58, $p < .01$). On the other hand, clients and staff in Pioneer Square PA showed significantly greater agreement than Bellingham in food needs at T_1 (χ^2=7.37, $p < .02$) and in housing needs at T_2 (X^2= 3.30, $p < .10$); and significantly less agreement in other needs at T_1 ($p = < .004$), and in money needs (χ^2 = 3.53, $p < .10$) and work needs (χ^2= 4.56, $p < .05$) at T_2.

No changes between T_1 and T_2 were observed in the relative proportions of agreement and disagreement for Bellingham PA in either the total or individual needs. In total number of needs, Bremerton PA showed a tendency towards increased client-staff agreement that approached, but did not reach statistical significance, while Pioneer Square PA showed a significant decline (χ^2 = 3.27, $p < .10$). The only significant change found for specific needs was decreased client-staff agreement with respect to food as a relevant need at Pioneer Square PA (χ^2 = 2.84, $p < .10$).

For the Non-PA agencies, there was general agreement that work was a relevant need at all three sites. Moreover, there was moderate agreement concerning the relevancy of counseling as a client need. The clients and staff in Bremerton Non-PA showed significantly less agreement than in Bellingham with respect to counseling as a relevant need at T_1 ($p = .078$) and with respect to other needs at T_2 ($p = 0.46$). No other between site differenc were found relative to the remaining needs. No changes over time were found for either the total or individual needs except in Bremerton where there was significantly greater client-staff agreement for counseling needs at T_2 ($p = .013$).

Analyses similar to those discussed above were made of the client-staff agreement with regards to the two highest priority needs. The corresponding distributions may be found in Table 17A for the PA agencies and in Table 18A for the Non-PA agencies. The staff fared much better in the recognition of the client's most critical needs. There was much less client-staff disagreeme in all agencies. Significant differences for total priority needs were found for Bremerton PA which showed greater client-staff agreement than Bellingham at

T_1 (X^2 = 2.75, p <.10).

The only inter-site differences evident for individual needs revealed that Pioneer Square PA had greater client-staff agreement than Bellingham with respect to the priority of housing needs (p = .02) and less agreement with respect to money needs (p = .023) at T_2. No differences were found for the Non-PA agencies.

The changes between T_1 and T_2 in client-staff agreement for the total number of priority needs indicated a significantly greater agreement for Pioneer Square PA ($_x^2$ = 2.85, p <.10) and a significantly less agreement for Bremerton Non-PA ($_x$2= 3.64, p < .10). The only significant changes observed with respect to individual needs was an increase in agreement in the selection of counseling as a relevant need (p = <.025) and a decrease in agreement relative to work as a priority need for Bremerton Non-PA (p <=.03).

C. Client Follow-Up

Approximately 30 days after completion of the needs assessment, the clients were contacted and questioned as to the time flow associated with service delivery, and the satisfaction with the service rendered. The frequency and success of referrals also were noted.

Estimates of time flow associated with delivery of services were given in intervals of one day, less than one week, less than two weeks, and more than two weeks. It was found that approximately between 50 and 60 percent of the PA clients reported receiving services within one week. Scales for the degree of satisfaction with services varied from very satisfied to very dissatisfied. The results indicated general client satisfaction with all PA services received. It was found that 50 to 70 percent of the PA clients at the three sites expressed satisfaction of varying degrees, while only 15 to 30 percent express dissatisfaction. Generally, the results of client estimates of time flow associated with service delivery, and client satisfaction with services were similar, although less consistent, for the Non-PA agencies.

Kolmogorov-Smirnov comparisons of service delivery time flow and service satisfaction yielded no significant differences between sites or within sites for either PA or Non-PA agencies. Client responses subsequently were dichotomized with respect to time flow, i.e., service provided in less than one week or in more than one week, and with respect to service satisfaction, i.e., generally satisfied or generally dissatisfied. Chi-square analyses were performed on the resulting distributions. The only significant result that was found revealed that a greater proportion of PA clients in Pioneer Square than in Bellingham expressed dissatisfaction with services at T_2 ($_x^2$ = 3.29, p <.10).

Clients were asked if there had been any referrals to other service agencies, and if the other agencies provided appropriate services. Chi-square (or Fisher's exact probability) were performed on the relative frequencies of referrals and referral satisfaction.

The results revealed a greater proportion of PA client referrals in Bellingham than in Bremerton at T_1 ($\chi^2 = 5.12$, $p < .05$) and at T_2 ($\chi^2 = 2.90$, $p < .10$). There also was some tendency, although nonsignificant, for Pioneer Square PA to show a greater proportion of referrals than Bellingham PA. No differences were found in the Non-PA agencies, and there were no significant inter- or intra-site differences found with respect to the referred agency's capability of providing help for either PA or Non-PA agencies.

D. Index of Well-Being.

Summary statistics of the client's IWB scores are present in Table 19A. The Kolmogorov-Smirnov test was used to compare cumulative distributions of IWB scores both within and between sites. No significant differences were found between Bremerton and Bellingham PA clients, although there was somewhat of a tendency for Bremerton clients to score higher or "worse" than Bellingham clients at T_1. Pioneer Square PA clients scored significantly higher or "worse" than Bellingham clients at both T_1 and T_2 ($p < .05$). No changes were found between T_1 and T_2 for the PA clients at any of the sites.

No significant inter- or intra-site differences were found for clients of the Non-PA agencies. While too few clients were involved to make meaningful comparisons, the Pioneer Square clients tended to score higher or "worse" than Bellingham at T_1.

Client Attitude Survey

Items on the CAS are topically arranged summarizing the client's attitudes towards or opinions about: the efficiency and effectiveness of service delivery; the service worker's demeanor and concern; the number and success of referrals; the availability of information about services; and the opportunity for consumer participation in the improvement of the service program. In addition, services received as indicated by the clients are reported.

The response format for the majority of the CAS items included three categories: "Yes", "Somewhat" and "No". Chi-square analyses were made of the individual items combining the intermediate category with one of the extremes where necessary. Unless otherwise noted, all descriptive statements contained in the text refers to the percentage of respondents indicating "Yes" to a particular item.

The DSHS services provided the client by the participating agencies are presented in Table 1B. Medical assistance, financial grants and food stamps were the major services provided by the PA agencies at each site. Counseling in Bremerton, and housing in Bellingham and Pioneer Square were other relatively frequent PA services. Education or job training and financial grants were the predominant services furnished by DVR, the latter being particularly evident in Pioneer Square where more than 80 percent of the clients were receiving financial support. A substantial percentage of DVR clients in Pioneer Square also regarded counseling as an important service. Counseling was selected as the single predominant service provided by the AP&P agencies.

1) Efficiency in service delivery.

A summary of client responses to items related to efficiency in service delivery may be found in Table 2B.

In general, the client response was quite favorable concerning the efficiency of service delivery. More than 60 percent of all respondents in Bremerton and Bellingham, and more than 90 percent in Pioneer Square reported a convenient location for DSHS offices. Only one-third or less of the PA clients in Bremerton and Pioneer Square complained about either having to answer repeated questions, to complete excessive paperwork, to experience prolonged delays in appointments, or to return frequently in order to obtain services while the incidence of client complaints was somewhat greater for Bellingham PA. The extent of client complaints in the DVR and AP&P programs with regard to these aspects of service delivery ranged up to 30 percent, but in most instances was considerably less. More than one-third of clients in all agencies offered no complaints whatsoever about service delivery.

The values of chi-square and their associated probabilities in the analyses of service delivery efficiency are shown in Table 3B. There were more PA clients in Pioneer Square at T_1 and T_2, and in Bremerton at T_1 reporting a convenient location than in Bellingham. However, at T_2, there were fewer PA clients in Bremerton so reporting. Between T_1 and T_2, Bremerton PA clients had shown a significant decrease and Bellingham PA clients a significant increase in the percentage of clients reporting a convenient location.

Other significant inter-site differences revealed that Bremerton PA clients had fewer complaints than Bellingham about frequent returns at T_1, and about repeated questions, excessive paperwork, and prolonged delays at T_2. PA clients in Pioneer Square also had fewer complaints about prolonged delays at T_1, and about repeated questions, excessive paperwork, prolonged delays and frequent returns at T_2. Significant intra-site changes disclosed more client complaints about prolonged delays in Bellingham; more client complaints about frequent returns in Bremerton; and fewer client complaints about excessive paperwork in Pioneer Square at T_2.

For the DVR agencies, significantly more Pioneer Square than Bellingham clients reported a convenient location at T_1 and T_2. There also were more complaints in Bremerton at T_2 concerning repeated questions and prolonged delays. Between T_1 and T_2, Bremerton and Pioneer Square DVR showed a significant increase in the percentage of clients complaining of frequent returns. Bremerton DVR also showed an increase in clients complaining about the convenience of location. Significant between site differences for the AP&P agencies showed Bremerton with more complaints than Bellingham concerning excessive paperwork at T_1 and convenience of location at T_2. The Bremerton AP&P clients also had a significant increase in complaints about convenience of location between T_1 and T_2.

2) Effectiveness of service delivery. Summaries of client responses concerning effectiveness of service delivery may be found in Table 4B. The client response was also generally favorable in their assessment of the effectiveness of service delivery. The majority of clients at all PA agencies reported accurate identification of their needs by service workers, particularly in Bremerton and Pioneer Square. More than 70 percent of the PA clients in

Bremerton and Pioneer Square reported prompt service delivery and expressed satisfaction with the services provided, while about 60 percent of the clients in Bellingham responded similarly. Furthermore, approximately two-thirds or more of the clients at the three sites felt that the services provided were relevant to their most critical needs, but fewer felt that the services were comprehensive; i.e., relevant to all of thier needs, particularly in Bellingham and Pioneer Square.

For the DVR agencies, between 55 and 65 percent of the clients in Bremerton and Bellingham indicated accurate need identification, the provision of critical services, and satisfaction with services provided, while the corresponding percentages for Pioneer Square ranged from 70 to 75 percent. About 70 percent of the DVR clients in Bellingham and Pioneer Square, and 55 percent in Bremerton reported prompt service delivery. Forty percent of the DVR clients in Bremerton and Bellingham, and about 55 percent in Pioneer Square felt that the services provided were comprehensive. Approximately two-thirds of the AP&P clients at both Bremerton and Bellingham reported prompt service delivery, and expressed satisfaction with services, while about one-half indicated that there was accurate need identification, and that critical and comprehensive services were provided.

The results of the chi-square analyses are shown in Table 5B. Significant between site comparisons for the PA agencies revealed that more Bremerton clients expressed prompt services and service satisfaction at T_1, and more Pioneer Square clients indicated need identification, prompt services and service satisfaction at T_2 than did clients in Bellingham. Also, more PA clients in Bremerton and Pioneer Square reported critical and comprehensive services than in Bellingham at T_2. No intra-site changes between T_1 and T_2 were found with the exception of Pioneer Square where PA clients reported more prompt services, increased service satisfaction, and greater critical and comprehensive services at T_2.

The only significant inter-site difference found between DVR agencies indicated that there was a greater percentage of clients reporting critical and comprehensive services at T_1 in Pioneer Square than in Bellingham. No significant changes over time were found except in Bremerton where fewer clients reported prompt services at T_2. For the AP&P agencies, fewer Bremerton clients indicated service satisfaction at T_2 than at T_1. No other differences or changes were significant.

Clients were also requested to specify their needs that were not being met by DSHS services. With the exception of Bremerton PA clients, between 10 and 25 percent of all clients at the various agencies implicated aid in finding employment, job training or education as the prominent need requiring services. About 15 percent of the PA clients in Bellingham and Pioneer Square also noted that more financial assistance was necessary to meet the expenses of everyday living. No other need was specified by more than 9 percent of the clients within a particular agency. It should also be noted that about 65 percent of the clients in Bremerton, 55 percent in Bellingham, and 60 percent in Pioneer Square did not report a single need for which services were unavailable at their respective agencies.

3) Client attitudes. Table 6B presents a summary of client's responses concerning their feelings towards their respective service worker and program.

The client attitudes were extremely positive for all agencies at the three sites. More than 80 percent of all clients in Bremerton, 70 percent in Bellingham and 90 percent in Pioneer Square saw their service worker's demeanor as being friendly and courteous. Approximately 75 percent of all clients also felt that their service worker's involvement, i.e., the time allotted for client contacts, was more than adequate. Between 70 and 80 percent of all clients stated that their service worker was concerned about their situations. Over 85 percent of the clients in all agencies except AP&P would recommend their respective program to a friend. In the AP&P programs, more than 70 percent in Bremerton also would provide a recommendation, but only 45 percent in Bellingham would do so.

Table 7B summarizes the chi-square analysis of items relative to client attitudes. Significant inter-site differences revealed that more Bremerton PA clients at T_1 and T_2, and more Pioneer Square clients at T_2 felt positively about their service worker's demeanor than did clients in Bellingham. Pioneer Square PA clients also were more favorable than Bellingham's towards service worker involvement and concern at T_2. Only Bellingham PA clients showed any significant intra-site changes with a decline in positive attitudes towards service worker demeanor and concern between T_1 and T_2.

For the DVR agencies, only Pioneer Square clients showed significant inter-site differences with a greater percentage of clients reporting service worker concern at T_1, and service worker involvement at T_2. Both Pioneer Square and Bellingham DVR clients reported less service worker involvement at T_2 than at T_1. The only significant result found for the AP&P agencies revealed that more Bremerton than Bellingham clients would give recommendations both at T_1 and T_2.

4) Client referrals. Summaries of number and success of client referrals are shown in Table 8B. Over one-half of the Pioneer Square DVR clients and about one-third of all other clients reported receiving referrals. Private agencies were the primary recipients of these referrals at each site. Bremerton equally distributed their remaining referrals between other DSHS agencies, other state agencies and miscellaneous others, such as doctors, nurses, etc. In addition to private agencies, Bellingham also relied heavily upon other state agencies, and Pioneer Square upon miscellaneous others as referral sources. The referral success rate was reported to be about 70 percent for PA clients in Bremerton and Pioneer Square, and 35 percent in Bellingham. The success rate for DVR agencies was approximately 55 percent at all three sites. AP&P clients indicated a 42 percent success rate in Bremerton, and a 22 percent success rate in Bellingham.

Significant differences between sites showed more referrals for DVR clients in Pioneer Square than in Bellingham at T_1 ($\chi^2 = 6.20$, $p < .02$). Bremerton PA clients had greater referral success than Bellingham at T_1 ($\chi^2 = 8.34$, $p < .01$), and Pioneer Square PA clients greater referral success at T_2 ($\chi^2 = 6.27$, $p < .02$). The only intra-site change found revealed a significant decrease in referral success at T_2 for Pioneer Square DVR clients ($\chi^2 = 3.63$, $p < .10$).

5) Information sharing. In the main, the client's initial information

about available DSHS services came from family members or close acquaintences in Bellingham. In addition to these personal sources, outreach and service workers played an important role in the dissemination of information about services in Bremerton and Pioneer Square. Information furnished by community organizations, and referrals from other DSHS agencies (particularly for DVR) also were significant sources of information in Pioneer Square.

Table 9B presents a summary of client's opinions about information sharing. Approximately one-third of the PA and DVR clients in Bremerton and Bellingham, and about one-half in Pioneer Square reported sufficient knowledge of the available services. More than 40 percent of AP&P clients in Bellingham, and 20 percent in Bremerton indicated having sufficient knowledge. Two-thirds or more of all clients indicated that their service worker took time to provide adequate explanations except PA clients in Bellingham where 55 percent so reported. Furthermore, over 80 percent of all clients felt that there was ample opportunity to ask questions of their service worker.

Significant differences between PA agencies showed more Bremerton than Bellingham clients reporting adequate explanations at T_1 ($\chi^2 = 11.27$, $p < .001$) and at T_2 ($\chi^2 = 7.27$, $p < .01$), and more Pioneer Square clients at T_2 ($\chi^2 = 14.17$, $p < .001$). More Pioneer Square PA clients also reported knowledge of services at T_1 ($\chi^2 = 6.01$, $p < .05$) and at T_2 ($\chi^2 = 10.57$, $p < .01$).

Significant differences between DVR agencies disclosed that both Bremerton and Pioneer Square had more clients reporting opportunity for questions at T_1 ($\chi^2 = 2.94$, $p < .10$; $\chi^2 = 12.48$, $p < .001$, respectively).

DVR clients in Pioneer Square also had significantly more clients reporting adequate explanations at T_1 ($\chi^2 = 9.68$, $p < .001$). The only significant difference between AP&P agencies revealed that fewer clients in Bremerton indicated knowledge of services at T_1 ($\chi^2 = 13.37$, $p < .001$). The only significant changes over time suggested that fewer Bremerton clients in DVR and AP&P reported opportunity for questions at T_2 ($\chi^2 = 3.38$, $p < .10$; $\chi^2 = 4.42$, $p < .05$, respectively).

6) Consumer participation. Table 10B summarizes client's responses to items about the opportunity for and the effectiveness of client complaints. Approximately two-thirds of all clients in Bremerton and Bellingham, and more than 80 percent in Pioneer Square reported that there was freedom to voice complaints about DSHS services. More than one-half of the Pioneer Square clients, and about one-third of the clients in Bremerton and Bellingham felt that client complaints had some effect.

Significant differences between sites revealed that more Pioneer Square than Bellingham PA clients reported that there was freedom for complaints at T_1 ($\chi^2 = 5.90$, $p < .02$) and at T_2 ($\chi^2 = 4.20$, $p < .05$). More PA clients in Pioneer Square also believed in effectiveness of complaints at T_2 ($\chi^2 = 5.19$, $p < .05$). Significant differences between Bremerton and Bellingham showed more PA clients at the former site indicating freedom for complaints at T_1 ($\chi^2 = 8.47$, $p < .02$). No intra-site changes were found for any of the PA agencies.

Significant inter-site differences between the DVR agencies showed more

Pioneer Square than Bellingham clients reporting freedom for complaints (χ^2 = 18.21, $p < .001$) and effectiveness of complaints (χ^2 = 6.83, $p < .05$) at T_1, and fewer Bremerton clients reporting effectiveness of complaints at T_2 (χ^2 = 5.24, $p < .05$). DVR clients in Pioneer Square exhibited a negative change (χ^2=10.08, $p < .01$) and DVR clients in Bellingham showed a positive change (χ^2=4.07, $p < .05$) between T_1 and T_2 with respect to effectiveness of complaints. No other changes were significant. There were no significant inter- or intra-site differences found for AP&P programs.

The clients were also requested to note any important changes that should be made regarding DSHS services. The only response of any consequence was directed towards DSHS staff members in providing better services (e.g., more staff, better informed staff, etc.) with about 10 to 30 percent of the clients responding at the various agencies. Probably the most striking result was that about 50 percent of all clients specifically indicated that no changes were required or were not sufficiently motivated to specify needed changes. Moreover, the percentage of clients reporting that no changes were necessary was much greater in Pioneer Square than in the other sites.

Staff Attitude Survey

The SAS items were directed toward staff evaluations of: efficiency and effectiveness in service delivery; personal effectiveness and job satisfaction; time allocations and caseloads; information sharing within programs, and the extent of contact and cooperation between service agencies. The response formats varied somewhat between SAS items, but usually the respondents were required to indicate their extent of agreement with a particular statement, to estimate the relative frequency of some specific situation, or to make evaluative judgments about certain outcomes with scaled responses. To facilitate presentation, the summary tables contained in Appendix A show the corresponding percentages for dichotomized, rather than full-scaled responses, i.e., agree-disagree, frequent-infrequent, or good-poor. Responses to midpoints or neutral categories have been excluded in the tables. Chi-square approximations as determined by the Kolmogorov-Smirnov techniques were used to assess between site differences in responses to individual items, while the sign test was used to determine if there were any systematic response changes over time.

1) Service delivery efficiency. Tables 1C and 2C summarizes the responses by PA and Non-PA staff members to items relative to efficiency in service delivery.

More than 70 percent of the 5 PA service workers in Bellingham and Pioneer Square stated that many clients were subjected to repetitive interviews in order to obtain services, while less than 30 percent of the PA staff in Bremerton so indicated. Frequent returns to DSHS offices also were seen as at least an occasional requirement at all three sites. The majority of PA staff in Bellingham and Pioneer Square reported that both single-service and multi-service clients often were forced to provide redundant information, i.e., complete duplicate forms, while Bremerton's service

[5] The reader is reminded that PA refers to PA Social Services unless otherwise noted.

workers felt that this was only an occasional or infrequent requirement. Most staff members at each site asserted that clients frequently were compelled to complete excessive paperwork as a prerequisite to necessary services.

The PA staffs were evenly divided in their opinions as to whether administrative program policies aided or hindered the delivery of services to clients. More than 75 percent of the PA staff in Bremerton, and 60 percent in Bellingham and Pioneer Square asserted that services were usually delivered promptly. Very few of the staff members felt that there were many incidents of unnecessary delays in terminating a client's case when such action was warranted.

The data were somewhat more unreliable for the Non-PA agencies as a result of the small number of staff members involved. Therefore, the degree of confidence associated with the statements describing service delivery efficiency, and the descriptions of Non-PA programs in the succeeding paragraphs as well, is limited.

The Non-PA staff in Bellingham did not see repetitive interviews as a frequent pre-requisite for services, but it was considered to be somewhat more of a common occurrence in Bremerton and Pioneer Square. Frequent client returns to DSHS offices in order to obtain services was viewed as only an occasional requirement by the majority of staff members at each site. Duplication of forms for both single-service and multi-service clients was reported to occur more frequently in Bremerton and Pioneer Square than in Bellingham. Other than at Pioneer Square at T_1, the Non-PA service workers did not consider that the paperwork required of their clients was excessive.

Except for Pioneer Square at T_1, the personnel at the Non-PA agencies generally felt that administrative policy facilitated service delivery. The majority of all staff members indicated that the services provided their clients were prompt, and that unnecessary delays in the termination of client cases were not a major concern.

Inter-site differences revealed that significantly fewer of the PA staff members in Bremerton than in Bellingham reported <u>repetitive interviews</u> at T_1 ($\chi^2 = 17.69$, $p < .001$) and at T_2 ($\chi^2 = 10.04$, $p < .02$) and <u>duplicate forms</u> for single-service clients at T_1 ($\chi^2 = 20.99$, $p < .001$) and at T_2 ($\chi^2 = 6.71$, $p < .10$). The Bremerton PA service workers also reported fewer <u>duplicate forms</u> for multi-service clients at T_1 ($\chi^2 = 15.60$, $p < .002$) and at T_2 ($\chi^2 = 6.17$, $p < .10$). No significant differences were found between the PA service workers in Pioneer Square and Bellingham, and no significant changes over time were found for PA staff at any of the sites. Moreover, there were no significant differences evident either between or within sites for the Non-PA agencies.

The staff members also were requested to rate their own and other DSHS programs with respect to operating or economical efficiency. The ratio of "good" to "poor" ratings by the PA staff in Bremerton ranged from 4:1 to more than 6:1 for PA Financial Services, PA Social Services, DVR, Institutions, and other DSHS services, while the ratings were more evenly distributed at the other sites. The PA staff in Bremerton gave more favorable ratings than Bellingham to every DSHS program, but the differences were significant only for PA Financial Services at T_2 ($\chi^2 = 5.89$, $p < .10$). No other significant inter-or intra-site differences were found for either PA or Non-PA staffs.

2) Service delivery effectiveness. Summaries of staff responses to items concerned with the effectiveness of service delivery may be found in Table 3C for PA agencies and Table 4C for Non-PA agencies.

About two-thirds of the Bremerton and Bellingham PA staff members, and to a lesser extent Pioneer Square, indicated that their client's needs were usually identified accurately. More than three-fourths of the Bremerton service workers felt that services were readily accessible to their clients, while the staff members in Bellingham and Pioneer Square disagreed about the accessibility of services. The PA staffs at each site were also evenly divided in their opinions as to whether the client's most critical needs were given priority in the provision of services, and whether the services were comprehensive, i.e., relevant to the client's total needs. There was virtual unanimity by PA personnel in reporting that the delivery of irrelevant services was a relatively uncommon occurrence.

The majority of all PA staff members stated that their clients most often viewed the services received as helpful. More than 85 percent in Bremerton, 65 percent in Bellingham, and about 45 percent in Pioneer Square indicated that services supplied by PA Social Services were appropriate to the client's needs, and the majority of Bremerton's staff concurred with respect to PA Financial Services. However, two-thirds of the PA service workers in Bellingham and Pioneer Square did not believe that financial services were appropriate. Few PA personnel in Bremerton and Bellingham thought that clients frequently were terminated prior to the receipt of needed services, but nearly 40 percent of Pioneer Square's staff did.

Only 15 to 20 percent of the PA staff members in Bremerton and Bellingham, and not one staff member in Pioneer Square felt that their clients achieved self-sufficiency as rapidly as possible. However, staff ratings of their client's development tended to be better in Bremerton than in Bellingham and Pioneer Square. Approximately 80 percent of the PA service workers in Bremerton and Pioneer Square, and 55 percent in Bellingham believed that PA services promoted client self-sufficiency. More than 65 percent in Bremerton and Bellingham also expressed similar beliefs with regard to DVR services, but 65 percent of the Pioneer Square PA staff disagreed with that assessment of DVR.

The PA staffs in Bremerton and Pioneer Square were evenly divided in their opinions about the effects of eligibility requirements, but more than 75 percent of the Bellingham service workers felt that eligibility requirements obstructed many clients from receiving relevant services. The majority of all PA personnel indicated that only sometimes did excessive rules and regulation hinder the delivery of necessary services to deserving clients.

Significant inter-site differences showed Bremerton PA with a greater percentage of staff than Bellingham reporting <u>accessible services</u> at T_1 ($\chi^2 = 10.09$, $p < .02$), and <u>appropriate services</u> provided by PA Financial Services at T_1 ($\chi^2 = 9.14$, $p < .05$). Bremerton also had significantly fewer staff members indicating <u>prohibitive eligibility</u> requirements at T_2 ($\chi^2 = 7.55$, $p < .10$). The PA staff in Pioneer Square had significantly fewer members than Bellingham reporting prohibitive <u>eligibility requirements</u>

(χ^2 = 6.04, p<.10), at T_1, and expressing satisfactory client movement towards self-sufficiency (χ^2 = 7.29, p <.10) at T_2.

No changes between T_1 and T_2 were observed for Bremerton PA, but Pioneer Square showed negative changes with regard to excessive regulations (p = .062). Bellingham showed negative changes in comprehensive services (p = .045) and positive changes in accessible services (p = .046) and in the promotion of client self-sufficiency by DVR (p = .016).

For the Non-PA agencies, more than 80 percent of the staff members in Bellingham, and 60 percent in Bremerton and Pioneer Square reported accurate identification of client needs. More than 90 percent of the Bellingham staff also responded favorably concerning the accessibility of services, while the service workers in Bremerton and Pioneer Square held discordant opinions. There was also considerable disagreement relative to the frequency in which critical and comprehensive services were provided to clients, but the Non-PA personnel in Bremerton generally reported that comprehensive services were not often provided. However, most Non-PA staff members felt that their clients viewed the services received as helpful, and that irrelevant services were not delivered frequently.

The Non-PA staff in Bellingham generally agreed that services appropriate to the clients needs were provided by PA Financial Services, but there was considerable disagreement in Bremerton and Pioneer Square. More than 55 percent of the service workers in Bremerton and Bellingham reported that PA Social Services provided appropriate services, but more than 70 percent in Pioneer Square dissented. Not one staff member felt that premature termination of client's cases was an important concern.

The majority of all Non-PA personnel did not think that their clients reached self-sufficiency as rapidly as possible. Non-PA staff members generally rated client development as "average" in Bremerton and Bellingham and "average" to "poor" in Pioneer Square. Non-PA service workers in Bremerton generally agreed that PA services assist the clients in achieving self-sufficiency, while there was considerable disagreement in Pioneer Square, and Bellingham. However, more than two-thirds of all service workers reported that DVR services promoted client self-sufficiency. There were differences in opinions concerning prohibitive eligibility requirements at each of the sites, but most members of Non-PA staffs indicated that excessive regulations did not frequently hinder service delivery. However, none of the differences described were significant for the Non-PA agencies. Moreover, there were no significant changes between T_1 and T_2.

The PA and Non-PA staffs also rated their own and other DSHS agencies in terms of effectiveness in achieving service goals and having a beneficial impact on the client's well-being. The large majority of PA personnel in Bremerton and Bellingham rated the effectiveness of all DSHS programs as "average"to"good". The response was somewhat more favorable in Bremerton than in Bellingham, and in Bremerton somewhat more favorable at T_2 than at T_1. There were substantially more "poor" ratings given to all agencies by PA staff members in Pioneer Square. There were insufficient data to determine any trends in the ratings by Non-PA service workers, but the ratings tended to be more favorable than unfavorable with the exception of those for PA Social Services at T_1. Again as was the case in the ratings of service delivery efficiency, no inter- or intra-site differences were found to be significant for either the PA or Non-PA staffs.

3) Personal effectiveness and job satisfaction. Tables 5C and 6C summarize the staff's responses to items relative to personal effectiveness and job attributes.

Most of the PA staff members at each site claimed frequent to occasional effectiveness in dealing with client's problems. Positive responses were more prevalent in Bremerton than in Bellingham, and more prevalent in Bellingham than in Pioneer Square. The PA personnel in Bremerton tended to feel that there was sufficient time to complete their job assignments, while the service workers in Bellingham and Pioneer Square were more evenly divided in their opinions. Staff members in Bremerton and Bellingham felt personally accountable for the services provided the client, but a substantial portion of Pioneer Square's staff did not. The large majority of all service workers indicated ample supervisory assistance with client problems.

PA staff members generally thought there was efficient scheduling of appointments. But most staff members also declared that there was excessive paperwork required in the performance of their duties. Furthermore, the service workers in Bremerton and Bellingham indicated a lack of clerical support. PA staff members in Bremerton felt that there was adequate privacy in office space, but the majority of service workers in Bellingham and Pioneer Square did not. Most PA personnel saw their job assignment as compatible with their training and background, but there was considerable disagreement about the adequacy of the in-service training program. The majority of staff at each site indicated that there was adequate personal freedom associated with their jobs, and most also expressed a sense of accomplishment in their work except at Pioneer Square where about 50 percent reported that such feelings occurred infrequently. At the same time, feelings of frustration and ineffectiveness were not predominant, but were relatively common at each site.

For the Non-PA agencies, service workers generally expressed frequent or at least periodic job effectiveness, while there was much less of a consensus concerning the sufficiency of time available for job assignments. Moreover, most staff members felt personally accountable for the services provided, and indicated that there was satisfactory supervisory support.

The greater number of Non-PA service workers stated that there was efficient scheduling of appointments. The Bremerton staff reported that excessive paperwork was a frequent requirement of their job, but service workers in Bellingham and Pioneer Square indicated that it was somewhat less frequent. The service workers at all three sites were split in their judgments as to the adequacy of clerical support. The majority of all Non-PA staff members reported adequate privacy, and in-service training. Staff members also felt that job assignments were appropriate to their training, and that there was adequate personal freedom in their jobs. Feelings of accomplishment were predominant at all three sites, but a substantial segment of the staff members also expressed frequent feelings of frustration and ineffectiveness.

For the PA agencies, no significant inter-site differences in job attributes were found except in Bremerton where more staff members reported <u>adequate privacy</u> at T_1 ($\chi^2 = 13.50$, $p < .02$), and at T_2 ($\chi^2 = 13.92$, $p < .002$). Significant

intra-site changes were also found in Bremerton where fewer service workers indicated efficient schedules of appointments ($p = .016$), and more service workers indicated adequate in-service training ($p = .006$) at T_2. The Bellingham PA staff had significantly fewer members reporting excessive paperwork ($p = .001$), and significantly more members expressing personal freedom in their jobs ($p = .038$) at T_2. No other differences were found to be significant for the PA agencies. Moreover, there were no significant differences found for the Non-PA agencies.

Staff members were required to rate their job assignments with a series of bi-polar adjectives on a five point scale. The lower end of the scale reflected positive responses, and the higher end negative responses. Mean ratings along the eight bi-polar dimensions are presented in Tables 7C and 8C.

In the PA agencies, there were no apparent differences between Bremerton and Bellingham, but the Pioneer Square service workers rated their jobs as less interesting, important and satisfying, as requiring less skill, dedication and initiative or good judgment than did their counterparts in Bellingham. Pioneer Square personnel also felt that there was less appreciation for their work. In the Non-PA agencies, there was a tendency for service workers to give more negative responses in Bremerton and Pioneer Square than in Bellingham. However, the differences were not significant for either PA or Non-PA agencies, and there were no significant changes over time.

All service workers were requested to indicate if there were any serious problems involved in the functioning of their programs. In the PA agencies, 23 percent of the staff in Bremerton, 44 percent in Bellingham and 80 percent in Pioneer Square responded affirmatively. Major problems in Bremerton were related to personnel shortages and organizational red tape and paperwork. These were likewise considered important problems in Bellingham and Pioneer Square, but the staff members in Pioneer Square also implicated the type of client encountered. A substantial part of Bellingham's staff also reported a variety of other miscellaneous problems.

For the Non-PA agencies, less than 25 percent of the service workers in Bremerton and Pioneer Square, and 40 percent in Bellingham reported serious problems. The little data available and the considerable variability made it difficult to identify any major sources of problems.

4) Time allocation and caseloads. The staff members were requested to estimate the percentage of their time allocated to various activities in dealing with client problems. The results are summarized in Table 9C for both PA and Non-PA agencies.

For the PA agencies, Bremerton expended about 30 percent, Bellingham about 20 percent, and Pioneer Square about 40 percent of their time in activities associated with client intake and need identification with an approximately equal distribution between both types of activities. The Bremerton staff allocated about 70 percent of their time to service delivery and administrative matters, while Bellingham and Pioneer Square staff members allocated 80 and 60 percent, respectively. For the latter two sites, there

also was an approximately equal distribution between service delivery and administrative matters, but the Bremerton PA staff expended nearly twice as much time on service delivery than on administrative matters.

Inter-site differences showed that Bremerton PA service workers expended significantly more time in client intake than Bellingham at T_1 ($\chi^2 = 10.61$, $p < .02$) and significantly less time in administrative matters at T_2 ($\chi^2 = 6.25$, $p < .10$). The Pioneer Square staff had significantly less time than Bellingham in activities associated with service delivery at T_2 ($\chi^2 = 9.80$, $p < .02$). Bremerton PA service workers showed a significant decrease in time allotted to client intake between T_1 and T_2 ($p = .019$). No other significant inter- or intrasite differences were found.

For the Non-PA agencies, about 35 percent of the staff time was expended on client intake and need identification, and about 65 percent on service delivery and administration matters with roughly an equal distribution between categories. Both Bremerton and Pioneer Square showed substantial increases in time expended on client intake and need identification, and substantial decreases in time expended on service delivery and administrative matters at T_2. However, no differences between or within sites were significant.

The mean and median number of cases per actual and optimum caseloads as estimated by the service workers are shown in Table 10C. Also presented are the mean and median number of new monthly intakes and monthly closures and transfers of cases.

For the PA agencies, the large differences in the average caseload per staff member are striking. The average caseload in Bremerton was about one-half of that in Bellingham ($\chi^2 = 6.52$, $p < .10$; $\chi^2 = 5.97$, $p < .10$ at T_1 and T_2, respectively.). Moreover, the average caseload in Pioneer Square was more than four times of that in Bellingham ($\chi^2 = 13.75$, $p < .02$; $\chi^2 = 13.34$, $p < .02$ at T_1 and T_2, respectively). These differences to some extent were paralleled in service worker's estimate of optimum caseloads, i.e., Bremerton staff's optimum caseload was about one-half of that in Bellingham ($\chi^2 = 6.60$, $p < .10$ at T_2 only), while the optimum caseload in Pioneer Square was nearly 3 times greater than in Bellingham ($\chi^2 = 15.16$, $p < .002$; $\chi^2 = 10.08$, $p < .02$ at T_1 and T_2, respectively). The actual caseloads were reported to be 13 percent beyond optimum level in Bremerton and 19 percent in Bellingham, but nearly 85 percent beyond optimum level in Pioneer Square.

Bremerton PA staff members had 40 percent fewer new intakes monthly than Bellingham, while the Pioneer Square had 67 percent more. The Bremerton staff also had 34 percent fewer closures than Bellingham, while Pioneer Square staff had 43 percent more. None of the differences between sites described above were significant except the monthly intakes for Pioneer Square at T_2 ($\chi^2 = 8.53$, $p < .05$). A more revealing statistic is the relation between monthly intakes and closures at each site. The Bremerton staff reported 13 percent more intakes than closures per month, the Bellingham staff reported 43 percent more, and the Pioneer Square staff reported 67 percent more. There were no significant changes between T_1 and T_2 except in Bellingham where there were fewer case closures per staff members at T_2 ($p = .062$).

In the Non-PA agencies, the relationships between sites basically were the reverse of those found for the PA agencies. Bremerton's staff members had nearly one and one-half the number of clients per caseload as in Bellingham, and the average caseload in Pioneer Square was about two-thirds of that in Bellingham. These differences also were paralleled closely in the staff members estimate of optimum caseloads. The actual caseloads were estimated to be 43 percent beyond optimum level in Bremerton, 47 percent beyond in Bellingham, and 23 percent beyond in Pioneer Square.

Non-PA staff members in Bellingham and Pioneer Square had a comparable number of intakes and case closures each month with the number of intakes approximately equal to the number of closures. The Non-PA staff in Bremerton also showed case closures comparable to the other sites, but had nearly doubled the monthly intakes. However, the differences between Non-PA agencies were not statistically significant, and there were no significant changes over time.

The PA service workers at each site estimated that about 50 percent or more of their current cases would still be on-going at the end of 3 months. Indeed, Pioneer Square staff estimated that 50 percent of their cases would be continued at least as long as 12 months. In Bremerton, the estimated continuances dropped to about 35 percent at the end of 6 months, and to less than 10 percent after 12 months. The corresponding percentages in Bellingham were about 40 and 20 percent at the end of 6 and 12 months, respectively. The only significant differences were found between Pioneer Square and Bellingham in the number of <u>estimated continuances</u> after 12 months ($_x^2 = 8.14$, $p < .05$; $_x^2 = 5.97$, $p < .10$ at T_1 and T_2, respectively). No changes between T_1 and T_2 were evident at any site.

In the Non-PA agencies, the estimated continuances at the end of 12 months remained about 50 percent in Bremerton and Bellingham, and about 25 percent[6] in Pioneer Square. This latter difference between Pioneer Square and Bellingham was significant at the .10 level ($_x^2 = 6.42$). No other differences or changes were found.

The PA staff members in Bremerton and Bellingham noted accomplishment of service goals or changes in the client's circumstances as the most frequent reasons for case closures. The PA staff in Pioneer Square declared that most case closures could be attributed to relocation of the client, changes in the client's circumstances, or unattainable service goals, and only infrequently to accomplishment of service goals. The above description is also applicable to the Non-PA staffs at each site.

5) Information sharing. Table 11C summarizes the staff responses to items about information sharing within the service delivery system and within higher organization levels of the program.

Other than in Pioneer Square and Bellingham at T_1, PA service workers generally reported that their clients were well informed of the available <u>services. The PA staff members in</u> Bremerton also stated that frequent attempts

[6] Percentages based on T_1 data only; no data reported at T_2.

were made to update information concerning current policy decisions within their programs and within DSHS, and concerning changes in state or federal regulations. The PA staff in Bellingham felt that there were only occasional or infrequent attempts to provide such information. The Pioneer Square staff responded similarly to Bellingham at T_1, but reported more frequent attempts to provide administrative information at T_2.

The majority of all Non-PA staff members asserted that their clients were well informed of the available services. Service workers in Bellingham also reported access to current information about local and DSHS policy decisions, and changes in state or federal regulations, while the staff members in Bremerton and Pioneer Square generally indicated that such information was provided only occasionally.

For PA agencies, the Bremerton staff reported greater access than the Bellingham staff to information about local policy decisions ($\chi^2 = 12.19$, p .02), and DSHS policy decisions ($\chi^2 = 12.81$, $p < .02$) at T_1, and about changes in state and federal regulations at T_1 ($\chi^2 = 6.71$, $p < .10$) and at T_2 ($\chi^2 = 7.02$, $p < .10$). No significant differences were found between Pioneer Square and Bellingham. The only significant intra-site change found Bellingham PA staff members reporting more informed clients at T_2 ($p = < .002$).

Significant differences between the Non-PA agencies disclosed that service workers in Pioneer Square were less frequently informed about local policy decisions at T_2 ($\chi^2 = 7.50$, $p < .10$) and about changes in state or federal regulations at T_1 ($\chi^2 = 8.16$, $p < .05$) and at T_2 ($\chi^2 = 7.50$, $p < .10$). No other differences or changes were significant.

6) Contact and cooperation between agencies. The frequency of contacts by service workers with other agencies or individuals in an attempt to provide client services is shown in Table 12C.

The most frequent agencies contacted by PA staff members were PA Financial Services and private agencies or individuals with more than 60 percent of the staff members reporting contacts once per week or more on behalf of their clients. DVR was also a frequent recipient of the contacts made by PA staff members in Pioneer Square at T_1. Pioneer Square service workers had significantly more contacts than the Bellingham staff with DVR at T_1 ($\chi^2 = 14.19$, $p < .002$) and with private or other agencies and individuals at T_2 ($\chi^2 = 8.89$, $p < .05$). No other differences between sites were significant. Significant changes between T_1 and T_2 showed increased contacts with Institutions in Bremerton ($p = .062$); increased contacts with DVR ($p = .073$) and decreased contacts with state agencies other than DSHS ($p = .073$) in Bellingham; and increased contacts with private or other agencies and individuals in Pioneer Square ($p = .062$).

For the Non-PA agencies, the greatest frequency of contacts was with PA Social Services and private agencies or individuals in Bremerton and Bellingham. Bellingham's staff members also had frequent contacts with Employment Security. Private agencies or individuals were by far the most frequent recipients of contacts by service workers in Pioneer Square with PA Financial Services and Employment Security next in frequency of contacts. However, no inter- or intra-site differences were found to be significant for the Non-PA agencies.

The PA staff members in Bremerton and Bellingham reported that approximately 25 percent of their clients were referred from PA Financial services, 10 to 15 percent from other DSHS programs, and 15 to 20 percent from agencies outside DSHS. The PA staff in Pioneer Square stated that about 35 percent of their clients were referred from PA Financial Services, 5 percent from other DSHS programs, and about 10 percent from outside agencies. The only significant inter-site differences showed Bremerton PA with a greater percentage of clients than Bellingham referred from DSHS agencies other than PA Financial Services at T_1 ($\chi^2 = 6.32$, $p < .10$). Only Bremerton and Bellingham showed any changes over time with a greater percentage of clients referred from outside agencies at T_2 for both sites ($p = .006$ and .055, respectively).

The Non-PA staffs reported that the great majority of their clients were referred from outside agencies. Less than 15 percent of the Non-PA clients were referred by other DSHS programs in Bremerton and Bellingham, and less than 25 percent in Pioneer Square. No differences were found to be significant, and no changes over time were evident.

A summary of staff responses indicating the extent of cooperation between programs within and without DSHS particularly with respect to referrals is shown in Tables 13C and 14C.

In the PA agencies, more than 90 percent of the staff in Bremerton, 80 percent in Bellingham, and 60 percent in Pioneer Square generally felt that there was a cooperative effort between DSHS programs. The majority of staff members in Bremerton stated that referrals within DSHS programs were frequently followed up by the initiating agency, while the staff in Bellingham and Pioneer Square suggested that follow-ups were relatively infrequent. The majority of all service workers reported that there was seldom notification of action taken with respect to their clients by other DSHS programs. Inappropriate referrals within DSHS programs was considered to be a relatively minor occurrence at all three sites, but the PA staff members in Pioneer Square felt that it occurred more often than did the staff in Bellingham at T_1 ($\chi^2 = 9.79$, $p < .02$). No other inter-site differences were significant, and only the Bellingham PA staff showed a significant change over time with greater notification of action taken by other DSHS agencies at T_2 ($p = .011$).

For programs outside DSHS, virtually all PA staff members in Bremerton and Bellingham, and about 55 percent in Pioneer Square indicated cooperative efforts. The majority of all PA service workers reported frequent conferences with outside agencies prior to referring their clients. The majority also reported that there were frequent or at least occasional follow-ups on referrals to outside agencies, but there was only rarely notification of action taken by outside agencies, particularly in Pioneer Square. Inappropriate referrals to outside agencies was not considered to be a frequent occurrence, but Pioneer Square PA staff members felt that it occurred more often than did the staff in Bellingham at T_1 ($\chi^2 = 7.13$, $p < .10$). The Pioneer Square service workers also indicated that there was less notification of action taken by outside agencies than did staff in Bellingham at T_2 ($\chi^2 = 9.22$, $p < .02$). No differences were found between Bremerton and Bellingham PA. Significant changes over time showed Bremerton with more frequent follow-ups of referrals ($p = .062$), Bellingham with more frequent conferences prior to referrals ($p = .002$), and Pioneer Square with less frequent inappropriate referrals ($p = .062$) at T_2.

For the Non-PA agencies, there was a general feeling of cooperation with both programs within and outside of DSHS. The majority of Non-PA staff members reported that there were follow-ups on referrals to DSHS and outside programs, but there was considerable disagreement at the three sites as to the frequency that notification was given on the action taken. Most service workers also reported conferring with outside agencies prior to referrals. Inappropriate referrals to either DSHS or outside agencies were not considered to be an important concern. The only significant differences found between sites revealed that Pioneer Square reported fewer follow-ups of referrals to other DSHS programs at T_1 ($x^2 = 8.84$, $p < .05$). No changes between T_1 and T_2 were evident.

Service-Community Survey

The SCS was designed to determine the coordination of health and social services within the community as a whole by assessing the opinions and knowledge of service workers associated with various community service agencies. The SCS instrument was directed specifically towards evaluating the extent of contact, communication and cooperation between service agencies within the community.

Respondents were required to indicate the frequency of specific situations described by SCS items. As with some tables reported in previous sections of this report, the SCS summary tables present only percentages for dichotomized responses, i.e., frequent-infrequent. The Kolmogorov-Smirnov large-sample techniques was used in the evaluation of between site differences, while the sign test was used to determine response changes between T_1 and T_2.

1) Contact and cooperation between community service agencies. Between 50 and 60 percent of community service workers at the three sites reported that more than one-half of their clients were receiving services at other agencies. The frequency of service worker's estimates of their contacts with other community agencies in order to provide client services is presented in Table ID.

DSHS programs were the major recipients of contacts with approximately 55 percent of the service workers in Bremerton and Bellingham, and 65 percent in Pioneer Square reporting at least weekly contacts. Between 30 and 40 percent of the service workers in Bremerton and Bellingham also indicated at least weekly contacts with other state, local or federal agencies, while less than 20 percent so indicated with respect to private agencies. However, the majority of service workers in Pioneer Square noted at least weekly contacts with both private and public agencies other than DSHS.

Community service workers in Pioneer Square made significantly more contacts with private agencies at T_1 and T_2 ($p < .001$), and with other public non-DSHS agencies at T_1 ($p < .05$) than did the service workers in Bellingham. No differences were observed between Bremerton and Bellingham. Significant intra-site changes revealed increased contacts with private agencies in Bremerton and Bellingham ($p = .039$ & $.09$, respectively), and increased contacts with DSHS agencies in Bremerton ($p = .032$).

Service worker's evaluation of the contacts and cooperation between agencies within the community are presented in Table 2D. About 85 percent of the service workers in Bremerton and Bellingham, and 70 percent in Pioneer Square reported that there usually was cooperation between local service agencies. Less than 5 percent in Bremerton and Bellingham felt that there were feelings of competition or rivalry between local service agencies, while about 15 percent in Pioneer Square reported such feelings.

Between 75 and 85 percent of the service workers at each site stated that information was furnished their clients about the services offered by other agencies within the area, and nearly 90 percent indicated that frequent referrals were made to the other agencies when the appropriate services were not available within their own program. However, only about 50 percent in Bremerton and Bellingham, and 65 percent in Pioneer Square reported making contacts with the other agencies prior to referring their clients. Approximately 90 percent of all service workers reportedly did not feel uncomfortable about contacting other programs regarding referrals. The success rate of referrals to other service agencies was estimated to be between 45 and 55 percent at the three sites.

The only significant inter-site difference revealed that Pioneer Square had more service workers than Bellingham contacting other agencies prior to referrals at T_1 ($P < .05$). Significant changes at T_2 showed service workers in Pioneer Square reporting less cooperation between community service agencies ($p = .09$); and fewer contacts prior to referrals to other service agencies ($p = .09$). Pioneer Square service workers also reported significantly greater provision of information to their clients about other service agencies ($p = .073$). No other changes over time were found for the other sites.

2) Communication between service agencies. A summary of service worker's responses to items relative to information sharing between agencies is reflected in Table 3D.

Less than 20 percent of the service workers at each site reported frequently being uninformed about the other community service agencies. About 15 percent in Bremerton and Bellingham, and 25 percent in Pioneer Square felt that there was unnecessary duplication of services by the community programs. Moreover, less than 10 percent of all service workers reported being insufficiently acquainted with the referral resources within the community, but more than 75 percent indicated only occasional or infrequent notification of important changes in the policies of other service programs. Less than 20 percent in Bremerton and Bellingham, and 35 percent in Pioneer Square reported that clients referred to their agencies were frequently misinformed of the services available.

The only difference between sites showed that community service workers in Pioneer Square had significantly more incoming misinformed referrals than in Bellingham at T_2 ($p < .05$). Significant changes over time revealed increased knowledge of other programs in Bremerton ($p = .095$) and in Pioneer Square ($p = .09$); increased notification of changes in policy by other programs in Bellingham ($p = .026$); and fewer misinformed referrals in Bremerton ($p = .025$).

TABLES

List of Tables

TABLE	RESEARCH DESIGN AND PROCEDURE	PAGE
1	Frequency of Sample Clients in the Client Information System by Site and by Agency	50
2	Frequency of Sample Clients Involved in Client Attitude Survey	53
3	Frequency of Staff and Supervisors Involved in SAS by Site and Agency	55
4	Frequency of Respondents at Bremerton Community Service Agency Participating in the SCS	57
5	Frequency of Respondents at Bellingham Community Service Agency Participating in the SCS	58
6	Frequency of Respondents at Pioneer Square Community Service Agency Participating in the SCS	59
	CLIENT INFORMATION SYSTEM	
1A	Time Expenditure by Professional Staff - Public Assistance	109
2A	Time Expenditure by Professional Staff/Non-Public Assistance	110
3A	Expenditure by Clerical Staff/Public Assistance and Non-Public Assistance	111
4A	Total Professional Time Expended on Client's Critical Needs/Public Assistance	112
5A	Distribution of Client's Receiving 0, 1 or 2 or More Referrals and 0, 1 or 2 or More Contacts in Their Behalf/Public Assistance and Non-Public Assistance	113
6A	Client's Perception of Relevant Needs/Public Assistance	114
7A	Staff Perception of Clients Needs/Public Assistance	115
8A	Client's Perception of Relevant Needs/Non-Public Assistance	116
9A	Staff Perception of Client Needs/Non-Public Assistance	117
10A	Client's Priority of Needs/Public Assistance	118
11A	Staff Priority of Needs/Public Assistance	119
12A	Client Priority of Needs/Non-Public Assistance	120
13A	Staff Priority of Needs/Non-Public Assistance	121
14A	Number of Client Needs, Staff Needs and Needs Satisfied/ Public Assistance and Non-Public Assistance	122
15A	Client-Staff Agreement of Relevant Needs/Public Assistance	123
16A	Client-Staff Agreement of Relevant Needs/Non-Public Assistance Agencies	124
17A	Client-Staff Agreement of Top Priority Needs/Public Assistance	125
18A	Client-Staff Agreement of Top Priority Needs/Non-Public Assistance	126
19A	Index of Well-Being Scores/Public Assistance and Non-Public Assistance	127

of Tables - Continued

COMMUNITY SERVICE SURVEY PAGE

Service Worker Estimate of Frequency of Contact with Other Community Service Agencies..... 152

2D Service Worker Evaluation of Cooperation Between Community Service Agencies in the Provision of Client Services..... 153

3D Service Worker Evaluation of Communication Between Community Service Agencies..... 154

List of Tables - Continued

TABLE	CLIENT ATTITUDE SURVEY	PAGE
1B	Percent of Clients at T1 and T2 Receiving Particular Services	128
2B	Client Evaluation of Service Delivery Efficiency	129
3B	Service Delivery Efficiency/Chi-Square Values with Associated Probabilities	130
4B	Client Evaluation of Service Delivery Effectiveness	131
5B	Service Delivery Efficiency/Chi-Square Values with Associated Probabilities	132
6B	Client Attitudes Towards Service Worker and Program	133
7B	Client Attitudes Towards DSHS Program/Chi-Square Values with Associated Probabilities	134
8B	Client Estimate of Number and Success of Referrals	135
9B	Client Evaluation of Information-Sharing within DSHS Program	136
10B	Client Participation in the Development of Service Programs	137
	STAFF ATTITUDE SURVEY	
1C	Staff Evaluation of Service Delivery Efficiency/Public Assistance	138
2C	Staff Evaluation of Service Delivery Efficiency/Non-Public Assistance	139
3C	Staff Evaluation of Service Delivery Effectiveness/Public Assistance	140
4C	Staff Evaluation of Service Delivery Effectiveness/ Non-Public Assistance	141
5C	Staff Evaluation of Personal Effectiveness and Job Attributes/Public Assistance	142
6C	Staff Evaluation of Personal Effectiveness and Job Attributes/Non-Public Assistance	143
7C	Staff Ratings of Job Satisfaction/Public Assistance	144
8C	Staff Ratings of Job Satisfaction/Non-Public Assistance	14[illegible]
9C	Estimated Mean Percent of Staff Time Allocated to Various Activities/Public Assistance and Non-Public Assistance	146
10C	Staff Estimates of Caseloads and Case Closures/Public Assistance and Non-Public Assistance	147
11C	Staff Evaluation of Information Sharing Within DSHS Programs/Public Assistance and Non-Public Assistance	148
12C	Staff Frequency of Contact with Other Agencies in Service Delivery/Public Assistance and Non-Public Assistance	1[illegible]
13C	Staff Evaluation of Contact and Cooperation Between Their Program and Other DSHS and Non-DSHS Programs/ Public Assistance	150
14C	Staff Evaluation of Contact and Cooperation Between Their Program and Other DSHS and Non-DSHS Programs/Non-Public Assistance	151

CLIENT INFORMATION SYSTEM

TABLE IA

* TIME EXPENDITURE BY PROFESSIONAL STAFF
PUBLIC ASSISTANCE

Type of Contact	Evaluation Sites																	
	Bremerton						Bellingham						Pioneer Square					
	Time 1			Time 2			Time 1			Time 2			Time 1			Time 2		
	n	Mean	SD	n	Mean	SD	n	Mean	SD	n	Mean	SD	n	Mean	SD	n	Mean	SD
Direct Contact With Client	64	30.70	42.08	68	56.69	52.34	89	67.16	55.34	95	52.50	36.48	74	35.07	37.57	80	17.63	15.97
Paperwork	46	16.46	22.22	83	22.86	34.67	96	43.13	32.45	96	42.03	31.25	49	16.07	10.61	79	10.35	6.83
Contact W/Others	37	19.41	27.33	50	26.10	29.93	40	30.38	45.70	37	22.91	20.76	28	18.57	22.29	24	10.00	5.71
Other Activity	7	82.50	83.07	6	75.00	93.79	24	36.25	38.03	***	***	***	***	***	***	***	***	***
Total Time Expended	151	26.18	38.69	207	36.27	45.55	249	49.01	46.43	229	43.33	33.58	157	25.56	29.31	183	13.48	12.17

* All figures represent time per contact, <u>not</u> time per client.
*** Insufficient or no data submitted.

n = Number of contacts
Mean = Arithmetic average
SD = Standard deviation

TABLE 2A

* TIME EXPENDITURE BY PROFESSIONAL STAFF AT NON-PUBLIC ASSISTANCE

Type of Contact	Evaluation Sites																	
	Bremerton						Bellingham						Pioneer Square					
	Time 1			Time 2			Time 1			Time 2			Time 1			Time 2		
	n	Mean	SD	n	Mean	SD	n	Mean	SD	n	Mean	SD	n	Mean	SD	n	Mean	SD
Direct Contact	29	73.19	41.35	20	92.25	58.45	20	60.00	34.24	14	101.79	56.56	***	***	***	***	***	***
Paperwork	30	66.00	58.07	21	48.93	43.71	18	45.00	37.81	12	32.50	25.05	***	***	***	***	***	***
Contact W/Other	***	***	***	***	***	***	18	35.83	37.06	13	61.35	59.38	***	***	***	***	***	***
Other Activities	***	***	***	***	***	***	***	***	***	***	***	***	***	***	***	***	***	***

* All figures represent time per contact, not time per client.
*** Insufficient or no data submitted.

n = Number of contacts
Mean = Arithmetic average
SD = Standard deviation

CLIENT INFORMATION SYSTEM

TABLE 3A

*EXPENDITURE BY CLERICAL STAFF
PUBLIC ASSISTANCE AND NON-PUBLIC ASSISTANCE

Agency	Evaluation Sites																	
	Bremerton						Bellingham						Pioneer Square					
	Time 1			Time 2			Time 1			Time 2			Time 1			Time 2		
	n	Mean	SD	n	Mean	SD	n	Mean	SD	n	Mean	SD	n	Mean	SD	n	Mean	SD
PA	37	9.95	5.51	***	***	***	106	11.17	7.69	174	13.36	13.17	16	11.25	11.61	83	8.22	3.23
Non-PA	15	48.50	26.87	12	97.50	61.01	***	***	***	***	***	***	***	***	***	***	***	***

* All figures represent time per contact, not time per client.
*** Insufficient or no data submitted.

n = Number of contacts
Mean = Arithmetic average
SD = Standard deviation

CLIENT INFORMATION SYSTEM

TABLE 4A

*TOTAL PROFESSIONAL TIME EXPENDED ON CLIENT'S CRITICAL NEEDS
PUBLIC ASSISTANCE

Type of Contact	Evaluation Sites														
	Brewerton						Bellingham						Pioneer Square					
	Time 1			Time 2			Time 1			Time 2			Time 1			Time 2		
	n	Mean	SD	n	Mean	SD	n	Mean	SD	n	Mean	SD	n	Mean	SD	n	Mean	SD
Financial	26	27.11	33.61	46	33.91	32.73	17	32.20	30.43	17	31.32	13.05	***	***	***	***	***	***
Treatment	22	40.90	57.80	40	48.00	46.84	39	30.96	33.85	28	49.28	55.7	40	34.87	62.80	42	16.42	15.20
Food	18	40.00	45.51	17	16.32	19.16	6	27.50	22.58	10	34.50	18.43	37	13.17	11.37	46	8.80	4.27

* All figures represent total time per client.
*** Insufficient or no data submitted.

n = Number of contacts
Mean = Arithmetic average
SD = Standard deviation

CLIENT INFORMATION SYSTEM

TABLE 5A

DISTRIBUTION OF CLIENTS RECEIVING 0, 1 OR 2 OR MORE REFERRALS AND 0, 1, OR 2 OR MORE CONTACTS IN THEIR BEHALF PA AND NON-PA

Type of Contact	Evaluation Sites																	
	Bremerton						Bellingham						Pioneer Square					
	Time 1			Time 2			Time 1			Time 2			Time 1			Time 2		
	0	1	2+	0	1	2+	0	1	2+	0	1	2+	0	1	2+	0	1	2+
PA																		
Referrals	79	18	3	64	19	10	78	28	19	112	25	4	38	31	22	41	34	36
Contacts	64	22	14	42	31	20	82	20	23	112	21	8	60	12	19	84	21	6
Non-PA																		
Referrals	22	4	4	14	4	2	3	6	10	7	3	5	1	2	5	0	1	1
Contacts	14	4	12	9	4	1	3	4	12	3	0	12	1	2	5	1	0	1

CLIENT INFORMATION SYSTEM

TABLE 6A

CLIENT'S PERCEPTION OF RELEVANT NEEDS
PUBLIC ASSISTANCE

Type Of Need	Evaluation Sites											
	Bremerton				Bellingham				Pioneer Square			
	Time 1		Time 2		Time 1		Time 2		Time 1		Time 2	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Housing	63	32.1	64	29.2	44	29.9	51	34.7	71	63.4	43	70.5
Money	144	73.5	206	94.1	116	78.9	123	83.7	101	90.2	58	95.1
Food	160	81.6	200	91.3	101	68.7	109	74.1	95	84.8	51	83.6
Clothing	32	16.3	68	31.1	39	17.8	51	34.7	66	58.9	34	55.7
Work	74	37.8	128	58.4	65	44.2	82	55.8	57	50.9	34	55.7
Treatment	173	88.3	203	92.7	118	80.3	128	87.1	97	86.6	50	82.0
Counseling	12	6.1	30	13.7	39	26.5	37	25.2	61	54.5	28	45.9
Other	55	28.1	70	32.0	56	38.1	63	42.9	54	48.2	33	54.1
Information	0	0.0	2	0.9	6	4.1	1	0.7	0	0.0	0	0.0
Number Of Clients	196		219		147		147		112		61	

CLIENT INFORMATION SYSTEM

TABLE 7A

STAFF PERCEPTION OF CLIENTS NEEDS
PUBLIC ASSISTANCE

Type Of Need	Evaluation Sites											
	Bremerton				Bellingham				Pioneer Square			
	Time 1		Time 2		Time 1		Time 2		Time 1		Time 2	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Housing	9	36.0	27	29.0	15	14.0	19	25.3	30	49.2	19	67.9
Money	24	96.0	68	73.1	67	62.6	60	80.0	53	86.9	14	50.0
Food	9	36.0	38	40.9	39	36.4	20	26.7	34	55.7	13	46.4
Clothing	1	4.0	8	8.6	8	7.5	5	6.7	4	6.6	0	0.0
Work	4	16.0	26	28.0	51	47.7	33	44.0	18	29.5	2	7.1
Treatment	6	24.0	48	51.6	68	63.6	42	56.0	50	82.0	18	64.3
Counseling	5	20.0	25	26.9	38	35.5	18	24.0	23	37.7	3	10.7
Other	1	4.0	17	18.3	41	38.3	23	30.7	4	6.6	1	3.6
Information	3	12.0	5	5.4	4	3.7	8	10.7	2	3.3	0	0.0
Number of Clients	25		93		107		75		61		28	

CLIENT INFORMATION SYSTEM

TABLE 8A

CLIENT'S PERCEPTION OF RELEVANT NEEDS
NON-PUBLIC ASSISTANCE

Type Of Need	Evaluation Sites											
	Bremerton				Bellingham				Pioneer Square			
	Time 1		Time 2		Time 1		Time 2		Time 1		Time 2	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Housing	2	6.7	5	25.0	4	21.1	2	13.3	3	33.3	0	0.0
Money	7	23.3	14	70.0	16	84.2	11	73.3	5	55.6	0	0.0
Food	1	3.3	7	35.0	8	42.1	6	40.0	5	55.6	0	0.0
Clothing	2	6.7	9	45.0	5	26.3	5	33.3	6	66.7	0	0.0
Work	23	76.7	15	75.0	15	78.9	11	73.3	8	88.9	2	100.0
Treatment	8	26.7	10	50.0	10	52.6	8	53.3	7	77.8	1	50.0
Counseling	6	20.0	15	75.0	11	57.9	7	46.7	8	88.9	1	50.0
Other	5	16.7	15	75.0	5	26.3	3	20.0	4	44.4	0	0.0
Information	2	6.7	2	10.0	0	0.0	0	0.0	0	0.0	0	0.0
Number Of Clients	30		20		19		15		9		2	

CLIENT INFORMATION SYSTEM

TABLE 9A

STAFF PERCEPTION OF CLIENT NEEDS
NON-PUBLIC ASSISTANCE

Type Of Need	Evaluation Sites											
	Bremerton				Bellingham				Pioneer Square			
	Time 1		Time 2		Time 1		Time 2		Time 1		Time 2	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Housing	4	13.8	2	10.0	2	10.5	3	20.0	1	11.1	***	***
Money	5	17.2	6	30.0	6	31.6	5	33.3	0	0.0	***	***
Food	1	3.4	1	5.0	0	0.0	2	13.3	1	11.1	***	***
Clothing	1	3.4	1	5.0	1	5.3	2	13.3	0	0.0	***	***
Work	25	86.2	17	85.0	14	73.7	13	86.7	9	100.0	***	***
Treatment	9	31.0	6	30.0	10	52.6	7	46.7	6	66.7	***	***
Counseling	17	58.6	18	90.0	13	68.4	11	73.3	8	88.9	***	***
Other	1	3.4	0	0.0	5	26.3	8	53.3	2	22.2	***	***
Information	13	44.8	8	40.0	2	10.5	2	13.3	0	0.0	***	***
Number of Clients	29		20		19		15		9		***	***

*** No T_2 data submitted.

CLIENT INFORMATION SYSTEM

TABLE 10A

CLIENTS PRIORITY OF NEEDS
PUBLIC ASSISTANCE

Type Of Need	Evaluation Sites											
	Bremerton				Bellingham				Pioneer Square			
	Time 1		Time 2		Time 1		Time 2		Time 1		Time 2	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Housing	25	12.8	34	15.5	26	17.7	25	17.0	63	56.3	27	45.0
Money	126	64.3	169	77.2	75	51.0	76	51.7	39	34.8	20	33.3
Food	82	41.8	127	58.0	58	39.5	47	32.0	46	41.1	18	30.0
Clothing	10	5.1	0	0.0	7	4.8	4	2.7	3	2.7	0	0.0
Work	19	9.7	11	5.0	22	15.0	32	21.8	8	7.1	4	6.7
Treatment	85	43.4	77	35.2	61	41.5	64	43.5	24	21.4	17	28.3
Counseling	3	1.5	2	0.9	4	2.7	4	2.7	4	3.6	0	0.0
Other	6	3.1	2	0.9	13	8.8	10	6.8	0	0.0	0	0.0
Information	0	0.0	0	0.0	1	0.7	0	0.0	0	0.0	0	0.0
Number of Clients	196		219		147		147		112		60	

TABLE 11A

STAFF PRIORITY OF NEEDS
PUBLIC ASSISTANCE

Type Of Need	Evaluation Sites											
	Bremerton				Bellingham				Pioneer Square			
	Time 1		Time 2		Time 1		Time 2		Time 1		Time 2	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Housing	7	28.0	22	23.7	9	8.4	7	9.3	20	32.8	18	64.3
Money	23	92.0	63	67.7	46	43.0	49	65.3	37	60.7	6	21.4
Food	8	32.0	27	29.0	16	15.0	10	13.3	9	14.8	12	42.9
Clothing	0	0.0	0	0.0	0	0.0	2	2.7	0	0.0	0	0.0
Work	1	4.0	7	7.5	21	19.6	15	20.0	9	14.8	1	3.6
Treatment	6	24.0	30	32.3	34	31.8	20	26.7	35	57.4	15	53.6
Counseling	1	4.0	9	9.7	18	16.8	8	10.7	11	18.0	1	3.6
Other	0	0.0	6	6.5	10	9.3	7	9.3	1	1.6	0	0.0
Information	1	4.0	1	1.1	0	0.0	1	1.3	0	0.0	0	0.0
Number Of Clients	25		93		107		75		61		28	

CLIENT INFORMATION SYSTEM

TABLE 12A

CLIENT PRIORITY OF NEEDS
NON-PUBLIC ASSISTANCE

Type Of Need	Evaluation Sites											
	Bremerton				Bellingham				Pioneer Square			
	Time 1		Time 2		Time 1		Time 2		Time 1		Time 2	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Housing	0	0.0	3	15.0	3	15.8	1	6.7	1	11.1	0	0.0
Money	5	16.7	2	10.0	5	26.3	6	40.0	2	22.2	0	0.0
Food	1	3.3	2	10.0	4	21.1	0	0.0	2	22.2	0	0.0
Clothing	0	0.0	1	5.0	2	10.5	0	0.0	0	0.0	0	0.0
Work	19	63.3	11	55.0	10	52.6	9	60.0	4	44.4	1	50.0
Treatment	5	16.7	2	10.0	4	21.1	4	26.7	3	33.3	0	0.0
Counseling	4	13.3	3	15.0	0	0.0	2	13.3	1	11.1	0	0.0
Other	2	6.7	2	10.0	2	10.5	1	6.7	0	0.0	0	0.0
Information	2	6.7	1	5.0	0	0.0	0	0.0	0	0.0	0	0.0
Number Of Clients	30		20		19		15		9		2	

CLIENT INFORMATION SYSTEM

TABLE 13A

STAFF PRIORITY OF NEEDS
NON-PUBLIC ASSISTANCE

Type Of Need	Evaluation Sites											
	Bremerton				Bellingham				Pioneer Square			
	Time 1		Time 2		Time 1		Time 2		Time 1		Time 2	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Housing	0	0.0	2	10.0	1	5.3	0	0.0	0	0.0	***	***
Money	4	13.8	4	20.0	3	15.8	1	6.7	0	0.0	***	***
Food	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	***	***
Clothing	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	***	***
Work	26	89.7	10	50.0	8	42.1	4	26.7	5	55.6	***	***
Treatment	6	20.7	6	30.0	7	36.8	3	20.0	4	44.4	***	***
Counseling	14	48.3	13	65.0	6	31.6	4	26.7	3	33.3	***	***
Other	0	0.0	0	0.0	1	5.3	0	0.0	0	0.0	***	***
Information	1	3.4	2	10.0	1	5.3	0	0.0	0	0.0	***	***
Number Of Clients	29		20		19		15		9		***	***

*** No T_2 data submitted.

TABLE 14A

NUMBER OF CLIENT NEEDS, STAFF NEEDS AND NEEDS SATISFIED
PUBLIC ASSISTANCE AND NON-PUBLIC ASSISTANCE

Type of Need	Evaluation Sites																	
	Bremerton						Bellingham						Pioneer Square					
	Time 1			Time 2			Time 1			Time 2			Time 1			Time 2		
	n	Mean	SD	n	Mean	SD	n	Mean	SD	n	Mean	SD	n	Mean	SD	n	Mean	SD
PA																		
Clients	196	4.07	1.96	219	5.67	2.32	147	5.07	2.92	147	5.56	2.93	112	8.50	3.92	60	7.83	3.79
Staff	25	2.56	0.92	93	3.16	1.76	107	3.59	2.18	75	3.39	1.99	61	3.67	1.18	28	3.04	0.91
Needs Satisfied	124	1.92	1.19	168	1.84	1.49	99	2.02	1.57	106	2.06	1.45	48	2.42	2.47	25	2.48	1.58
Non-PA																		
Clients	30	2.00	1.20	18	9.39	4.77	19	4.42	3.04	15	4.67	3.87	9	8.00	4.74	***	***	***
Staff	29	3.69	1.85	13	3.69	1.03	19	4.11	2.94	15	4.47	2.39	9	4.33	1.94	***	***	***
Needs Satisfied	22	0.45	0.60	20	1.75	1.41	13	1.08	1.26	7	0.86	1.46	6	2.80	2.95	***	***	***

*** Insufficient or no data submitted.
n = Number of clients
Mean = Arithmetic Average
SD = Standard deviation

TABLE 15A

CLIENT-STAFF AGREEMENT OF RELEVANT NEEDS
PUBLIC ASSISTANCE

Type Of Need	Evaluation Sites																	
	Bremerton						Bellingham						Pioneer Square					
	Time 1			Time 2			Time 1			Time 2			Time 1			Time 2		
	A	D	N R	A	D	N R	A	D	N R	A	D	N R	A	D	N R	A	D	N R
Housing	7	8	9	18	22	53	13	20	74	10	21	36	12	27	10	14	9	4
Money	18	6	0	68	22	3	65	25	17	49	15	3	35	13	1	14	12	1
Food	7	15	2	38	46	9	35	45	27	15	34	18	20	6	23	12	12	3
Clothing	1	5	18	5	35	53	5	27	75	2	29	36	1	26	22	0	14	13
Work	3	9	12	20	35	38	31	41	35	24	23	20	10	19	20	2	12	13
Treatment	6	15	3	46	44	3	61	31	15	33	27	7	34	12	3	6	8	3
Counseling	0	7	17	10	24	59	10	46	51	5	22	40	11	22	16	2	12	13
Other	1	10	13	9	36	48	18	43	46	9	26	32	0	21	28	1	12	14
Information	0	3	21	0	6	87	0	7	100	0	6	61	0	0	49	0	0	27
Total	43	78	95	214	270	353	238	285	440	147	203	253	123	146	172	51	91	91
Percentage	19.9	36.1	44.0	25.6	32.3	42.2	24.7	29.6	45.7	24.4	33.7	42.0	27.9	33.1	39.0	21.9	39.1	39.1

A = Agree
D = Disagree
N R = Not relevant to either client or staff.

CLIENT INFORMATION SYSTEM

TABLE 16A

CLIENT-STAFF AGREEMENT OF RELEVANT NEEDS
NON-PUBLIC ASSISTANCE AGENCIES

Type Of Need	Evaluation Sites																	
	Bremerton						Bellingham						Pioneer Square					
	Time 1			Time 2			Time 1			Time 2			Time 1			Time 2		
	A	D	N R	A	D	N R	A	D	N R	A	D	N R	A	D	N R	A	D	N R
Housing	2	2	25	0	7	13	1	4	3	1	2	11	1	2	6	***	***	***
Money	2	8	19	3	14	3	6	3	9	3	7	4	0	5	4			
Food	1	0	28	1	6	13	0	8	10	1	5	8	1	4	4			
Clothing	0	3	26	1	8	11	0	6	12	2	3	9	0	6	3			
Work	0	7	2	13	6	1	9	8	1	9	4	1	8	1	0			
Treatment	2	13	14	4	8	8	5	9	4	4	5	5	5	3	1			
Counseling	4	15	10	13	7	0	8	6	4	7	3	4	7	2	0			
Other	0	6	23	0	15	5	2	6	10	3	4	7	2	2	5			
Information	2	11	16	0	10	10	0	2	16	0	1	13	0	0	9			
Total	33	65	163	35	81	64	31	52	79	30	34	62	24	25	32			
Percentage	12.6	24.9	62.5	19.4	45.0	35.7	19.1	32.1	48.8	23.8	27.0	49.2	29.6	30.9	39.5			

*** No Time 2 data submitted.

A = Agree
D = Disagree
NR = Not Relevant

CLIENT INFORMATION SYSTEM

TABLE 17A

CLIENT-STAFF AGREEMENT OF TOP PRIORITY NEEDS
PUBLIC ASSISTANCE

Type Of Need	Evaluation Sites																	
	Bremerton						Bellingham						Pioneer Square					
	Time 1			Time 2			Time 1			Time 2			Time 1			Time 2		
	A	D	N R	A	D	N R	A	D	N R	A	D	N R	A	D	N R	A	D	N R
Housing	4	2	18	10	6	72	5	9	70	4	13	42	7	20	13	10	4	8
Money	15	2	7	58	15	15	33	16	35	30	6	23	11	5	24	4	6	12
Food	5	4	15	17	30	41	10	25	49	3	16	40	2	16	22	2	5	15
Clothing	0	2	22	0	0	88	0	3	81	0	4	55	0	1	39	0	0	22
Work	0	3	21	1	7	80	6	9	69	4	8	47	1	1	38	1	1	20
Treatment	5	4	15	17	13	58	20	10	54	10	10	39	7	4	29	6	3	13
Counseling	0	1	23	0	0	88	1	2	81	0	1	58	0	1	39	0	0	22
Other	0	1	23	1	0	87	2	5	77	0	1	58	0	0	40	0	0	22
Information	0	0	24	0	0	88	0	0	84	0	0	59	0	0	40	0	0	22
Total	29	19	168	104	71	617	77	79	600	51	59	421	28	48	284	23	19	156
Percentage	13.4	8.8	77.8	13.1	9.0	77.9	10.2	10.5	79.4	9.6	11.1	79.3	7.8	13.3	78.9	11.6	9.6	78.8

A = Agree
D = Disagree
NR = Not Relevant

CLIENT INFORMATION SYSTEM

TABLE 18A

CLIENT-STAFF AGREEMENT OF TOP PRIORITY NEEDS
NON-PUBLIC ASSISTANCE

Type OF Need	Evaluation Sites																	
	Bremerton						Bellingham						Pioneer Square					
	Time 1			Time 2			Time 1			Time 2			Time 1			Time 2		
	A	D	N R	A	D	N R	A	D	N R	A	D	N R	A	D	N R	A	D	N R
Housing	0	0	25	0	3	15	1	2	10	0	0	7	0	1	4	***	***	***
Money	1	4	20	0	2	16	1	1	11	0	4	3	0	1	4			
Food	0	1	24	0	2	16	0	2	11	0	0	7	0	1	4			
Clothing	0	0	25	0	1	17	0	1	12	0	0	7	0	0	5			
Work	17	2	6	5	6	7	6	2	5	5	1	1	3	1	1			
Treatment	3	2	20	2	0	16	2	1	10	1	0	6	2	0	3			
Counseling	2	2	21	2	1	15	0	0	13	0	0	7	0	0	5			
Other	0	2	23	0	2	16	0	2	11	0	1	6	0	0	5			
Information	0	2	23	0	1	17	0	0	13	0	0	7	0	0	5			
Total	23	15	187	9	18	135	10	11	96	6	6	51	5	4	36			
Percentage	10.2	6.7	83.1	5.6	11.1	83.3	8.6	9.4	82.1	9.5	9.5	81.0	11.1	8.9	80.0			

*** No T_2 data submitted

A = Agree
D = Disagree
NR = Not Relevant

TABLE 19A

INDEX OF WELL-BEING SCORES
PUBLIC ASSISTANCE AND NON-PUBLIC ASSISTANCE

Agency	Evaluation Sites																	
	Bremerton						Bellingham						Pioneer Square					
	Time 1			Time 2			Time 1			Time 2			Time 1			Time 2		
	n	Mean	SD	n	Mean	SD	n	Mean	SD	n	Mean	SD	n	Mean	SD	n	Mean	SD
PA	126	5.02	1.70	207	4.86	1.71	140	4.60	1.86	134	4.60	1.81	110	5.29	1.60	58	5.50	1.34
Non-PA	30	4.00	1.44	20	4.40	1.67	18	4.05	1.66	15	3.93	1.44	9	5.33	1.66	2	4.00	0.00

TABLE 1B

PERCENTAGE OF CLIENTS AT T_1 AND T_2 RECEIVING PARTICULAR SERVICES

	Bremerton			Bellingham			Pioneer Square	
	PA	DVR	A P&P	PA	DVR	AP&P	PA	DVR
Basic Education	.01	.02	.02	.00	.04	.00	.00	.09
Employment	.08	.06	.15	.11	.11	.14	.01	.13
Education or Job Training	.14	.64	.11	.02	.61	.08	.02	.65
Medical or Dental Assistance	.39	.00	.09	.75	.00	.10	.75	.00
Counseling	.40	.12	.44	.11	.04	.35	.12	.31
Housing	.11	.00	.03	.21	.00	.03	.27	.01
Day Care	.09	.00	.00	.05	.01	.00	.03	.00
Food Stamps	.42	.01	.12	.76	.00	.13	.67	.00
Financial Grants	.80	.31	.14	.80	.30	.09	.92	.81
Housekeeper Services	.04	.01	.00	.16	.00	.01	.03	.00
Other	.03	.01	.00	.04	.01	.00	.02	.05
Number of Clients	146	141	92	185	108	127	124	132

CLIENT ATTITUDE SURVEY

TABLE 2B

*CLIENT EVALUATION OF SERVICE DELIVERY EFFICIENCY

		Bremerton								Bellingham								Pioneer Square							
		Time 1				Time 2				Time 1				Time 2				Time 1				Time 2			
PA	Items	Yes	(%)	No	(%)	Yes	(%)	No	(%)	Yes	(%)	No	(%)	Yes	(%)	No	(%)	Yes	(%)	No	(%)	Yes	(%)	No	(%)
Convenience of Location	1	52	(68)	6	(8)	26	(38)	8	(12)	45	(52)	11	(13)	71	(72)	11	(11)	49	(79)	2	(3)	58	(94)	3	(5)
Repeated Questions	4	25	(33)	29	(38)	14	(20)	27	(39)	42	(48)	29	(33)	51	(52)	29	(30)	23	(37)	25	(40)	19	(31)	33	(53)
Excessive Paperwork	5	18	(23)	43	(56)	9	(13)	36	(52)	30	(35)	39	(45)	34	(35)	47	(48)	16	(26)	29	(47)	11	(18)	47	(76)
Prolonged Delays	6	19	(25)	46	(60)	14	(20)	31	(45)	28	(32)	39	(45)	49	(50)	33	(34)	11	(18)	33	(53)	13	(21)	40	(65)
Frequent Returns	7	7	(9)	54	(70)	9	(13)	30	(44)	21	(24)	49	(56)	26	(27)	54	(55)	7	(11)	34	(55)	10	(16)	46	(74)
Number Of Clients		77				69				87				98				62				62			
DVR																									
Convenience of Location	1	61	(74)	6	(7)	36	(62)	9	(16)	49	(64)	3	(4)	20	(65)	2	(7)	64	(94)	1	(2)	54	(84)	3	(5)
Repeated Questions	4	21	(25)	52	(63)	21	(36)	29	(50)	11	(14)	50	(65)	2	(7)	18	(58)	12	(18)	48	(71)	15	(23)	35	(55)
Excessive Paperwork	5	15	(18)	58	(70)	13	(22)	38	(66)	6	(8)	59	(77)	3	(10)	20	(65)	10	(15)	53	(78)	10	(16)	45	(70)
Prolonged Delays	6	16	(19)	58	(70)	12	(21)	38	(66)	6	(8)	59	(77)	2	(7)	25	(81)	12	(18)	52	(77)	8	(13)	50	(78)
Frequent Returns	7	15	(18)	60	(72)	12	(21)	33	(57)	9	(12)	55	(71)	7	(23)	18	(58)	7	(10)	54	(79)	16	(25)	37	(58)
Number Of Clients		83				58				77				31				68				64			
APSP																									
Convenience of Location	1	33	(72)	4	(9)	24	(52)	11	(24)	56	(77)	4	(6)	34	(63)	4	(7)								
Repeated Questions	4	9	(20)	29	(63)	6	(13)	25	(54)	7	(10)	49	(67)	8	(15)	27	(50)								
Excessive Paperwork	5	10	(22)	28	(61)	5	(11)	26	(57)	5	(7)	54	(74)	5	(9)	36	(67)								
Prolonged Delays	6	4	(9)	38	(83)	5	(11)	34	(74)	10	(14)	57	(78)	6	(11)	35	(65)								
Frequent Returns	7	7	(15)	36	(78)	6	(13)	33	(72)	5	(7)	54	(74)	9	(17)	33	(61)								
Number of Clients		46				46				73				54											

* Client response to neutral or midpoint categories have been omitted in the summary.

TABLE 3B
SERVICE DELIVERY EFFICIENCY
CHI-SQUARE VALUES WITH ASSOCIATED PROBABILITIES

		Bremerton						Pioneer Square						Bellingham	
		T_1		T_2		T_1 vs T_2		T_1		T_2		T_1 vs T_2		T_1 vs T_2	
PA	Items	χ^2	P<	χ^2	P<	χ^2	P<	χ^2	P<	χ^2	P<	χ^2	P<	χ^2	P<
Convenience of Location	1	6.37	.05	10.79	.01	8.95	.02	*17.57	.001	*9.51	.01	----	ns	8.07	.02
Repeated Question	4	----	ns	9.55	.01	----	ns	----	ns	11.71	.01	----	ns	----	ns
Excessive Paperwork	5	----	ns	7.79	.025	----	ns	----	ns	12.33	.005	5.85	.10	----	ns
Prolonged Delays	6	----	ns	6.24	.05	----	ns	6.02	.05	16.48	.001	----	ns	6.08	.05
Frequent Returns	7	8.05	.02	----	ns	6.40	.05	----	ns	6.55	.05	----	ns	----	ns
DVR															
Convenience of Location	1	----	ns	----	ns	*8.01	.01	*18.88	.001	*4.76	.05	----	ns	----	ns
Repeated Question	4	----	ns	7.34	.05	----	ns	----	ns	----	ns	----	ns	----	ns
Excessive Paperwork	5	----	ns	----	ns	----	ns	----	ns	----	ns	----	ns	----	ns
Prolonged Delays	6	----	ns	*4.70	.05	----	ns	----	ns	----	ns	----	ns	----	ns
Frequent Returns	7	----	ns	----	ns	8.21	.02	----	ns	----	ns	6.82	.05	----	ns
**AP&P															
Convenience of Location	1	----	ns	4.87	.10	4.89	.10							----	ns
Repeated Question	4	----	ns	----	ns	----	ns							----	ns
Excessive Paperwork	5	*4.28	.05	----	ns	----	ns							----	ns
Prolonged Delays	6	----	ns	----	ns	----	ns							----	ns
Frequent Returns	7	----	ns	----	ns	----	ns							----	ns

ns = Non-significant results.
* Adjacent categories combined; degrees of freedom reduced from 2 to 1.
** AP&P in Pioneer Square did not participate.

* CLIENT EVALUATION OF SERVICE DELIVERY EFFECTIVENESS

		Scemerton								Bellingham								Pioneer Square							
		Time 1				Time 2				Time 1				Time 2				Time 1				Time 2			
PA	Items	Yes	(%)	No	(%)	Yes	(%)	No	(%)	Yes	(%)	No	(%)	Yes	(%)	No	(%)	Yes	(%)	No	(%)	Yes	(%)	No	(%)
Need Recognition	8	50	(65)	10	(13)	32	(46)	8	(12)	44	(51)	15	(17)	49	(50)	19	(19)	31	(50)	14	(23)	52	(84)	6	(10)
Service Satisfaction	13	53	(69)	4	(5)	30	(44)	6	(9)	52	(60)	15	(17)	59	(60)	13	(13)	39	(63)	10	(16)	55	(89)	4	(7)
Prompt Services	14	57	(74)	8	(10)	33	(48)	5	(7)	43	(49)	13	(15)	56	(57)	13	(13)	32	(52)	14	(23)	45	(73)	7	(11)
Critical Services	20	51	(66)	9	(12)	31	(45)	12	(17)	53	(61)	14	(16)	57	(58)	13	(13)	32	(52)	9	(15)	47	(76)	7	(11)
Comprehensive Services	21	37	(48)	18	(23)	28	(41)	13	(19)	34	(39)	30	(35)	30	(31)	34	(35)	18	(29)	22	(36)	34	(55)	16	(26)
Number Of Clients		77				69				87				98				62				62			
DVR																									
Need Recognition	8	52	(63)	14	(17)	29	(50)	16	(28)	41	(53)	12	(16)	16	(52)	6	(19)	48	(71)	8	(12)	33	(59)	11	(17)
Service Satisfaction	13	52	(63)	13	(16)	30	(52)	13	(22)	50	(65)	12	(16)	18	(58)	6	(19)	54	(79)	7	(10)	39	(61)	12	(19)
Prompt Services	14	47	(57)	18	(22)	27	(47)	19	(33)	45	(58)	10	(13)	18	(58)	3	(10)	51	(75)	11	(16)	41	(64)	10	(16)
Critical Services	20	45	(54)	17	(21)	28	(48)	21	(36)	40	(52)	18	(23)	13	(42)	11	(36)	51	(75)	10	(15)	36	(56)	11	(17)
Comprehensive Services	21	33	(40)	30	(36)	16	(28)	26	(45)	24	(31)	28	(36)	12	(39)	10	(32)	37	(54)	18	(27)	27	(42)	21	(33)
Number Of Clients		83				58				77				31				68				64			
APA2																									
Need Recognition	8	25	(54)	9	(20)	20	(44)	11	(24)	32	(44)	19	(26)	25	(46)	16	(30)								
Service Satisfaction	13	32	(70)	3	(7)	25	(54)	13	(28)	45	(62)	10	(14)	32	(59)	7	(13)								
Prompt Services	14	31	(67)	6	(13)	26	(57)	10	(22)	44	(60)	10	(14)	31	(57)	5	(9)								
Critical Services	20	24	(52)	10	(22)	18	(39)	16	(35)	34	(47)	21	(29)	24	(44)	21	(39)								
Comprehensive Services	21	22	(48)	15	(33)	13	(28)	19	(41)	36	(49)	19	(26)	20	(37)	14	(26)								
Number Of Clients		46				46				73				54											

*Client response to neutral or midpoint categories have been omitted in the summary.

TABLE 5B
SERVICE DELIVERY EFFICIENCY
CHI-SQUARE VALUES WITH ASSOCIATED PROBABILITIES

		Bremerton						Pioneer Square						Bellingham	
		T_1		T_2		T_1 vs T_2		T_1		T_2		T_1 vs T_2		T_1 vs T_2	
PA	Items	χ^2	p<	χ^2	p<	χ^2	p<	χ^2	p<	χ^2	p<	χ^2	p<	χ^2	p<
Need Recognition	8	----	ns	----	ns	----	ns	----	ns	*21.83	.001	----	ns	---	ns
Service Satisfaction	13	7.45	.05	----	ns	----	ns	----	ns	*14.62	.001	*6.54	.02	---	ns
Prompt Service	14	9.13	.01	----	ns	----	ns	----	ns	*7.01	.01	*3.79	.10	---	ns
Critical Services	20	----	ns	5.87	.10	----	ns	----	ns	7.60	.05	4.93	.10	---	ns
Comprehensive Services	21	----	ns	11.53	.01	----	ns	----	ns	6.82	.05	5.85	.10	---	ns
IWR															
Need Recognition	8	----	ns	----	ns	----	ns	----	ns	----	ns	----	ns	---	ns
Service Satisfaction	13	----	ns	----	ns	----	ns	----	ns	----	ns	----	ns	---	ns
Prompt Service	14	----	ns	*3.06	.10	----	ns	----	ns	----	ns	----	ns	---	ns
Critical Services	20	----	ns	----	ns	5.18	.10	5.42	.10	----	ns	----	ns	---	ns
Comprehensive Services	21	----	ns	----	ns	----	ns	4.61	.10	----	ns	----	ns	---	ns
**AP&P															
Need Recognition	8	----	ns	----	ns	----	ns							---	ns
Service Satisfaction	13	----	ns	----	ns	7.32	.05							---	ns
Prompt Service	14	----	ns	----	ns	----	ns							---	ns
Critical Services	20	----	ns	----	ns	----	ns							---	ns
Comprehensive Services	21	----	ns	----	ns	----	ns							---	ns

ns = Non-significant results.
* Adjacent categories combined; degrees of freedom reduced from 2 to 1.
** AP&P in Pioneer Square did not participate.

*CLIENT ATTITUDES TOWARDS SERVICE WORKER AND PROGRAM

		Bremerton								Bellingham								Pioneer Square							
		Time 1				Time 2				Time 1				Time 2				Time 1				Time 2			
	Items	Yes	(%)	No	(%)	Yes	(%)	No	(%)	Yes	(%)	No	(%)	Yes	(%)	No	(%)	Yes	(%)	No	(%)	Yes	(%)	No	(%)
PA																									
Courteous Demeanor	2	63	(82)	0	(0)	45	(65)	0	(0)	66	(76)	4	(5)	61	(62)	6	(6)	44	(71)	2	(3)	57	(92)	1	(2)
Service Worker Involvement	10	59	(77)	5	(7)	34	(49)	8	(12)	62	(71)	8	(9)	63	(64)	13	(13)	37	(60)	9	(15)	49	(79)	7	(11)
Service Worker Concern	11	53	(69)	6	(8)	31	(45)	2	(3)	67	(77)	10	(12)	53	(54)	16	(16)	35	(57)	5	(8)	47	(76)	6	(10)
Recommendation	17	61	(79)	2	(3)	42	(61)	3	(4)	69	(79)	4	(5)	80	(82)	6	(6)	46	(74)	6	(10)	52	(84)	7	(11)
Number Of Clients		77				69				87				98				62				62			
DVR																									
Courteous Demeanor	2	72	(87)	1	(1)	51	(88)	1	(2)	60	(76)	1	(1)	26	(84)	0	(0)	63	(93)	2	(3)	57	(89)	0	(0)
Service Worker Involvement	10	61	(74)	9	(11)	44	(76)	7	(12)	59	(77)	3	(4)	20	(65)	7	(23)	61	(90)	4	(6)	50	(78)	9	(14)
Service Worker Concern	11	50	(60)	11	(13)	34	(59)	14	(24)	40	(52)	7	(9)	21	(68)	2	(7)	57	(84)	4	(6)	48	(75)	4	(6)
Recommendation	17	71	(86)	3	(4)	44	(76)	4	(7)	60	(78)	5	(7)	22	(71)	0	(0)	56	(82)	5	(7)	50	(75)	4	(6)
Number Of Clients		83				58				77				31				68				64			
AP&P																									
Courteous Demeanor	2	40	(97)	0	(0)	37	(80)	1	(2)	62	(85)	2	(3)	40	(74)	2	(4)								
Service Worker Involvement	10	38	(83)	2	(4)	35	(76)	3	(7)	59	(81)	6	(8)	37	(69)	5	(9)								
Service Worker Concern	11	32	(70)	4	(9)	28	(61)	8	(17)	46	(63)	6	(8)	33	(61)	7	(13)								
Recommendation	17	24	(52)	5	(11)	23	(50)	12	(26)	24	(33)	23	(32)	12	(22)	19	(35)								
Number Of Clients		46				46				73				54											

*Client response to neutral or midpoint categories have been omitted in the summary.

TABLE 7B
CLIENT ATTITUDE TOWARDS DSHS PROGRAM
CHI-SQUARE VALUES WITH ASSOCIATED PROBABILITIES

		Bremerton						Pioneer Square						Bellingham	
		T_1		T_2		T_1 vs T_2		T_1		T_2		T_1 vs T_2		T_1 vs T_2	
PA	Items	X^2	P<	X^2	P<	X^2	P<	X^2	P<	X^2	P<	X^2	P<	X^2	P<
Courteous Demeanor	2	*4.27	.05	9.81	.01	----	ns	----	ns	*15.79	.001	----	ns	*4.39	.05
Service Worker Involvement	10	----	ns	----	ns	----	ns	----	ns	*3.61	.10	----	ns	----	ns
Service Worker Concern	11	----	ns	----	ns	----	ns	----	ns	*8.12	.01	----	ns	*7.34	.01
Client Recommendation	17	----	ns	----	ns	----	ns	----	ns	----	ns	----	ns	----	ns
DVR															
Courteous Demeanor	2	----	ns	----	ns	----	ns	----	ns	----	ns	----	ns	----	ns
Service Worker Involvement	10	----	ns	----	ns	----	ns	----	ns	*2.76	.10	*2.90	.10	*3.58	.10
Service Worker Concern	11	----	ns	----	ns	----	ns	*9.61	.01	----	ns	----	ns	----	ns
Client Recommendation	17	----	ns	----	ns	----	ns	----	ns	----	ns	----	ns	----	ns
**AP&P															
Courteous Demeanor	2	----	ns	----	ns	----	ns							----	ns
Service Worker Involvement	10	----	ns	----	ns	----	ns							----	ns
Service Worker Concern	11	----	ns	----	ns	----	ns							----	ns
Client Recommendation	17	*6.93	.01	*3.73	.10	----	ns							----	ns

ns = Non-significant results.
* Adjacent categories combined; degrees of freedom reduced from 2 to 1.
** AP&P in Pioneer Square did not participate.

CLIENT ATTITUDE SURVEY

TABLE 8B

* CLIENT ESTIMATE OF NUMBER AND SUCCESS OF REFERRALS

		Bremerton								Bellingham								Pioneer Square							
		Time 1				Time 2				Time 1				Time 2				Time 1				Time 2			
PA	Items	Yes	(%)	No	(%)	Yes	(%)	No	(%)	Yes	(%)	No	(%)	Yes	(%)	No	(%)	Yes	(%)	No	(%)	Yes	(%)	No	(%)
Referrals	23	21	(26)	56	(73)	16	(23)	38	(55)	23	(32)	59	(68)	39	(40)	57	(58)	17	(27)	38	(61)	27	(44)	34	(55)
Referral Success	25	12	(16)	2	(3)	11	(16)	4	(6)	6	21.4	10	(12)	15	38.5	11	(11)	7	(11)	4	(7)	19	(31)	4	(7)
Number Of Clients		77				69				87				98				62				62			
DVR																									
Referrals	23	26	(31)	56	(63)	18	(31)	38	(66)	20	(26)	53	(69)	9	(29)	19	(61)	33	(49)	34	(50)	33	(52)	29	(45)
Referral Success	25	16	(19)	4	(5)	7	(12)	4	(7)	8	40	6	(8)	5	55.6	1	(3)	18	(27)	6	(9)	9	(14)	12	(19)
Number Of Clients		83				58				77				31				68				64			
AP&P																									
Referrals	23	11	(24)	33	(72)	15	(33)	29	(63)	21	(29)	47	(64)	12	(22)	39	(72)								
Referral Success	25	5	(11)	0	(0)	5	(11)	4	(9)	5	23.8	9	(12)	2	16.7	5	(9)								
Number Of Clients		46				46				73				54											

*Client response to neutral or midpoint categories have been omitted in the summary.

CLIENT ATTITUDE SURVEY

TABLE 9B

*CLIENT EVALUATION OF INFORMATION-SHARING WITHIN DSHS PROGRAM

		Bremerton								Bellingham								Pioneer Square							
		Time 1				Time 2				Time 1				Time 2				Time 1				Time 2			
PA	Items	Yes	(%)	No	(%)	Yes	(%)	No	(%)	Yes	(%)	No	(%)	Yes	(%)	No	(%)	Yes	(%)	No	(%)	Yes	(%)	No	(%)
Knowledge of Services	3	[illegible]	(73)	31	(40)	20	(29)	15	(22)	22	(25)	37	(43)	32	(33)	34	(35)	22	(36)	15	(24)	36	(58)	17	(27)
Adequate Explanations	9	60	(78)	6	(8)	39	(57)	6	(9)	48	(55)	12	(14)	52	(53)	16	(16)	35	(57)	9	(15)	49	(79)	6	(10)
Opportunity for Question	12	68	(88)	7	(9)	41	(59)	3	(4)	63	(72)	7	(6)	75	(77)	3	(3)	45	(73)	4	(7)	52	(84)	5	(8)
Number Of Clients		77				69				87				98				62				62			
DVR																									
Knowledge of Services	3	22	(27)	35	(42)	16	(28)	29	(50)	26	(34)	26	(34)	11	(36)	13	(42)	34	(50)	24	(35)	26	(41)	21	(33)
Adequate Explanations	9	59	(71)	7	(8)	42	(72)	8	(14)	47	(61)	8	(10)	20	(65)	0	(0)	60	(88)	2	(3)	49	(77)	8	(13)
Opportunity for Question	12	73	(88)	1	(1)	44	(76)	6	(10)	59	(77)	4	(5)	26	(84)	3	(10)	67	(99)	0	(0)	57	(89)	4	(6)
Number Of Clients		83				58				77				31				68				64			
ADSP																									
Knowledge of Services	3	7	(15)	17	(37)	13	(28)	16	(35)	34	(47)	23	(32)	16	(30)	18	(33)								
Adequate Explanations	9	34	(74)	4	(9)	28	(61)	4	(9)	46	(63)	10	(14)	30	(56)	8	(15)								
Opportunity for Question	12	41	(89)	4	(9)	33	(72)	6	(13)	61	(84)	5	(7)	43	(80)	3	(6)								
Number Of Clients		46				46				73				54											

*Client response to neutral or midpoint categories have been omitted in the summary.

CLIENT ATTITUDE SURVEY

TABLE 10B

* CLIENT PARTICIPATION IN THE DEVELOPMENT OF SERVICE PROGRAMS

		Bremerton								Bellingham								Pioneer Square							
		Time 1				Time 2				Time 1				Time 2				Time 1				Time 2			
PA	Items	Yes	(%)	No	(%)	Yes	(%)	No	(%)	Yes	(%)	No	(%)	Yes	(%)	No	(%)	Yes	(%)	No	(%)	Yes	(%)	No	(%)
Freedom for Complaints	15	55	(71)	8	(10)	28	(41)	8	(12)	44	(51)	23	(26)	66	(67)	22	(22)	42	(68)	8	(13)	49	(79)	7	(11)
Effectiveness of Complaints	16	22	(29)	19	(25)	15	(22)	11	(16)	19	(22)	29	(33)	26	(27)	27	(28)	21	(34)	13	(21)	29	(47)	14	(23)
Number Of Clients		77				69				87				98				62				62			
DVR																									
Freedom for Complaints	15	50	(60)	16	(19)	36	(62)	14	(24)	41	(53)	12	(16)	21	(68)	5	(16)	61	(90)	2	(3)	51	(80)	6	(9)
Effectiveness of Complaints	16	20	(24)	17	(21)	9	(16)	16	(28)	16	(21)	16	(21)	9	(29)	2	(7)	33	(49)	9	(13)	27	(42)	17	(27)
Number Of Clients		83				58				77				31				68				64			
APSP																									
Freedom for Complaints	15	29	(63)	6	(13)	33	(72)	8	(17)	49	(67)	9	(12)	31	(57)	12	(22)								
Effectiveness of Complaints	16	12	(26)	7	(15)	10	(22)	10	(22)	15	(21)	15	(21)	11	(20)	11	(20)								
Number Of Clients		46				46				73				54											

*Client responses to neutral or midpoint categories have been omitted in the summary.

TABLE 1C

*STAFF EVALUATION OF SERVICE DELIVERY EFFICIENCY
PUBLIC ASSISTANCE

Item		Bremerton								Bellingham								Pioneer Square							
		Time 1				Time 2				Time 1				Time 2				Time 1				Time 2			
		F	(%)	IF	(%)	F	(%)	IF	(%)	F	(%)	IF	(%)	F	(%)	IF	(%)	F	(%)	IF	(%)	F	(%)	IF	(%)
Repetitive Interviews	(2e)	9	(30)	7	(23)	6	(26)	7	(30)	26	(77)	2	(6)	21	(68)	4	(13)	8	(80)	0	(0)	3	(50)	1	(17)
Frequent Returns	(2f)	3	(10)	10	(33)	6	(26)	7	(30)	12	(35)	4	(12)	11	(36)	11	(36)	5	(50)	1	(10)	2	(33)	2	(33)
Duplicate Forms Single Service	(2g)	3	(10)	14	(47)	3	(13)	7	(30)	21	(62)	3	(9)	15	(48)	7	(23)	6	(60)	0	(0)	3	(50)	0	(0)
Duplicate Forms Multi-Service	(2r)	6	(20)	6	(20)	4	(17)	5	(22)	22	(65)	4	(12)	15	(48)	4	(13)	6	(60)	0	(0)	3	(50)	0	(0)
Excessive Paperwork	(2s)	12	(40)	4	(13)	8	(35)	3	(13)	20	(59)	6	(18)	15	(48)	7	(23)	7	(70)	0	(0)	4	(67)	1	(17)
Administrative Support	(18b)	5	(17)	6	(20)	5	(22)	3	(13)	9	(27)	12	(35)	11	(36)	8	(26)	2	(20)	3	(30)	2	(33)	2	(33)
Prompt Services	(21)	22	(73)	0	(0)	18	(78)	0	(0)	17	(50)	1	(3)	24	(77)	0	(0)	7	(70)	0	(0)	3	(50)	0	(0)
Delayed Termination	(2w)	2	(7)	9	(30)	0	(0)	9	(39)	1	(3)	15	(44)	3	(10)	11	(35)	1	(10)	5	(50)	1	(17)	4	(67)
Number of Staff		30				23				34				31				10				6			

* Staff responses to neutral or midpoint categories have been omitted in the summary.
F Frequent
IF Infrequent

TABLE 2C

*STAFF EVALUATION OF SERVICE DELIVERY EFFICIENCY
NON-PUBLIC ASSISTANCE

Item		Bremerton								Bellingham								Pioneer Square							
		Time 1				Time 2				Time 1				Time 2				Time 1				Time 2			
		F	(%)	IF	(%)	F	(%)	IF	(%)	F	(%)	IF	(%)	F	(%)	IF	(%)	F	(%)	IF	(%)	F	(%)	IF	(%)
Repetitive Interviews	(2e)	2	(25)	0	(0)	1	(20)	3	(60)	1	(17)	4	(67)	0	(0)	3	(60)	5	(26)	5	(26)	1	(33)	0	(0)
Frequent Returns	(2f)	1	(13)	2	(25)	0	(0)	2	(40)	0	(0)	2	(33)	1	(20)	1	(20)	2	(11)	6	(32)	1	(33)	0	(0)
Duplicate Forms Single Service	(2g)	2	(25)	2	(25)	1	(20)	2	(40)	1	(17)	4	(67)	1	(20)	3	(60)	3	(16)	5	(26)	0	(0)	3	(100)
Duplicate Forms Multi-Service	(2r)	3	(38)	1	(13)	3	(60)	1	(20)	1	(17)	0	(0)	2	(40)	2	(40)	10	(53)	3	(16)	2	(67)	1	(33)
Excessive Paperwork	(2s)	1	(13)	2	(25)	0	(0)	2	(40)	1	(17)	5	(83)	0	(0)	4	(80)	9	(47)	5	(26)	0	(0)	2	(67)
Administrative Support	(18b)	2	(25)	0	(0)	2	(40)	0	(0)	1	(17)	2	(33)	2	(40)	0	(0)	3	(16)	6	(32)	1	(33)	0	(0)
Prompt Services	(2i)	4	(50)	0	(0)	3	(60)	0	(0)	4	(67)	0	(0)	5	(100)	0	(0)	11	(58)	0	(0)	2	(67)	0	(0)
Delayed Termination	(2w)	0	(0)	1	(13)	0	(0)	2	(40)	0	(0)	4	(67)	0	(0)	1	(20)	1	(5)	7	(37)	0	(0)	1	(33)
Number Of Staff		8				5				6				5				19				3			

* Staff responses to neutral or midpoint categories have been omitted in the summary.
F Frequent
IF Infrequent

TABLE 3C

STAFF EVALUATION OF SERVICE DELIVERY EFFECTIVENESS
PUBLIC ASSISTANCE

Item	Bremerton Time 1 F	(%)	IF	(%)	Bremerton Time 2 F	(%)	IF	(%)	Bellingham Time 1 F	(%)	IF	(%)	Bellingham Time 2 F	(%)	IF	(%)	Pioneer Square Time 1 F	(%)	IF	(%)	Pioneer Square Time 2 F	(%)	IF	(%)
Need Identification (7b)	22	(73)	0	(0)	14	(61)	0	(0)	19	(56)	1	(3)	21	(63)	1	(3)	5	(50)	1	(10)	2	(33)	0	(0)
Lack of Comprehensive Services (7c)	1	(3)	10	(33)	1	(4)	9	(39)	9	(27)	2	(6)	5	(16)	7	(23)	1	(10)	1	(10)	1	(17)	2	(33)
Helpful Services (7y)	20	(67)	0	(0)	14	(61)	0	(0)	20	(59)	0	(0)	19	(61)	2	(6)	4	(40)	1	(10)	2	(33)	0	(0)
Irrelevant Services (7d)	0	(0)	17	(57)	1	(4)	15	(65)	0	(0)	23	(68)	0	(0)	19	(61)	1	(10)	5	(50)	0	(0)	5	(83)
Client Self-Sufficiency (7e)	6	(20)	7	(23)	4	(17)	1	(4)	5	(15)	10	(29)	5	(16)	11	(35)	0	(0)	5	(50)	0	(0)	6	(100)
Premature Termination (7k)	0	(0)	18	(60)	1	(4)	11	(48)	3	(9)	16	(47)	0	(0)	11	(35)	3	(30)	3	(30)	3	(50)	1	(17)
Excessive Regulations (18a)	6	(20)	7	(23)	4	(17)	3	(13)	14	(41)	2	(6)	9	(29)	6	(19)	2	(20)	2	(20)	4	(67)	1	(17)
Item	**A**	**(%)**	**DA**	**(%)**	**A**	**(%)**	**DA**	**(%)**	**A**	**(%)**	**DA**	**(%)**	**A**	**(%)**	**DA**	**(%)**	**A**	**(%)**	**DA**	**(%)**	**A**	**(%)**	**DA**	**(%)**
Accessible Services ** (S12)	23	(77)	7	(23)	18	(78)	5	(22)	13	(38)	21	(62)	17	(55)	14	(45)	6	(60)	3	(30)	3	(50)	3	(50)
Critical Services S17	18	(60)	12	(40)	11	(48)	11	(48)	15	(44)	19	(56)	15	(48)	15	(48)	5	(50)	4	(40)	1	(17)	5	(83)
Appropriate Services PA Fin. S9	19	(63)	11	(37)	14	(61)	9	(39)	9	(27)	25	(74)	9	(36)	19	(61)	4	(40)	5	(50)	0	(0)	5	(100)
Appropriate Services PA Soc. S10	27	(90)	3	(10)	20	(87)	2	(9)	22	(65)	12	(35)	20	(64)	11	(36)	5	(50)	4	(40)	2	(33)	4	(67)
Client Self-Sufficiency PA S16	25	(83)	5	(17)	17	(74)	4	(17)	18	(53)	16	(47)	18	(58)	12	(39)	8	(80)	1	(10)	5	(83)	1	(17)
Client Self-Sufficiency DVR S8	21	(70)	5	(17)	16	(70)	6	(26)	20	(59)	11	(32)	23	(74)	5	(16)	2	(20)	7	(70)	2	(33)	4	(67)
Prohibitive Eligibility Requirements S19	18	(60)	1	(40)	10	(44)	13	(56)	27	(79)	7	(21)	23	(74)	5	(16)	3	(30)	6	(60)	5	(83)	1	(17)
Number Of Staff	30				23				34				31				10				6			

* Staff responses to mid-point or neutral categories have been omitted in the summary.
** S designates items from SAS Supplement.

F = Frequent
IF = Infrequent
A = Agree
DA = Disagree

TABLE 4C

*STAFF EVALUATION OF SERVICE DELIVERY EFFECTIVENESS
NON-PUBLIC ASSISTANCE

Item	Bremerton								Bellingham								Pioneer Square							
	Time 1				Time 2				Time 1				Time 2				Time 1				Time 2			
	F	(%)	IF	(%)	F	(%)	IF	(%)	F	(%)	IF	(%)	F	(%)	IF	(%)	F	(%)	IF	(%)	F	(%)	IF	(%)
Need Identification (2b)	5	(63)	0	(0)	3	(60)	0	(0)	5	(83)	1	(17)	4	(80)	0	(0)	11	(58)	1	(5)	2	(67)	0	(0)
Lack of Comprehensive Services (2c)	1	(13)	0	(0)	4	(80)	0	(0)	1	(17)	2	(33)	0	(0)	1	(20)	4	(21)	6	(32)	0	(0)	1	(33)
Helpful Services (2v)	2	(25)	0	(0)	2	(40)	0	(0)	3	(50)	0	(0)	2	(40)	0	(0)	8	(42)	1	(5)	2	(67)	0	(0)
Irrelevant Services (2d)	0	(0)	5	(63)	3	(60)	2	(40)	0	(0)	5	(83)	0	(0)	0	(0)	0	(0)	12	(63)	0	(0)	2	(67)
Client Self-Sufficiency (2u)	4	(50)	0	(0)	1	(20)	1	(20)	2	(33)	0	(0)	1	(20)	0	(0)	11	(58)	0	(0)	2	(67)	0	(0)
Premature Termination (2x)	0	(0)	2	(25)	0	(0)	3	(60)	0	(0)	5	(83)	0	(0)	3	(60)	0	(0)	14	(74)	0	(0)	3	(100)
Excessive Regulations (18a)	1	(13)	1	(13)	1	(20)	2	(40)	1	(17)	3	(50)	1	(20)	0	(0)	2	(11)	9	(47)	0	(0)	1	(33)
Item	**A**	**(%)**	**DA**	**(%)**	**A**	**(%)**	**DA**	**(%)**	**A**	**(%)**	**DA**	**(%)**	**A**	**(%)**	**DA**	**(%)**	**A**	**(%)**	**DA**	**(%)**	**A**	**(%)**	**DA**	**(%)**
Accessible Services **S12	3	(38)	2	(25)	3	(60)	2	(40)	5	(83)	0	(0)	5	(100)	0	(0)	8	(42)	9	(47)	2	(67)	1	(33)
Critical Services S17	3	(38)	2	(25)	2	(40)	2	(40)	4	(67)	0	(0)	2	(40)	3	(60)	7	(37)	12	(63)	2	(67)	1	(33)
Appropriate Services PA Fin. S9	3	(38)	2	(25)	2	(40)	2	(40)	3	(50)	2	(33)	5	(100)	0	(0)	8	(42)	11	(58)	3	(100)	0	(0)
Appropriate Services PA Soc. S10	5	(63)	3	(37)	3	(60)	1	(20)	3	(50)	2	(33)	3	(60)	2	(40)	5	(26)	14	(74)	1	(33)	2	(67)
Client Self-Sufficiency PA S16	4	(50)	1	(13)	3	(60)	2	(40)	2	(33)	2	(33)	2	(40)	3	(60)	3	(16)	15	(79)	1	(33)	2	(67)
Client Self-Sufficiency DVR S8	5	(63)	0	(0)	3	(60)	2	(40)	5	(83)	0	(0)	5	(100)			12	(63)	6	(32)	2	(67)	1	(33)
Prohibitive Eligibility Requirements S19	4	(50)	1	(13)	2	(40)	3	(60)	2	(33)	1	(17)	3	(60)	2	(40)	10	(53)	9	(47)	1	(33)	2	(67)
Number Of Staff	8				5				6				5				19				3			

* Staff responses to neutral or midpoint categories have been omitted in the summary.
** S designates items from SAS Supplement.

F = Frequent
IF = Infrequent
A = Agree
DA = Disagree

TABLE 5C

*STAFF EVALUATION OF PERSONAL EFFECTIVENESS AND JOB ATTRIBUTES
PUBLIC ASSISTANCE

Item	Bremerton								Bellingham								Pioneer Square							
	Time 1				Time 2				Time 1				Time 2				Time 1				Time 2			
	F	(%)	IF	(%)	F	(%)	IF	(%)	F	(%)	IF	(%)	F	(%)	IF	(%)	F	(%)	IF	(%)	F	(%)	IF	(%)
Job Effectiveness (18h)	19	(63)	0	(0)	17	(74)	0	(0)	14	(41)	1	(3)	18	(58)	0	(0)	3	(30)	1	(10)	2	(33)	0	(0)
Sufficient Time (18i)	12	(40)	1	(3)	10	(44)	3	(13)	9	(26)	9	(26)	9	(29)	9	(29)	2	(20)	4	(40)	2	(33)	2	(33)
Personal Accountability (18m)	22	(73)	0	(0)	20	(87)	0	(0)	24	(71)	0	(0)	26	(84)	0	(0)	4	(40)	1	(10)	3	(50)	3	(50)
Supervisory Support (18o)	24	(80)	0	(0)	18	(78)	0	(0)	30	(88)	0	(0)	22	(71)	3	(10)	8	(80)	0	(0)	6	(100)	0	(0)
Efficient Appt. Schedule (18s)	17	(57)	0	(0)	10	(43)	0	(0)	15	(44)	1	(3)	19	(61)	2	(6)	7	(70)	1	(10)	5	(83)	0	(0)
Excessive Paperwork (18j)	18	(60)	3	(10)	14	(61)	3	(13)	26	(77)	3	(9)	19	(61)	5	(16)	6	(60)	0	(0)	4	(67)	1	(17)
Clerical Support (19g)	13	(43)	13	(43)	7	(30)	15	(65)	9	(27)	19	(56)	10	(32)	19	(61)	6	(60)	2	(20)	3	(50)	1	(17)
Adequate Privacy (19f)	19	(60)	7	(23)	17	(74)	5	(22)	7	(21)	23	(68)	7	(23)	22	(70)	3	(30)	6	(60)	2	(33)	4	(67)
In-Service Training (19c)	7	(23)	12	(40)	13	(57)	2	(9)	10	(29)	13	(38)	10	(37)	13	(42)	4	(40)	4	(40)	2	(33)	1	(17)
Appropriate Job Assignment (18t)	17	(57)	3	(10)	17	(74)	1	(4)	17	(50)	1	(3)	18	(58)	1	(3)	4	(40)	2	(20)	3	(50)	1	(17)
Personal Freedom (18l)	22	(73)	2	(7)	20	(87)	1	(4)	17	(50)	3	(9)	21	(68)	1	(3)	8	(80)	1	(10)	5	(83)	0	(0)
Item	A	(%)	DA	(%)	A	(%)	DA	(%)	A	(%)	DA	(%)	A	(%)	DA	(%)	A	(%)	DA	(%)	A	(%)	DA	(%)
Feelings of Accomplishment**.S7	23	(77)	7	(23)	22	(96)	1	(4)	25	(74)	10	(29)	22	(71)	8	(26)	5	(50)	4	(40)	3	(50)	3	(50)
Frustrated and Ineffective S14	13	(43)	17	(57)	12	(52)	11	(48)	18	(53)	17	(50)	19	(61)	12	(39)	5	(40)	4	(40)	5	(83)	1	(17)
Number Of Staff	30				23				34				31				10				6			

* Staff responses to midpoint or neutral categories have been omitted in the summary.
** S designates items from the SAS Supplement.

F = Frequent
IF = Infrequent
A = Agree
DA = Disagree

TABLE 6C

*STAFF EVALUATION OF PERSONAL EFFECTIVENESS AND JOB ATTRIBUTES
NON-PUBLIC ASSISTANCE

Item	Bremerton								Bellingham								Pioneer Square							
	Time 1				Time 2				Time 1				Time 2				Time 1				Time 2			
	F	(%)	IF	(%)	F	(%)	IF	(%)	F	(%)	IF	(%)	F	(%)	IF	(%)	F	(%)	IF	(%)	F	(%)	IF	(%)
Job Effectiveness (18h)	3	(38)	0	(0)	3	(60)	0	(0)	5	(83)	0	(0)	5	(100)	0	(0)	12	(63)	2	(10)	2	(67)	0	(0)
Sufficient Time (18i)	3	(38)	2	(25)	2	(40)	2	(40)	2	(33)	1	(17)	3	(60)	1	(20)	6	(32)	7	(37)	1	(33)	1	(33)
Personal Accountability (18m)	4	(50)	0	(0)	4	(80)	0	(0)	5	(83)	1	(17)	3	(60)	0	(0)	15	(79)	1	(5)	2	(67)	0	(0)
Supervisory Support (18o)	4	(50)	0	(0)	4	(80)	0	(0)	4	(67)	2	(33)	5	(100)	0	(0)	14	(74)	1	(5)	2	(67)	0	(0)
Efficient Appt. Schedule (18s)	3	(38)	3	(0)	3	(60)	0	(0)	4	(67)	0	(0)	4	(80)	1	(20)	14	(74)	0	(0)	3	(100)	0	(0)
Excessive Paperwork (18j)	4	(50)	0	(0)	3	(60)	0	(0)	1	(17)	1	(17)	2	(40)	2	(40)	7	(37)	4	(21)	1	(33)	0	(0)
Clerical Support (19g)	3	(38)	2	(25)	2	(40)	3	(60)	3	(50)	3	(50)	2	(40)	2	(40)	9	(47)	8	(42)	1	(33)	2	(67)
Adequate Privacy (19f)	5	(62)	0	(0)	5	(100)	0	(0)	6	(100)	0	(0)	5	(100)	0	(0)	16	(84)	3	(16)	3	(100)	0	(0)
In-Service Training (19c)	4	(50)	3	(0)	3	(50)	1	(20)	3	(50)	1	(17)	3	(60)	0	(0)	9	(47)	5	(26)	1	(53)	0	(0)
Appropriate Job Assignment (18c)	4	(50)	0	(0)	4	(80)	0	(0)	6	(100)	0	(0)	5	(100)	0	(0)	12	(63)	1	(5)	2	(67)	0	(0)
Personal Freedom (18l)	4	(50)	0	(0)	4	(80)	0	(0)	4	(67)	1	(17)	5	(100)	0	(0)	11	(58)	1	(5)	2	(67)	0	(0)
Item	A	(%)	DA	(%)	A	(%)	DA	(%)	A	(%)	DA	(%)	A	(%)	DA	(%)	A	(%)	DA	(%)	A	(%)	DA	(%)
Feelings of Accomplishment ** S7	4	(50)	1	(13)	4	(80)	1	(20)	3	(50)	2	(33)	5	(100)	0	(0)	17	(89)	2	(11)	3	(100)	0	(0)
Frustrated and Ineffective S14	3	(38)	2	(25)	2	(40)	3	(60)	3	(50)	2	(33)	1	(20)	3	(60)	8	(42)	11	(58)	0	(0)	3	(100)
Number Of Staff	8				5				6				5				19				3			

* Staff responses to neutral or midpoint categories have been omitted in the summary.
** S designates items from the SAS Supplement.

F = Frequent
IF = Infrequent
A = Agree
DA = Disagree

TABLE 7C

STAFF RATINGS OF JOB SATISFACTION
PUBLIC ASSISTANCE

Dimension	Bremerton		Bellingham		Pioneer Square	
	Time 1	Time 2	Time 1	Time 2	Time 1	Time 2
	Mean Rating	Mean Rating	Mean Rating	Mean Rating	Mean Rating	Mean Rating
Interesting - Dull	1.8	1.6	1.7	1.7	2.6	2.2
Difficult - Easy	2.7	2.6	2.7	2.6	3.1	2.7
Important - Unimportant	1.6	1.7	1.7	1.9	2.2	2.3
Satisfying - Frustrating	2.0	1.8	2.3	2.0	3.2	3.2
Much Skill - Little Skill	2.0	2.0	2.1	2.0	3.1	2.8
Much Dedication - Little Dedication	2.1	2.0	2.0	1.9	2.3	2.3
Initiative - No Initiative	1.5	1.6	1.6	1.5	2.3	2.3
Appreciated - Unappreciated	2.3	2.1	2.2	2.1	3.0	3.3

TABLE 8C

STAFF RATINGS OF JOB SATISFACTION
NON-PUBLIC ASSISTANCE

Dimension	Bremerton		Bellingham		Pioneer Square	
	Time 1	Time 2	Time 1	Time 2	Time 1	Time 2
	Mean Rating	Mean Rating	Mean Rating	Mean Rating	Mean Rating	Mean Rating
Interesting - Dull	1.6	2.0	1.5	1.6	1.7	2.0
Difficult - Easy	2.0	3.2	2.7	2.4	3.1	3.7
Important - Unimportant	1.2	2.2	1.5	1.7	1.8	1.7
Satisfying - Frustrating	2.0	2.6	2.0	2.2	2.3	2.3
Much Skill - Little Skill	2.0	2.2	1.8	1.6	2.5	2.3
Much Dedication - Little Dedication	1.2	1.2	1.7	1.6	2.4	3.0
Initiative - No Initiative	1.2	1.4	1.5	1.4	1.7	1.7
Appreciated - Unappreciated	2.4	3.0	2.0	2.4	2.8	2.0

STAFF ATTITUDE SURVEY

TABLE 9C

ESTIMATED MEAN PERCENT OF STAFF TIME ALLOCATED TO VARIOUS ACTIVITIES
PUBLIC ASSISTANCE AND NON-PUBLIC ASSISTANCE

	Bremerton		Bellingham		Pioneer Square	
	Time 1	Time 2	Time 1	Time 2	Time 1	Time 2
Public Assistance	Mean Percent	Mean Percent	Mean Percent	Mean Percent	Mean Percent	Mean Percent
Client Intake	15.97	12.00	9.57	10.67	14.78	22.83
Need Identification	19.01	15.91	8.86	10.33	17.56	21.17
Service Delivery	42.00	44.17	43.43	40.83	31.44	25.33
Administrative Matters	22.96	27.92	38.14	38.17	36.22	30.67
Other	0.06	0.00	0.00	0.00	0.00	0.00
Non-Public Assistance						
Client Intake	13.00	17.00	11.00	19.00	12.00	24.50
Need Identification	16.00	28.00	17.00	16.00	13.67	22.00
Service Delivery	37.00	27.00	41.00	35.00	36.44	34.50
Administrative Matters	34.00	28.00	31.00	30.00	37.89	19.00
Other	0.00	0.00	0.00	0.00	0.00	0.00

TABLE 10C

STAFF ESTIMATES OF CASELOADS AND CASE CLOSURES
PUBLIC ASSISTANCE AND NON-PUBLIC ASSISTANCE

	Bremerton				Bellingham				Pioneer Square			
	Time 1		Time 2		Time 1		Time 2		Time 1		Time 2	
Public Assistance	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Current Caseload	26.0	25.5	35.8	27.6	52.1	40.5	65.6	43.0	202.2	above 300	283.8	above 300
Optimum Caseload	22.6	22.4	31.7	24.4	46.4	31.7	52.1	33.0	140.5	142.2	123.8	125.5
Monthly Intakes	9.1	7.0	9.0	6.8	15.8	9.4	14.0	7.6	28.6	30.5	22.0	20.5
Case Closure or Transfers	8.6	6.7	7.2	6.5	12.5	7.6	8.6	6.8	14.1	9.2	15.5	15.5
Non-Public Assistance												
Current Caseload	121.5	85.5	145.5	95.5	110.5	73.0	68.5	45.5	49.9	58.5	63.8	25.5
Optimum Caseload	81.5	48.0	105.5	55.5	72.5	35.5	49.5	45.5	37.2	34.8	55.5	45.5
Monthly Intakes	7.5	6.7	13.5	8.8	7.5	6.7	5.5	5.5	5.5	5.5	5.5	5.5
Case Closure or Transfers	5.5	5.5	5.5	5.5	7.2	6.5	5.5	5.5	6.6	5.8	5.5	5.5

TABLE 11C

*STAFF EVALUATION OF INFORMATION SHARING WITHIN DSHS PROGRAMS
PUBLIC ASSISTANCE AND NON-PUBLIC ASSISTANCE

Information About: Item		Bremerton								Bellingham								Pioneer Square							
		Time 1				Time 2				Time 1				Time 2				Time 1				Time 2			
		F	(%)	IF	(%)	F	(%)	IF	(%)	F	(%)	IF	(%)	F	(%)	IF	(%)	F	(%)	IF	(%)	F	(%)	IF	(%)
PA																									
Available Services	(7p)	14	(47)	2	(7)	14	(61)	1	(4)	7	(21)	7	(21)	20	(64)	1	(3)	3	(30)	5	(50)	3	(50)	0	(0)
Program Policy Decisions	(18p)	18	(60)	1	(3)	14	(61)	2	(9)	11	(32)	16	(47)	12	(39)	9	(29)	3	(30)	3	(30)	4	(67)	1	(17)
DSHS Policy Decisions	(18p)	15	(50)	1	(3)	8	(35)	1	(4)	7	(21)	16	(47)	8	(26)	11	(35)	3	(30)	3	(30)	4	(67)	1	(17)
Changes in Regulations	(18p)	12	(40)	5	(17)	10	(44)	2	(9)	8	(24)	17	(50)	10	(32)	14	(45)	3	(30)	3	(30)	4	(67)	0	(0)
Number Of Staff		30				23				34				31				10				6			
Non-PA																									
Available Services	(7p)	4	(50)	0	(0)	3	(60)	0	(0)	3	(50)	0	(0)	5	(100)	0	(0)	11	(58)	4	(21)	3	(100)	0	(0)
Program Policy Decisions	(18p)	3	(38)	1	(12)	3	(60)	1	(20)	3	(50)	2	(33)	5	(100)	0	(0)	9	(47)	3	(16)	0	(0)	0	(0)
DSHS Policy Decisions	(18p)	1	(12)	1	(12)	2	(40)	1	(20)	3	(50)	2	(33)	3	(60)	0	(0)	5	(26)	5	(26)	0	(0)	1	(33)
Changes in Regulations	(18p)	1	(12)	0	(0)	3	(60)	1	(20)	5	(83)	0	(0)	5	(100)	0	(0)	5	(26)	4	(21)	0	(0)	0	(0)
Number Of Staff		8				5				6				5				19				3			

F = Frequent
IF = Infrequent

*Staff responses to neutral or midpoint categories have been omitted in the summary.

TABLE 12C

STAFF FREQUENCY OF CONTACT WITH OTHER AGENCIES IN SERVICE DELIVERY
PUBLIC ASSISTANCE AND NON-PUBLIC ASSISTANCE

Agency	Bremerton								Bellingham								Pioneer Square							
	Time 1				Time 2				Time 1				Time 2				Time 1				Time 2			
	More 1/wk	(%)	Less 1/wk	(%)	More 1/wk	(%)	Less 1/wk	(%)	More 1/wk	(%)	Less 1/wk	(%)	More 1/wk	(%)	Less 1/wk	(%)	More 1/wk	(%)	Less 1/wk	(%)	More 1/wk	(%)	Less 1/wk	(%)
PA																								
PA Financial Services	21	(70)	8	(27)	16	(70)	6	(26)	22	(65)	10	(29)	20	(65)	8	(26)	9	(90)	0	(0)	4	(67)	2	(33)
DVR	2	(7)	28	(93)	2	(9)	21	(91)	2	(6)	29	(85)	5	(16)	24	(77)	7	(70)	2	(20)	0	(0)	6	(100)
Institutions	0	(0)	30	(100)	1	(4)	21	(91)	5	(15)	27	(79)	3	(10)	26	(84)	1	(10)	8	(80)	0	(0)	6	(100)
Employment Security	2	(7)	28	(93)	3	(13)	20	(87)	9	(27)	23	(68)	4	(13)	24	(77)	0	(0)	9	(90)	0	(0)	5	(83)
Other State Agencies	3	(10)	27	(90)	4	(17)	17	(74)	5	(15)	26	(77)	1	(3)	28	(90)	1	(10)	8	(80)	2	(33)	4	(67)
Private or Other Agencies	18	(60)	12	(40)	13	(57)	10	(44)	20	(59)	12	(35)	17	(55)	13	(42)	6	(60)	3	(30)	5	(83)	1	(17)
Number Of Staff	30				23				34				31				10				6			
Non-PA																								
PA Social Services	4	(50)	1	(13)	2	(40)	3	(60)	2	(33)	3	(50)	3	(60)	2	(40)	4	(21)	13	(68)	0	(0)	3	(100)
PA Financial Services	2	(25)	3	(38)	2	(40)	3	(60)	2	(33)	3	(50)	2	(40)	3	(60)	6	(32)	12	(63)	0	(0)	3	(100)
DVR (by AP&P)	2	(25)	1	(13)	1	(20)	2	(40)	0	(0)	4	(67)	0	(0)	4	(80)	4	(21)	7	(37)	0	(0)	0	(0)
Institutions (by DVR)	1	(13)	1	(13)	1	(20)	1	(20)	0	(0)	1	(17)	0	(0)	1	(20)	0	(0)	5	(26)	0	(0)	3	(100)
Employment Security	1	(13)	4	(50)	1	(70)	4	(80)	3	(50)	2	(33)	3	(60)	2	(40)	6	(32)	12	(63)	0	(0)	3	(100)
Other State Agencies	1	(13)	4	(50)	2	(40)	2	(40)	0	(0)	5	(83)	5	(60)	2	(40)	5	(26)	12	(63)	0	(0)	3	(100)
Private or Other Agencies	3	(38)	2	(25)	4	(80)	1	(20)	1	(17)	4	(67)	4	(80)	1	(20)	13	(68)	5	(26)	1	(33)	2	(67)
Number Of Staff	8				5				6				5				19				3			

*Time Intervals have been dichotomised.

STAFF ATTITUDE SURVEY

TABLE 13C

*STAFF EVALUATION OF CONTACT AND COOPERATION BETWEEN THEIR PROGRAM AND OTHER DSHS AND NON DSHS PROGRAMS
PUBLIC ASSISTANCE

Item		Bremerton								Bellingham								Pioneer Square							
		Time 1				Time 2				Time 1				Time 2				Time 1				Time 2			
DSHS Agencies		F	(%)	IF	(%)	F	(%)	IF	(%)	F	(%)	IF	(%)	F	(%)	IF	(%)	F	(%)	IF	(%)	F	(%)	IF	(%)
Cooperation	(18n)	28	(93)	0	(0)	21	(91)	0	(0)	28	(82)	0	(0)	26	(83)	0	(0)	6	(60)	0	(0)	4	(67)	0	(0)
Referral Follow-up	(2k)	15	(50)	3	(10)	12	(52)	4	(17)	11	(32)	7	(21)	8	(26)	12	(39)	3	(30)	5	(50)	1	(17)	2	(33)
Notification of Action	(18q)	6	(20)	6	(20)	6	(26)	6	(26)	6	(18)	9	(27)	11	(35)	2	(6)	2	(20)	5	(50)	1	(17)	2	(33)
Inappropriate Referrals	(2m)	0	(0)	22	(73)	1	(4)	16	(70)	0	(0)	26	(77)	0	(0)	20	(65)	2	(20)	2	(20)	0	(0)	5	(83)
Outside Agencies																									
Cooperation	**S15	28	(93)	2	(7)	23	(100)	0	(0)	23	(68)	1	(3)	30	(97)	1	(3)	6	(60)	3	(30)	3	(50)	3	(50)
Conference Prior Referral	(18p)	20	(67)	0	(0)	17	(74)	0	(0)	20	(59)	3	(9)	25	(81)	0	(0)	7	(70)	0	(0)	5	(83)	1	(17)
Referral Follow-up	(71)	12	(40)	7	(23)	11	(48)	5	(22)	11	(32)	4	(12)	14	(45)	7	(23)	3	(30)	2	(20)	2	(33)	3	(50)
Notification of Action	(18r)	3	(10)	10	(33)	6	(26)	6	(26)	5	(15)	14	(41)	7	(23)	8	(26)	1	(10)	7	(70)	0	(0)	5	(83)
Inappropriate Referral	(2n)	0	(0)	22	(73)	0	(0)	17	(74)	1	(3)	26	(76)	0	(0)	22	(71)	1	(10)	3	(30)	0	(0)	5	(83)
Number of Staff		30				23				34				31				10				6			

* Staff response to midpoint or neutral categories have been omitted in the summary.
** S designates items on the SAS Supplement.

F = Frequent
IF = Infrequent

STAFF ATTITUDE SURVEY

TABLE 14C

*STAFF EVALUATION OF CONTACT AND COOPERATION BETWEEN THEIR PROGRAM AND OTHER DSHS AND NON DSHS PROGRAMS
NON-PUBLIC ASSISTANCE

Item	Bremerton								Bellingham								Pioneer Square							
	Time 1				Time 2				Time 1				Time 2				Time 1				Time 2			
DSHS Agencies	F	(%)	IF	(%)	F	(%)	IF	(%)	F	(%)	IF	(%)	F	(%)	IF	(%)	F	(%)	IF	(%)	F	(%)	IF	(%)
Cooperation (18u)	5	(63)	0	(0)	5	(100)	0	(0)	6	(100)	0	(0)	5	(100)	0	(0)	10	(53)	1	(5)	3	(100)	0	(0)
Referral Follow-up (2k)	4	(50)	0	(0)	5	(100)	0	(0)	5	(83)	0	(0)	4	(80)	0	(0)	8	(42)	3	(16)	2	(67)	0	(0)
Notification of Action (18q)	2	(25)	2	(25)	3	(60)	1	(20)	2	(33)	2	(33)	1	(20)	2	(40)	8	(42)	4	(21)	1	(33)	1	(33)
Inappropriate Referrals (2m)	0	(0)	3	(38)	0	(0)	5	(100)	0	(0)	5	(83)	0	(0)	3	(60)	0	(0)	12	(63)	0	(0)	2	(67)
Outside Agencies																								
Cooperation **S15	4	(50)	1	(13)	5	(100)	0	(0)	5	(83)	0	(0)	5	(100)	0	(0)	15	(79)	4	(21)	3	(100)	0	(0)
Conference Prior Referral (18p)	3	(38)	0	(0)	4	(80)	0	(0)	6	(100)	0	(0)	4	(80)	0	(0)	15	(79)	0	(0)	3	(100)	0	(0)
Referral Follow-up (21)	4	(50)	0	(0)	5	(100)	0	(0)	5	(83)	0	(0)	4	(80)	0	(0)	13	(68)	1	(5)	3	(100)	0	(0)
Notification of Action (18r)	2	(25)	2	(25)	4	(80)	1	(20)	4	(67)	0	(0)	1	(20)	2	(40)	12	(63)	3	(16)	2	(67)	1	(33)
Inappropriate Referral (2n)	0	(0)	4	(50)	0	(0)	5	(100)	0	(0)	5	(83)	0	(0)	4	(80)	1	(5)	11	(58)	0	(0)	2	(61)
*Number Of Staff	8				5				6				5				19				3			

* Staff responses to midpoint or neutral categories have been omitted in the summary.
** S designates items from the SAS Supplement.

F = Frequent
IF = Infrequent

TABLE 10

SERVICE WORKER ESTIMATE OF FREQUENCY OF CONTACT WITH OTHER COMMUNITY SERVICE AGENCIES

Agency	Bremerton								Bellingham								Pioneer Square							
	Time 1				Time 2				Time 1				Time 2				Time 1				Time 2			
	More 1/wk	(%)	Less 1/wk	(%)	More 1/wk	(%)	Less 1/wk	(%)	More 1/wk	(%)	Less 1/wk	(%)	More 1/wk	(%)	Less 1/wk	(%)	More 1/wk	(%)	Less 1/wk	(%)	More 1/wk	(%)	Less 1/wk	(%)
Private Agencies	16	(16)	71	(71)	16	(18)	66	(73)	13	(15)	65	(74)	18	(31)	53	(69)	36	(53)	24	(35)	40	(60)	22	(33)
DSHS Agencies	52	(52)	36	(36)	55	(61)	29	(32)	45	(51)	36	(41)	45	(59)	27	(35)	41	(60)	16	(24)	47	(70)	10	(15)
Public Other Agencies	25	(25)	57	(57)	29	(32)	53	(58)	35	(40)	44	(50)	30	(39)	41	(53)	33	(49)	22	(32)	42	(62)	18	(27)
Number Of Service Workers	100				91				88				77				68				67			

*Time intervals have been dichotomized.

TABLE 2D

*SERVICE WORKER EVALUATION OF COOPERATION BETWEEN COMMUNITY SERVICE AGENCIES IN THE PROVISION OF CLIENT SERVICES

Item	Bremerton								Bellingham								Pioneer Square							
	Time 1				Time 2				Time 1				Time 2				Time 1				Time 2			
	F	(%)	IF	(%)	F	(%)	IF	(%)	F	(%)	IF	(%)	F	(%)	IF	(%)	F	(%)	IF	(%)	F	(%)	IF	(%)
Cooperation between agencies (13)	86	(86)	0	(0)	78	(86)	1	(1)	73	(83)	1	(1)	66	(86)	0	(0)	51	(75)	1	(2)	42	(63)	0	(0)
Competition between agencies (10)	5	(5)	46	(46)	4	(4)	55	(61)	6	(7)	53	(60)	2	(3)	43	(60)	14	(21)	18	(26)	8	(12)	24	(36)
Dissemination of Information (3)	75	(75)	3	(3)	69	(76)	2	(2)	73	(83)	1	(1)	60	(78)	2	(3)	57	(84)	2	(3)	59	(88)	2	(3)
Referrals (1)	90	(90)	1	(1)	86	(95)	0	(0)	81	(92)	1	(1)	73	(95)	0	(0)	57	(84)	4	(6)	62	(93)	0	(0)
Conference Prior to Referral (6)	52	(52)	19	(19)	46	(51)	18	(20)	44	(50)	15	(17)	41	(53)	9	(12)	46	(68)	5	(7)	40	(60)	5	(7)
Referral Success (7)	54	(54)	2	(0)	46	(51)	1	(1)	39	(44)	1	(1)	37	(48)	2	(3)	28	(41)	6	(9)	32	(48)	1	(2)
Negative Feelings About Contacting Other Agencies (9)	3	(3)	89	(89)	2	(2)	86	(95)	4	(5)	79	(90)	2	(3)	69	(90)	6	(9)	52	(77)	0	(0)	54	(81)
Number Of Service Workers	100				91				88				77				68				67			

*Service workers response to neutral or midpoint categories have been omitted in the summary

TABLE 3D

*SERVICE WORKER EVALUATION OF COMMUNICATION BETWEEN COMMUNITY SERVICE AGENCIES

Item		Bremerton								Bellingham								Pioneer Square							
		Time 1				Time 2				Time 1				Time 2				Time 1				Time 2			
		F	(%)	IF	(%)	F	(%)	IF	(%)	F	(%)	IF	(%)	F	(%)	IF	(%)	F	(%)	IF	(%)	F	(%)	IF	(%)
Knowledge Of Other Agencies	(2)	39	(39)	19	(19)	41	(45)	15	(17)	35	(40)	10	(12)	34	(44)	10	(13)	29	(43)	6	(9)	38	(58)	8	(12)
Duplication Of Services	(14)	16	(16)	15	(19)	6	(7)	31	(34)	12	(14)	28	(32)	13	(17)	24	(31)	21	(31)	18	(27)	16	(24)	15	(22)
Insufficient Referral Resources	(11)	9	(9)	43	(48)	6	(7)	44	(48)	6	(7)	38	(43)	6	(8)	37	(48)	6	(9)	34	(50)	1	(2)	31	(46)
Notification Policy Changes	(5)	22	(22)	33	(33)	23	(25)	31	(34)	9	(10)	40	(46)	18	(23)	28	(36)	13	(19)	31	(46)	10	(15)	25	(37)
Inappropriate Referrals	(8)	21	(21)	25	(25)	16	(18)	30	(33)	15	(17)	16	(18)	12	(16)	18	(23)	27	(40)	8	(12)	21	(31)	10	(15)
Number Of Service Workers		100				91				88				77				68				67			

*Service workers response to neutral or midpoint categories have been omitted in the summary.

Insufficient knowledge referral resources.

DATA COLLECTION INSTRUMENTS

DATA COLLECTION INSTRUMENTS

Time Expenditure Form*

Ent's Name_____ Case No._____ Office_____ (Location)

Name of Worker	B. Date	C. Client Need(s) (Be Specific) One Need Per Line	D. Activity(s) by Length of Time in Minutes				E. Contacts and/or Referrals for Service (Circle)
			Direct Contact With Client	Paper-work	Contact With Others	Other (Specify)	
							R C
							R C
							R C
							R C
							R C

*See Instruction Sheet for Definition of Column Headings

ISD Research 02 R 1/8/73

SERVICE WORKER ASSESSMENT OF CLIENT NEEDS

After the entry interview, assess what you believe are the client's needs. Circle the client's specific needs in a given category (you may circle more than one in a given category) and/or specify the need if it is not listed.

1. Does the client need any of the following?

____HOUSING: A room for one or two nights? / Housing for a month or longer? / Foster home care? / Nursing home care? / Low income housing? / Other (specify) _____

____MONEY: A few dollars to get by? / Regular income? / Supplemental income? / Other (specify) _____

____FOOD: Meals for a few days? / A place to cook? / Foodstamps? / Transportation to food bank? / Other (specify) _____

____CLOTHING: Clothes? / Warm clothes? / Work clothes? / A place to wash clothes? / Bedding? / Seasonal clothing storage? / Other (specify) _____

____WORK: Help finding a job? / Job training? / More schooling? / Reading and writing skills? / Other (specify) _____

____TREATMENT: Medical care? / Dental care? / Eye glasses? / Help with a drinking problem? / Help with a drug problem? / Other (specify) _____

____COUNSELING: Help with marriage or family problems? / Help with child rearing? / Help with income or financial planning? / Help with vocational problems or planning? / Help with personal problems? / Other (specify) _____

____OTHER NEEDS: Legal aid? / Transportation? / Day care? / Birth control information? / A place to receive mail, calls and messages? / Recreation? / Consumer buying information? / Home furnishings? / Other (specify) _____

____INFORMATION: (specify) _____

2. Of the needs indicated, which do you feel is the client's most important need? Enter (1) client side of item.

3. Which do you feel is next most important? Enter (2) client side of item.

4. Which item do you feel is least important? Enter (3) client side of item.

Client's name _____ Date _____

Service Worker _____ Office _____ (Location)

____Client did not appear for appointment.

IED Research 01
R 1/30/73

CLIENT NEEDS ASSESSMENT INTERVIEW

INSTRUCTIONS: Before you begin the interview, tell the client: "We are trying to evaluate and improve the services the State gives to people and certainly would appreciate your help. This interview is entirely voluntary but only consists of a few questions and will just take a minute or so. I can assure you that your responses are confidential and in no way will affect the help you may receive."

1. Do you need any of the following:

__HOUSING: A room for one or two nights / Housing for a month or longer / Foster home care / Nursing home care / Low income housing / Other (specify) _____

__MONEY: A few dollars to get by / Regular income / Supplemental income / Other (specify) _____

__FOOD: Meals for a few days / A place to cook / Foodstamps / Transportation to food bank / Other (specify) _____

__CLOTHING: Clothes / Warm clothes / Work clothes / A place to wash clothes / Bedding / Seasonal clothing storage / Other (specify) _____

__WORK: Help finding a job / Job training / More schooling / Reading and writing skills / Other (specify) _____

__TREATMENT: Medical care / Dental care / Eye glasses / Help with a drinking problem / Help with a drug problem / Other (specify) _____

__COUNSELING: Help with marriage or family problems / Help with child rearing / Help with income or financial planning / Help with vocational problems or planning / Help with personal problems / Other (specify) _____

__OTHER NEEDS: Legal aid / Transportation / Day care / Birth control information / A place to receive mail, calls and messages / Recreation / Help with household chores / Consumer buying information / Home furnishings / Other (specify) _____

__INFORMATION: (specify) _____

2. Of the needs you indicated (read each item indicated), which do you feel is most important? Enter (1) alone side of item.

3. Which do you feel is next most important? Enter (2) alone side of item.

4. Which item do you feel is least important? Enter (3) alone side of item.

Client's name _____ Sex M F Date _____

Interviewer _____ Office _____ (Location)

___Interview attempted, unable to complete.

ISD Research 01
K 2/27/73

Program _____ Office _____

How often last week did you feel ...	At time of application			Six months later		
1. On top of the world?	Never	Sometimes	Often	Never	Sometimes	Often
2. Very lonely or remote from other people?	Never	Sometimes	Often	Never	Sometimes	Often
3. Particularly excited or interested in something?	Never	Sometimes	Often	Never	Sometimes	Often
4. Depressed or very unhappy?	Never	Sometimes	Often	Never	Sometimes	Often
5. Pleased about having accomplished something?	Never	Sometimes	Often	Never	Sometimes	Often
6. Bored?	Never	Sometimes	Often	Never	Sometimes	Often
7. So restless you couldn't sit long in a chair?	Never	Sometimes	Often	Never	Sometimes	Often
8. Vaguely uneasy about something without knowing why?	Never	Sometimes	Often	Never	Sometimes	Often

INSTRUCTIONS: Before you administer the Index, tell the client, "We have found that the way people feel is a good measure of their circumstances. If the State agencies can give people better service, we would expect them to feel better. One way you can be of help is to indicate to us how frequently you have experienced some common feelings. I can assure you that our research staff will not look at your particular response but rather combine your response with those of other participants. If these questions make you feel uncomfortable at all, you do not have to respond. How often last week did you feel ..."

Interviewer_____

_____

Date_____

Score_____Pos____Neg____

Interview attempted, unable to complete_____

Interviewer_____

_____

Date_____

Score_____Pos____Neg_____

Interview attempted, unable to complete_____

ISD Research 03
R 11/5/73

CLIENT FOLLOW-UP FORM

When you first came in for services at _____ on _____ our research staff asked you what you needed. At that time you felt your needs were:

	Which of these did you receive? (check)	How long was it before you received this help?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were you satisfied with the help you received?
__very satisfied __satisfied __neutral __dissatisfied __very dissatisfied

Were you referred other places for the services this office could not provide for you? ___yes ___no If yes, were these places able to help you? ___yes ___no

ISD Research 10_____

CLIENT SURVEY

		Yes	Somewhat	No	Don't Know
1.	Is the office in a convenient location?	☐	☐	☐	☐
2.	Do you feel that the people at Olympic Center are friendly and courteous?	☐	☐	☐	☐
3.	Do you feel that you know enough about the kind of help available at Olympic Center?	☐	☐	☐	☐
4.	Do you feel that you have to answer the same kinds of questions over and over again in order to get service?	☐	☐	☐	☐
5.	Do you feel that you have to fill out too many forms in order to get service?	☐	☐	☐	☐
6.	Do you feel that you often have to wait too long to talk with your service worker?	☐	☐	☐	☐
7.	Do you feel that you have to go back to Olympic Center more times than should be necessary to get help?	☐	☐	☐	☐
8.	Do you feel that your service worker really understands your needs?	☐	☐	☐	☐
9.	Do you feel that the people at Olympic Center take time to explain things to you?	☐	☐	☐	☐
0.	Does your service worker spend enough time with you?	☐	☐	☐	☐
1.	Do you feel that your service worker really cares about what happens to you?	☐	☐	☐	☐
2.	Do you feel free to ask questions of your service worker?	☐	☐	☐	☐
3.	In general, are you satisfied with the help you are getting at Olympic Center?	☐	☐	☐	☐
4.	Do you feel that you can get help when you need it?	☐	☐	☐	☐

ISD Research 08 _____

	Yes	Somewhat	No	Don't Know
15. Do you feel free to make complaints if you are dissatisfied with the help you get at Olympic Center?	☐	☐	☐	☐
16. Do you feel complaints by clients are effective?	☐	☐	☐	☐
17. If you had a friend who needed help, would you send him/her to Olympic Center?	☐	☐	☐	☐

18. How did you first find out about the service(s) you are now receiving?

___a friend or relative
___a community organization
___a pamphlet or other printed material
___an outreach or other state worker from the office
___other (specify)

_____

_____

19. What type of help are you getting? (check one or more)

___housing services
___help finding employment
___education or training
___day care
___medical or dental care
___counseling (e.g., personal problems, family problems)
___food stamps or vouchers
___other (please specify)_____

_____

_____

20. Do you feel that you are getting the help you need <u>most</u>?

___yes ___somewhat ___no ___don't know

21. Do you feel that you are getting <u>all</u> the help you need?

___yes ___somewhat ___no ___don't know

22. If not, what else do you need? (specify below)

_____

_____

23. Did the people at the Olympic Center send you to other places to get help?

___yes ___no

24. If yes, where did they send you? (specify below)

_____ _____

_____ _____

25. In general, were these places able to help you?

___yes ___somewhat ___no ___don't know

26. On the basis of your experience with Olympic Center, what changes would you like to see made? (specify)_____

_____

27. Have you previously received help from a social service agency?

___yes ___no

28. If yes, were you generally satisfied with those services?

___yes ___somewhat ___no ___don't know

29. Age: (check one) under 26 ___ 36 - 50 ___
26 - 35 ___ over 50 ___

30. Sex: (circle one) M F

31. Education: (check one)

___0-8 years grade school
___some high school
___high school graduate or GED
___some college
___college graduate
___other schooling (please specify)_____

32. Marital Status: (please check one)

___single ___married ___divorced or separated ___widowed

IF YOU ARE RECEIVING EMPLOYMENT RELATED SERVICES, PLEASE ANSWER QUESTIONS 33 TO 38

33. Are you in a Vocational Rehabilitation (DVR) Program? ___yes ___no

34. What type of help are you getting? (check one or more?

___basic education (reading and writing)
___help finding a job
___help getting job training or further education
___help solving personal problems
___help solving a physical disability, health or dental problem
___other (specify)_____

_____

35. Are you getting the type of help you wanted?

___yes ___somewhat ___no ___don't know

36. If you are getting job training, what kind of training are you getting?

_____

37. In general, are you satisfied with the help you have received?

___yes ___somewhat ___no ___don't know

38. On the basis of your experience, what changes would you like to see made? (specify below)

_____

_____

IF YOU RECEIVE FINANCIAL ASSISTANCE, PLEASE ANSWER ITEMS 39 TO 41

39. Are you getting a check from the public assistance office? (check one)

___yes ___no

40. Does your regular check arrive on time each month?

___always ___usually ___sometimes ___never

41. How long was it before you received your first check?

___6 days or less ___7-14 days ___15-20 days ___longer

THANK YOU

Number: _____

Date: _____

STAFF SURVEY I

This questionnaire deals with a variety of issues relating to the Department of Social and Health Services. Your answers to these questions will play an important part in determining the policies and procedures of the Multi-Service Delivery System. Therefore, we hope that you will be as accurate and as honest as possible. All the responses we receive from this questionnaire will be compiled and analyzed as a whole; your individual responses will be kept entirely confidential and all questionnaires will be destroyed when we complete the overall analysis.

There are two terms used throughout this questionnaire which should be clarified. The first of these is "program." A program is an individual department within DSHS. Some examples of programs are Veteran Affairs, Juvenile Parole, and Public Assistance. The other term used is "outside agency." This refers to any social or health department outside of DSHS, specifically those to whom you refer your clients or who refer clients to you. Some examples of outside agencies are Red Cross and Crisis Clinic.

The format of this questionnaire is fairly simple. However, there are some questions which may need further explanation. If the question asks you to "check one response category," please check one and only one of the categories presented. Be careful not to check more than one response, but please answer every question. If you do not know the answer or if the question does not apply to you, check the box entitled "DON'T KNOW/DOES NOT APPLY."

On the following kind of question, be sure to place your check mark in the middle of the most appropriate box, not on the dividing line between boxes.

EXAMPLE:

	ALWAYS	FREQUENTLY	SOMETIMES	SELDOM	NEVER
Clients have to wait too long to see a worker when they get here			X		

If the question asks you to "rank" the given response categories, please rank each and every category. Do not leave any lines blank for this type of question.

EXAMPLE:

The reason clients have to wait so long when they get here is because: (Please rank from 1 to 5; 1 = most frequent reason, 5 = least frequent reason.)

__2__ they aren't prompt enough

__3__ I am busy

__4__ they get lost in the building

__1__ they didn't set up an appointment

__5__ appointments were not efficiently scheduled

Again, we would like to stress that your responses are important for the implementation and evaluation of the future Multi-Service Delivery System. We appreciate your time and effort in completing the questionnaire which follows.

1. Current Job Title _____

DSHS Program _____

Service Specialty (if applicable) _____

2. For each of the following statements, please check the response category which best describes how you feel about your clients:

	ALWAYS	FREQUENTLY	SOMETIMES	RARELY	NEVER	DON'T KNOW/ DOES NOT APPLY
My clients receive all the services they ask for						
My clients' needs are accurately identified.						
My clients don't receive all the services they need						
My clients receive services they don't need.						
Those of my clients who need only one service have to explain their problem to more than one person within DSHS						
My clients have to make too many trips to DSHS to get the help they need						
My clients see their worker(s) on a regular, scheduled basis						
My clients are able to see their worker(s) without an appointment						
My clients get help when they need it . . .						
Those of my clients who need more than one service receive overlapping services from different DSHS programs						
Those of my clients who are referred to other programs within DSHS are followed up by the program that makes the referral						

2. (Concluded)

	ALWAYS	FREQUENTLY	SOMETIMES	RARELY	NEVER	DON'T KNOW/ DOES NOT APPLY
Those of my clients who are referred to agencies outside of DSHS are followed up . .						
My clients are referred to inappropriate programs within DSHS						
My clients are referred to inappropriate agencies outside of DSHS						
My clients' complaints are acted upon in a timely and appropriate manner						
My clients are well informed of the services for which they are eligible						
Those of my clients who need more than one service are required to provide the same information more than once in filling out forms						
Those of my clients who need only one service are required to provide the same information more than once in filling out forms						
My clients have to fill out too many forms .						
My clients' case records are reviewed on a regular basis						
My clients become self-sufficient as quickly as they should						
My clients view the services which they receive as helpful						
Cases are not terminated as soon as they should be						
Cases are terminated before the client gets the help that he needs						

3. Generally, the client is better served in:
(Please check only one response)

_____ HIS HOME

_____ YOUR OFFICE

_____ COMBINATION OF HIS HOME AND YOUR OFFICE

_____ DOES NOT MATTER

_____ DON'T KNOW

4. What percentage of your clients know what services they need when they first come to DSHS? (Please check one response)

_____ NONE

_____ 1 - 25 PERCENT

_____ 26 - 50 PERCENT

_____ 51 - 75 PERCENT

_____ 76 - 100 PERCENT

_____ DON'T KNOW

5. What percentage of your clients are seen in their homes?
(Please check one response)

_____ NONE

_____ 1 - 25 PERCENT

_____ 26 - 50 PERCENT

_____ 51 - 75 PERCENT

_____ 76 - 100 PERCENT

_____ DON'T KNOW

6. What percentage of your clients: (Please specify percentage for each category; total should equal 100 percent)

_____ WALK IN OR CALL IN

_____ ARE REFERRED FROM FINANCIAL SERVICES

_____ ARE REFERRED FROM ANOTHER SERVICE PROGRAM WITHIN DSHS

_____ ARE REFERRED FROM AN OUTSIDE AGENCY

_____ ARE ASSIGNED WITHOUT MY KNOWLEDGE OF HOW THEY GET HERE

_____ OTHER Please specify _____

7. On the average, what percentage of your clients receive services from other service programs within DSHS? (Please specify percent)

_____ PERCENT

_____ DON'T KNOW

8. On the average, what percentage of your clients receive services from one or more outside agencies? (Please specify percent)

_____ PERCENT

_____ DON'T KNOW

a. If your clients receive services from one or more outside agencies, what are those agencies? (Please rank by frequency of use)

1. _____

2. _____

3. _____

4. _____

5. _____

9. On the average, how many clients do you have contact with per month? (Please specify number of clients)

_____ CLIENTS

_____ DON'T KNOW

10. What percentage of your time is spent on: (Please specify percent for each category; total should equal 100 percent)

_____ INTAKE

_____ NEED IDENTIFICATION

_____ DELIVERY OF SERVICES

_____ ADMINISTRATIVE MATTERS

_____ OTHER Please specify _____

11. On the average, how many new cases do you get per month? (Please specify number of cases)

_____ CASES

12. What is the size of your current caseload? (Please specify number of cases)

_____ CASES

13. What would be an optimum caseload for you? (Please specify number of cases)

_____ CASES

14. On the average, how many cases do you close or transfer per month? (Please specify number of cases)

_____ CASES

15. When you close a case, is it because: (Please rank from 1 to 5: 1 = most frequent reason, 5 = least frequent reason)

_____ SERVICE GOALS ARE ACCOMPLISHED

_____ SERVICE GOALS ARE UNATTAINABLE

_____ CLIENT NO LONGER WANTS SERVICES

_____ CLIENT HAS MOVED OR DIED

_____ OTHER Please specify _____

16. What percentage of your current caseload do you expect to still have: (Please specify percent for each response; each response should equal 100 percent or less)

_____ ONE MONTH FROM NOW

_____ THREE MONTHS FROM NOW

_____ SIX MONTHS FROM NOW

_____ ONE YEAR FROM NOW

17. For each of the following statements please check the response category which best describes how you feel about the client in your service program:

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	DON'T KNOW/ DOES NOT APPLY
In general, clients are treated with dignity .						
In general, clients have to put forth a lot of time and effort to get the help they need.						
There is an attempt within the system to make the client feel comfortable						
In general, clients are able to refuse some services and still receive others						
The Administration within my program cares about what happens to my client						
The Administration at Olympia cares about what happens to my clients						

18. For each of the following statements, please check the response category which best describes how you feel:

	ALWAYS	FREQUENTLY	SOMETIMES	RARELY	NEVER	DON'T KNOW/ DOES NOT APPLY
Rules and regulations within my program prohibit me from giving the client what he needs						
I find administrative policy decisions within the program a help in providing services to my clients						
I find administrative policy decisions within the program a hindrance in providing services to my clients						
I am able to participate in making policy decisions within my program						
I am adequately informed of administrative policy decisions in my program						
I am adequately informed of administrative policy decisions in DSHS						
I am adequately informed of changes in State and Federal regulations						
I am able to do a good job for my client . .						
I have enough time to give the client what he needs						
I spend too much time filling out forms . . .						
I spend too much time traveling to see my clients						
I have adequate personal freedom in my job. .						
I am held accountable for what I do in helping my client						
I have adequate supervision in what I am doing						
I am able to readily obtain assistance from my supervisor in dealing with client problems .						

18. (Concluded)

	ALWAYS	FREQUENTLY	SOMETIMES	RARELY	NEVER	DON'T KNOW/ DOES NOT APPLY
I confer with outside agencies before I refer my client to them						
I am notified when another program within DSHS terminates or takes action on one of my clients						
I am notified when an agency outside of DSHS terminates or takes action on one of my clients						
I find that client appointments are efficiently scheduled						
I do the kind of work for which I was trained						
I am able to work cooperatively with staff members of other programs within DSHS . . .						

19. For each of the following statements, please check the response category which best describes how you feel:

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	DON'T KNOW/ DOES NOT APPLY
I have the opportunity to change my staff position						
I have the opportunity to advance my staff position						
I am able to obtain the in-service training that I need to do my job						
I have adequate working space						
I have adequate office equipment						
I have adequate privacy						
I have adequate clerical support						

20. I generally find the work I do to be:
(Please circle one number on each line)

(a)	interesting	1	2	3	4	5	. . .	dull
(b)	difficult	1	2	3	4	5	. . .	easy
(c)	requiring much skill	1	2	3	4	5	. . .	requiring little skill
(d)	important	1	2	3	4	5	. . .	unimportant
(e)	appreciated	1	2	3	4	5	. . .	unappreciated
(f)	satisfying	1	2	3	4	5	. . .	frustrating
(g)	requiring much dedication	1	2	3	4	5	. . .	requiring little dedication
(h)	requiring initiative and good judgment . .	1	2	3	4	5	. . .	requiring no initiative or good judgment
(i)	requiring much reference to manuals	1	2	3	4	5	. . .	purely intuitive

21. Please rank the following programs in order of their:

a. Cooperativeness (Please rank <u>each</u> response category from 1 to 8; 1 = most cooperative, 8 = least cooperative. If you have not had contact with one or more of the programs, please do not include them in the ranking.)

_____ ADULT PROBATION AND PAROLE

_____ JUVENILE PAROLE

_____ PUBLIC ASSISTANCE: ADULT UNIT

_____ PUBLIC ASSISTANCE: FAMILY AND CHILDREN UNIT

_____ PUBLIC ASSISTANCE: TRAINING UNIT

_____ VETERANS AFFAIRS

_____ VOCATIONAL REHABILITATION

_____ YOUTH SERVICES

21. (Concluded)

b. Efficiency (Please rank each response category from 1 to 8; 1 = most efficient, 8 = least efficient. If you have not had contact with one or more of the programs, please do not include them in the ranking.)

_____ ADULT PROBATION AND PAROLE

_____ JUVENILE PAROLE

_____ PUBLIC ASSISTANCE: ADULT UNIT

_____ PUBLIC ASSISTANCE: FAMILY AND CHILDREN UNIT

_____ PUBLIC ASSISTANCE: TRAINING UNIT

_____ VETERANS AFFAIRS

_____ VOCATIONAL REHABILITATION

_____ YOUTH SERVICES

c. Effectiveness (Please rank each response category from 1 to 8; 1 = most effective, 8 = least effective. If you have not had contact with one or more of the programs please do not include them in the ranking.)

_____ ADULT PROBATION AND PAROLE

_____ JUVENILE PAROLE

_____ PUBLIC ASSISTANCE: ADULT UNIT

_____ PUBLIC ASSISTANCE: FAMILY AND CHILDREN UNIT

_____ PUBLIC ASSISTANCE: TRAINING UNIT

_____ VETERANS AFFAIRS

_____ VOCATIONAL REHABILITATION

_____ YOUTH SERVICES

22. How long have you worked in DSHS (or former department)?
(Please check one response)

_____ LESS THAN 1 YEAR

_____ 1 - 3 YEARS

_____ 4 - 6 YEARS

_____ 7 - 10 YEARS

_____ MORE THAN 10 YEARS

23. How long have you worked in this field? (Please check one response)

_____ LESS THAN 1 YEAR

_____ 1 - 3 YEARS

_____ 4 - 6 YEARS

_____ 7 - 10 YEARS

_____ MORE THAN 10 YEARS

24. What do you like best about your job?

_____

_____

_____

_____

25. What do you like least about your job?

_____

_____

_____

_____

26. AGE:

(a) 25 OR UNDER _____

(b) 26 - 35 _____

(c) 36 - 50 _____

(d) OVER 50 _____

27. SEX:

(a) FEMALE _____

(b) MALE _____

28. Years of schooling: (Please circle highest year completed)

(a) ELEMENTARY 1 2 3 4 5 6 7 8

(b) HIGH SCHOOL 9 10 11 12

(c) UNDERGRADUATE 13 14 15 16 DEGREE (specify) _____

(d) MASTER'S 17 18 DEGREE (specify) _____

(e) DOCTORAL 19 20 21 DEGREE (specify) _____

(f) OTHER (certificate program, etc.) Please specify _____

29. When was the last time that you received academic credit for a course in which you were enrolled? _____

30. What do you consider to be an appropriate title for all service delivery workers within the Multi-Service Delivery System (MSDS)?

_____ CASE COUNSELOR

_____ SERVICE PERSON

_____ PROFESSIONAL WORKER

_____ CLIENT WORKER

_____ OFFICER

_____ OTHER Please specify _____

STAFF ATTITUDE QUESTIONNAIRE

INTEGRATED SERVICE DELIVERY

1. For what program area of the Department of Social and Health Services do you work? (check one)

Public Assistance		Vocational	Institutions	
Financial	Social Services	Rehabilitation	(Adult Probation & Parole, Juvenile Parole)	Other
☐	☐	☐	☐	☐

2. In the provision of services to clients, how often do you contact other program areas of DSHS or other agencies to provide a client with the service(s) he needs?

	At Least Once a Day	1 to 4 Times a Week	2 or 3 Times a Month	Once or Less a Month	Never
(Pub. Asst.) Financial Services	☐	☐	☐	☐	☐
(Pub. Asst.) Social Services	☐	☐	☐	☐	☐
Vocational Rehabilitation	☐	☐	☐	☐	☐
Institutions (Adult Probation & Parole, Juvenile Parole)	☐	☐	☐	☐	☐
Employment Security	☐	☐	☐	☐	☐
Other State Agencies	☐	☐	☐	☐	☐
Private and Other Agencies or Individuals	☐	☐	☐	☐	☐

NOTE: In the following two questions (3. and 4.) the term client development can be clarified by noting that some people require financial or other assistance from the State because they are aged or permanently disabled. No improvement in the self-sufficiency of these persons can be expected. Other people require aid from the State for conditions that can be improved such as lack of job skills, unemployment, emotional instability, less severe chronic medical conditions, etc. Client development refers to these persons and to an improvement in their mental and financial independence.

ISD Research 07
R 6/11/73

	Very Good	Good	About Average	Poor	Very Poor
3. How would you rate the development of most clients who come to your office? (check one)	☐	☐	☐	☐	☐

4. If you feel client development is poor, what do you feel are problems? (check one or more)

- ☐ Our clients have more severe problems than most
- ☐ Lack of appropriate services
- ☐ The office is too short staffed
- ☐ Other (specify)_____

5. Even though the services provided by the program areas of the DSHS differ, how effective would you rate each program area in achieving their service goals and having a beneficial impact on client well-being?

	Very Good	Good	About Average	Poor	Very Poor
(Pub. Asst.) Financial Services	☐	☐	☐	☐	☐
(Pub. Asst.) Social Services	☐	☐	☐	☐	☐
Vocational Rehabilitation	☐	☐	☐	☐	☐
Institutions (Adult Probation & Parole, Juvenile Parole)	☐	☐	☐	☐	☐
Other DSHS Services	☐	☐	☐	☐	☐

6. Each program area of the DSHS has various programs designed to aid needy persons, such as financial grants, job training and counseling, etc. Regardless of the specific services provided by these programs, how would you rate each program area in operating efficiency--that is, getting the most out of the taxpayer's dollar.

	Very Good	Good	About Average	Poor	Very Poor
(Pub. Asst.) Financial Services	☐	☐	☐	☐	☐
(Pub. Asst.) Social Services	☐	☐	☐	☐	☐
Vocational Rehabilitation	☐	☐	☐	☐	☐
Institutions (Adult Probation & Parole, Juvenile Parole)	☐	☐	☐	☐	☐
Other DSHS Services	☐	☐	☐	☐	☐

Please indicate the extent to which you agree or disagree with the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree
7. I have a feeling of accomplishment when I leave work.	☐	☐	☐	☐
8. DVR helps most clients to become more self-sufficient.	☐	☐	☐	☐
9. Financial services provided by Public Assistance are generally fitted to the client's needs.	☐	☐	☐	☐
10. Social services provided by Public Assistance are generally fitted to the client's needs.	☐	☐	☐	☐
11. I have sufficient time to complete my work assignments.	☐	☐	☐	☐
12. Most people coming here for help really have access to the services they need.	☐	☐	☐	☐
13. In general, I'd say the funds spent for vocational rehabilitation are spent to the client's best advantage.	☐	☐	☐	☐
14. I often feel frustrated and ineffective on my job.	☐	☐	☐	☐
15. The cooperation we receive from other social service agencies in the neighborhood is good.	☐	☐	☐	☐
16. Public Assistance provides services which help the client improve his self-sufficiency.	☐	☐	☐	☐
17. Clients generally get the services they need in the order they need them.	☐	☐	☐	☐
18. Most financial assistance clients really need the money.	☐	☐	☐	☐
19. Eligibility requirements keep many people from receiving the services they need.	☐	☐	☐	☐
20. Most offices have some problems, but ours has more than its share.	☐	☐	☐	☐

21. If you agree with the previous statement, what do you feel are the problems? (check one or more)

- [ ] Personalities of some office staff.
- [ ] Office is too short staffed.
- [ ] Other (specify) _____
- [ ] Organizational red tape and paperwork.
- [ ] The type of clients we get.

Job classification _____ Working title _____

Sex (circle one) M F Age at last birthday _____ years

Education (check one)

- [ ] 0-8 years
- [ ] 1-2 years high school
- [ ] 3-4 years high school
- [ ] 1-2 years college
- [ ] 3-4 years college
- [ ] more than 4 years college
- [ ] Other schooling (specify) _____

How long have you worked for DSES, including the time employed by the agencies merged to form the Department? _____ years _____ months

How long have you had your present responsibilities? _____ years _____ months

Office _____ Date _____
(location)

SERVICE COMMUNITY SURVEY

The following questions are designed to help measure the current level of communication which exists among agencies in the area. Your responses will be viewed together with all other responses in the community as a whole. Thus, individual or agency responses will be kept strictly confidential.

Thank you for sharing your feelings and ideas based upon your experience.

Did you complete this form during May, June, or August of 1973?
_____Yes _____No.

CHECK THE SERVICE(S) WHICH YOUR AGENCY CAN DIRECTLY PROVIDE:

(Qualify any answers you wish)

_____FOOD
_____SHELTER
_____MONEY
_____MEDICAL
_____SHELTERED WORKSHOP
_____DETOXIFICATION
_____ALCOHOLIC REHABILITATION
_____CLOTHING
_____EMPLOYMENT
_____SCHOOLING
_____COUNSELING
_____COMPANIONSHIP
_____CHILD CARE
_____HELP WITH MINOR REPAIRS
_____INFORMATION & REFERRAL
_____CRISIS INTERVENTION
_____OTHER (Specify)

Date_____ City_____

SERVICE COMMUNITY SURVEY

For each of the following statements, please check the response category which best describes how you feel. If you wish to qualify any answers, use the margin to the right.

	ALWAYS	FREQUENTLY	SOMETIMES	RARELY	NEVER	DON'T KNOW/ DOES NOT APPLY	COMMENT
1. If a person has needs that our agency can't provide, I send him where he can get what he needs.....							
2. I feel I know enough about other service agencies.....							
3. I tell people about services that are offered at other agencies.....							
4. Service agencies in the area make a good attempt to help people I refer.....							
5. I am notified about policy or changes in other agencies which affect their service.....							
6. I contact an agency before I send a person to them.....							
7. I feel the people I send elsewhere for help get the help they need.....							
8. Persons sent here from other agencies are misinformed about the help we can provide.....							
9. I feel uncomfortable contacting other agencies for services our group can't provide.....							
10. There is a feeling of rivalry or competition between service agencies in the area.....							
11. I don't know where to refer some of the people who come here for help....							
12. I have a feeling of accomplishment when I leave work.....							
13. Other social service organizations in the area are cooperative.....							
14. There is unnecessary duplication of services among service agencies.....							

SERVICE COMMUNITY SURVEY (Cont)

15. What do you feel would increase cooperation between your agency and others in the service area?

_____

_____

_____

16. What additional services are needed in this community? (specify)

_____

_____

_____

Does your agency plan to develop any of these services? yes__ no__ don't know__ If yes, how/when?_____

_____

_____

17. On the average, in providing services to people, how often do you contact the following other service organizations?

	AT LEAST ONCE A DAY	1-4 TIMES A WEEK	2-3 TIMES PER MONTH	ONCE A MONTH OR LESS	NEVER	DON'T KNOW
PRIVATE (Religious and other service agencies, Goodwill, Salvation Army, Red Cross, etc.)						
DEPT. OF SOCIAL & HEALTH SERVICES (Public Assistance, Vocational Rehabilitation, Adult Probation & Parole, Delinquency Prevention Services)						
ALL OTHER AGENCIES (Other state, local and Federal; ex., Employment Security, local health stations, etc.)						

18. Estimate the percentage of your clients who also receive services from other agencies.

(circle) 1-24 % 25-49 % 50-74 % 75-100 % don't know

SERVICE COMMUNITY SURVEY (Cont)

19. List the agencies in the area where needy people may obtain clothing.

20. Is there a directory or listing available to you which lists agencies and the services they provide? yes no (circle one)

21. Do you work directly with people? yes no (circle one)

22. Are you PART-TIME or FULL-TIME? (circle one)

23. Are you a VOLUNTEER or PAID WORKER? (circle one)

24. How long have you been working with this organization?

_____years _____months or _____days

25. Sex: Female (circle one)
Male

26. Age: a. under 26 _____ (check one)
b. 26-35 _____
c. 36-50 _____
d. over 50 _____

27. Educational level

- ☐ 0-8 years
- ☐ 1-2 years high school
- ☐ 3-4 years high school
- ☐ 1-2 years college
- ☐ 3-4 years college
- ☐ more than 4 years college

The questions on the next pages are designed to give an indication of the current level of communication which exists among agencies in the area. We are not interested in the analysis of individual or agency responses but instead the responses of the community as a whole. Of the choices given, please make an attempt to circle one answer for every question.