



Summary of Results from the 2023 Survey

Prepared for:

Division of Behavioral Health and Recovery
Washington State Health Care Authority
PO Box 45330
Olympia, WA 98504-5330

Submitted by:

Rose Krebill-Prather, PhD Kent Miller, MA



Social & Economic Sciences Research Center

WASHINGTON STATE UNIVERSITY

P.O. Box 644014 Washington State University Pullman, Washington 99164-4014 Telephone: (509) 335-1511 Fax: (509) 335-0116 www.sesrc.wsu.edu Page left blank for double-sided printing.

Table of Contents

Wraparound with Intensive Services (WISe)	1
Interpretive Summary of the 2023 Survey Results	1
Introduction	
Background	1
Questionnaire	2
Participant Selection	2
Data Collection and Survey Response	7
Status in the WISe Program and Survey Response	9
Survey 1: Screened, Unassessed	11
Experience with Initial Engagement	11
Obstacles to Receiving Services	13
CANS Full Assessment	16
Survey 2: Assessed, In Care 30 Days or Less	17
Interacting with the WISe Team: In care 30 days or less	
Length of Time in Care	
Impact of Receiving Services 30 Days or Less	21
Survey 3: Assessed, In Care 31 - 60 Days	23
Interacting with the WISe Team: 31-60 Days in Care	
Received a Copy of CANS Full Assessment	
WISe Team Responsiveness	
Impact of Receiving Services 31 to 60 days	28
Survey 4: Assessed, In Care over 60 Days	30
Interacting with the WISe Team: In care over 60 days	
The Team's Role in Setting Therapy Goals	31
The Team's Role in Offering Guidance	34
The Team's Role in Providing Help	37
The Team's Role in establishing support	40
Impact of Receiving Services More than 60 days	43
Cultural Sensitivity of Behavioral Health Agency StaffStaff	
Changes in the delivery of behavioral health services and in emotional or mental health	
Conclusions	50

List of Tables

Table 1. C	Characteristics of WISe participants selected for the survey	3
	Distribution of WISe participants by participation status, age group, and minority	
	atus	
	Contact dates – Youth	
	Contact dates – Caregiver	
	NISe survey response rates	
	Survey completion by mode	
Table 7. F	Respondent status in the WISe program	9
	Comparison of characteristics of WISe participants and survey respondents Err opokmark not defined.	or!
Table 9. I	nitial engagement with WISe services	11
Table 10.	Obstacles to receiving WISe services	14
	You/Your child had a CANS Full Assessment following screening for the WISe	4.0
	15)	
	Aspects of receiving WISe Services	
	Length of time in behavioral health services after screening (Q22)	
	Impact of receiving WISe services 30 days or less	
	Interactions with the Team	
Table 16. 	The Team gave you a paper copy of your/your child's CANS Full Assessment (Q2	
Table 17.	WISe Team responsiveness	26
Table 18.	Impact of receiving WISe services 31 to 60 days	28
Table 19.	Did the Team give you a paper copy of your goals? (Q30)	30
Table 20.	The Team's role setting therapy goals	32
Table 21.	The Team's role providing guidance	35
Table 22.	The Team's role providing help	38
Table 23.	The Team's role establishing support	41
Table 24.	Impact of receiving WISe services more than 60 days	43
Table 25.	Cultural Sensitivity of Behavioral Health Staff	45
Table 26.	Delivery of behavioral health services and changes in emotional or mental healt	:h
		48

List of Figures

Figure 1. Survey completion by mode	8
Figure 2. Respondent status in the WISe program	9
Figure 3. Initial engagement with WISe services	12
Figure 4. Obstacles to receiving WISe services	15
Figure 5. You/Your Child had a CANS Full Assessment following screening for WISe	16
Figure 6. Aspects of receiving WISe services	19
Figure 7. Length of time in behavioral health services after screening	20
Figure 8. Impact of receiving services 30 days or less	22
Figure 9. Interactions with the Team	24
Figure 10. Team gave you a paper copy of your/your child's CANS Full Assessment	25
Figure 11. The Team's responsiveness	27
Figure 12. Impact of receiving services 31 to 60 days	29
Figure 13. Did the Team give you a paper copy of your goals?	30
Figure 14. The WISe Team's role in setting therapy goals	33
Figure 15. The Team's role offering guidance	36
Figure 16. The Team's role in providing help	39
Figure 17. The Team's role in establishing support	42
Figure 18. Impact of receiving WISe services more than 60 days	44
Figure 19. Behavioral Health needs being met by the Provider	44
Figure 20. Cultural Sensitivity of Behavioral Health Staff	46
Figure 21. Emotional or mental health now compared to before the pandemic	48
Figure 22. Difficulty accessing WISe services remotely during the pandemic	49
Figure 23. Extent to which WISe services are received remotely since March 2020	49

Page left blank for double-sided printing.

Wraparound with Intensive Services (WISe) Interpretive Summary of the 2023 Survey Results

Introduction

The Health Care Authority Division of Behavioral Health and Recovery (DBHR) contracted with the Social & Economic Sciences Research Center (SESRC) at Washington State University to conduct the annual survey of children and youth, and their caregivers, who are participating in a program known as Wraparound with Intensive Services (WISe). The purpose of the survey is to assess participant engagement in WISe and to indirectly measure provider competence in engaging participants. The purpose of this interpretive report is to provide an overview of the 2022 survey results.¹

Background

Under the terms of the T.R. *et al.* v. Kevin Quigley and Dorothy Teeter Settlement Agreement, DBHR accepted to perform two activities, among others. One, DBHR agreed to develop a system designed to provide intensive mental health services to Medicaid-eligible children and youth in home and community settings. DBHR adopted WISe as a service delivery model in implementing this system. It focuses on the strengths and voice of participants, and their family, in every phase of treatment: screening, assessment, teaming, service planning and implementation, monitoring and adapting, and transition.² Each participant is assigned an individualized Child and Family Team (CFT) tasked with identifying the appropriate services needed and coordinating services across multiple agencies. Two, DBHR devised a Quality Management Plan (QMP) that would guide the implementation of WISe. Under this plan, DBHR conducts an annual survey to assess participant engagement in WISe and to indirectly measure provider competence in engaging participants by assessing their experience in the program. DBHR is collaborating with SESRC to meet the expectation under the QMP.

¹ See SESRC reports 18-43 and 19-24

² Wraparound with Intensive Services (WISe) Program, Policy, and Procedure Manual, Version 1.4. March 31, 2015, Division of Behavioral Health and Recovery, Olympia, Washington.

Questionnaire

In 2015, a survey instrument was developed using 20-scaled items from the Multi-Cultural Engagement Scale and six items from the Wraparound Fidelity Index Short Form (WFI-EZ). The survey questions are premised on the idea that "engagement" is a process that happens over time and "markers" can indicate how engagement develops during the service period. The instrument was structured so that questions that function as markers are grouped together to distinguish four levels of engagement among participants. The four levels of engagement are: [a] Survey 1 - Screened, unassessed (survey questions Q01-Q16); [b] Survey 2 - Assessed, in care 30 days or less (survey questions Q17-Q22; [c] Survey 3 - Assessed, in care 31-60 days (survey questions Q23-Q29); and [d] Survey 4 - Assessed, in care over 60 days (survey questions Q30-Q45). (Note: there were additional questions asked of all four groups).

Questions measuring perceived effectiveness follow each group of markers and indicate to a certain degree how engagement markers correlate with perceived effectiveness of WISe services, as participants advance through the WISe program, and that barriers, or issues, can be identified and addressed in order to enhance program quality.

Youth participants 13 years and older and their caregivers were invited to complete the survey. Children under age 13 were represented in the survey by their caregivers who were invited to respond to the survey as proxies. Aside from slight rewording of questions for the caregiver survey, the questions for both youth and caregiver survey are the same.

Participant Selection

Participants in WISe with a screening or assessment record having a completion date from July 1, 2021, to June 30, 2022, and have not been discharged during the same period, are included in the present study. Screening, assessment, participant, caregiver, and service location data were extracted from the Behavioral Health Assessment Solution (BHAS), a database maintained by DBHR, on January 12, 2023. Mailing address, telephone numbers, and demographic data such as gender, race, and ethnicity were obtained from ProviderOne on February 2, 2023. ProviderOne is Washington State's Medicaid payment database. Table 1 shows the demographic characteristics of the 4481 participants selected for the survey.

The participants were grouped according to participation status and length of participation: (1) Screened, unassessed; (2) Assessed, in care 30 days or less; (3) Assessed, in care 31-60 days; and (4) Assessed, in care over 60 days. Participation status was based on the BHAS screening and assessment data. The number of days in WISe was determined by calculating the number of days between the screening date that resulted in a WISe referral and the date of last full assessment. The age and race/ethnicity distribution was noted to assess the range of experiences represented in the roster of WISe participants. Table 2 shows the distribution of participants by participation status, age group, and race/ethnicity.

The final roster consisted of 4481 participants with 2037 children under 13 (45.5%) and 2444 youth 13 years of age and older (54.5%). A total of 6925 survey contacts were projected for

data collection, consisting of 2444 surveys for youth 13 years and older, 2444 surveys for caregivers of youth 13 years and older, and 2037 surveys for caregivers of children under 13.

Table 1. Characteristics of WISe participants selected for the survey 1 (N=4481)						
		Count	Column N%			
Gender	Female	2157	48.1%			
	Male	2324	51.9%			
Age	Under 13	2037	45.5%			
	13-14	901	20.1%			
	15-16	889	19.8%			
	17-18	526	11.7%			
	19-21	128	2.9%			
Age Group	Under 13	2037	45.5%			
	13 and over	2444	54.5%			
Race/Ethnicity	Asian/Pacific Islander	65	1.5%			
-	American Indian/Alaska Native	190	4.2%			
	Hispanic	782	17.5%			
	Black	278	6.2%			
	White, non-Hispanic	2656	59.3%			
	Multiracial	278	6.2%			
	Other	96	2.1%			
	Unknown	136	3.0%			
Race/Ethnicity Collapsed	White	2656	59.3%			
	Non-White	1689	37.7%			
	Unknown	136	3.0%			
Survey Group	Screened, Unassessed**	1660	37.0%			
	Assessed, in care 30 days or less	290	6.5%			
	Assessed, in care 31 to 60 days	243	5.4%			
	Assessed, in care over 60 days	2288	51.1%			

(continued next page)

¹ **Data Sources**: Data on WISe participants, including screening and assessment records, caregiver information, and service location were taken from the Behavioral Health Assessment Solutions (BHAS) database, maintained by the Division of Behavioral Health and Recovery (DBHR). Participant contact information, including race, ethnicity, gender, and homelessness status, was obtained from ProviderOne, Washington state's Medicaid information database.

Table 1 continued		Count	Column N%
Regional Service Areas	North Sound	676	15.1%
	Greater Columbia	422	9.4%
	Southwest	344	7.7%
	Optum Pierce	453	10.1%
	Thurston-Mason	252	5.6%
	Spokane County Regional	788	17.6%
	Great Rivers	609	13.6%
	North Central	178	4.0%
	Salish	249	5.6%
	King County	442	9.9%
	Fee for service (statewide)	66	1.5%
	Remote (telehealth only)	2	0.0%
Homelessness status	Yes	116	2.6%
	No	4365	97.4%
TOTAL		4481	100.0%

Participant Selection: The sample was restricted to youth who were participating in WISe during State Fiscal Year 2022. An initial dataset consisting of 18,826 duplicated screening and assessment records with completion date from July 1, 2021, to June 30, 2022, was generated from the BHAS on January 12, 2023. Screening records where the outcome did not result in a WISe referral were removed from this initial dataset, leaving 17,452 screening and assessment records. The 17,452 records yielded an unduplicated count of 7,168 WISe participants. From this set of 7,168 cases, the following were removed: 323 cases where a match with ProviderOne contact information was not found; 123 CLIP (Children's Long-term Inpatient Program) cases; nine out of state cases; and 2,232 cases that were discharged between July 1, 2021, and June 30, 2022. The exclusion process was not mutually exclusive, meaning that some cases would have met any or all of the exclusion criteria, so that the number of cases removed was less than the sum of cases having each of those attributes. The resulting sample came to 4,481 WISe participants with 2,037 (45.5%) under the age of 13 and 2,444 (54.5%) 13 years of age and over. Contact information from ProviderOne was generated on February 2, 2023.

Table 2. Distribution of WISe participants by participation status, age group, and minority status				
Group	Age Group	Minority Status	Count	
		White	437	
		Non-White	268	
	Under 13	Not Provided/Unknown	19	
		Total	724	
		White	505	
C	13 and	Non-White	400	
Screened, Unassessed (1)	over	Not Provided/Unknown	31	
		Total	936	
		White	942	
	Total	Non-White	668	
	Total	Not Provided/Unknown	50	
		Total	1660	
		White	110	
	Under 13	Non-White	55	
	Under 13	Not Provided/Unknown	2	
		Total	167	
	13 and	White	81	
Assessed, in care 30 days or		Non-White	37	
less (2)	over	Not Provided/Unknown	5	
		Total	123	
	Total	White	191	
		Non-White	92	
	iotai	Not Provided/Unknown	7	
		Total	290	
		White	66	
	Under 13	Non-White	45	
	Officer 13	Not Provided/Unknown	2	
		Total	113	
		White	59	
Assessed, in care 31 to 60 days (3)	13 and	Non-White	62	
	over	Not Provided/Unknown	9	
		Total	130	
		White	125	
	Total	Non-White	107	
	Not Provided/Unknow		11	
		Total	243	

Group	Age Group	Minority Status	Count		
		White	614		
	Under 13	Non-White	395		
	Officer 15	Not Provided/Unknown	24		
		Total	1033		
Assessed, in care over 60 days	13 and over	White	784		
		Non-White	427		
(4)		over	over	Not Provided/Unknown	44
		Total	1255		
		White	1398		
	-	Non-White	822		
	Total	Not Provided/Unknown	68		
		Total	2288		

Data Collection and Survey Response

WISe youth (or participants) and caregiver respondents were mailed an introductory/prenotification letter on April 25, 2023 (caregiver) and May 10, 2023 (youth). The letter explained the purpose of the survey and that they would be called by the Social & Economic Sciences Research Center to do a voluntary and confidential telephone interview. They were also given a link to the online survey if that mode was preferred for completing the survey.

Telephone calling began on May 11, 2023, for caregivers and on May 18, 2023, for youth. The calling continued through September 28, 2023. The following two tables show the main dates of the survey contacts. The survey was available in either English or Spanish (Tables 3-4).

Table 3. Contact dates – Youth				
Contact	Date			
Pre-notification letter	May 10, 2023			
Phone interviews start	May 18, 2023			
Phone interviews end	September 28, 2023			

Table 4. Contact dates – Caregiver				
Contact	Date			
Pre-notification letter	April 25, 2023			
Phone interviews start	May 11, 2023			
Phone interviews end	September 28, 2023			

Table 5 shows the response rates for the 2022 WISe survey. Each record in both the youth and caregiver samples received up to 5 call attempts. These attempts were done on different days of the week at different times of the day over a period of several weeks to maximize the likelihood of reaching the respondent at a convenient time. During the survey period, respondents could answer the online survey at any time if that mode was preferred. Table 6, Figure 1) shows the proportion responding on the telephone versus online.

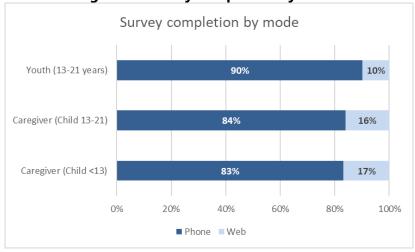
For the **youth sample**, **the raw response rate is 17.1%** (including completes and partial completes). The SESRC expended 565 calling hours and placed 12,649 calls for the youth survey. The average telephone interview lasted 13.2 minutes. Ninety percent of youth completed the survey by telephone and 10% completed the survey online.

For the caregiver sample, the raw response rate is 26.6% for caregivers of youth aged 13-21, and 30.0% for caregivers of children under 13 years (including completes and partial completes). The SESRC expended 1,562 calling hours and placed 26,666 calls over the calling period for the caregiver survey. The average telephone interview lasted 20.1 minutes. While the response rates achieved may be less than what is considered optimal, the response rates are comparable to what is typically achieved on other similar surveys. Eighty-four percent of caregivers of youth 13 and over completed the survey on the telephone and 16% completed the survey online; and similarly 83% of caregivers of a child under 13 completed the survey by telephone and 17% online.

Table 5. WISe survey response rates						
Group	Starting population	Completed interviews	Completed and partially completed interviews			
Youth (age 13-21)	2444	385 (15.8%)	418 (17.1%)			
Caregiver of youth aged 13 through 21	2444	603 (24.7%)	650 (26.6%)			
Caregiver of children under 13	2037	566 (27.8%)	612 (30.0%)			

Table 6. Survey completion by mode							
	Caregiver (Child <13)		Caregiver (Child 13-21)		Youth (13-21 years)		
	N	%	N	%	N	%	
Phone complete	475	77.6%	509	78.3%	336 /343	82.0%	
Phone partial complete	34	5.6%	36	5.5%	26 /24	5.7%	
Web complete	91	14.9%	94	14.5%	49 /34	8.1%	
Web partial complete	12	2.0%	11	1.7%	7 /17	4.1%	
Total	612	100.0%	650	100.0%	418	100.0%	

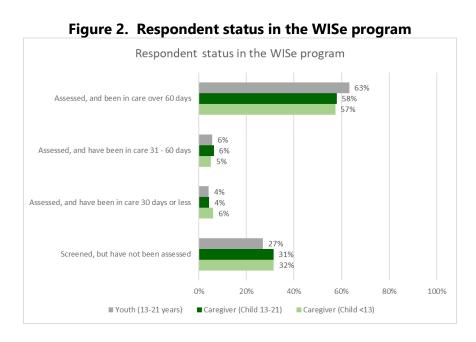




Status in the WISe Program and Survey Response

Based on a self-report of status in the WISe program, 27% of youth, 31% of caregivers of youth and 31.5% of caregivers of a child < 13 years who responded to the survey had been **screened but had not been assessed** at the time of the survey data collection. Whereas just over half of youth (63%), 58% of caregivers of youth and 57% of caregivers of a child < 13 years who responded to the survey had been **assessed and in care for over 60 days.** Of the remaining youth and caregiver respondents, about half were in the "assessed, in care 30 days or less" and the other half were in the "assessed, in care 31-60 days" (Table 7, Figure 2).

Table 7. Respondent status in the WISe program.							
Survey	-	regiver Caregiver ild <13) (Child 13-21)		Youth (13-21 years)			
_	N	%	N	%	N	%	
Screened, but have not been assessed	193	31.5%	204	31.4%	113	27.0%	
Assessed, and have been in care 30 days or less	37	6.0%	28	4.3%	17	4.1%	
Assessed, and have been in care 31 - 60 days	31	5.1%	41	6.3%	24	5.7%	
Assessed, and been in care over 60 days	351	57.4%	377	58.0%	264	63.2%	
Total	612	100.0%	650	100.0%	418	100.0%	



When comparing the demographic characteristics between survey respondents and the population of WISe participants, the distribution appears to be similar (within 3 percentage points or less) on every variable except for stage/length of time in the program (Table 8). Compared to the population, there are fewer survey responses in the screen/unassessed group (5.5 percentage points less), and more in the assessed in care over 60 days (6.6 percentage point increase). The distributions are similar within 3 percentage points on every category for the other demographic characteristics: gender, age group, race/ethnicity, and Regional Service Area affiliation. The survey results appear to be representative of the population of WISe participants.

Table 8. Cor	nparison of characteristics of W	ISe participants	and surve	y respondent	S
	(Participant popula	tion N=4481, Resp	ondent Samp	ple N=1030	
Partic	ipant Characteristics	WISe Parti	•	WISe Survey Respondents	
C	Female	Count	Column %	Count	Column %
Gender	Male	2157 2324	48.1% 51.9%	462 568	44.8% 55.1%
Age Group	Under 13	2037	45.5%	612	59.4%
7.90 с.оцр	13 and over	2444	54.5%	418	40.6%
Race/Ethnicity	Asian/Pacific Islander	65	1.5%	14	1.4%
	American Indian/ Alaska Native	190	4.2%	48	4.7%
	Hispanic	782	17.5%	217	21.1%
	Black	278	6.2%	59	5.7%
	White, non-Hispanic	2656	59.3%	596	57.9%
	Multiracial	278	6.2%	55	5.3%
	Other	96	2.1%	11	1.1%
	Unknown	136	3.0%	30	2.9%
Race/Ethnicity Collapsed	White	2656	59.4%	596	57.9%
	Non-White	1689	37.7%	404	39.2%
	Unknown	136	3.0%	30	2.9%
Survey Group	Screened, Unassessed		37.0%	306	29.7%
	Assessed, in care 30 days or less	290	6.5%	54	5.2%
	Assessed, in care 31 to 60 days	243	5.4%	55	5.3%
	Assessed, in care over 60 days	2288	51.1%	615	59.7%
Behavioral Health	North Sound	676	15.1%	161	15.6%
Organization	Greater Columbia	422	9.4%	105	10.2%
	Southwest	344	7.7%	77	7.5%
	Optum Pierce	453	10.1%	97	9.4%
	Thurston-Mason	252	5.6%	59	5.7%
	Spokane County Regional	788	17.6%	157	15.2%
	Great Rivers	609	13.6%	148	14.4%
	North Central	178	4.0%	40	3.9%
	Salish	249	5.6%	59	5.7%
	King County	442	9.9%	113	11.0%
	Fee for service	66	1.5%	14	1.4%

Survey 1: Screened, Unassessed

Experience with Initial Engagement

Youth and caregiver respondents in the "screened, but not assessed" group were asked to reflect on their experience receiving WISe services as a measure of their initial engagement. When asked if *someone talked to them about qualifying for behavioral health services through the WISe program*, 57% of youth respondents and a higher percentage of caregivers, 78% of caregivers of youth and 77% of caregivers of children under 13, indicated that someone had talked with them (Table 9, Figure 3).

High percentages of the youth and caregiver respondents indicated that *the behavioral health services were described in terms they understood*, 96% of youth and of caregivers of youth, and 94% of caregivers of children under 13. Slightly fewer but still a majority indicated *they were asked if they had concerns about the services being offered*, 72% of youth, 70% of caregivers of youth, and somewhat fewer (65%) caregivers of children. High percentages of youth and caregiver respondents indicated *they were asked about what services they needed*. 82% of youth, 87% of caregivers of youth, and 86% of caregivers of children. When asked about convenience of the services, 93% of youth, 94% of caregivers of youth, and 93% of caregivers of children indicated *they were able to meet at convenient times*, and 95% of youth, 92% of caregivers of youth, and 91% for caregivers of children indicated *they were able to meet at a convenient place* (Table 9, Figure 3). **Overall, a majority of youth and caregiver respondents experienced positive initial engagement with WISe services.**

Table 9. Initial engagement with WISe services							
WISe Services	Youth Number "Yes"/ N	Youth Percent "Yes"	Caregiver: Child ages 13-21) Number "Yes"/N	Caregiver: Child ages 13-21) Percent "Yes"	Caregiver: Child under 13 Number "Yes"/N	Caregiver: Child under 13 Percent "Yes"	
Someone talked to you about qualifying for behavioral health services through WISe (Q01)	211/373	56.6%	486/623	78.0%	454/589	77.1%	
Described the behavioral health services in terms you understood (Q02)	199//207	96.1%	458/476	96.2%	416/442	94.1%	
Asked if you had concerns about the behavioral health services being offered (Q03)	144/201	71.6%	314/447	70.2%	274/421	65.1%	
Asked about what services you needed to help you (Q04)	162/197	82.2%	403/462	87.2%	375/436	86.0%	
Offered to meet with you at a convenient time (Q05)	191/205	93.2%	443/474	93.5%	410/441	93.0%	
Offered to meet with you at a convenient place (Q06)	196/207	94.7%	436/473	92.2%	400/441	90.7%	

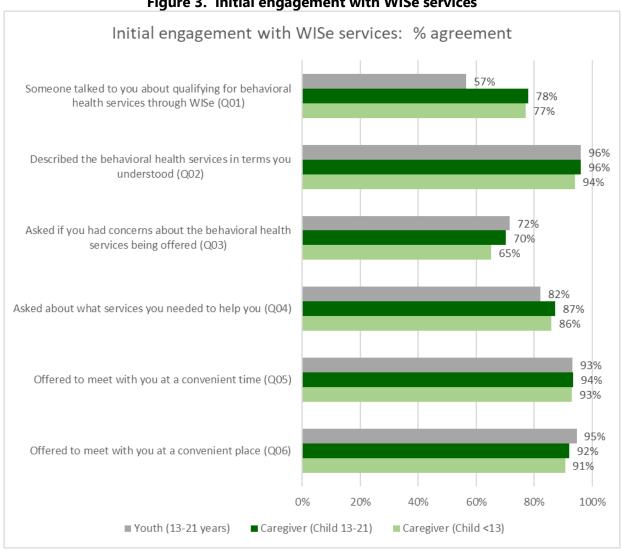


Figure 3. Initial engagement with WISe services

Obstacles to Receiving Services

Respondents were asked about a number of possible obstacles to receiving behavioral health services and to what extent each one was an obstacle for them. The possible obstacles were:

- The treatment did not seem like it would work for me. (Q07)
- Too much going on in the family to participate in WISe. (Q08)
- Did not like the person I/they spoke to. (Q09
- Participating would take too much time. (Q10)
- Participating would take too much effort. (Q11)
- Difficulties getting childcare. (Q12)
- Difficulties getting transportation. (Q13)

Across the possible obstacles, a majority of both youth and caregiver respondents indicated these were not obstacles for receiving behavioral health services (Table 10, Figure 4). However, between a tenth and a third of the youth and a proportion of caregivers indicated these were obstacles to receiving services (strongly agree and agree ratings on the scale). Thirty-two percent of youth, 39% of caregivers of youth and 31% of caregivers of a child < 13 indicated they had concerns that the treatment did not seem like it would work for them.

Among caregivers of a child <13, 22% indicated there was *too much going on in their family to participate*, but slightly fewer caregivers of youth, 18%, indicated so. In contrast, 26% of youth thought they had too much going on to participate in WISe.

Twenty-eight percent of youth indicated *participating would take too much time* and 20% indicated *participating in WISe would take too much effort*. In contrast fewer caregivers, 15% of caregivers of youth and 19% of caregivers of a child <13, said participating would take too much time; and even fewer, 11% of both caregivers of youth and caregivers of a child < 13, said participating in WISe would take too much effort.

Five percent of youth had *trouble getting childcare* and 12% had *trouble getting transportation*. Among caregivers of those caring for a child < 13 years 20% had trouble getting childcare and 11% had trouble getting transportation. For caregivers of youth, 11% had trouble getting childcare, while 10% had trouble getting transportation.

Lastly, 15% of youth, 13% of caregivers of youth, and 14% of caregivers of a child < 13 indicated they did not like the person they spoke to.

Table 10. Obstacl	-	g WISe se	rvices		
	Strongly Agree	Agree	Disagree	Strongly disagree	
	%	%	%	%	n
The treatment did not seem like it would work for me (Q07)					
Youth	6.2%	26.1%	44.8%	22.9%	402
Caregiver: Child 13 years or older	12.2%	26.9%	38.8%	22.1%	616
Caregiver: Child less than 13	8.2%	22.9%	38.7%	30.2%	586
We had too much going on in our family to participate in WISe (Q08)					
Youth	5.8%	20.5%	50.0%	23.8%	400
Caregiver: Child 13 years or older	3.2%	15.2%	41.7%	39.9%	626
Caregiver: Child less than 13	5.1%	16.8%	41.5%	36.6%	<i>585</i>
I did not like the person I spoke to (Q09)					
Youth	3.5%	11.8%	52.5%	32.2%	398
Caregiver: Child 13 years or older	3.9%	9.2%	44.7%	42.2%	611
Caregiver: Child less than 13	4.2%	10.2%	38.3%	47.3%	567
It seemed like participating in WISe would take too much time (Q10)					
Youth	4.5%	23.9%	51.0%	20.6%	398
Caregiver: Child 13 years or older	2.2%	12.5%	53.5%	31.7%	624
Caregiver: Child less than 13	4.4%	14.4%	51.1%	30.1%	<i>585</i>
It seemed like participating in WISe would take too much effort (Q11)					
Youth	2.0%	18.4%	59.7%	19.9%	402
Caregiver: Child 13 years or older	2.1%	8.8%	55.5%	33.6%	622
Caregiver: Child less than 13	2.1%	8.9%	54.9%	34.1%	583
I had trouble getting childcare. (Q12)					
Youth	0.8%	4.2%	63.7%	24.1%	361
Caregiver: Child 13 years or older	2.4%	8.5%	48.4%	33.7%	576
Caregiver: Child less than 13	6.8%	13.4%	44.9%	30.5%	561
I had trouble getting transportation (Q13)				87	
Youth	2.0%	10.1%	63.7%	24.2%	397
Caregiver: Child 13 years or older	1.8%	7.7%	50.7%	39.9%	612
Caregiver: Child less than 13	3.5%	7.5%	48.6%	40.5%	576

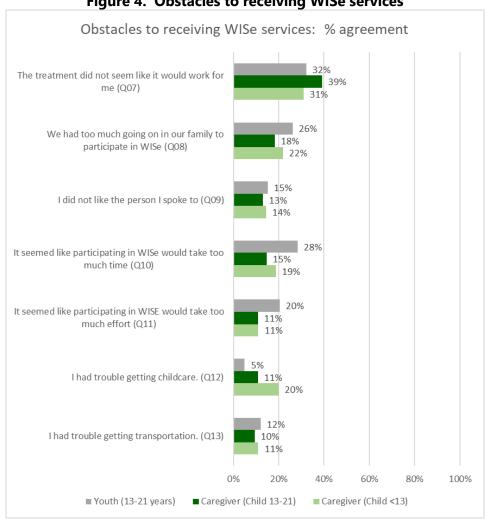


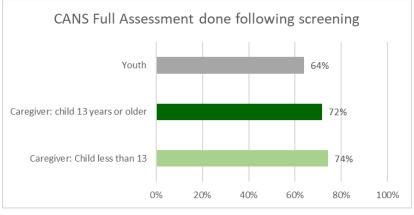
Figure 4. Obstacles to receiving WISe services

CANS Full Assessment

At the end of the section for those who have been screened but have not received a full assessment based on BHAS data (Survey 1), both youth and caregiver respondents were asked if they had, or their child had the CANS full assessment following their screening for the WISe program. Sixty-four percent of youth, 72% of caregivers of child 13 years or older, and 74% of caregivers of a child less than 13 years indicated they had the assessment (Table 11, Figure 5). Those respondents who have had an assessment proceeded to the next set of survey questions (Survey 2), and the survey ended for those respondents who have not had the assessment.

Table 11. You/Your child had a CANS Full Assessment following screening for the WISe (Q15)					
Frequency Perc					
Youth	226	64.0%			
Caregiver: Child 13 years or older	378	71.7%			
Caregiver: Child less than 13	396	74.3%			

Figure 5. You/Your Child had a CANS Full Assessment following screening for WISe



Survey 2: Assessed, In Care 30 Days or Less

Interacting with the WISe Team: In care 30 days or less

Respondents who had a CANS full assessment and have been in care 30 days or less were asked about their experience interacting with the WISe Team in terms of:

- understanding how the services would help (Q17)
- knowing who would see their records (Q18)
- receiving something useful to try after each session (Q19)
- receiving a call and check in before the next session (Q20)
- helping to make it easy to come to the next session (Q21)

More than three fourths of both youth and caregiver respondents gave positive ratings to various aspects of interacting with their WISe team when in care 30 days or less (Table 12, Figure 6). When asked if the *Team helped the respondent understand how the services would help*, 93% of youth, 88% of caregivers of a child 13 years or older, and 89% of caregivers of a child less than 13 gave positive ratings. When asked if the *Team let the respondent know who would see their records*, 92% of youth, 89% of caregivers of a child 13 years or older, and 92% of caregivers of a child less than 13 gave positive ratings. When asked if the *Team gave the respondent something useful to try each time they met*, 87% of youth, 80% of caregivers of a child 13 years or older, and 82% of caregivers of a child less than 13 gave positive ratings. When asked if the *Team offered to call and check in with the respondent before meeting again*, 86% of youth, 85% of caregivers of a child 13 years or older, and 86% of caregivers of a child less than 13 gave positive ratings. And when asked if the *Team really helped to make it easy for respondent to come to the next session*, 91% of youth, 89% of caregivers of a child 13 years or older, and 92% of caregivers of a child less than 13 gave positive ratings.

Table 12. Aspects of receiving WISe Services							
	Strongly Agree	Agree	Disagree	Strongly disagree	N		
	%	%	%	%			
The Team helped me understand how this service would help me (Q17)							
Youth	39.4%	53.8%	5.0%	1.8%	221		
Caregiver: Child 13 years or older	42.9%	45.3%	7.3%	4.6%	371		
Caregiver: Child less than 13	53.2%	36.2%	7.8%	2.8%	387		
The Team let me know who would see my records (Q18)							
Youth	42.7%	49.5%	5.5%	2.3%	218		
Caregiver: Child 13 years or older	47.8%	40.8%	7.0%	4.3%	370		
Caregiver: Child less than 13	50.9%	41.0%	4.4%	3.5%	385		
The Team gave me something useful to try each time we met (Q19)							
Youth	32.6%	54.3%	118%	1.4%	221		
Caregiver: Child 13 years or older	40.2%	39.6%	13.9%	6.3%	366		
Caregiver: Child less than 13	43.0%	39.4%	13.0%	4.7%	386		
The Team offered to call and check in with me before we met again (Q20)							
Youth	34.9%	51.2%	13.0%	0.9%	215		
Caregiver: Child 13 years or older	39.2%	46.0%	11.2%	3.6%	365		
Caregiver: Child less than 13	46.8%	38.7%	11.1%	3.4%	380		
The Team really helped to make it easy to come to my next session (Q21)							
Youth	37.7%	53.6%	6.8%	1.8%	220		
Caregiver: Child 13 years or older	43.2%	45.6%	6.6%	4.6%	366		
Caregiver: Child less than 13	52.1%	39.6%	5.2%	3.1%	384		

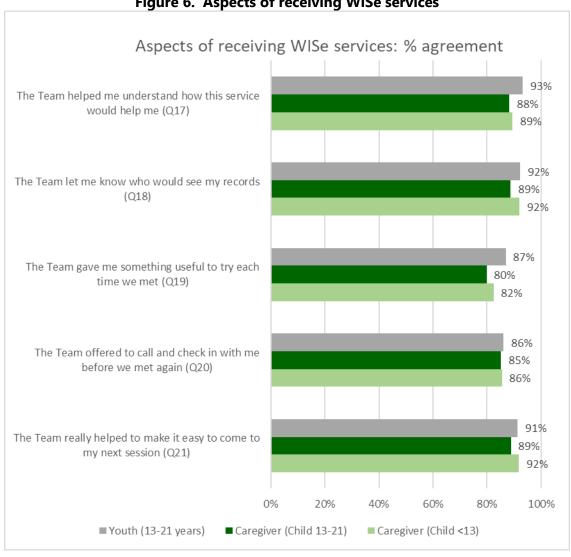


Figure 6. Aspects of receiving WISe services

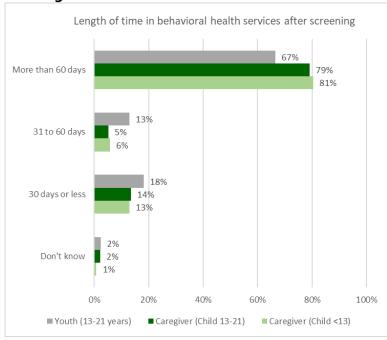
Length of Time in Care

At the end of the section for those who have been assessed, in care 30 days or less (Survey 2), both youth and caregiver respondents were asked how long they have been in care following their initial screening for the WISe program (Table 13, Figure 7). Eighteen percent of youth, 14% of caregivers of a child 13 years or older and 13% of caregivers of a child less than 13 reported being in care for 30 days or less, thus did not proceed to the sections for Survey 3 or 4. Before ending the survey, those in care for 30 days or less were asked about the impact of services they received.

The two-thirds or more of youth (67%) and caregivers (79% for those caring for a child 13 years or older, and 81% of those caring for a child less than 13 years) indicated they had been in care for more than 60 days by the time of the request to complete the survey. Another 13% of youth and less than 10% of caregivers (5% of those caring for a child 13 years or older, and 6% of those caring for a child less than 13) indicated they have been in care 31 to 60 days (Surveys 3 and 4). These respondents proceeded to the next set of questions for those in care for more than 30 days.

Table 13. Length of time in behavioral health services after screening (Q22)							
	30 days or						
	less	31 to 60 days	More than 60 days	N			
Youth	18.2%	12.9%	66.5%	209			
Caregiver: Child 13 years or older	13.5%	5.25%	79.1%	363			
Caregiver: Child less than 13	12.9%	5.8%	80.5%	379			

Figure 7. Length of time in behavioral health services after screening

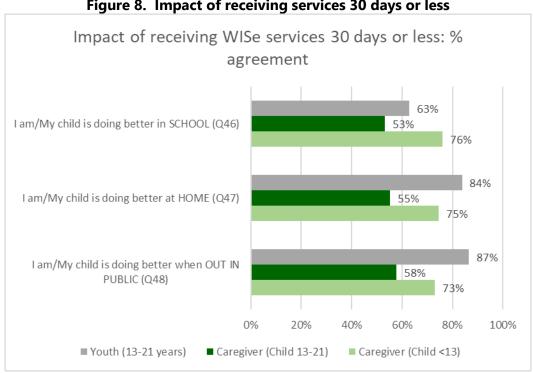


Impact of Receiving Services 30 Days or Less

Youth and caregiver respondents who received services 30 days or less were asked the extent to which new actions learned while in therapy helped them/their child to do better in school, at home, and/or when out in public (Table 14, Figure 8).

Sixty-three percent of youth indicated they are doing better *in school* because of the new actions learned while in therapy compared to 53% of caregivers of a child 13 years or older, and in contrast to 76% of caregivers of a child less than 13. When asked how they are doing *at home* because of new actions learned while in therapy, 84% of youth respondents, compared to 55% of caregivers of a child 13 years or older, and 75% of caregivers of a child less than 13 indicated they are doing better. When asked how they are doing *out in public* because of new actions learned while in therapy, 87% of youth respondents compared to 58% of caregivers of a child 13 years or older indicated they are doing better; and 73% of caregivers of a child less than 13 indicated they are doing better. (Table 14, Figure 8).

Table 14. Impact of receiving WISe services 30 days or less						
Because of the new actions learned while in therapy:	Strongly agree	Agree	Disagree	Strongly disagree		
	%	%	%	%	N	
I am/My child is doing better in SCHOOL (Q46)						
Youth	17.1%	45.7%	34.3%	2.9%	35	
Caregiver: Child 13 years or older	23.4%	29.8%	23.4%	23.4%	47	
Caregiver: Child less than 13	32.6%	43.5%	15.2%	8.7%	46	
I am/My child is doing better at HOME (Q47)						
Youth	16.2%	67.6%	13.5%	2.7%	37	
Caregiver: Child 13 years or older	21.3%	34.0%	23.4%	21.3%	47	
Caregiver: Child less than 13	21.3%	53.2%	14.9%	10.6%	47	
I am/My child is doing better when OUT IN PUBLIC (Q48)						
Youth	13.5%	73.0%	13.5%	0.0%	37	
Caregiver: Child 13 years or older	22.2%	35.6%	22.2%	20.0%	45	
Caregiver: Child less than 13	18.8%	54.2%	18.8%	8.3%	48	



Survey 3: Assessed, In Care 31 - 60 Days

Interacting with the WISe Team: 31-60 Days in Care

As a further measure of program engagement, youth and caregiver respondents in care for 31-60 days were asked to reflect on their experience interacting with the WISe Team (Table 15, Figure 9). They were asked the extent to which the Team:

- Talked about the important things the participant does well (Q23)
- Helped the participant tell their real story (Q24)
- Made the participant feel like they have to watch what they said. (Q25)

Overall, a majority youth and caregiver respondents gave similarly favorable assessments of their experiences interacting with their WISe Team with youth respondents being the most positive overall. Ninety-eight percent of youth, 93% of caregivers of youth, and 94% of caregivers of a child less than 13 were favorable about *their team talking about the important things they do/their child does well.* Slightly fewer, but still a high proportion, 87% of youth, 74% of caregivers of youth and 79% of caregivers of a child less than 13, were favorable about their *Team helping to tell their/their child's real story.* And with regard to feeling like they had to watch what they said, only 31% of youth, 27% of caregivers of youth and 23% of caregivers of a child less than thirteen indicated they feel that way. Two-thirds or more of both youth and caregivers felt comfortable being honest with their Team.

Table 15. Interactions with the Team						
	Strongly Agree	Agree	Disagree	Strongly disagree		
	%	%	%	%	N	
The Team talked with me about the important things I do well (Q23)						
Youth	46.9%	50.8%	1.7%	0.6%	179	
Caregiver: Child 13 years or older	54.3%	38.8%	5.4%	1.6%	317	
Caregiver: Child less than 13	62.3%	32.0%	4.55	1.2%	337	
The Team has helped me tell my real story (Q24)						
Youth	34.3%	52.8%	11.8%	1.1%	178	
Caregiver: Child 13 years or older	35.5%	38.15	17.4%	9.0%	310	
Caregiver: Child less than 13	43.8%	35.6%	13.9%	6.6%	331	
The Team made me feel like I had to watch what I said (Q25)						
Youth	9.0%	22.0%	46.3%	22.6%	177	
Caregiver: Child 13 years or older	10.3%	17.1%	40.8%	31.8%	321	
Caregiver: Child less than 13	6.8%	15.8%	35.4%	42.0%	336	

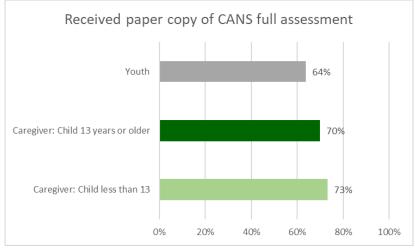
Figure 9. Interactions with the Team Interactions with the Team: % agreement 98% The Team talked with me about the important things I 93% do well (Q23) 94% 87% 74% The Team has helped me tell my real story (Q24) 31% The Team made me feel like I had to watch what I said (Q25) 23% 0% 20% 60% 80% 100% 40% ■ Youth (13-21 years) ■ Caregiver (Child 13-21) ■ Caregiver (Child <13)

Received a Copy of CANS Full Assessment

Another indication of engagement with WISe services is whether or not participants or caregivers were given a copy of the CANS Full Assessment sometime prior to being in care more than 60 days. Among respondents who have been assessed and in care 31 to 60 days, 64% of youth, 70% of caregivers of youth, and 73% of caregivers of a child less than 13 indicated they had received a copy of their/their child's CANS full assessment (Table 16, Figure 10).

Table 16. The Team gave you a paper copy of your/your child's CANS Full Assessment (Q26)					
Indicating yes Frequency Percent					
Youth	107	63.7%			
Caregiver: Child 13 years or older	205	70.0%			
Caregiver: Child less than 13	231	73.1%			

Figure 10. Team gave you a paper copy of your/your child's CANS Full Assessment



WISe Team Responsiveness

Youth and caregivers were asked to evaluate the WISe Team's responsiveness to providing the useful information. They were asked the extent to which the Team:

- Went over the CANS full assessment to make sure it was right (Q27)
- Did a good job of writing what the participant does well (Q28)
- Did a good job of writing what the participant needs help doing (Q29)

The overwhelming majority of both youth and caregiver respondents gave favorable assessments of their WISe Team's responsiveness to providing useful information (Table 17, Figure 11). Nearly all youth and caregivers gave favorable assessment that the *Team went over the CANS full assessment with the participant to make sure it was right* (95% of youth, 97% of both caregivers of youth and caregivers of a child less than 13). Similarly, 97%-98% of youth and caregivers indicated favorably that their *Team did a good job of writing what they/their child does well.* And nearly all youth and caregivers answered favorably that the *Team did a good job of writing what they/their child needs help doing* (97% of youth, 92% of caregivers of youth and 96% of caregivers of a child less than 13).

Table 17. WISe Team responsiveness						
	Strongly Agree	Agree	Disagree	Strongly disagree		
Interactions with the Team	%	%	%	%	<i>N</i>	
The Team went over the CANS full assessment with me to make sure it was right (Q27)						
Youth	35.2%	60.0%	4.8%	0.0%	105	
Caregiver: Child 13 years or older	41.5%	55.5%	3.0%	0.0%	200	
Caregiver: Child less than 13	55.9%	40.6%	2.6%	0.9%	229	
The Team did a good job of writing what I do well (Q28)						
Youth	36.8%	60.4%	2.8%	0.0%	106	
Caregiver: Child 13 years or older	50.2%	46.8%	3.0%	0.0%	201	
Caregiver: Child less than 13	57.6%	40.6%	1.3%	0.4%	229	
The Team did a good job of writing what I need help doing (Q29)						
Youth	34.6%	62.6%	2.8%	0.0%	107	
Caregiver: Child 13 years or older	48.7%	43.2%	7.0%	1.0%	199	
Caregiver: Child less than 13	56.1%	39.6%	3.0%	1.3%	230	

WISe Team responsiveness: % agreement 95% The Team went over the CANS full assessment with me 97% to make sure it was right (Q27) 97% 97% The Team did a good job of writing what I do well (Q28) 97% 98% 97% The Team did a good job of writing what I need help 92% doing (Q29) 96% 0% 20% 40% 60% 80% 100% ■ Caregiver (Child 13-21) ■ Youth (13-21 years) ■ Caregiver (Child <13)

Impact of Receiving Services 31 to 60 days

Youth and caregiver respondents were asked the impact of receiving services 31 to 60 days in terms of the extent to which new actions learned while in therapy have helped them to do better in school, at home, and/or when out in public. The numbers of responding youth and caregivers in this group are small, so interpreting the percentages should be done with caution (Table 18, Figure 12). While 68% of youth indicated they are *doing better in school because of the new actions learned while in therapy*, whereas only 47% of caregivers of youth and 46% of caregivers of a child < 13 years indicated favorably. When asked *how they are doing at home because of new actions learned while in therapy*, 77% of youth respondents compared to only 37% of caregivers of youth gave positive ratings, and 64% of caregivers of a child < 13 years gave positive ratings. When asked *how they are doing out in public because of new actions learned while in therapy*, 80% of youth respondents, 47% of caregivers of youth, and 55% of caregivers of a child < 13 years gave positive ratings. **Overall, caregivers lower favorable ratings to the positive impact for their child as a result of new actions learned while in therapy.**

Table 18. Impact of rec	Strongly			Strongly	N
	Agree	Agree	Disagree	disagree	
	%	%	%	%	
I am doing better in SCHOOL because of the new actions learned while in therapy (Q46)					
Youth	20.0%	48.0%	24.0%	8.0%	25
Caregiver: child 13 years or older	17.6%	29.4%	23.5%	29.4%	17
Caregiver: Child less than 13	27.3%	18.2%	31.8%	22.7%	22
I am doing better at HOME because of the new actions learned while in therapy (Q47)					
Youth	19.2%	57.7%	23.1%	0.0%	26
Caregiver: child 13 years or older	10.5%	26.3%	47.4%	15.8%	19
Caregiver: Child less than 13	18.2%	45.5%	22.7%	13.6%	22
I am doing better when OUT IN PUBLIC because of the new actions learned while in therapy (Q48)					
Youth	24.0%	56.0%	20.0%	0.0%	25
Caregiver: child 13 years or older	10.5%	36.8%	36.8%	15.8%	19
Caregiver: Child less than 13	18.2%	36.4%	31.85	13.65	22

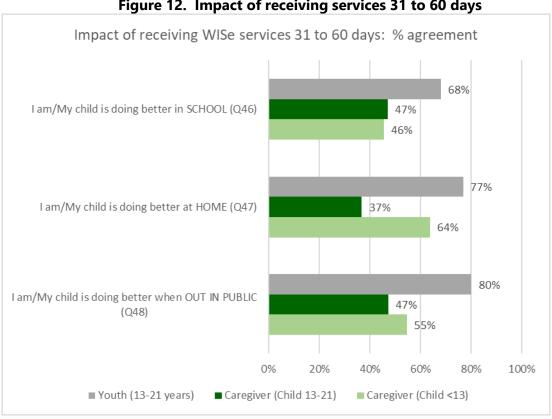
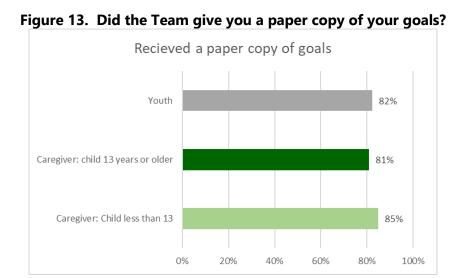


Figure 12. Impact of receiving services 31 to 60 days

Survey 4: Assessed, In Care over 60 Days

As another measure of program engagement, youth and caregivers with a youth or child who have been in care over sixty days and have had an assessment were asked if the *Team had given them a copy of their or their child's goals*. Eighty-two percent of youth, 81% of caregivers of youth and 85% of caregivers of a child < 13 years indicated they were given a copy (Table 19, Figure 13).

Table 19. Did the Team give you a paper copy of your goals? (Q30)						
Indicating yes	Frequency	Percent				
Youth	144	82.3%				
Caregiver: child 13 years or older	252	80.8%				
Caregiver: Child less than 13	280	84.8%				



Interacting with the WISe Team: In care over 60 days

Youth and caregiver respondents receiving services for 60 days or more were asked to reflect on their experience with regard to their interactions with their WISe Team. There were four main areas that they were asked about the WISe Team's role in: Setting therapy goals, offering guidance, providing help, and establishing support.

The Team's Role in Setting Therapy Goals

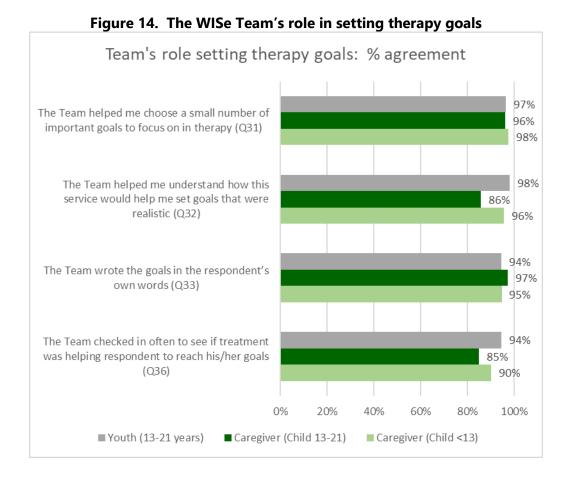
Youth and caregiver respondents in care for more than 60 days were asked about the WISe Team's role related to setting therapy goals in terms of the extent to which the Team:

- Helped the respondent choose a small number of important goals to focus on in therapy (Q31)
- Helped the respondent set goals that were realistic (Q32)
- Wrote the goals in the respondent's own words (Q33)
- Checked in often to see if treatment was helping respondent to reach his/her goals (Q36)

Overall, a very high proportion of youth and caregivers—four-fifths or more--gave positive rating to the various ways the WISe Team worked on setting therapy goals. Ninety-seven percent of youth, 96% of caregivers of youth and 98% of caregivers of a child < 13 years indicated favorably that the *Team helped the respondent/respondent's child to choose a small number of important goals to focus on in therapy.* Similarly, 98% of youth, 86% of caregivers of youth and 96% of caregivers of a child < 13 years responded favorably that the WISe Team helped them understand how this service would help them set goals that were realistic.

Ninety-four percent of youth, 97% of caregivers of youth and 95% of caregivers of a child < 13 indicated favorably that the *WISe Team wrote the goals in their/their child's own words.* And last, 94% of youth and 85% of caregivers of youth and 90% of caregivers of a child < 13 indicated favorably that the *WISe Team checked in often to see if the treatment was helping the respondent to reach his/her goals* (Table 20, Figure 14).

Table 20. The Team's role setting therapy goals							
	Strongly Agree	Agree	Disagree	Strongly disagree			
	%	%	%	%	N		
The Team helped me choose a small number of important goals to focus on in therapy (Q31)							
Youth	36.40%	60.10%	2.80%	0.70%	143		
Caregiver: Child 13 years or older	44.80%	51.20%	2.80%	1.20%	250		
Caregiver: Child less than 13 years	52.00%	45.50%	2.50%	0.00%	279		
The Team helped me understand how this service would help me set goals that were realistic (Q32)							
Youth	41.30%	56.60%	2.10%	0.00%	143		
Caregiver: Child 13 years or older	44.60%	41.00%	2.80%	1.60%	251		
Caregiver: Child less than 13 years	53.40%	42.20%	3.60%	0.70%	277		
The Team wrote the goals in the respondent's own words (Q33)							
Youth	34.30%	60.10%	4.90%	0.70%	143		
Caregiver: Child 13 years or older	48.20%	49.00%	2.40%	0.40%	247		
Caregiver: Child less than 13 years	50.40%	44.20%	4.30%	1.10%	276		
The Team checked in often to see if treatment was helping respondent to reach his/her goals (Q36)							
Youth	38.5%	55.9%	5.6%	0.0%	143		
Caregiver: Child 13 years or older	41.8%	43.4%	13.1%	1.6%	251		
Caregiver: Child less than 13 years	50.0%	39.9%	8.7%	1.4%	276		



The Team's Role in Offering Guidance

Youth and caregiver respondents in care for more than 60 days were asked to reflect on aspects of the WISe Team's role related to offering guidance in terms of the extent to which the Team:

- Came up with ways to help that were about what I like to do and can do well (Q34)
- Showed the respondent useful ways to change what I do (Q35)
- Made it easy for respondent to say when something didn't work (Q37)
- Came up with new and creative ideas for things to try (Q38)

Overall, a high proportion of youth and caregiver respondents gave favorable ratings on ways the WISe Team offered guidance, with the proportion of favorable ratings by youth being slightly higher than caregivers for both age groups on all aspects (Table 21, Figure 15).

Between 94% and 95% of youth and caregivers gave high agreement ratings to "The Team came up with ways to help that were about what I liked to do and can do". When asked to rate "The Team showed youth/child useful ways to change what they do" 92% of youth gave a favorable rating, and slightly fewer caregivers gave high favorable ratings: 76% of caregivers of youth ages 13-21 years, and 87% of caregivers of a child less than 13 years.

With regard to "The Team made it easy for the youth to say when something didn't work" 89% to 92% of youth and caregivers gave a favorable rating. Ninety-five percent of youth agreed that the "Team came up with new and creative ideas for things to try", whereas caregivers of both groups gave slightly lower ratings: 87% for caregivers of youth 13-21 years and 92% of caregivers of a child less than 13 years.

Table 21. The Team's role providing guidance							
	Strongly Agree	Agree	Disagree	Strongly disagree			
	%	%	%	%	N		
The Team came up with ways to help that were about what I liked to do and can do well (Q34)							
Youth	36.4%	58.0%	5.6%	0.0%	143		
Caregiver: Child 13 years or older	46.25	47.8%	5.6%	0.45%	249		
Caregiver: Child less than 13	52.3%	43.0%	3.6%	1.1%	277		
The Team showed me useful ways to change what I do (Q35)							
Youth	30.8%	61.5%	6.3%	1.4%	143		
Caregiver: Child 13 years or older	30.9%	45.4%	20.9%	2.8%	249		
Caregiver: Child less than 13	41.5%	45.1%	9.7%	3.6%	277		
The Team made it easy for me to say when something didn't work for me (Q37)							
Youth	35.7%	53.1%	9.1%	2.1%	143		
Caregiver: Child 13 years or older	43.4%	44.2%	10.4%	2.0%	251		
Caregiver: Child less than 13	52.5%	39.5%	5.8%	2.5^	276		
The Team came up with new and creative ideas for things for me to try (Q38)							
Youth	32.9%	62.25	4.2%	0.7%	143		
Caregiver: Child 13 years or older	39.4%	47.8%	11.2%	1.6%	251		
Caregiver: Child less than 13	48.9%	42.8%	6.5%	1.8%	278		

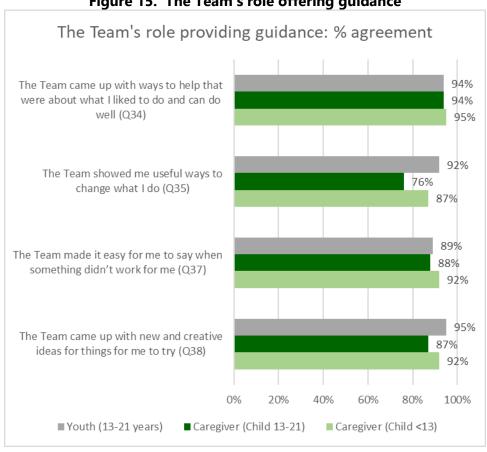


Figure 15. The Team's role offering guidance

The Team's Role in Providing Help

Youth and caregiver respondents in care for more than 60 days were asked to reflect on various aspects of the WISe Team's role in providing help. To what extent did the Team:

- Make sure I had all the help I needed to succeed (Q40)
- Show me an easy way to get more help if I needed it (Q42)
- Make it clear that I can still call them and get help if I need it (Q44)
- Have me worried that I do not have the help I need (Q45)

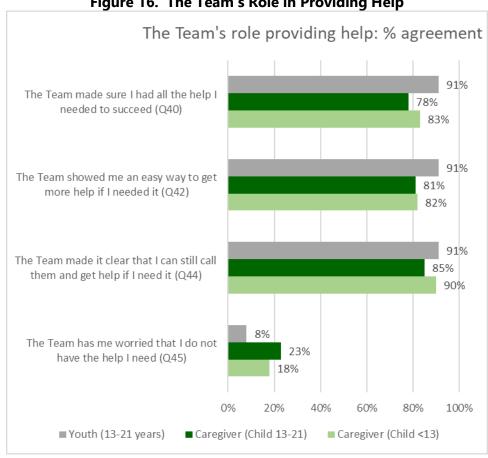
Overall, a high proportion of youth and caregiver respondents gave favorable ratings to ways the WISe Team provided help, with proportion of favorable ratings by youth being higher than that of caregivers on all aspects (Table 22, Figure 16).

Ninety-one percent of youth gave favorable ratings on three of the aspects: the *Team made* sure they had the help needed to succeed, the *Team showed them an easy way to get more* help if it was needed and the *Team made* it clear that child/youth can call the *Team and get help if they need it.* (Table 22, Figure 16).

Overall, caregivers also gave high favorable ratings on these same dimensions. 78% of caregiver of youth and 83% of caregivers of a child under 13 years agreed that *The Team made sure their child had all the help they needed to succeed.* 81% of caregivers of youth and 82% of caregivers of a child less than 13 years agreed that the *Team showed them an easy way to get more help if they needed it.* And 85% of caregivers of youth and 90% of caregivers of a child less than 13 years agreed the *Team made it clear that they can still call them an get help if they needed it.*

Finally, when asked if the *Team has you worried that you do not have the help you need*, only 8% of youth agreed with that statement, whereas a higher proportion of caregivers agreed, 23% of caregivers of youth and 18% of caregivers of a child under 13 years.

Table 22. The Team's role providing help						
	Strongly Agree	Agree	Disagree	Strongly disagree		
	%	%	%	%	N	
The Team made sure I had all the help I needed to succeed (Q40)						
Youth	32.2%	58.7%	7.0%	2.1%	143	
Caregiver: Child 13 years or older	37.2%	40.8%	17.2%	4.8%	250	
Caregiver: Child less than 13	43.6%	39.6%	12.4%	4.4%	275	
The Team showed me an easy way to get more help if I needed it (Q42)						
Youth	28.7%	62.2%	7.0%	2.1%	143	
Caregiver: Child 13 years or older	30.5%	50.6%	16.1%	2.8%	249	
Caregiver: Child less than 13	37.0%	45.3%	13.0%	4.7%	276	
The Team made it clear that I can still call them and get help if I need it (Q44)						
Youth	34.3%	56.6%	7.7%	1.4%	143	
Caregiver: Child 13 years or older	39.0%	46.2%	10.4%	4.4%	249	
Caregiver: Child less than 13	48.2%	42.0%	7.3%	2.6%	274	
The Team has me worried that I do not have the help I need (Q45)						
Youth	4.2%	3.5%	64.3%	28.0%	143	
Caregiver: Child 13 years or older	6.4%	16.1%	46.6%	30.9%	249	
Caregiver: Child less than 13	5.9%	12.1%	45.6%	36.4%	272	



The Team's Role in Establishing Support

Youth and caregiver respondents in care for more than 60 days were asked to reflect on various aspects of the WISe Team's role in establishing support. To what extent has the Team:

- Increased the support I get from friends and family (Q39)
- Dealt with the needs of other family members along with mine (Q41)
- Given me confidence that I can deal with future problems (Q43)

Overall, the majority of youth and caregiver respondents gave favorable ratings to ways the WISe Team established support, with proportion of favorable ratings by youth being slightly higher than that of caregivers on all aspects (Table 23, Figure 17). Youth gave high positive ratings across the three items in this category: 82% indicated that the Team has increased the support they get from friends and family; 91% indicated the Team has addressed the needs of other family members along with their needs; and finally, 90% indicated the Team has given them confidence that they can deal with future problems.

Caregivers of youth aged 13 and over and caregivers of a child less than 13 years gave somewhat lower ratings across the three items in comparison to the youth ratings, but still high overall. For the *Team has increased the support they get from friends and family*, 71% of caregivers in both age groups gave positive ratings, which were 11 percentage points lower than the youth ratings. For the *Team has addressed the needs of other family members along with the child/youth needs* 78% of caregivers of youth 13 years and older and 83% of caregivers of a child less than 13 gave positive ratings, which are 8-13 percentage points lower than the youth ratings. Finally, for the *Team has given them confidence that they can deal with future problems* 82% of caregivers of youth aged 13 years or older and 87% of caregivers of a child less than 13 years gave positive ratings, which are 3 to 8 percentage points lower than the youth ratings.

Table 23. The Team's role in establishing support							
	Strongly Agree	Agree	Disagree	Strongly disagree			
	%	%	%	%	N		
The Team has increased the support I get from friends and family (Q39)							
Youth	20.4%	61.3%	15.5%	2.8%	142		
Caregiver: child 13 years or older	23.8%	46.7%	25.4%	4.2%	240		
Caregiver: Child less than 13	29.6%	41.2%	24.5%	4.7%	274		
The Team has dealt with the needs of other family members along with mine (Q41)							
Youth	32.2%	58.7%	7.0%	2.1%	143		
Caregiver: child 13 years or older	37.2%	40.8%	17.2%	4.8%	250		
Caregiver: Child less than 13	43.6%	39.6%	12.4%	4.4%	275		
The Team has given me confidence that I can deal with future problems (Q43)							
Youth	31.7%	58.5%	8.5%	1.4%	142		
Caregiver: child 13 years or older	31.7%	49.8%	13.3%	5.2%	249		
Caregiver: Child less than 13	39.8%	47.4%	9.9%	2.9%	274		

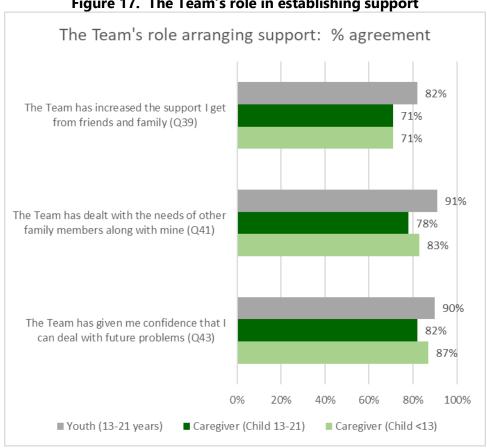


Figure 17. The Team's role in establishing support

Impact of Receiving Services More than 60 days

Youth and caregiver respondents were asked about the impact of receiving services 60 days or more in terms of the extent to which new actions learned while in therapy have helped them to do better in school, at home, and when out in public (Table 24, Figure 18). **Overall, youth ratings of the impact of receiving services 60 days or more were positive and were higher than the ratings given by caregivers, which were also positive overall.** Seventy percent of youth indicated they are doing better in school because of the new actions learned while in therapy, while 53% of caregivers of youth aged 13-21 years indicated their child is doing better in school because of the new actions learned while in therapy. However, 73% of caregivers of a child less than 13 years indicated their child is doing better in school.

When asked how they are doing at home because of new actions learned while in therapy, 82% of youth respondents indicated they are doing better, whereas 65% of caregivers of youth aged 13 to 21 years gave positive ratings and 76% of caregivers of a child less than 13 years. Similarly, when asked how they are doing when out in public because of new actions learned while in therapy, 85% of youth respondents indicated they are doing better, whereas 67% of caregivers of youth aged 13 to 21 years and 76% of caregivers of a child less than 13 years gave positive ratings.

Table 24. Impact of receiving WISe services more than 60 days							
	Strongly Agree	Agree	Disagree	Strongly disagree			
	%	%	%	%	N		
I am doing better in SCHOOL because of the new actions learned while in therapy (Q57)							
Youth	21.1%	48.9%	23.3%	6.8%	133		
Caregiver: child 13 years or older	19.2%	33.9%	32.5%	14.4%	271		
Caregiver: Child less than 13	33.3%	40.1%	17.7%	8.8%	294		
I am doing better at HOME because of the new actions learned while in therapy (Q58)							
Youth	26.5%	55.1%	14.0%	4.4%	136		
Caregiver: child 13 years or older	21.9%	43.2%	22.7%	12.2%	278		
Caregiver: Child less than 13	25.8%	50.5%	16.1%	7.7%	299		
I am doing better when OUT IN PUBLIC because of the new actions learned while in therapy (Q59)							
Youth	23.4%	61.3%	13.1%	2.2%	137		
Caregiver: child 13 years or older	20.8%	46.25	23.3%	9.7%	279		
Caregiver: Child less than 13	26.3%	49.5%	16.5%	7.7%	297		

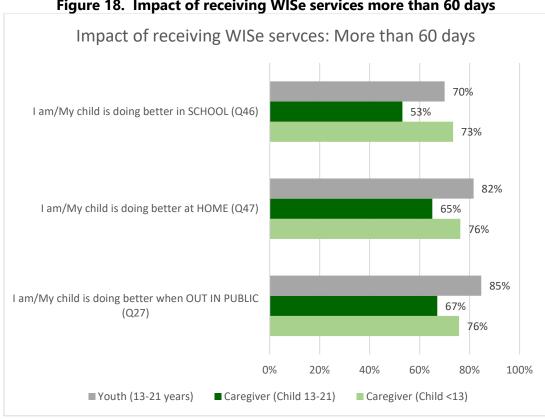


Figure 18. Impact of receiving WISe services more than 60 days

As a follow-up to the impact of the program, caregivers were asked how their youth/child's behavioral health needs are being met by their behavioral health provider. Just over half, or 55%, of caregivers of youth aged 13 years or older indicated their needs were being met "very well" to "well" (Figure 19). And a slightly higher proportion of caregivers of a child less than 13 years (62.5%) indicated "very well" to "well." Around a guarter of caregivers indicated their child's behavioral health needs were being met "not very well" to "not well at all": 24% of caregivers of youth and 22% of caregivers of a child less than 13 years.

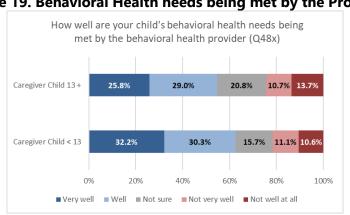
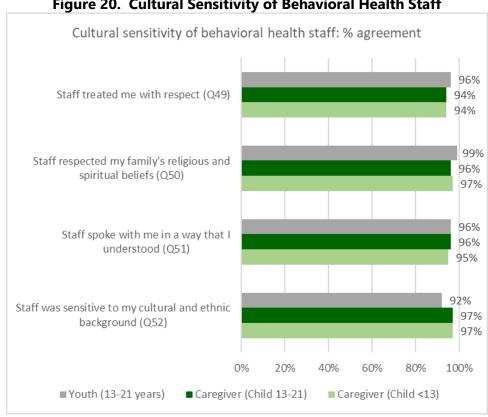


Figure 19. Behavioral Health needs being met by the Provider

Cultural Sensitivity of Behavioral Health Agency Staff

Youth and caregiver respondents were asked a set of four questions, which are used to evaluate the cultural sensitivity of the staff at behavioral health agencies. These questions were asked of respondents regardless of whether they had received a CANS full assessment or not, and regardless of length of time in the program. The vast majority of youth and caregivers, 92% or higher across each of the four measures indicated that the staff were culturally sensitive: Staff treated me/my child with respect, respected the family's religious and spiritual beliefs, spoke with me/my child in a way that was understood, and they were sensitive to the cultural and ethnic background. (Table 25, Figure 20).

Table 25. Cultural Sensitivity of Behavioral Health Staff						
	Strongly Agree	Agree	Disagree	Strongly disagree		
	%	%	%	%	~	
Staff treated me with respect (Q49)						
Youth	41.1%	55.2%	3.4%	0.3%	384	
Caregiver: child 13 years or older	53.8%	39.8%	4.4%	2.0%	595	
Caregiver: Child less than 13	56.0%	37.6%	4.7%	1.8%	559	
Staff respected my family's religious and spiritual beliefs (Q50)						
Youth	40.4%	58.1%	1.3%	0.3%	384	
Caregiver: child 13 years or older	52.8%	43.6%	2.4%	1.2%	578	
Caregiver: Child less than 13	54.7%	42.0%	2.2%	1.1%	<i>552</i>	
Staff spoke with me in a way that I understood (Q51)						
Youth	32.0%	64.2%	3.6%	0.3%	388	
Caregiver: child 13 years or older	50.0%	45.8%	3.2%	1.0%	596	
Caregiver: Child less than 13	53.6%	41.4%	4.1%	0.9%	563	
Staff was sensitive to my cultural and ethnic background (Q52)						
Youth	29.1%	62.8%	7.3%	0.8%	382	
Caregiver: child 13 years or older	50.9%	46.0%	1.7%	1.4%	582	
Caregiver: Child less than 13	53.8%	43.0%	1.6%	1.6%	560	



Changes in the delivery of behavioral health services and in emotional or mental health

With the onset of the COVID-19 pandemic in 2020 and in the years following, the delivery of behavioral health services changed to a greater use of remote services, as well as ongoing delivery of in-person services. In addition, through the pandemic and the years following, there has been heightened concern for the well-being of children and youth who have a behavioral health diagnosis. Youth and caregivers were asked how the emotional or mental health is now compared to before the COVID-19 outbreak in 2020 (Table 26, Figure 21). Half of youth (50%) indicated it is better than before and another 26% indicated it is about the same. In contrast 36%-39% of caregivers of youth 13 and older or a child less than 13 years indicated their youth/child's emotional or mental health is better than before and another 28%-30% said it is about the same.

When asked about the difficulty accessing WISe behavioral health services remotely during the pandemic, close to two-thirds (65%-66%) of both youth and caregivers indicated it was not at all difficult. Only about a tenth of caregivers indicated it was "very difficult" while only 4% of youth indicated so (Table 26, Figure 22).

When asked about the extent to which WISe services have been received remotely versus in person since March 2020, around a third of youth and caregivers indicated they received all services in person, while another two-fifths or so of both youth and caregivers indicated they received most services in person with some remote (Table 26, Figure 23). In contrast, between 3%-6% of youth and caregivers said they received all services remotely.

	%	%	%	%	N
Yours/your child's emotional or mental health now compared to before the COVID outbreak in 2020 (Q53)	Better than before	About the same	Worse than before		
Youth	49.7%	26.4%	23.8%		386
Caregiver: child 13 years or older	35.9%	27.7%	36.4%		582
Caregiver: Child less than 13	38.6%	29.7%	31.7%		536
Since March 2020, to what extent have WISe services been received remotely versus in person (Q54)	Receives all services remotely	Receive most services remotely, with some in-person	Receive most services in person with some remote	Receive all services in person	
Youth	5.1%	16.8%	43.4%	34.7%	369
Caregiver: child 13 years or older	6.4%	17.6%	47.8%	28.2%	579
Caregiver: Child less than 13	3.1%	13.6%	45.5%	37.8%	543
Access to WISe behavioral health services remotely during the pandemic (Q55)	Very difficult	Somewhat difficult	Not difficult at		
Youth	3.7%	31.75	64.6%		246
Caregiver: child 13 years or older	8.8%	25.7%	65.6%		421
Caregiver: Child less than 13	10.9%	23.45	65.7%		338

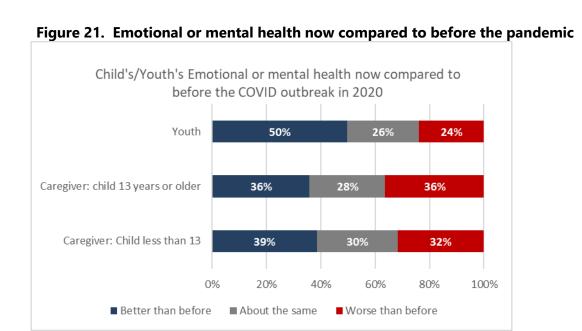


Figure 22. Difficulty accessing WISe services remotely during the pandemic

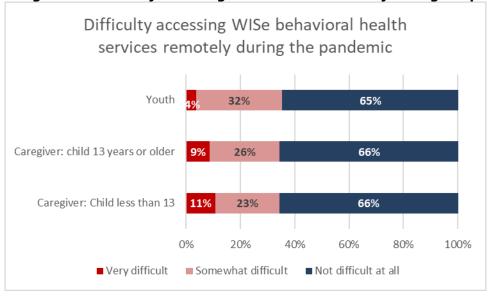
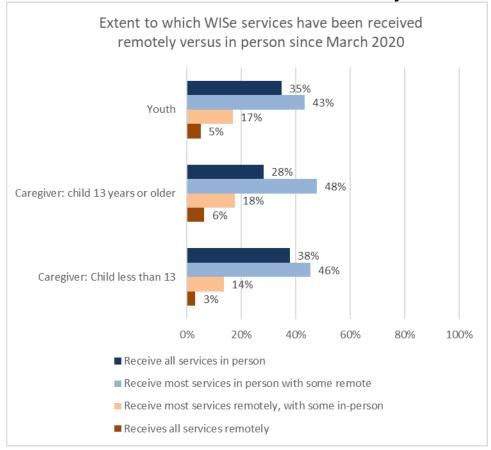


Figure 23. Extent to which WISe services are received remotely since March 2020



Conclusions

This interpretive report aimed at providing an overview of the experience of youth participants, caregivers of youth (ages 13 years or older) and caregivers of a child less than 13 years with the WISe program. WISe uses a comprehensive, wraparound service delivery model to provide treatment to youth at home and in the community. It focuses on the strengths and voice of participants, and their families, in every phase of treatment. The survey was designed to assess participant engagement and measure provider competence by assessing participant and caregiver experience.

The results indicate that most youth and caregivers of both age groups had a positive experience with WISe from the time of initial engagement and as they progressed through the program. Youth and caregivers differed in their ratings of some measures, but somewhat high to very high proportions agreed that the WISe Team helped them develop trust in the services provided, identify their strengths and needs, and ensure they succeed. The WISe Team encouraged youth participants to develop trust in the services they received by helping them and their caregivers understand how WISe would help them. The WISe Team engaged participants to identify their strengths and needs by focusing on what they do well and helping them tell the real story of their lives. Lastly, the WISe Team further engaged participants by helping them set realistic goals, increase their social support, and build their confidence so they can deal with future problems.

Regardless of where they were in the program, participants, and caregivers, viewed the services they received and their impact as generally positive with a majority reporting the services to be helpful or beneficial. Those in service for a longer time were more likely to report strong benefits from WISe. While caregivers were generally less positive in their report of progress compared to youth, those in service longer were more likely to report progress, compared to those receiving services for a shorter time.

SESRC PROFESSIONAL STAFF

SESRC is committed to high quality and timely delivery of project results. The following list identifies the SESRC team members responsible for particular elements of this project.

Rose Krebill-Prather Principal Investigator Kent Miller Project Manager

Lena Le Director

Katrina Shelton Administrative Services Manager Colleen Kulesza Data Collection Coordinator Page left blank for double-sided printing



Social & Economic Sciences Research Center Washington State University

P.O. Box 644014 Pullman, Washington 99164-4014 Telephone: (509) 335-1511 Fax: (509) 335-0116

http://www.sesrc.wsu.edu

sesrc@wsu.edu