

Report 17-73

2017 Wraparound with Intensive Services (WISe) *Interpretive Summary of Survey Results*

2018

Prepared for:

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Executive Summary

Background and Purpose of the Survey

The Division of Behavioral Health and Recovery (DBHR) contracted with the Social and Economic Sciences Research Center (SESRC) for the second year in a row to conduct a survey of children and youth, and their caregivers, who are participating in a program known as Wraparound with Intensive Services (WISe). The program uses a comprehensive, wraparound service delivery model focusing on the strengths and voice of participants, and their families, in every phase of treatment: screening, assessment, teaming, service planning and implementation, monitoring and adjustment, and transition. WISe services are provided at home or in the community. The purpose of the survey is to assess participant engagement in WISe and to indirectly measure provider competence by assessing participant and caregiver experience in the program. The survey is one of the expectations under the Quality Management Plan created by DBHR to guide the implementation of WISe. The purpose of this interpretive report is to provide an overview of the basic survey results.

Key Findings

Most youth and caregivers, rated their experience with WISe as positive from the time of initial engagement and as they progressed through treatment. Despite differences in ratings by youth and caregivers on some measures, somewhat high to very high proportions of participants agreed that the WISe Team was able to help them identify their strengths and needs, achieve their treatment goals, and build their confidence to deal with future problems.

Experience with Initial Engagement

Youth participants, who have been screened but have not yet had a Child and Adolescents Needs and Strengths (CANS) assessment, and their caregivers had favorable experience with initial engagement.

- Ninety-one percent of youth and over 96% of caregivers affirmed that the behavioral health services were described to them in terms they understood (Table 9, page 18).
- Eighty-two percent of youth and 88% of caregivers reported that they were asked about what services they needed (Table 9, page 18).

- A majority of youth and caregivers asserted they see no problems in participating in WISe, however about a third of both youth and caregivers felt the treatment might not work for them (Table 10, page 22).

The WISe Team and WISe Participants: Strengths and Needs Unfold in Continuing Engagement

Assessed and in care 30 days or less

The WISe Team encouraged youth participants, who have had a CANS assessment and have been in care 30 days or less, and their caregivers, to develop trust in the services.

- Ninety-two percent of youth participants and 90% of caregivers reported that the Team helped them understand how WISe would help them (Table 15, page 27).
- Eighty-nine percent of youth and 90% of caregivers agreed that the Team let them know who would see their records (Table 15, page 27).
- Ninety-one percent of youth and 88% of caregivers affirmed that the Team made it easy for them to come to their next session (Table 15, page 27).

Assessed and in care 31 up to 60 days

The WISe Team engaged youth participants, who have had a CANS assessment and have been in care from 31 to 60 days, and their caregivers, to identify their strengths and understand their needs.

- Ninety-one percent of youth participants and 93% of caregivers agreed that the Team talked with them about important things they do well (Table 19, page 34).
- Most of youth, 83%, and caregivers, 86%, recognized that the Team helped them tell their real story or the story of their family (Table 19, page 34).
- While just over half (59%) of youth participants felt comfortable with the Team such that they did not feel they had to watch everything they said, over three-quarters (79%) of caregivers felt

comfortable with the Team such that they did not feel they had to watch everything they said (Table 19, page 34).

- Over 85% of youth and caregivers acknowledged that the Team did a good job of writing what they, or their child, does well and what they, or their child, needs help doing (Table 21, page 37).

Assessed and in care over 60 days

The WISe Team further engaged youth participants, who have had a CANS assessment and have been in care for over 60 days, and their caregivers to set realistic goals and develop strategies to ensure they succeed.

- Ninety-four percent of youth and 89% of caregivers believed the Team helped them understand how the service would help them set realistic goals (Table 26, page 43).
- Most agreed, 91% of youth and 89% of caregivers, that the Team came up with ways to help them, or their child, that were about what they like to do and can do well (Table 27, page 45).
- Ninety-two percent of youth and 87% of caregivers felt the Team made it clear that they can still call and get help if they need it (Table 28, page 47).
- Many of the youth, 89%, and caregivers, 77%, believed the Team has addressed the needs of other family members in addition to their/child's own (Table 29, page 49).
- Most affirmed, 85% of youth and 74% of caregivers, that the Team has given them confidence so they can deal with future problems (Table 29, page 49).
- Youth ratings of the impact of receiving services 60 days or more were very positive although caregivers gave slightly lower ratings (page 51).

Overall, 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.

2017 Wraparound with Intensive Services (WISe) Interpretive Summary of Survey Results

Introduction

The Division of Behavioral Health and Recovery (DBHR) contracted with the Social and Economic Sciences Research Center (SESRC) to conduct the second 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 by assessing participant and caregiver experience in the program. **The purpose of this interpretive report is to provide an overview of the basic 2017 survey results.¹. Additional analyses and more in-depth interpretation of results may be done in a future report.**

Background

Under the terms of the T.R. *et al.* v. Kevin Quigley and Dorothy Teeter Settlement Agreement, DBHR has agreed to perform two activities, among others. One, DBHR agreed to develop a system that would 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 adjustment, and transition.² Each participant is assigned an individualized Child and Family Team (CFT) tasked with developing the appropriate services needed and coordinating services across multiple agencies. Two, DBHR created a Quality Management Plan that would guide the implementation of WISe. Under this plan, DBHR will conduct an annual survey to assess participant engagement in WISe and to indirectly measure provider competence in engaging participants by assessing participant and caregiver experience in the program. DBHR is collaborating with SESRC to meet the expectation under the Quality Management Plan.

Questionnaire Design

In 2015, a survey instrument was developed using 20-scaled items from the Multi-Cultural Engagement Scale and 6 from the Wraparound Fidelity Index Short Form (WFI-EZ). The survey questions view "engagement" as a process that happens over time and "markers" can indicate how engagement evolves across time. The instrument was structured so that markers associated with increasing levels of engagement corresponded with three basic classes of participants: (1) those that have been screened but are

¹ See SESRC reports 17-50 and 17-71

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.

unassessed; (2) those assessed and receiving care for 60 days or less; and (3) those assessed and receiving care for over 60 days. Questions measuring perceived effectiveness were asked after each group of markers. It is expected that the survey instrument will 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 (See SESRC report 16-04 for a detailed description of the questionnaire development process.).

Based on information maintained in the Behavioral Health Assessment Solution (BHAS) database, maintained by DBHR, participants were categorized into four status groups based on the length and involvement in the WISe program. Youth and caregiver respondents received different sets of survey questions based on their status in the program: Survey 1: Screened, but have not been assessed (survey questions Q01-Q18); Survey 2: Assessed, and have been in care 30 days or less (survey questions Q19-Q28); Survey 3: Assessed, and have been in care 31 - 60 days (survey questions Q29-Q40); and Survey 4: Assessed, and have been in care over 60 days (survey questions Q41-Q60). See the Appendix for a map of survey questions by participation status for the Youth Survey. Aside for slight rewording of questions for the Caregiver survey, the map of questions is the same.

Pilot Study

A pilot study was conducted in November and December 2015 in order to assess the adequacy of the survey instrument and survey processes. The pilot study results showed that the survey instrument worked well overall for measuring engagement in the WISe program. The pilot study also identified aspects of the survey administration that needed refinement for the full study, including providing more clarity on stating the purpose of the survey and for key terms in the survey such as "full assessment"; improving transitional statements and flow of the survey; assessing the reading level of question wording particularly for the youth survey; and doing more to improve youth interest in and comfort level with the survey (See SESRC report 16-04 for a full discussion of the pilot study and results.).

Based on the results from the pilot study, the questionnaire was finalized and used for the 2016 WISe. (See SESRC reports 16-69 and 16-70 for information on the 2016 survey.)

Sample Design

All participants in WISe with a screening or assessment record having a completion date from July 1, 2016, to May 11, 2017, and their respective caregivers, are included in this study. The data from the Behavioral Health Assessment Solution (BHAS) database were extracted on May 11, 2017, in effect, the ending cut-off date. Only those screening and assessment records from July 1, 2016, up to the time when the data were extracted from BHAS on May 11, 2017, were included in the sample. This sample included the nine BHOs and one Fully Integrated Managed Care (FIMC) Region in the

state. Screening, assessment, and other client information was pulled out from the BHAS database. BHAS is the WISe program database maintained by DBHR. Mailing address, telephone numbers, and demographic data such as gender, race, and ethnicity were obtained from ProviderOne on May 15, 2017. ProviderOne is Washington State's Medicaid payment database. The two datasets were matched together to create the study sample list.

The population was stratified according to participation status and length of participation: (1) Screened, Unassessed; (2) Assessed, in care 60 days or less; and (3) Assessed, in care over 60 days. Participation status was based on the BHAS codes on screening and assessment and their respective dates of completion. 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 next level of stratification involved splitting each of the participation status groups by age: children under 13 years of age and youth 13 years of age and older. Each age subgroup was then divided into three categories by race and ethnicity: Non-minority, Minority, and Race/Ethnicity Not Provided or Unknown. The age and race/ethnicity stratifications were used to ensure that there was a broad representation of experiences in WISe.

The final population consisted of 2007 caregivers (1164 caregivers of youth aged 13-21, plus 843 caregivers of children under age 13) and 1164 youth (aged 13-21). Caregivers of children under age 13 were invited to respond to the survey on behalf of their child as well as responding as the caregiver of that child. Caregivers of youth age 13 years and older were invited to complete the survey as the caregiver and their youth were invited to complete the survey on their own behalf.

**Table 1. Characteristics of WISe Participants in the Survey Sampling Frame
(N=2007)**

		Count	Column N%
Gender	Female	811	40.4%
	Male	1196	59.6%
Age	Under 13	843	42.0%
	13-14	392	19.5%
	15-16	457	22.8%
	17-18	256	12.8%
	19-21	59	2.9%
Age Group	Under 13	843	42.0%
	13 and over	1164	58.0%
Race/Ethnicity	Asian/Pacific Islander	27	1.3%
	American Indian/Alaska Native	55	2.7%
	Hispanic	360	17.9%
	Black	132	6.6%
	White, non-Hispanic	1165	58.0%
	Multiracial	46	2.3%
	Other	60	3.0%
	Unknown	162	8.1%
Race/Ethnicity Collapsed	White	1165	58.0%
	Non-White	680	33.9%
	Unknown	162	8.1%
Survey Group	Screened, Unassessed**	578	28.8%
	Assessed, in care 30 days or less	223	11.1%
	Assessed, in care 31 to 60 days	184	9.2%
	Assessed, in care over 60 days	1022	50.9%
Behavioral Health Organization	North Sound BHO	225	11.2%
	Greater Columbia BHO	417	20.8%
	Southwest WA RSA	234	11.7%
	Optum Pierce BHO	222	11.1%
	Thurston-Mason BHO	243	12.1%
	Spokane County Regional BHO	209	10.4%
	Great Rivers BHO	113	5.6%
	North Central BHO	48	2.4%
	Salish BHO	84	4.2%
	King County BHO	212	10.6%

*Data on WISe participants including screening and assessment, caregiver information, and location of services were taken from the Behavioral Health Assessment Solutions (BHAS) database, maintained by the Division of Behavioral Health and Recovery (DBHR). Participant contact information was sourced from ProviderOne, Washington State Medicaid Payment database. An initial sample of 8,032 duplicated screening and assessment records with completion date from July 1, 2016, up to May 11, 2017, was obtained from the BHAS on May 11, 2017. Screening records where the screening outcome was either missing or did not result in a WISe referral were removed from this initial sample, leaving 7,307 screening and assessment records. The 7,307 cases yielded an unduplicated count of 3,039 WISe participants. From this sample of 3,039 cases, the following were removed: 70 cases where a match with ProviderOne contact information cannot be found; 88 where the identified Behavioral Health Organization (BHO) was coded as CLIP (Children's Long-term Inpatient Program), and 874 cases that have been discharged between July 1, 2016, and May 11, 2017. The resulting sample consists of 2,007 WISe participants. Data extracted from the BHAS would include only those screening and assessment records that have been entered in BHAS up to May 11, 2017. Addresses and other contact information for the sample were generated from ProviderOne on May 15, 2017.

**This category means that the participant's recorded activity in the BHAS, thus far, from July 1, 2016, through May 11, 2017, was only a screening.

Table 2. Stratification for WISE Participants based on BHAS Data and Number Sampled

Group	Age Group	Minority Status	Count
Screened, Unassessed (1)	Under 13	White	144
		Non-White	85
		Not Provided/Unknown	24
		Total	253
	13 and over	White	186
		Non-White	122
		Not Provided/Unknown	17
		Total	325
	Total	White	330
		Non-White	207
		Not Provided/Unknown	41
		Total	578
Assessed, in care 30 days or less (2)	Under 13	White	46
		Non-White	31
		Not Provided/Unknown	5
		Total	82
	13 and over	White	93
		Non-White	40
		Not Provided/Unknown	8
		Total	141
	Total	White	139
		Non-White	71
		Not Provided/Unknown	13
		Total	223
Assessed, in care 31 to 60 days (3)	Under 13	White	37
		Non-White	29
		Not Provided/Unknown	7
		Total	73
	13 and over	White	65
		Non-White	36
		Not Provided/Unknown	10
		Total	111
	Total	White	102
		Non-White	65
		Not Provided/Unknown	17
		Total	184
Assessed, in care over 60 days (4)	Under 13	White	255
		Non-White	142
		Not Provided/Unknown	38
		Total	435
	13 and over	White	339
		Non-White	195
		Not Provided/Unknown	53
		Total	587
	Total	White	594
		Non-White	337
		Not Provided/Unknown	91
		Total	1022

Data Collection and Survey Response

WISe youth (or participants) and caregiver respondents were mailed an introductory/pre-notification letter on June 8, 2017 and June 1, 2017, respectively. The letter explained the purpose of the survey and that they would be called by the Social and 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. The BHO Administrators were informed of the survey getting underway prior to the mailing of the first introductory letter, on May 26, 2017.

Telephone calling began on June 7, 2017 to Caregivers and June 11, 2017 for Youth. The calling continued through October 10, 2017. A second postal mailing, encouraging non-respondents to participate, was mailed on August 14, 2017. 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	6/8/17
Phone interviews start	6/11/17
Follow-up postcard	8/14/17
Phone interviews end	10/6/17

Table 4. Contact Dates – Caregiver	
Contact	Date
Pre-notification letter	6/1/17
Phone interviews start	6/7/17
Follow-up letter	8/14/17
Phone interviews end	10/10/17

Table 5 shows the response for the 2017 WISe survey. Each record in both the Youth and Caregiver samples received up to 11 call attempts. These attempts were done on different days of the week at different times of the day over a period of several weeks in order 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.

For the **Youth sample, the raw response rate is 24%** (including completes and partial completes). The SESRC expended 371 calling hours and placed 7,851 calls. The average telephone interview lasted 10.5 minutes.

For the **Caregiver sample, the raw response rate is 39%** (including completes and partial completes). The SESRC expended 753 calling hours and placed 12,550 calls over the calling period. The average telephone interview lasted 14.2 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.

Table 5. WISe Survey Response Rates			
Group	Starting population	Completed interviews	Completed and partially completed interviews
Youth (age 13-21)	1164	260 (22%)	279 (24%)
Caregiver of youth age 13-21 and children under age 13	2007	739 (37%)	784 (39%)

Status in the WISe Program and Survey Response

Based on a self-report of status in the WISe program, about one quarter (26%) of both youth and children whose caregivers responded to the survey had been screened, but had not been assessed at the time when the survey data collection began. Whereas about half of youth and children whose caregivers responded to the survey had been assessed and in care for over 60 days (49% of youth respondents and 53% of caregiver respondents). Of the remaining 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" (Figure 1, Table 6).

While two survey modes were offered to respondents for completing the survey, 91% of youth and 92% of caregivers completed or partially completed the survey by telephone and the remaining 9% of youth and 9%

of caregivers completed or partially completed the survey online (Figure 2; Table 7).

When comparing demographic characteristics of the survey respondents with the population of WISe participants, the distribution for the survey respondents is similar on every variable, except for age (Table 8). On all other variables the distributions are similar within 4 percentage points on every category: gender, race/ethnicity, survey group (stage and length of time in WISe), and Behavioral Health Organization. With regard to age, there is a higher proportion of children under age 13 represented in the survey results compared to the proportion in the population, 55.5% versus 42.0%. The proportions of the other age groups 13 years and older were similar between the survey and results and the population. **Despite the less than optimal response rates achieved, the survey results appear to be representative of the population of WISe participants.**

Figure 1. Respondent status in the WISe program

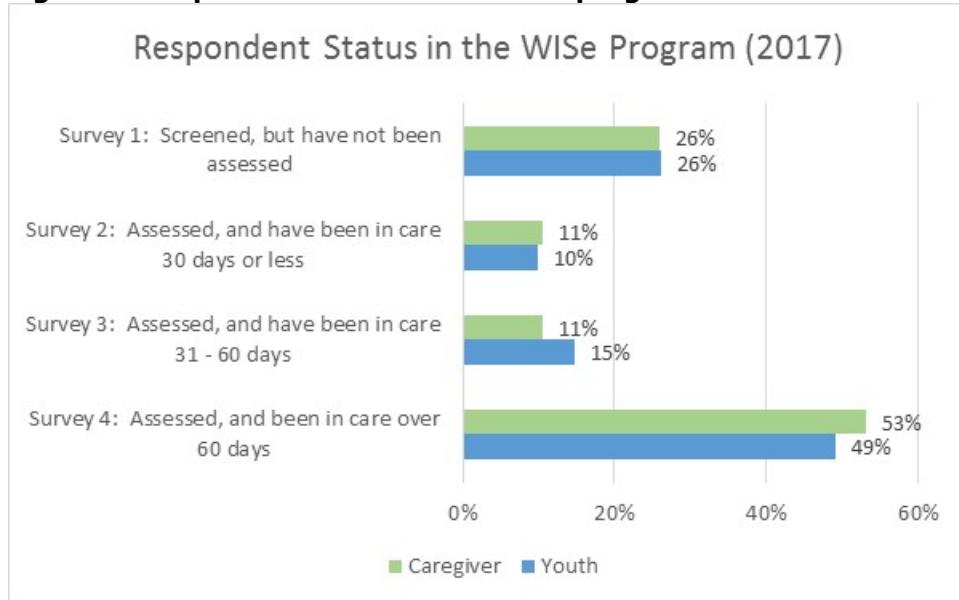


Table 6. Respondents Status in the WISE program.

	Youth Frequency	Youth Percent	Caregiver Frequency	Caregiver Percent
Survey 1 : Screened, not assessed	73	26.2	204	26.0
Survey 2: Assessed, in care 30 days or less	28	10.0	82	10.5
Survey 3: Assessed, in care 31 - 60 days	41	14.7	82	10.5
Survey 4: Assessed, in care over 60 days	137	49.1	416	53.1
TOTAL	279	100.0	784	100.0

Figure 2. Survey Completion by Mode

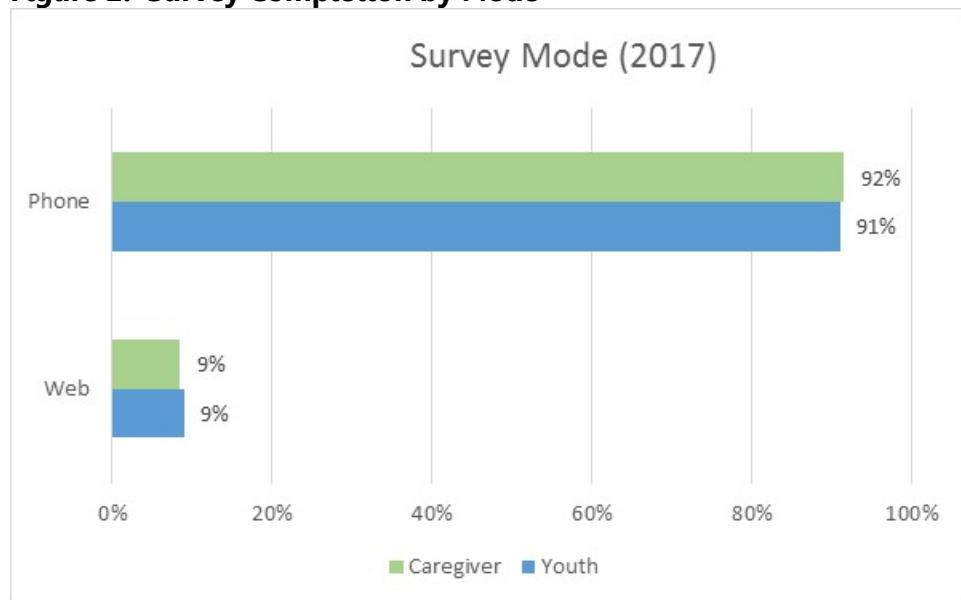


Table 7. Survey Completion by Mode

	Youth Frequency	Youth Percent	Caregiver Frequency	Caregiver Percent
Telephone	239	87%	674	86%
Telephone partial complete	15	5%	43	5%
Web	21	7%	65	8%
Web partial complete	4	1%	2	0.3%
TOTAL	279	100.0%	784	100.0

Table 8. Characteristics for WISe Participants based on BHAS Data and Survey Response (Population N=2007, Respondent Sample N=627)

	Participant Characteristics	Population of WISe Youth*		WISe Respondent Sample	
		Count	Column %	Count	Column %
Gender	Female	811	40.4%	250	39.9%
	Male	1196	59.6%	377	60.1%
Age	Under 13	843	42.0%	348	55.5%
	13-14	392	19.5%	85	13.6%
	15-16	457	22.8%	107	17.1%
	17-18	256	12.8%	71	11.3%
	19-21	59	2.9%	16	2.6%
Age Group	Under 13	843	42.0%	348	55.5%
	13 and over	1164	58.0%	279	44.5%
Race/Ethnicity	Asian/Pacific Islander	27	1.3%	7	1.1%
	American Indian/ Alaska Native	55	2.7%	12	1.9%
	Hispanic	360	17.9%	112	17.9%
	Black	132	6.6%	39	6.2%
	White, non-Hispanic	1165	58.0%	383	61.1%
	Multiracial	46	2.3%	9	1.4%
	Other	60	3.0%	15	2.4%
	Unknown	162	8.1%	50	8%
	White	1165	58.0%	383	61.1%
Race/Ethnicity Collapsed	Non-White	680	33.9%	194	30.9%
	Unknown	162	8.1%	50	8%
	Screened, Unassessed**	578	28.8%	170	27.1%
Survey Group	Assessed, in care 30 days or less	223	11.1%	64	10.2%
	Assessed, in care 31 to 60 days	184	9.2%	70	11.2%
	Assessed, in care over 60 days	1022	50.9%	323	51.5%
	North Sound BHO	225	11.2%	78	12.4%
Behavioral Health Organization	Greater Columbia BHO	417	20.8%	132	21.1%
	Southwest WA RSA	234	11.7%	77	12.3%
	Optum Pierce BHO	222	11.1%	61	9.7%
	Thurston-Mason BHO	243	12.1%	72	11.5%
	Spokane County Regional BHO	209	10.4%	76	12.1%
	Great Rivers BHO	113	5.6%	33	5.3%
	North Central BHO	48	2.4%	16	2.6%
	Salish BHO	84	4.2%	24	3.8%
	King County BHO	212	10.6%	58	9.3%

Survey 1: Screened, but have not been assessed

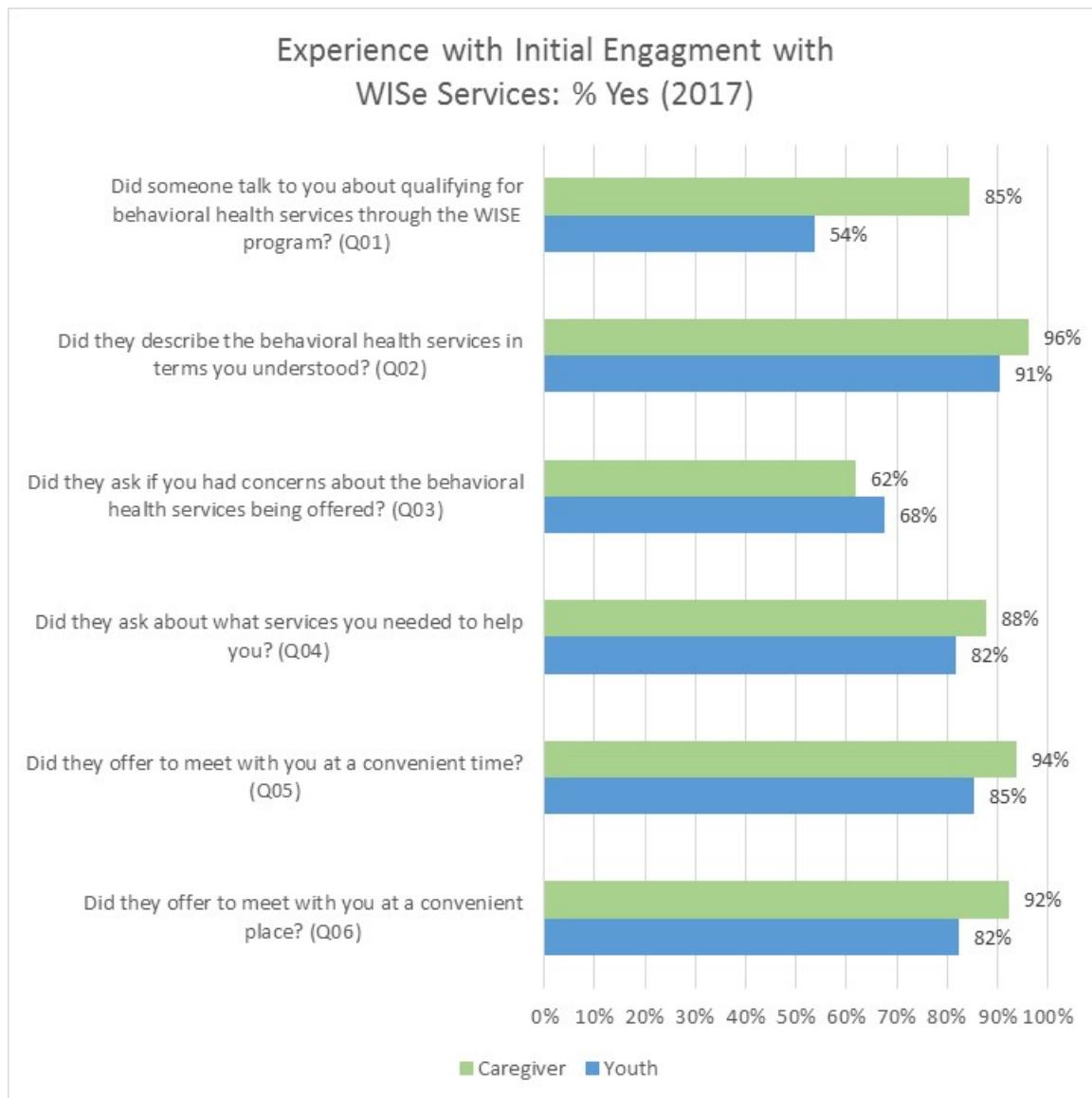
Experience with Initial Engagement

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, 54% of youth respondents and 85% of caregivers indicated that someone had talked with them. Nearly all of the youth and caregiver respondents indicated that the behavioral health services were described in terms they understood, 91% of Youth, and 96% of caregivers. Slightly fewer but still a majority indicated they were asked if they had concerns about the services being offered, 68% of youth and 62% of caregivers. And most respondents indicated they were asked about what services they needed: 82% of youth and 88% of caregivers. When asked about convenience of the services, over 80% of youth and caregivers indicated they were able to meet at convenient times and at a convenient place (82% for youth; 92% for caregivers) (Figure 3, Table 9). **Overall, a majority of youth and caregiver respondents experienced positive initial engagement with WISE services.**

Table 9. Experience with Initial Engagement with WISE Services

WISE Services	2017 Youth Number "Yes" / N	2017 Youth Percent "Yes"	2017 Caregiver Number "Yes" / N	2017 Caregiver Percent "Yes"
Offered to talk to you about qualifying for behavioral health services through WISE (Q01)	35 / 65	54%	164 / 194	85%
Described the behavioral health services in terms you understood (Q02)	29 / 32	91%	153 / 159	96%
Asked if you had concerns about the behavioral health services being offered (Q03)	21 / 31	68%	89 / 144	62%
Asked about what services you needed to help you (Q04)	27 / 33	82%	136 / 155	88%
Offered to meet with you at a convenient time (Q05)	29 / 34	85%	149 / 159	94%
Offered to meet with you at a convenient place (Q06)	28 / 34	82%	146 / 158	92%

Figure 3. Experience with 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 indicate to what extent each one was an obstacle for them. The obstacles were:

- The treatment did not seem like it would work for me
- Too much going on in the family to participate in WISE
- Did not like the person you spoke to
- Participating would take too much time
- Participating would take too much effort
- Difficulties getting childcare
- Difficulties getting transportation

A majority of both youth and caregiver respondents indicated the various obstacles were not a problem for getting behavioral health services (Figure 4, Table 10). However, for a proportion of the youth and a proportion of caregivers, there were obstacles to receiving services (strongly agree and agree ratings on the scale). Approximately one-third of youth (32%) and caregivers (33%) indicated they had concerns that the treatment did not seem like it would work for them.

Among caregivers, 21% indicated there was too much going on in their family to participate, and 24% indicated participating would take too much time. Twenty-two percent had trouble getting childcare and 12% had trouble getting transportation. Ten percent indicated they did not like the person they spoke to, and 12% thought participating would take too much effort.

Time issues were obstacles for just over a quarter of youth respondents: 29% indicated there was too much going on in their family to participate, and 23% indicated that participating would take too much time. Thirteen percent of youth indicated participating in WISE would take too much effort, and 10% indicated they had difficulties getting transportation. Only 7% of youth did not like the person they spoke to; and only 10% had difficulties getting childcare.

Figure 4. Obstacles to receiving WISe Service

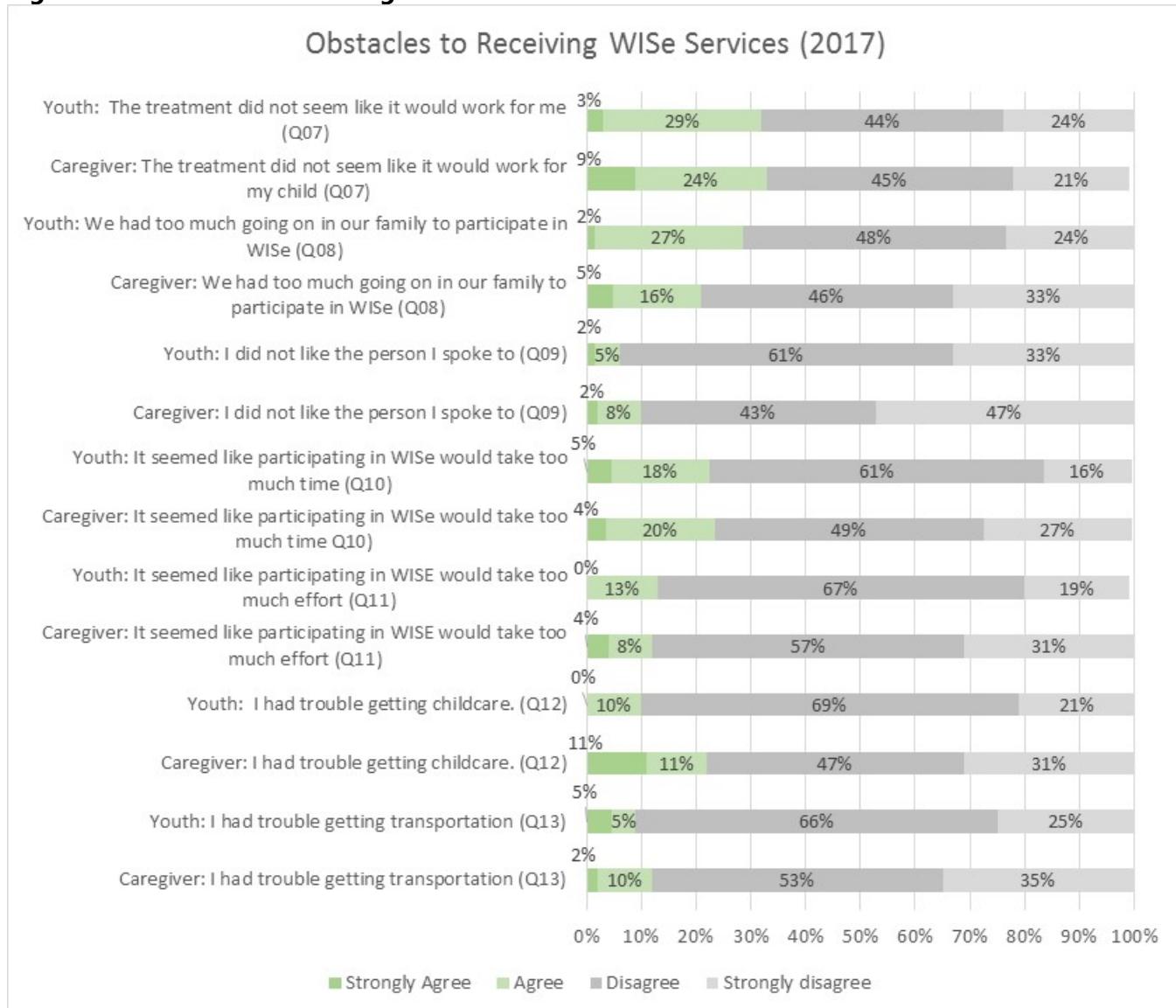


Table 10. Obstacles to receiving WISe services

	Strongly Agree		Agree		Disagree		Strongly disagree	
	N	%	N	%	N	%	N	%
<u>Youth</u> : The treatment did not seem like it would work for me (Q07)	2	3.0%	19	28.8%	29	43.9%	16	24.2%
<u>Caregiver</u> : The treatment did not seem like it would work for my child (Q07)	17	9.3%	44	24.2%	82	45.1%	39	21.4%
<u>Youth</u> : We had too much going on in our family to participate in WISe (Q08)	1	1.5%	18	26.9%	32	47.8%	16	23.9%
<u>Caregiver</u> : We had too much going on in our family to participate in WISe (Q08)	9	4.9%	30	16.2%	85	45.9%	61	33.0%
<u>Youth</u> : I did not like the person I spoke to (Q09)	1	1.5%	3	4.5%	41	61.2%	22	32.8%
<u>Caregiver</u> : I did not like the person I spoke to (Q09)	4	2.2%	15	8.1%	79	42.7%	87	47.0%
<u>Youth</u> : It seemed like participating in WISe would take too much time (Q10)	3	4.5%	12	17.9%	41	61.2%	11	16.4%
<u>Caregiver</u> : It seemed like participating in WISe would take too much time Q10)	8	4.4%	36	19.9%	88	48.6%	49	27.1%
<u>Youth</u> : It seemed like participating in WISE would take too much effort (Q11)	0	0%	9	13.4%	45	67.2%	13	4.7%
<u>Caregiver</u> : It seemed like participating in WISE would take too much effort (Q11)	7	3.8%	14	7.7%	104	57.1%	57	31.3%
<u>Youth</u> : I had trouble getting childcare. (Q12)	0	0%	6	10.3%	40	69.0%	12	20.7%
<u>Caregiver</u> : I had trouble getting childcare. (Q12)	17	10.6%	18	11.2%	76	47.2%	50	31.1%
<u>Youth</u> : I had trouble getting transportation (Q13)	3	4.5%	3	4.5%	44	65.7%	17	25.4%
<u>Caregiver</u> : I had trouble getting transportation (Q13)	4	2.3%	18	10.2%	93	52.8%	61	34.7%

Factors that would make the behavioral support more useful (Q14)

Youth and caregiver respondents who were screened, but unassessed were asked what would have made the behavioral support they received or are receiving more useful (Selected respondent comments in italics). Many indicated that nothing is needed to make the program more useful, or that no changes were needed, things are good, or they indicated they "don't know." A few said that it was too soon to tell.

Nothing really. It's kind of going good. It's just day by day.

They have been great, and I have no criticism.

It's doing great right now.

Can't really say because just starting.

Nothing it's fantastic.

Nothing really, so far everything is going well

I love WISE and love being apart of it. I love all my team members.

For some respondents it took too long to get started in the program or they needed more information or resources from the program once they were started. Others indicated there was too much turnover in the professional staff, or therapists in particular, or that the professional staff needed more experience, or did not provide the right kind of help. Some wanted more involvement of the parents and/or family.

It seemed like it took a long time (3 weeks) to actually start meeting with his counselor. I think they needed to start meeting sooner.

If he was able to start right away.

If he could get it because he is on the waiting list.

The consistency of care workers, not changing. Every time someone new comes in I have to start over and explain the whole thing.

Just from what the people from the place told me, they had lots of people in and out. I know that right off the bat we weren't able to have either a family therapist or child partner because the one they had just left. It sounds like a more consistent worker would be beneficial for the children.

Well my old therapist quit so I want to speed things up a bit for someone to talk to.

She needs more of counseling.

More treatment on the behavioral end would have worked better.

We have had two family counseling. Not getting enough family counseling we need. But we are getting enough counseling with her.

Some respondents said that there needed to be more appointment times offered, or given with more regularity, or structure. Some mentioned the need for additional services such as Spanish speaking services, more coordination with schools, respite care, or crisis services.

They have to work better with my work schedule, but they were cooperative.

Getting into counseling two times a week, every week would be something that I would like to see happening every week. I would like to see two weeks scheduled at a time so that we can plan family activities around WISE appointments.

They took a long time for her to get a youth partner. She finally got one, and only met with her twice.

More one on one time with the people that do WISE.

More one on one time coupled with family time.

Work better with my school hours.

More talking about how it could help the family.

If it was more on my terms, like at a more convenient time.

The timings seemed like a little too much.

For some, the services did not work because the child was unwilling to cooperate, or the services were not delivered in the ways expected, or the program ended too. Finally, some said the program didn't really address the problem, or didn't help.

I feel like it didn't really help.

The timings seemed like a little too much.

It was too little, too late. The behavior was too explosive, and in danger at home and in the community. He needed residential treatment and that was finally received.

The biggest problem was [child] didn't want to do it anymore.

If he would of been more open to it.

If she stuck with it but she can't seem to meet anyone she likes.

Factors that would make it easier to participate in WISe (Q15)

Youth and caregiver respondents who were screened, but unassessed were asked what would make it easier to participate in WISe (Selected respondent comments in italics). A number of respondents said that everything is fine, the program is great, nothing was needed to make it easier to participate, or that they didn't know what was needed to make it easier to participate, and some said it was too soon to tell.

Nothing. Everything's going good. Everything's great.

It's working, everything is fine.

It has been working well for us.

We have only had one participation session so far.

Several respondents indicated they didn't know about the program in the first place or they had to wait too long to get into the program. In some cases, respondents said their child became less cooperative or needed more care by the time they were able to get started.

A shorter wait time.

If he could get services because he is on the waiting list.

By the time the WISe services were provided he was already in inpatient

If they had gotten back to us sooner. At the time we approached him about WISe he was in agreement about doing it. I felt like he slipped through the cracks

Other respondents indicated they would like more flexibility in scheduling appointments, or for having a greater ability to schedule meetings in their own home. Not having childcare or transportation made it harder for some respondent to participate. In other cases, outside factors related to health issues, lack of housing, school issues, or certain laws made it harder to participate in the WISe program.

Flexibility, availability of hours, doesn't work with a school schedule of having multiple children.

I have no one to watch kids and they are present during the meetings.

For my daughter probably better transportation.

A few respondents said that the program did not provide the kind of services that were needed, or that the participant was unwilling to participate. And while some indicated they needed more emphasis on the whole family, others said they needed more individual therapy. Some respondents wished that some additional services were offered such as respite care, crisis response, or other more specialized behavioral treatments.

Services. We need assistance, we need a program, we need respite, we need a therapist, we need everything.

I don't think anything would have. The program did not meet our needs. It took time away from the work we were already doing. . . . It felt invasive. It was not a structure that worked well for our family.

I mainly needed med management and behavior services.

I think having additional case aid or behavioral coach support.

Instead of sending us away, offer more programs.

Involving the family in the treatment process.

Less group therapy kind of approach and more an individual problem kind of approach.

Support and encouragement.

For some the program appeared unorganized, with some not being sure if they are still in the program or if their participation had ended, or they received proper follow-up. Better communication is needed and having more resources available to use when outside of scheduled meetings. Some indicated they need better counselors or case managers.

If there were more a direct plan perceived in the issues of behavioral support with my son, and more follow up with the plans and goals.

More focused therapy on issues rather than just focusing on return home. If the families deficits are not addressed the return home is impossible.

The person that scheduled the appointments came to the appointments. They wouldn't show up or call. We only met twice. We wound up getting counseling elsewhere.

I really like the WISE but my therapist quit so I haven't been to therapy for like a week so my mom's not very happy about that.

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), respondents were asked if they have had the CANS full assessment following their screening for the WISE program. Forty-two percent of youth and 63% of caregivers indicated they had the assessment (Figure 5, Table 11). These respondents were asked when they had the assessment and then proceeded to the next set of survey questions (Survey 2). Those respondents who have not had the assessment were asked what else should be done to make behavioral health services more useful before ending the survey.

Figure 5. You/Your child had a CANS full assessment following your screening for the WISE program (Q16)

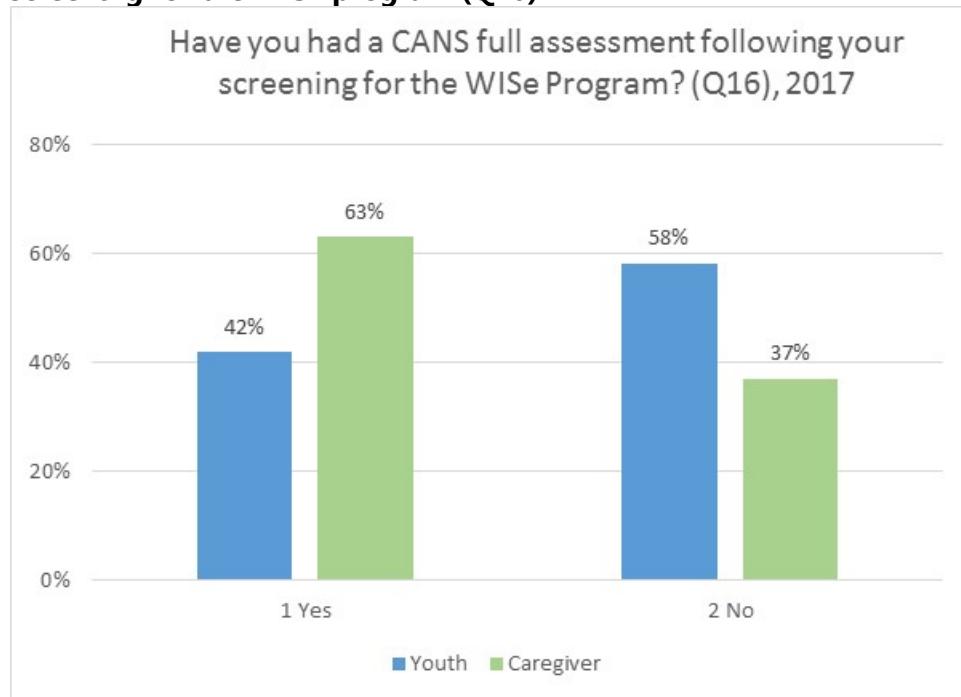


Table 11. You/Your child had a CANS full assessment following your screening for the WISE program (Q16)

	Youth Frequency	Youth Percent	Caregivers Frequency	Caregivers Percent
Yes	23	41.8%	89	63.1%
No	32	58.2%	52	36.9%
Total	55	100.0%	141	100.0%

Survey 2: Assessed, and have been in care 30 days or less

Experience 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:

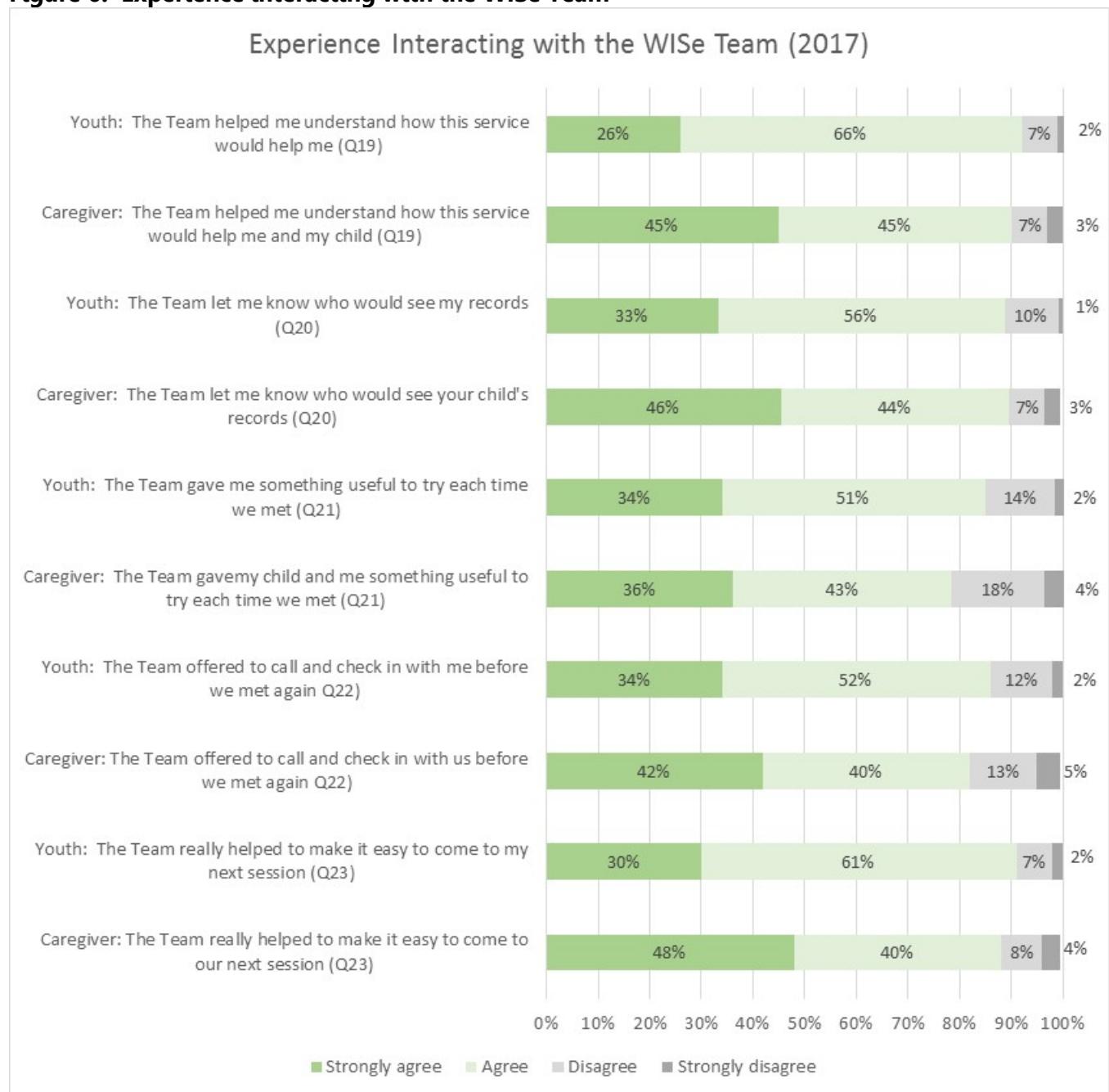
- understanding how the services would help
- knowing who would see their records
- receiving something useful to try after each session
- receiving a call and check in before the next session
- helping to make it easy to come to the next session

More than three fourth of youth and caregiver respondents gave positive ratings to various aspects of interacting with their WISe team (Figure 6, Table 12). When asked if the *Team helped the respondent understand how the services would help*, 92% of youth and 97% of caregivers gave positive ratings. When asked if the *Team let the respondent know who would see their records*, 90% of both youth and of caregivers gave positive ratings. When asked if the *Team gave the respondent something useful to try each time they met*, 85% of youth and 79% of caregivers gave positive ratings. When asked if the *Team offered to call and check in with the respondent before meeting again*, 86% of youth and 82% of caregivers 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 and 88% of caregivers gave positive ratings.

Table 12. Aspects of receiving WISe services

	Strongly Agree		Agree		Disagree		Strongly disagree	
	N	%	N	%	N	%	N	%
<u>Youth</u> : The Team helped me understand how this service would help me (Q19)	58	25.7%	149	65.9%	15	6.6%	4	1.8%
<u>Caregiver</u> : The Team helped me understand how this service would help me and my child (Q19)	296	44.9%	299	45.4%	45	6.8%	19	2.9%
<u>Youth</u> : The Team let me know who would see my records (Q20)	74	33.2%	124	55.6%	23	10.3%	2	0.9%
<u>Caregiver</u> : The Team let me know who would see your child's records (Q20)	294	45.5%	286	44.3%	48	7.4%	18	2.8%
<u>Youth</u> : The Team gave me something useful to try each time we met (Q21)	76	34.1%	113	50.7%	30	13.5%	4	1.8%
<u>Caregiver</u> : The Team gave my child and me something useful to try each time we met (Q21)	232	35.9%	275	42.5%	115	17.8%	25	3.9%
<u>Youth</u> : The Team offered to call and check in with me before we met again (Q22)	76	33.9%	117	52.2%	26	11.6%	5	2.2%
<u>Caregiver</u> : The Team offered to call and check in with us before we met again (Q22)	275	42.4%	262	40.4%	83	12.8%	29	4.5%
<u>Youth</u> : The Team really helped to make it easy to come to my next session (Q23)	67	30.2%	135	60.8%	15	6.8%	5	2.3%
<u>Caregiver</u> : The Team really helped to make it easy to come to our next session (Q23)	312	48.1%	260	40.1%	54	8.3%	23	3.5%

Figure 6. Experience interacting with the WISe Team



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), respondents were asked how long they have been in care following their initial screening for the WISE program (Figure 7, Table 13). The majority of youth (62%) and caregivers (74%) indicated they had been in care for more than 30 days by the time of the request to complete the survey (Surveys 3 and 4). These respondents proceeded to the next set of questions for those in care for more than 30 days. Those in care for 30 days or less were asked about the impact of services and whether there was anything else that would make the behavioral health service more useful before completing the survey.

Figure 7. Length of time in behavioral health services after the screening? (Q24)

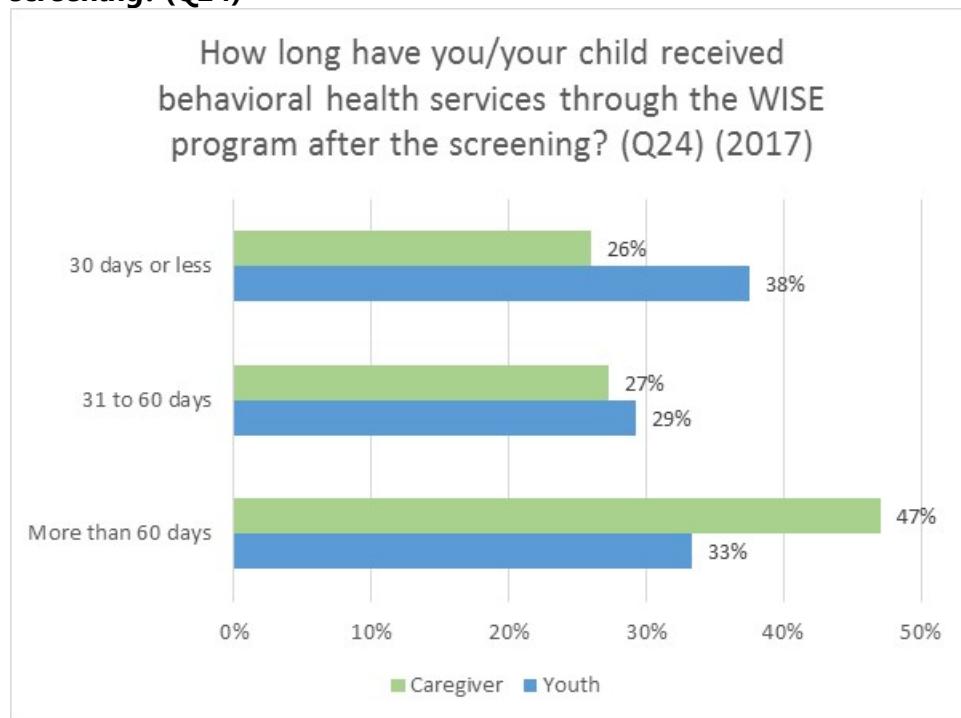


Table 13. Length of time in behavioral health services after the screening. (Q24)

	Youth Frequency	Youth Percent	Caregiver Frequency	Caregivers Percent
30 days or less	18	37.5%	46	26.1%
31 to 60 days	14	29.2%	48	27.3%
More than 60 days	16	33.3%	82	46.6%
Total	48	100.0%	176	100.0%

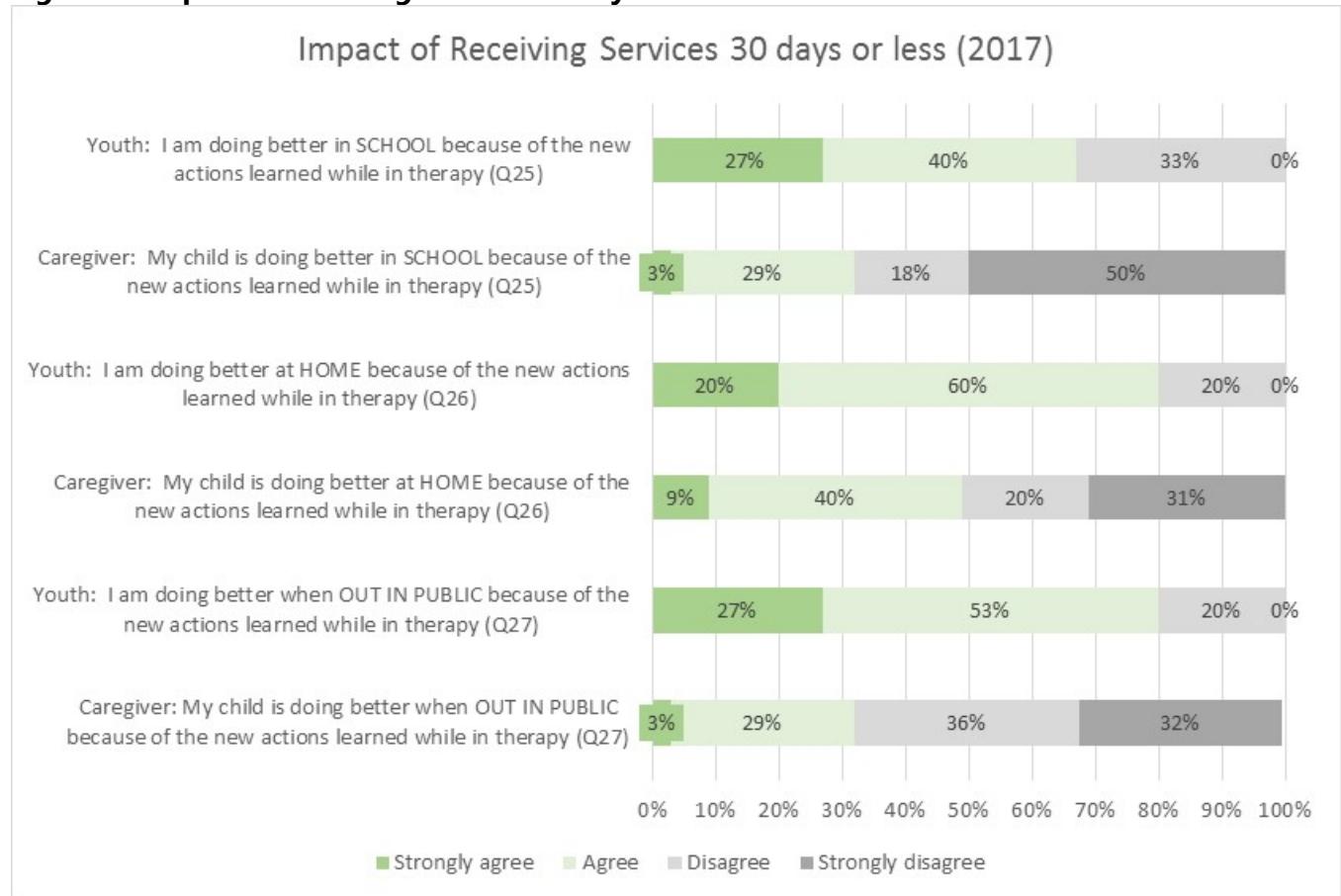
Impact of Receiving Services 30 Days or Less

Youth and caregiver respondents were asked the impact of receiving services 30 days or less 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 (Figure 8, Table 14). **Youth respondents gave very positive ratings overall, whereas the majority of caregivers gave negative ratings across all three areas.** Sixty-seven percent of youth indicated they are doing better in school because of the new actions learned while in therapy. However, only 32% of caregivers indicated their child is doing better in school because of the new actions learned while in therapy. When asked how they are doing at home because of new actions learned while in therapy, 80% of youth respondents and 49% of caregivers gave positive ratings. Similarly, when asked how they are doing out in public because of new actions learned while in therapy, 80% of youth respondents and 32% of caregivers gave positive ratings (Figure 8, Table 17).

Table 14. Impact of receiving WISe services 30 days or less

	Strongly Agree		Agree		Disagree		Strongly disagree	
	N	%	N	%	N	%	N	%
<u>Youth:</u> My child is doing better in SCHOOL because of the new actions learned while in therapy (Q25)	4	26.7%	6	40.0%	5	33.3%	0	0.0%
<u>Caregiver:</u> My child is doing better in SCHOOL because of the new actions learned while in therapy (Q25)	1	2.9%	10	29.4%	6	17.6%	17	50.0%
<u>Youth:</u> I am doing better at HOME because of the new actions learned while in therapy (Q26)	3	20.0%	9	60.0%	3	20.0%	0	0.0%
<u>Caregiver:</u> My child is doing better at HOME because of the new actions learned while in therapy (Q26)	3	8.6%	14	40.0%	7	20.0%	11	31.4%
<u>Youth:</u> I am doing better when OUT IN PUBLIC because of the new actions learned while in therapy (Q27)	4	26.7%	8	53.3%	3	20.0%	0	0.0%
<u>Caregiver:</u> My child is doing better when OUT IN PUBLIC because of the new actions learned while in therapy (Q27)	1	3.2%	9	29.0%	11	35.5%	10	32.3%

Figure 8. Impact of receiving services 30 days or less



Survey 3: Assessed, In care 31 - 60 days

Experience Interacting with the WISe Team: 31-60 days in care

Youth and caregiver respondents in care for 31-60 days were asked to reflect on their experience interacting with the WISe Team (Figure 9, Table 15). They were asked the extent to which the Team:

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

Overall, youth and caregiver respondents gave similarly favorable assessments of their experiences interacting with their WISe Team. Ninety-one percent of youth and 93% of caregivers were favorable about their Team talking about the important things they/their child does well. Slightly fewer, but still a high proportion, 83% of youth and 86% of caregivers, were favorable about their Team helping to tell their real story. And with regard to feeling like they had to watch what they said, 59% of youth disagreed and 79% of caregivers disagreed, indicating they felt comfortable being honest with the Team. This represents a substantial increase in caregiver report of positive results compared with those getting less than 30 days of service.

Figure 9. Interactions with the Team

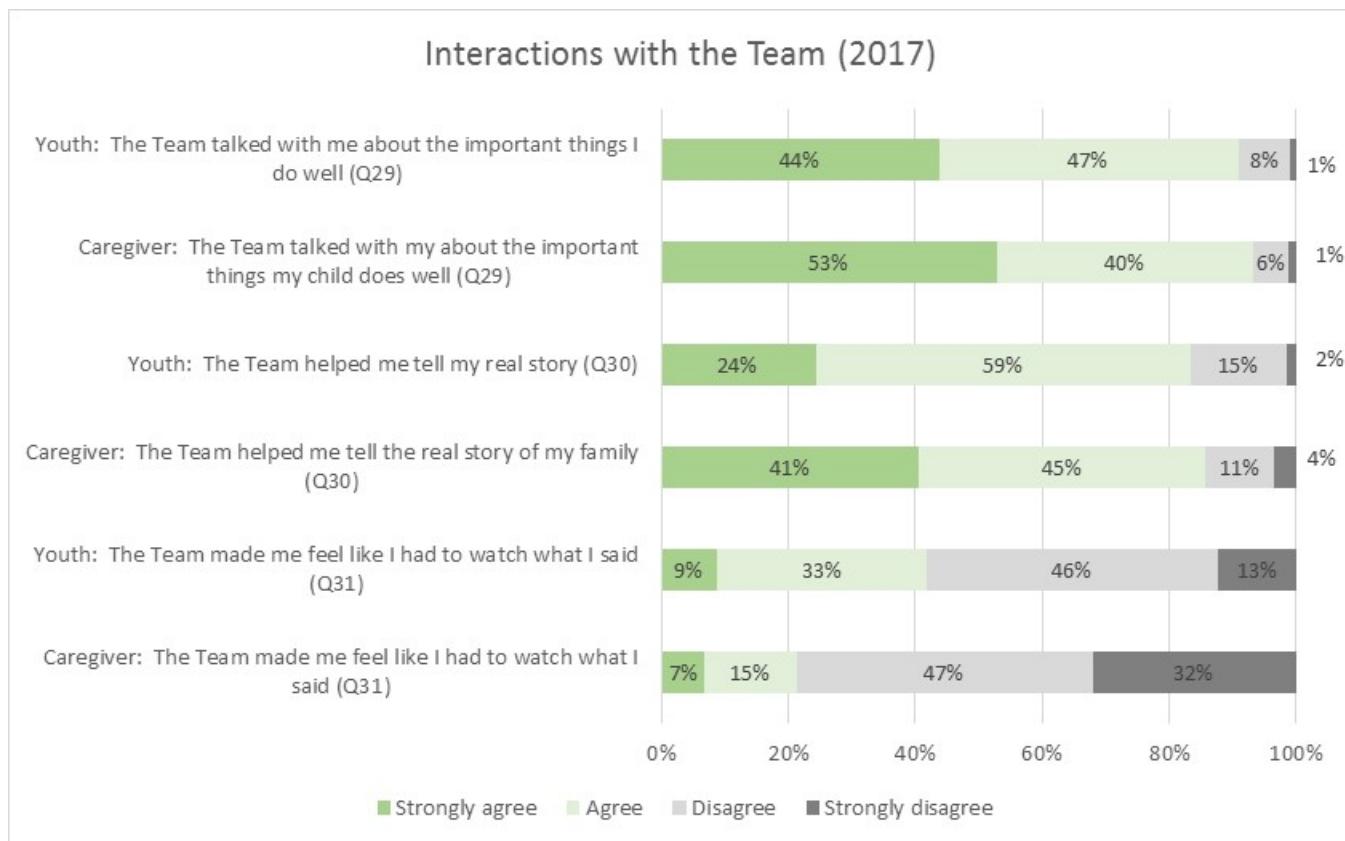


Table 15. Interactions with the Team

	Strongly Agree		Agree		Disagree		Strongly disagree	
	N	%	N	%	N	%	N	%
Youth: The Team talked with me about the important things I do well (Q29)	92	43.8%	99	47.1%	17	8.1%	2	1.0%
Caregiver: The Team talked with me about the important things my child does well (Q29)	321	52.8%	245	40.3%	34	5.6%	8	1.3%
Youth: The Team has helped me tell my real story (Q30)	50	24.3%	122	59.2%	31	15.0%	3	1.5%
Caregiver: The Team helped me to tell the real story of my family (Q30)	234	40.6%	260	45.1%	62	10.8%	20	3.5%
Youth: The Team made me feel like I had to watch what I said (Q31)	18	8.7%	69	33.2%	95	45.7%	26	12.5%
Caregiver: The Team made me feel like I had to watch what I said (Q31)	41	6.8%	87	14.5%	279	46.6%	192	32.1%

Received a Copy of CANS Full Assessment

One 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, 68% of youth and 77% of caregivers indicated they had received a copy of their/their child's CANS full assessment (Figure 10, Table 16). With nearly a third of youth and caregivers not recalling that they received the CANS, there is room for improvement in this area.

Figure 10. Did the Team give you a paper copy of your/your child's CANS full assessment? (Q32)

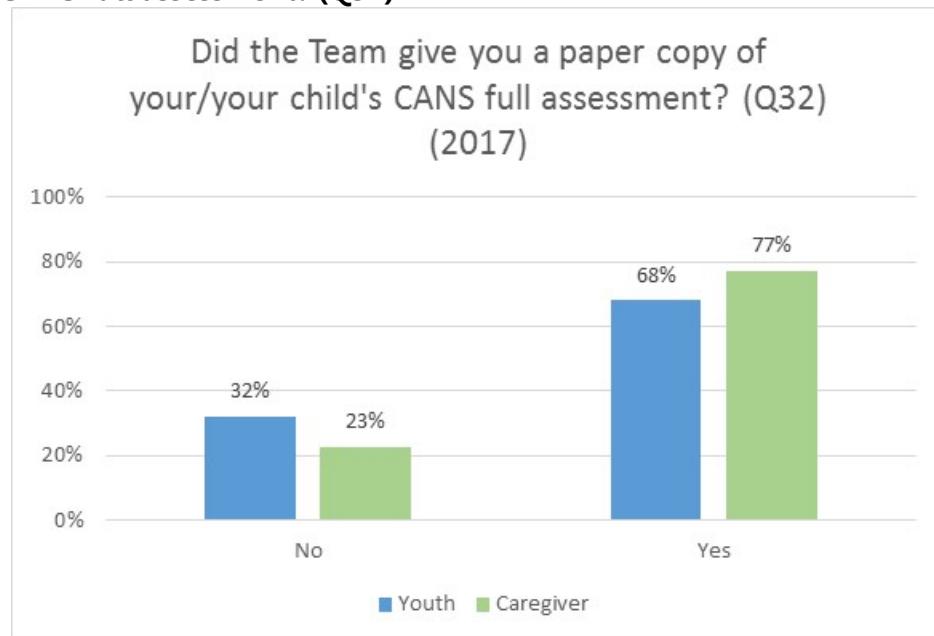


Table 16. Did the Team give you a paper copy of your/your child's CANS full assessment (Q32)

	Youth Frequency	Youth Percent	Caregiver Frequency	Caregiver Percent
Yes	119	68.0%	422	77.3%
No	56	32.0%	124	22.7%
Total	175	100.0%	546	100.0%

WISe Team Responsiveness

Respondents 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
- Did a good job of writing what the participant does well
- Did a good job of writing what the participant needs help doing

The overwhelming majority of both youth and caregiver respondents gave favorable assessments of their WISe Team's responsiveness to providing useful information (Figure 11, Table 17). Eighty-two percent of youth and 85% of caregiver gave favorable assessment that the Team went over the CANS full assessment with the participant to make sure it was right. Nearly all, 92%, of youth and 92% of caregivers, indicated favorably that their Team did a good job of writing what they/their child does well; and similarly, 92% of youth and 87% of caregivers, answered favorably that the Team did a good job of writing what they/their child needs help doing.

Figure 11. The Team's responsiveness

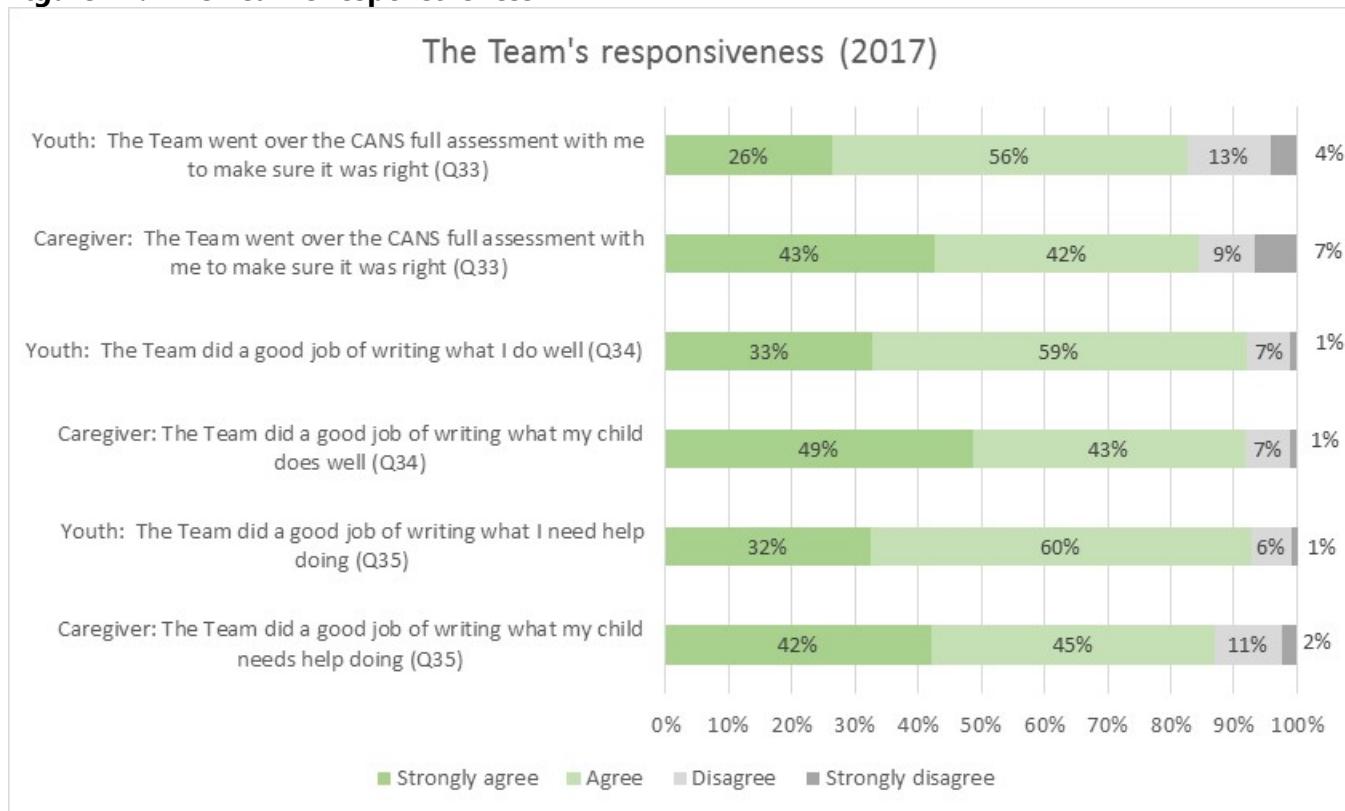


Table 17. WISe Team Responsiveness

	Strongly Agree		Agree		Disagree		Strongly disagree	
	N	%	N	%	N	%	N	%
Interactions with the Team								
<u>Youth</u> : The Team went over the CANS full assessment with me to make sure it was right (Q33)	52	26.4%	111	56.3%	26	13.2%	8	4.1%
<u>Caregiver</u> : The Team went over the CANS full assessment with me to make sure it was right (Q33)	243	42.6%	239	41.9%	51	8.9%	37	6.5%
<u>Youth</u> : The Team did a good job of writing what I do well (Q34)	67	32.8%	121	59.3%	14	6.9%	2	1.0%
<u>Caregiver</u> : The Team did a good job of writing what my child does well (Q34)	289	48.7%	255	43.0%	42	7.1%	7	1.2%
<u>Youth</u> : The Team did a good job of writing what I need help doing (Q35)	67	32.4%	125	60.4%	13	6.3%	2	1.0%
<u>Caregiver</u> : The Team did a good job of writing what my child needs help doing (Q35)	252	42.2%	267	44.7%	64	10.7%	14	2.3%

In Care More than 60 Days

At the end of the section for those who have been assessed, in care 31 to 60 days (Survey 3), respondents were asked if they have been in care more than 60 days following their initial screening for the WISE program (Figure 12, Table 18). About three fifths of youth (62%) and just over half of caregivers (51%) indicated they had been in care for more than 60 days by the time of the request to complete the survey (Surveys 3 and 4). These respondents proceeded to the next set of questions for those in care for more than 60 days (Survey 4). Those in care for 31 days to 60 days were asked about the impact of services and whether there was anything else that would make the behavioral health service more useful before completing the survey.

Figure 12. Have you received WISE services for more than 60 days?

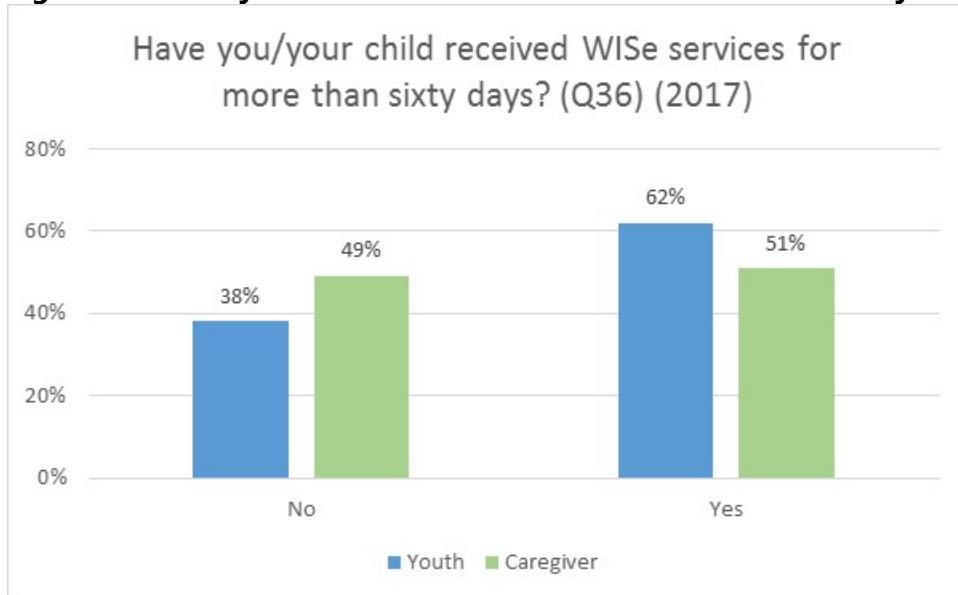


Table 18. Have you received WISE services for more than 60 days? (Q36)

	Youth Frequency	Youth Percent	Caregiver Frequency	Caregiver Percent
Yes	31	62.0%	55	49.1%
No	19	38.0%	57	50.9%
Total	50	100.0%	112	100.0%

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 in this group are small, so interpreting the percentages should be done with caution (Figure 13, Table 19). **Overall, youth ratings of the impact of receiving services 31 to 60 days were positive and youth ratings were higher than the ratings given by caregivers overall.** Sixty percent of youth indicated they are doing better in school because of the new actions learned while in therapy, while 51% of caregivers indicated their child is doing better in school because of the new actions learned while in therapy. When asked how they are doing at home because of new actions learned while in therapy, 90% of youth respondents and 72% of caregivers gave positive ratings. When asked how they are doing out in public because of new actions learned while in therapy, 90% of youth respondents and 70% of caregivers gave positive ratings (Figure 13, Table 19).

Figure 13. Impact of receiving services 31 to 60 days

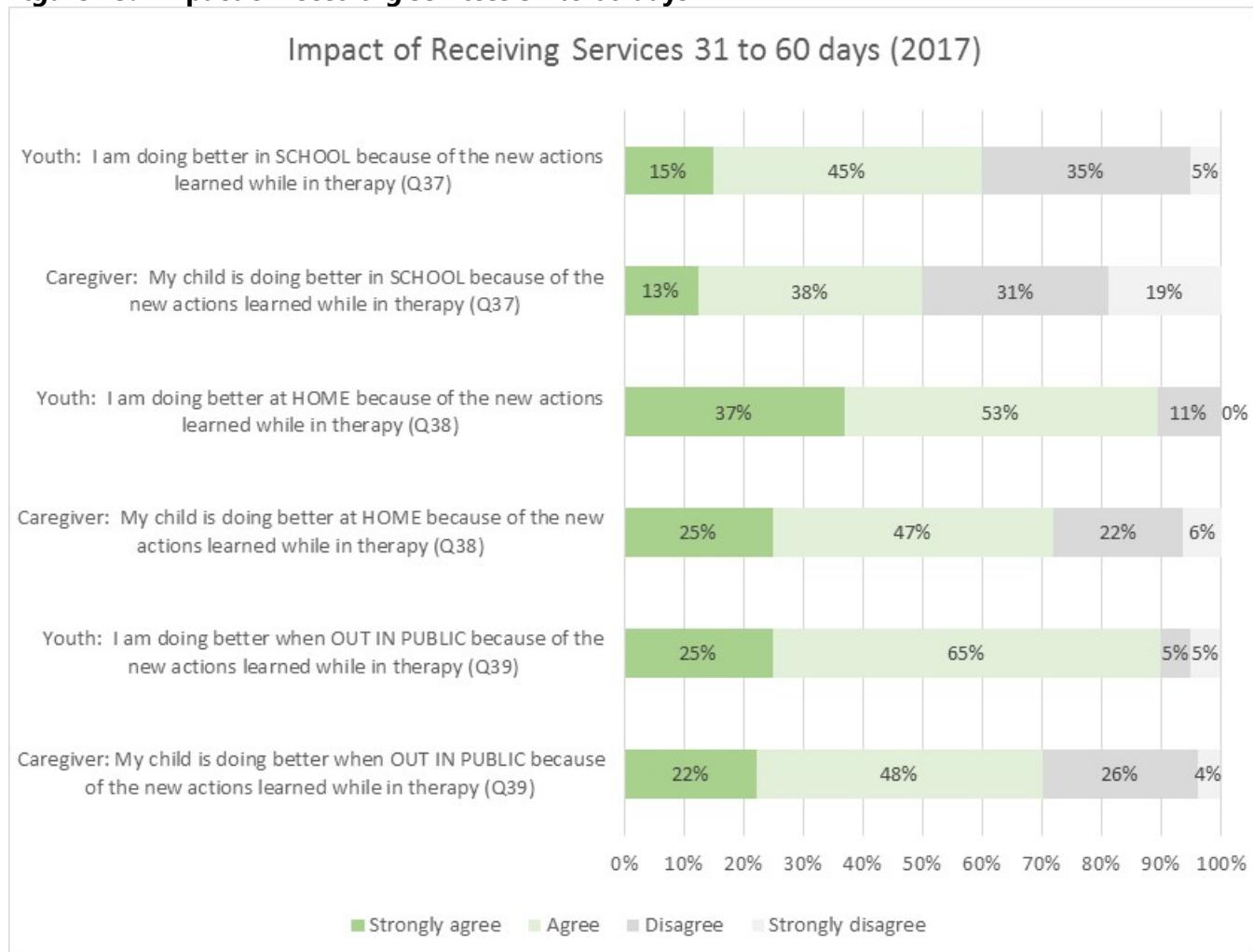


Table 19. Impact of receiving WISe services 31 to 60 days

	Strongly Agree		Agree		Disagree		Strongly disagree	
	N	%	N	%	N	%	N	%
<u>Youth</u> : I am doing better in SCHOOL because of the new actions learned while in therapy (Q37)	3	15.0%	9	45.0%	7	35.0%	1	5.0%
<u>Caregiver</u> : My child is doing better in SCHOOL because of the new actions learned while in therapy (Q37)	6	12.5%	18	37.5%	15	31.3%	9	18.8%
<u>Youth</u> : I am doing better at HOME because of the new actions learned while in therapy (Q38)	7	36.8%	10	52.6%	2	10.5%	0	0.0%
<u>Caregiver</u> : My child is doing better at HOME because of the new actions learned while in therapy (Q38)	6	11.3%	30	56.6%	14	26.4%	3	5.7%
<u>Youth</u> : I am doing better when OUT IN PUBLIC because of the new actions learned while in therapy (Q39)	5	25.0%	13	65.0%	1	5.0%	1	5.0%
<u>Caregiver</u> : My child is doing better when OUT IN PUBLIC because of the new actions learned while in therapy (Q39)	4	8.3%	24	50.0%	17	35.4%	3	6.3%

Survey 4: Assessed, and been in care over 60 days

Those youth and caregiver respondents who have been assessed and in care over sixty days were asked if the Team had given them a copy of their or their child's goals. For both youth and caregivers, the vast majority said yes; 84% of youth and 87% of caregivers (Figure 14, Table 20).

Figure 14. Did the Team give you a paper copy of your goals? (Q41)

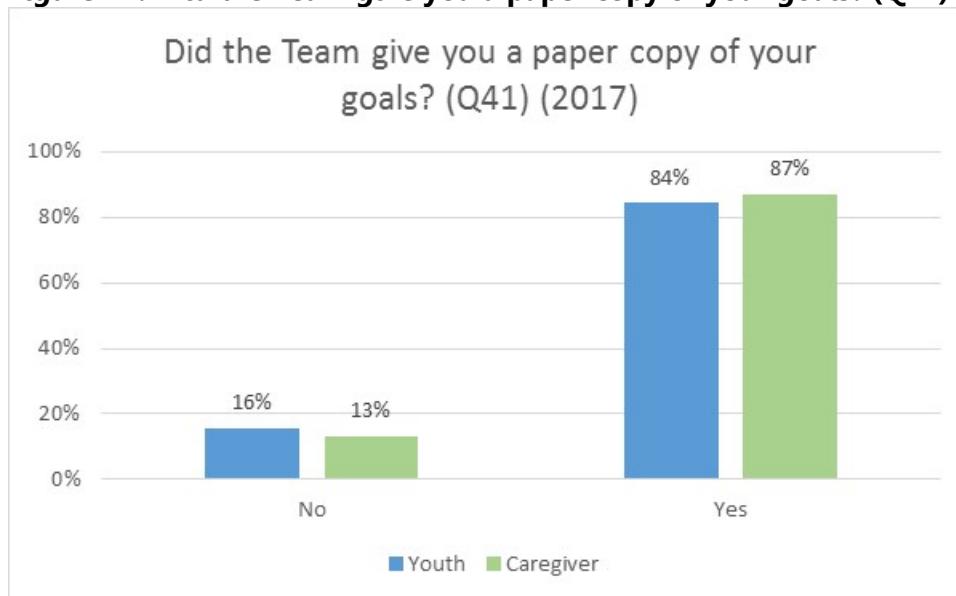


Table 20. Did the Team give you a paper copy of your goals? (Q41)

	Youth Frequency	Youth Percent	Caregiver Frequency	Caregiver Percent
Yes	150	84.3%	452	86.9%
No	28	15.7%	68	13.1%
Total	178	100.0%	520	100.0%

Experience Interacting with the WISe Team and Receiving Services more than 60 days

In the next section of the survey, youth and caregiver respondents were asked to reflect on their experience receiving services for 60 days or more. There were four main areas that they were asked about with regard to their interactions with their WISe Team. Respondents were asked sets of questions about the WISe Team's role: Setting therapy goals, offering guidance, providing help, and arranging support

The Team's Role Setting Therapy Goals

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

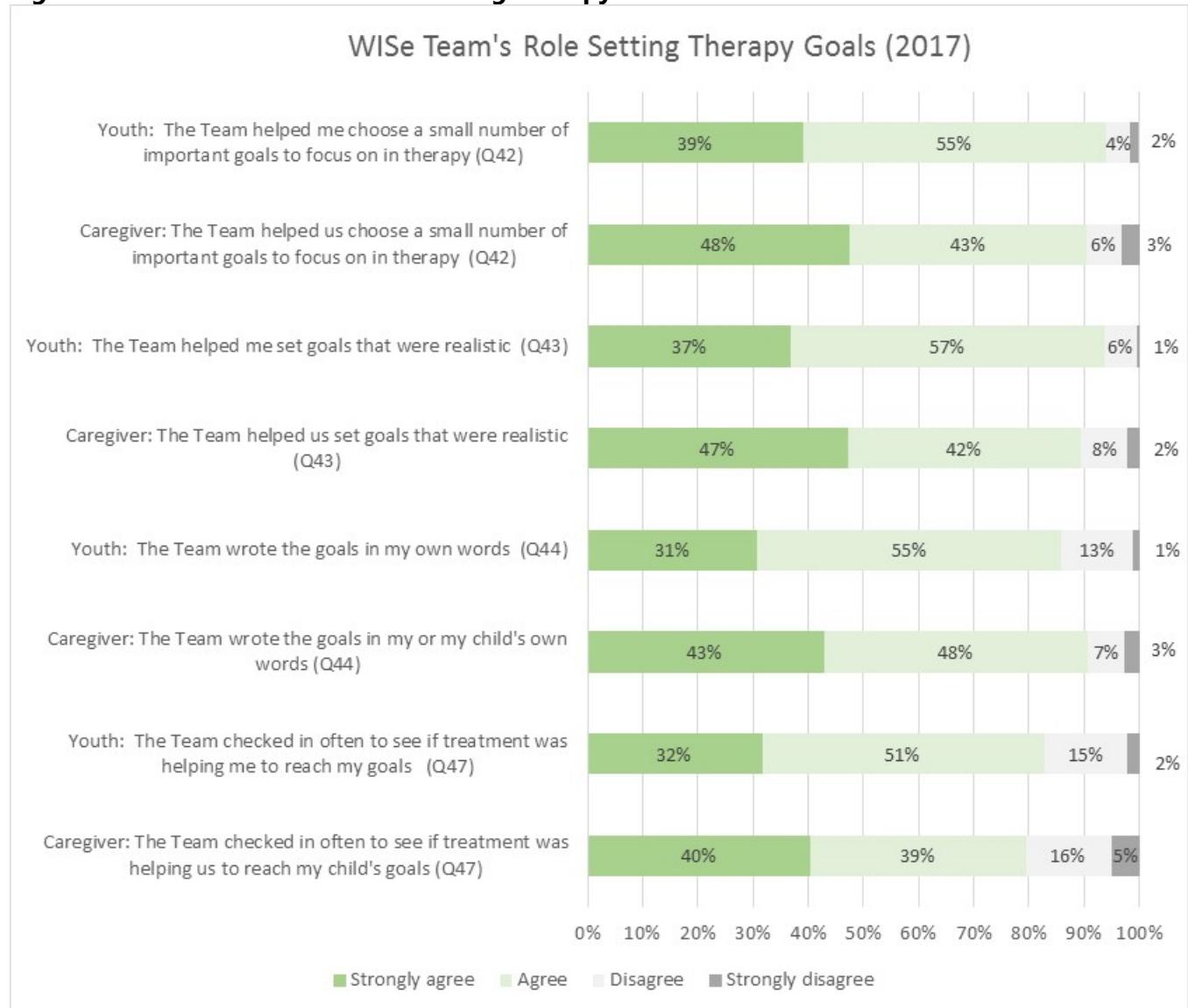
- Helped the respondent choose a small number of important goals to focus on in therapy (Q42)
- Helped the respondent set goals that were realistic (Q43)
- Wrote the goals in the respondent's own words (Q44)
- Checked in often to see if treatment was helping respondent to reach his/her goals (Q47)

Overall, a very high proportion of youth and caregivers gave positive rating in regard to the various ways the WISe Team worked on setting therapy goals. Ninety-four percent of youth and 91% of caregivers 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, 94% of youth and 89% of caregivers responded favorably that the WISe Team helps them understand how this service would help them set goals that were realistic. Eighty-six percent of youth and 86% of caregivers indicated favorably that the WISe Team wrote the goals in the respondent's own words. And last, 83% of youth and 79% of caregivers indicated favorably that the WISe Team checked in often to see if the treatment was helping the respondent to reach his/her goals (Figure 15, Table 21).

Table 21. The Team's Role Setting Therapy Goals

	Strongly Agree		Agree		Disagree		Strongly disagree	
	N	%	N	%	N	%	N	%
<u>Youth:</u> The Team helped me choose a small number of important goals to focus on in therapy (Q42)	73	39.2%	102	54.8%	8	4.3%	3	1.6%
<u>Caregiver:</u> The Team helped my child choose a small number of important goals to focus on in therapy (Q42)	259	47.6%	233	42.8%	34	6.3%	18	3.3%
<u>Youth:</u> The Team helped me understand how this service would help me set goals that were realistic (Q43)	68	36.8%	105	56.8%	11	5.9%	1	0.5%
<u>Caregiver:</u> The Team helped me understand how this service would help me Helped respondent set goals that were realistic (Q43)	257	47.2%	230	42.3%	45	8.3%	12	2.2%
<u>Youth:</u> The Team wrote the goals in the respondent's own words (Q44)	57	30.8%	102	55.1%	24	13.0%	2	1.1%
<u>Caregiver:</u> The Team wrote the goals in the respondent's own words (Q44)	220	42.8%	246	47.9%	34	6.6%	14	2.7%
<u>Youth:</u> The Team checked in often to see if treatment was helping respondent to reach his/her goals (Q47)	59	31.7%	95	51.1%	28	15.1%	4	2.2%
<u>Caregiver:</u> The Team checked in often to see if treatment was helping respondent to reach his/her goals (Q47)	218	40.4%	210	39.0%	84	15.6%	27	5.0%

Figure 15. The WISe Team's Role Setting Therapy Goals



The Team's Role Offering Guidance

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

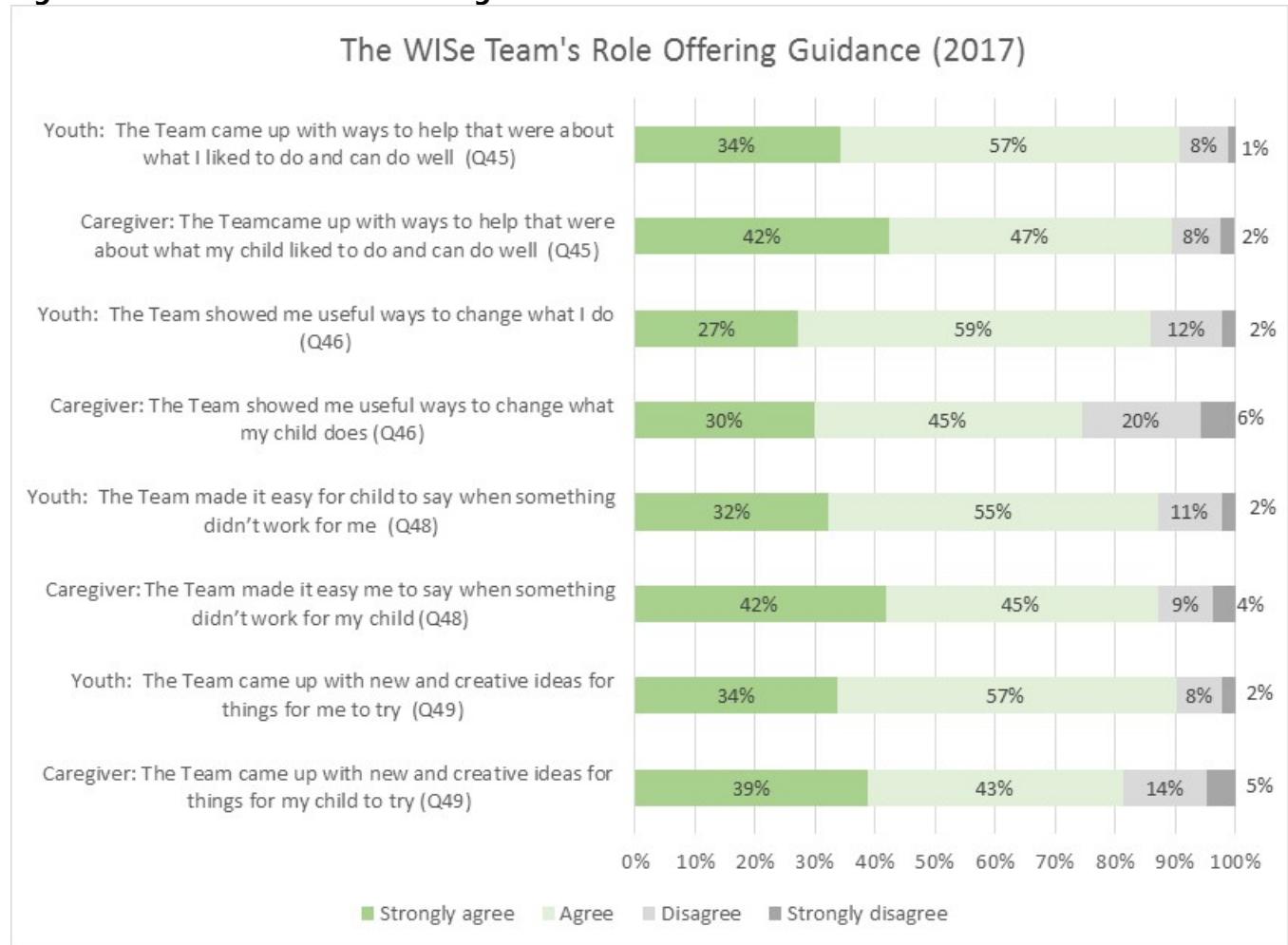
- Come up with ways to help that were about what I like to do and can do well (Q45)
- Show the respondent useful ways to change what I do (Q46)
- Make it easy for respondent to say when something didn't work (Q48)
- Come up with new and creative ideas for things to try (Q49)

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 on all but one of the aspects. Ninety-one percent of youth indicated favorably that the Team came up with ways to help that were about what the respondent like to do and can do well, compared to 89% of caregivers. Eighty-six percent of youth indicated favorably that the Team showed useful ways to change what they can do, compared to 75% of caregivers. Eighty-seven percent of youth and 87% of caregivers indicated that the Team made it easy for the respondent to say when something didn't work for them. And 90% of youth and 81% of caregivers indicated that the Team came up with new and creative ideas for things to try (Figure 16, Table 22).

Table 22. The Team's Role Providing Guidance

	Strongly Agree		Agree		Disagree		Strongly disagree	
	N	%	N	%	N	%	N	%
<u>Youth</u> : The Team came up with ways to help that were about what I liked to do and can do well (Q45)	63	34.2%	104	56.5%	15	8.2%	2	1.1%
<u>Caregiver</u> : The Team came up with ways to help that were about what my child liked to do and can do well (Q45)	227	42.4%	252	47.1%	43	8.0%	13	2.4%
<u>Youth</u> : The Team showed me useful ways to change what I do (Q46)	50	27.2%	108	58.7%	22	12.0%	4	2.2%
<u>Caregiver</u> : The Team showed me useful ways to change what my child does (Q46)	156	29.8%	234	44.7%	104	19.8%	30	5.7%
<u>Youth</u> : The Team made it easy for me to say when something didn't work for me (Q48)	60	32.3%	102	54.8%	20	10.8%	4	2.2%
<u>Caregiver</u> : The Team made it easy for me to say when something didn't work for my child (Q48)	225	41.7%	245	45.4%	50	9.3%	20	3.7%
<u>Youth</u> : The Team came up with new and creative ideas for things for me to try (Q49)	62	33.7%	104	56.5%	14	7.6%	4	2.2%
<u>Caregiver</u> : The Team came up with new and creative ideas for things for my child to try (Q49)	207	38.8%	227	42.6%	74	13.9%	25	4.7%

Figure 16. The Team's Role Offering Guidance



The Team's Role 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:

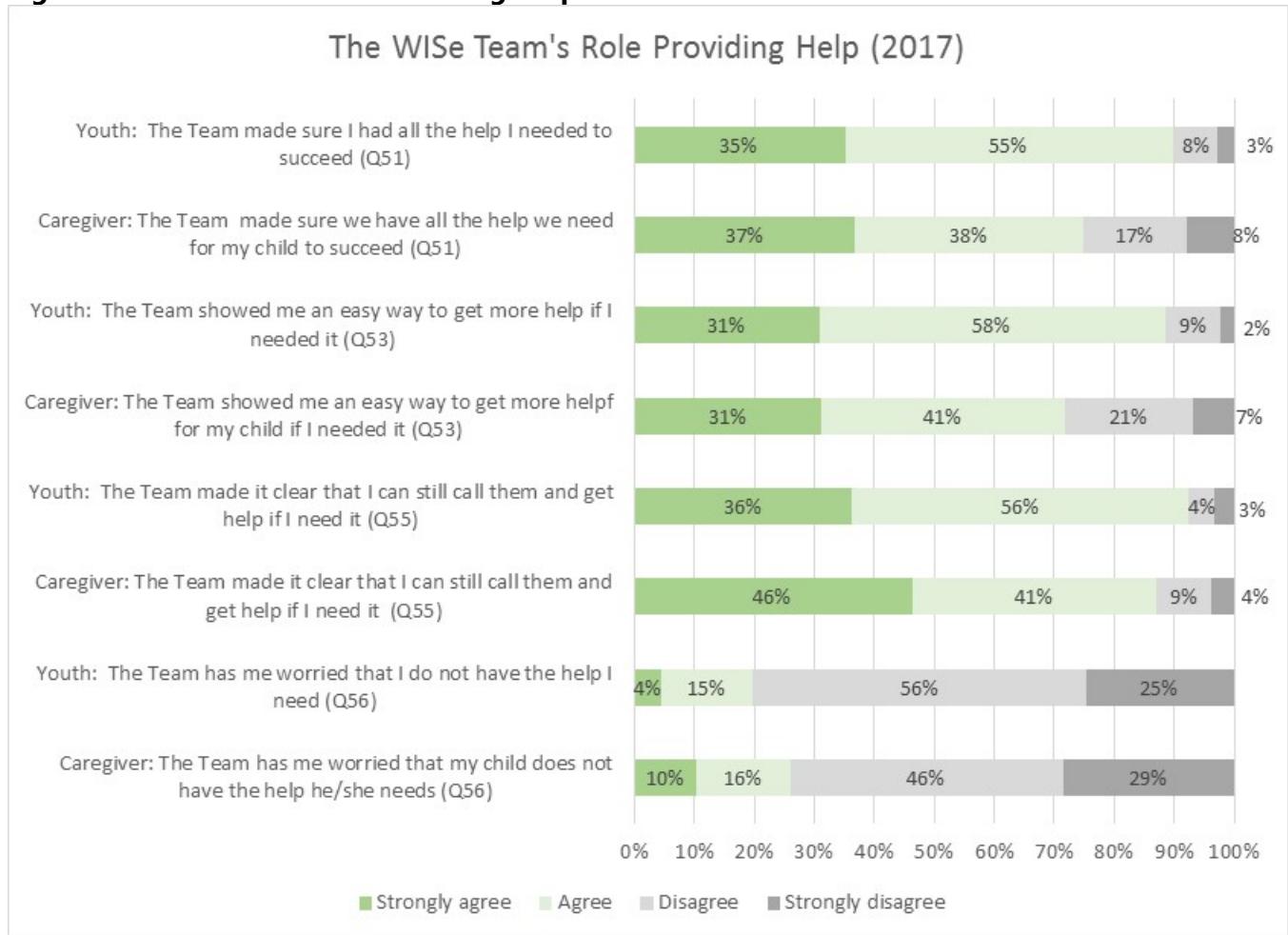
- Make sure I had all the help I needed to succeed (Q51)
- Show me an easy way to get more help if I needed it (Q53)
- Make it clear that I can still call them and get help if I need it (Q55)
- Have me worried that I do not have the help I need (Q56)

Overall, a high proportion of youth and caregiver respondents gave favorable ratings on ways the WISe Team provided help, with proportion of favorable ratings by youth giving higher than caregivers on all aspects (Figure 17, Table 23). Ninety percent of youth and 75% of caregivers indicated the Team made sure the respondent had the help needed to succeed. Similarly, 89% of youth and 72% of caregivers indicated the Team showed the respondent an easy way to get more help if it was needed. Ninety-two percent of youth and 87% of caregivers indicated that the Team made it clear that the respondent can call the Team and get help if they need it. Finally, when asked if the Team has the respondent worried that the respondent does not have the help they need, 80% of youth and 74% of caregivers disagreed, which indicates they do feel they have the help they need.

Table 23. The Team's Role Providing Help

	Strongly Agree		Agree		Disagree		Strongly disagree	
	N	%	N	%	N	%	N	%
<u>Youth:</u> The Team made sure I had all the help I needed to succeed (Q51)	65	35.1%	101	54.6%	14	7.6%	5	2.7%
<u>Caregiver:</u> The Team made sure we have all the help we need for my child to succeed (Q51)	194	36.7%	202	38.2%	91	17.2%	42	7.9%
<u>Youth:</u> The Team showed me an easy way to get more help if I needed it (Q53)	57	30.8%	107	57.8%	17	9.2%	4	2.2%
<u>Caregiver:</u> The Team showed me an easy way to get more help for my child if I needed it (Q53)	165	31.1%	216	40.8%	113	21.3%	36	6.8%
<u>Youth:</u> The Team made it clear that I can still call them and get help if I need it (Q55)	67	36.2%	104	56.2%	8	4.3%	6	3.2%
<u>Caregiver:</u> The Team made it clear that I can still call them and get help if I need it (Q55)	248	46.3%	218	40.7%	49	9.1%	21	3.9%
<u>Youth:</u> The Team has me worried that I do not have the help I need (Q56)	8	4.4%	28	15.4%	101	55.5%	45	24.7%
<u>Caregiver:</u> The Team has me worried that my child does not have the help he/she needs (Q56)	54	10.3%	82	15.7%	238	45.5%	149	28.5%

Figure 17. The Team's Role Providing Help



The Team's Role Arranging 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 arranging support. To what extent has the Team:

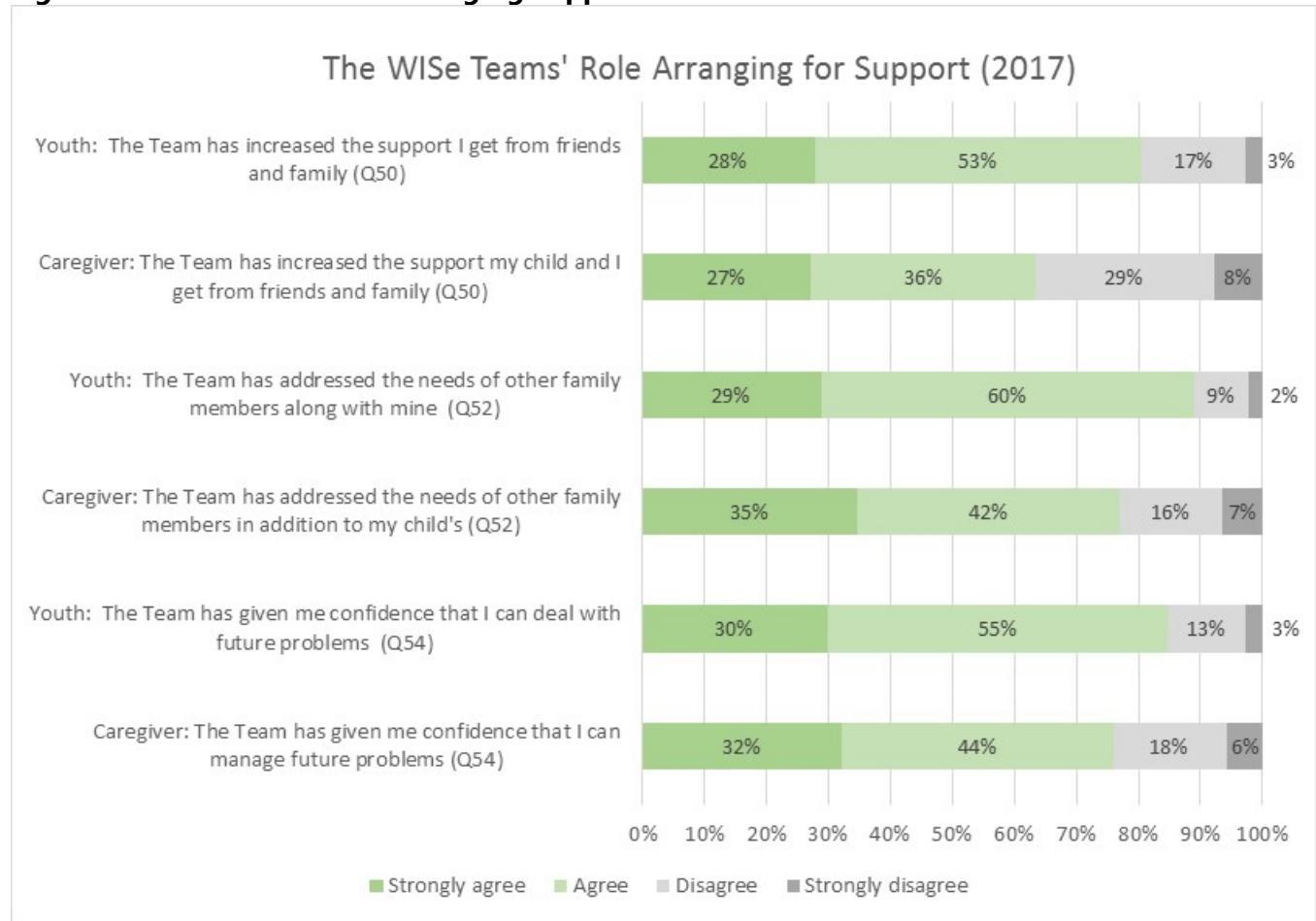
- Increased the support I get from friends and family (Q50)
- Addressed the needs of other family members along with mine (Q52)
- Given me confidence that I can deal with future problems (Q54)

Overall, the majority of youth and caregiver respondents gave favorable ratings on ways the WISe Team arranged support, with proportion of favorable ratings by youth being slightly higher than caregivers on all aspects (Figure 18, Table 24). Eighty-one percent of youth and 63% of caregivers indicated that the Team has increased the support the respondent gets from friends and family. Eighty-nine percent of youth and 77% of caregivers indicated the Team has addressed the needs of other family members along with the respondent's needs. And finally, 85% of youth and 76% of caregivers indicated the Team has given the respondent confidence that the respondent can deal with future problems.

Table 24. The Team's Role Arranging Support

	Strongly Agree		Agree		Disagree		Strongly disagree	
	N	%	N	%	N	%	N	%
<u>Youth:</u> The Team has increased the support I get from friends and family (Q50)	50	27.8%	95	52.8%	30	16.7%	5	2.8%
<u>Caregiver:</u> The Team has increased the support my child and I get from friends and family (Q50)	140	27.2%	186	36.2%	148	28.8%	40	7.8%
<u>Youth:</u> The Team has addressed the needs of other family members along with mine (Q52)	52	28.9%	108	60.0%	16	8.9%	4	2.2%
<u>Caregiver:</u> The Team has addressed the needs of other family members along with mine (Q52)	181	34.7%	221	42.4%	85	16.3%	34	6.5%
<u>Youth:</u> The Team has given me confidence that I can deal with future problems (Q54)	55	29.9%	101	54.9%	23	12.5%	5	2.7%
<u>Caregiver:</u> The Team has given me confidence that I can deal with future problems (Q54)	170	32.2%	231	43.8%	96	18.2%	31	5.9%

Figure 18. The Team's Role Arranging Support



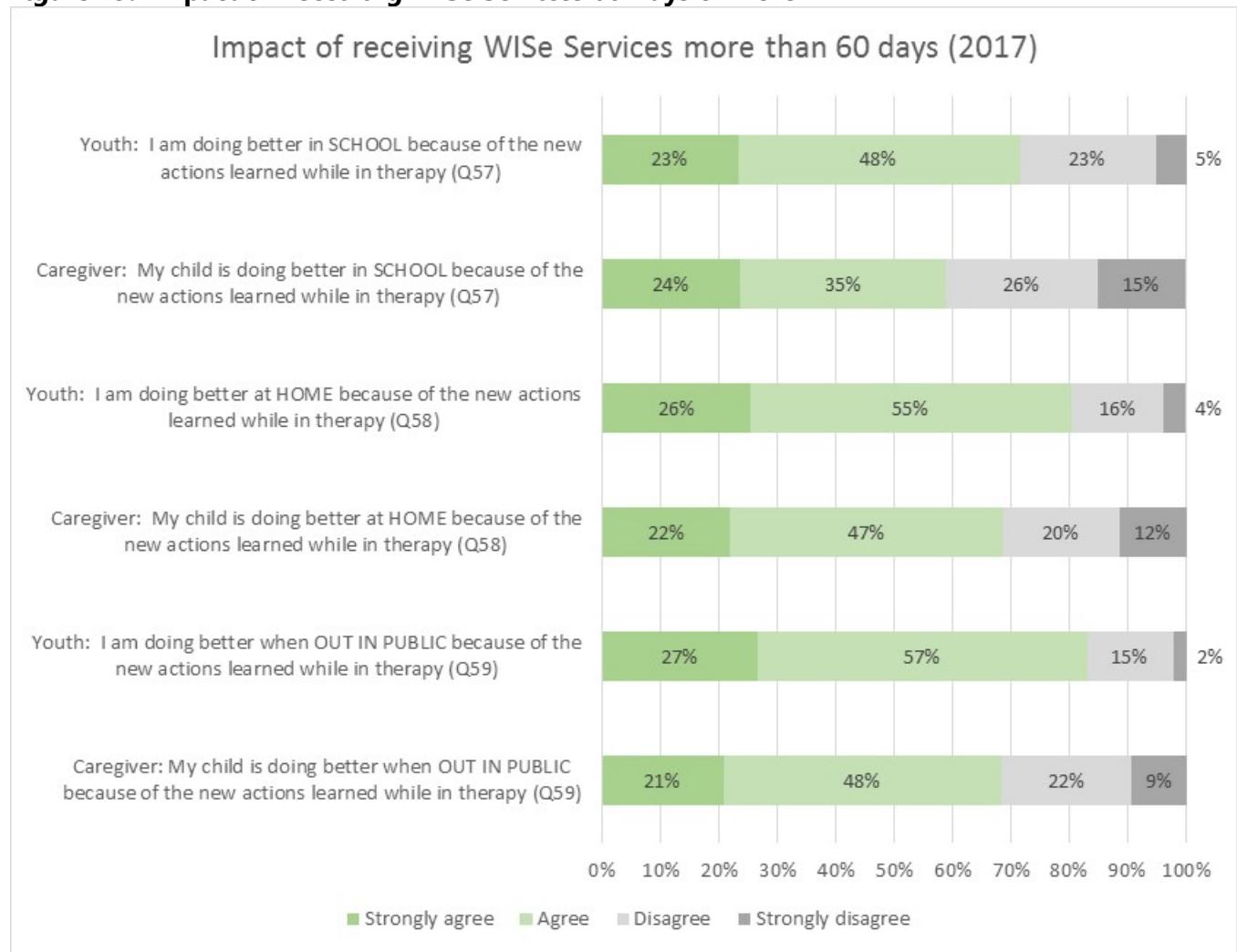
Impact of Receiving Services More than 60 days

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/or when out in public (Figure 19, Table 25). **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-two percent of youth indicated they are doing better in school because of the new actions learned while in therapy, while 59% of caregivers indicated their child is doing better in school because of the new actions learned while in therapy. When asked how they are doing at home because of new actions learned while in therapy, 80% of youth respondents and 69% of caregivers gave positive ratings. Similarly, when asked how they are doing out in public because of new actions learned while in therapy, 83% of youth respondents and 68% of caregivers gave positive ratings.

Table 25. Impact of receiving WISe services more than 60 days

	Strongly Agree		Agree		Disagree		Strongly disagree	
	N	%	N	%	N	%	N	%
<u>Youth:</u> I am doing better in SCHOOL because of the new actions learned while in therapy (Q57)	40	23.3%	83	48.3%	40	23.3%	9	5.2%
<u>Caregiver:</u> My child is doing better in SCHOOL because of the new actions learned while in therapy (Q57)	117	23.6%	175	35.3%	129	26.0%	75	15.1%
<u>Youth:</u> I am doing better at HOME because of the new actions learned while in therapy (Q58)	47	25.5%	101	54.9%	29	15.8%	7	3.8%
<u>Caregiver:</u> My child is doing better at HOME because of the new actions learned while in therapy (Q58)	115	22.0%	244	46.7%	104	19.9%	60	11.5%
<u>Youth:</u> I am doing better when OUT IN PUBLIC because of the new actions learned while in therapy (Q59)	47	26.6%	100	56.5%	26	14.7%	4	2.3%
<u>Caregiver:</u> My child is doing better when OUT IN PUBLIC because of the new actions learned while in therapy (Q59)	107	20.9%	243	47.5%	114	22.3%	48	9.4%

Figure 19. Impact of Receiving WISe Services 60 Days or More



Strengths, Usefulness, and Ways to Improve the WISe Program: In the respondents' own words

Each youth and caregiver respondent was given the opportunity before the end of the survey to share in their own words what they see as the strengths of the WISe program, ways to make the behavioral health services more useful for youth/children and families, and what things need to be improved in the WISe program.

Strengths of the WISe program?

Aspects of the WISe **team approach** were frequently mentioned as strengths of the WISe program: communication, coordination and effort, dependability and follow through and family involvement. The **support offered** by WISe was frequently mentioned as a strength: having parent support partners or peer/youth partners, therapist and counselors, care coordinators and health professionals, being heard and having a rapport, being given tools and other resources, supporting families and siblings, or offering services that were adaptive or life balancing.

The **professionalism** of the WISe program is a strength: the training and experience of WISe, it could be trusted, and the friendly approach. Others mentioned the **program logistics** such as its flexibility and others said it ended too soon. Many respondents appreciated having visits offsite, and transportation that was offered to/from WISe appointments/activities.

Outcomes of the WISe program were mentioned as strengths: good experiences, positive progress, and life balance.

Making behavioral health services more useful to children and families like yours

Youth and caregiver respondents were asked to explain in their own words what else should be done to make behavioral health services more useful to them and others like them. Many indicated that overall the program is already useful, that it is doing what it is supposed to be doing and that they are making positive progress. Aspects of the program that are useful are its team approach, the therapists involved, dependability, the training and experience of the team, the overall effort put forth, the support from the team, being heard, the availability of resources, and availability of appointments,. Having the program not end too soon and making it more accessible to others who need it would also make it more useful.

Areas of improvement in the WISe program

Some respondents indicated they had had a negative experience with WISe which included feeling judged or not being respected, or that they never really received the services that they were supposed to, or that there was disorder to the way they received services.

When asked more specifically about what needs to be improved in the WISe program, quite a few youth and caregiver respondents indicated that their experience with the WISe program was a good experience and no improvements were needed.

Team dependability and issues of communication were areas in need of improvement, as well as the need for greater follow through, improving caseloads and improving family involvement. Some respondents indicated that the training and experience of those trying to help needed to be improved.

Youth and caregiver respondents also noted that improvements were needed in how appointments were set up and the resources that were available.

Accessing the WISe services, including the wait list and intake procedures needed improvement. And improvements were needed for providing effective peer/youth partners and parent support partners, and some mentioned the need for respite care and transition services.

Conclusions

This interpretive report aimed at providing an overview of the experience of youth participants, and their caregivers, 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 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. When asked what would make the WISE program more useful, youth and caregivers provided feedback identifying opportunities for providers to improve access to services and plan for other types of services.

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.

When given the chance to express in their own words about WISE, youth and caregiver respondents were quite positive overall about their experience in the program. Aspects of the team approach were mentioned often as strengths, as well as feeling supported by WISE. Some respondents mentioned that it took too long to get started in the program and there was too much turnover and inexperience in their therapists and counselors. Some indicated that getting the appointments scheduled was a challenge and some indicated they would like more family involvement. Some respondents commented that the program ended too soon for them.

Appendix

Figure A. Map of Survey Questions by Participation Status: Youth Survey

	Questionnaire Items	Screened, Unassessed SURVEY 01	Assessed, in care 60 days or less			Assessed, in care over 60 days SURVEY 04
			30 days or less SURVEY 02	31-60 days SURVEY 03		
Q1	Did someone talk to you about qualifying for behavioral health services through the WISE program?					
Q2	Did they describe the behavioral health services in terms you understood?					
Q3	Did they ask if you had concerns about the behavioral health services being offered?					
Q4	Did they ask about what services you needed to help you?					
Q5	Did they offer to meet with you at a convenient time?					
Q6	Did they offer to meet with you at a convenient place?					
Q7	The treatment did not seem like it would work for me.					
Q8	I had too much going on in my family to participate in WISE.					
Q9	I did not like the person I spoke to.					
Q10	It seemed like participating in WISE would take too much of my time.					
Q11	It seemed like participating in WISE would take too much effort.					
Q12	I had trouble getting childcare					
Q13	I had trouble getting transportation					
Q14	What would have made the behavioral support you received or are receiving seem more useful to you?					
Q15	What kinds of help would have made it easier for you to participate in WISE?					
Q16	Have you had a CANS full assessment following your screening for the WISE program?					
Q17	When did you have the CANS full assessment after the screening?					
Q18	What else should we do to make behavioral health services more useful for you to access and use?					
Q19	The Team helped me understand how this service would help me.					

Q2 0	The Team let me know who would see my records.		Blue	Pink	Orange
Q2 1	The Team gave me something useful to try each time we met.		Blue	Pink	Orange
Q2 2	The Team offered to call and check in with me before we met again.		Blue	Pink	Orange
Q2 3	The Team really helped to make it easy to come to my next session.		Blue	Pink	Orange
Q2 4	How long have you received behavioral health services through the WISE program since your screening?		Blue		
Q2 5	I am doing better in SCHOOL because of the new actions learned while in therapy		Blue		
Q2 6	I am doing better at HOME because of the new actions learned while in therapy.		Blue		
Q2 7	I am doing better when OUT IN PUBLIC because of the new actions learned while in therapy.		Blue		
Q2 8	What else should we do to make behavioral health services more useful for you and others like you?		Blue		
Q2 9	The Team talked with me about the important things I do well.			Pink	Orange
Q3 0	The Team helped me tell my real story.			Pink	Orange
Q3 1	The Team made me feel like I had to watch what I said.			Pink	Orange
Q3 2	Did the Team give you a paper copy of your CANS full assessment?			Pink	Orange
Q3 3	The Team went over the CANS full assessment with me to make sure it was right.			Pink	Orange
Q3 4	The Team did a good job of writing what I do well.			Pink	Orange
Q3 5	The Team did a good job of writing what I need help doing.			Pink	Orange
Q3 6	Have you received WISE services for more than sixty days?	Not asked if answer to Q24 is "More than 60 days".			
Q3 7	I am doing better in SCHOOL because of the new actions learned while in therapy.			Pink	
Q3 8	I am doing better at HOME because of the new actions learned while in therapy.			Pink	
Q3 9	I am doing better when OUT IN PUBLIC because of the new actions learned while in therapy.			Pink	
Q4 0	What else should we do to make behavioral health services more useful for you and others like yours?			Pink	

Q4 1	Did the Team give you a copy of your goals?				
Q4 2	The Team helped me choose a small number of important goals to focus on.				
Q4 3	The Team helped me set goals that were realistic.				
Q4 4	The Team wrote the goals in my words.				
Q4 5	The Team came up with ways to help that were about what I like to do and can do well.				
Q4 6	The Team showed me useful ways to change what I do.				
Q4 7	The Team checked in often to see if treatment was helping me reach my goals.				
Q4 8	The Team made it easy for me to say when something didn't work for me.				
Q4 9	The Team came up with new and creative ideas for things to try.				
Q5 0	The Team has increased the support I get from friends and family.				
Q5 1	The Team made sure I have all the help I need to succeed.				
Q5 2	The Team dealt with the needs of family members along with mine.				
Q5 3	The Team showed me an easy way to get more help if I need it.				
Q5 4	The Team gave me confidence that I can deal with future problems.				
Q5 5	The Team made clear that I can still call them and get help if I need it.				
Q5 6	The Team has me worried that I do not have the help I need.				
Q5 7	I am doing better in SCHOOL because of the new actions learned while in therapy.				
Q5 8	I am doing better at HOME because of the new actions learned while in therapy.				
Q5 9	I am doing better when OUT IN PUBLIC because of the new actions learned while in therapy.				
Q6 0	What else should we do to make behavioral health services more useful for you and others like you?				

SESRC PROFESSIONAL STAFF

All of the work conducted at the Social & Economic Sciences Research Center is the result of a cooperative effort made by a team of dedicated research professionals. The research in this report could not have been conducted without the efforts of interviewers and part-time personnel not listed.

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