

Report 19-25

# 2018 Wraparound with Intensive Services (WISe)

## *Summary of Results*

2019

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## **Executive Summary**

### **Background and Purpose of the Survey**

The Division of Behavioral Health and Recovery (DBHR) contracted with the Social & Economic Sciences Research Center (SESRC) for the third 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 adapting, and transition. WISe services are individualized, intensive, coordinated, comprehensive, culturally competent, and are provided at home or in the community. The purpose of the survey is to assess participant engagement in WISe and 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 developed by DBHR to guide the implementation of WISe. The purpose of this interpretive report is to provide an overview of the survey results.

### **Key Findings**

Participants 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 helped them to identify their strengths and needs, achieve their treatment goals, and build their confidence in dealing with future problems.

#### **Experience with Initial Engagement**

Participants who have been screened but have not yet had a Child and Adolescent Needs and Strengths (CANS) assessment, had favorable experience with initial engagement.

- Eighty-three percent of youth and over 92% of caregivers affirmed that the behavioral health services were described to them in terms they understood (Table 9).
- Eighty-five percent of youth and 86% of caregivers reported that they were asked about what services they needed (Table 9).
- Over 90% of youth and caregivers, indicated the services were offered at convenient times and at convenient locations (Table 9).
- A majority of youth and caregivers asserted that they see no problems in participating in WISe, although about a third of both youth and caregivers felt the treatment might not work for them (Table 10).

- Twenty-six percent of youth and 23% of caregivers thought they had too much going on in their family to participate in WISE (Table 10).

### **Identifying Strengths and Needs**

#### Assessed, in care 30 days or less

The WISE Team encouraged participants to develop trust in the services.

- Ninety-three percent of youth and 88% of caregivers reported that the Team helped them understand how WISE would help them (Table 12).
- Eighty-eight percent of youth and 87% of caregivers agreed that the Team let them know who would see their records (Table 12).
- 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 12).

#### Assessed, in care 31 up to 60 days

The WISE Team engaged participants to identify their strengths and understand their needs.

- Ninety-three percent of youth and 90% of caregivers agreed that the Team talked with them about important things they do well (Table 15).
- Most of youth, 86%, and caregivers, 79%, recognized that the Team helped them tell their real story or the story of their family (Table 15).
- While 60% of youth felt comfortable with the Team, in contrast, over 73% of caregivers reported feeling comfortable with the Team (Table 15).
- Ninety-two percent of youth and 91% caregivers acknowledged that the Team did a good job of writing what they, or their child, does well; and 93% of youth and 85% of caregivers indicated the

Team does a good job writing out what help they, or their child, needs help doing (Table 17).

### Assessed, in care over 60 days

The WISe Team further engaged participants to set realistic goals and develop strategies to ensure they succeed.

- Ninety-six percent of youth and 92% of caregivers acknowledged the Team helped them or their child choose a small number of important goals to focus on in therapy (Table 21).
- Similarly, 96% of youth and 88% of caregivers believed the Team helped them understand how the service would help them set realistic goals (Table 21).
- Most agreed, 94% of youth and 88% 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 22).
- Ninety-five percent of youth and 86% of caregivers felt the Team made it clear that they can still call and get help if they need it (Table 23).
- Many of the youth, 88%, and caregivers, 75%, believed the Team addressed the needs of other family members in addition to theirs or their child's (Table 24).
- Most affirmed, 89% of youth and 76% of caregivers, that the Team gave them confidence so they can deal with future problems (Table 24).
- Youth ratings of the impact of receiving services 60 days or more were very positive although caregivers gave slightly lower ratings (Table 25).

### Cultural Sensitivity

Youth and caregivers were asked to evaluate the cultural sensitivity of the staff at their behavioral health agency.

- The vast majority of youth and caregivers, 90% or higher, indicated that the staff were respectful and culturally sensitive (Table 27).

Overall, and similar to the previous year (2017), 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.

### **Recommendations**

**Better communication about the benefits of WISE is needed for those getting started in the WISE program.** A third of those in the program 30 days or less had concerns that the treatment might not work, and about a quarter expressed concern that they had too much going on in their lives to fully participate.

**WISE Team building activities are needed for those in the program 31 days up to 60 days so that youth and caregivers feel more comfortable with their Team.** Two fifths of youth and a quarter of caregivers did not yet feel comfortable with their Team after being in care 31 up to 60 days.

**Better communication about the CANS full assessment is needed, so that participants will be more engaged in the assessment when they receive their paper copy of the results.** Participants receive a paper copy of their CANS full assessment while in care 31 up to 60 days, yet a quarter of youth and a fifth of caregivers did not recall receiving a copy.

**Youth need more help to succeed at home and when out in public for those in care 31 days up to 60 days.** After being in care 31 days up to 60 days, youth were less likely than caregivers to give positive ratings for how they are doing at home and out in public as a result of treatment they have received.

**Caregivers of those in care over 60 days need the Team to give more attention to addressing the needs of other family members in addition to theirs or their child's needs, and caregivers also need the Team to help build confidence in their ability to deal with future problems.** A quarter of caregivers reported concerns in both of these areas, whereas only a tenth of youth had concerns in these areas.

**Caregivers need more help from the Team to succeed, to not feel worried if more help is needed, and to know where to get more help if it is needed.** Between 28% and 31% of caregivers indicated they need more help in these areas, while fewer youth had similar concerns in these areas.

**Caregivers also need more help to increase the support they get from friends and family, and to address the needs of family members along with their own needs;** 37% and 25% of caregivers, respectively, have needs in these areas.

**More needs to be done to help caregivers feel confident about the future for their child once they've been in care for 60 days or more.** Between 37% and 43% of caregivers have concerns whether their child is doing better at school, at home or out in public.

While few of the youth identified areas of program improvement, caregivers identified several areas of improvement for the WISE Program. **There needs to be less staff turnover; and more training, experience, and program clarity for staff. There also needs to be greater access to services, fewer caseloads, more follow-through, and better appointment scheduling. The WISE Team approach needs to improve family involvement, enhance effectiveness of peer/youth partners, and foster team dependability. And overall WISE Program communication needs to be improved.**

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## 2018 Wraparound with Intensive Services (WISe) Interpretive Summary of Survey Results

### Introduction

The Division of Behavioral Health and Recovery (DBHR) contracted with the Social & Economic Sciences Research Center (SESRC) to conduct the third 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 2018 survey results.<sup>1</sup> 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 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.<sup>2</sup> 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 will conduct 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.

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<sup>1</sup> See SESRC reports 18-43 and 19-24

<sup>2</sup> 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

### Structure

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-Q18); [b] Survey 2 - Assessed, in care 30 days or less (survey questions Q19-Q28); [c] Survey 3 - Assessed, in care 31-60 days (survey questions Q29-Q40); and [d] Survey 4 - Assessed, in care over 60 days (survey questions Q41-Q60).

Questions measuring perceived effectiveness follow 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.) Youth and caregiver respondents receive different sets of survey questions based on their status in the program. See the Appendix for a map of survey questions by participation status for the youth Survey. Aside from slight rewording of questions for the caregiver survey, the questions for both youth and caregiver survey are the same.

### Participant Selection

All participants in WISe with a screening or assessment record having a completion date from July 1, 2017 to June 30, 2018, 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 July 2, 2018, in effect, the records cut-off date. The cases represented nine Behavioral Health Organizations (BHOs) and one Fully Integrated Managed Care (FIMC) region in the state. Mailing address, telephone numbers, and demographic data such as gender, race, and ethnicity were obtained from ProviderOne on July 12, 2018. ProviderOne is Washington State’s Medicaid payment database. Table 1 shows the demographic characteristics of the 3133 participants selected for the survey.

The participants were then 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 next level of differentiation 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 divided into three categories by race and ethnicity: [a] Non-minority, [b] Minority, and [c] Race/Ethnicity not provided or unknown. The age and race/ethnicity distribution was used to ensure that there was a broad representation of experiences in WISE. Table 2 shows the distribution of participants by participation status, age group, and minority status.

The final roster of survey participants consisted of 3,133 caregivers (1,746 caregivers of youth aged 13-21, plus 1,387 caregivers of children under age 13), and 1,746 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 on their own behalf as the caregiver of their 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 Selected for the Survey (N=3133)			
		Count	Column N%
<b>Gender</b>	Female	1247	40.0%
	Male	1873	60.0%
<b>Age</b>	Under 13	1385	44.4%
	13-14	602	19.3%
	15-16	661	21.2%
	17-18	402	12.9%
	19-21	70	2.2%
<b>Age Group</b>	Under 13	1385	44.4%
	13 and over	1735	55.6%
<b>Race/Ethnicity</b>	Asian/Pacific Islander	59	1.9%
	American Indian/Alaska Native	107	3.4%
	Hispanic	527	16.9%
	Black	207	6.6%
	White, non-Hispanic	1848	59.2%
	Multiracial	112	3.6%
	Other	90	2.9%
	Unknown	170	5.4%
<b>Race/Ethnicity Collapsed</b>	White	1848	59.1%
	Non-White	1102	35.4%
	Unknown	170	5.5%
<b>Survey Group</b>	Screened, Unassessed**	1043	33.4%
	Assessed, in care 30 days or less	305	9.8%
	Assessed, in care 31 to 60 days	247	7.9%
	Assessed, in care over 60 days	1525	48.9%
<b>Behavioral Health Organization</b>	North Sound BHO	259	8.3%
	Greater Columbia BHO	473	15.2%
	Southwest WA RSA	241	7.7%
	Optum Pierce BHO	324	10.4%
	Thurston-Mason BHO	332	10.6%
	Spokane County Regional BHO	613	19.6%
	Great Rivers BHO	287	9.2%
	North Central BHO	119	3.8%
	Salish BHO	182	5.8%
	King County BHO	290	9.3%

**Participant Selection:** The sample was restricted to youth who were participating in WISE during State Fiscal Year 2018. An initial dataset consisting of 12,707 duplicated screening and assessment records with completion date from July 1, 2017 to June 30, 2018, was generated from the BHAS on July 2, 2018. Screening records where the outcome did not result in a WISE referral were removed from this initial dataset, leaving 11,240 screening and assessment records. The 11,240 records yielded an unduplicated count of 4,618 WISE participants. From this set of 4,618 cases, the following were removed: 81 cases where a match with ProviderOne contact information was not found or was not flagged as homeless; 124 where the associated Behavioral Health Organization (BHO) was coded as CLIP (Children’s Long-term Inpatient Program); and 1,280 cases who were discharged between July 1, 2017 and June 30, 2018. The exclusion process was not mutually exclusive, meaning that some cases can have 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 3,133 WISE participants with 1,387 (44.3%) under the age of 13 and 1,746 (55.7%) age 13 and over. Contact information from ProviderOne was generated on July 12, 2018.

<sup>2</sup> This category means that the participant’s recorded activity in the BHAS within the eligibility period was only a screening.

Table 2. Distribution of WISE Participants by Participation Status, Age Group, and Minority Status			
Group	Age Group	Minority Status	Count
Screened, Unassessed (1)	Under 13	White	276
		Non-White	157
		Not Provided/Unknown	26
		<b>Total</b>	<b>459</b>
	13 and over	White	336
		Non-White	224
		Not Provided/Unknown	24
		<b>Total</b>	<b>584</b>
	<b>Total</b>	<b>White</b>	<b>612</b>
		<b>Non-White</b>	<b>381</b>
<b>Not Provided/Unknown</b>		<b>50</b>	
<b>Total</b>		<b>1043</b>	
Assessed, in care 30 days or less (2)	Under 13	White	82
		Non-White	54
		Not Provided/Unknown	7
		<b>Total</b>	<b>143</b>
	13 and over	White	104
		Non-White	48
		Not Provided/Unknown	11
		<b>Total</b>	<b>163</b>
	<b>Total</b>	<b>White</b>	<b>186</b>
		<b>Non-White</b>	<b>102</b>
<b>Not Provided/Unknown</b>		<b>18</b>	
<b>Total</b>		<b>306</b>	
Assessed, in care 31 to 60 days (3)	Under 13	White	64
		Non-White	46
		Not Provided/Unknown	5
		<b>Total</b>	<b>115</b>
	13 and over	White	73
		Non-White	54
		Not Provided/Unknown	5
		<b>Total</b>	<b>132</b>
	<b>Total</b>	<b>White</b>	<b>137</b>
		<b>Non-White</b>	<b>100</b>
<b>Not Provided/Unknown</b>		<b>10</b>	
<b>Total</b>		<b>247</b>	
Assessed, in care over 60 days (4)	Under 13	White	393
		Non-White	231
		Not Provided/Unknown	46
		<b>Total</b>	<b>670</b>
	13 and over	White	525
		Non-White	295
		Not Provided/Unknown	47
		<b>Total</b>	<b>867</b>
	<b>Total</b>	<b>White</b>	<b>918</b>
		<b>Non-White</b>	<b>526</b>
<b>Not Provided/Unknown</b>		<b>93</b>	
<b>Total</b>		<b>1537</b>	

## Data Collection and Survey Response

WISe youth (or participants) and caregiver respondents were mailed an introductory/pre-notification letter on August 28, 2018 and August 27, 2018, respectively. 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. The BHO administrators were informed of the survey getting underway prior to the mailing of the first introductory letter, on August 21, 2018.

Telephone calling began on September 4, 2018 for caregivers and youth. The calling continued through February 12, 2019. A second postal mailing, encouraging non-respondents to participate, was mailed on November 27<sup>th</sup> and 28<sup>th</sup>. The following two tables show the main dates of the survey contacts. The survey was available in either English or Spanish (Tables 3-4).

<b>Table 3. Contact Dates – Youth</b>	
<b>Contact</b>	<b>Date</b>
Pre-notification letter	8/27/18
Phone interviews start	9/4/18
Follow-up letter	11/27/18
Phone interviews end	2/12/19

<b>Table 4. Contact Dates – Caregiver</b>	
<b>Contact</b>	<b>Date</b>
Pre-notification letter	8/28/18
Phone interviews start	9/4/18
Follow-up letter	11/29/18
Phone interviews end	2/7/19

Table 5 shows the response for the 2018 WISE survey. Each record in both the youth and caregiver samples received up to 15 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 19.7%** (including completes and partial completes). The SESRC expended 798 calling hours and placed 14,788 calls. The average telephone interview lasted 13.1 minutes.

For the **caregiver sample, the raw response rate is 29.8%** (including completes and partial completes). The SESRC expended 1,352 calling hours and placed 24,873 calls over the calling period. The average telephone interview lasted 15.3 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.

<b>Table 5. WISE Survey Response Rates</b>			
<b>Group</b>	<b>Starting population</b>	<b>Completed interviews</b>	<b>Completed and partially completed interviews</b>
Youth (age 13-21)	1746	321 (18.4%)	344 (19.7%)
Caregiver of youth age 13-21 and children under age 13	3133	878 (28%)	934 (29.8%)

### **Status in the WISE Program and Survey Response**

Based on a self-report of status in the WISE program, 29% of youth and 28% of 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 just over half of youth (54.5%) and children whose caregivers responded to the survey (53%) had been assessed and in care for over 60 days. 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” (Table 6, Figure 1). Overall, the distribution across the four surveys is similar to 2017.

While two survey modes were offered to respondents for completing the survey, 85% of youth (compared to 91% in 2017) and 94% of caregivers (compared to 92% in 2017) completed or partially completed the survey by telephone and the remaining 15% of youth and 6% of caregivers completed or partially completed the survey online (Table 7, Figure 2).

When comparing the demographic characteristics between survey respondents and the population of WISe participants, the distribution appears to be similar on every variable (Table 8). The distributions are similar within 5 percentage points on every category: gender, race/ethnicity, survey group (stage and length of time in WISe), and BHO affiliation. **Despite the less than optimal response rates achieved, the survey results appear to be representative of the population of WISe participants selected for the study.**

Table 6. Respondent Status in the WISE program.				
	Youth Frequency	Youth Percent	Caregiver Frequency	Caregiver Percent
Survey 1 : Screened, unassessed	100	29.1	260	27.8
Survey 2: Assessed, in care 30 days or less	33	9.6	83	8.9
Survey 3: Assessed, in care 31 - 60 days	31	9.0	82	8.8
Survey 4: Assessed, in care over 60 days	180	52.3	509	54.5
<b>TOTAL</b>	344	100.0	934	100.0

**Figure 1. Respondent Status in the WISe program**

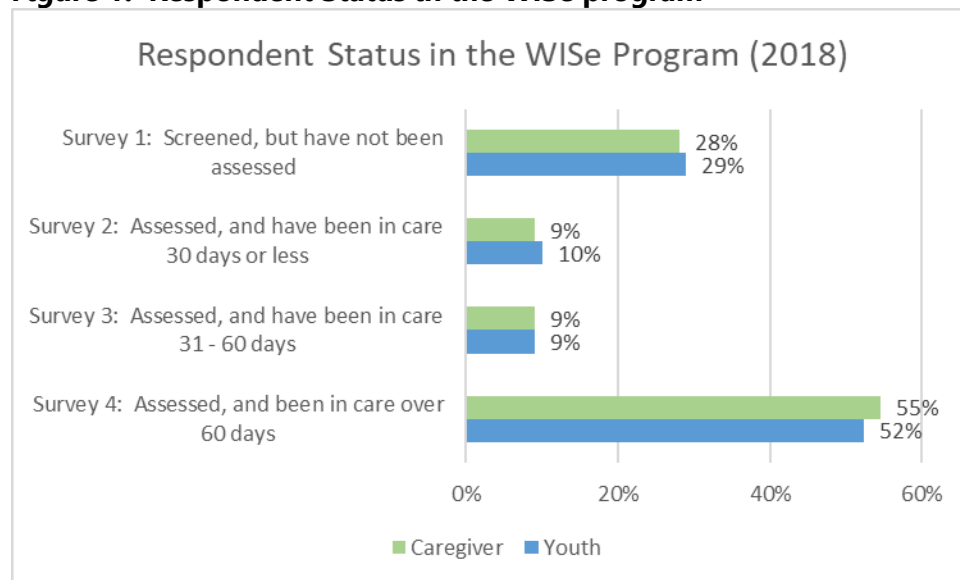
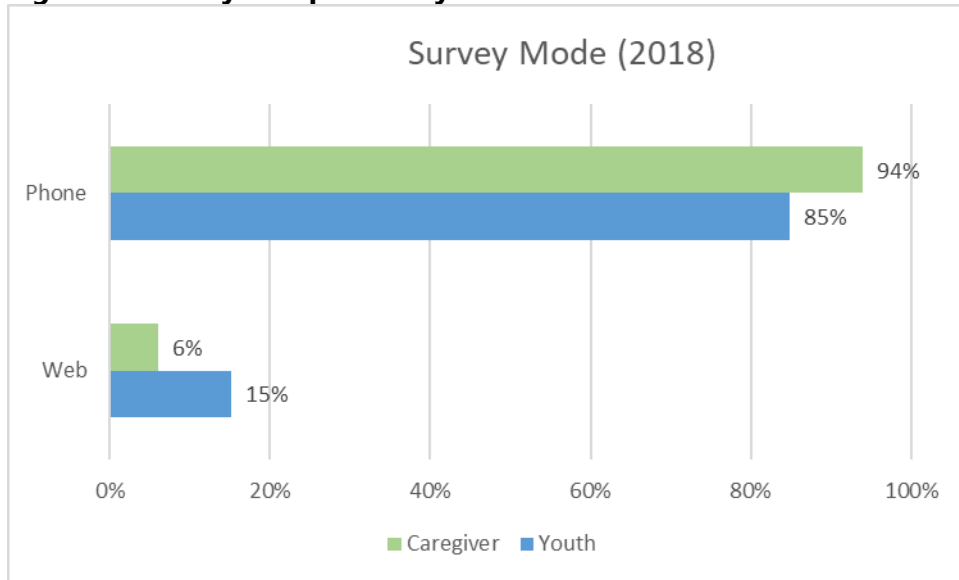


Table 7. Survey Completion by Mode				
	Youth Frequency	Youth Percent	Caregiver Frequency	Caregiver Percent
Telephone	274	79.7%	794	85.0%
Telephone partial complete	18	5.2%	84	9.0%
Web	47	13.7%	51	5.5%
Web partial complete	5	1.5%	5	0.5%
<b>TOTAL</b>	344	100.0%	934	100.0%

**Figure 2. Survey Completion by Mode**



**Table 8. WISE Participant Characteristics for based on BHAS Data and Survey Response**

*(Population N=3133, Respondent Sample N=964)*

Participant Characteristics		Population of WISE Youth*		WISE Respondent Sample	
		Count	Column %	Count	Column %
<b>Gender</b>	Female	1252	40.0%	367	39.3%
	Male	1881	60.0%	567	60.7%
<b>Age</b>	Under 13	1387	44.3%	416	44.5%
	13-14	607	19.4%	193	20.7%
	15-16	663	21.2%	204	21.9%
	17-18	406	13.0%	106	11.3%
	19-21	70	2.2%	15	1.6%
<b>Age Group</b>	Under 13	1387	44.3%	416	44.5%
	13 and over	1746	55.7%	518	55.5%
<b>Race/Ethnicity</b>	Asian/Pacific Islander	60	1.9%	10	1.1%
	American Indian/ Alaska Native	107	3.4%	30	3.2%
	Hispanic	532	17.0%	150	16.1%
	Black	207	6.6%	54	5.8%
	White, non-Hispanic	1853	59.1%	569	60.9%
	Multiracial	112	3.6%	32	3.4%
	Other	91	2.9%	32	3.4%
	Unknown	171	5.5%	57	6.1%
<b>Race/Ethnicity Collapsed</b>	White	1853	59.1%	569	60.9%
	Non-White	1109	35.4%	308	33.0%
	Unknown	171	5.5%	57	6.1%
<b>Survey Group</b>	Screened, Unassessed**	1043	33.3%	260	27.8%
	Assessed, in care 30 days or less	306	9.8%	83	8.9%
	Assessed, in care 31 to 60 days	247	7.9%	82	8.8%
	Assessed, in care over 60 days	1537	49.1%	509	54.5%
<b>Behavioral Health Organization</b>	North Sound BHO	259	8.3%	70	7.5%
	Greater Columbia BHO	483	15.4%	132	14.1%
	Southwest WA RSA	241	7.7%	82	8.8%
	Optum Pierce BHO	324	10.3%	91	9.7%
	Thurston-Mason BHO	333	10.6%	85	9.1%
	Spokane County Regional BHO	613	19.6%	203	21.7%
	Great Rivers BHO	287	9.2%	83	8.9%
	North Central BHO	119	3.8%	40	4.3%
	Salish BHO	182	5.8%	60	6.4%
	King County BHO	292	9.3%	88	9.4%



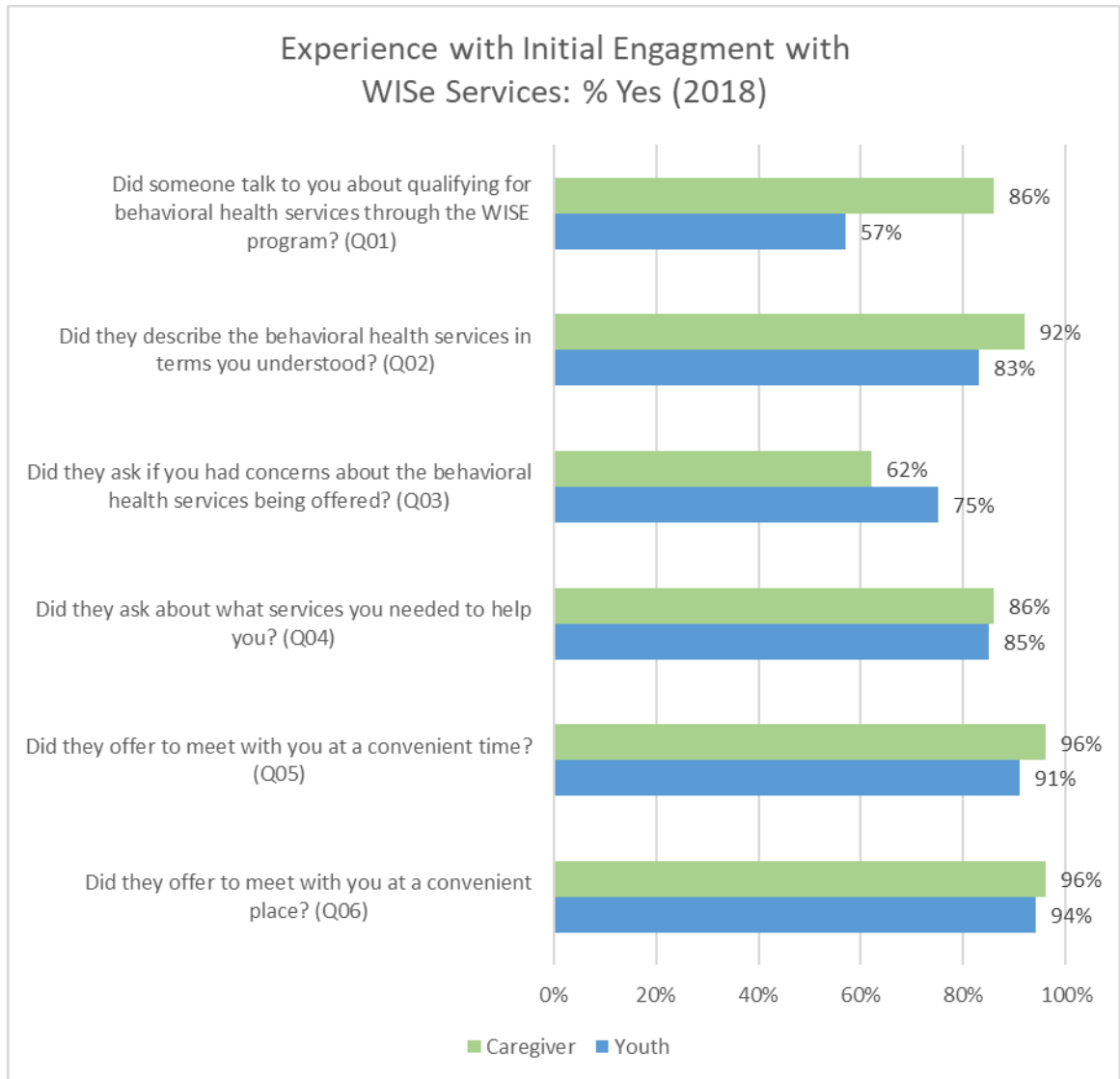
## Survey 1: Screened, Unassessed

### 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 86% 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, 83% of Youth, and 92% of caregivers. Slightly fewer but still a majority indicated they were asked if they had concerns about the services being offered, 75% of youth and 62% of caregivers. And most respondents indicated they were asked about what services they needed: 85% of youth and 86% of caregivers. When asked about convenience of the services, over 90% of youth and caregivers indicated they were able to meet at convenient times and at a convenient place; 91% and 94% respectively for youth; 96% on both for caregivers) (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	2018 Youth Number “Yes”/ N	2018 Youth Percent “Yes”	2018 Caregiver Number “Yes”/N	2018 Caregiver Percent “Yes”
Offered to talk to you about qualifying for behavioral health services through WISE (Q01)	47 / 82	57%	207 / 240	86%
Described the behavioral health services in terms you understood (Q02)	38 / 46	83%	183 / 200	92%
Asked if you had concerns about the behavioral health services being offered (Q03)	33 / 44	75%	114 / 183	62%
Asked about what services you needed to help you (Q04)	40 / 47	85%	164 / 191	86%
Offered to meet with you at a convenient time (Q05)	41 / 45	91%	192 / 200	96%
Offered to meet with you at a convenient place (Q06)	43 / 46	94%	193 / 201	96%

**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 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 I spoke to
- Participating would take too much time
- Participating would take too much effort
- Difficulties getting childcare
- Difficulties getting transportation

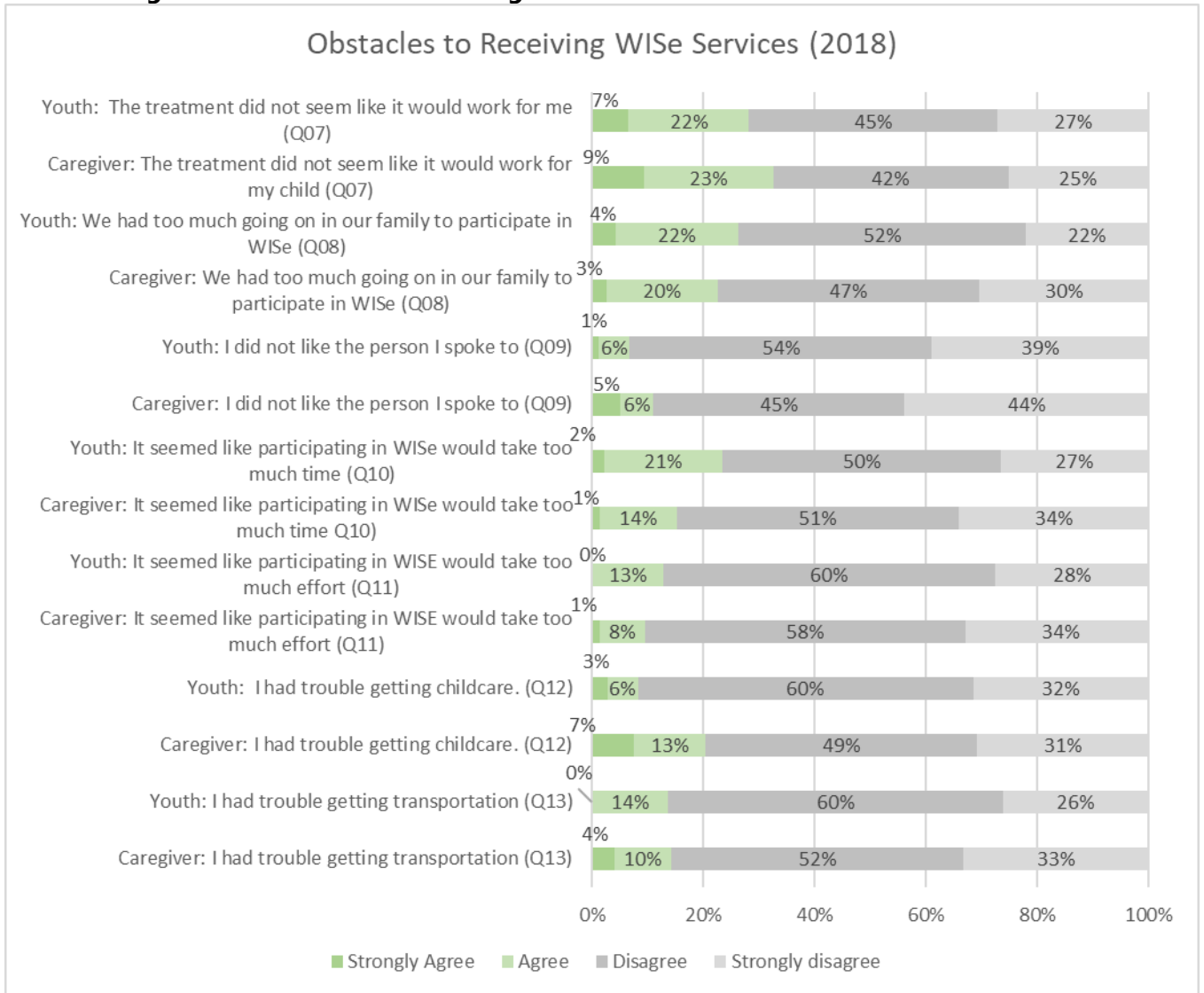
**A majority of both youth and caregiver respondents indicated the various obstacles were not a problem for getting behavioral health services** (Table 10, Figure 4). However, for a proportion of the youth and a proportion of caregivers, there were obstacles to receiving services (strongly agree and agree ratings on the scale). Just under one-third of youth (28%) and one third of caregivers (33%) indicated they had concerns that the treatment did not seem like it would work for them.

Among caregivers, 23% indicated there was too much going on in their family to participate, but only 15% indicated participating would take too much time. Twenty percent had trouble getting childcare and 14% had trouble getting transportation. Eleven percent indicated they did not like the person they spoke to, and 10% thought participating would take too much effort.

Time issues were obstacles for just over a quarter of youth respondents: 26% 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 14% indicated they had difficulties getting transportation. Only 7% of youth did not like the person they spoke to; and only 8% had difficulties getting childcare.

Table 10. Obstacles to Receiving WISE services								
	Strongly Agree		Agree		Disagree		Strongly disagree	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
<u>Youth</u> : The treatment did not seem like it would work for me (Q07)	6	6.5%	20	21.7%	41	44.6%	25	27.2%
<u>Caregiver</u> : The treatment did not seem like it would work for my child (Q07)	22	9.4%	54	23.1%	99	42.3%	59	25.2%
<u>Youth</u> : We had too much going on in our family to participate in WISE (Q08)	4	4.2%	21	22.1%	49	51.6%	21	22.1%
<u>Caregiver</u> : We had too much going on in our family to participate in WISE (Q08)	6	2.5%	48	20.0%	113	47.1%	73	30.4%
<u>Youth</u> : I did not like the person I spoke to (Q09)	1	1.1%	5	5.6%	49	54.4%	35	38.9%
<u>Caregiver</u> : I did not like the person I spoke to (Q09)	12	5.1%	14	5.9%	107	45.1%	104	43.9%
<u>Youth</u> : It seemed like participating in WISE would take too much time (Q10)	2	2.1%	20	21.3%	47	50.0%	25	26.6%
<u>Caregiver</u> : It seemed like participating in WISE would take too much time (Q10)	3	1.3%	33	13.9%	121	50.8%	81	34.0%
<u>Youth</u> : It seemed like participating in WISE would take too much effort (Q11)	0	0.0%	12	12.8%	56	59.6%	26	27.7%
<u>Caregiver</u> : It seemed like participating in WISE would take too much effort (Q11)	3	1.3%	17	8.3%	138	57.5%	82	34.2%
<u>Youth</u> : I had trouble getting childcare. (Q12)	2	2.7%	4	5.5%	44	60.3%	23	31.5%
<u>Caregiver</u> : I had trouble getting childcare. (Q12)	16	7.4%	28	13.0%	105	48.8%	66	30.7%
<u>Youth</u> : I had trouble getting transportation (Q13)	0	0.0%	12	13.6%	53	60.2%	23	26.1%
<u>Caregiver</u> : I had trouble getting transportation (Q13)	9	3.9%	24	10.4%	121	52.4%	77	33.3%

**Figure 4. Obstacles to Receiving WISE Service**



### **Factors that Would Make it Easier to Participate in WISE**

Youth and caregivers who were screened, but not assessed, were asked to explain in their own words what factors would have made it easier to participate in WISE. Several themes emerged from those text comments (Tables 11A and 11B). However, among youth just over a third, 37%, did not provide any comments when asked, and another quarter or so, 27%, indicated they didn't know, were not sure, or did not know about the program. About 12% of youth indicated that no changes are needed, or that everything was fine. About 5% indicated the program was not what they expected, including comments that the professional staff did not provide the right kind of help, or the services were not what was needed, or didn't help. About 4% of youth indicated that the program needs to provide more or additional services such as more family/sibling involvement, or more individual therapy. Only a few youth, 3%, mentioned that there were issues with appointments or scheduling, and 2% mentioned problems with program implementation.

About 16% of caregivers identified issues with appointments and scheduling as an area needing attention in order to make participation in WISE easier. These comments included issues with: transportation to appointments, needing more flexibility in scheduling, and being able to schedule meetings in their homes. About 16% mentioned there were program implementation problems such as the professional staff needing more training or experience, things taking too long to get started in the program, the program needing to be more organized, and the need for greater follow through. Another theme for 12% of comments was that the program needs additional/more services. Some of these comments included the need for more family/sibling involvement, more coordination with schools, or more individual therapy. Only 8% of comments were related to the program not being what was expected or needed. Some other challenges mentioned were issues of communication and the child becoming less cooperative/unwilling to participate. Sixteen percent of caregivers had no comment, and 14% indicated "don't know" or unsure.

**Table 11A. YOUTH: Factors that would make it easier to participate in WISe**

<i>Number eligible to respond=94, multiple responses possible (Survey 1, Q15)</i>	<b>Number</b>	<b>Percent</b>
<b>No changes are needed</b>	<b>11</b>	<b>11.7%</b>
<i>Program is good/great/Everything is fine/good</i>	6	
<i>Nothing is needed/no changes needed</i>	5	
<b>Issues with appointments and scheduling</b>	<b>3</b>	<b>3.2%</b>
<i>Need transportation to appointments</i>	0	
<i>Need more flexibility in scheduling appointments/more appointment times</i>	1	
<i>Need a greater ability to schedule meetings in their home</i>	0	
<i>Need childcare during appointments</i>	0	
<i>Too many meetings/too many requirements</i>	0	
<i>Outside factors made participation difficult (health issues, lack of housing, school issues, certain laws)</i>	2	
<i>Need more regularity/structure with appointments</i>	1	
<b>Need more of/additional aspects of the program</b>	<b>4</b>	<b>4.3%</b>
<i>Family involvement or supporting families and siblings</i>	2	
<i>Additional services needed</i>	1	
<i>Need more coordination with schools</i>	0	
<i>Need more individual therapy</i>	1	
<i>Need more resources to use outside of scheduled meetings</i>	0	
<i>It is too soon to tell</i>	0	
<b>Program implementation problems</b>	<b>2</b>	<b>2.3%</b>
<i>Professional staff needed more experience/training/Need better counselors or case managers</i>	0	
<i>Took too long to get started in the program/Make available to more families</i>	0	
<i>Program needs to be more organized</i>	1	
<i>Need for greater follow through</i>	0	
<i>Program ended too soon</i>	0	
<i>Too much turnover in the professional staff or therapists</i>	1	
<i>Did not know when program started/participated ended</i>	0	
<b>Program was not what was expected/needed</b>	<b>5</b>	<b>5.3%</b>
<i>Program did not provide the services that were needed</i>	1	
<i>Program did not address problem/didn't help</i>	1	
<i>Services not delivered in ways expected</i>	1	
<i>Professional staff did not provide right kind of help</i>	2	
<b>Other challenges</b>	<b>7</b>	<b>7.4%</b>
<i>Issues of communication/Raising awareness</i>	3	
<i>Child became less cooperative/needed more care/was unwilling to participate</i>	0	
<i>Other</i>	4	
<b>Don't know/Not sure</b>	<b>25</b>	<b>26.6%</b>
<i>Don't know/not sure</i>	25	
<i>Did not know about the program</i>	0	
<b>No comments</b>	<b>35</b>	<b>37.2%</b>
<b>Refuse</b>	<b>1</b>	<b>1.1%</b>

**Table 11B. CAREGIVERS: Factors that would make it easier to participate in WISE**

<i>Number eligible to respond=242, multiple responses possible (Survey 1, Q15)</i>	<b>Number response</b>	<b>Percent</b>
<b>No changes are needed</b>	<b>38</b>	<b>15.7%</b>
<i>Program is good/great/Everything is fine/good</i>	20	
<i>Nothing is needed/no changes needed</i>	18	
<b>Issues with appointments and scheduling</b>	<b>39</b>	<b>16.1%</b>
<i>Need transportation to appointments</i>	14	
<i>Need more flexibility in scheduling appointments/more appointment times</i>	9	
<i>Need a greater ability to schedule meetings in their home</i>	6	
<i>Need childcare during appointments</i>	4	
<i>Too many meetings/too many requirements</i>	3	
<i>Outside factors made participation difficult (health issues, lack of housing, school issues, certain laws)</i>	2	
<i>Need more regularity/structure with appointments</i>	1	
<b>Need more of/additional aspects of the program</b>	<b>30</b>	<b>12.4%</b>
<i>Family involvement or supporting families and siblings</i>	11	
<i>Additional services needed (e.g., Spanish, respite care, crisis, specialized behavioral treatments)</i>	7	
<i>Need more coordination with schools</i>	6	
<i>Need more individual therapy</i>	4	
<i>Need more resources to use outside of scheduled meetings</i>	1	
<i>It is too soon to tell</i>	1	
<b>Program implementation problems</b>	<b>39</b>	<b>16.1%</b>
<i>Professional staff needed more experience/training/Need better counselors or case managers</i>	10	
<i>Took too long to get started in the program/Make available to more families</i>	10	
<i>Program needs to be more organized</i>	7	
<i>Need for greater follow through</i>	7	
<i>Program ended too soon</i>	3	
<i>Too much turnover in the professional staff or therapists</i>	2	
<b>Program was not what was expected/needed</b>	<b>20</b>	<b>8.3%</b>
<i>Program did not provide the services that were needed</i>	10	
<i>Program did not address problem/didn't help</i>	7	
<i>Services not delivered in ways expected</i>	2	
<i>Professional staff did not provide right kind of help</i>	1	
<b>Other challenges</b>	<b>23</b>	<b>9.5%</b>
<i>Issues of communication/Raising awareness</i>	10	
<i>Child became less cooperative/needed more care/unwilling to participate</i>	6	
<i>Other</i>	6	
<i>Did not know about the program</i>	1	
<b>Don't know/not sure</b>	<b>35</b>	<b>14.5%</b>
<b>No comments</b>	<b>40</b>	<b>16.5%</b>
<b>Refuse</b>	<b>3</b>	<b>1.2%</b>

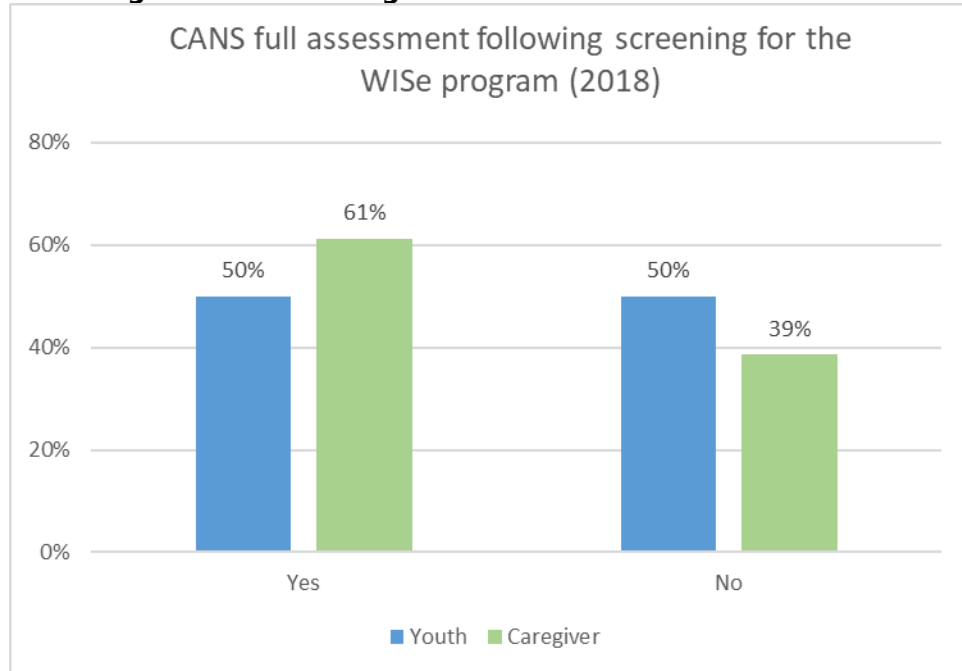


## CANS Full Assessment

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. Fifty percent of youth and 61% of caregivers indicated they had the assessment (Table 12, Figure 5). These respondents were asked when they had the assessment and then proceeded to the next set of survey questions (Survey 2). Before ending the survey, those respondents who have not had the assessment were asked what else should be done to make behavioral health services they received more useful.

Table 12. You/Your Child had a CANS Full Assessment Following Screening for the WISE Program				
	Youth Frequency	Youth Percent	Caregivers Frequency	Caregivers Percent
Yes	35	50.0%	117	61.3%
No	35	50.0%	74	38.7%
<b>Total</b>	70	100.0%	191	100.0%

**Figure 5. You/Your Child had a CANS Full Assessment Following Screening for the WISE Program**



## Survey 2: Assessed, In Care 30 Days or Less

### Interacting with the WISE Team: In care 30 days or less

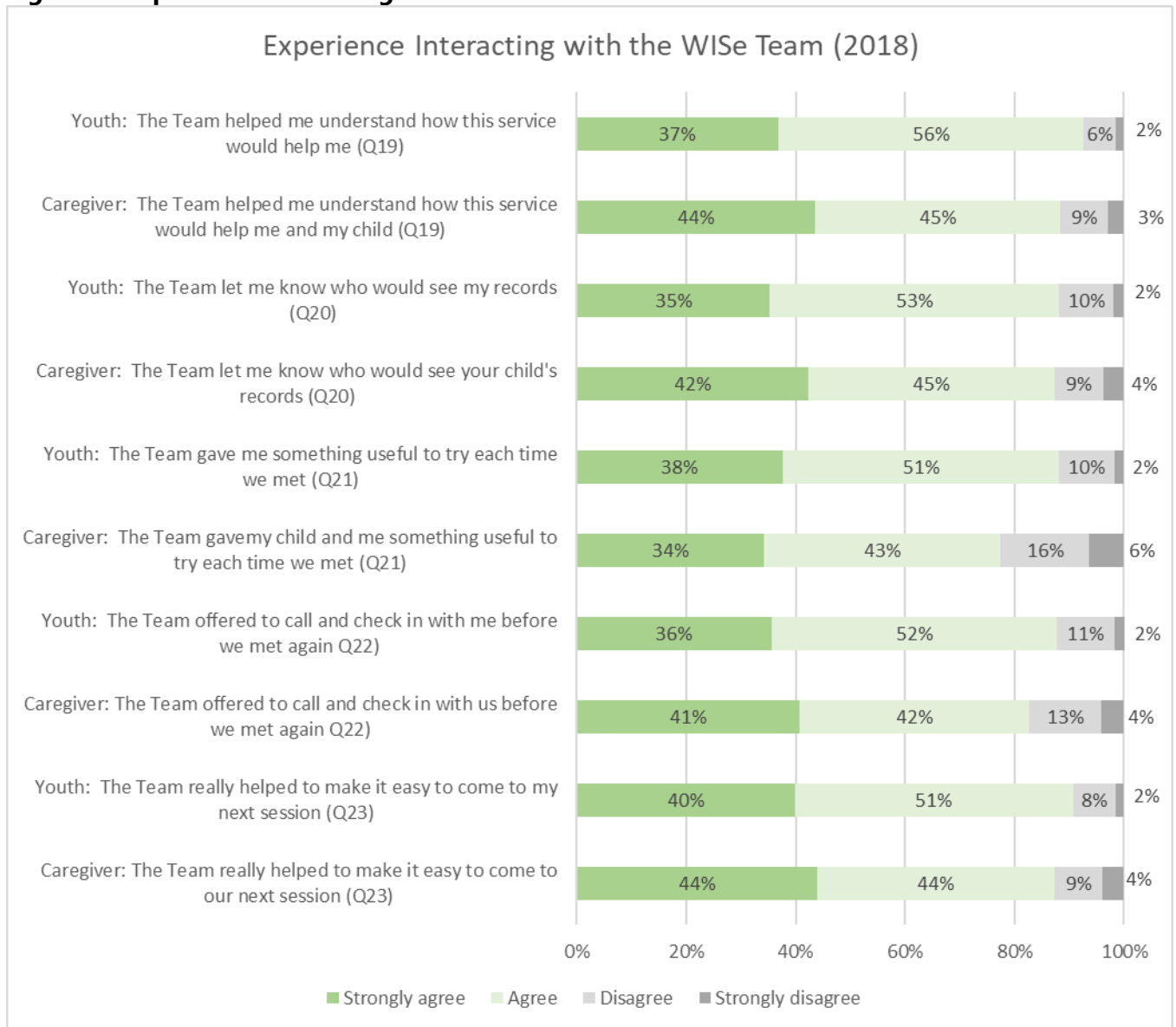
Respondents who had a CANS full assessment and have been in care 30 days or less were asked about their experience interacting with the WISE Team in terms of:

- understanding how the services would help
- 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 fourths of youth and caregiver respondents gave positive ratings to various aspects of interacting with their WISE team** (Table 13, Figure 6). When asked if the *Team helped the respondent understand how the services would help*, 93% of youth and 88% of caregivers gave positive ratings. When asked if the *Team let the respondent know who would see their records*, 88% of youth and 87% of caregivers gave positive ratings. When asked if the *Team gave the respondent something useful to try each time they met*, 88% of youth and 77% of caregivers gave positive ratings. When asked if the *Team offered to call and check in with the respondent before meeting again*, 88% of youth and 83% 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 87% of caregivers gave positive ratings.

<b>Table 13. Aspects of Receiving WISe Services</b>									
	<b>Strongly Agree</b>		<b>Agree</b>		<b>Disagree</b>		<b>Strongly disagree</b>		
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	
<u>Youth</u> : The Team helped me understand how this service would help me (Q19)	99	36.8%	150	55.8%	16	5.9%	4	1.5%	
<u>Caregiver</u> : The Team helped me understand how this service would help me and my child (Q19)	341	43.6%	351	44.8%	68	8.7%	23	2.9%	
<u>Youth</u> : The Team let me know who would see my records (Q20)	95	35.3%	142	52.8%	27	10.0%	5	1.9%	
<u>Caregiver</u> : The Team let me know who would see your child's records (Q20)	321	42.3%	341	45.0%	68	9.0%	28	3.7%	
<u>Youth</u> : The Team gave me something useful to try each time we met (Q21)	102	37.6%	137	50.6%	27	10.0%	5	1.8%	
<u>Caregiver</u> : The Team gave my child and me something useful to try each time we met (Q21)	263	34.3%	331	43.2%	124	16.2%	48	6.3%	
<u>Youth</u> : The Team offered to call and check in with me before we met again Q22)	95	35.6%	139	52.1%	28	10.5%	5	1.9%	
<u>Caregiver</u> : The Team offered to call and check in with us before we met again Q22)	312	40.7%	322	42.0%	101	13.2%	31	4.0%	
<u>Youth</u> : The Team really helped to make it easy to come to my next session (Q23)	107	39.8%	137	50.9%	21	7.8%	4	1.5%	
<u>Caregiver</u> : The Team really helped to make it easy to come to our next session (Q23)	337	43.9%	334	43.5%	67	8.7%	29	3.8%	

**Figure 6. Experience Interacting with the WISE Team**

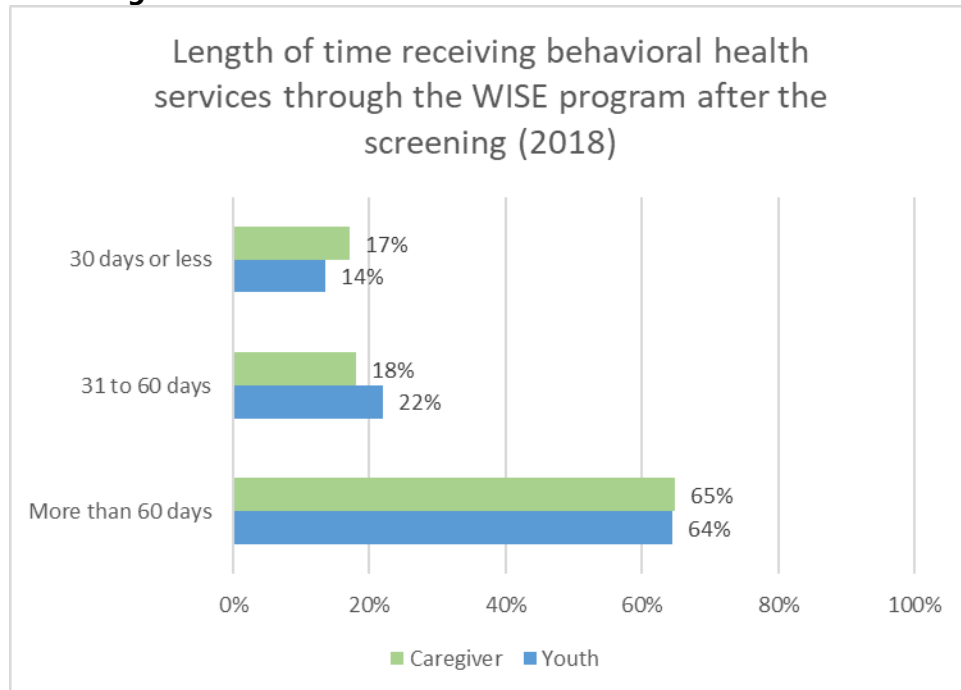


### Length of Time in Care

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 (Table 14, Figure 7). The majority of youth (64%) and caregivers (65%) indicated they had been in care for more than 60 days by the time of the request to complete the survey, and another 22% of youth and 18% of caregivers 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. Before ending the survey, 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 they received more useful.

Table 14. Length of Time in Behavioral Health Services after Screening				
	Youth Frequency	Youth Percent	Caregiver Frequency	Caregivers Percent
30 days or less	8	13.6%	34	17.1%
31 to 60 days	13	22.0%	36	18.1%
More than 60 days	38	64.4%	129	64.8%
<b>Total</b>	59	100.0%	199	100.0%

**Figure 7. Length of Time in Behavioral Health Services after Screening**

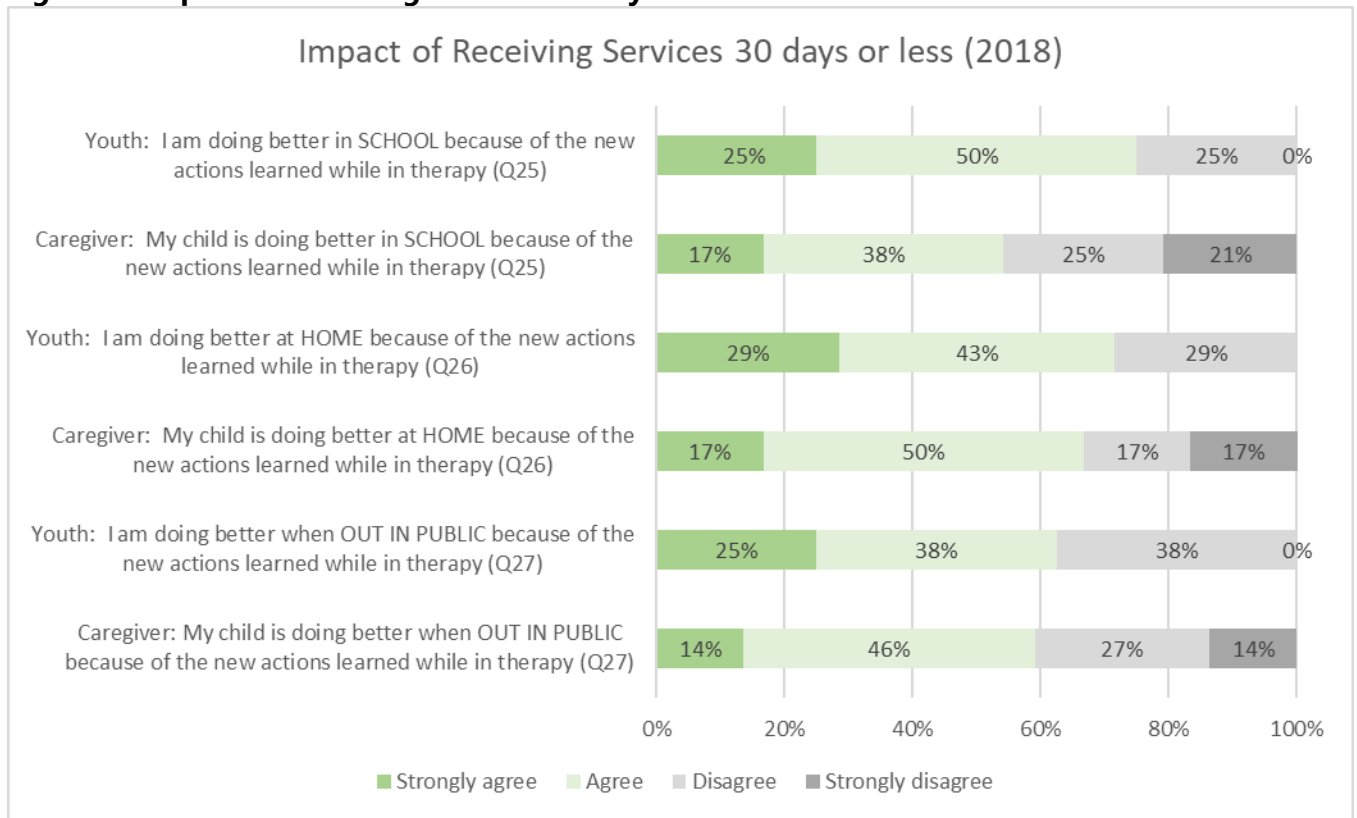


### Impact of Receiving Services 30 Days or Less

Youth and caregiver respondents were asked about 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 (Table 15, Figure 8). **Youth respondents gave very positive ratings overall, whereas the majority of caregivers gave negative ratings across all three areas.** Seventy-five percent of youth indicated they are doing better in school because of the new actions learned while in therapy. However, only 54% 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, 71% of youth respondents and 67% of caregivers gave positive ratings. Similarly, when asked how they are doing out in public because of new actions learned while in therapy, 62% of youth respondents and 59% of caregivers gave positive ratings (Table 15, Figure 8).

Table 15. Impact of Receiving WISe Services 30 Days or Less									
	<i>Strongly agree</i>		<i>Agree</i>		<i>Disagree</i>		<i>Strongly disagree</i>		
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	
<u>Youth</u> : My child is doing better in SCHOOL because of the new actions learned while in therapy (Q25)	2	25.0%	4	50.0%	2	25.0%	0	0.0%	
<u>Caregiver</u> : My child is doing better in SCHOOL because of the new actions learned while in therapy (Q25)	4	16.7%	9	37.5%	6	25.0%	5	20.8%	
<u>Youth</u> : I am doing better at HOME because of the new actions learned while in therapy (Q26)	2	28.6%	3	42.9%	2	28.6%	0	0.0%	
<u>Caregiver</u> : My child is doing better at HOME because of the new actions learned while in therapy (Q26)	4	16.7%	12	50.0%	4	16.7%	4	16.7%	
<u>Youth</u> : I am doing better when OUT IN PUBLIC because of the new actions learned while in therapy (Q27)	2	25.0%	3	37.5%	3	37.5%	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)	3	13.6%	10	45.5%	6	27.3%	3	13.6%	

**Figure 8. Impact of Receiving Services 30 Days or Less**



### Survey 3: Assessed, In Care 31 - 60 Days

#### 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 (Table 16, Figure 9). 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.

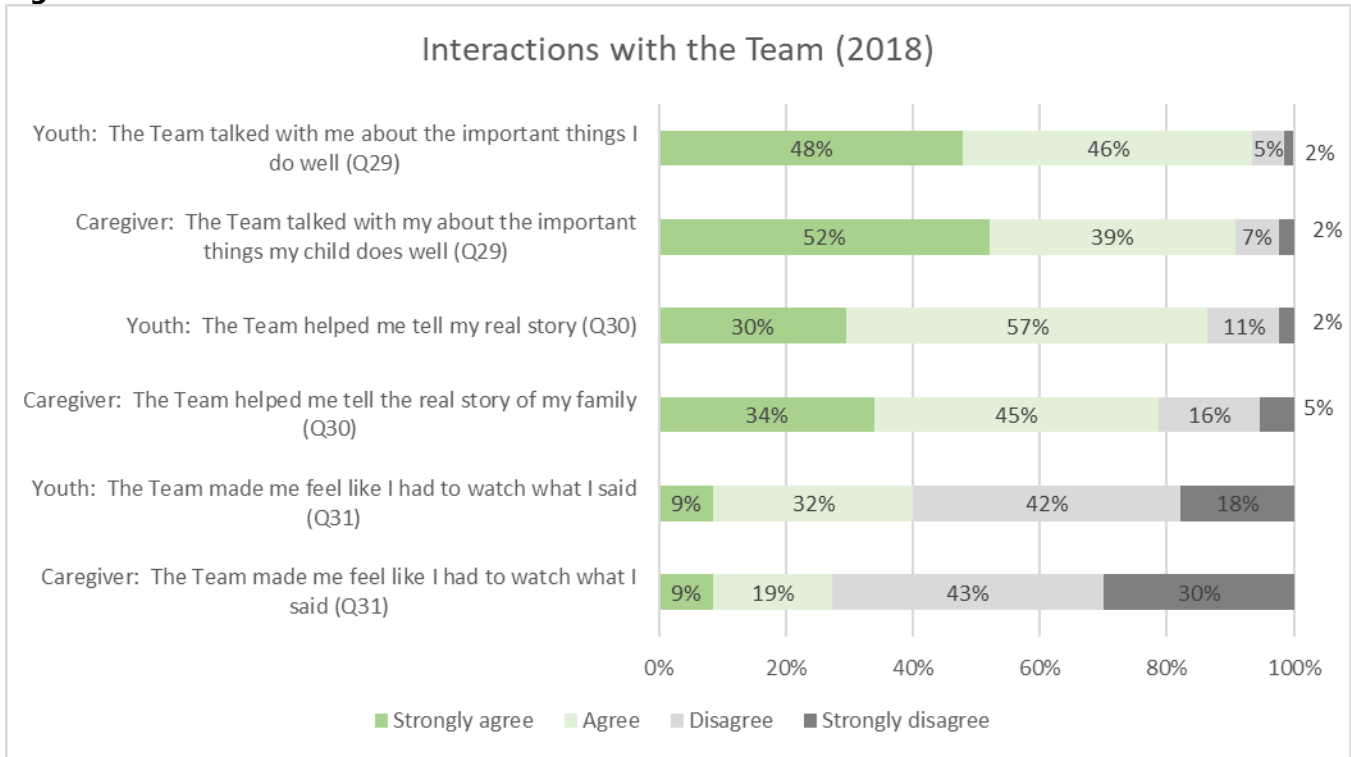
Overall, youth and caregiver respondents gave similarly favorable assessments of their experiences interacting with their WISE Team. Ninety-three percent of youth and 91% of caregivers were favorable about their Team talking about the important things they/their child does well. Slightly fewer, but still a high proportion, 86% of youth and 79% 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, 60% of youth disagreed and 73% 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.

**Table 16. Interactions with the Team**

	Strongly Agree		Agree		Disagree		Strongly disagree	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
<u>Youth</u> : The Team talked with me about the important things I do well (Q29)	126	47.9%	120	45.6%	13	4.9%	4	1.5%
<u>Caregiver</u> : The Team talked with me about the important things my child does well (Q29)	386	52.0%	287	38.7%	52	7.0%	17	2.3%
<u>Youth</u> : The Team has helped me tell my real story (Q30)	76	29.6%	146	56.8%	29	11.3%	6	2.3%
<u>Caregiver</u> : The Team helped me to tell the real story of my family (Q30)	244	33.9%	322	44.8%	115	16.0%	38	5.3%
<u>Youth</u> : The Team made me feel like I had to watch what I said (Q31)	22	8.6%	81	31.5%	108	42.0%	46	17.9%
<u>Caregiver</u> : The Team made me feel like I had to watch what I said (Q31)	63	8.6%	137	18.7%	314	42.8%	219	29.9%



**Figure 9. Interactions with the Team**

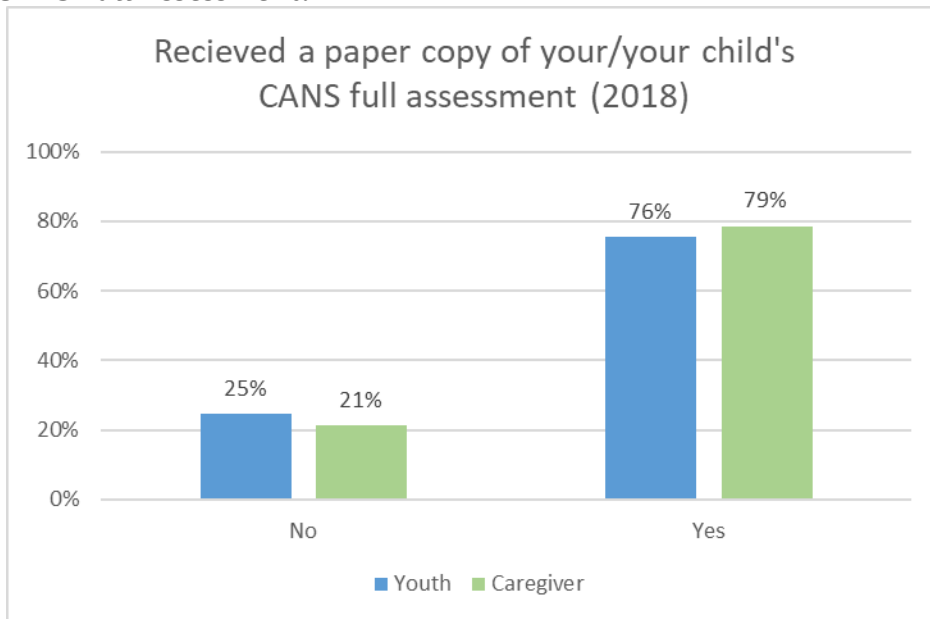


### Received a Copy of CANS Full Assessment

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, 76% of youth and 79% of caregivers indicated they had received a copy of their/their child's CANS full assessment (Table 17, Figure 10). **With a quarter of youth and a fifth of caregivers not recalling that they received the CANS, there is room for improvement in this area.**

Table 17. Did the Team Give You a Paper Copy of Your/Your Child's CANS Full Assessment				
	Youth Frequency	Youth Percent	Caregiver Frequency	Caregiver Percent
Yes	166	75.5%	500	78.6%
No	54	24.5%	136	21.4%
<b>Total</b>	220	100.0%	636	100.0%

**Figure 10. Did the Team Give You a Paper Copy of Your/Your Child's CANS Full Assessment?**



## 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:

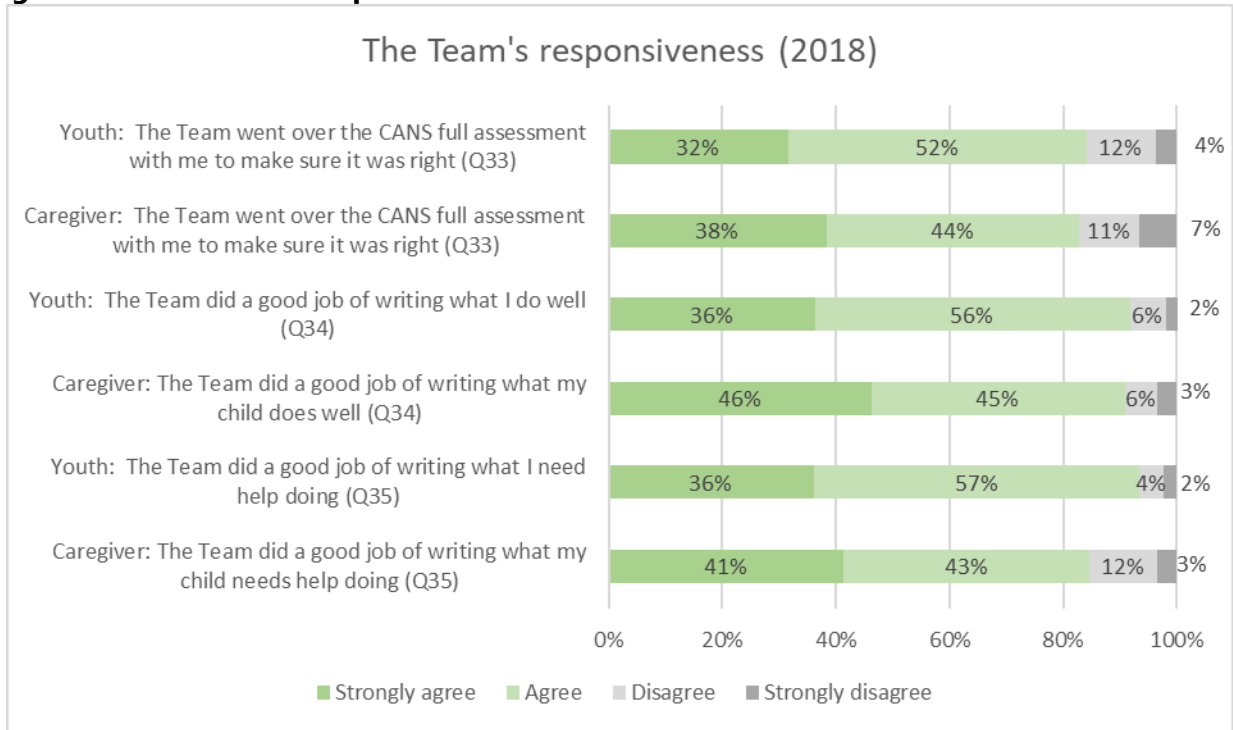
- Went over the CANS full assessment to make sure it was right
- Did a good job of writing what the participant does well
- Did a good job of writing what the participant needs help doing

**The overwhelming majority of both youth and caregiver respondents gave favorable assessments of their WISe Team’s responsiveness to providing useful information** (Table 18, Figure 11). Eighty-four percent of youth and 83% 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 91% of caregivers, indicated favorably that their Team did a good job of writing what they/their child does well; and similarly, 93% of youth and 85% of caregivers, answered favorably that the Team did a good job of writing what they/their child needs help doing.

**Table 18. WISe Team Responsiveness**

Interactions with the Team	Strongly Agree		Agree		Disagree		Strongly disagree	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
<u>Youth</u> : The Team went over the CANS full assessment with me to make sure it was right (Q33)	78	31.7%	129	52.4%	30	12.2%	9	3.7%
<u>Caregiver</u> : The Team went over the CANS full assessment with me to make sure it was right (Q33)	262	38.4%	302	44.3%	73	10.7%	45	6.6%
<u>Youth</u> : The Team did a good job of writing what I do well (Q34)	93	36.3%	142	55.5%	16	6.3%	5	2.0%
<u>Caregiver</u> : The Team did a good job of writing what my child does well (Q34)	335	46.3%	322	44.5%	42	5.8%	24	3.3%
<u>Youth</u> : The Team did a good job of writing what I need help doing (Q35)	93	36.2%	147	57.2%	11	4.3%	6	2.3%
<u>Caregiver</u> : The Team did a good job of writing what my child needs help doing (Q35)	302	41.4%	315	43.2%	87	11.9%	25	3.4%

**Figure 11. The Team's Responsiveness**

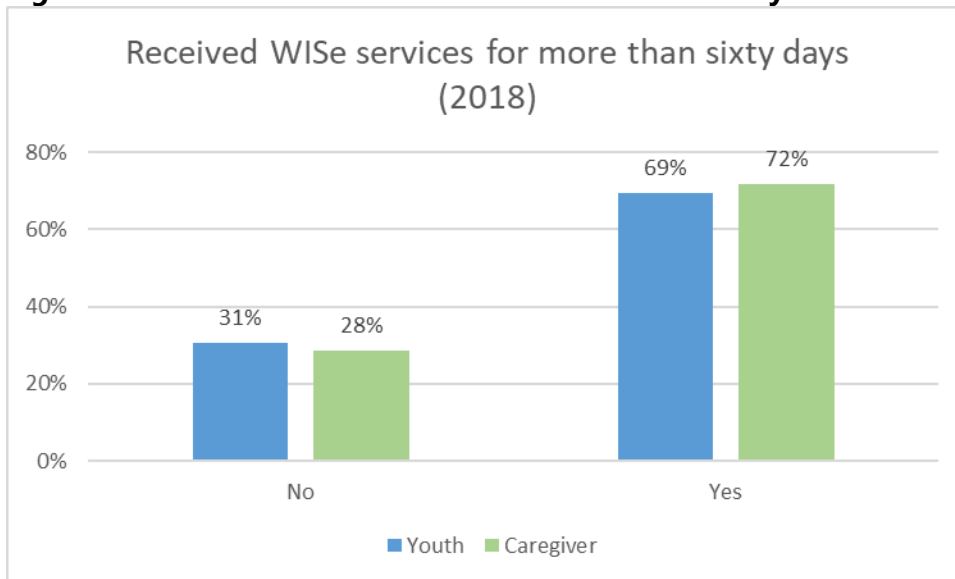


### In Care More than 60 Days

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 (Table 19, Figure 12). About seven out of ten youth (69%) and caregivers (72%) 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.

Table 19. Received WISE Services for More than 60 Days				
	Youth Frequency	Youth Percent	Caregiver Frequency	Caregiver Percent
Yes	25	69.4%	73	71.6%
No	11	30.6%	29	28.4%
<b>Total</b>	36	100.0%	102	100.0%

**Figure 12. Received WISE Services for More than 60 Days**



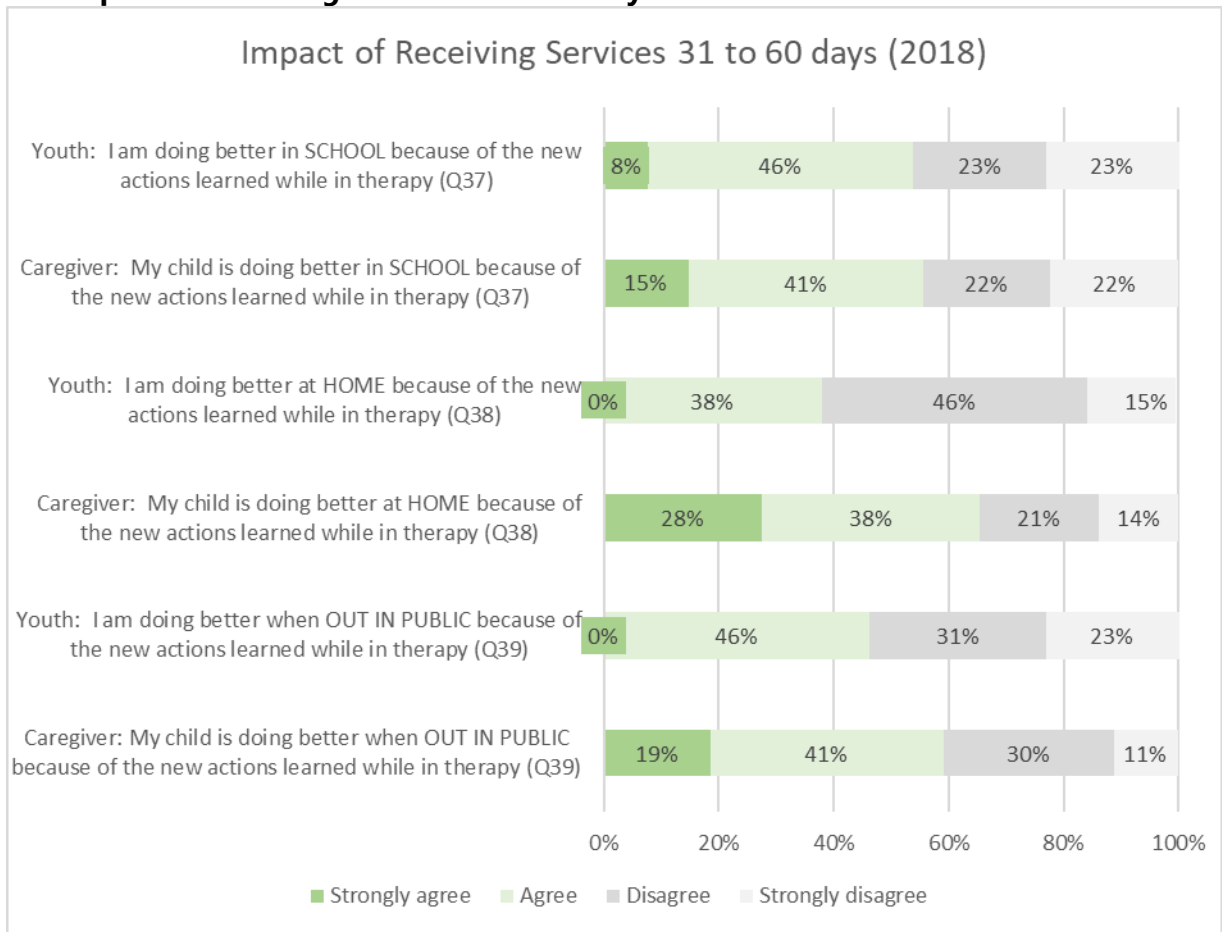
### Impact of Receiving Services 31 to 60 days

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 (Table 19, Figure 13). Fifty-four percent of youth indicated they are doing better in school because of the new actions learned while in therapy, and 55% of caregivers indicated their child is doing better in school because of the new actions learned while in therapy. At home and out in public, **youth ratings were lower than the ratings given by caregivers overall**. When asked how they are doing at home because of new actions learned while in therapy, 38% of youth respondents and 65% of caregivers gave positive ratings. When asked how they are doing out in public because of new actions learned while in therapy, 46% of youth respondents and 59% of caregivers gave positive ratings (Table 20, Figure 13).

**Table 20. 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)	1	7.7%	6	46.2%	3	23.1%	3	23.1%
<u>Caregiver:</u> My child is doing better in SCHOOL because of the new actions learned while in therapy (Q37)	4	14.8%	11	40.7%	6	22.2%	6	22.2%
<u>Youth:</u> I am doing better at HOME because of the new actions learned while in therapy (Q38)	0	0.0%	5	38.5%	6	46.2%	2	15.4%
<u>Caregiver:</u> My child is doing better at HOME because of the new actions learned while in therapy (Q38)	8	27.6%	11	37.9%	6	20.7%	4	13.8%
<u>Youth:</u> I am doing better when OUT IN PUBLIC because of the new actions learned while in therapy (Q39)	0	0.0%	6	46.2%	4	30.8%	3	23.1%
<u>Caregiver:</u> My child is doing better when OUT IN PUBLIC because of the new actions learned while in therapy (Q39)	5	18.5%	11	40.7%	8	29.6%	3	11.1%

**Figure 13. Impact of Receiving Services 31 to 60 Days**

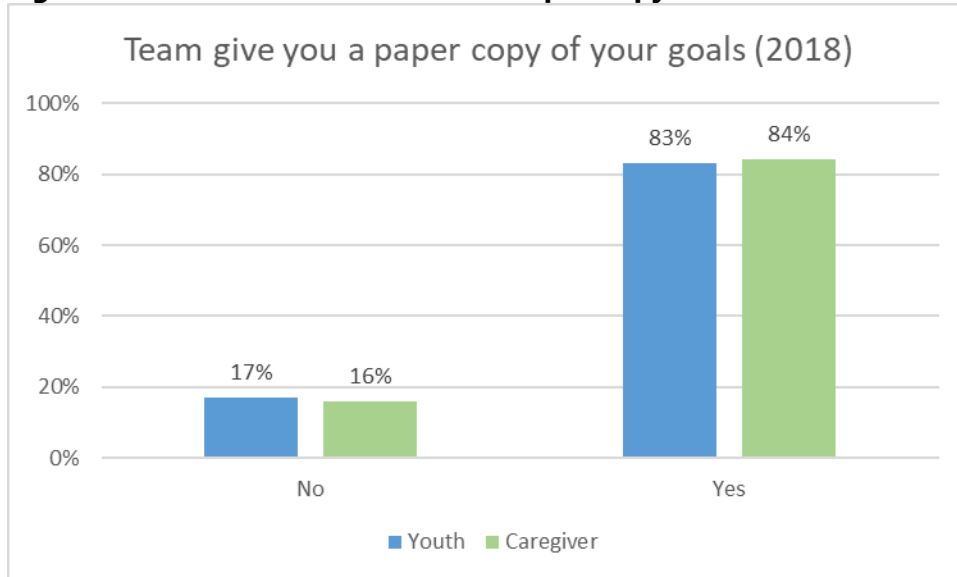


### Survey 4: Assessed, In Care over 60 Days

Youth and caregivers with children who have had an assessment 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; 83% of youth and 84% of caregivers (Table 21, Figure 14).

Table 21. Did the Team Give You a Paper Copy of Your Goals?				
	Youth Frequency	Youth Percent	Caregiver Frequency	Caregiver Percent
Yes	196	83.1%	561	84.1%
No	40	16.9%	106	15.9%
<b>Total</b>	236	68.6%	667	100.0%

**Figure 14. Did the Team Give You a Paper Copy of Your Goals?**





### **Interacting with the WISe Team: In care over 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 in: Setting therapy goals, offering guidance, providing help, and arranging support.

#### **The Team's Role in 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:

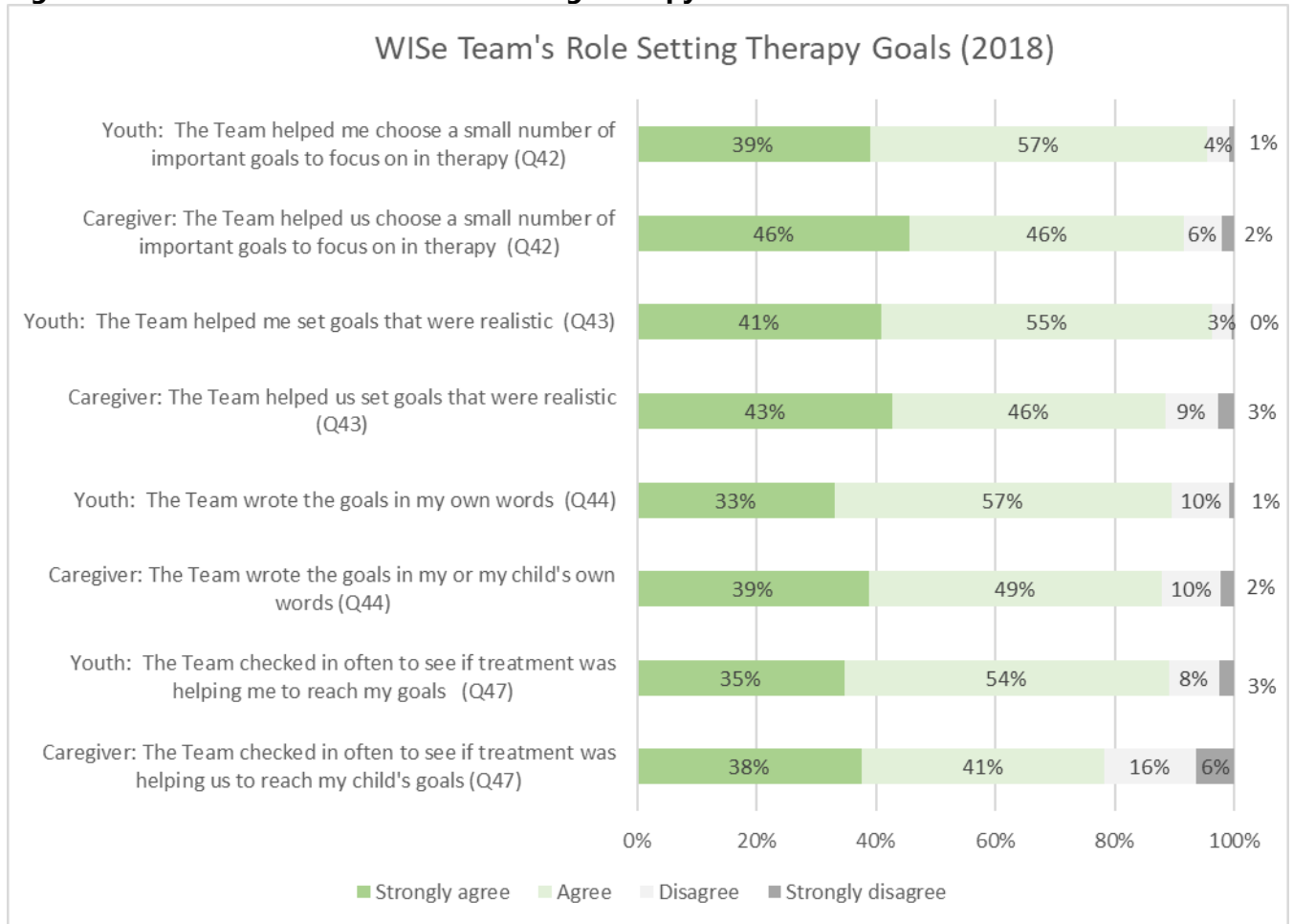
- Helped the respondent choose a small number of important goals to focus on in therapy (Q42)
- Helped the respondent set goals that were realistic (Q43)
- Wrote the goals in the respondent's own words (Q44)
- Checked in often to see if treatment was helping respondent to reach his/her goals (Q47)

**Overall, a very high proportion of youth and caregivers gave positive rating to the various ways the WISe Team worked on setting therapy goals.** Ninety-five percent of youth and 92% 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, 96% of youth and 88% of caregivers responded favorably that the WISe Team helped them understand how this service would help them set goals that were realistic. Ninety percent of youth and 88% of caregivers indicated favorably that the WISe Team wrote the goals in the respondent's own words. And last, 89% of youth and 78% 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 (Table 22, Figure 15).

**Table 22. The Team's Role Setting Therapy Goals**

	Strongly Agree		Agree		Disagree		Strongly disagree	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
<u>Youth</u> : The Team helped me choose a small number of important goals to focus on in therapy (Q42)	96	39.0%	139	56.5%	9	3.7%	2	0.8%
<u>Caregiver</u> : The Team helped my child choose a small number of important goals to focus on in therapy (Q42)	318	45.6%	321	46.0%	44	6.3%	15	2.1%
<u>Youth</u> : The Team helped me understand how this service would help me set goals that were realistic (Q43)	99	40.9%	134	55.4%	8	3.3%	1	0.4%
<u>Caregiver</u> : The Team helped me understand how this service would help me Helped respondent set goals that were realistic (Q43)	300	42.8%	320	45.6%	63	9.0%	18	2.6%
<u>Youth</u> : The Team wrote the goals in the respondent's own words (Q44)	79	33.1%	135	56.5%	23	9.6%	2	0.8%
<u>Caregiver</u> : The Team wrote the goals in the respondent's own words (Q44)	255	38.9%	321	48.9%	65	9.9%	15	2.3%
<u>Youth</u> : The Team checked in often to see if treatment was helping respondent to reach his/her goals (Q47)	83	34.7%	130	54.4%	20	8.4%	6	2.5%
<u>Caregiver</u> : The Team checked in often to see if treatment was helping respondent to reach his/her goals (Q47)	260	37.7%	279	40.5%	107	15.5%	43	6.2%

**Figure 15. The WISe Team’s Role in Setting Therapy Goals**



## The Team's Role in 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:

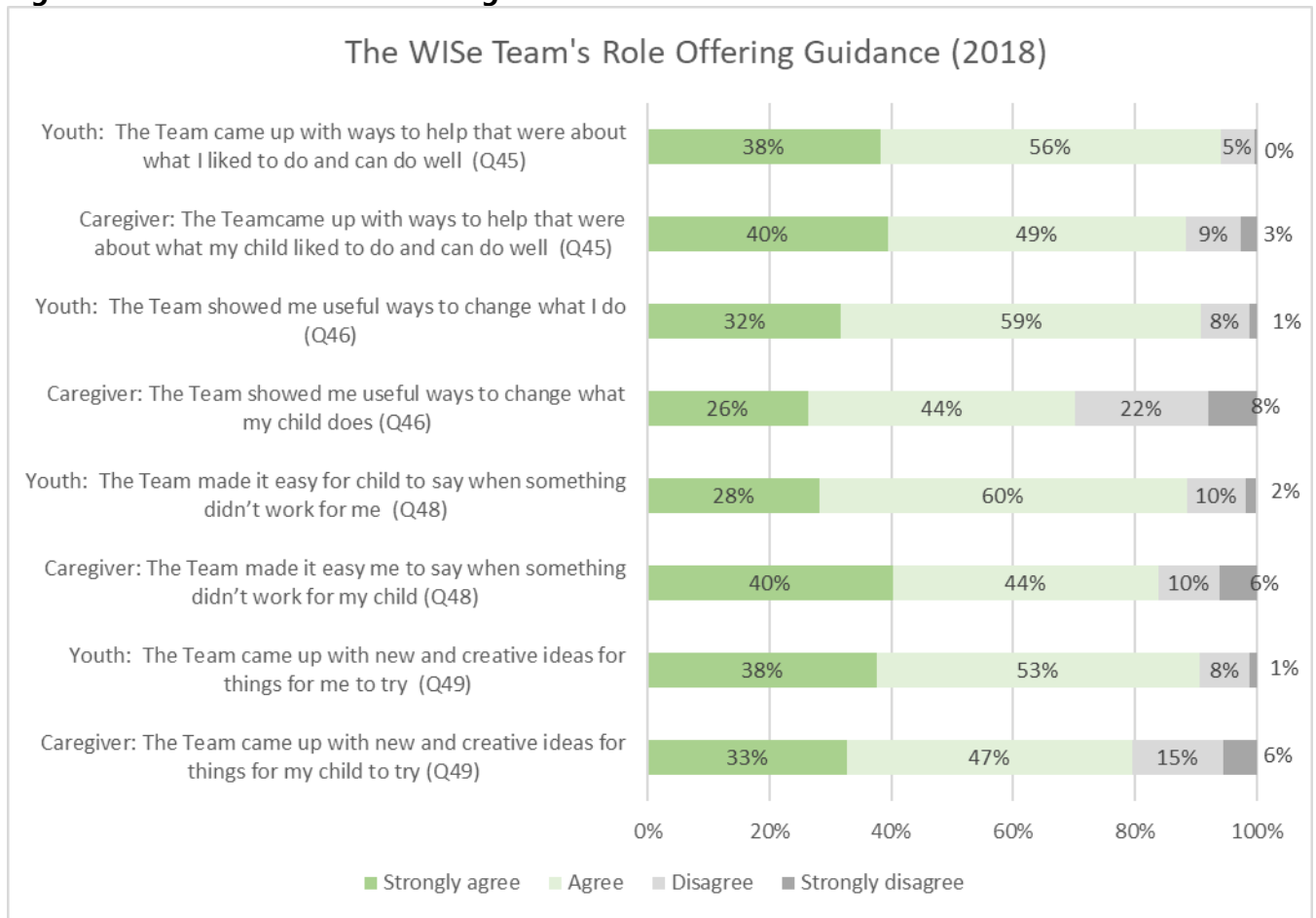
- Come up with ways to help that were about what I like to do and can do well (Q45)
- Show the respondent useful ways to change what I do (Q46)
- Make it easy for respondent to say when something didn't work (Q48)
- Come up with new and creative ideas for things to try (Q49)

**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-four 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 88% of caregivers. Ninety-one percent of youth indicated favorably that the Team showed useful ways to change what they can do, compared to 70% of caregivers. Eighty-eight percent of youth and 84% of caregivers indicated that the Team made it easy for the respondent to say when something did not work for them. And 91% of youth and 79% of caregivers indicated that the Team came up with new and creative ideas for things to try (Table 23, Figure 16).

**Table 23. The Team's Role Providing Guidance**

	Strongly Agree		Agree		Disagree		Strongly disagree	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
<u>Youth</u> : The Team came up with ways to help that were about what I liked to do and can do well (Q45)	92	38.2%	135	56.0%	13	5.4%	1	0.4%
<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)	270	39.5%	333	48.8%	62	9.1%	18	2.6%
<u>Youth</u> : The Team showed me useful ways to change what I do (Q46)	77	31.8%	143	59.1%	19	7.9%	3	1.2%
<u>Caregiver</u> : The Team showed me useful ways to change what my child does (Q46)	179	26.4%	296	43.7%	148	21.9%	54	8.0%
<u>Youth</u> : The Team made it easy for me to say when something didn't work for me (Q48)	69	28.3%	147	60.2%	24	9.8%	4	1.6%
<u>Caregiver</u> : The Team made it easy for me to say when something didn't work for my child (Q48)	278	40.2%	301	43.6%	70	10.1%	42	6.1%
<u>Youth</u> : The Team came up with new and creative ideas for things for me to try (Q49)	92	37.7%	129	52.9%	20	8.2%	3	1.2%
<u>Caregiver</u> : The Team came up with new and creative ideas for things for my child to try (Q49)	225	32.7%	322	46.8%	103	15.0%	38	5.5%

**Figure 16. 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 (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)

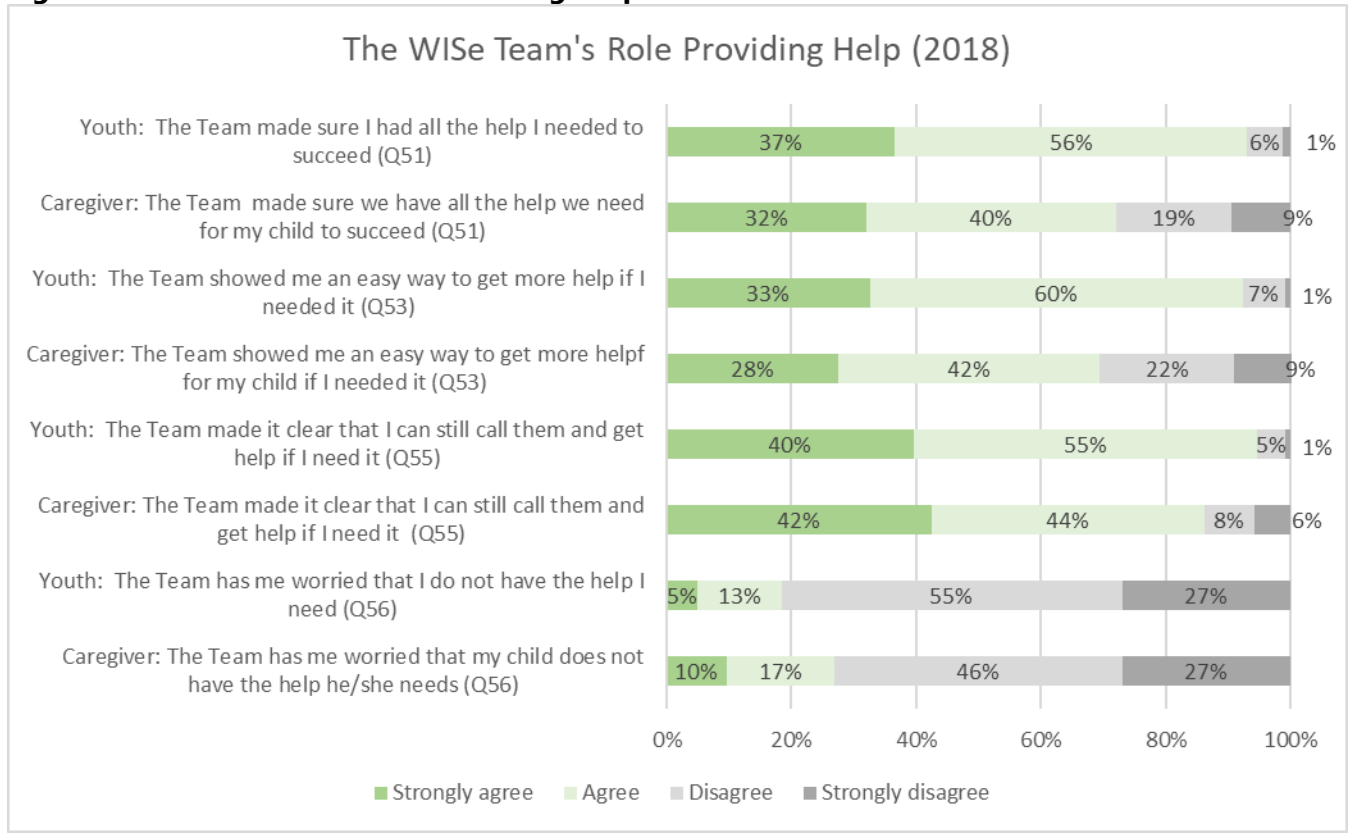
**Overall, a high proportion of youth and caregiver respondents gave favorable ratings to ways the WISe Team provided help, with proportion of favorable ratings by youth being higher than that of caregivers on all aspects** (Table 24, Figure 17). Ninety-three percent of youth and 72% of caregivers indicated the Team made sure the respondent had the help needed to succeed. Similarly, 92% of youth and 69% of caregivers indicated the Team showed the respondent an easy way to get more help if it was needed. Ninety-five percent of youth and 86% 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, 81% of youth and 73% of caregivers disagreed, which indicates they do feel they have the help they need.

**Table 24. The Team's Role Providing Help**

	Strongly Agree		Agree		Disagree		Strongly disagree	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
<u>Youth</u> : The Team made sure I had all the help I needed to succeed (Q51)	89	36.6%	137	56.4%	14	5.8%	3	1.2%
<u>Caregiver</u> : The Team made sure we have all the help we need for my child to succeed (Q51)	220	32.0%	275	40.0%	128	18.6%	64	9.3%
<u>Youth</u> : The Team showed me an easy way to get more help if I needed it (Q53)	80	32.7%	146	59.6%	17	6.9%	2	0.8%
<u>Caregiver</u> : The Team showed me an easy way to get more help for my child if I needed it (Q53)	188	27.6%	285	41.8%	147	21.6%	62	9.1%
<u>Youth</u> : The Team made it clear that I can still call them and get help if I need it (Q55)	97	39.6%	135	55.1%	11	4.5%	2	0.8%
<u>Caregiver</u> : The Team made it clear that I can still call them and get help if I need it (Q55)	292	42.4%	302	43.8%	56	8.1%	39	5.7%
<u>Youth</u> : The Team has me worried that I do not have the help I need (Q56)	12	5.0%	32	13.4%	130	54.6%	64	26.9%
<u>Caregiver</u> : The Team has me worried that my child does not have the help he/she needs (Q56)	64	9.7%	113	17.1%	306	46.3%	178	26.9%



**Figure 17. The Team's Role in Providing Help**



## The Team’s Role in 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:

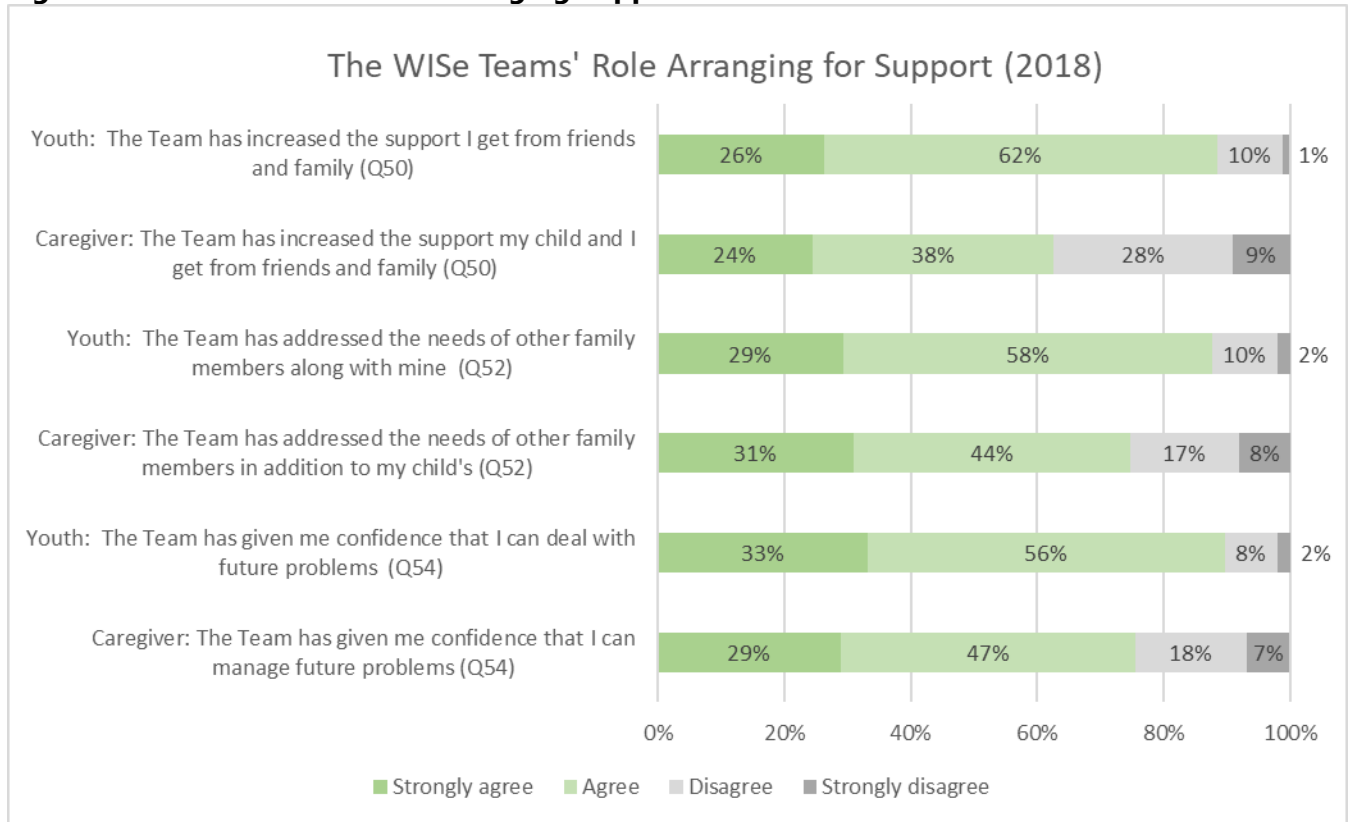
- Increased the support I get from friends and family (Q50)
- Addressed the needs of other family members along with mine (Q52)
- Given me confidence that I can deal with future problems (Q54)

**Overall, the majority of youth and caregiver respondents gave favorable ratings to ways the WISE Team arranged support, with proportion of favorable ratings by youth being slightly higher than that of caregivers on all aspects** (Table 25, Figure 18). Eighty-eight percent of youth and 63% of caregivers indicated that the Team has increased the support the respondent gets from friends and family. Eighty-eight percent of youth and 75% of caregivers indicated the Team has addressed the needs of other family members along with the respondent’s needs. And finally, 90% of youth and 75% of caregivers indicated the Team has given the respondent confidence that the respondent can deal with future problems.

**Table 25. The Team’s Role Arranging Support**

	Strongly Agree		Agree		Disagree		Strongly disagree	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
<u>Youth:</u> The Team has increased the support I get from friends and family (Q50)	64	26.4%	150	62.0%	25	10.3%	3	1.2%
<u>Caregiver:</u> The Team has increased the support my child and I get from friends and family (Q50)	159	24.4%	249	38.2%	184	28.2%	60	9.2%
<u>Youth:</u> The Team has addressed the needs of other family members along with mine (Q52)	71	29.3%	141	58.3%	25	10.3%	5	2.1%
<u>Caregiver:</u> The Team has addressed the needs of other family members along with mine (Q52)	205	30.9%	291	43.8%	114	17.2%	54	8.1%
<u>Youth:</u> The Team has given me confidence that I can deal with future problems (Q54)	80	33.2%	136	56.4%	20	8.3%	5	2.1%
<u>Caregiver:</u> The Team has given me confidence that I can deal with future problems (Q54)	194	28.9%	313	46.6%	119	17.7%	45	6.7%

**Figure 18. The Team’s Role in Arranging Support**



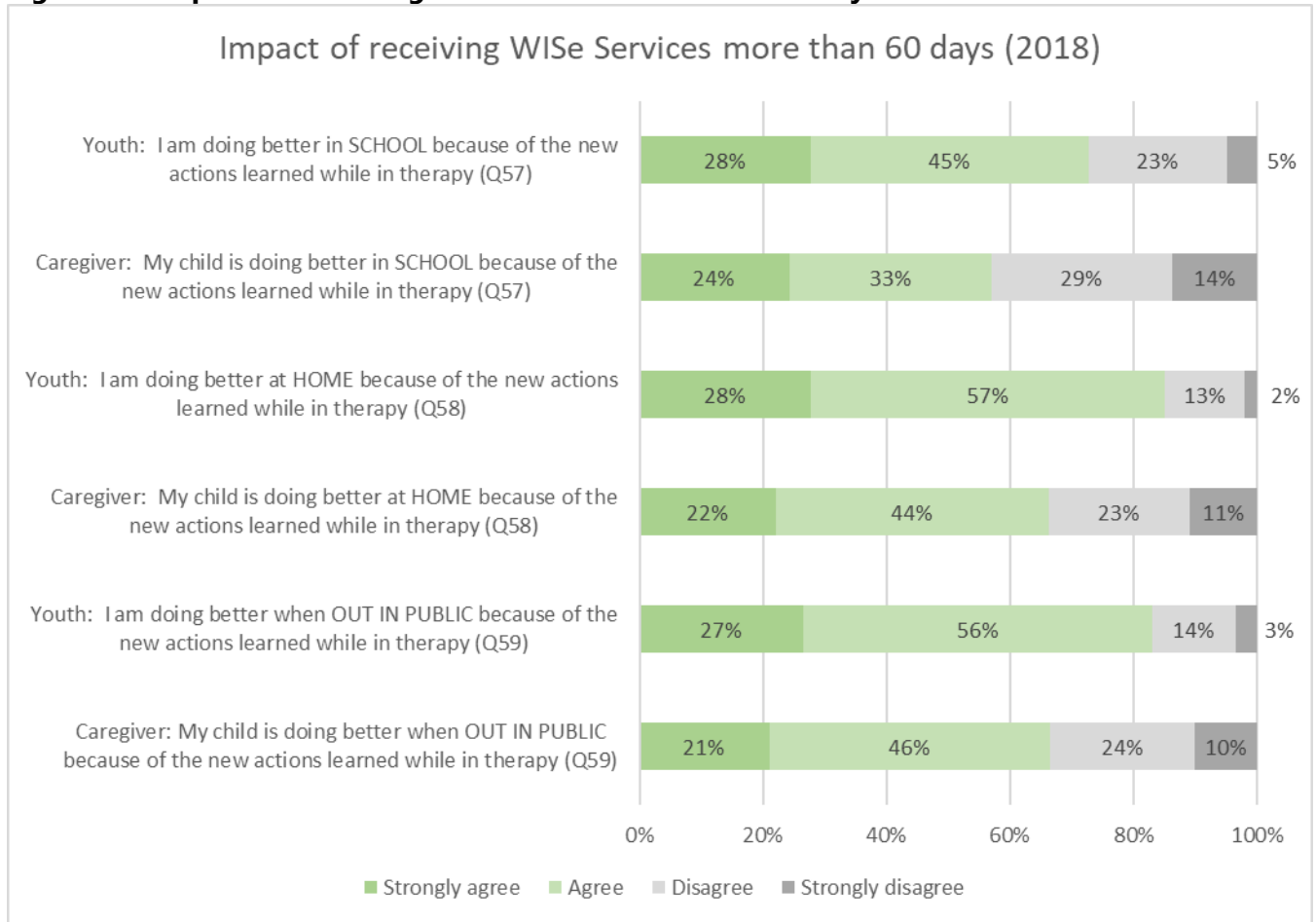
### Impact of Receiving Services More than 60 days

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 (Table 25, Figure 19). **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-three percent of youth indicated they are doing better in school because of the new actions learned while in therapy, while 57% 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, 85% of youth respondents and 66% of caregivers gave positive ratings. Similarly, when asked how they are doing when out in public because of new actions learned while in therapy, 83% of youth respondents and 66% of caregivers gave positive ratings.

**Table 25. Impact of Receiving WISE Services More than 60 Days**

	Strongly Agree		Agree		Disagree		Strongly disagree	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
<u>Youth:</u> I am doing better in SCHOOL because of the new actions learned while in therapy (Q57)	64	27.7%	104	45.0%	52	22.5%	11	4.8%
<u>Caregiver:</u> My child is doing better in SCHOOL because of the new actions learned while in therapy (Q57)	149	24.3%	200	32.7%	180	29.4%	83	13.6%
<u>Youth:</u> I am doing better at HOME because of the new actions learned while in therapy (Q58)	67	27.8%	138	57.3%	31	12.9%	5	2.1%
<u>Caregiver:</u> My child is doing better at HOME because of the new actions learned while in therapy (Q58)	143	22.1%	286	44.2%	148	22.9%	70	10.8%
<u>Youth:</u> I am doing better when OUT IN PUBLIC because of the new actions learned while in therapy (Q59)	64	26.6%	136	56.4%	33	13.7%	8	3.3%
<u>Caregiver:</u> My child is doing better when OUT IN PUBLIC because of the new actions learned while in therapy (Q59)	136	21.0%	295	45.5%	152	23.5%	65	10.0%

**Figure 19. Impact of Receiving WISE Services More than 60 Days**



## **Strengths, Usefulness, and Ways to Improve the WISE Program: Respondents' Own Words**

Each youth and caregiver respondent was given the opportunity 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**

About two-fifths of youth respondent comments (39%) about strengths in the WISE program indicated the program was supportive, which included comments that they felt heard, they had a rapport, and/or there was dependability and follow through (Table 26A). Aspects of the program that were also seen as strong (29%) were the outcomes or positive progress in the program, the good experiences, and the training/experience of the team. Fifteen percent of youth comments were related to the WISE program's team approach as being a strength. About 10% of youth made comments about the program logistics and flexibility as a strength. Coordination and communication was mentioned as a strength in 5% of comments. About 30% indicated "don't know" or not sure, and another 28% did not give any comments.

Similar to youth respondents, around two-fifths (42%) of caregiver respondent comments were about WISE being supportive, having a rapport with those who can help, dependability and follow through, crisis response, parent support partners, and being heard (Table 26B). Close to a third of caregiver comments (31%) indicated that the WISE program's team approach was a strength with family involvement, the team friendly approach and/or trustworthiness being aspects of that team approach. About a fifth of comments, 21%, reflect aspects of the WISE program as strong including outcomes or positive progress, the training and experience of the WISE team, and the good experiences in the program. Different team members were also specifically mentioned in the comments about strengths of the program: therapist and counselors, peer/youth partners, care coordinators, and other health professionals. About one fifth of comments, 19%, mentioned program logistics and flexibility as strengths including being able to schedule visits offsite or at home, and/or being given tools and resources. Thirteen percent of comments mentioned coordination and communication as strengths. Only 6% of caregivers indicated "don't know/unsure" and 6% of caregivers gave no comments about program strengths.

**TABLE 26A. YOUTH: Strengths of the WISE Program**

<i>Number eligible to respond=320, multiple responses possible</i>		
<i>Surveys 1-4 (Q18A, Q28A, Q40A, Q60A)</i>	<b>Number</b>	<b>Percent</b>
<b>WISE is supportive</b>	<b>125</b>	<b>39.1%</b>
<i>Support offered by WISE or having a rapport with those who can help</i>	75	
<i>Dependability and follow through/Crisis response</i>	31	
<i>Parent support partners</i>	0	
<i>Being heard</i>	19	
<b>WISE program team approach</b>	<b>49</b>	<b>15.3%</b>
<i>Family involvement or supporting families and siblings</i>	7	
<i>The team approach used by WISE</i>	18	
<i>Team friendly approach</i>	16	
<i>Team trustworthiness</i>	5	
<b>Aspects of the program are strong</b>	<b>92</b>	<b>28.7%</b>
<i>Outcomes of the WISE program/Positive progress</i>	37	
<i>Training and experience of the WISE Team</i>	14	
<i>Good experiences</i>	31	
<i>Therapist and counselors</i>	1	
<i>Peer/youth partners</i>	1	
<i>Professionalism of the WISE program</i>	5	
<i>Care coordinators</i>	2	
<i>Life balance</i>	1	
<i>Other health professionals</i>	0	
<i>Program ended too soon</i>	0	
<b>Program logistics and flexibility</b>	<b>31</b>	<b>9.7%</b>
<i>Being able to schedule visits offsite/home visits</i>	1	
<i>Being given tools and other resources</i>	4	
<i>Flexibility</i>	14	
<i>Program logistics</i>	7	
<i>Transportation offered to/from WISE appointments/activities</i>	3	
<i>Offering services that were adaptive or life balancing</i>	2	
<b>Coordination and communication</b>	<b>16</b>	<b>5.0%</b>
<i>Communication</i>	14	
<i>Coordination of efforts</i>	2	
<b>Other</b>	<b>3</b>	<b>0.9%</b>
<b>Don't know/Not sure</b>	<b>95</b>	<b>29.7%</b>
<b>No comments</b>	<b>89</b>	<b>27.8%</b>
<b>Refuse</b>	<b>2</b>	<b>0.6%</b>

**TABLE 26B. CAREGIVERS: Strengths of the WISE Program**

<i>Number eligible to respond=879, multiple responses possible</i>		
<i>Surveys 1-4 (Q18A, Q28A, Q40A, Q60A)</i>	<b>Number</b>	<b>Percent</b>
<b>WISE is supportive</b>	<b>374</b>	<b>42.5%</b>
<i>Support offered by WISE or having a rapport with those who can help</i>	230	
<i>Dependability and follow through/Crisis response</i>	86	
<i>Parent support partners</i>	31	
<i>Being heard</i>	27	
<b>WISE program team approach</b>	<b>275</b>	<b>31.3%</b>
<i>Family involvement or supporting families and siblings</i>	152	
<i>The team approach used by WISE</i>	110	
<i>Team friendly approach</i>	10	
<i>Team trustworthiness</i>	3	
<b>Aspects of the program are strong</b>	<b>183</b>	<b>20.8%</b>
<i>Outcomes of the WISE program/Positive progress</i>	49	
<i>Training and experience of the WISE Team</i>	39	
<i>Good experiences</i>	35	
<i>Therapist and counselors</i>	22	
<i>Peer/youth partners</i>	15	
<i>Professionalism of the WISE program</i>	13	
<i>Care coordinators</i>	7	
<i>Other health professionals</i>	2	
<i>Program ended too soon</i>	1	
<b>Program logistics and flexibility</b>	<b>170</b>	<b>19.3%</b>
<i>Being able to schedule visits offsite/home visits</i>	62	
<i>Being given tools and other resources</i>	54	
<i>Flexibility</i>	41	
<i>Program logistics</i>	8	
<i>Transportation offered to/from WISE appointments/activities</i>	4	
<i>Offering services that were adaptive or life balancing</i>	1	
<b>Coordination and communication</b>	<b>117</b>	<b>13.3%</b>
<i>Communication</i>	70	
<i>Coordination of efforts</i>	47	
<b>Other</b>	<b>28</b>	<b>3.2%</b>
<b>Don't know/Not sure</b>	<b>50</b>	<b>5.7%</b>
<b>No comments</b>	<b>49</b>	<b>5.6%</b>



### **Making Behavioral Health Services More Useful**

When asked what would make the WISE program more useful, nearly half of youth respondents indicated “don’t know/not sure” and another two fifths (39%) gave no comment. And among 16% of comments, youth indicated no changes were needed—program was good, everything was fine, nothing different was needed. A small number of youth comments, 4%, mentioned making the program implementation and scheduling more useful, including the need for more appointment scheduling flexibility and the need for greater follow through. Other youth comments, 3% of them pertained to the greater communication and raising awareness about the program would be useful. Three percent of youth comments reflected program quality issues—the need for more training/experience among the staff. Two and half percent of comments pertained to the need for WISE to expand the services it offers.

A fifth of caregiver comments, 21%, indicated the WISE program could be made more useful by expanding the services that it offers—namely family involvement or supporting families and siblings, adding services (e.g. respite, crisis response, Spanish, etc.). Another fifth of caregiver comments, 19%, pertained to issues of communication and raising awareness as areas to make the program more useful. Thirteen percent commented that more training and experience of the professional staff would make the program more useful, and 12% indicated changing aspects of program implementation and scheduling would make the program more useful, including making the program more organized, having greater follow through, and having greater flexibility in scheduling appointments. Eleven percent of comments pertained to the program not meeting needs, it wasn’t what was expected, or the program was not a good fit. Fourteen percent of caregivers indicated that no changes were needed to make the program more useful, that the program was good, and everything was fine. Nearly 10% of caregivers said “don’t know/not sure” when asked about what would make the program more useful, and 18% gave no comments about making the program more useful.

**Table 27A. YOUTH: Things to make Behavioral Health Services More Useful**

<i>Number eligible to respond=320, multiple responses possible (Surveys 1-4; Q18, Q28, Q40, Q60)</i>		
	Number	Percent
<b>No Changes needed</b>	<b>51</b>	<b>15.9%</b>
<i>Program is good/great/Everything is fine/good</i>	29	
<i>Nothing is needed/no changes needed/No improvements needed</i>	22	
<b>Services offered by WISe need to be expanded</b>	<b>8</b>	<b>2.5%</b>
<i>Family involvement or supporting families and siblings</i>	2	
<i>Additional services needed (Spanish, respite care, crisis, specialized behavioral treatments, etc.)</i>	3	
<i>Program ended too soon</i>	1	
<i>Need more coordination with schools</i>	0	
<i>Need more resources to use outside of scheduled meetings</i>	1	
<i>Need transportation to appointments</i>	1	
<i>Need childcare during appointments</i>	0	
<i>Need more individual therapy</i>	0	
<b>Communication about the program needs to be improved</b>	<b>11</b>	<b>3.4%</b>
<i>Issues of communication/Raising awareness</i>	10	
<i>Took too long to get started in the program/Make available to more families</i>	0	
<i>Did not know about the program</i>	1	
<i>Did not know when in the program/no longer in program/participation ended</i>	0	
<i>It is too soon to tell</i>	0	
<b>Program quality needs to be improved</b>	<b>10</b>	<b>3.1%</b>
<i>Professional staff needed more experience/training/Need better counselors or case managers</i>	9	
<i>Too much turnover in the professional staff or therapists</i>	1	
<b>Aspects of program implementation and scheduling need to be improved</b>	<b>14</b>	<b>4.4%</b>
<i>Program needs to be more organized</i>	2	
<i>Need for greater follow through</i>	4	
<i>Need more flexibility in scheduling appointments/more appointment times</i>	5	
<i>Need more regularity/structure with appointments</i>	2	
<i>Too many meetings/too many requirements</i>	0	
<i>Need a greater ability to schedule meetings in their home</i>	1	
<b>Program did not meet our needs/was not a good fit</b>	<b>14</b>	<b>4.4%</b>
<i>Program did not provide the services that were needed</i>	2	
<i>Program did not address problem/didn't help</i>	3	
<i>Services not delivered in ways expected</i>	3	
<i>Child became less cooperative/needed more care/was unwilling to participate</i>	0	
<i>Professional staff did not provide right kind of help</i>	4	
<i>Outside factors made participation difficult (health issues, lack of housing, school issues, certain laws)</i>	2	
<b>Other</b>	<b>6</b>	<b>1.2%</b>
<b>Don't know/not sure</b>	<b>156</b>	<b>48.7%</b>
<b>No comments</b>	<b>126</b>	<b>39.4%</b>

**Table 27B. CAREGIVERS: Things to make Behavioral Health Services More Useful**

<i>Number eligible to respond=883, multiple responses possible (Surveys 1-4; Q18, Q28, Q40, Q60)</i>		
	<b>Number</b>	<b>Percent</b>
<b>No Changes needed</b>	<b>122</b>	<b>13.8%</b>
<i>Program is good/great/Everything is fine/good</i>	103	
<i>Nothing is needed/no changes needed</i>	19	
<b>Services offered by WISe need to be expanded</b>	<b>182</b>	<b>20.6%</b>
<i>Family involvement or supporting families and siblings</i>	79	
<i>Additional services needed (Spanish, respite care, crisis, specialized behavioral treatments, etc.)</i>	45	
<i>Program ended too soon</i>	24	
<i>Need more coordination with schools</i>	16	
<i>Need more resources to use outside of scheduled meetings</i>	7	
<i>Need transportation to appointments</i>	5	
<i>Need childcare during appointments</i>	3	
<b>Need more individual therapy</b>	3	
<b>Communication about the program needs to be improved</b>	<b>169</b>	<b>19.3%</b>
<i>Issues of communication/Raising awareness</i>	109	
<i>Took too long to get started in the program/Make available to more families</i>	53	
<i>Did not know about the program</i>	5	
<i>Did not know when in the program/no longer in program/participation ended</i>	1	
<i>It is too soon to tell</i>	1	
<b>Program quality needs to be improved</b>	<b>111</b>	<b>12.6%</b>
<i>Professional staff needed more experience/training/Need better counselors or case managers</i>	58	
<i>Too much turnover in the professional staff or therapists</i>	53	
<b>Aspects of program implementation and scheduling need to be improved</b>	<b>108</b>	<b>12.2%</b>
<i>Program needs to be more organized</i>	40	
<i>Need for greater follow through</i>	35	
<i>Need more flexibility in scheduling appointments/more appointment times</i>	19	
<i>Need more regularity/structure with appointments</i>	8	
<i>Too many meetings/too many requirements</i>	3	
<i>Need a greater ability to schedule meetings in their home</i>	3	
<b>Program did not meet our needs/was not a good fit</b>	<b>100</b>	<b>11.3%</b>
<i>Program did not provide the services that were needed</i>	38	
<i>Program did not address problem/didn't help</i>	20	
<i>Services not delivered in ways expected</i>	20	
<i>Child became less cooperative/needed more care/was unwilling to participate</i>	9	
<i>Professional staff did not provide right kind of help</i>	7	
<i>Outside factors made participation difficult (health issues, lack of housing, school issues, certain laws)</i>	6	
<b>Other</b>	<b>38</b>	<b>4.3%</b>
<b>Don't know/not sure</b>	<b>84</b>	<b>9.5%</b>
<b>No comments</b>	<b>157</b>	<b>17.8%</b>

### **Areas of Improvement in the WISE Program**

Youth and caregivers were asked to explain in what ways the WISE program could be improved. Overall, youth did not have as much to say in response to this question. Forty-four percent gave no comments, and a fifth, 21%, indicated “don’t know/not sure.” About twenty-two percent of youth comments reflect satisfaction, or no changes in the program were needed and that being in the program was a good experience. Eight percent of youth comments indicated that improvements in communication were needed. Seven percent of comments indicated program quality needs improving—the training and experience of the staff, staff turnover, and disorder in the way services were received. Seven percent of youth comments indicated program implementation needs improving—greater follow through, how appointments were setup, and having access to services. Only 1% of comments indicated the team approach needed to be strengthened particularly with regard to family involvement.

Among caregivers, 22% had no comments about how the WISE program could be improved and 9% indicated “don’t know/not sure.” Thirteen percent of caregiver comments indicated that no changes were needed and/or that their experience in the WISE program was good. Twenty-one percent of caregiver comments indicated improvements were needed with regard to program quality because there was disorder in the way services were received or there was staff turnover, or the staff needed more training or experience, and some referred to not receiving the services they were supposed to. A fifth of caregiver comments referred to issues with program implementation as an area of improvement—more follow through was needed, accessing services, caseloads, and how appointments were set up were some of the more specific implementation areas mentioned. Thirteen percent of caregiver comments indicated the team approach needed to be strengthened—improved family involvement, improved effectiveness of peer/youth partners, and improved team dependability were some of the more specific things mentioned. Eleven percent of comments referred to communication as an area for improvement. Last, 2% of caregiver comments referred to their overall negative experience in the program, including feeling judged or not being respected.

**Table 28A. YOUTH: Improvements Needed in the WISe Program**

<i>Number eligible to respond=320, multiple responses possible (Surveys 1-4: Q18B, Q28B, Q40B, Q60B)</i>		
	<b>Number</b>	<b>Percent</b>
<b>No Changes Needed</b>	<b>69</b>	<b>21.6%</b>
<i>No improvements were needed</i>	65	
<i>Experience with the WISe program was a good experience</i>	4	
<b>Issues of communication</b>	<b>25</b>	<b>7.8%</b>
<b>Issues with program quality</b>	<b>23</b>	<b>7.2%</b>
<i>Disorder in the way they received services/Staff turnover</i>	9	
<i>Training and experience of those trying to help</i>	12	
<i>Never received the services they were supposed to</i>	2	
<b>Issues with program implementation</b>	<b>22</b>	<b>6.9%</b>
<i>Need for greater follow through</i>	9	
<i>Accessing the WISe services</i>	4	
<i>Improved caseloads</i>	3	
<i>How appointments were set up</i>	6	
<i>How to access the resources that were available</i>	0	
<i>Wait list is too long</i>	0	
<i>Need transition services</i>	0	
<i>Need for respite care</i>	0	
<i>Intake procedures</i>	0	
<b>Team approach needs to be strengthened</b>	<b>6</b>	<b>1.2%</b>
<i>Improve family involvement</i>	4	
<i>Providing effective peer/youth partners</i>	1	
<i>Team dependability</i>	1	
<i>Providing effective parent support partners</i>	0	
<b>Negative experience</b>	<b>1</b>	<b>0.3%</b>
<i>Have had an overall negative experience with WISe</i>	1	
<i>Feeling judged</i>	0	
<i>Not being respected</i>	0	
<b>Other</b>	<b>8</b>	<b>2.5%</b>
<b>Don't know/Not sure</b>	<b>66</b>	<b>20.6%</b>
<b>No comments</b>	<b>142</b>	<b>44.4%</b>

**Table 28B. CAREGIVERS: Improvements Needed in the WISe Program**

<i>Number eligible to respond=878, multiple responses possible (Surveys 1-4: Q18B, Q28B, Q40B, Q60B)</i>		
	<b>Number</b>	<b>Percent</b>
<b>No Changes Needed</b>	<b>110</b>	<b>12.6%</b>
<i>No improvements were needed</i>	65	
<i>Experience with the WISe program was a good experience</i>	45	
<b>Issues of communication</b>	<b>100</b>	<b>11.4%</b>
<b>Issues with program quality</b>	<b>185</b>	<b>21.1%</b>
<i>Disorder in the way they received services/Staff turnover</i>	98	
<i>Training and experience of those trying to help</i>	74	
<i>Never received the services they were supposed to</i>	13	
<b>Issues with program implementation</b>	<b>179</b>	<b>20.4%</b>
<i>Need for greater follow through</i>	58	
<i>Accessing the WISe services</i>	34	
<i>Improved caseloads</i>	24	
<i>How appointments were set up</i>	23	
<i>How to access the resources that were available</i>	17	
<i>Wait list is too long</i>	10	
<i>Need transition services</i>	8	
<i>Need for respite care</i>	4	
<i>Intake procedures</i>	1	
<b>Team approach needs to be strengthened</b>	<b>112</b>	<b>12.7%</b>
<i>Improve family involvement</i>	71	
<i>Providing effective peer/youth partners</i>	17	
<i>Team dependability</i>	14	
<i>Providing effective parent support partners</i>	7	
<b>Negative experience</b>	<b>16</b>	<b>1.8%</b>
<i>Have had an overall negative experience with WISe</i>	8	
<i>Feeling judged</i>	6	
<i>Not being respected</i>	2	
<b>Other</b>	<b>41</b>	<b>4.7%</b>
<b>Don't know/Not sure</b>	<b>80</b>	<b>9.1%</b>
<b>No comments</b>	<b>190</b>	<b>21.6%</b>

### **Impact of Receiving Services over time in care**

One way to understand the impact of receiving WISE services is to look at youth and caregiver ratings on how participants are doing over time in care at home, out in public and in school because of new actions learned while in therapy. And examine how those impacts differ at less than thirty days in care, compared to in care 31 to 60 days in care, and in care over 60 days in care (Table 29, Figure 20).

Among youth in care 30 days or less, a majority gave positive ratings on the impact of new actions learned while in therapy on how they were doing at home (72%), out in public (63%), and in school (75%). However, among those in care 31 to 60 days, overall lower ratings were given on the impact of new actions learned in therapy: 38% doing better at home, 46% doing better out in public, and 54% doing better in school. Then for those in care more than sixty days, the proportion giving positive ratings on the impact of the new actions learned in therapy increased to over two thirds overall. Because of new action learned while in therapy, 85% are doing better at home, 83% are doing better in public, and 73% are doing better in school.

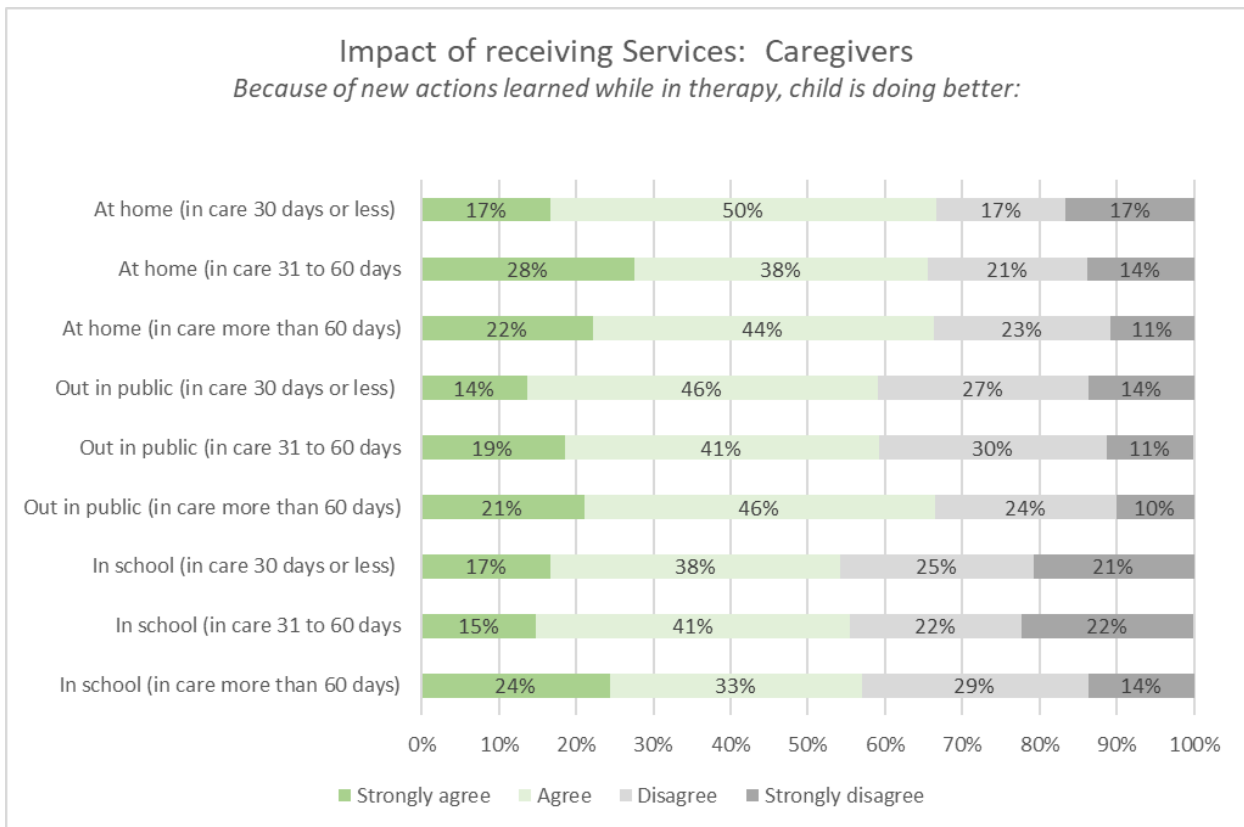
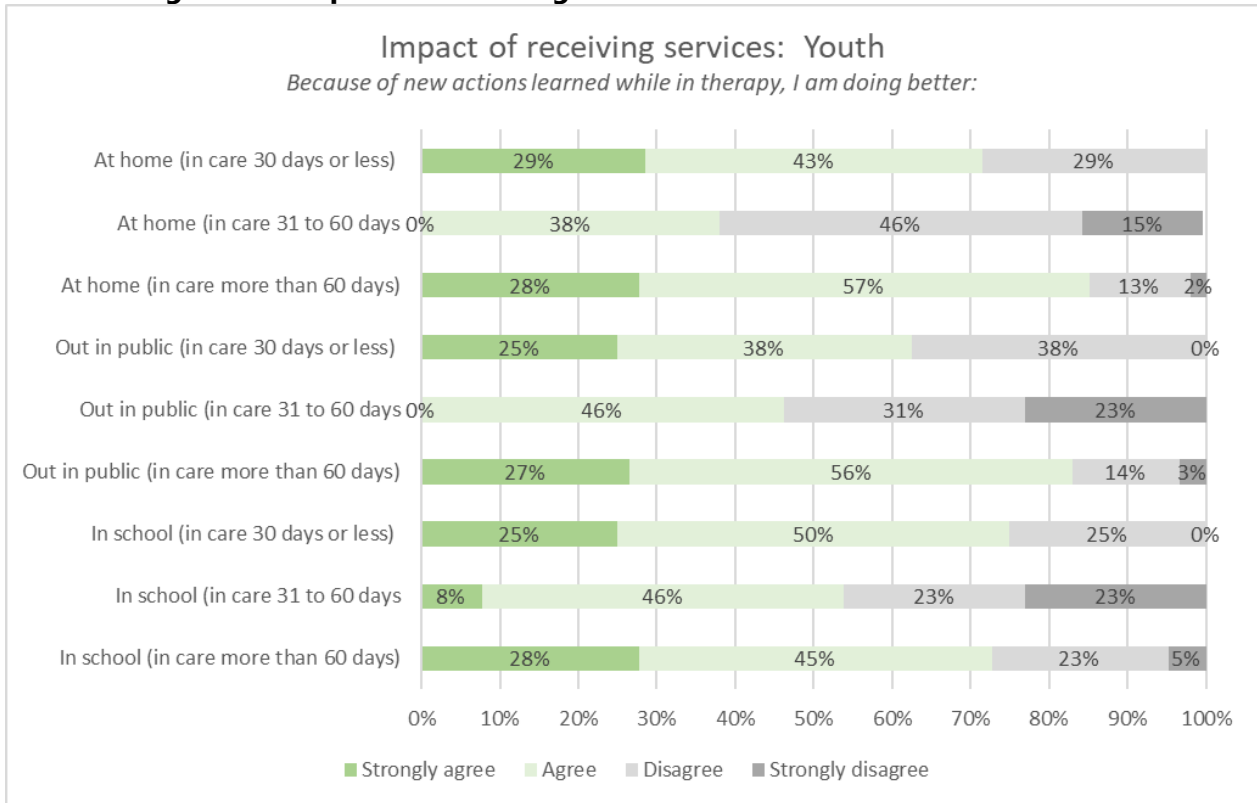
In contrast to youth ratings, 60% or more of caregivers in care less than thirty days and in care 31 to 60 days gave positive ratings on how their child is doing at home, out in public, and in school because of new actions learned in therapy. For those in care 60 days or more, positive ratings were slightly less, but still a majority, across all three areas of impact; at home, 55%; out in public, 56%; and in school, 57%.

**Table 29. Impact of Receiving WISE Services More than 60 Days**

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
<b>YOUTH: Because of the new actions learned while in therapy, : I am doing better</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
At home (in care 30 days or less)	17%	50%	17%	17%
At home (in care 31 to 60 days)	28%	38%	21%	14%
At home (in care more than 60 days)	22%	44%	23%	11%
Out in public (in care 30 days or less)	14%	46%	27%	14%
Out in public (in care 31 to 60 days)	19%	41%	30%	11%
Out in public (in care more than 60 days)	21%	46%	24%	10%
In school (in care 30 days or less)	17%	38%	25%	21%
In school (in care 31 to 60 days)	15%	41%	22%	22%
In school (in care more than 60 days)	24%	33%	29%	14%
<b>CAREGIVER: Because of the new actions learned while in therapy, : My child is doing better</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
At home (in care 30 days or less)	29%	43%	29%	0%
At home (in care 31 to 60 days)	0%	38%	46%	15%
At home (in care more than 60 days)	28%	57%	13%	2%
Out in public (in care 30 days or less)	25%	38%	38%	0%
Out in public (in care 31 to 60 days)	0%	46%	31%	23%
Out in public (in care more than 60 days)	27%	56%	14%	3%
In school (in care 30 days or less)	25%	50%	25%	0%
In school (in care 31 to 60 days)	8%	46%	23%	23%
In school (in care more than 60 days)	28%	45%	23%	5%



**Figure 20. Impact of Receiving Services over time in care**

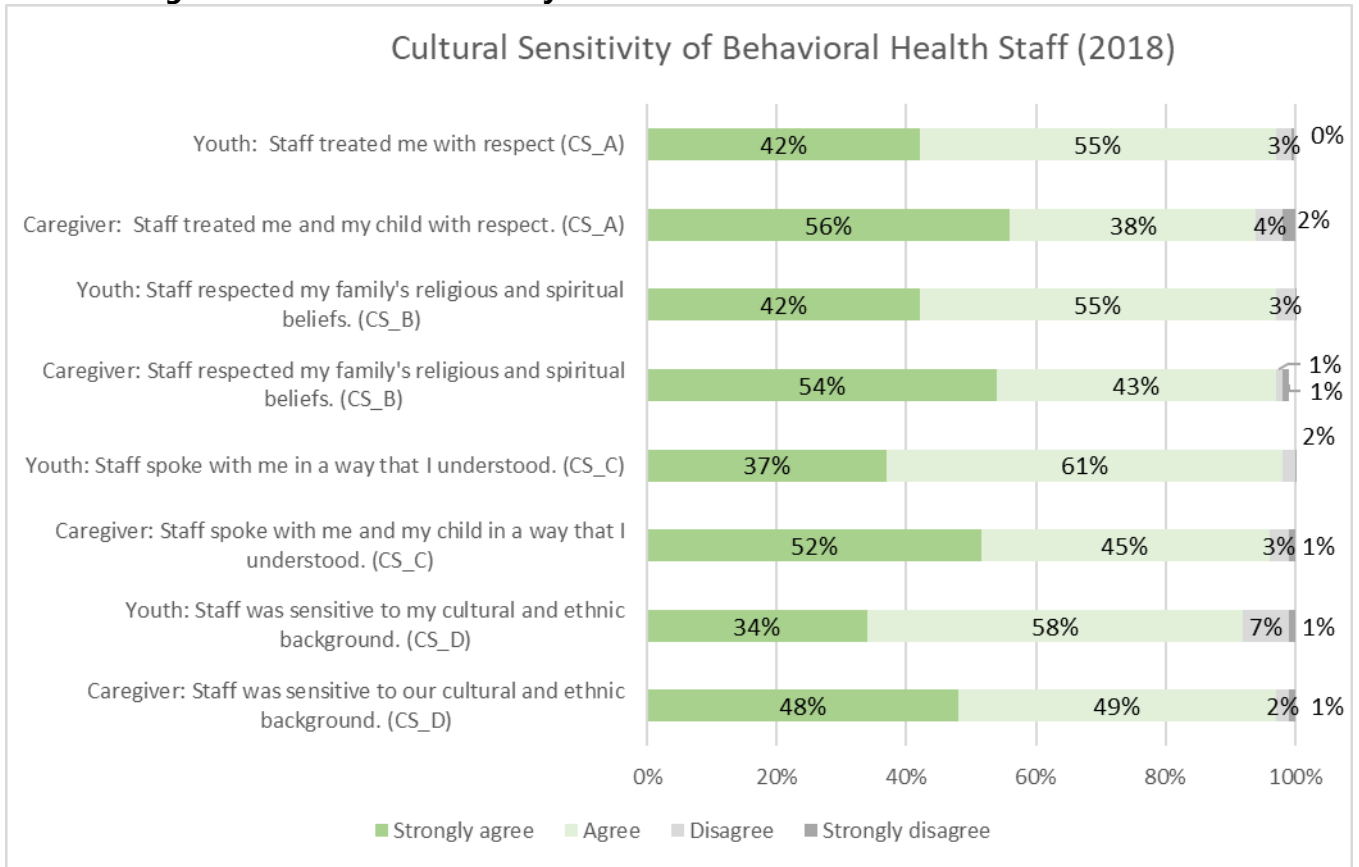


### Cultural Sensitivity of Behavioral Health Agency Staff

In the 2018 WISE Participant and Caregiver Survey, a set of four questions were added 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. Across all four questions, the vast majority of youth and caregivers, 90% or higher, indicated that the staff were culturally sensitive (Table 30, Figure 21). 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 30. Cultural Sensitivity of Behavioral Health Staff								
	Strongly Agree		Agree		Disagree		Strongly disagree	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
<u>Youth</u> : Staff treated me with respect	134	41.9%	177	55.3%	8	2.5%	1	0.3%
<u>Caregiver</u> : Staff treated me and my child with respect.	455	56.0%	311	38.3%	31	3.8%	15	1.8%
<u>Youth</u> : Staff respected my family's religious and spiritual beliefs	133	42.1%	173	54.7%	9	2.8%	1	0.3%
<u>Caregiver</u> : Staff respected my family's religious and spiritual beliefs.	422	54.4%	337	43.4%	11	1.4%	6	0.8%
<u>Youth</u> : Staff spoke with me in a way that I understood	119	36.8%	196	60.7%	6	1.9%	2	0.6%
<u>Caregiver</u> : Staff spoke with me and my child in a way that I understood.	423	51.5%	365	44.5%	25	3.0%	8	1.0%
<u>Youth</u> : Staff was sensitive to my cultural and ethnic background	107	34.3%	180	57.7%	23	7.4%	2	0.6%
<u>Caregiver</u> : Staff was sensitive to our cultural and ethnic background	379	48.3%	383	48.8%	16	2.0%	7	0.9%

**Figure 21. Cultural Sensitivity of Behavioral Health Staff**



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## 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 their views 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.

## Recommendations

**Better communication about the benefits of WISE is needed for those getting started in the WISE program.** A third of those in the program 30 days or less had concerns that the treatment might not work, and

about a quarter expressed concern that they had too much going on in their lives to fully participate.

**WISe Team building activities are needed for those in the program 31 days up to 60 days so that youth and caregivers feel more comfortable with their Team.** Two fifths of youth and a quarter of caregivers did not yet feel comfortable with their Team after being in care 31 up to 60 days.

**Better communication about the CANS full assessment is needed, so that participants will be more engaged in the assessment when they receive their paper copy of the results.** Participants receive a paper copy of their CANS full assessment while in care 31 up to 60 days, yet a quarter of youth and a fifth of caregivers did not recalling receiving a copy.

**Youth need more help to succeed at home and when out in public for those in care 31 days up to 60 days.** After being in care 31 days up to 60 days, youth were less likely than caregivers to give positive ratings for how they are doing at home and out in public as a result of treatment they have received.

**Caregivers of those in care over 60 days need the Team to give more attention to addressing the needs of other family members in addition to theirs or their child's needs, and caregivers also need the Team to help build confidence in their ability to deal with future problems.** A quarter of caregivers reported concerns in both of these areas, whereas only a tenth of youth had concerns in these areas.

**Caregivers need more help from the Team to succeed, to not feel worried if more help is needed, and to know where to get more help if it is needed.** Between 31% and 28% of caregivers indicated they need more help in these areas, while fewer youth had similar concerns in these areas.

**Caregivers also need more help to increase the support they get from friends and family, and to address the needs of family members along with their own needs.** Between 37% and 25% of caregivers have these needs.

**More needs to be done to help caregivers feel confident about the future for their child once they've been in care for 60 days or more.** Between 37% and 43% of caregivers have concerns whether their child is doing better at school, at home or out in public.

While few of the youth identified areas of program improvement, caregivers identified several areas of improvement for the WISe Program. **There needs to be less staff turnover; and more training, experience, and program clarity for staff. There also needs to be greater access to services, reduced caseloads, greater follow through, and improved appointment scheduling. The WISe Team approach need to improve family involvement, improve effectiveness peer/youth partners, and team dependability. And overall WISe Program communication needs to be improved.**

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## 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?				
Q_CS_1A	Staff treated me with respects.				
Q_CS_1B	Staff respected my family's religious and spiritual needs.				
Q_CS_1C	Staff spoke with me in a way that we understood.				
Q_CS_1D	Staff were sensitive to our cultural and ethnic background.				

Q18	What else should we do to make behavioral health services more useful for you to access and use?				
	What else should we do to make behavioral health services more useful for you?				
	What are the strengths of the WISE program?				
	What do you think needs to be improved in the WISE program?				
Q19	The Team helped me understand how this service would help me.				
Q20	The Team let me know who would see my records.				
Q21	The Team gave me something useful to try each time we met.				
Q22	The Team offered to call and check in with me before we met again.				
Q23	The Team really helped to make it easy to come to my next session.				
Q24	How long have you received behavioral health services through the WISE program since your screening?				
Q25	I am doing better in SCHOOL because of the new actions learned while in therapy				
Q26	I am doing better at HOME because of the new actions learned while in therapy.				
Q27	I am doing better when OUT IN PUBLIC because of the new actions learned while in therapy.				
Q_CS_2A	Staff treated me with respects.				
Q_CS_2B	Staff respected my family's religious and spiritual needs.				
Q_CS_2C	Staff spoke with me in a way that we understood.				
Q_CS_2D	Staff were sensitive to our cultural and ethnic background.				
Q28	What else should we do to make behavioral health services more useful for you?				
Q28A	What are the strengths of the WISE program?				
Q28B	What do you think needs to be improved in the WISE program?				
Q29	The Team talked with me about the important things I do well.				
Q30	The Team helped me tell the real story of my family.				
Q31	The Team made me feel like I had to watch what I said.				

Q32	Did the Team give you a paper copy of your CANS full assessment?				
Q33	The Team went over the CANS full assessment with me to make sure it was right.				
Q34	The Team did a good job of writing what I do well.				
Q35	The Team did a good job of writing what I need help doing.				
Q36	Have you received WISE services for more than sixty days?	Not asked if answer to Q24 is "More than 60 days".			
Q37	I am doing better in SCHOOL because of the new actions learned while in therapy.				
Q38	I am doing better at HOME because of the new actions learned while in therapy.				
Q39	I am doing better when OUT IN PUBLIC because of the new actions learned while in therapy.				
Q_CS_3A	Staff treated me with respects.				
Q_CS_3B	Staff respected my family's religious and spiritual needs.				
Q_CS_3C	Staff spoke with me in a way that we understood.				
Q_CS_3D	Staff were sensitive to our cultural and ethnic background.				
Q40	What else should we do to make behavioral health services more useful for you and others like you?				
Q40A	What do you think are the strengths of the WISE?				
Q40B	What do you think needs to be improved in the WISE program?				
Q41	Did the Team give you a copy of your goals?				
Q42	The Team helped me choose a small number of important goals to focus on.				
Q43	The Team helped me set goals that were realistic.				
Q44	The Team wrote the goals in my words.				
Q45	The Team came up with ways to help that were about what I like to do and can do well.				
Q46	The Team showed me useful ways to change what I do.				
Q47	The Team checked in often to see if treatment was helping me reach my goals.				
Q48	The Team made it easy for me to say when something didn't work for me.				
Q49	The Team came up with new and creative ideas for things to try.				
Q50	The Team has increased the support I get from friends and family.				

Q51	The Team made sure I have all the help I need to succeed.				
Q52	The Team dealt with the needs of family members along with mine.				
Q53	The Team showed me an easy way to get more help if I need it.				
Q54	The Team gave me confidence that I can deal with future problems.				
Q55	The Team made clear that I can still call them and get help if I need it.				
Q56	The Team has me worried that I do not have the help I need.				
Q57	I am doing better in SCHOOL because of the new actions learned while in therapy.				
Q58	I am doing better at HOME because of the new actions learned while in therapy.				
Q59	I am doing better when OUT IN PUBLIC because of the new actions learned while in therapy.				
	What else should we do to make behavioral health services more useful for you and others like you?				
Q_CS_4A	Staff treated me with respects.				
Q_CS_4B	Staff respected my family's religious and spiritual needs.				
Q_CS_4C	Staff spoke with me in a way that we understood.				
Q_CS_4D	Staff were sensitive to our cultural and ethnic background.				
Q60	What else should we do to make behavioral health services more useful for you and others like you?				
Q60A	What do you think are the strengths of the WISE?				
Q60B	What do you think needs to be improved in the WISE program?				

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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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