

USING DATA, TRANSFORMING PRACTICE:



Evaluating Mental Health Transformation in Washington State

PRESENTED TO THE

18th Annual Conference on State Mental Health Agency Services Research

February 11, 2008 • Arlington, VA

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Washington State Mental Health Transformation Project

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Washington State Department of Social and Health Services

<http://mhtransformation.wa.gov>

EVALUATING TRANSFORMATION:

Questions Pondered as We Wrote the Proposal*

- How many researchers does it take to screw in a Transformation?
- How do you involve and meaningfully engage consumers, youth, and family members?
- How do you coordinate disparate evaluation activities and players?

*Original Proposal

Ron Jemelka, PhD, Deputy Director

Washington State Mental Health Transformation Project

<http://mhtransformation.wa.gov>

The Original Vision*

- **The Evaluation Team** (contract researchers, with consumers, family members and youth an integral part), **will report, evaluate, and synthesize evaluation findings on an ongoing basis** throughout the Transformation Process
- **These findings will be disseminated** in series of reports, presentations, and web mediums among consumers, family members, advocacy groups, key stakeholders, administrators, and other constituents in order to facilitate dialogue about the Transformation's processes and impacts
- **This dialogue will be used to re-shape, re-focus, and modify the Transformation.**

*From the Washington State Comprehensive MH Plan, 2006

<http://mhtransformation.wa.gov>

How's it going?

Question: How many researchers does it take to change a light bulb?

AnsWER: **Four . . .** One to change it and three to yank the glory out from under him or her

Our Experience: **Just the opposite . . .** the collaboration has been enriching and well worth the effort



Organizing framework for the evaluation effort

- **Evaluation team with diverse membership**
- **Clear evaluation principles, mission, and goals**
- **Logic model or “theory of change”**
- **A commitment to disseminating and using results and information**



Evaluation Team

Consists of:

- **Consumers**
- **Youth**
- **Family Members**
- **DSHS and Transformation staff**
- **Researchers (University and DSHS employed)**
 - Current emphasis: Greater involvement of providers



Benefits of a diverse evaluation and research team

- **Increase the range and relevance of topics selected**
- **More research on innovative** (e.g., consumer- and family-driven) **services and other programs**
- The **technical merit of evaluation protocols will be improved** when diverse partners determine variables of interest, design measures, “test drive” protocols, etc
- **Criteria for success will be outcomes that are important** to actual consumers, youth, and families
- **Conclusions will be more valid** when individuals grounded in different aspects of the topics being studied are partners
- **The likelihood that results will be used is enhanced** when important stakeholders participate throughout the process, and help determine how to use findings

Mission of the Evaluation Team

“Shine a spotlight” on evaluation and research projects and results related to MH transformation in Washington

- Focus attention on policy recommendations
- Synthesize and disseminate relevant results and recommendations

Evaluate new and/or innovative programs funded or inspired as a result of Transformation

- Pursue external funding to conduct evaluations of specific programs with potential for positive impact
- Assist in conducting evaluations, obtaining resources, or advising the process

Mission of the Evaluation Team

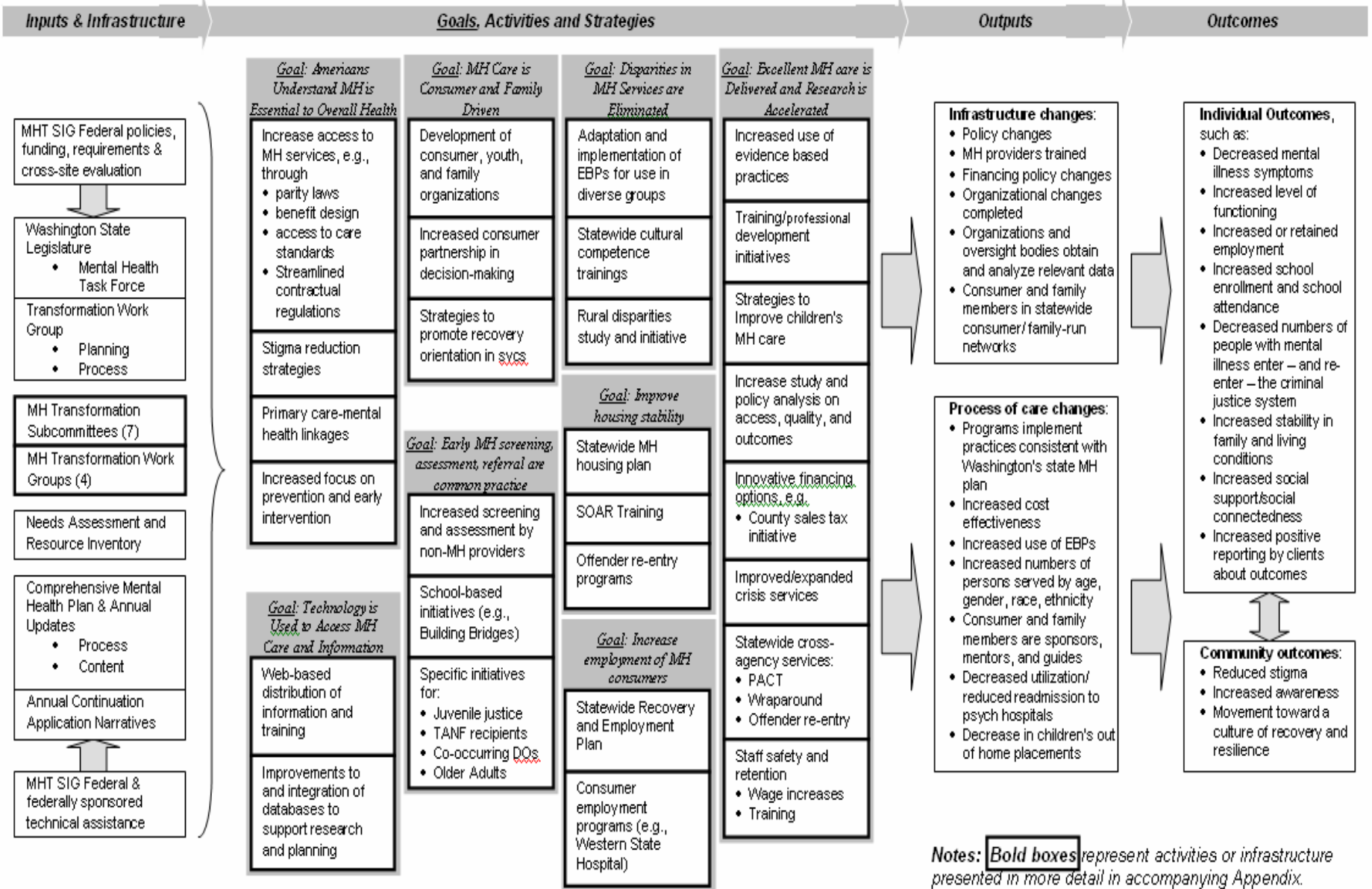
Support consumer and family groups to conduct evaluations

- Bring expertise, TA, and technologies to these organizations (e.g., SAFE-WA, WHEN, CTP, WAMI)
- Conduct outreach and trainings
- Support consumer/family/youth organizations to pursue external funding to conduct research and evaluation

Evaluate the overall success of the Washington MH Transformation effort, including improvement in targeted outcomes

Provide a central source of “peer review” for all MHT-related evaluation and research

Washington State Mental Health Transformation Logic Model Bruns draft 9/17/07



Notes: **Bold boxes** represent activities or infrastructure presented in more detail in accompanying Appendix.

Goals include the six New Freedom Commission and two Washington-specific goals for mental health transformation.

Theory driving evaluation

- **Asks the Transformation initiative to make assumptions clear**
- **Highlights the elements of program activity that deserve attention in the evaluation, thus facilitating evaluation activities**



A sampling of theory-driven evaluation activities

Process evaluation of transformation performance

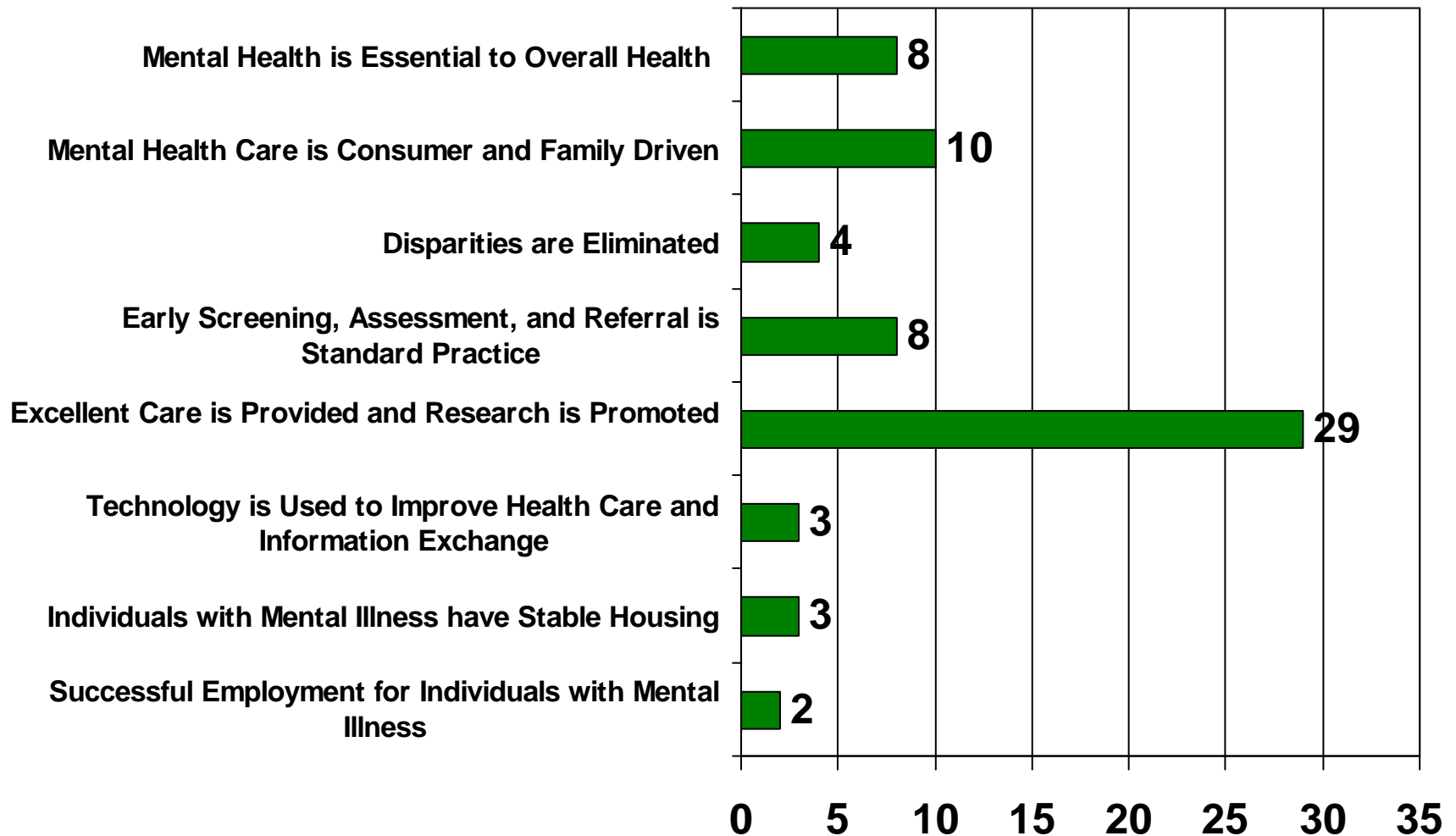
- What activities are being attempted to “transform” the system? Are they being attempted successfully? Do they align with stated goals, priorities, and outcomes?

Research on current functioning and areas of specific need

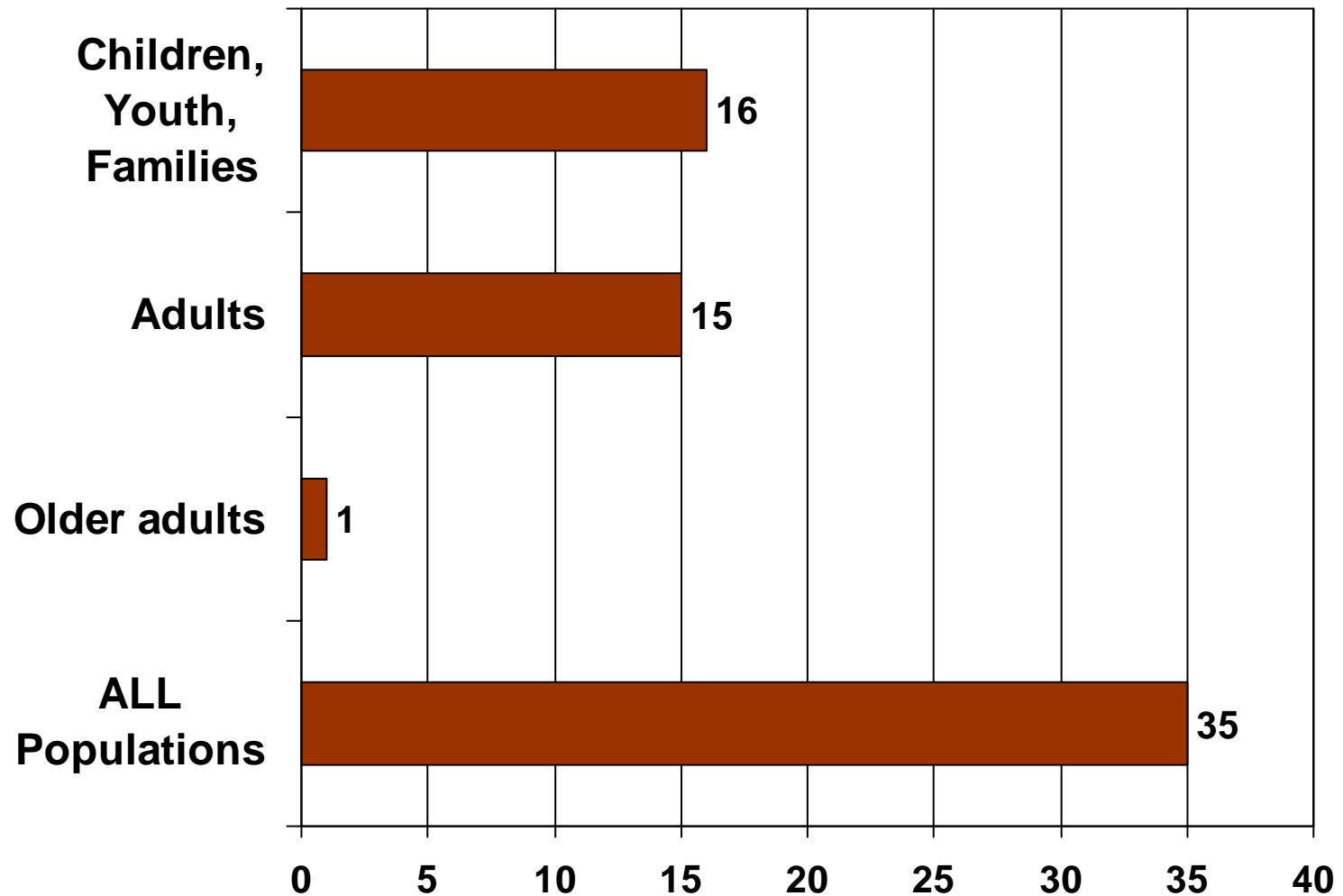
Process and impact evaluation of individual components of the logic model

Monitoring long-range, state-level outcomes

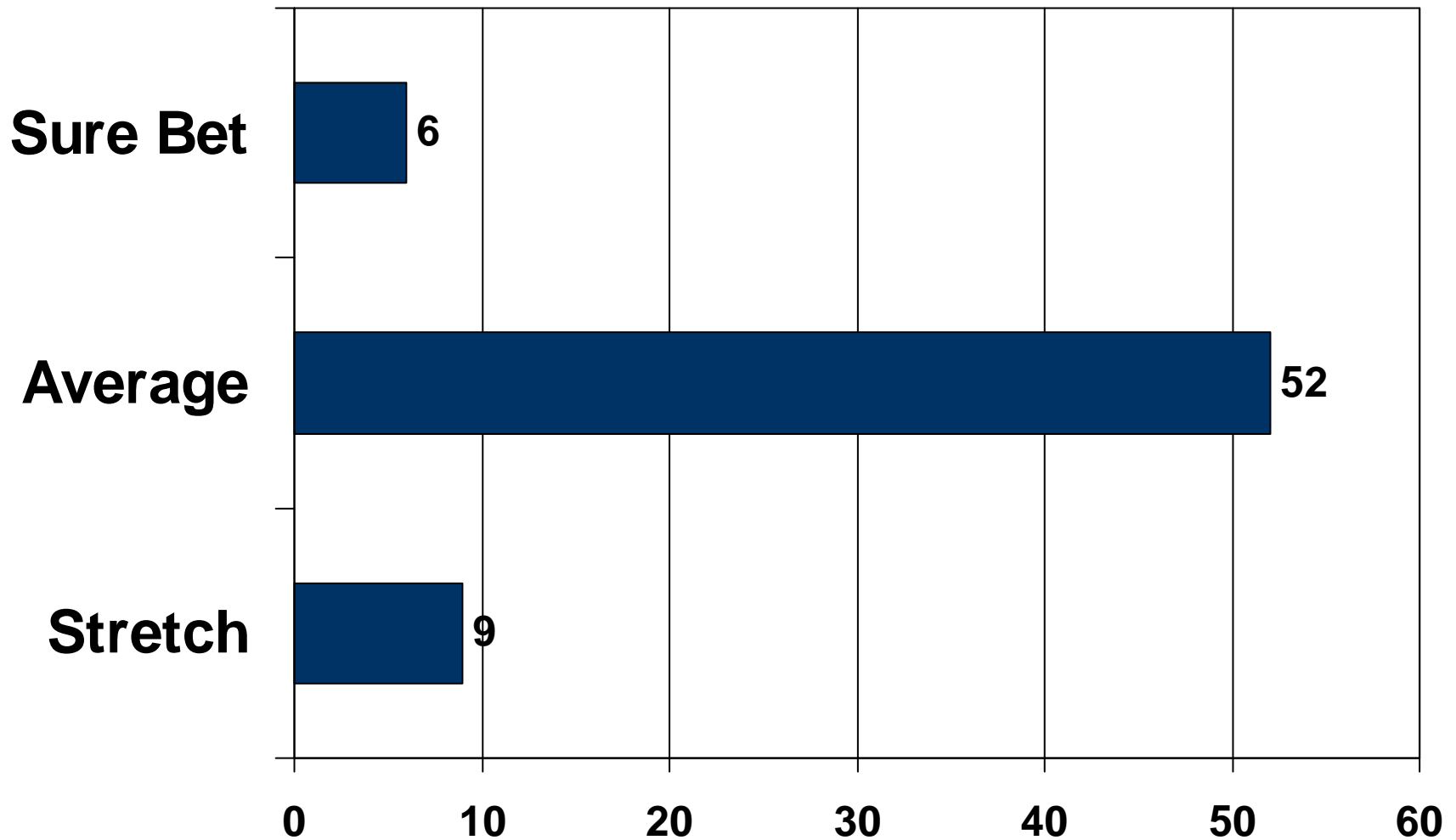
Transformation performance tracking: MHT activities by priority goal area



Transformation performance tracking: MHT activities by population group



Transformation performance tracking: MHT activities by Ease of Completion



Theory driving priorities

Studies of current functioning/needs

- Statewide workforce adequacy and disparities*
- Utilization of evidence-based practices*
- Recidivism of adults and youth with MH concerns*
- Trends in utilization and access, including barriers to care
- Employment of individuals with MH concerns

* Already completed or underway

Theory driving priorities

Evaluation of implementation and impact of Transformation strategies

- Senate Bill 5763 authorizing counties to impose .1% sales tax for MH/CD services*
- Social marketing activities*
- General Assistance Unemployable*
- Expedited medical review for prisoners*
- Peer support training and certification
- Mental Health parity law
- Specific service initiatives, e.g., PACT, Wraparound
- Opinions and stated priorities of key stakeholders

* Already completed or underway

Examples to follow!

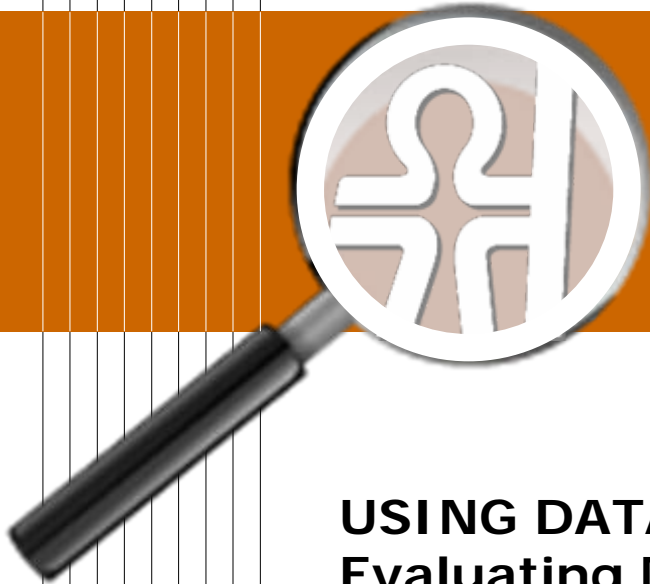
Washington's integrated database

- Overview and structure
- Examining criminal justice – MH issues
- Tracking long-term state MH outcomes

Evidence-based practices in Washington: A baseline survey

Washington's consumer and family evaluation mini-grant program

A Data Transformation



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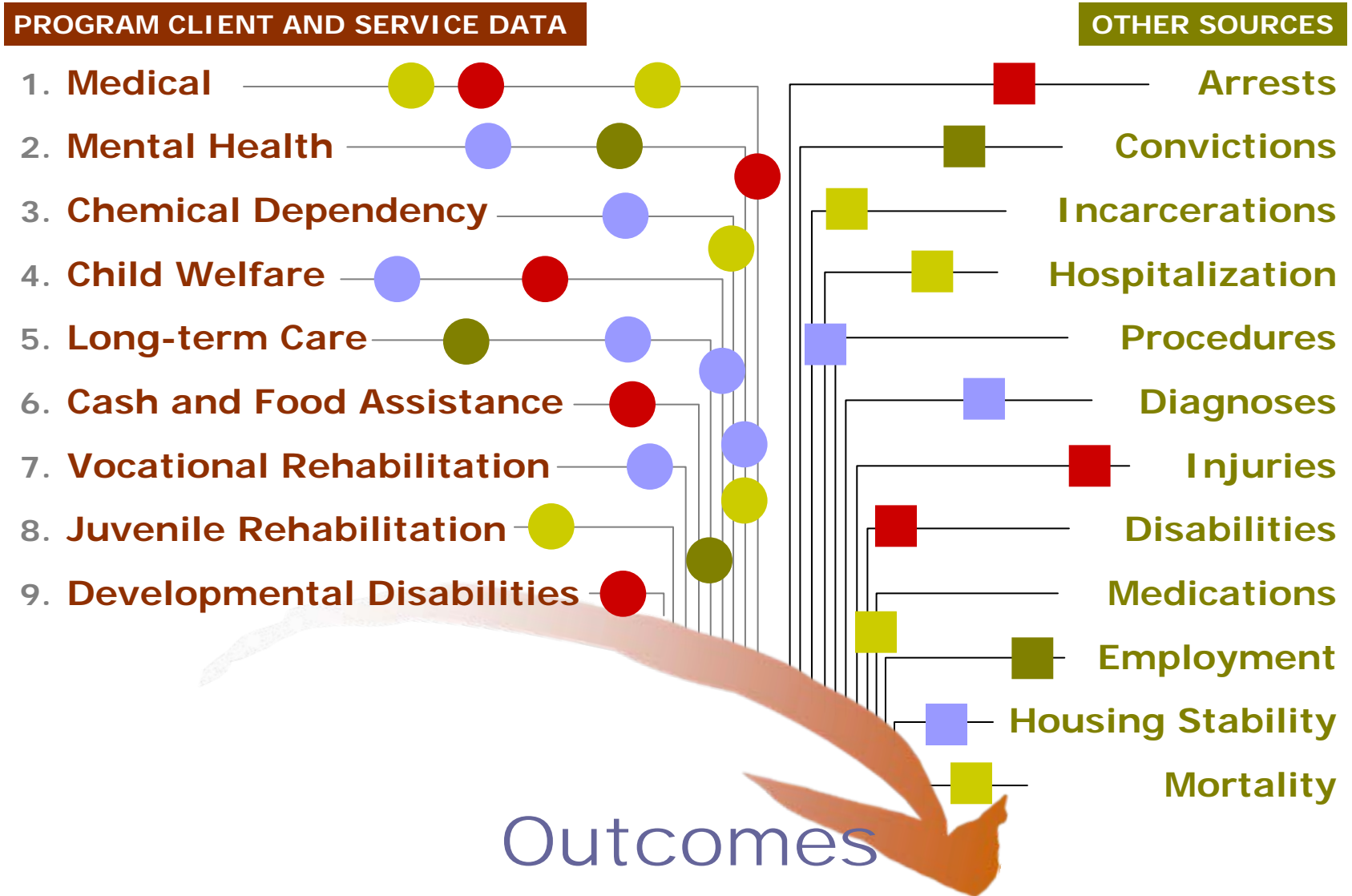
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David Mancuso, PhD and **Elizabeth Kohlenberg, PhD**
Washington State Department of Social and Health Services

Ken Stark, Project Director and **Ron Jemelka, PhD, Deputy Director**
Washington State Mental Health Transformation Project

How do we do this?

We have **9 program areas** with **20 major information systems**
We have linked this data to **risk and outcome measures** from other sources



Technical challenges

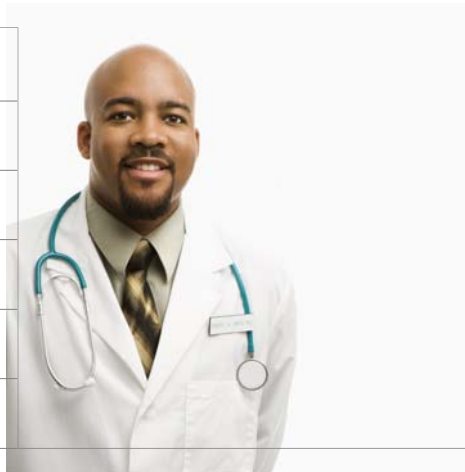
Our data infrastructure represents a **10 year evolution** that began with smaller integrated databases. Challenges include creating common client identifiers, establishing and maintaining IT system interfaces, and maintaining systems for classifying detailed service, risk, and outcome data into meaningful and manageable categories for analysis.

UNIQUE CLIENT IDENTIFIER

- One of the biggest challenges was identifying all records associated with a client across different information systems
- Validity of cross-system data depends on the quality of the client match

Will the real Joe Smith please step forward?

Joe Smith
Dr. J. Dean Smity
J. D. Smith
Joe Smity
JD Smith, Jr.
Joseph Dean Smity
Joe D Smith, Jr.



► *Our matching algorithms use the client's name, DOB, SSN, and gender*



● UNIQUE CLIENT IDENTIFIER

Six Domains . . . many dimensions



YOUR QUERY

Working age

Males

Medicaid Disabled

Who?

Population

Demographics

- Age
- Gender
- Race|ethnicity

What?

DSHS services

Social and health services

- Health and Recovery Services Administration
- Children's Administration
- Economic Services Administration
- Aging and Disability Services Administration
- Juvenile Rehabilitation Administration
- Vocational Rehabilitation

Where?

Geography

Medical coverage group

- Medicaid Disabled
- General Assistance
- Family Medical, including TANF
- Children's Medical
- Pregnant Women
- Medicaid Aged

Why?

Risk/Need

When?

Time

So?

Outcome

Six Domains . . . many dimensions



YOUR QUERY

Working age

Males

Medicaid Disabled

Prescription
narcotics

Emergency room

Who? Population

What? DSHS service

Where? Geography

Why? Risk/Need

When? Time

So? Outcome



Mental Health

- Assessments
- Therapy
- Medications
- Hospitalizations
- Encounters

AOD Treatment

- Assessments
- Detox
- Treatment

Medical

- Physician
- Emergency room
- Hospital
- Medications
- Encounters

Others

- Children's Administration
- Economic Services Administration
- Aging and Disability Services Administration
- Juvenile Rehabilitation Administration
- Vocational Rehabilitation

Six Domains . . . many dimensions



YOUR QUERY

Working age

Males

Medicaid Disabled

Prescription
narcotics

Emergency room

All counties

Substance abuse

Mental illness

Who? Population

What? DSHS service

Where? Geography

Why? Risk need

When? Time

So? Outcome



Chronic conditions

- Heart disease
- Diabetes
- Cancer
- COPD

Mental illness

- Severe
- Moderate
- Mild

Substance use

- Alcohol
- Other drugs
- Abuse or dependence

Treatment for:

- Injuries
- Overdoses

Situational risk

- Child Protective Services
- Adult Protective Services

Functionality

- ADL/IADL status and related measures
- Disability status

Six Domains . . . many dimensions

Who? Population

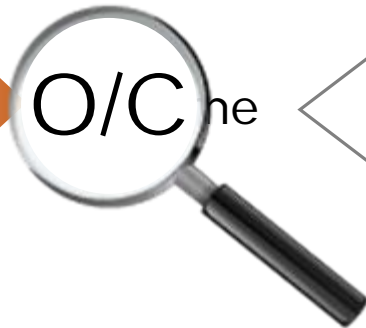
What? DSHS service

Where? Geography

Why? Risk/Need

When? Time

So? O/C



Criminal justice

- Arrests
- Adjudication
- Incarceration

Employment

- Hours
- Earnings

Shelter

- Spells of homelessness
- Emergency housing shelter stays

Death

Other outcomes

- Outpatient ER visits
- Hospitalizations
- Child out-of-home placements
- Institutionalization
- Receipt of cash, food, medical
- Medical and psychiatric hospitalizations
- (Many more)

YOUR QUERY

Working age

Males

Medicaid Disabled

Prescription
narcotics

Emergency room

All counties

Substance abuse

Mental illness

Past 5 years

Felony arrests

Employment

Incarceration

How is this information used?

Service profiles

- For clients receiving services across multiple program areas

Risk/need profiles

- For specific populations of interest – for example, the presence of co-occurring mental illness and substance use disorders among disabled Medicaid clients

Service gap analyses

- For program evaluation and issues of access

Outcome and performance evaluations providing measures and identifying relationships to services received:

- For clients with comparable indicators of risk or need, how do outcomes differ among clients receiving alternative “levels” of service (including no service)?
- For clients with comparable indicators of risk or need, how do outcomes vary over time, by geographic area, or by client demographics?

Next up . . . more dimensions

Family relationships over time derived from birth certificate, child support enforcement, and public assistance household composition data

- Would allow us to relate parental risk factors to child outcomes (*for example, intergenerational “transmission” of dependence on public assistance or criminal involvement*)

Measures of quality of care

- HEDIS-like measures derived from administrative data including measure of mental health medication management
- Use of evidence-based practices





Using Integrated Databases to Examine CJ-MH Issues

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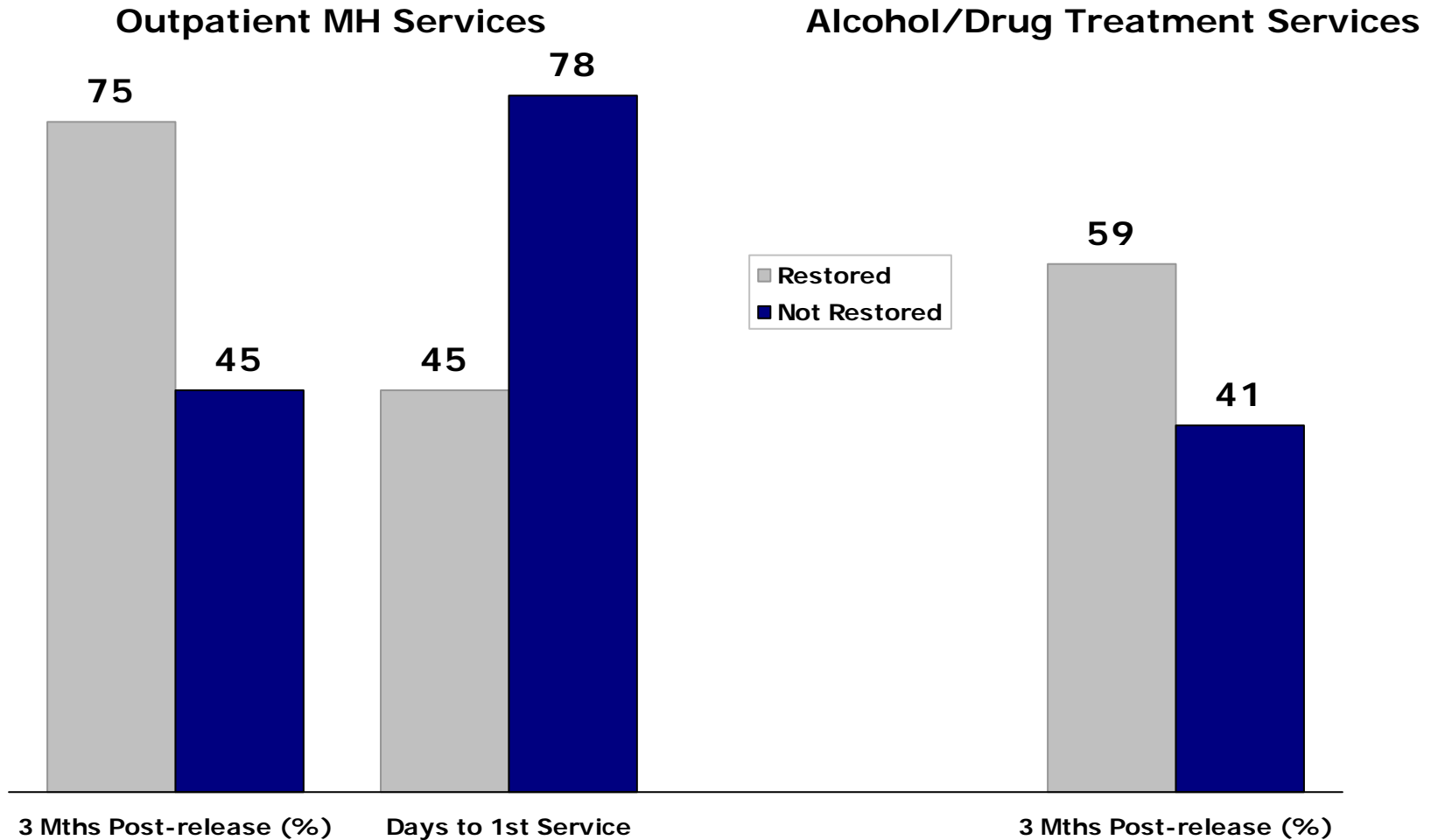
Washington State

Additional Uses of Integrated Administrative Data

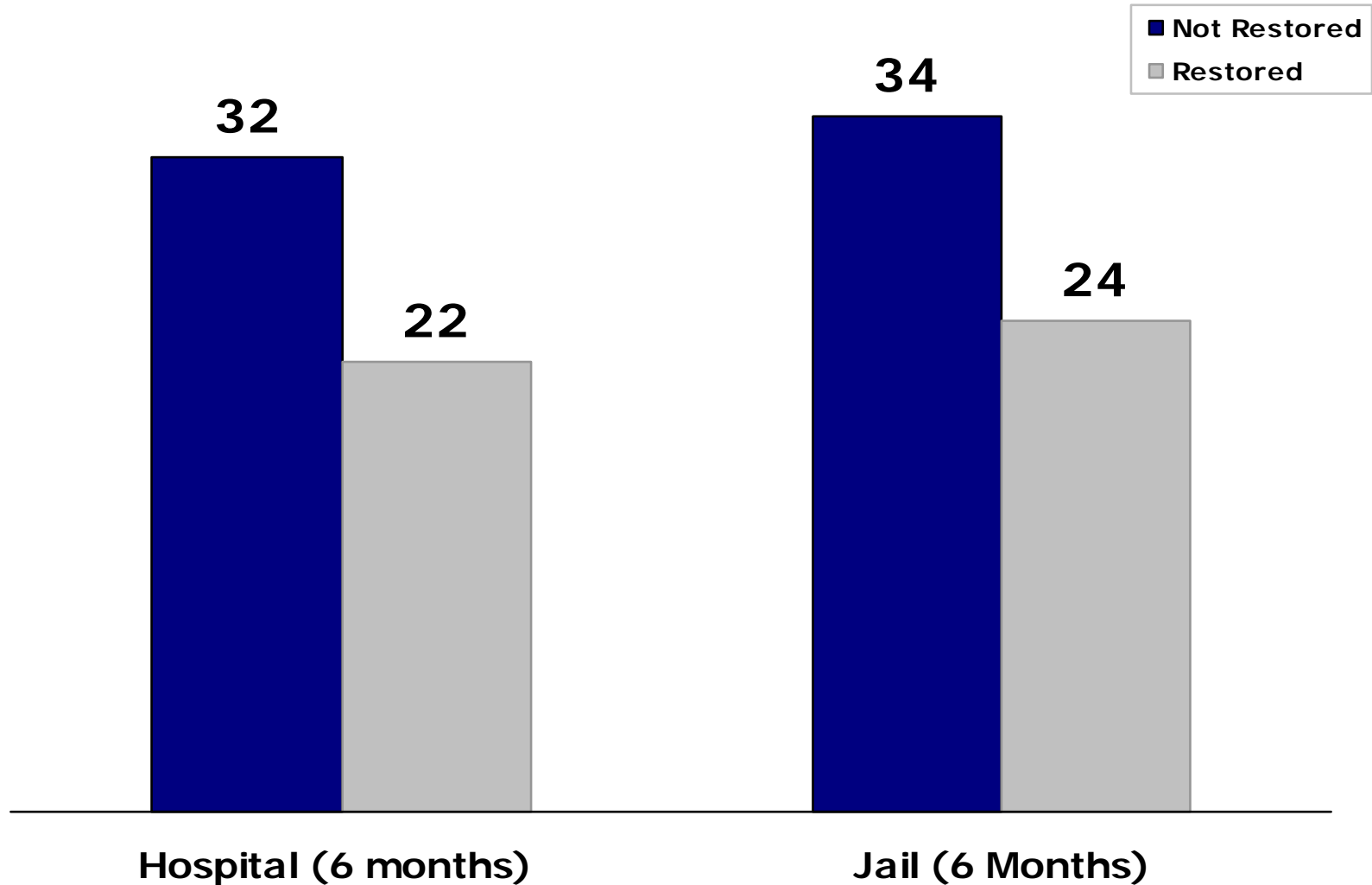
- 1. HB1290 Expedited Medicaid Restoration**
- 2. Mental Health Transformation (MHT)**
- 3. Prison Reentry Initiatives**

MESSAGE: DSHS's integrated databases provide unprecedented opportunities to explore CJ-MH issues (and others) in unique and informative ways

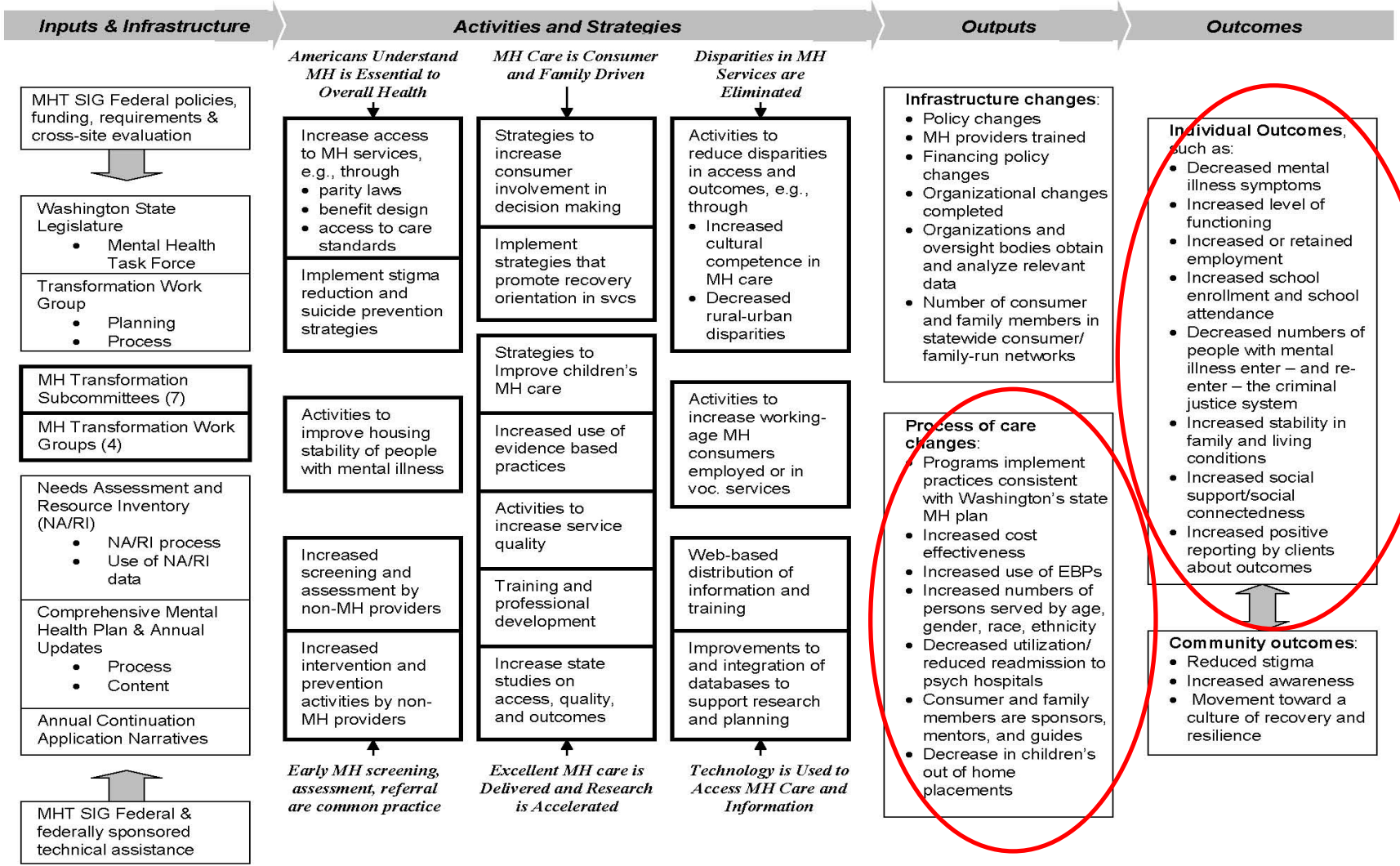
HB1290: Percent Subsequent Service Use for CY2006 by Medicaid Restoration Status



HB1290: Percent w/ Inpatient Treatment or Jail Detention by Medicaid Restoration Status



Washington State Mental Health Transformation Logic Model Bruns draft 8/20/07



Note: **Bold boxes** represent activities or infrastructure presented in more detail in accompanying Appendix

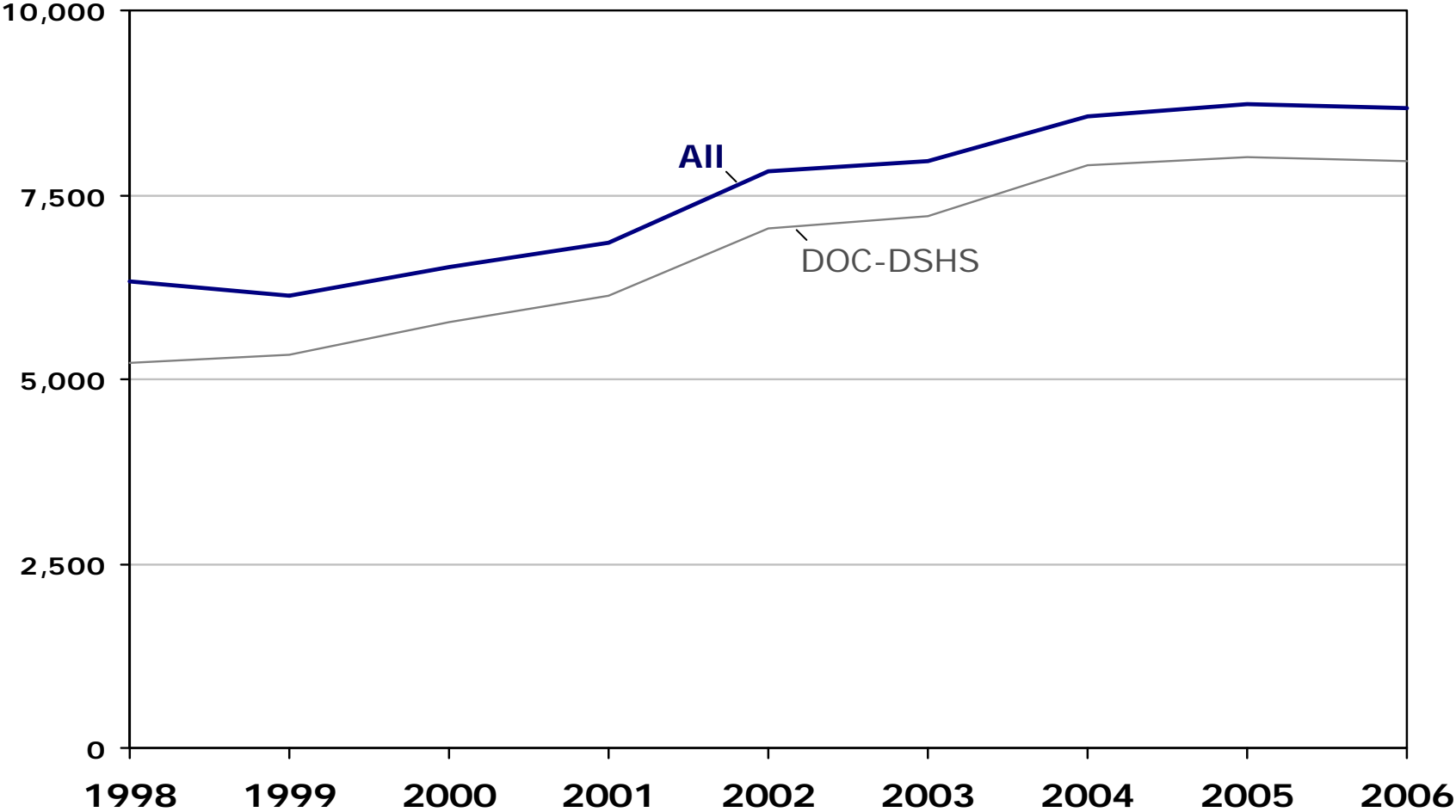
MHT Outcome Indicators

Linked administrative databases are useful in evaluating multi-systemic changes and trends: MH, SA, CJ, JJ, welfare, employment, housing

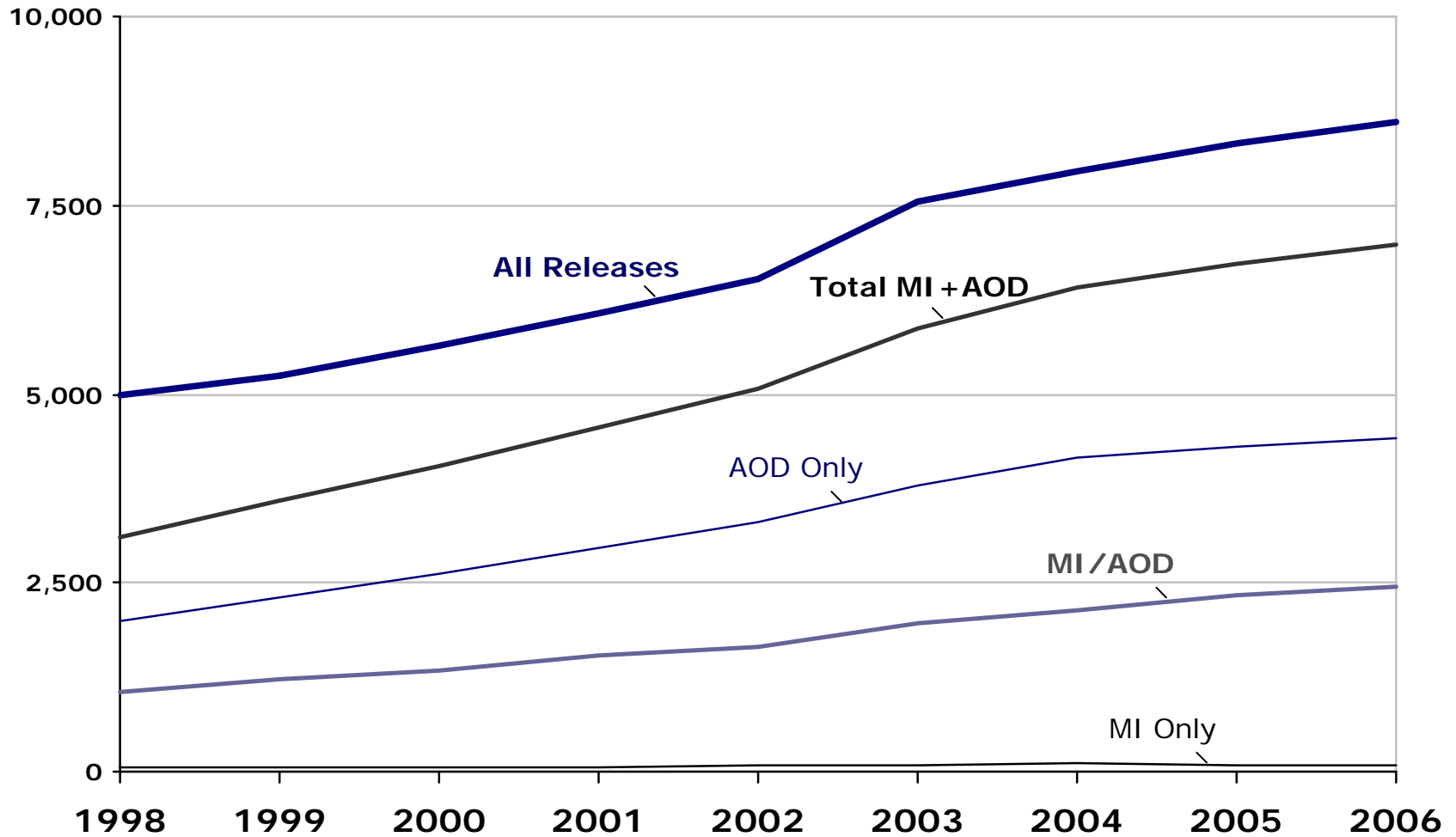
- Increased use of community vs. hospital services
- Decreased numbers of persons with mental illness penetrating the criminal justice system
- Increased numbers of persons with mental illness stably housed and employed
- Decreased use of inappropriate meds with kids

MH data systems alone fail to capture MHT impact

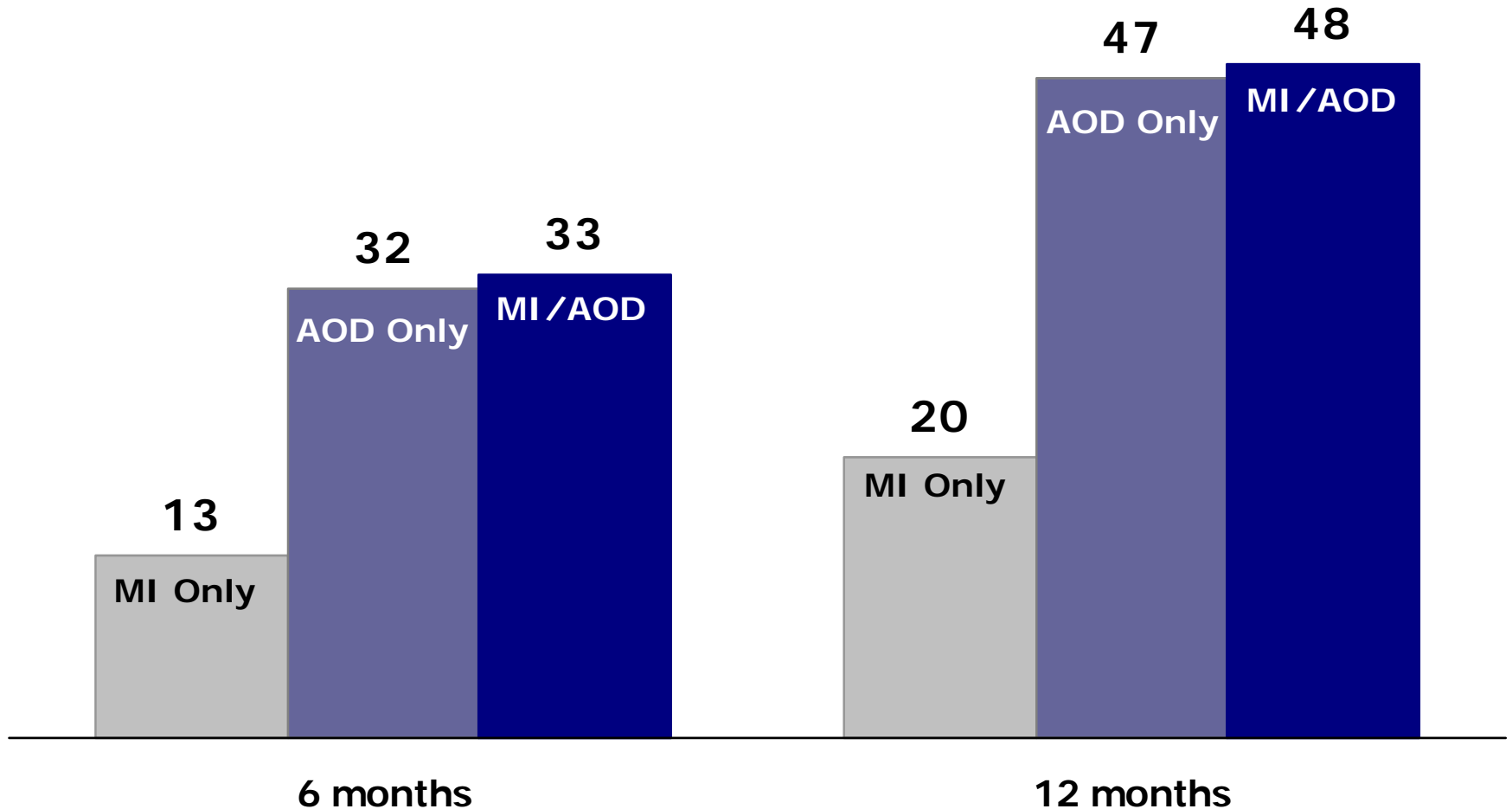
Prison Reentry: Washington State DOC – DSHS Admissions (1998 – 2006)



Prison Reentry: Washington State DOC Releases (1998 – 2006)



Prison Reentry: Washington State % DOC-DSHS Releases with Jail Recidivism (1998 – 2006)



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Mental Health Evidence Based Practices in Washington State

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**Dennis McBride, PhD, William Voss, PhD, Heather Mertz, PhD,
Terri Villanueva, Genevieve De Nevers**

The Washington Institute for Mental Health Research and Training
University of Washington, Seattle

*For further information contact Bill Voss: bvoss15@u.washington.edu
or (253) 761-7594, www.wimirt.washington.edu*

Goal of the 2007 EBP Survey

To identify and assess the use of mental health EBPs among publicly funded social service agencies in Washington State

Information collected is intended to inform state policymakers, providers, consumers, and other stakeholders about:

- Current planning and programming efforts
- Provide baseline for tracking future EBP implementation

Method

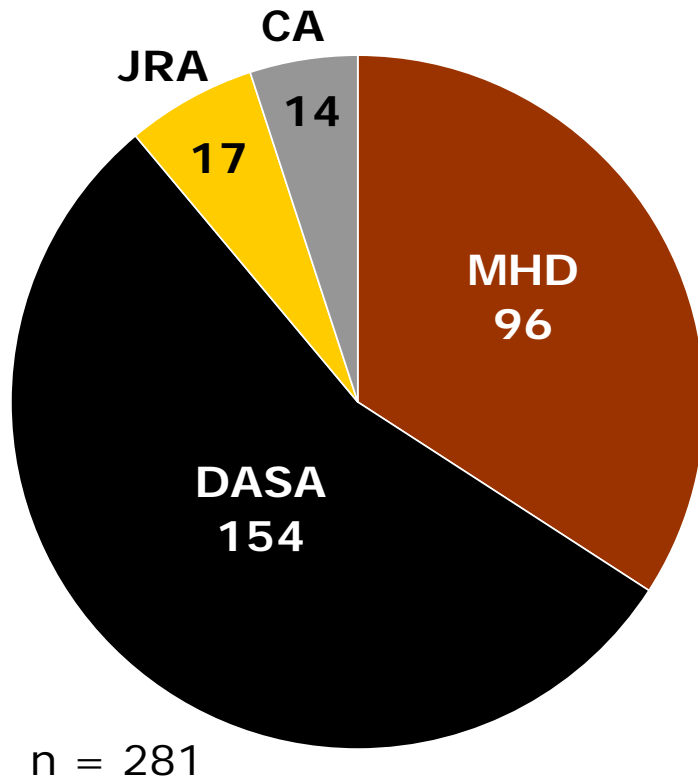
Participants

- Mental Health Division (MHD) agencies
- Division of Alcohol and Substance Abuse (DASA) agencies
- Juvenile Rehabilitation Administration (JRA)
- Children's Administration (CA)

Measure

- The survey consisted of 20 questions assessing EBP utilization, EBP fidelity, barriers to EBP use, and interest in EBP implementation in the future.
- Data were primarily collected via online survey

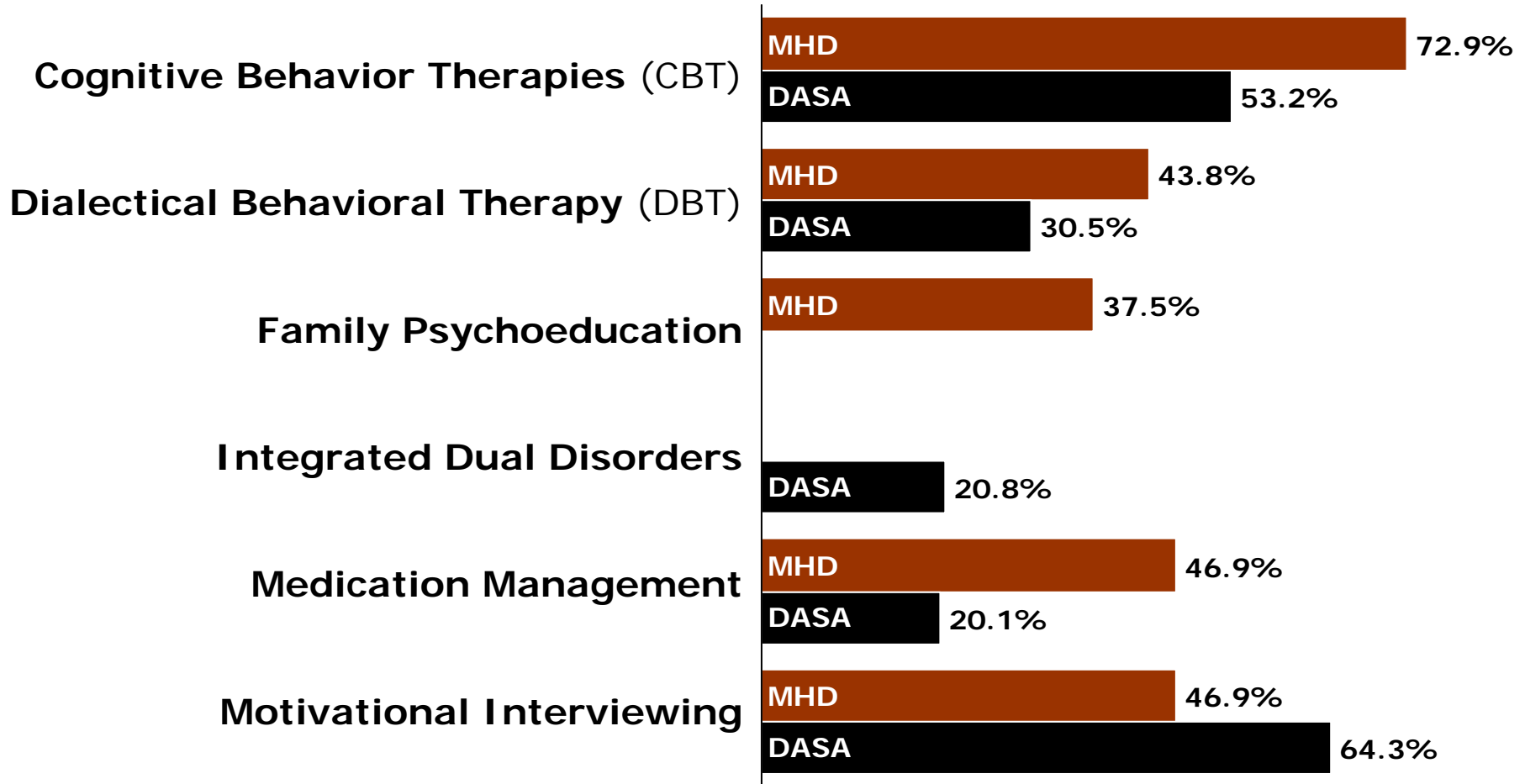
Response Rates



Agency (total)	Response Rate
MHD (N=156)	61.5%
DASA (N=239)	64.4%
JRA (N=17)	100%
CA (N=15)	93.3%
Total (N=427)	65.8%

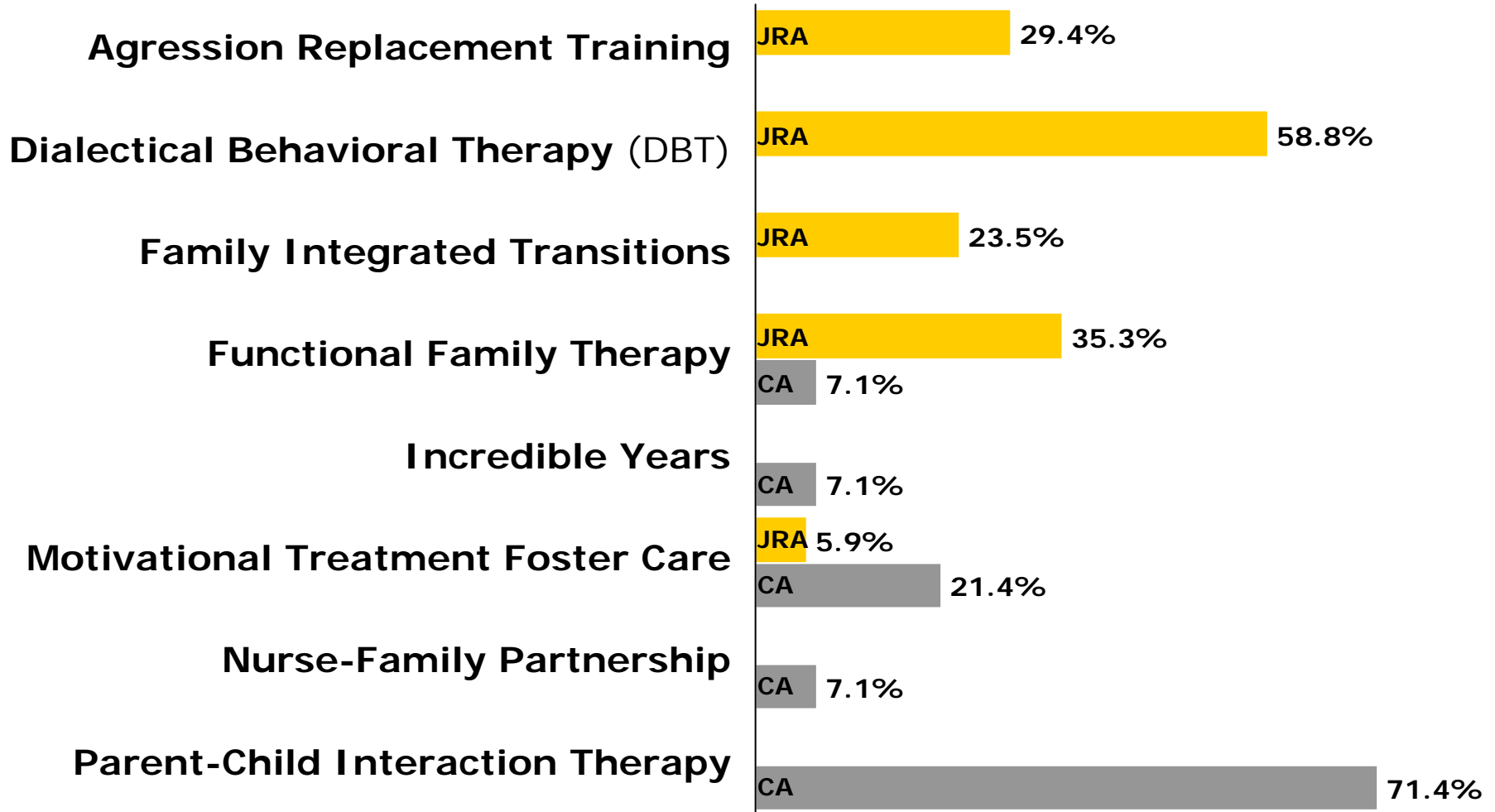
Total Response Rate: **65.8%**

Top 5 EBPs* Currently in Use: MHD and DASA



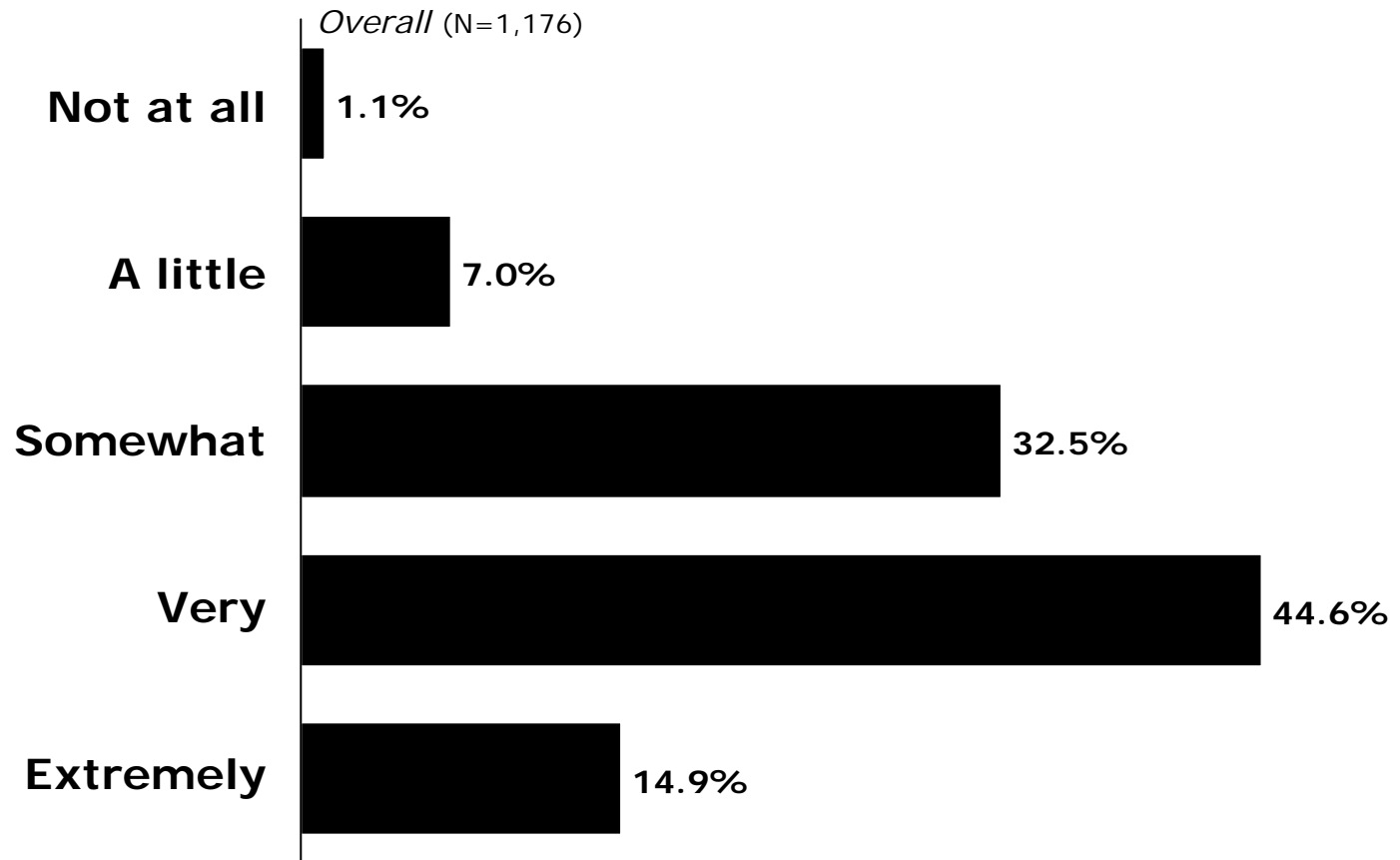
*Only the top 5 EBPs per agency are listed.

Top 5 EBPs* Currently in Use: JRA & CA

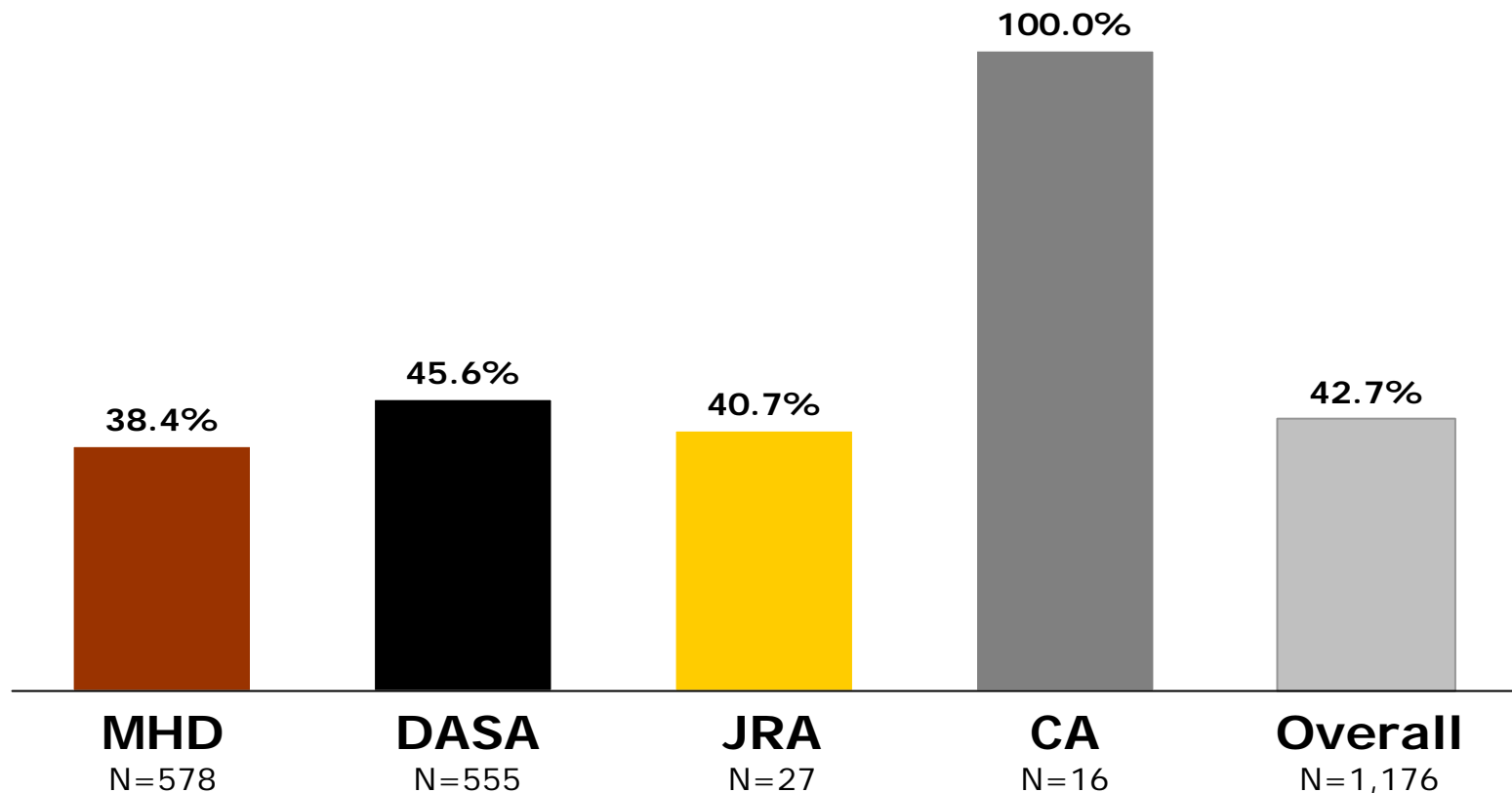


*Only the top 5 EBPs per agency are listed.

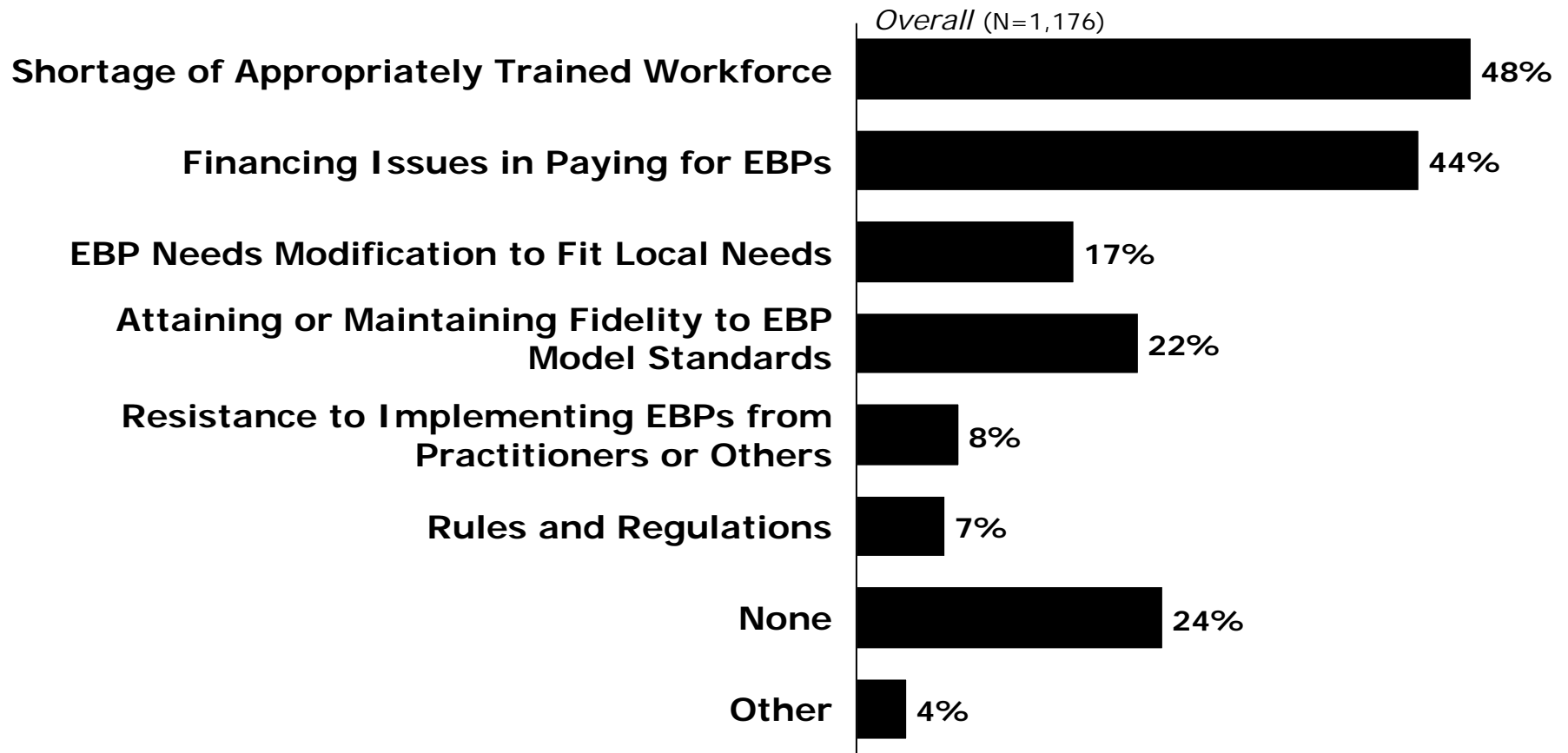
For the practices your agency currently provides, please indicate how successful your agency has been in EBP implementation.



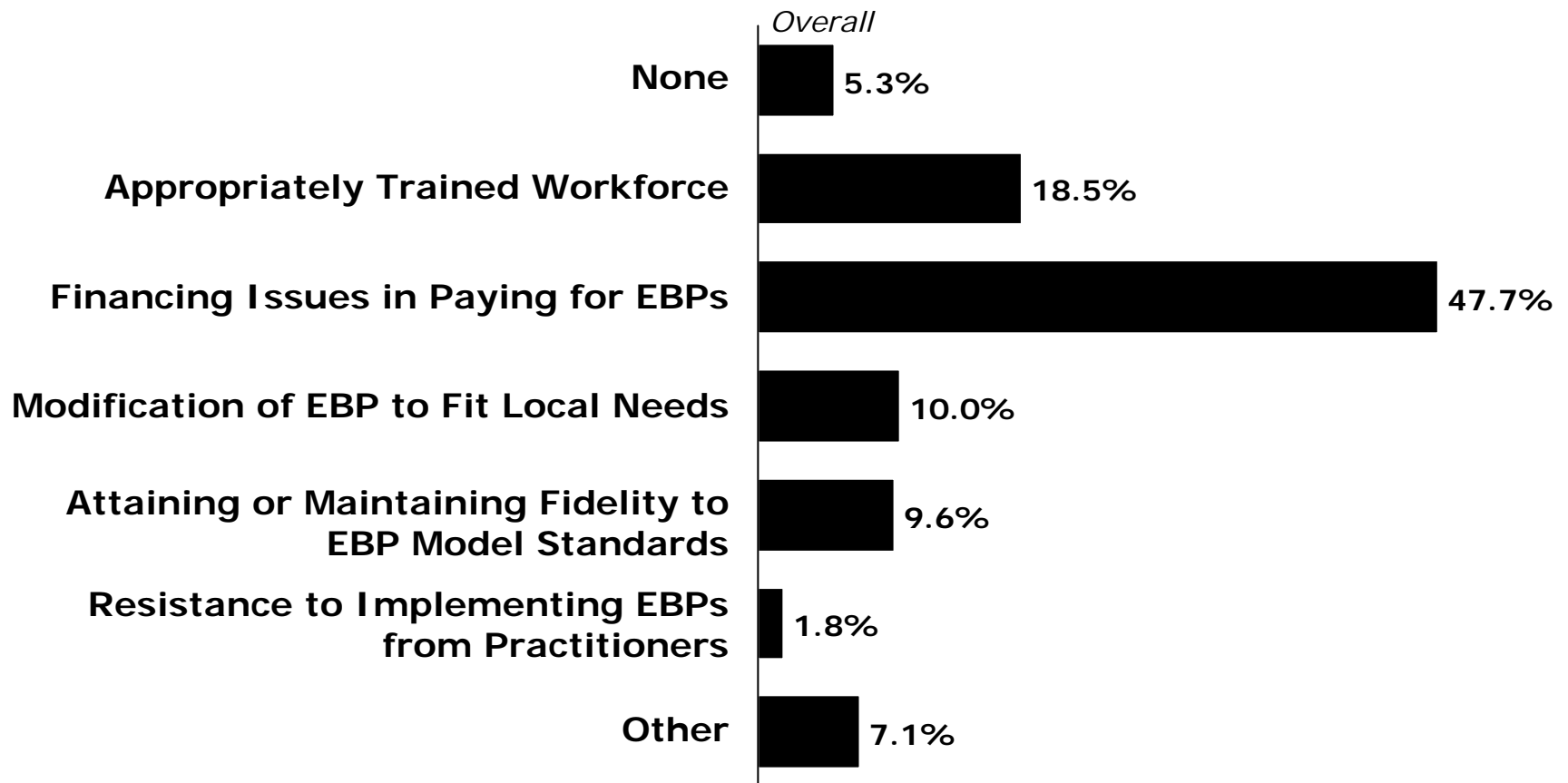
Indicate whether program fidelity is assessed or monitored for those practices you are currently providing, and if so, what fidelity measure or method are you using.



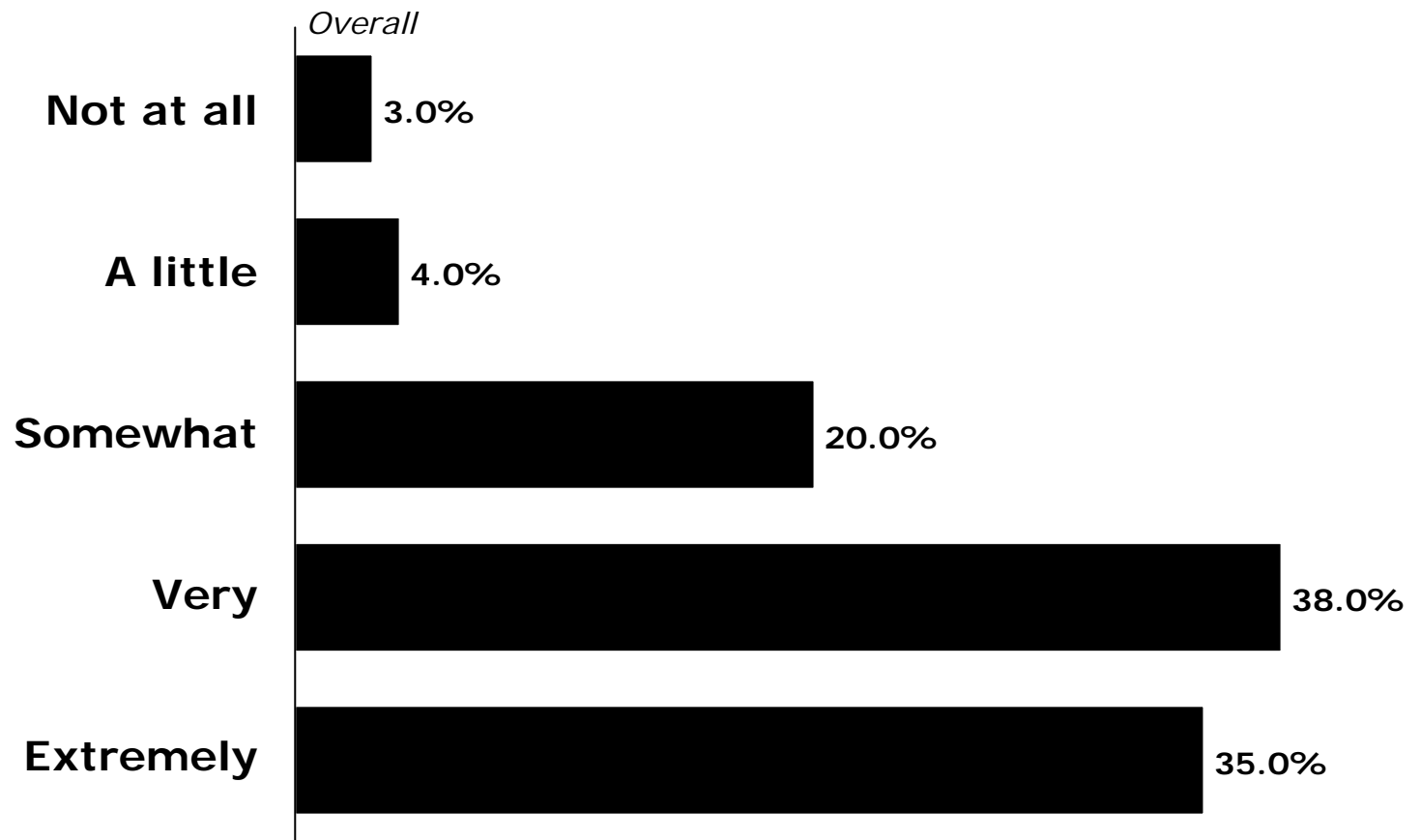
Please indicate whether any of the barriers listed below interfere with your agency in providing EBPs you are using or want to use.



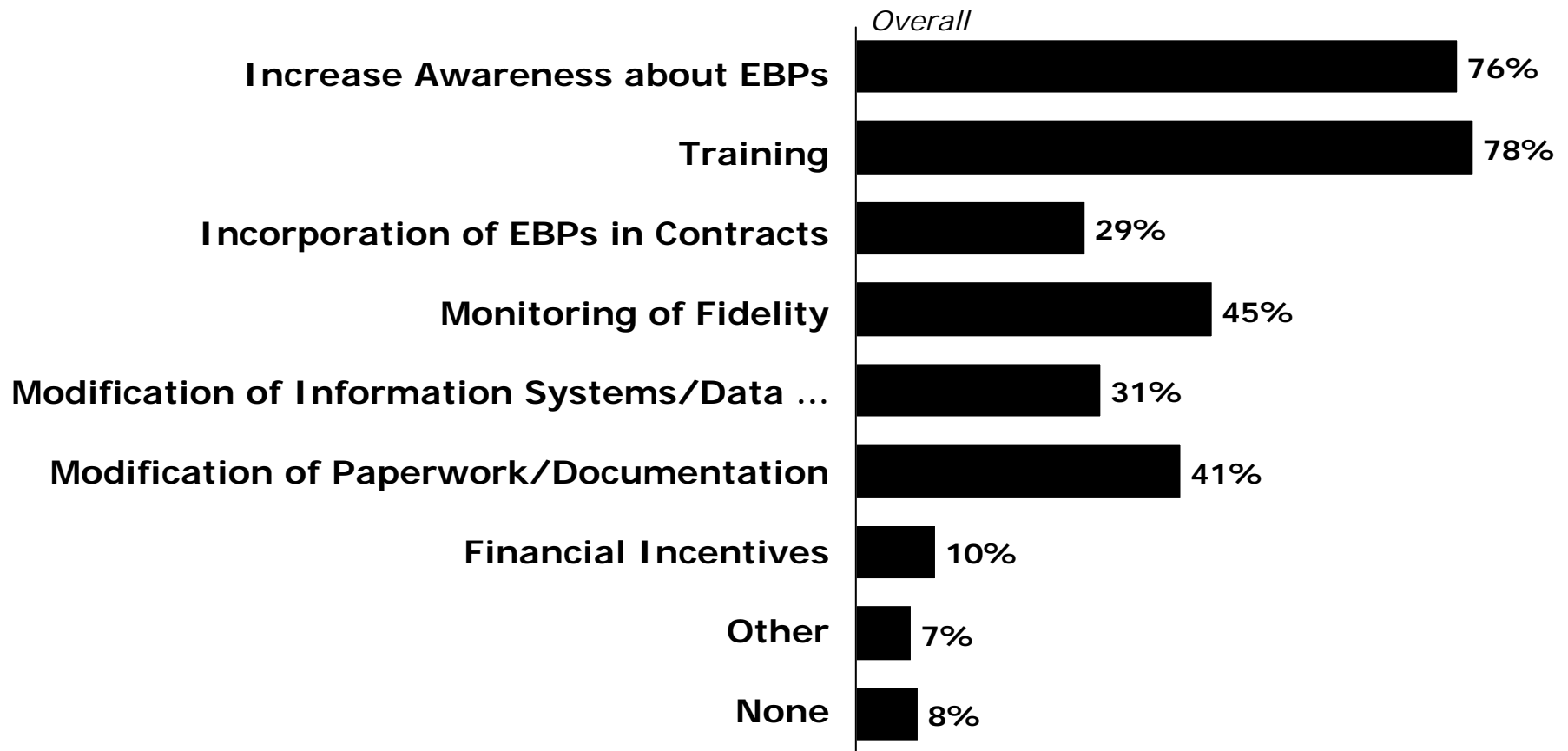
What type of assistance is most needed by your agency to help facilitate the adoption and implementation of evidence-based practices?



Please rate your agency's interest in continuing/beginning to implement EBPs into your treatment program



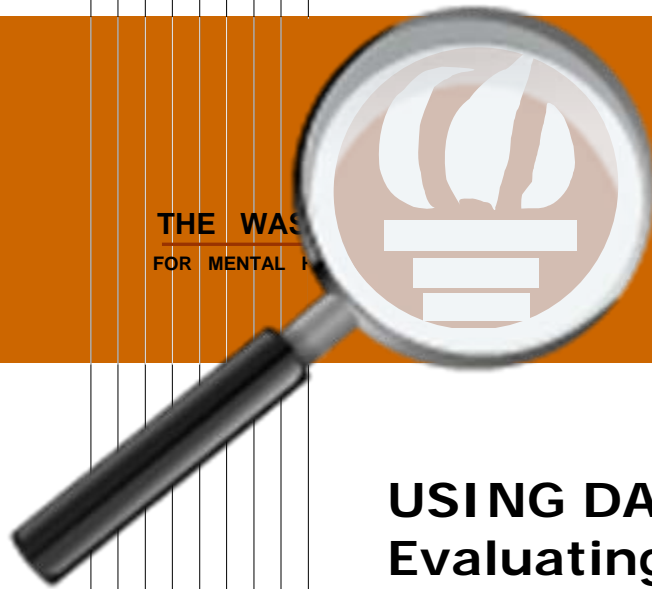
What initiatives, if any, is your agency implementing to promote the adoption of evidence-based practices (EBPs)?



Summary

- Most agencies report that they are “very” or “extremely” successful in EBP implementation.
- Less than half of the EBPs currently utilized in Washington State are being measured for fidelity.
- A **shortage of an appropriately trained workforce** and **financing issues** are the most often cited barriers to implementing EBPs as well as the most often cited source of assistance needed to facilitate the adoption and implementation of EBPs.
- Over 70% of all agencies say they are “very” or “extremely” interested in continuing to use EBPs in the future.
- Social service agencies in Washington State are engaging in a variety of initiatives to promote the adoption of EBPs. Increased awareness of EBP use and Training were the most frequently employed initiatives

Promoting Recovery & Resiliency



Washington State's Consumer and Family Evaluation Mini-Grant Program

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Maria Monroe-DeVita and Cindy Willey

The Washington Institute for Mental Health Research and Training
University of Washington, Seattle

Overview for Today

- 1. Context for consumer- and family-driven evaluation**
- 2. Overview of Washington's Consumer and Family Mini-Grant Program**
- 3. Year 1 pilot results:**
 - Evaluation of program implementation
 - Mini-Grantee outcomes
- 4. Where do we go from here?**

Consumers and families play a key role in evaluation

- **Important asset to identifying core evaluation questions**
- **May better define meaningful measures of success**
- **May lend more validity to data collection through peer-to-peer inquiry**
- **Critical for lending credibility to consumer- and family-driven services and non-traditional programs**
- **Expanding research skills can lead to other important and valuable applications:**
 - ✓ leadership
 - ✓ program development
 - ✓ policy making
 - ✓ advocacy

Context for Mini-Grant Program

- **Wanted to do more than have consumers and families at the table**
- **Participation in evaluation as measured by tangibly going beyond the table**
- **To teach (adult and youth) consumers and families:**
 - ✓ How to write small grants to fund evaluation projects of interest and importance to them
 - ✓ Evaluation and report-writing skills
- **Partnership among consumers, families, evaluators, and funders along the way**

Components of Mini-Grant Program

- **Getting the word out: Social marketing**
- **Collaboratively developing Mini-Grant Program Announcement and Application Packet**
 - ✓ Big focus on examples and templates
- **Technical Assistance (TA) available to all prospective applicants on Day 1**
- **Assembly of a credible review committee**
(partnership among consumers, families, researchers)
- **Disbursement of grant award funding to grantees**
- **Ongoing TA for all grantees through the duration of their evaluation projects**

Example Project within \$10,000 - \$15,000 Range:

We propose to establish a four-member Consumer Evaluation Team within our community mental health services agency. This team will conduct an outcome evaluation of our agency's local implementation of a Program of Assertive Community Treatment (PACT), focusing on an assessment of recovery and quality of life at the time of program admission, at six months, and one year after admission. During the project period, we propose to develop the two measures and conduct baseline assessments of the first 15 consumers admitted to the PACT program. Assessments of the remaining 27 consumers will be conducted with additional funding after this project period.

Line Item	Cost
Hourly pay for four consumers on Consumer Evaluation Team @ \$12 per hour @ 8 hours per week for 20 weeks (5 months)	\$7,680
2 Dell Inspiron E1505 Notebook Computers	\$1,600
2 user licenses - SPSS Base 15.0 for Windows (statistical analysis software)	\$3,198
Printer/copier Paper – 500 sheets per ream @ \$5.00 per ream	\$150
10 hours of consultation with Jean Campbell, Ph.D. on recovery measure development (@ \$120 per hour)	\$1,200
Travel to and from the PACT program to administer the measures	\$1,000
Supplies – notebooks, pens, binders	\$150
Total	\$14,978

SAMPLE LETTER OF INTENT – TO BE WRITTEN BY APPLICANTS

[Today's Date]

Dear Dr. Monroe-DeVita:

I am pleased to contact you to introduce your committee to *Creative Consumers'* work with people seeking jobs in the Spokane area and to request support for evaluating our **Job Success Training**.

Creative Consumers is a consumer-run center in Verdale, WA, open 7 days per week, 8:00 am – 7:00 pm, for encouraging, coaching, training, and supporting all mental health consumers looking for employment. We are a non-profit corporation with a board of directors comprised of 6 leaders in our community. We have a staff of 4 full-time and 6 part-time Peer Counselors, 1 Administrative Assistant, and a pool of approximately 40 volunteers. Our counselors and volunteers assist people with numerous job-preparation and job-seeking practices, as well as facilitating support groups for those already employed. Our **Job Success Training** is a 6-week, 120-hour course that we developed and have successfully conducted 4 times in the past year.

We would like to request a total of \$10,000 to implement a system of evaluating this special training program, as well as tracking our graduates. We have written a plan for:

- Purchasing new computers and software;
- Training our staff and volunteers in data collection and qualitative studies;
- Creating a database for (voluntary) tracking of program graduates; and
- Researching other funding opportunities for continued evaluation and research.

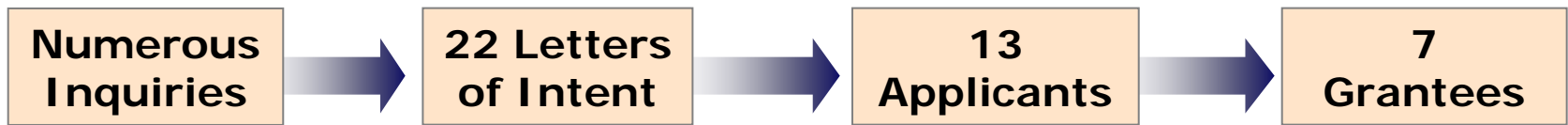
We know that our center has partnered with and aided the success of many people in the community. Now we want to report the effectiveness of this training to consumers, to mental health professionals, and to our community employers in the hopes of gaining recognition as a promising practice and to inspire other consumer groups to follow our lead.

We look forward to interacting with you through our proposal process, and welcome any requests for further information. Our contact person is Rose Fleur, and she may be reached at 555-666-7777 or rfsweet@yahoo.com.

Thank you for your consideration of our request,

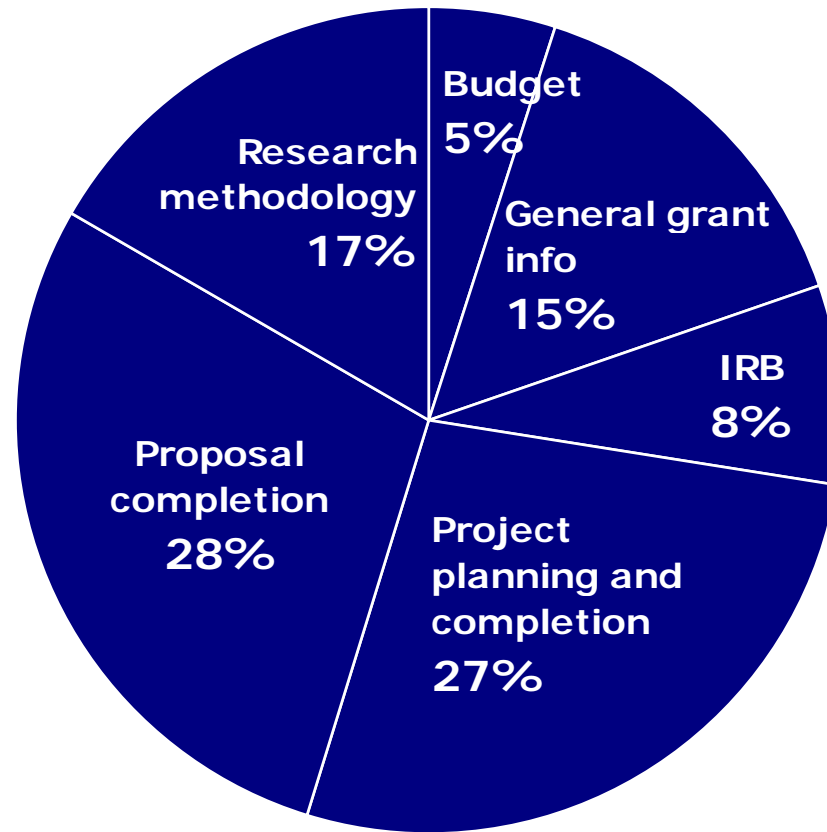
Creative Consumers

Tracking the Mini-Grant Process: Year 1



Nature of TA Provided

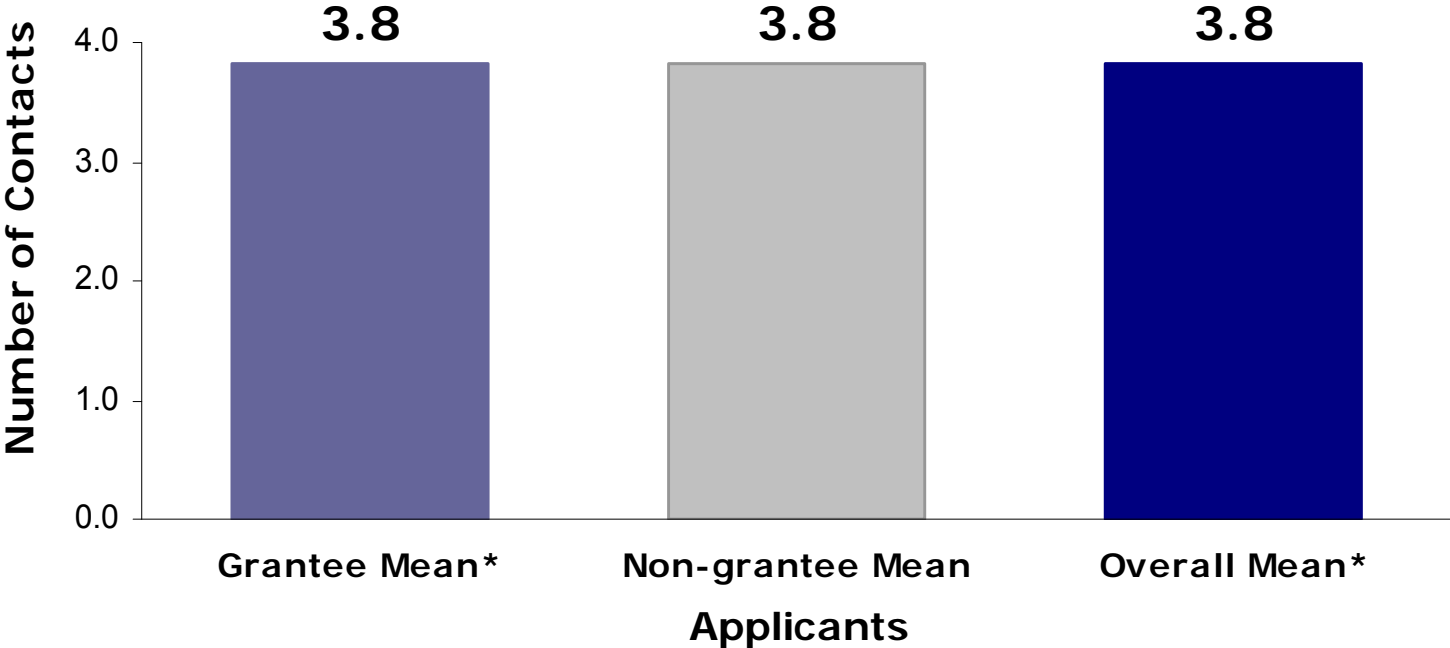
Summary of 2007 Mini-Grant Program Technical Assistance Provided (N = 157*)



*N = number of TA contacts

TA Contacts Across Applicants

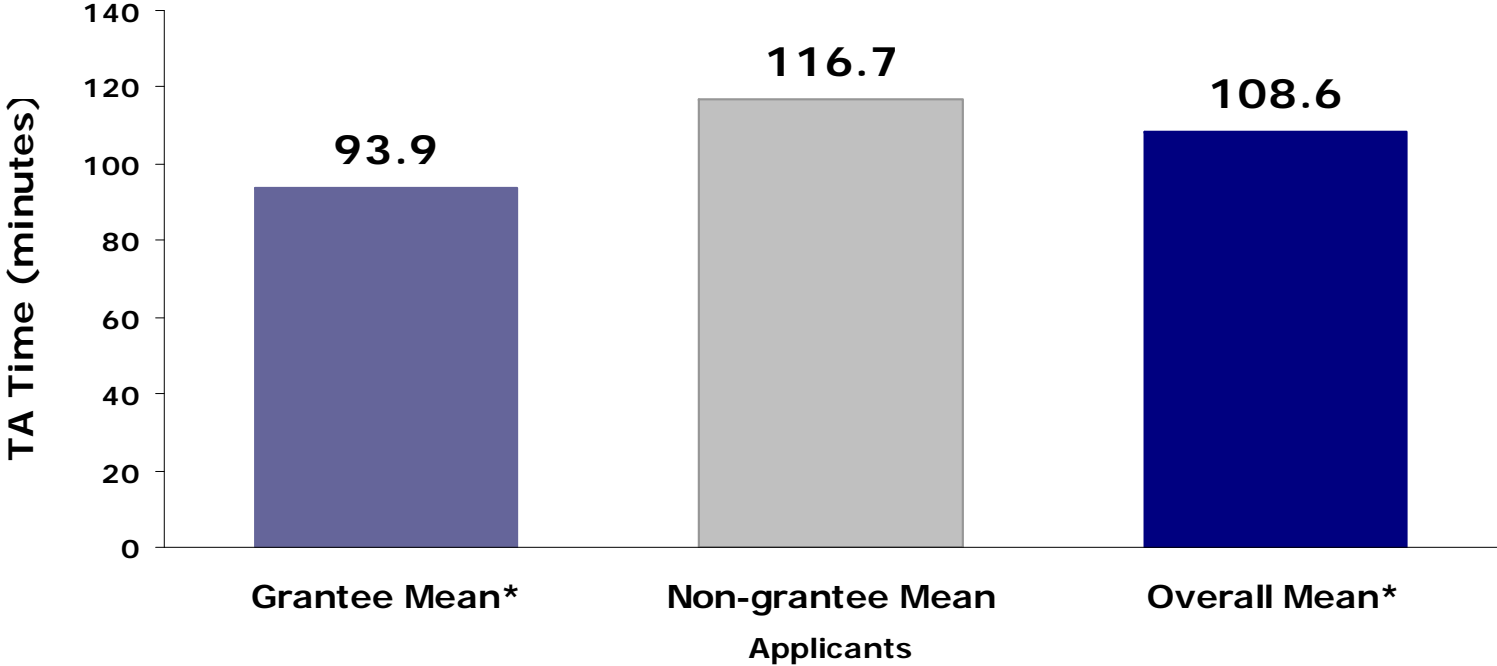
2007 Mini-Grant TA Contacts: Prior to Grantee Selection



* Excluded one grantee with 22 TA contacts and 981 minutes of TA.

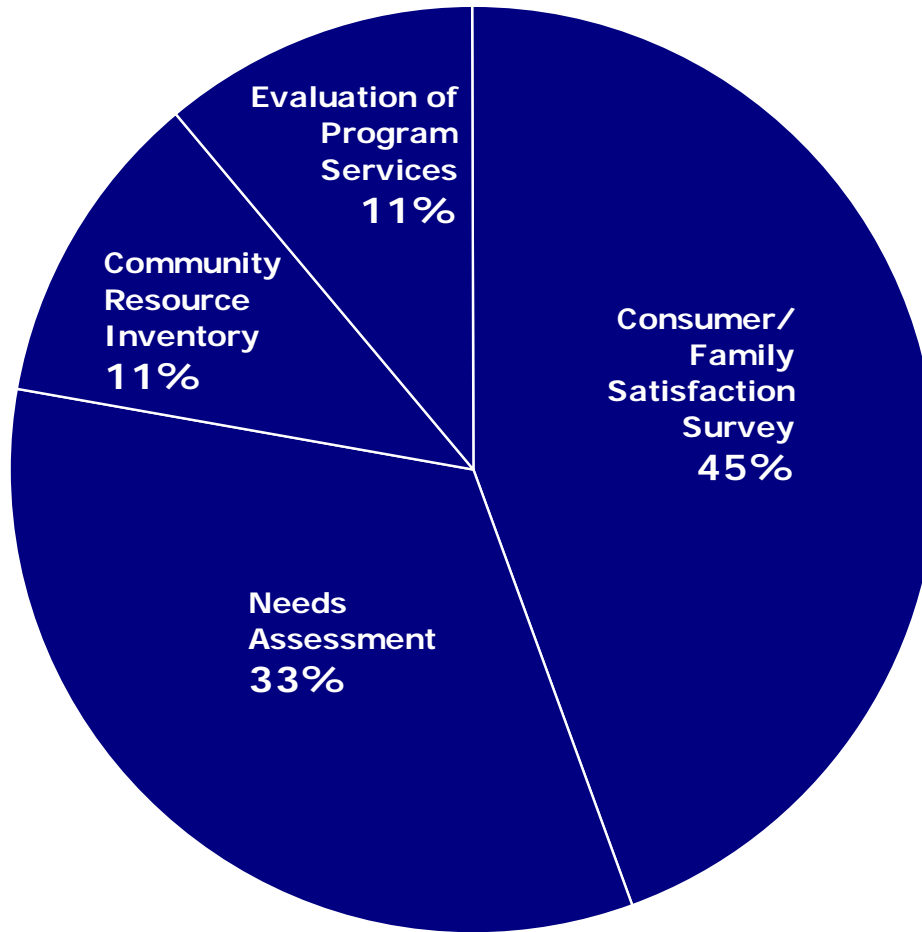
TA Time Across Applicants

2007 Mini-Grant TA Time:
Prior to Grantee Selection



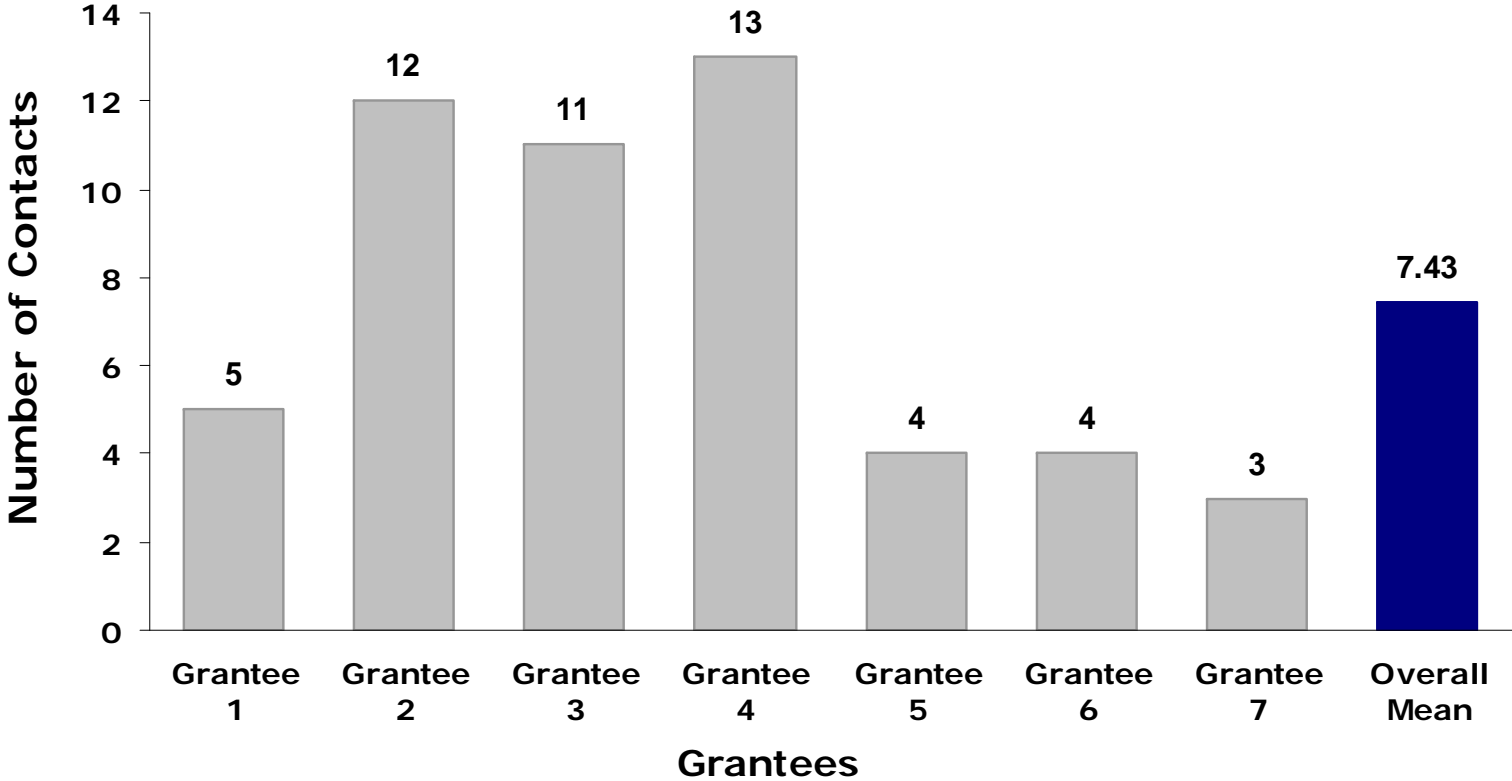
* Excluded one grantee with 22 TA contacts and 981 minutes of TA.

Types of Evaluation Projects



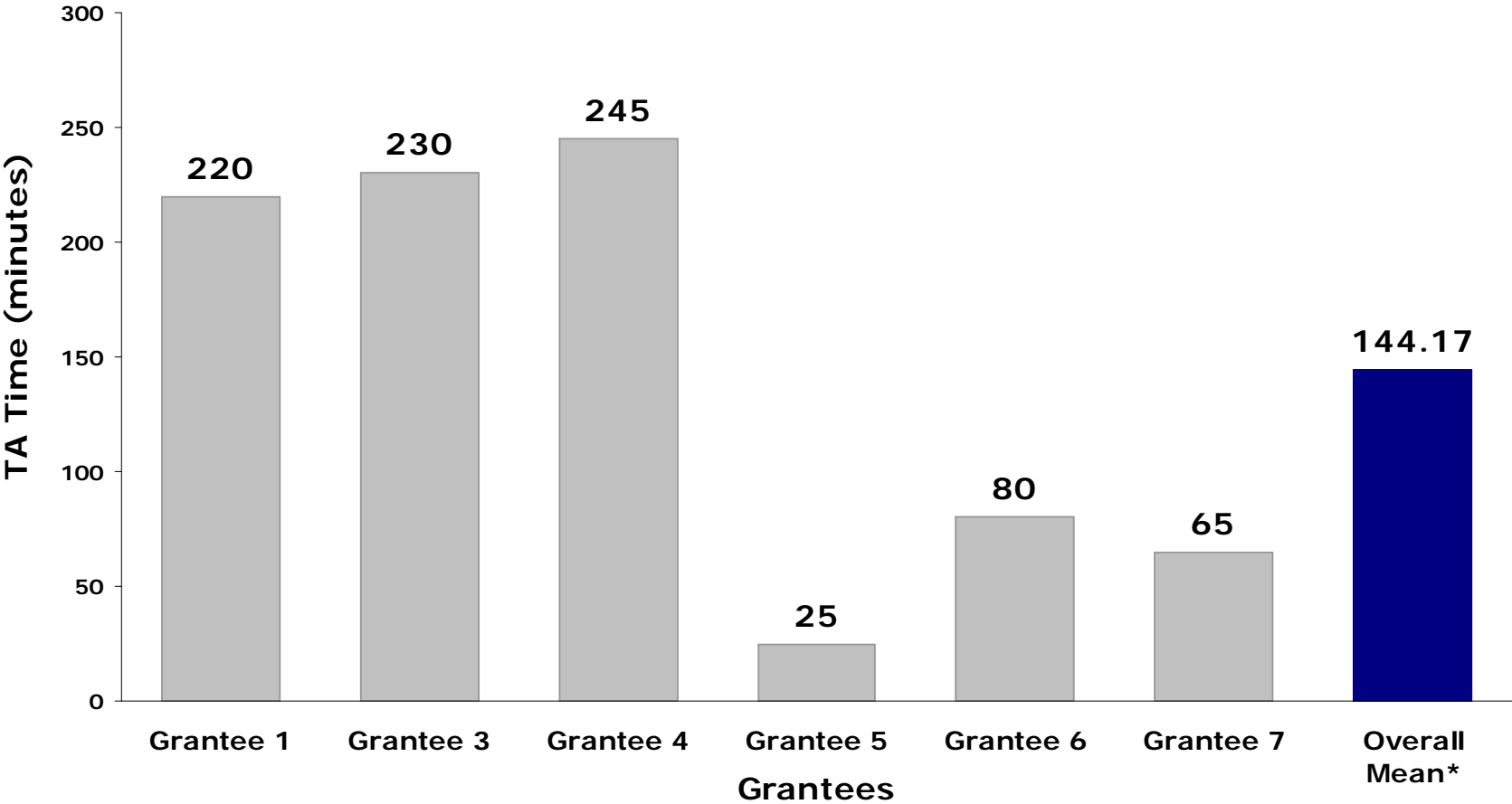
TA Contacts to Support Grantees

2007 Mini-Grant TA Contacts:
After Grant Awards



TA Time to Support Grantees

2007 Mini-Grant TA Time: After Grant Awards



* Excluded one outlier (grantee 2) with 990 minutes of TA.

Mini-Grant TA Coach Evaluations

TA Coach Evaluation Category	Mean Score (1=Poor, 5 = Excellent)
Coach Availability	4.7
Comfort with Coach	4.8
Received Needed Support	4.8
Overall Evaluation of TA Coach	4.8

Mini-Grantee Outcomes

- **Grantees enlisted the assistance of at least one other project team member (range = 2-5)**
- **Projects solicited information from an average of 50.2 evaluation participants (range = 25-100)**
- **Five out of seven successfully completed their projects within the five-month funding period**
- **Five out of seven reported favorable results**

Summary of Mini-Grantees' Projects, Funding, and Results

Project Description	Grant Award	Highlights of Project Results
Consumer/family-led evaluation of consumer satisfaction and process data for program that brings the arts to community mental health consumers.	\$3,580	Consumer Satisfaction: <ul style="list-style-type: none"> • Self-confidence after arts class (N=52): 54% greatly improved • Made new friends through class (N=27): 78% yes • Class has helped in (N=33): 51% confidence; 30% communication; 18% job skills
Consumers and families interviewed community agencies to develop a resource inventory in a rural county.	\$4,762	Developed a user-friendly "Mental Health Recovery Access Guide" which includes social and mental health service information for 71 agencies serving adults, children, youth, and families across this rural county.
Conducted a consumer-driven needs and services assessment of consumer involvement in community mental health agencies and at regional level.	\$5,000	<ul style="list-style-type: none"> • Found "limited" and "virtually no" availability of many needed services and supports (e.g., peer support, housing) in the region (N=7) • Several barriers to recovery-oriented services were identified (e.g., long waiting lists, lack of insurance, stigma) (N=7)
Conducted a survey to evaluate the effectiveness of a resource handbook for low-income, homeless people in a rural county.	\$7,058	Found that 43% of 100 survey respondents had used the handbook. Of those who used it, 49% used it for accessing food shelves, 37% for clothing resources, 34% for shelters, and 24% for housing. Most (72%) reported they wouldn't change anything about this resource, with other suggested changes to be incorporated by grantee.
Parent evaluators conducted an assessment of a family support program for Medicaid-eligible families who have children receiving services in the public mental health system.	\$8,719	Survey data were collected on 31 program participants: <ul style="list-style-type: none"> • 82% reported the peer counselors were competent • 89% reported that the group and class facilitators were very knowledgeable • 83% were satisfied with the outcomes of the services provided • 80% rated the quality of service as excellent

Next Steps

- **Starting off stronger in Year 2, with incorporation of lessons learned in Year 1**
- **Continue to refine a “toolkit” for program replication in other states and communities**
- **Disseminate information about the program more widely**
- **Look for additional federal and state funding for sustainability after Transformation Grant**

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For Mini-Grant resource documents, go to:

<http://mhtransformation.wa.gov/MHTG/minigrants.shtml>

Contact information

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<http://www.dshs.wa.gov/rda>

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