



# Access to Behavioral Health Services for Children

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Engrossed Second Substitute House Bill 1713; Section 3; Chapter 202, Laws of 2017;

Substitute Senate Bill 5779, Section 6; Chapter 226, Laws of 2017;

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# Access to Behavioral Health Services for Children

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# Executive Summary

Washington Apple Health (Medicaid) plays a critical role for many children with behavioral health needs. In Washington State, Apple Health eligible children may access behavioral health treatment through different programs depending on their eligibility and location. These programs include fee-for-service (FFS), managed care organizations (MCOs), Integrated Managed Care (IMC),<sup>1</sup> or Behavioral Health Organizations (BHOs). With the exception of IMC, MCOs typically provide behavioral health services only to children with less acute behavioral health needs. In non-IMC regions, MCOs refer children with higher-acuity behavioral health treatment needs to their local BHO.

Access barriers to children’s behavioral health services are common and often disproportionately affect certain populations. To better understand these barriers, we analyzed performance measures linked to access to care for children (0–18 years old). This report addresses the following:<sup>2</sup>

1. Follow-up after an emergency department visit for mental illness or alcohol and other drug dependence<sup>3</sup> within 30 days;
2. Children with an identified mental health need who received mental health services during the reporting period;
3. Children receiving services from BHOs, including the types of services they received;
4. Children’s mental health providers available in the previous year;
5. Languages spoken by children’s mental health providers;
6. Children’s mental health providers who were actively accepting new patients; and
7. Mental health and medical services for eating disorder treatment in children and youth, place of service, and availability of providers specializing in eating disorders.

Less than one-third of Apple Health covered children received follow-up care within 30 days after emergency department visits for alcohol and other substance use disorders during calendar year (CY) 2017, this rate increased by 5.8 percentage points from the CY 2016 rate of 23.8 percent.

Compared to the substance use disorder follow-up rate, the 30-day follow-up rate after an emergency department visit for mental health disorders is considerably higher at 82.7 percent. This is an increase of 4.6 percentage points from the CY 2016 rate of 78.1 percent. Some racial/ethnic groups, such as Asian/Native Hawaiian or Pacific Islander populations, had lower levels of follow-up (both 7-day and 30-day) for any behavioral health-related emergency department visit. Follow-up rate changes from CY 2016 to CY 2017 are mixed.

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<sup>1</sup> See RCW 74.09.748 “Regional service areas—Certain reimbursements required or allowed upon adoption of fully integrated managed health care system.” <<http://app.leg.wa.gov/RCW/default.aspx?cite=74.09.748>>, accessed on September 7, 2018.

<sup>2</sup> Please note formal measure names may include obsolete terminology not aligned with current Diagnostic and Statistical Manual of Mental Disorders language.

<sup>3</sup> Per the language of the corresponding Healthcare Effectiveness Data and Information Set (HEDIS) measure.

Service rates and other information related to both BHO services and Apple Health mental health providers are similar to what we reported last year.<sup>4</sup> Beginning in 2018, the Health Care Authority (HCA) and the Department of Social and Health Services (DSHS) are required to report data related to eating disorder treatment services for children and youth.

Access to behavioral health is a key state initiative. Strategic, cross-agency efforts are underway. We are expanding integrated managed care in regions throughout the state. We also provide reimbursement for telehealth/telemedicine and are working to improve bi-directional availability of behavioral and physical health services. These initiatives may help improve disparities in access for children needing behavioral health services. Service modality alternatives, such as telemedicine, could improve access to behavioral health services. However, it is critical that these policy efforts consider and address the specific needs of rural communities and minority populations within statewide service delivery improvement efforts.

## Reporting Requirements

The Revised Code of Washington (RCW) 74.09.495<sup>5</sup> directs HCA and DSHS to report annually on the status of access to behavioral health services for children birth through age 17. Reporting must include:

- The percentage of discharges for patients ages 6 through 17 who had a visit to the emergency room with a primary diagnosis of mental health or alcohol or other drug dependence during the measuring year and who had a 30-day follow-up visit with any provider with the same primary diagnosis;
- The percentage of health plan members with an identified mental health need who received mental health services during the reporting period;
- The percentage of children served by BHOs, including the types of services provided;
- The number of children's mental health providers available in the previous year, the languages spoken by those providers, and the overall percentage of children's mental health providers who were actively accepting new patients; and
- Data related to mental health and medical services for eating disorder treatment in children and youth, including the number of: (1) Eating disorder diagnoses; (2) patients treated in outpatient, residential, emergency, and inpatient care settings; and (3) contracted providers specializing in eating disorder treatment and the overall percentage of those providers who were actively accepting new patients during the reporting period.

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<sup>4</sup> "Access to Behavioral Health Services for Children (December 1, 2017)." <<https://www.hca.wa.gov/assets/ssb-5779-behavioral-health-services-children-12-01-07.pdf>>, accessed on September 7, 2018.

<sup>5</sup> RCW 74.09.495, "Behavioral health services—Access by children—Report." <<http://app.leg.wa.gov/RCW/default.aspx?cite=74.09.495>>, accessed September 7, 2018.

## Barriers to Accessing Behavioral Health Services

According to National Health Interview Survey (NHIS) data, children enrolled in Medicaid or Children's Health Insurance Program (CHIP) were more likely to see a mental health professional (14 percent) or doctor (9.4 percent) for an emotional or behavioral problem than their privately insured counterparts (8.3 percent versus 5.1 percent, respectively) in 2014.<sup>6</sup> Apple Health plays a critical role for many children with behavioral health needs by providing comprehensive coverage for children and reducing barriers associated with out-of-pocket costs.

To promote access to behavioral health services, federal law mandates that Medicaid and CHIP programs comply with behavioral health parity requirements. Parity requirements help to ensure that treatment limitations (such as visit limits) applicable to mental health (MH) or substance use disorder (SUD) benefits are no more restrictive than those applied to other medical or surgical benefits. However, other barriers to accessing behavioral health services exist, such as:

- Lack of available treatment providers;
- Transportation challenges; and
- Client experience of stigma.

Certain minority ethnic and racial populations may experience additional obstacles when accessing behavioral health care. Factors such as language barriers, religious/cultural traditions, and distrust of the medical establishment may prevent client access to behavioral health care. Publications suggest that distrust of physicians can be higher among blacks and Hispanics than among whites in the United States for various reasons, from historical adverse treatment to individual experiences within the health care system.<sup>7</sup> Studies indicate it is difficult to isolate the effect of low English proficiency from cultural values, because all of these factors are interconnected.<sup>8</sup>

## Access Differs Between Populations

Gaps between behavioral health treatment need and service access have been the subject of national discussion. A review of the *National Survey on Drug Use and Health* found certain racial and ethnic populations may be less likely to seek and/or receive treatment for suicidal ideation. In particular, Native Americans were among the populations with lowest treatment utilization, but also among the highest for rates of suicide attempts<sup>9</sup>. There is also a notable lack of racial and

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<sup>6</sup> Medicaid Access in Brief: Children's Use of Behavioral Health Services. June 2016. MACPAC. Advising Congress on Medicaid and CHIP Policy. Issue Brief.

<sup>7</sup> Racial/Ethnic Differences in Physician Distrust in the United States. 2007. Armstrong, et al. *Am J Public Health*. 97(7).

<sup>8</sup> Cross-cultural barriers to mental health services in the United States. 2011. Leong FTL, Kalibatseva Z. *Cerebrum: Dana Forum Brain Science*.

<sup>9</sup> Ethnic and racial differences in mental health service utilization for suicidal ideation and behavior in a nationally representative sample of adolescents. 2016. Nestor, B.A., et al. *Journal of Affective Disorders*. 202:197-202.

cultural diversity among mental health providers, even as demographic trends indicate an increase in both minority populations and their requirements for mental health treatment.<sup>10</sup>

The need for behavioral health treatment is greater in some populations. Children and youth in foster care, and those involved in juvenile rehabilitation, often have a higher level of need for mental health and substance use disorder treatment, compared to other children receiving Medicaid services.<sup>11</sup>

Nationally, children who live in rural locations may have difficulty accessing behavioral health services. Geographic isolation, often combined with increased workforce shortages in rural areas, may create additional challenges for rural children to access behavioral health services.<sup>12</sup>

## Behavioral Health Integration

In Washington State, Apple Health eligible children may access behavioral health treatment through fee-for-service (FFS), managed care organizations (MCOs), Integrated Managed Care (IMC), or Behavioral Health Organizations (BHOs). Behavioral health integration began on April 1, 2016, with the creation of BHOs across the state and IMC in southwest Washington. As of CY 2018, BHOs include Great Rivers, Greater Columbia, King County, North Sound, Optum-Pierce, Salish, Spokane County Regional, and Thurston-Mason.

IMC means the state purchases physical and behavioral health services together, instead of purchasing physical health services through Apple Health MCOs and purchasing behavioral health services separately through BHOs. Integrated Managed Care is currently limited to southwest and north central Washington. Entities involved in offering integrated managed care include the five Medicaid managed care plans — Amerigroup, Community Health Plan of Washington, Coordinated Care of Washington, and Molina Healthcare — and Beacon Health options as the behavioral health administrative services organization. By January 2019, five regions will have IMC: Greater Columbia, King, North Sound, Pierce, and Spokane; only three BHOs will remain in the state: Thurston-Mason, Great Rivers, and Salish. (See Figure 1 below.)

In CY 2015, Substitute House Bill 1879 required integration of behavioral health services into a single MCO for children in foster care by January 2019. Coordinated Care of Washington (CCW) is the sole MCO for foster children and it is also one of the MCOs providing services in the new, integrated managed care region, North Central. In this region, children in foster care began receiving both physical health and behavioral health services through Coordinated Care as of January 2018.

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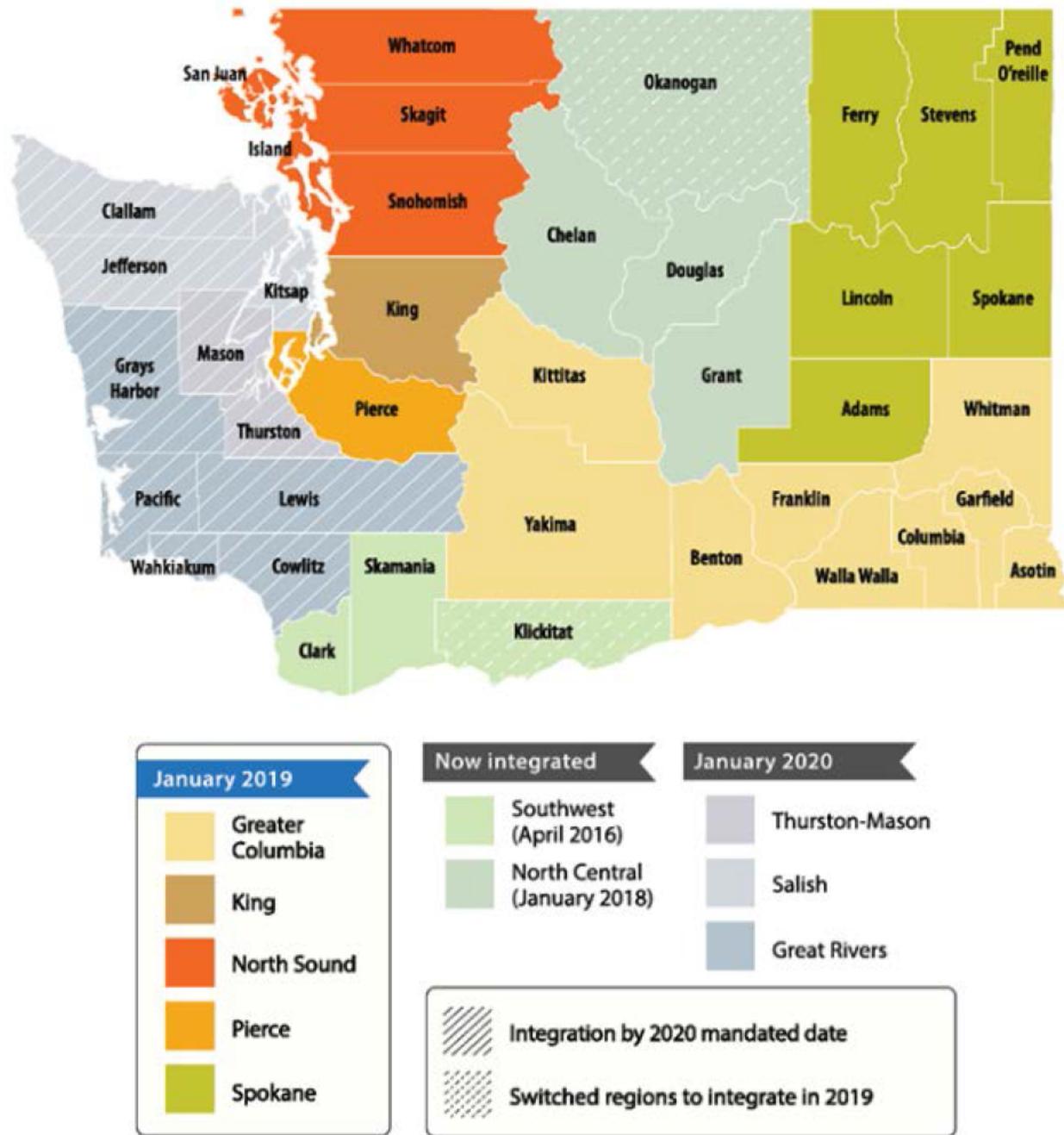
<sup>10</sup> Health Disparities & Mental/Behavioral Health Workforce. American Psychological Association, <<http://www.apa.org/about/gr/issues/workforce/disparity.aspx>>, accessed August 28, 2018.

<sup>11</sup> Children's Services in Washington State. 2016. DSHS Research and Data Analysis Division, [http://www.governor.wa.gov/sites/default/files/documents/BlueRibbonRDA\\_2016\\_0510\\_FINAL\\_v2.pdf](http://www.governor.wa.gov/sites/default/files/documents/BlueRibbonRDA_2016_0510_FINAL_v2.pdf).

<sup>12</sup> Access to Mental Health Services for Children in Rural Areas. 2017. Center for Disease Control. Policy Brief.



**Figure 1. Integrated Managed Care Regions**



**SOURCE:** "HCA announces managed care plans offering integrated care starting in 2019 and 2020," <<https://www.hca.wa.gov/about-hca/hca-announces-managed-care-plans-offering-integrated-care-starting-2019-and-2020>>, accessed on August 23, 2018



# Data Results

## Follow-Up After Emergency Department Visit

Less than one-third (29.6 percent) of Apple Health covered children received follow-up care within 30 days after emergency department visits for alcohol and other substance use disorders<sup>13</sup> during calendar year CY 2017 (as illustrated in Figure 2 below). This percentage increased by 5.8 percentage points from the CY 2016 rate of 23.8 percent.

The 30-day follow-up after an emergency department visits for mental health disorders remains considerably higher at 82.7 percent (as illustrated in Figure 3 below), which increased by 4.6 percentage points from the CY 2016 rate of 78.1 percent.

Some racial/ethnic groups, such as Asian/Native Hawaiian or Pacific Islander populations, had lower levels of follow-up (both 7-day and 30-day) for any behavioral health-related emergency department visit. However, changes in follow-up rates between CY 2016 and CY 2017 are mixed. For example:

- The 30-day follow-up rate for alcohol and other substance use disorders for the Asian/Native Hawaiian or Pacific Islander population **decreased** by 4.0 percentage points, from 15.8 percent in CY 2016 to only 11.8 percent in CY 2017.
- The 30-day follow-up rate for mental health disorders for the Asian/Native Hawaiian or Pacific Islander population **increased** substantially by 23.5 percentages points, from 58.1 percent in CY 2016 to 81.6 percent in CY 2017. However, this percentage point increase might be due to small numbers (i.e., only 87 Apple Health clients in the denominator).

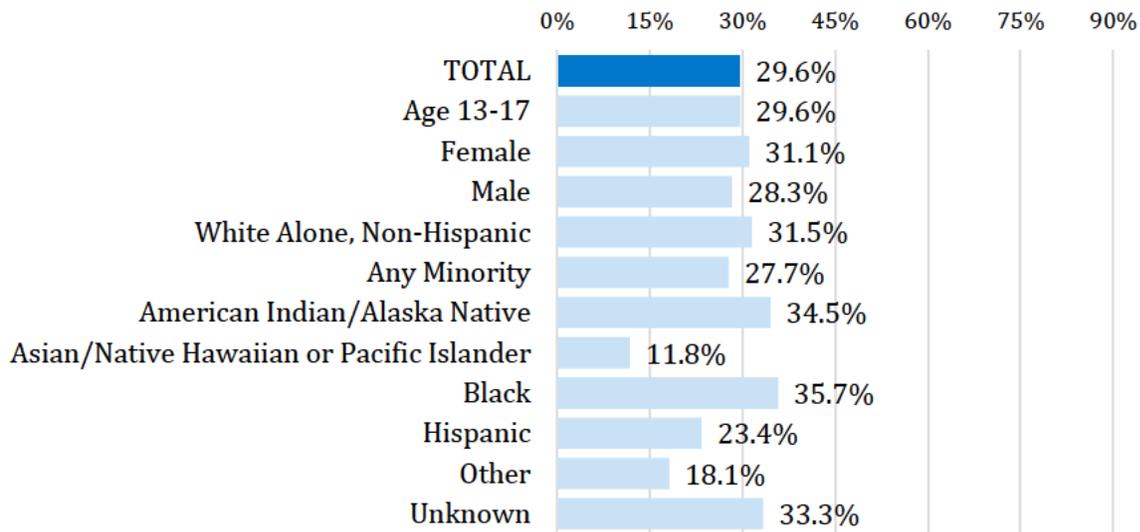
Appendix A contains the full datasets for CY 2017 follow-up after an emergency department visit.

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<sup>13</sup> Per the language of the corresponding Healthcare Effectiveness Data and Information Set (HEDIS) measure.

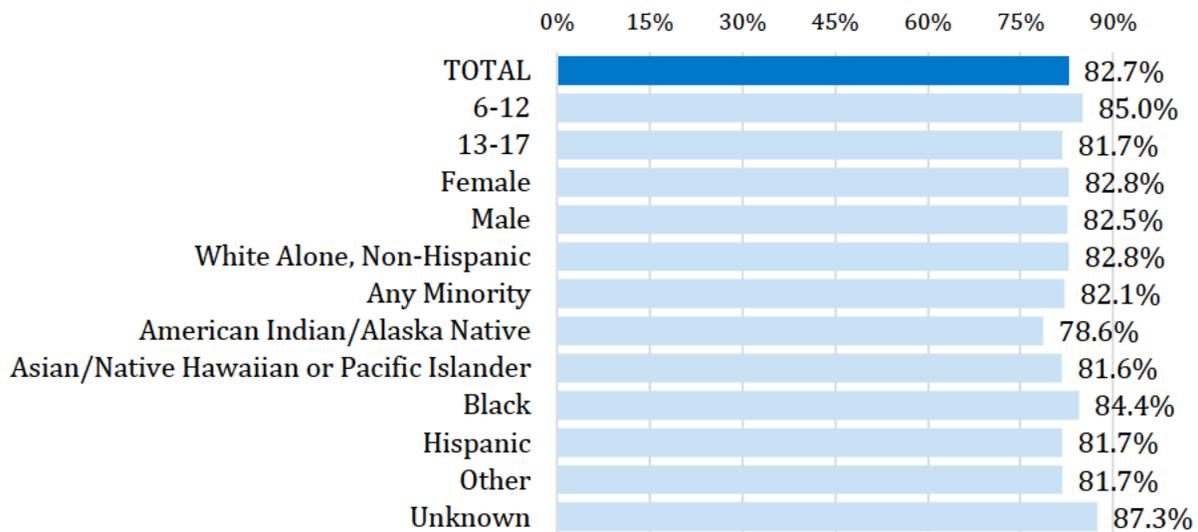


**Figure 2. Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence Within 30 Days in CY 2017<sup>14</sup>**



**SOURCE:** DSHS Research and Data Analysis Division, Client Outcomes Database, August 2018.

**Figure 3. Follow-Up After Emergency Department Visit for Mental Illness Within 30 Days of Emergency Department Visit in CY 2017<sup>15</sup>**



**SOURCE:** DSHS Research and Data Analysis Division, Client Outcomes Database, August 2018.

<sup>14</sup> Measure is within the 2018 Statewide Common Measure Set, <<https://www.hca.wa.gov/assets/Washington-State-Common-Measure-Set-2018.pdf>>, accessed August 28, 2018.

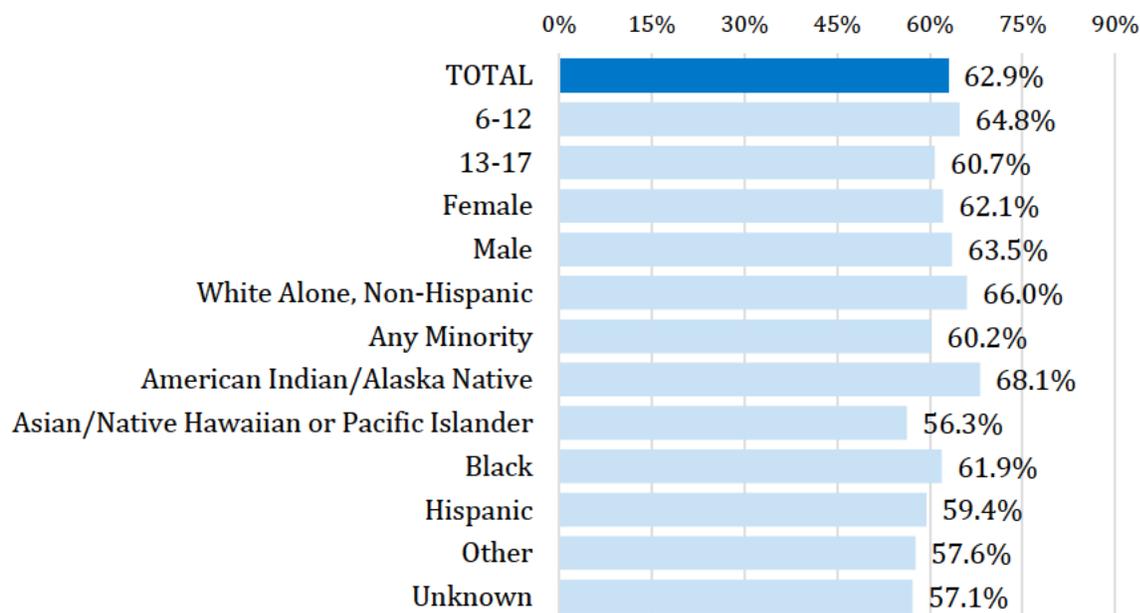
<sup>15</sup> (Ibid.)



## Receipt of Mental Health Service

In CY 2017, 62.9 percent of Apple Health children with an identified mental health need received mental health services during the reporting period, unchanged when compared to CY 2016 results (62.7 percent). Some racial/ethnic groups continued to have lower levels of mental health treatment penetration, including Asian/Native Hawaiian or Pacific Islander (56.3 percent) and Hispanic (59.4 percent) populations. Appendix B provides additional demographic information.

**Figure 3. Mental Health Treatment Penetration<sup>16</sup> in 2017 — Broadly Defined**



**SOURCE:** DSHS Research and Data Analysis Division, Client Outcomes Database, September 2017.

## Behavioral Health Organization Services

During CY 2017, about 6.1 percent (50,985) of Apple Health and CHIP-covered children (841,253) within BHO-covered regions of the state received mental health services through BHOs. This rate remained about the same, compared to the CY 2016 rate of 6.00 percent. Also during CY 2017, 1.2 percent (3,575) of Apple Health and CHIP-covered children ages 11–18 within BHO-covered regions of the state (311,705) received SUD services through BHOs.<sup>17</sup> This rate remained about the same, compared to the CY 2016 rate of 1.2 percent.

<sup>16</sup> Measure is within the 2018 Statewide Common Measure Set, <<https://www.hca.wa.gov/assets/Washington-State-Common-Measure-Set-2018.pdf>>, accessed August 28, 2018.

<sup>17</sup> The smaller SUD denominator reflects the population of children was limited to ages 11–18, who are within the typical age range for this service type.



Appendices C and D describe the types of services provided and demographic profiles of those receiving this service during CY 2016 and CY 2017, respectively.

## Children's Mental Health Providers

### Provider Availability

Comprehensive availability data for children's mental health providers in the BHO, FFS, MCO, or IMC networks is not available. The state does not collect provider-level data with sufficient detail or consistency to reliably report on the number of mental health providers available to provide services, languages spoken by providers, and the number of providers accepting new clients. For example, although BHOs know the number of facilities paid to provide children's mental health services each year, many providers may be within each facility.

There are five MCOs offering health care services to Apple Health recipients. With the exception of the IMC regions, MCOs typically provide behavioral health services to children with less acute behavioral health needs. MCOs will refer children with higher-acuity behavioral health treatment needs to their local BHO.

MCOs report information to HCA about their contracted Apple Health providers to enable HCA to monitor provider network adequacy. This requirement provides some information on children's mental health provider availability. Appendix E identifies the number of behavioral health providers reportedly serving children during each quarter of CY 2017 by MCO and county. With the exception of Wahkiakum County, children's mental health providers are available in each county of the state, though availability varies by MCO network.

### Provider Spoken Languages

Comprehensive data about the spoken languages of children's mental health providers in the BHO, FFS, MCO, or IMC networks is not available. Appendix F includes information about language access within the Apple Health system.

### Providers Accepting New Patients

Comprehensive data about children's mental health providers in the BHO, FFS, MCO, or IMC networks accepting new patients is not available, because the state does not collect provider-level availability data with sufficient detail or consistency. For example, to comply with reporting requirements in RCW 74.09.337, BHOs maintain lists on their websites that include information about children's mental health providers in their networks. However, those lists are not uniformly structured and do not all clearly identify which mental health providers serve children and youth and are accepting new patients.

MCOs report quarterly to the Health Care Authority regarding the number of enrolled providers and whether the providers are accepting new patients. Appendix E shows the proportion of children's mental health providers accepting new patients, by MCO and county. Based on four



quarterly reports in 2017, every MCO has a majority of children’s mental health providers accepting new patients.

We are currently working to refine the *Behavioral Health Provider (BHP) Survey* to provide more data about provider availability and language. The University of Washington administers the *BHP Survey* on behalf of the Division of Behavioral Health and Recovery (DBHR). The University of Washington begins administering the *BHP Survey* to providers in October each year, and results are typically available to DBHR by the following August. Though DBHR recently became part of HCA, we would need more resources to expand this survey.

## Eating Disorders

### Children and Youth With Eating Disorder Diagnoses

Current Apple Health claims data may include any of the following 12 eating disorder diagnoses:

1. Anorexia nervosa, binge eating/purging type;
2. Anorexia nervosa, restricting type;
3. Anorexia nervosa, unspecified;
4. Avoidant/restrictive food intake disorder;
5. Binge eating disorder;
6. Bulimia nervosa;
7. Eating disorder, unspecified;
8. Other eating disorders;
9. Other feeding disorders of infancy and early childhood;
10. Other specified eating disorder;
11. Pica of infancy and childhood; and
12. Rumination disorder of infancy.

Appendix G includes data on the number of Apple Health and CHIP-enrolled children with Apple Health claims that contained eating disorder diagnoses during CY 2017. Data are presented by demographic group and county location.

### Care Settings for Eating Disorder Treatment

At this time, HCA cannot report on the number of Apple Health patients who receive eating disorder treatment by care setting. To identify the care settings for eating disorder treatment, it is first necessary to identify whether an Apple Health client is receiving treatment specifically for an eating disorder. However, it is not possible to precisely identify treatment for eating disorders from health service claims data with available health service procedure codes.

### Contracted Providers Specializing in Eating Disorder Treatment

Comprehensive data about children’s mental health providers in the BHO, FFS, MCO, or IMC networks who specialize in eating disorders is not available primarily because no “eating disorder specialist” credential or license exists in Washington State. HCA cannot capture provider specific specialty information related to eating disorder treatment for enrolled providers.



It is not possible with claims data to determine whether a health service procedure was for an eating disorder. However, to provide some data that approximates the required data related to contracted providers specializing in eating disorder treatment, Appendix H shows, by MCO and county:

- The number of health care providers in MCO networks who provided any health services to children with eating disorders during each quarter of CY 2017; and
- The proportion of those providers who were accepting new clients during each quarter of CY 2017.

The number of health care providers in MCO networks who provided any health services to children with eating disorders during CY 2017 is a limited subset of all children’s mental health providers. However, the proportions accepting new clients appear similar.

## Conclusion

RCW 74.09.495 requires annual reporting to the Legislature on the measures discussed. In future iterations of this report, new data may be available from other sources. For example:

- In compliance with RCW 74.09.337, MCOs transmit provider network data to HCA quarterly, and BHOs maintain network provider lists on their websites. Future contract amendments with BHOs could require BHOs to transmit provider network data to HCA quarterly, which could enable HCA’s analysis of provider availability, access, and spoken language. However, collecting and processing this data would require additional resources.
- The *BHP Survey* could expand to include additional questions related to provider availability, access, and spoken language. This, too, would require additional resources.
- The Legislature could direct the Department of Health to perform a sunrise review about creating an eating disorder specialist certification or licensure for current and future providers. This, too, would require additional resources.

There are still barriers to improving access to children’s behavioral health services. In 2016, the Children’s Mental Health Work Group<sup>18</sup> identified recommendations on how to improve mental health service delivery for children. Recommendations identified methods to address the following themes:

- Improve system capacity by addressing workforce shortages;
- Increase access to Culturally and Linguistically Appropriate Services; and
- Improve collaboration across health care, early learning and education.

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<sup>18</sup> “The Children’s Mental Health Work Group: Final Report and Recommendations,” <[http://leg.wa.gov/JointCommittees/Archive/CMH/Documents/CMH\\_FinalReport.pdf](http://leg.wa.gov/JointCommittees/Archive/CMH/Documents/CMH_FinalReport.pdf)>, accessed on August 28, 2018.



In addition, studies have recognized that adequate and consistent funding are imperative for maintaining children’s behavioral health services access.<sup>19</sup> Even brief periods of funding gaps can create long-term damage to direct-service infrastructure and workforce.

Statewide interventions should address the scarcity of behavioral health care providers available. An example of this is the Partnership Access Line<sup>20</sup> (PAL), a telephone-based child mental health consultation system for primary care providers. The PAL program is financially supported by funds from HCA and staffed by child psychiatrists affiliated with Seattle Children’s Hospital and the University of Washington’s School of Medicine. With supportive case consultation, primary care providers are more able to effectively treat children with more complex care needs without requiring children to meet with a specialist, likely reducing additional travel and other obstacles.

Substitute Senate Bill 6452 (2018) creates a two-year pilot program<sup>21</sup> associated with the PAL program that will include a service that will allow parents and guardians with concerns related to the mental health of their child to receive referrals to children’s mental health services and providers that are in-network with the child’s health care coverage, accepting new patients, and taking appointments.

Additional efforts, including those specifically aimed at increasing the number of behavioral health providers available for screening and treatment, are necessary to comprehensively address workforce shortages. In 2016, the Children’s Mental Health Workgroup proposed a tuition loan repayment program targeted for child psychiatrists, therapists, and clinicians working for BHO- or MCO-funded agencies that serve a high percentage of children, youth, and families with Apple Health.

Targeted interventions should consider the needs of rural communities and minority populations. Approaches such as telemedicine may increase access in rural areas and help address experienced or perceived stigma. Purported benefits of telemedicine include improved health care service access to specialty care providers, such as psychiatrists, removal of barriers for clients who have mobility or transportation challenges, and cost effectiveness.<sup>22</sup> As cultural or demographic factors may also influence an individual’s decision to access behavioral health care, telemedicine may prove to be a suitable option.

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<sup>19</sup> Improving Access to Children’s Mental Health Care: Lessons from a Study of Eleven States. 2013. Behrens, et al. Center for Health and Health Care in Schools, George Washington University, <[http://hsrc.himmelfarb.gwu.edu/cgi/viewcontent.cgi?article=1066&context=sphhs\\_prev\\_facpubs](http://hsrc.himmelfarb.gwu.edu/cgi/viewcontent.cgi?article=1066&context=sphhs_prev_facpubs)>, accessed August 28, 2018.

<sup>20</sup> Partnership Access Line, <<http://www.seattlechildrens.org/healthcare-professionals/access-services/partnership-access-line/>>, accessed August 28, 2018.

<sup>21</sup> Substitute Senate Bill 6452, Section 2(3)(b), <<http://lawfilesexternal.wa.gov/biennium/2017-18/Pdf/Bills/Session%20Laws/Senate/6452-S.SL.pdf>>, accessed on August 28, 2018.

<sup>22</sup> Increasing Access to Behavioral Health Care Through Technology. 2012. U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration.



Though some research has indicated that navigating cultural differences between patient and provider may be more challenging during telemedicine encounters<sup>23</sup>, it is a valuable tool when providers are trained and able to deliver culturally and linguistically appropriate services.<sup>24</sup> The HCA will further address this topic in the 2019 legislative report required by RCW 74.09.325(9).

Certain populations may have higher need for behavioral health treatment due to a wide variety of environmental and social factors. Evidence-based prevention programs for children at risk of developing mental health disorders may play a role in helping to offset this disparity. Increased investment in the prevention of mental health and substance use disorders may help avert the downstream challenges associated with access to children's behavioral health disorders.

Strategic, cross-agency efforts may help improve disparities in access to children's behavioral health treatment services. Service modality alternatives, such as telemedicine, could improve access to behavioral health services. However, it is critical that these policy efforts consider and address the specific needs of rural communities and minority populations within statewide service delivery improvement efforts.

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<sup>23</sup> Using e-Health to Enable Culturally Appropriate Mental Healthcare in Rural Areas. 2008. Peter Yellowlees, et al. *Telemed J E Health*.

<sup>24</sup> Telecounseling for the Linguistically Isolated. 2014. Yuri Jang, et al. *Gerontologist*.



# Appendix A: Follow-Up After Emergency Department Visit, Calendar Year (CY) 2017

**Table A.1. Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence Within 7 Days [HEDIS-FUA<sup>1</sup>], CY 2017**

| Demographic Category                        | Numerator    | Denominator  | Rate         |
|---|--------------|--------------|--------------|
| <b>TOTAL</b>                                | <b>125</b>   | <b>622</b>   | <b>20.1%</b> |
| <b>AGE CATEGORY</b>                         |              |              |              |
| 13-17                                       | 125          | 622          | 20.1%        |
| <b>GENDER</b>                               |              |              |              |
| Female                                      | 63           | 293          | 21.5%        |
| Male  | 62           | 329          | 18.8%        |
| <b>RACE/ETHNICITY</b>                       |              |              |              |
| White Alone, Non-Hispanic                   | 58           | 270          | 21.5%        |
| Any Minority                                | 61           | 328          | 18.6%        |
| American Indian / Alaska Native             | 17           | 87           | 19.5%        |
| Asian / Native Hawaiian or Pacific Islander | (Suppressed) | (Suppressed) | 5.9%         |
| Black                                       | 14           | 56           | 25.0%        |
| Hispanic                                    | 28           | 171          | 16.4%        |
| Other                                       | 14           | 105          | 13.3%        |
| Unknown                                     | (Suppressed) | (Suppressed) | 25.0%        |

**SOURCE:** DSHS Research and Data Analysis Division, Client Outcomes Database, August 2018.

**NOTE:** We suppressed both the numerator and denominator if either were less than 10.

1. Healthcare Effectiveness Data and Information Set (HEDIS) measure: Follow-up after Emergency Department Visit for Alcohol and Other Drug Dependence within 7 Days (FUA, or Follow-Up: Alcohol). This measure is within the 2018 Statewide Common Measure Set, <<https://www.hca.wa.gov/assets/Washington-State-Common-Measure-Set-2018.pdf>>, accessed August 27, 2018.



**Table A.2. Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence Within 30 Days [HEDIS-FUA<sup>1</sup>], CY 2017**

| Demographic Category                        | Numerator    | Denominator  | Rate         |
|---|--------------|--------------|--------------|
| <b>TOTAL</b>                                | <b>184</b>   | <b>622</b>   | <b>29.6%</b> |
| <b>AGE CATEGORY</b>                         |              |              |              |
| 13-17                                       | 184          | 622          | 29.6%        |
| <b>GENDER</b>                               |              |              |              |
| Female                                      | 91           | 293          | 31.1%        |
| Male  | 93           | 329          | 28.3%        |
| <b>RACE/ETHNICITY</b>                       |              |              |              |
| White Alone, Non-Hispanic                   | 85           | 270          | 31.5%        |
| Any Minority                                | 91           | 328          | 27.7%        |
| American Indian / Alaska Native             | 30           | 87           | 34.5%        |
| Asian / Native Hawaiian or Pacific Islander | (Suppressed) | (Suppressed) | 11.8%        |
| Black                                       | 20           | 56           | 35.7%        |
| Hispanic                                    | 40           | 171          | 23.4%        |
| Other                                       | 19           | 105          | 18.1%        |
| Unknown                                     | (Suppressed) | (Suppressed) | 33.3%        |

**SOURCE:** DSHS Research and Data Analysis Division, Client Outcomes Database, August 2018.

**NOTE:** We suppressed both the numerator and denominator if either were less than 10.

1. Healthcare Effectiveness Data and Information Set (HEDIS) measure: Follow-up after Emergency Department Visit for Alcohol and Other Drug Dependence within 30 Days (FUA, or Follow-Up: Alcohol).



**Table A.3. Follow-Up After Emergency Department Visit for Mental Illness Within 7 Days of Emergency Department Visit [HEDIS-FUM<sup>1</sup>], CY 2017**

| Demographic Category                        | Numerator    | Denominator  | Rate         |
|---|--------------|--------------|--------------|
| <b>TOTAL</b>                                | <b>1,625</b> | <b>2,225</b> | <b>73.0%</b> |
| <b>AGE CATEGORY</b>                         |              |              |              |
| 6-12  | 478          | 632          | 75.6%        |
| 13-17                                       | 1,147        | 1,593        | 72.0%        |
| <b>GENDER</b>                               |              |              |              |
| Female                                      | 940          | 1,276        | 73.7%        |
| Male  | 685          | 949          | 72.2%        |
| <b>RACE/ETHNICITY</b>                       |              |              |              |
| White Alone, Non-Hispanic                   | 903          | 1,249        | 72.3%        |
| Any Minority                                | 664          | 897          | 74.0%        |
| American Indian / Alaska Native             | 90           | 126          | 71.4%        |
| Asian / Native Hawaiian or Pacific Islander | 65           | 87           | 74.7%        |
| Black                                       | 155          | 205          | 75.6%        |
| Hispanic                                    | 336          | 459          | 73.2%        |
| Other                                       | 211          | 290          | 72.8%        |
| Unknown                                     | 58           | 79           | 73.4%        |

**SOURCE:** DSHS Research and Data Analysis Division, Client Outcomes Database, August 2018.

**NOTE:**

1. Healthcare Effectiveness Data and Information Set (HEDIS) measure: Follow-up after Emergency Department Visit for Alcohol and Other Drug Dependence within 7 Days (FUM, or Follow-Up: Mental). This measure is within the 2018 Statewide Common Measure Set, <<https://www.hca.wa.gov/assets/Washington-State-Common-Measure-Set-2018.pdf>>, accessed August 27, 2018.



**Table A.4. Follow-Up After Emergency Department Visit for Mental Illness Within 30 Days of Emergency Department Visit [HEDIS-FUM<sup>1</sup>], CY 2017**

| Demographic Category                        | Numerator    | Denominator  | Rate         |
|---|--------------|--------------|--------------|
| <b>TOTAL</b>                                | <b>1,839</b> | <b>2,225</b> | <b>82.7%</b> |
| <b>AGE CATEGORY</b>                         |              |              |              |
| 6-12  | 537          | 632          | 85.0%        |
| 13-17                                       | 1,302        | 1,593        | 81.7%        |
| <b>GENDER</b>                               |              |              |              |
| Female                                      | 1,056        | 1,276        | 82.8%        |
| Male  | 783          | 949          | 82.5%        |
| <b>RACE/ETHNICITY</b>                       |              |              |              |
| White Alone, Non-Hispanic                   | 1,034        | 1,249        | 82.8%        |
| Any Minority                                | 736          | 897          | 82.1%        |
| American Indian / Alaska Native             | 99           | 126          | 78.6%        |
| Asian / Native Hawaiian or Pacific Islander | 71           | 87           | 81.6%        |
| Black                                       | 173          | 205          | 84.4%        |
| Hispanic                                    | 375          | 459          | 81.7%        |
| Other                                       | 237          | 290          | 81.7%        |
| Unknown                                     | 69           | 79           | 87.3%        |

**SOURCE:** DSHS Research and Data Analysis Division, Client Outcomes Database, August 2018.

**NOTE:**

1. Healthcare Effectiveness Data and Information Set (HEDIS) measure: Follow-up after Emergency Department Visit for Alcohol and Other Drug Dependence within 30 Days (FUM, or Follow-Up: Mental). This measure is within the 2018 Statewide Common Measure Set, <<https://www.hca.wa.gov/assets/Washington-State-Common-Measure-Set-2018.pdf>>, accessed August 27, 2018.



# Appendix B: Receipt of Mental Health Service, Calendar Year (CY) 2017

**Table B.1. Mental Health Treatment Penetration—Broadly Defined [SUPPL-MH-B<sup>1</sup>], CY 2017**

| Demographic Category                        | Numerator     | Denominator    | Rate         |
|---|---------------|----------------|--------------|
| <b>TOTAL</b>                                | <b>67,862</b> | <b>107,947</b> | <b>62.9%</b> |
| <b>AGE CATEGORY</b>                         |               |                |              |
| 6-12  | 36,725        | 56,690         | 64.8%        |
| 13-17                                       | 31,137        | 51,257         | 60.7%        |
| <b>GENDER</b>                               |               |                |              |
| Female                                      | 31,217        | 50,261         | 62.1%        |
| Male  | 36,645        | 57,686         | 63.5%        |
| <b>RACE/ETHNICITY</b>                       |               |                |              |
| White Alone, Non-Hispanic                   | 35,108        | 53,203         | 66.0%        |
| Any Minority                                | 29,176        | 48,483         | 60.2%        |
| American Indian / Alaska Native             | 3,770         | 5,539          | 68.1%        |
| Asian / Native Hawaiian or Pacific Islander | 2,385         | 4,240          | 56.3%        |
| Black                                       | 5,320         | 8,599          | 61.9%        |
| Hispanic                                    | 16,993        | 28,624         | 59.4%        |
| Other                                       | 11,085        | 19,245         | 57.6%        |
| Unknown                                     | 3,578         | 6,261          | 57.1%        |

**SOURCE:** DSHS Research and Data Analysis Division, Client Outcomes Database, August 2018.

**NOTE:**

1. Mental Health Service Penetration (Broad Version) is a Department of Social and Health Services measure. Denominator for percentages is number of persons with indications of mental health treatment need in the current or past CY. Numerator is number of persons receiving outpatient mental health services in the current CY. Outpatient mental health services include most modalities of outpatient mental health services delivered through DBHR (excludes, for example, case management), as well as Behavioral Rehabilitation Services from the Children's Administration, and outpatient mental health services delivered through the Health Care Authority or tribal authorities. Note that tabulation of mental health services received in this measure reflects a one-year window, whereas the mental health services component of indication of mental health needs reflects a two-year window. This measure is within the 2018 Statewide Common Measure Set, <<https://www.hca.wa.gov/assets/Washington-State-Common-Measure-Set-2018.pdf>>, accessed August 27, 2018.



# Appendix C: Services by Behavioral Health Organizations, April 2016–March 2017

**Table C.1. Medicaid (Title 19) and Children’s Health Insurance Program (CHIP) Youth (0–18 Years) Served by the Behavioral Health Organizations (BHOs) in Substance Use Disorder (SUD) Treatment, Withdrawal Management (WM) Services, or Community Mental Health (MH), April 2016–March 2017<sup>25</sup>**

| BHO <sup>1</sup>       | Total Medicaid <sup>2</sup> | Any SUD Treatment/ WM or Community MH Service <sup>3</sup> |              | Any SUD/ WM Service <sup>4</sup> |              | Any Community MH Service <sup>5</sup> |              |
|------------------------|-----------------------------|--|--------------|----------------------------------|--------------|---------------------------------------|--------------|
|                        |                             | #  | %            | #                                | %            | #                                     | %            |
| Great Rivers           | 44,867                      | 3,512  | 7.83%        | 303                              | 0.68%        | 3,336                                 | 7.44%        |
| Greater Columbia       | 141,433                     | 8,127  | 5.75%        | 612                              | 0.43%        | 7,750                                 | 5.48%        |
| King                   | 184,568                     | 11,391   | 6.17%        | 603                              | 0.33%        | 11,018                                | 5.97%        |
| North Central          | 21,240                      | 1,265  | 5.96%        | 138                              | 0.65%        | 1,176                                 | 5.54%        |
| North Sound            | 133,487                     | 8,227  | 6.16%        | 645                              | 0.48%        | 7,828                                 | 5.86%        |
| Pierce                 | 110,728                     | 7,030  | 6.35%        | 387                              | 0.35%        | 6,804                                 | 6.14%        |
| Salish                 | 35,248                      | 2,185  | 6.20%        | 212                              | 0.60%        | 2,072                                 | 5.88%        |
| Spokane                | 119,923                     | 7,909  | 6.60%        | 508                              | 0.42%        | 7,630                                 | 6.36%        |
| Thurston Mason         | 37,680                      | 2,319  | 6.15%        | 277                              | 0.74%        | 2,168                                 | 5.75%        |
| <b>Total STATEWIDE</b> | <b>829,174</b>              | <b>51,965</b>  | <b>6.27%</b> | <b>3,685</b>                     | <b>0.44%</b> | <b>49,782</b>                         | <b>6.00%</b> |

Title 19 & CHIP Youth Living Outside of BHO Service Area: 63,865

## NOTES:

1. BHO: BHO associated with the residence county during the first month of the reporting period where the youth (<=18) was Title 19 Medicaid or CHIP eligible (based on CODB tables monthly\_age\_summary, codb\_eligibility, and county\_month\_array).
2. Total Medicaid: Total number of youth (<=18) who were Title 19 Medicaid or CHIP eligible for at least one month during the reporting period (based on CODB tables monthly\_age\_summary and codb\_eligibility).
3. SUD or MH Served: Subset receiving either a) SUD treatment or WM service or b) Community MH service (excludes SH and CLIP) during a month of Title 19 or CHIP Medicaid eligibility in the reporting period while <=18 yrs of age. (DBHR'sClient Uniqueid was obtained from linking the person\_link\_id to Pegasus.people. Encounters were extracted directly from BHSS. This was quicker than processing the multiple arrays in CODB derived from BHSS).
4. SUD Served: Subset receiving a SUD treatment or WM service during a month of Title 19 Medicaid or CHIP eligibility during the reporting period while <=18 yrs of age. (DBHR'sClient Uniqueid was

<sup>25</sup> “Chemical Dependency (CD)” treatment has been renamed Substance Use Disorder (SUD) treatment. “Detox Services” have been renamed Withdrawal Management (WM) Services.



obtained from linking the person\_link\_id to Pegasus.people. Encounters were extracted directly from BHSS. This was quicker than processing the multiple arrays in CODB derived from BHSS).

5. MH Served: Subset receiving a Community MH service (excludes SH and CLIP) during a month of Title 19 Medicaid or CHIP eligibility during the reporting period while  $\leq 18$  yrs of age. (DBHR's Client Uniqueid was obtained from linking the person\_link\_id to Pegasus.people. Encounters were extracted directly from BHSS, this was quicker than processing the multiple arrays in CODB derived from BHSS).

**SOURCE:** DSHS Research and Data Analysis Division, Client Outcomes Database, and Behavioral Health Service Summary Tables, July 30, 2018. CODB2\Buzz\Title 19 Youth Served by BHOs 073018.sas



**Table C.2. Number of Medicaid Title 19 or CHIP-Eligible Youths Ages 11-18 Receiving Any SUD Treatment or WM Services, April 2016–March 2017<sup>26</sup>**

| Category                                | Number of Clients | Percent of Those Who Received SUD Treatment or Withdrawal Management Services | Percent of Total Medicaid Title 19 or CHIP Eligible Youths in the Demographic Category |
|---|-------------------|---|--|
| <b>AGE</b>                              |                   |   |  |
| 11-13 yrs                               | 399               | 10.84%  | 0.33%  |
| 14-18 yrs                               | 3,283             | 89.16%  | 1.79%  |
| <b>GENDER</b>                           |                   |   |  |
| Female                                  | 1,446             | 39.27%  | 0.96%  |
| Male                                    | 2,236             | 60.73%  | 1.44%  |
| <b>RACE/ETHNICITY</b>                   |                   |   |  |
| Minority                                | 2,180             | 59.21%  | 1.30%  |
| Non-Hispanic White                      | 1,502             | 40.79%  | 1.15%  |
| Unknown                                 | 0                 | 0.00%   | 0.00%  |
| <b>RACE/ETHNICITY — MINORITY DETAIL</b> |                   |   |  |
| African American                        | 554               | 15.05%  | 1.65%  |
| American Indian                         | 600               | 16.30%  | 2.81%  |
| Asian                                   | 145               | 3.94%   | 0.63%  |
| Asian/Pacific Islander                  | 15                | 0.41%   | 3.25%  |
| Hispanic                                | 1,187             | 32.24%  | 1.24%  |
| Native Hawaiian/Pacific Islander        | 138               | 3.75%   | 0.94%  |
| <b>TOTAL SERVED</b>                     | <b>3,682</b>      | <b>100.00%</b>  | <b>1.21%</b>   |

**SOURCE:** DSHS Research and Data Analysis Division, Client Outcomes Database, and Behavioral Health Service Summary Tables, July 30, 2018. COB2\Buzz\Title 19 Youth Served by BHOs 073018.sas

<sup>26</sup> “Chemical Dependency (CD)” treatment has been renamed Substance Use Disorder (SUD) treatment. “Detox Services” have been renamed Withdrawal Management (WM) Services.



**Table C.3. Number of Medicaid Title 19 or CHIP-Eligible Youths Ages 0-18 Receiving Any Community MH Services, April 2016–March 2017**

| Category                                | Number of Clients | Percent of Those Who Received Any Community MH Service | Percent of Total Medicaid Title 19 or CHIP Eligible Youths in the Demographic Category |
|---|-------------------|--|--|
| <b>AGE</b>                              |                   |  |  |
| 0-4 yrs                                 | 2,632             | 5.29%  | 1.08%  |
| 5-11 yrs                                | 21,333            | 42.85%   | 6.59%  |
| 12-13 yrs                               | 7,834             | 15.74%   | 9.83%  |
| 14-18 yrs                               | 17,983            | 36.12%   | 9.82%  |
| <b>GENDER</b>                           |                   |  |  |
| Female                                  | 24,489            | 49.19%   | 6.04%  |
| Male                                    | 25,293            | 50.81%   | 5.97%  |
| <b>RACE/ETHNICITY</b>                   |                   |  |  |
| Minority                                | 25,961            | 52.15%   | 5.90%  |
| Non-Hispanic White                      | 23,795            | 47.80%   | 6.88%  |
| Unknown                                 | 26                | 0.05%  | 0.06%  |
| <b>RACE/ETHNICITY — MINORITY DETAIL</b> |                   |  |  |
| African American                        | 7,142             | 14.35%   | 7.83%  |
| American Indian                         | 5,372             | 10.79%   | 10.37%   |
| Asian                                   | 2,480             | 4.98%  | 4.48%  |
| Asian/Pacific Islander                  | 129               | 0.26%  | 18.02%   |
| Hispanic                                | 14,251            | 28.63%   | 5.54%  |
| Native Hawaiian/Pacific Islander        | 1,787             | 3.59%  | 4.40%  |
| <b>TOTAL SERVED</b>                     | <b>49,782</b>     | <b>100.00%</b>   | <b>6.00%</b>   |

**SOURCE:** DSHS Research and Data Analysis Division, Client Outcomes Database, and Behavioral Health Service Summary Tables, July 30, 2018. CODB2\Buzz\Title 19 Youth Served by BHOs 073018.sas



**Table C.4. Types of Services Provided to Children and Youth Through BHOs, April 2016–March 2017**

| <b>Disorder</b>               | <b>Treatment Modality</b>                                |
|-------------------------------|--|
| <b>Substance Use Disorder</b> | Case Management  |
| <b>Substance Use Disorder</b> | Intensive Inpatient Residential Services                 |
| <b>Substance Use Disorder</b> | Outpatient Treatment                                     |
| <b>Substance Use Disorder</b> | Recovery House Residential Services                      |
| <b>Substance Use Disorder</b> | Withdrawal Management                                    |
| <b>Mental Health</b>          | Brief Intervention Treatment                             |
| <b>Mental Health</b>          | Community Hospital                                       |
| <b>Mental Health</b>          | Care Coordination Services                               |
| <b>Mental Health</b>          | Child And Family Team Meeting                            |
| <b>Mental Health</b>          | Crisis Services  |
| <b>Mental Health</b>          | Day Support  |
| <b>Mental Health</b>          | Evaluation & Treatment                                   |
| <b>Mental Health</b>          | Engagement And Outreach                                  |
| <b>Mental Health</b>          | Family Treatment   |
| <b>Mental Health</b>          | Group Treatment Services                                 |
| <b>Mental Health</b>          | High Intensity Treatment                                 |
| <b>Mental Health</b>          | Individual Treatment Services                            |
| <b>Mental Health</b>          | Intake Evaluation  |
| <b>Mental Health</b>          | Involuntary Treatment Investigation MH                   |
| <b>Mental Health</b>          | Jail Services/Community Transition                       |
| <b>Mental Health</b>          | Medication Management                                    |
| <b>Mental Health</b>          | Medication Monitoring                                    |
| <b>Mental Health</b>          | Mental Health Services Provided In A Residential Setting |
| <b>Mental Health</b>          | Peer Support   |
| <b>Mental Health</b>          | Psychological Assessment                                 |
| <b>Mental Health</b>          | Rehabilitation Case Management                           |
| <b>Mental Health</b>          | Special Population Evaluation                            |
| <b>Mental Health</b>          | Stabilization Services                                   |
| <b>Mental Health</b>          | Supported Employment                                     |
| <b>Mental Health</b>          | Therapeutic Psychoeducation                              |

**SOURCE:** DSHS Research and Data Analysis Division, Client Outcomes Database, July 2018.



# Appendix D: Services by Behavioral Health Organizations, Calendar Year (CY) 2017

**Table D.1. Medicaid (Title 19) and Children’s Health Insurance Program (CHIP) Youth (0–18 years) Served by the Behavioral Health Organizations (BHOs) in Substance Use Disorder (SUD) Treatment, Withdrawal Management (WM) Services, or Community Mental Health (MH), CY 2017<sup>27</sup>**

| BHO <sup>1</sup>       | Total Medicaid <sup>2</sup> | Any SUD Treatment/ WM or Community MH Service <sup>3</sup> |              | Any SUD/ WM Service <sup>4</sup> |              | Any Community MH Service <sup>5</sup> |              |
|------------------------|-----------------------------|--|--------------|----------------------------------|--------------|---------------------------------------|--------------|
|                        |                             | #  | %            | #                                | %            | #                                     | %            |
| Great Rivers           | 45,632                      | 3,967  | 8.69%        | 318                              | 0.70%        | 3,793                                 | 8.31%        |
| Greater Columbia       | 143,379                     | 8,350  | 5.82%        | 609                              | 0.42%        | 7,967                                 | 5.56%        |
| King                   | 186,478                     | 11,252   | 6.03%        | 577                              | 0.31%        | 10,880                                | 5.83%        |
| North Central          | 21,265                      | 1,335  | 6.28%        | 159                              | 0.75%        | 1,231                                 | 5.79%        |
| North Sound            | 135,183                     | 8,145  | 6.03%        | 584                              | 0.43%        | 7,747                                 | 5.73%        |
| Pierce                 | 113,177                     | 7,172  | 6.34%        | 370                              | 0.33%        | 6,945                                 | 6.14%        |
| Salish                 | 35,663                      | 2,184  | 6.12%        | 194                              | 0.54%        | 2,076                                 | 5.82%        |
| Spokane                | 121,765                     | 8,179  | 6.72%        | 480                              | 0.39%        | 7,901                                 | 6.49%        |
| Thurston Mason         | 38,711                      | 2,597  | 6.71%        | 285                              | 0.74%        | 2,445                                 | 6.32%        |
| <b>Total STATEWIDE</b> | <b>841,253</b>              | <b>53,181</b>  | <b>6.32%</b> | <b>3,576</b>                     | <b>0.43%</b> | <b>50,985</b>                         | <b>6.06%</b> |

**Title 19 & CHIP Youth Living Outside of BHO Service Area: 64,746**

## NOTES:

1. BHO: BHO associated with the residence county during the first month of the reporting period where the youth (<=18) was Title 19 Medicaid or CHIP eligible (based on CODB tables monthly\_age\_summary, codb\_eligibility, and county\_month\_array).
2. Total Medicaid: Total number of youth (<=18) who were Title 19 Medicaid or CHIP eligible for at least one month during the reporting period (based on CODB tables monthly\_age\_summary and codb\_eligibility).
3. SUD or MH Served: Subset receiving either a) SUD treatment or WM service or b) Community MH service (excludes SH and CLIP) during a month of Title 19 or CHIP Medicaid eligibility in the reporting period while <=18 yrs of age. (DBHR's Client Uniqueid was obtained from linking the person\_link\_id to Pegasus.people. Encounters were extracted directly from BHSS. This was quicker than processing the multiple arrays in CODB derived from BHSS).

<sup>27</sup> “Chemical Dependency (CD)” treatment has been renamed Substance Use Disorder (SUD) treatment. “Detox Services” have been renamed Withdrawal Management (WM) Services.



4. SUD Served: Subset receiving a SUD treatment or WM service during a month of Title 19 Medicaid or CHIP eligibility during the reporting period while  $\leq 18$  yrs of age. (DBHR's Client Uniqueid was obtained from linking the person\_link\_id to Pegasus.people. Encounters were extracted directly from BHSS. This was quicker than processing the multiple arrays in CODB derived from BHSS).
5. MH Served: Subset receiving a Community MH service (excludes SH and CLIP) during a month of Title 19 Medicaid or CHIP eligibility during the reporting period while  $\leq 18$  yrs of age. (DBHR's Client Uniqueid was obtained from linking the person\_link\_id to Pegasus.people. Encounters were extracted directly from BHSS, this was quicker than processing the multiple arrays in CODB derived from BHSS).

**SOURCE:** DSHS Research and Data Analysis Division, Client Outcomes Database, and Behavioral Health Service Summary Tables, July 30, 2018. CODB2\Buzz\Title 19 Youth Served by BHOs 073018.sas



**Table D.2. Number of Medicaid Title 19 or CHIP-Eligible Youths Ages 11-18 Receiving Any SUD Treatment or WM Services, CY 2017<sup>28</sup>**

| Category                                | Number of Clients | Percent of Those Who Received SUD Treatment or Withdrawal Management Services | Percent of Total Medicaid Title 19 or CHIP Eligible Youths in the Demographic Category |
|---|-------------------|---|--|
| <b>AGE</b>                              |                   |   |  |
| 11-13 yrs                               | 364               | 10.18%  | 0.29%  |
| 14-18 yrs                               | 3,211             | 89.82%  | 1.73%  |
| <b>GENDER</b>                           |                   |   |  |
| Female                                  | 1,402             | 39.22%  | 0.91%  |
| Male                                    | 2,173             | 60.78%  | 1.37%  |
| <b>RACE/ETHNICITY</b>                   |                   |   |  |
| Minority                                | 2,115             | 59.16%  | 1.23%  |
| Non-Hispanic White                      | 1,460             | 40.84%  | 1.11%  |
| Unknown                                 | 0                 | 0.00%   | 0.00%  |
| <b>RACE/ETHNICITY — MINORITY DETAIL</b> |                   |   |  |
| African American                        | 507               | 14.18%  | 1.48%  |
| American Indian                         | 547               | 15.30%  | 2.54%  |
| Asian                                   | 139               | 3.89%   | 0.60%  |
| Asian/Pacific Islander                  | 10                | 0.28%   | 2.28%  |
| Hispanic                                | 1,203             | 33.65%  | 1.21%  |
| Native Hawaiian/Pacific Islander        | 136               | 3.80%   | 0.90%  |
| <b>TOTAL SERVED</b>                     | <b>3,575</b>      | <b>100.00%</b>  | <b>1.15%</b>   |

**SOURCE:** DSHS Research and Data Analysis Division, Client Outcomes Database, and Behavioral Health Service Summary Tables, July 30, 2018. CODB2\Buzz\Title 19 Youth Served by BHOs 073018.sas

<sup>28</sup> “Chemical Dependency (CD)” treatment has been renamed “Substance Use Disorder (SUD)” treatment. Detox Services have been renamed Withdrawal Management (WM) Services.



**Table D.3. Number of Medicaid Title 19 or CHIP Eligible Youths Ages 0-18 Receiving Any Community MH Services, CY 2017**

| Category                                | Number of Clients | Percent of Those Who Received Any Community MH Service | Percent of Total Medicaid Title 19 or CHIP Eligible Youths in the Demographic Category |
|---|-------------------|--|--|
| <b>AGE</b>                              |                   |  |  |
| 0-4 yrs                                 | 2,627             | 5.15%  | 1.07%  |
| 5-11 yrs                                | 21,597            | 42.36%   | 6.58%  |
| 12-13 yrs                               | 8,180             | 16.04%   | 9.96%  |
| 14-18 yrs                               | 18,581            | 36.44%   | 9.98%  |
| <b>GENDER</b>                           |                   |  |  |
| Female                                  | 25,251            | 49.53%   | 6.14%  |
| Male                                    | 25,734            | 50.47%   | 5.98%  |
| <b>RACE/ETHNICITY</b>                   |                   |  |  |
| Minority                                | 26,160            | 51.31%   | 5.89%  |
| Non-Hispanic White                      | 24,790            | 48.62%   | 7.15%  |
| Unknown                                 | 35                | 0.07%  | 0.07%  |
| <b>RACE/ETHNICITY — MINORITY DETAIL</b> |                   |  |  |
| African American                        | 6,975             | 13.68%   | 7.59%  |
| American Indian                         | 5,087             | 9.98%  | 9.81%  |
| Asian                                   | 2,456             | 4.82%  | 4.45%  |
| Asian/Pacific Islander                  | 99                | 0.19%  | 14.95%   |
| Hispanic                                | 14,792            | 29.01%   | 5.69%  |
| Native Hawaiian/Pacific Islander        | 1,753             | 3.44%  | 4.26%  |
| <b>TOTAL SERVED</b>                     | <b>50,985</b>     | <b>100.00%</b>   | <b>6.06%</b>   |

**SOURCE:** DSHS Research and Data Analysis Division, Client Outcomes Database, and Behavioral Health Service Summary Tables, July 30, 2018. CODB2\Buzz\Title 19 Youth Served by BHOs 073018.sas



**Table D.4. Types of Services Provided Through BHOs, CY 2017**

| <b>Disorder</b>               | <b>Treatment Modality</b>                                |
|-------------------------------|--|
| <b>Substance Use Disorder</b> | Case Management  |
| <b>Substance Use Disorder</b> | Intensive Inpatient Residential Services                 |
| <b>Substance Use Disorder</b> | Outpatient Treatment                                     |
| <b>Substance Use Disorder</b> | Recovery House Residential Services                      |
| <b>Substance Use Disorder</b> | Withdrawal Management                                    |
| <b>Mental Health</b>          | Brief Intervention Treatment                             |
| <b>Mental Health</b>          | Community Hospital                                       |
| <b>Mental Health</b>          | Care Coordination Services                               |
| <b>Mental Health</b>          | Child And Family Team Meeting                            |
| <b>Mental Health</b>          | Crisis Services  |
| <b>Mental Health</b>          | Day Support  |
| <b>Mental Health</b>          | Evaluation & Treatment                                   |
| <b>Mental Health</b>          | Engagement And Outreach                                  |
| <b>Mental Health</b>          | Family Treatment   |
| <b>Mental Health</b>          | Group Treatment Services                                 |
| <b>Mental Health</b>          | High Intensity Treatment                                 |
| <b>Mental Health</b>          | Individual Treatment Services                            |
| <b>Mental Health</b>          | Intake Evaluation  |
| <b>Mental Health</b>          | Involuntary Treatment Investigation MH                   |
| <b>Mental Health</b>          | Jail Services/Community Transition                       |
| <b>Mental Health</b>          | Medication Management                                    |
| <b>Mental Health</b>          | Medication Monitoring                                    |
| <b>Mental Health</b>          | Mental Health Services Provided In A Residential Setting |
| <b>Mental Health</b>          | Peer Support   |
| <b>Mental Health</b>          | Psychological Assessment                                 |
| <b>Mental Health</b>          | Rehabilitation Case Management                           |
| <b>Mental Health</b>          | Special Population Evaluation                            |
| <b>Mental Health</b>          | Stabilization Services                                   |
| <b>Mental Health</b>          | Supported Employment                                     |
| <b>Mental Health</b>          | Therapeutic Psychoeducation                              |

**SOURCE:** DSHS Research and Data Analysis Division, Client Outcomes Database, July 2018.



# Appendix E: MCO-Contracted Mental Health Providers Serving Children by MCO and County, Calendar Year (CY) 2017

**Table E.1. MCO Mental Health Providers by MCO Network and County During the First Quarter of CY 2017 (2017-Q1)**

**NOTES:** Medicaid Managed Care Organization’s contracts require current and accurate provider directories shared with the public and provided in quarterly updated data sets to HCA. Mental health providers are defined by professional licensure and specialties. Values — both the total number of providers in network (#) and the percent of those providers accepting new patients (%) — exclude provider locations outside of Washington State and provider locations where the record indicates that the provider does not serve clients younger than 19 years of age. “Amerigroup” means Amerigroup Washington. “CHPW” means Community Health Plan of Washington. “Molina” means Molina Healthcare of Washington. “United” means United Health Care Community Plan. Not every MCO is contracted in each county, as indicated by (-) in the table. We excluded data from Molina due to data quality issues.

| 2017-Q1      | MCO PLAN   |        |       |        |       |        |        |   |        |        |           |        |
|--------------|------------|--------|-------|--------|-------|--------|--------|---|--------|--------|-----------|--------|
|              | Amerigroup |        | CHPW  |        | CCW   |        | Molina |   | United |        | All Plans |        |
| COUNTY       | #          | %      | #     | %      | #     | %      | #      | % | #      | %      | #         | %      |
| All Counties | 1,955      | 99.2%  | 2,336 | 97.4%  | 1,634 | 95.7%  |        |   | 614    | 100.0% | 5,507     | 98.3%  |
| Adams        | 1          | 100.0% | 2     | 100.0% | 0     | -      |        |   | 0      | -      | 3         | 100.0% |
| Asotin       | 7          | 100.0% | 2     | 100.0% | 24    | 100.0% |        |   | 1      | 100.0% | 27        | 100.0% |
| Benton       | 47         | 95.7%  | 72    | 100.0% | 59    | 98.3%  |        |   | 24     | 100.0% | 163       | 100.0% |
| Chelan       | 35         | 100.0% | 103   | 100.0% | 38    | 92.1%  |        |   | 14     | 100.0% | 174       | 98.3%  |
| Clallam      | 2          | 100.0% | 2     | 100.0% | 4     | 75.0%  |        |   | 11     | 100.0% | 18        | 94.4%  |
| Clark        | 68         | 100.0% | 78    | 100.0% | 37    | 100.0% |        |   | 41     | 100.0% | 225       | 100.0% |
| Columbia     | 1          | 100.0% | 3     | 100.0% | 3     | 100.0% |        |   | 0      | -      | 6         | 100.0% |
| Cowlitz      | 34         | 100.0% | 49    | 98.0%  | 61    | 100.0% |        |   | 13     | 100.0% | 130       | 100.0% |
| Douglas      | 2          | 100.0% | 11    | 100.0% | 7     | 71.4%  |        |   | 0      | -      | 19        | 89.5%  |
| Ferry        | 6          | 100.0% | 3     | 100.0% | 1     | 100.0% |        |   | 0      | -      | 9         | 100.0% |
| Franklin     | 7          | 71.4%  | 23    | 100.0% | 2     | 100.0% |        |   | 2      | 100.0% | 33        | 93.9%  |
| Garfield     | 1          | 100.0% | 0     | -      | 0     | -      |        |   | 0      | -      | 1         | 100.0% |
| Grant        | 9          | 100.0% | 24    | 100.0% | 46    | 100.0% |        |   | 2      | 100.0% | 74        | 100.0% |
| Grays Harbor | 12         | 100.0% | 5     | 100.0% | 3     | 100.0% |        |   | 2      | 100.0% | 21        | 100.0% |
| Island       | 21         | 100.0% | 29    | 100.0% | 50    | 100.0% |        |   | 11     | 100.0% | 93        | 100.0% |
| Jefferson    | 28         | 100.0% | 19    | 84.2%  | 30    | 86.7%  |        |   | 6      | 100.0% | 67        | 95.5%  |
| King         | 725        | 98.5%  | 871   | 97.2%  | 544   | 94.5%  |        |   | 165    | 100.0% | 1,979     | 97.8%  |
| Kitsap       | 39         | 100.0% | 81    | 95.1%  | 38    | 94.7%  |        |   | 31     | 100.0% | 150       | 98.0%  |
| Kittitas     | 11         | 100.0% | 3     | 100.0% | 3     | 100.0% |        |   | 5      | 100.0% | 21        | 100.0% |
| Klickitat    | 5          | 100.0% | 3     | 100.0% | 0     | -      |        |   | 1      | 100.0% | 8         | 100.0% |
| Lewis        | 23         | 100.0% | 25    | 100.0% | 6     | 83.3%  |        |   | 10     | 100.0% | 55        | 98.2%  |
| Lincoln      | 7          | 100.0% | 1     | 100.0% | 1     | 100.0% |        |   | 0      | -      | 8         | 100.0% |
| Mason        | 6          | 100.0% | 8     | 100.0% | 8     | 87.5%  |        |   | 2      | 100.0% | 21        | 95.2%  |

Excluded Due to Data Quality Issues



| 2017-Q1      | MCO PLAN   |        |      |        |     |        |                                     |   |        |        |           |        |
|--------------|------------|--------|------|--------|-----|--------|-------------------------------------|---|--------|--------|-----------|--------|
|              | Amerigroup |        | CHPW |        | CCW |        | Molina                              |   | United |        | All Plans |        |
| COUNTY       | #          | %      | #    | %      | #   | %      | #                                   | % | #      | %      | #         | %      |
| Okanogan     | 8          | 100.0% | 12   | 100.0% | 8   | 100.0% | Excluded Due to Data Quality Issues |   | 2      | 100.0% | 29        | 100.0% |
| Pacific      | 2          | 100.0% | 2    | 100.0% | 1   | 100.0% |                                     |   | 0      | -      | 5         | 100.0% |
| Pend Oreille | 4          | 100.0% | 2    | 100.0% | 2   | 100.0% |                                     |   | 2      | 100.0% | 7         | 100.0% |
| Pierce       | 312        | 100.0% | 258  | 97.7%  | 207 | 96.6%  |                                     |   | 91     | 100.0% | 728       | 98.6%  |
| San Juan     | 3          | 100.0% | 5    | 100.0% | 1   | -      |                                     |   | 1      | 100.0% | 9         | 100.0% |
| Skagit       | 28         | 100.0% | 44   | 97.7%  | 19  | 89.5%  |                                     |   | 7      | 100.0% | 95        | 96.8%  |
| Skamania     | 1          | 100.0% | 5    | 80.0%  | 8   | 87.5%  |                                     |   | 1      | 100.0% | 13        | 84.6%  |
| Snohomish    | 104        | 99.0%  | 142  | 96.5%  | 116 | 90.5%  |                                     |   | 59     | 100.0% | 360       | 97.2%  |
| Spokane      | 203        | 100.0% | 237  | 96.6%  | 177 | 94.9%  |                                     |   | 105    | 100.0% | 586       | 98.3%  |
| Stevens      | 18         | 100.0% | 8    | 87.5%  | 1   | 100.0% |                                     |   | 2      | 100.0% | 27        | 96.3%  |
| Thurston     | 85         | 100.0% | 160  | 95.6%  | 57  | 94.7%  |                                     |   | 50     | 100.0% | 311       | 96.8%  |
| Walla Walla  | 13         | 100.0% | 18   | 100.0% | 11  | 100.0% |                                     |   | 8      | 100.0% | 44        | 100.0% |
| Wahkiakum    | 0          | -      | 0    | -      | 0   | -      |                                     |   | 0      | -      | 0         | -      |
| Whatcom      | 94         | 100.0% | 109  | 97.2%  | 37  | 100.0% |                                     |   | 17     | 100.0% | 241       | 98.8%  |
| Whitman      | 28         | 100.0% | 9    | 100.0% | 28  | 100.0% |                                     |   | 9      | 100.0% | 55        | 100.0% |
| Yakima       | 59         | 98.3%  | 83   | 98.8%  | 74  | 95.9%  |                                     |   | 27     | 100.0% | 214       | 98.1%  |

**SOURCE:** HCA Network Adequacy Reporting by Medicaid MCOs.



**Table E.2. MCO Mental Health Providers by MCO Network and County During CY 2017-Q2**

**NOTES:** Medicaid Managed Care Organization’s contracts require current and accurate provider directories shared with the public and provided in quarterly updated data sets to HCA. Mental health providers are defined by professional licensure and specialties. Values — both the total number of providers in network (#) and the percent of those providers accepting new patients (%) — exclude provider locations outside of Washington State and provider locations where the record indicates that the provider does not serve clients younger than 19 years of age. “Amerigroup” means Amerigroup Washington. “CHPW” means Community Health Plan of Washington. “Molina” means Molina Healthcare of Washington. “United” means United Health Care Community Plan. Not every MCO is contracted in each county.

| 2017-Q2<br>COUNTY | MCO PLAN   |        |       |        |       |        |        |        |        |        |           |        |
|-------------------|------------|--------|-------|--------|-------|--------|--------|--------|--------|--------|-----------|--------|
|                   | Amerigroup |        | CHPW  |        | CCW   |        | Molina |        | United |        | All Plans |        |
|                   | #          | %      | #     | %      | #     | %      | #      | %      | #      | %      | #         | %      |
| All Counties      | 1,996      | 88.4%  | 2,262 | 96.9%  | 1,698 | 95.6%  | 3,219  | 100.0% | 603    | 100.0% | 7,374     | 97.5%  |
| Adams             | 1          | 100.0% | 2     | 100.0% | 1     | 100.0% | 1      | 100.0% | 0      | -      | 5         | 100.0% |
| Asotin            | 7          | 100.0% | 2     | 100.0% | 25    | 100.0% | 8      | 100.0% | 1      | 100.0% | 36        | 100.0% |
| Benton            | 57         | 93.0%  | 75    | 100.0% | 64    | 98.4%  | 77     | 100.0% | 22     | 100.0% | 206       | 99.5%  |
| Chelan            | 34         | 100.0% | 95    | 100.0% | 42    | 90.5%  | 90     | 100.0% | 13     | 100.0% | 217       | 99.1%  |
| Clallam           | 3          | 100.0% | 3     | 100.0% | 4     | 75.0%  | 37     | 100.0% | 12     | 100.0% | 48        | 100.0% |
| Clark             | 64         | 98.4%  | 68    | 100.0% | 38    | 97.4%  | 274    | 100.0% | 32     | 100.0% | 427       | 99.5%  |
| Columbia          | 1          | 100.0% | 3     | 100.0% | 2     | 100.0% | 3      | 100.0% | 0      | -      | 8         | 100.0% |
| Cowlitz           | 48         | 20.8%  | 55    | 98.2%  | 64    | 100.0% | 77     | 100.0% | 11     | 100.0% | 209       | 81.8%  |
| Douglas           | 2          | 100.0% | 5     | 100.0% | 7     | 71.4%  | 18     | 100.0% | 0      | -      | 26        | 96.2%  |
| Ferry             | 6          | 50.0%  | 3     | 100.0% | 1     | 100.0% | 4      | 100.0% | 0      | -      | 12        | 75.0%  |
| Franklin          | 9          | 55.6%  | 20    | 100.0% | 4     | 75.0%  | 10     | 100.0% | 2      | 100.0% | 38        | 94.7%  |
| Garfield          | 1          | 100.0% | 0     | -      | 48    | -      | 2      | 100.0% | 0      | -      | 3         | 100.0% |
| Grant             | 9          | 100.0% | 26    | 100.0% | 0     | -      | 21     | 100.0% | 2      | 100.0% | 88        | 100.0% |
| Grays Harbor      | 12         | 83.3%  | 6     | 100.0% | 3     | 100.0% | 17     | 100.0% | 5      | 100.0% | 39        | 97.4%  |
| Island            | 22         | 86.4%  | 28    | 96.4%  | 49    | 98.0%  | 27     | 100.0% | 10     | 100.0% | 104       | 98.1%  |
| Jefferson         | 29         | 89.7%  | 19    | 84.2%  | 29    | 86.2%  | 23     | 100.0% | 6      | 100.0% | 73        | 93.2%  |
| King              | 730        | 84.5%  | 824   | 96.5%  | 555   | 95.3%  | 1,087  | 100.0% | 160    | 100.0% | 2,563     | 96.6%  |
| Kitsap            | 41         | 95.1%  | 79    | 91.1%  | 33    | 93.9%  | 84     | 100.0% | 31     | 100.0% | 197       | 96.4%  |
| Kittitas          | 10         | 100.0% | 3     | 100.0% | 3     | 100.0% | 22     | 100.0% | 4      | 100.0% | 35        | 100.0% |
| Klickitat         | 5          | 100.0% | 3     | 100.0% | 0     | -      | 4      | 100.0% | 1      | 100.0% | 12        | 100.0% |
| Lewis             | 23         | 95.7%  | 25    | 100.0% | 5     | 100.0% | 27     | 100.0% | 10     | 100.0% | 67        | 100.0% |
| Lincoln           | 14         | 71.4%  | 1     | 100.0% | 1     | 100.0% | 4      | 100.0% | 0      | -      | 15        | 73.3%  |
| Mason             | 7          | 100.0% | 9     | 88.9%  | 9     | 88.9%  | 10     | 100.0% | 2      | 100.0% | 27        | 100.0% |
| Okanogan          | 8          | 100.0% | 12    | 100.0% | 8     | 100.0% | 24     | 100.0% | 2      | 100.0% | 44        | 100.0% |
| Pacific           | 2          | 100.0% | 1     | 100.0% | 1     | 100.0% | 5      | 100.0% | 0      | -      | 9         | 100.0% |
| Pend Oreille      | 3          | 100.0% | 1     | 100.0% | 2     | 100.0% | 5      | 100.0% | 2      | 100.0% | 8         | 100.0% |
| Pierce            | 329        | 96.4%  | 250   | 97.2%  | 220   | 97.3%  | 361    | 100.0% | 84     | 100.0% | 900       | 99.2%  |
| San Juan          | 3          | 100.0% | 6     | 100.0% | 1     | -      | 13     | 100.0% | 1      | 100.0% | 21        | 100.0% |
| Skagit            | 29         | 89.7%  | 40    | 100.0% | 20    | 90.0%  | 58     | 100.0% | 6      | 100.0% | 129       | 97.7%  |
| Skamania          | 1          | 100.0% | 4     | 100.0% | 9     | 88.9%  | 6      | 100.0% | 1      | 100.0% | 14        | 100.0% |
| Snohomish         | 102        | 84.3%  | 134   | 96.3%  | 126   | 89.7%  | 225    | 100.0% | 60     | 100.0% | 516       | 97.1%  |



| 2017-Q2     | MCO PLAN   |        |      |        |     |        |        |        |        |        |           |        |
|-------------|------------|--------|------|--------|-----|--------|--------|--------|--------|--------|-----------|--------|
|             | Amerigroup |        | CHPW |        | CCW |        | Molina |        | United |        | All Plans |        |
| COUNTY      | #          | %      | #    | %      | #   | %      | #      | %      | #      | %      | #         | %      |
| Spokane     | 201        | 89.6%  | 240  | 96.7%  | 189 | 92.6%  | 430    | 100.0% | 107    | 100.0% | 811       | 98.3%  |
| Stevens     | 19         | 63.2%  | 7    | 100.0% | 1   | 100.0% | 15     | 100.0% | 2      | 100.0% | 38        | 81.6%  |
| Thurston    | 85         | 91.8%  | 157  | 95.5%  | 58  | 94.8%  | 123    | 100.0% | 41     | 100.0% | 374       | 97.9%  |
| Walla Walla | 12         | 91.7%  | 18   | 100.0% | 11  | 100.0% | 38     | 100.0% | 8      | 100.0% | 68        | 100.0% |
| Wahkiakum   | 0          | -      | 0    | -      | 0   | -      | 0      | -      | 0      | -      | 0         | -      |
| Whatcom     | 94         | 100.0% | 103  | 97.1%  | 37  | 100.0% | 168    | 100.0% | 15     | 100.0% | 377       | 99.5%  |
| Whitman     | 30         | 100.0% | 11   | 100.0% | 29  | 100.0% | 35     | 100.0% | 9      | 100.0% | 84        | 100.0% |
| Yakima      | 58         | 93.1%  | 87   | 98.9%  | 85  | 96.5%  | 84     | 100.0% | 21     | 100.0% | 266       | 99.2%  |

**SOURCE:** HCA Network Adequacy Reporting by Medicaid MCOs.



**Table E.3. MCO Mental Health Providers by MCO Network and County During CY 2017-Q3**

**NOTES:** Medicaid Managed Care Organization’s contracts require current and accurate provider directories shared with the public and provided in quarterly updated data sets to HCA. Mental health providers are defined by professional licensure and specialties. Values — both the total number of providers in network (#) and the percent of those providers accepting new patients (%) — exclude provider locations outside of Washington State and provider locations where the record indicates that the provider does not serve clients younger than 19 years of age. “Amerigroup” means Amerigroup Washington. “CHPW” means Community Health Plan of Washington. “Molina” means Molina Healthcare of Washington. “United” means United Health Care Community Plan. Not every MCO is contracted in each county.

| 2017-Q3      | MCO PLAN   |        |       |        |       |        |        |        |        |        |           |        |
|--------------|------------|--------|-------|--------|-------|--------|--------|--------|--------|--------|-----------|--------|
|              | Amerigroup |        | CHPW  |        | CCW   |        | Molina |        | United |        | All Plans |        |
| COUNTY       | #          | %      | #     | %      | #     | %      | #      | %      | #      | %      | #         | %      |
| All Counties | 2,141      | 95.0%  | 2,236 | 96.5%  | 1,800 | 95.0%  | 3,088  | 100.0% | 1,840  | 100.0% | 7,776     | 98.6%  |
| Adams        | 1          | 100.0% | 3     | 100.0% | 1     | 100.0% | 0      | -      | 0      | -      | 5         | 100.0% |
| Asotin       | 7          | 100.0% | 7     | 100.0% | 25    | 100.0% | 7      | 100.0% | 9      | 100.0% | 39        | 100.0% |
| Benton       | 72         | 94.4%  | 81    | 98.8%  | 65    | 98.5%  | 76     | 100.0% | 55     | 100.0% | 235       | 97.9%  |
| Chelan       | 52         | 92.3%  | 95    | 100.0% | 43    | 93.0%  | 82     | 100.0% | 70     | 100.0% | 242       | 99.2%  |
| Clallam      | 5          | 100.0% | 3     | 100.0% | 4     | 75.0%  | 35     | 100.0% | 41     | 100.0% | 81        | 100.0% |
| Clark        | 27         | 100.0% | 71    | 100.0% | 40    | 100.0% | 272    | 100.0% | 129    | 100.0% | 485       | 100.0% |
| Columbia     | 1          | 100.0% | 3     | 100.0% | 3     | 100.0% | 2      | 100.0% | 0      | -      | 7         | 100.0% |
| Cowlitz      | 49         | 100.0% | 56    | 98.2%  | 64    | 100.0% | 74     | 100.0% | 10     | 100.0% | 186       | 100.0% |
| Douglas      | 4          | 100.0% | 7     | 100.0% | 10    | 80.0%  | 18     | 100.0% | 2      | 100.0% | 30        | 96.7%  |
| Ferry        | 6          | 100.0% | 3     | 100.0% | 1     | 100.0% | 5      | 100.0% | 0      | -      | 11        | 100.0% |
| Franklin     | 12         | 83.3%  | 18    | 100.0% | 5     | 80.0%  | 9      | 100.0% | 2      | 100.0% | 37        | 91.9%  |
| Garfield     | 1          | 100.0% | 5     | 100.0% | 0     | -      | 1      | 100.0% | 0      | -      | 7         | 100.0% |
| Grant        | 33         | 36.4%  | 25    | 100.0% | 49    | 100.0% | 19     | 100.0% | 11     | 100.0% | 107       | 83.2%  |
| Grays Harbor | 9          | 88.9%  | 7     | 100.0% | 3     | 100.0% | 17     | 100.0% | 4      | 100.0% | 35        | 97.1%  |
| Island       | 36         | 97.2%  | 28    | 96.4%  | 48    | 97.9%  | 27     | 100.0% | 10     | 100.0% | 117       | 97.4%  |
| Jefferson    | 44         | 84.1%  | 18    | 83.3%  | 36    | 91.7%  | 23     | 100.0% | 6      | 100.0% | 73        | 98.6%  |
| King         | 893        | 91.3%  | 803   | 95.9%  | 614   | 94.6%  | 1,055  | 100.0% | 595    | 100.0% | 2,779     | 98.1%  |
| Kitsap       | 59         | 88.1%  | 77    | 90.9%  | 34    | 97.1%  | 83     | 100.0% | 52     | 100.0% | 209       | 97.6%  |
| Kittitas     | 12         | 91.7%  | 5     | 100.0% | 2     | 100.0% | 22     | 100.0% | 5      | 100.0% | 37        | 97.3%  |
| Klickitat    | 6          | 100.0% | 3     | 100.0% | 0     | -      | 5      | 100.0% | 1      | 100.0% | 12        | 100.0% |
| Lewis        | 24         | 100.0% | 25    | 100.0% | 9     | 88.9%  | 27     | 100.0% | 29     | 100.0% | 87        | 100.0% |
| Lincoln      | 9          | 100.0% | 1     | 100.0% | 1     | 100.0% | 4      | 100.0% | 2      | 100.0% | 12        | 100.0% |
| Mason        | 10         | 80.0%  | 8     | 87.5%  | 10    | 90.0%  | 10     | 100.0% | 5      | 100.0% | 32        | 90.6%  |
| Okanogan     | 12         | 100.0% | 13    | 100.0% | 8     | 100.0% | 25     | 100.0% | 17     | 100.0% | 57        | 100.0% |
| Pacific      | 2          | 100.0% | 2     | 100.0% | 1     | 100.0% | 5      | 100.0% | 8      | 100.0% | 17        | 100.0% |
| Pend Oreille | 4          | 100.0% | 1     | 100.0% | 2     | 100.0% | 4      | 100.0% | 3      | 100.0% | 9         | 100.0% |
| Pierce       | 319        | 98.4%  | 253   | 96.8%  | 231   | 94.8%  | 335    | 100.0% | 281    | 100.0% | 936       | 98.9%  |
| San Juan     | 3          | 100.0% | 6     | 100.0% | 1     | -      | 11     | 100.0% | 3      | 100.0% | 19        | 100.0% |
| Skagit       | 34         | 97.1%  | 32    | 100.0% | 21    | 90.5%  | 54     | 100.0% | 17     | 100.0% | 125       | 98.4%  |
| Skamania     | 1          | 100.0% | 6     | 100.0% | 9     | 88.9%  | 6      | 100.0% | 7      | 100.0% | 18        | 100.0% |
| Snohomish    | 132        | 96.2%  | 139   | 95.0%  | 151   | 86.1%  | 220    | 100.0% | 176    | 100.0% | 629       | 96.8%  |
| Spokane      | 231        | 98.3%  | 240   | 96.3%  | 177   | 93.8%  | 401    | 100.0% | 264    | 100.0% | 898       | 98.9%  |



| 2017-Q3     | MCO PLAN   |        |      |        |     |        |        |        |        |        |           |        |
|-------------|------------|--------|------|--------|-----|--------|--------|--------|--------|--------|-----------|--------|
|             | Amerigroup |        | CHPW |        | CCW |        | Molina |        | United |        | All Plans |        |
| COUNTY      | #          | %      | #    | %      | #   | %      | #      | %      | #      | %      | #         | %      |
| Stevens     | 19         | 100.0% | 7    | 100.0% | 1   | 100.0% | 14     | 100.0% | 5      | 100.0% | 34        | 100.0% |
| Thurston    | 69         | 95.7%  | 147  | 95.2%  | 63  | 95.2%  | 121    | 100.0% | 118    | 100.0% | 388       | 98.7%  |
| Walla Walla | 12         | 100.0% | 20   | 95.0%  | 11  | 100.0% | 35     | 100.0% | 28     | 100.0% | 82        | 98.8%  |
| Wahkiakum   | 0          | -      | 0    | -      | 0   | -      | 0      | -      | 0      | -      | 0         | -      |
| Whatcom     | 47         | 100.0% | 96   | 96.9%  | 38  | 97.4%  | 158    | 100.0% | 37     | 100.0% | 325       | 98.8%  |
| Whitman     | 33         | 93.9%  | 14   | 100.0% | 31  | 100.0% | 29     | 100.0% | 20     | 100.0% | 82        | 98.8%  |
| Yakima      | 65         | 98.5%  | 78   | 98.7%  | 86  | 95.3%  | 78     | 100.0% | 40     | 100.0% | 253       | 98.8%  |

**SOURCE:** HCA Network Adequacy Reporting by Medicaid MCOs.



**Table E.4. MCO Mental Health Providers by MCO Network and County During CY 2017-Q4**

**NOTES:** Medicaid Managed Care Organization’s contracts require current and accurate provider directories shared with the public and provided in quarterly updated data sets to HCA. Mental health providers are defined by professional licensure and specialties. Values — both the total number of providers in network (#) and the percent of those providers accepting new patients (%) — exclude provider locations outside of Washington State and provider locations where the record indicates that the provider does not serve clients younger than 19 years of age. “Amerigroup” means Amerigroup Washington. “CHPW” means Community Health Plan of Washington. “Molina” means Molina Healthcare of Washington. “United” means United Health Care Community Plan. Not every MCO is contracted in each county.

| 2017-Q4      | MCO PLAN   |        |       |        |       |        |        |        |        |        |           |        |
|--------------|------------|--------|-------|--------|-------|--------|--------|--------|--------|--------|-----------|--------|
|              | Amerigroup |        | CHPW  |        | CCW   |        | Molina |        | United |        | All Plans |        |
| COUNTY       | #          | %      | #     | %      | #     | %      | #      | %      | #      | %      | #         | %      |
| All Counties | 2,153      | 95.0%  | 2,259 | 96.1%  | 1,951 | 95.5%  | 3,576  | 99.9%  | 1,883  | 100.0% | 8,279     | 98.6%  |
| Adams        | 0          | -      | 3     | 100.0% | 1     | 100.0% | 1      | 100.0% | 0      | -      | 4         | 100.0% |
| Asotin       | 7          | 100.0% | 9     | 100.0% | 24    | 100.0% | 10     | 100.0% | 9      | 100.0% | 41        | 100.0% |
| Benton       | 72         | 94.4%  | 79    | 97.5%  | 66    | 98.5%  | 80     | 100.0% | 60     | 100.0% | 238       | 97.9%  |
| Chelan       | 62         | 93.5%  | 97    | 100.0% | 47    | 93.6%  | 104    | 100.0% | 70     | 100.0% | 266       | 99.2%  |
| Clallam      | 8          | 100.0% | 2     | 100.0% | 4     | 75.0%  | 36     | 100.0% | 43     | 100.0% | 83        | 100.0% |
| Clark        | 27         | 100.0% | 77    | 100.0% | 38    | 100.0% | 566    | 100.0% | 131    | 100.0% | 777       | 100.0% |
| Columbia     | 1          | 100.0% | 3     | 100.0% | 3     | 100.0% | 2      | 100.0% | 0      | -      | 7         | 100.0% |
| Cowlitz      | 49         | 100.0% | 55    | 98.2%  | 64    | 100.0% | 78     | 100.0% | 12     | 100.0% | 188       | 100.0% |
| Douglas      | 4          | 100.0% | 9     | 100.0% | 10    | 80.0%  | 20     | 100.0% | 2      | 100.0% | 34        | 97.1%  |
| Ferry        | 6          | 100.0% | 3     | 100.0% | 1     | 100.0% | 4      | 100.0% | 0      | -      | 10        | 100.0% |
| Franklin     | 12         | 83.3%  | 18    | 100.0% | 5     | 80.0%  | 10     | 100.0% | 2      | 100.0% | 37        | 91.9%  |
| Garfield     | 1          | 100.0% | 6     | 100.0% | 22    | 100.0% | 1      | 100.0% | 0      | -      | 28        | 100.0% |
| Grant        | 33         | 36.4%  | 23    | 100.0% | 49    | 100.0% | 16     | 100.0% | 11     | 100.0% | 104       | 82.7%  |
| Grays Harbor | 9          | 88.9%  | 10    | 100.0% | 3     | 100.0% | 19     | 100.0% | 6      | 100.0% | 39        | 100.0% |
| Island       | 36         | 97.2%  | 30    | 96.7%  | 47    | 97.9%  | 26     | 100.0% | 10     | 100.0% | 118       | 97.5%  |
| Jefferson    | 44         | 84.1%  | 18    | 88.9%  | 36    | 91.7%  | 17     | 100.0% | 6      | 100.0% | 72        | 97.2%  |
| King         | 894        | 91.3%  | 804   | 96.0%  | 667   | 95.4%  | 1,128  | 100.0% | 601    | 100.0% | 2,845     | 98.2%  |
| Kitsap       | 59         | 88.1%  | 77    | 90.9%  | 47    | 95.7%  | 76     | 100.0% | 52     | 100.0% | 204       | 98.0%  |
| Kittitas     | 12         | 91.7%  | 5     | 100.0% | 2     | 100.0% | 18     | 100.0% | 5      | 100.0% | 35        | 100.0% |
| Klickitat    | 6          | 100.0% | 4     | 100.0% | 0     | -      | 13     | 100.0% | 1      | 100.0% | 20        | 100.0% |
| Lewis        | 24         | 100.0% | 26    | 96.2%  | 9     | 88.9%  | 27     | 100.0% | 29     | 100.0% | 88        | 98.9%  |
| Lincoln      | 9          | 100.0% | 1     | 100.0% | 1     | 100.0% | 3      | 100.0% | 2      | 100.0% | 11        | 100.0% |
| Mason        | 10         | 80.0%  | 11    | 72.7%  | 13    | 84.6%  | 10     | 100.0% | 5      | 100.0% | 38        | 84.2%  |
| Okanogan     | 12         | 100.0% | 15    | 100.0% | 8     | 100.0% | 26     | 100.0% | 17     | 100.0% | 60        | 100.0% |
| Pacific      | 2          | 100.0% | 2     | 100.0% | 1     | 100.0% | 5      | 100.0% | 8      | 100.0% | 17        | 100.0% |
| Pend Oreille | 4          | 100.0% | 1     | 100.0% | 2     | 100.0% | 4      | 100.0% | 3      | 100.0% | 9         | 100.0% |
| Pierce       | 319        | 98.4%  | 256   | 97.3%  | 245   | 95.9%  | 352    | 100.0% | 285    | 100.0% | 948       | 99.2%  |
| San Juan     | 3          | 100.0% | 6     | 100.0% | 1     | -      | 9      | 100.0% | 3      | 100.0% | 18        | 100.0% |
| Skagit       | 34         | 97.1%  | 31    | 100.0% | 23    | 91.3%  | 53     | 98.1%  | 17     | 100.0% | 123       | 97.6%  |
| Skamania     | 1          | 100.0% | 6     | 100.0% | 9     | 88.9%  | 7      | 100.0% | 7      | 100.0% | 19        | 100.0% |
| Snohomish    | 133        | 96.2%  | 148   | 94.6%  | 167   | 86.8%  | 235    | 98.7%  | 181    | 100.0% | 654       | 96.8%  |
| Spokane      | 227        | 98.2%  | 243   | 95.5%  | 208   | 94.7%  | 462    | 99.8%  | 273    | 100.0% | 975       | 98.9%  |



| 2017-Q4     | MCO PLAN   |        |      |        |     |        |        |        |        |        |           |        |
|-------------|------------|--------|------|--------|-----|--------|--------|--------|--------|--------|-----------|--------|
|             | Amerigroup |        | CHPW |        | CCW |        | Molina |        | United |        | All Plans |        |
| COUNTY      | #          | %      | #    | %      | #   | %      | #      | %      | #      | %      | #         | %      |
| Stevens     | 19         | 100.0% | 9    | 100.0% | 2   | 100.0% | 14     | 100.0% | 6      | 100.0% | 36        | 100.0% |
| Thurston    | 69         | 95.7%  | 141  | 95.0%  | 81  | 96.3%  | 128    | 100.0% | 120    | 100.0% | 388       | 99.0%  |
| Walla Walla | 12         | 100.0% | 19   | 94.7%  | 15  | 100.0% | 48     | 100.0% | 30     | 100.0% | 98        | 99.0%  |
| Wahkiakum   | 0          | -      | 95   | -      | 0   | -      | 0      | -      | 0      | -      | 0         | -      |
| Whatcom     | 47         | 100.0% | 14   | 657.1% | 39  | 97.4%  | 155    | 100.0% | 37     | 100.0% | 325       | 98.8%  |
| Whitman     | 34         | 94.1%  | 80   | 17.5%  | 31  | 100.0% | 29     | 100.0% | 22     | 100.0% | 83        | 98.8%  |
| Yakima      | 65         | 98.5%  | 0    | -      | 86  | 95.3%  | 89     | 100.0% | 41     | 100.0% | 264       | 97.7%  |

**SOURCE:** HCA Network Adequacy Reporting by Medicaid MCOs.



# Appendix F: Language Access Through Interpreter Services for Medicaid Clients

Medicaid clients, whose primary language is not English, may receive Medicaid interpreter services. Washington was the first state in the nation to establish a healthcare interpreter certification program,<sup>29</sup> which has standards that apply to interpreter services that include Medicaid interpreter services as well. The certification program provides assurance that providers are sufficiently skilled at conveying the necessary medical terminology appropriately in a language other than English.<sup>30</sup>

In accordance with 42 C.F.R. § 438.10(c)(4), Medicaid providers — whether contracted through a BHO, MCO, FFS, or IMC network — must make available interpreter services and translated written materials for clients with a primary language other than English. Medicaid providers must provide free language access services to any client who experiences trouble speaking or understanding English, is deaf, or hard of hearing. Washington State agencies use *Interpreter and Translation Services* contracts. These contracts require contractors to ensure the competency of their employed or contracted interpreters and translators.

Medicaid contracts also require participation in the promotion of the *National Standards for Culturally and Linguistically Appropriate Services*. U.S. Department of Health & Human Services defines these fifteen standards as “steps intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health care organizations to implement culturally and linguistically appropriate services.”<sup>31</sup>

Some safeguards exist to identify instances when these language resources are not accessible. HCA’s *Investigations and Reasonable Accommodation Unit* investigates reports of civil rights violations, which may include client experiences related to engaging language access services. In addition, the BHO network offers a free, confidential ombuds service to address barriers to clients.

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<sup>29</sup> The Legal Framework for Language Access in Healthcare Settings: Title VI and Beyond. 2007. Chen, et al. J Gen Intern Med, <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2150609>>, accessed August 28, 2018.

<sup>30</sup> Title VI of the Civil Rights Act. LEP Guidance of HHS Competence of Interpreters (VI. A.), <<https://www.gpo.gov/fdsys/pkg/FR-2003-08-08/html/03-20179.htm>>, accessed August 28, 2018.

<sup>31</sup> Culturally and Linguistically Appropriate Services, <<https://www.thinkculturalhealth.hhs.gov/clas>>, accessed August 28, 2018.



# Appendix G: Children and Youth Enrolled in Medicaid or CHIP With Eating Disorder Diagnoses, Calendar Year (CY) 2017

**Table G.1. Number and Percent of Children and Youth (age 0–20) Enrolled in Medicaid or CHIP With Eating Disorder Diagnoses by Demographic Category, CY 2017**

| Demographic Breakdown                       | Medicaid/CHIP Eligible Youth <sup>1</sup> with Eating Disorder <sup>2</sup> | Medicaid/CHIP Eligible Youth <sup>1</sup> | Rate         |
|---|---|---|--------------|
| <b>TOTAL</b>                                | <b>4,179</b>  | <b>975,058</b>                            | <b>0.43%</b> |
| <b>AGE CATEGORY</b>                         |   |   |              |
| 0–5   | 1,480   | 308,615                                   | 0.48%        |
| 6–11  | 765   | 305,006                                   | 0.25%        |
| 12–17                                       | 1,361   | 275,768                                   | 0.53%        |
| 17–20                                       | 573   | 103,669                                   | 0.55%        |
| <b>GENDER</b>                               |   |   |              |
| Female                                      | 2,598   | 481,154                                   | 0.54%        |
| Male  | 1,580   | 481,154                                   | 0.54%        |
| <b>RACE/ETHNICITY</b>                       |   |   |              |
| White Alone, Non-Hispanic                   | 1,824   | 393,962                                   | 0.46%        |
| Any Minority                                | 2,140   | 502,770                                   | 0.43%        |
| American Indian / Alaska Native             | 269   | 59,103                                    | 0.46%        |
| Asian / Native Hawaiian or Pacific Islander | 319   | 96,412                                    | 0.33%        |
| Black                                       | 429   | 104,080                                   | 0.41%        |
| Hispanic                                    | 1,337   | 293,032                                   | 0.46%        |
| Unknown                                     | 215   | 78,596                                    | 0.27%        |

**SOURCE:** RDA Integrated Client Databases. Prepared from summary data provided by DSHS Research and Data Analysis Division, August 2018.

**NOTES:**

2. All children and youth (age 0–20) as of June 2017 who had at least one month of full-benefit Medicaid (Title 19 medical coverage) or enrolled in CHIP during CY 2017.



- The cases of eating disorder include clients with one of the following diagnoses in CY2016-2017: Anorexia nervosa, unspecified; Anorexia nervosa, restricting type; Anorexia nervosa, binge eating/purging type; Bulimia nervosa; Other eating disorders; Binge eating disorder; Avoidant/restrictive food intake disorder; Other specified eating disorder; Eating disorder, unspecified; Rumination disorder of infancy; Other feeding disorders of infancy and early childhood; and Pica of infancy and childhood.

**Table G.2. Number and Percent of Children and Youth (age 0–20) Enrolled in Medicaid or CHIP With Eating Disorder Diagnoses by County, CY 2017**

| County       | Medicaid/CHIP Eligible Youth <sup>1</sup> with Eating Disorder <sup>2</sup> | Medicaid/CHIP Eligible Youth <sup>1</sup> | Rate  |
|--------------|---|---|-------|
| All Counties | 4,179   | 975,058                                   | 0.43% |
| Adams        | 22  | 6,301                                     | 0.35% |
| Asotin       | 12  | 3,462                                     | 0.35% |
| Benton       | 127   | 34,584                                    | 0.37% |
| Chelan       | 89  | 14,369                                    | 0.62% |
| Clallam      | 29  | 9,780                                     | 0.30% |
| Clark        | 240   | 69,762                                    | 0.34% |
| Columbia     | (Suppressed)  | (Suppressed)                              | 0.18% |
| Cowlitz      | 78  | 18,463                                    | 0.42% |
| Douglas      | 49  | 8,376                                     | 0.59% |
| Ferry        | (Suppressed)  | (Suppressed)                              | 0.17% |
| Franklin     | 100   | 24,491                                    | 0.41% |
| Garfield     | (Suppressed)  | (Suppressed)                              | 0.90% |
| Grant        | 104   | 24,069                                    | 0.43% |
| Grays Harbor | 41  | 12,333                                    | 0.33% |
| Island       | 33  | 7,434                                     | 0.44% |
| Jefferson    | 12  | 2,979                                     | 0.40% |
| King         | 933   | 200,913                                   | 0.46% |
| Kitsap       | 141   | 25,732                                    | 0.55% |
| Kittitas     | 35  | 4,822                                     | 0.73% |
| Klickitat    | 10  | 3,320                                     | 0.30% |
| Lewis        | 46  | 13,771                                    | 0.33% |
| Lincoln      | (Suppressed)  | (Suppressed)                              | 0.18% |
| Mason        | 44  | 9,573                                     | 0.46% |
| Okanogan     | 26  | 8,710                                     | 0.30% |
| Pacific      | 14  | 3,121                                     | 0.45% |
| Pend Oreille | (Suppressed)  | (Suppressed)                              | 0.28% |



| County      | Medicaid/CHIP Eligible Youth <sup>1</sup> with Eating Disorder <sup>2</sup> | Medicaid/CHIP Eligible Youth <sup>1</sup> | Rate  |
|-------------|---|---|-------|
| Pierce      | 457   | 121,253                                   | 0.38% |
| San Juan    | (Suppressed)  | (Suppressed)                              | 0.44% |
| Skagit      | 75  | 19,949                                    | 0.38% |
| Skamania    | (Suppressed)  | (Suppressed)                              | 0.35% |
| Snohomish   | 382   | 88,993                                    | 0.43% |
| Spokane     | 409   | 79,466                                    | 0.51% |
| Stevens     | 28  | 7,765                                     | 0.36% |
| Thurston    | 160   | 32,195                                    | 0.50% |
| Walla Walla | (Suppressed)  | (Suppressed)                              | 0.36% |
| Wahkiakum   | 25  | 9,426                                     | 0.27% |
| Whatcom     | 152   | 27,366                                    | 0.56% |
| Whitman     | 13  | 3,908                                     | 0.33% |
| Yakima      | 264   | 68,820                                    | 0.38% |
| (Unknown)   | 0   | 142                                       | 0.00% |

**SOURCE:** RDA Integrated Client Databases. Prepared from summary data provided by DSHS Research and Data Analysis Division, August 2018.

**NOTES:** We suppressed both the numerator (i.e., Medicaid/CHIP Eligible Youth with Eating Disorder) and denominator (Medicaid/CHIP Eligible Youth) if either were less than 10.

1. All children and youth (age 0–20) as of June 2017 who had at least one month of full-benefit Medicaid (Title 19 medical coverage) or enrolled in CHIP during CY 2017.
2. The cases of eating disorder include clients with one of the following diagnoses in CY2016-2017: Anorexia nervosa, unspecified; Anorexia nervosa, restricting type; Anorexia nervosa, binge eating/purging type; Bulimia nervosa; Other eating disorders; Binge eating disorder; Avoidant/restrictive food intake disorder; Other specified eating disorder; Eating disorder, unspecified; Rumination disorder of infancy; Other feeding disorders of infancy and early childhood; and Pica of infancy and childhood.



# Appendix H: MCO-Contracted Providers Serving Children and Youth With Eating Disorder Diagnoses by County, Calendar Year (CY) 2017

**Table H.1. MCO-Contracted Providers Serving Children and Youth With Eating Disorder Diagnoses by County During CY 2017, by Quarter**

**NOTES:** Medicaid Managed Care Organization’s contracts require current and accurate provider directories shared with the public and provided in quarterly updated data sets to HCA. Mental health providers are defined by professional licensure and specialties. Table values — both the total number of MCO-contracted providers who submitted claims for children and youth younger than 19 years of age during CY 2017 that included eating disorder diagnoses (Serv.) and the percent of those providers accepting new patients (% Accepting) — exclude provider locations outside of Washington State and provider locations where the record indicates that the provider does not serve clients younger than 19 years of age. The eating disorders on the claims include: Anorexia nervosa, unspecified; Anorexia nervosa, restricting type; Anorexia nervosa, binge eating/purging type; Bulimia nervosa; Other eating disorders; Binge eating disorder; Avoidant/restrictive food intake disorder; Other specified eating disorder; Eating disorder, unspecified; Rumination disorder of infancy; Other feeding disorders of infancy and early childhood; and Pica of infancy and childhood.

| County              | 2017-Q1 |       |        | 2017-Q2 |       |        | 2017-Q3 |       |        | 2017-Q4 |       |        |
|---------------------|---------|-------|--------|---------|-------|--------|---------|-------|--------|---------|-------|--------|
|                     | Serv.   | Acpt. | Pct.   |
| <b>All Counties</b> | 1,045   | 1,037 | 99.2%  | 1,127   | 1,099 | 97.5%  | 1,174   | 1,173 | 99.9%  | 1,185   | 1,154 | 97.4%  |
| Adams               | 16      | 16    | 100.0% | 18      | 18    | 100.0% | 18      | 18    | 100.0% | 15      | 15    | 100.0% |
| Asotin              | 2       | 2     | 100.0% | 2       | 2     | 100.0% | 2       | 2     | 100.0% | 2       | 2     | 100.0% |
| Benton              | 37      | 37    | 100.0% | 38      | 37    | 97.4%  | 40      | 40    | 100.0% | 42      | 42    | 100.0% |
| Chelan              | 43      | 42    | 97.7%  | 49      | 47    | 95.9%  | 48      | 48    | 100.0% | 48      | 48    | 100.0% |
| Clallam             | 6       | 6     | 100.0% | 7       | 7     | 100.0% | 8       | 8     | 100.0% | 8       | 8     | 100.0% |
| Clark               | 60      | 60    | 100.0% | 80      | 77    | 96.3%  | 92      | 92    | 100.0% | 98      | 93    | 94.9%  |
| Columbia            | 1       | 1     | 100.0% | 1       | 1     | 100.0% | 1       | 1     | 100.0% | 1       | 1     | 100.0% |
| Cowlitz             | 17      | 17    | 100.0% | 22      | 20    | 90.9%  | 22      | 22    | 100.0% | 25      | 23    | 92.0%  |
| Douglas             | 9       | 9     | 100.0% | 16      | 15    | 93.8%  | 17      | 17    | 100.0% | 16      | 15    | 93.8%  |
| Ferry               | 0       | 0     | -      | 0       | 0     | -      | 0       | 0     | -      | 0       | 0     | -      |
| Franklin            | 18      | 18    | 100.0% | 20      | 19    | 95.0%  | 20      | 20    | 100.0% | 22      | 21    | 95.5%  |
| Garfield            | 1       | 1     | 100.0% | 1       | 1     | 100.0% | 1       | 1     | 100.0% | 1       | 1     | 100.0% |
| Grant               | 29      | 28    | 96.6%  | 33      | 32    | 97.0%  | 33      | 33    | 100.0% | 33      | 32    | 97.0%  |
| Grays Harbor        | 12      | 12    | 100.0% | 13      | 10    | 76.9%  | 13      | 13    | 100.0% | 14      | 13    | 92.9%  |
| Island              | 11      | 11    | 100.0% | 9       | 9     | 100.0% | 11      | 11    | 100.0% | 11      | 11    | 100.0% |
| Jefferson           | 3       | 3     | 100.0% | 3       | 3     | 100.0% | 4       | 4     | 100.0% | 4       | 4     | 100.0% |
| King                | 376     | 371   | 98.7%  | 403     | 395   | 98.0%  | 421     | 421   | 100.0% | 427     | 412   | 96.5%  |
| Kitsap              | 35      | 35    | 100.0% | 37      | 37    | 100.0% | 41      | 41    | 100.0% | 39      | 37    | 94.9%  |
| Kittitas            | 7       | 7     | 100.0% | 7       | 7     | 100.0% | 8       | 8     | 100.0% | 8       | 8     | 100.0% |
| Klickitat           | 2       | 2     | 100.0% | 0       | 0     | -      | 2       | 2     | 100.0% | 2       | 0     | 0.0%   |
| Lewis               | 13      | 12    | 92.3%  | 12      | 12    | 100.0% | 15      | 15    | 100.0% | 14      | 14    | 100.0% |
| Lincoln             | 1       | 1     | 100.0% | 2       | 2     | 100.0% | 4       | 4     | 100.0% | 4       | 4     | 100.0% |



| County              | 2017-Q1 |       |        | 2017-Q2 |       |        | 2017-Q3 |       |        | 2017-Q4 |       |        |
|---------------------|---------|-------|--------|---------|-------|--------|---------|-------|--------|---------|-------|--------|
|                     | Serv.   | Acpt. | Pct.   |
| <b>Mason</b>        | 6       | 6     | 100.0% | 7       | 7     | 100.0% | 7       | 7     | 100.0% | 8       | 7     | 87.5%  |
| <b>Okanogan</b>     | 20      | 20    | 100.0% | 19      | 19    | 100.0% | 19      | 19    | 100.0% | 18      | 18    | 100.0% |
| <b>Pacific</b>      | 2       | 2     | 100.0% | 1       | 1     | 100.0% | 3       | 3     | 100.0% | 3       | 3     | 100.0% |
| <b>Pend Oreille</b> | 2       | 2     | 100.0% | 2       | 2     | 100.0% | 2       | 2     | 100.0% | 2       | 2     | 100.0% |
| <b>Pierce</b>       | 122     | 122   | 100.0% | 128     | 126   | 98.4%  | 134     | 134   | 100.0% | 137     | 133   | 97.1%  |
| <b>San Juan</b>     | 2       | 2     | 100.0% | 2       | 2     | 100.0% | 2       | 2     | 100.0% | 2       | 2     | 100.0% |
| <b>Skagit</b>       | 22      | 21    | 95.5%  | 24      | 23    | 95.8%  | 26      | 26    | 100.0% | 25      | 24    | 96.0%  |
| <b>Skamania</b>     | 0       | 0     | -      | 0       | 0     | -      | 0       | 0     | -      | 0       | 0     | -      |
| <b>Snohomish</b>    | 64      | 64    | 100.0% | 69      | 66    | 95.7%  | 87      | 87    | 100.0% | 87      | 82    | 94.3%  |
| <b>Spokane</b>      | 121     | 121   | 100.0% | 127     | 125   | 98.4%  | 132     | 132   | 100.0% | 131     | 129   | 98.5%  |
| <b>Stevens</b>      | 5       | 5     | 100.0% | 4       | 4     | 100.0% | 4       | 4     | 100.0% | 4       | 4     | 100.0% |
| <b>Thurston</b>     | 49      | 48    | 98.0%  | 53      | 50    | 94.3%  | 54      | 54    | 100.0% | 53      | 49    | 92.5%  |
| <b>Walla Walla</b>  | 15      | 15    | 100.0% | 19      | 19    | 100.0% | 12      | 12    | 100.0% | 14      | 14    | 100.0% |
| <b>Wahkiakum</b>    | 0       | 0     | -      | 0       | 0     | -      | 0       | 0     | -      | 0       | 0     | -      |
| <b>Whatcom</b>      | 27      | 27    | 100.0% | 34      | 32    | 94.1%  | 35      | 34    | 97.1%  | 37      | 35    | 94.6%  |
| <b>Whitman</b>      | 5       | 5     | 100.0% | 4       | 4     | 100.0% | 5       | 5     | 100.0% | 5       | 5     | 100.0% |
| <b>Yakima</b>       | 67      | 67    | 100.0% | 74      | 73    | 98.6%  | 78      | 78    | 100.0% | 75      | 75    | 100.0% |

**SOURCE:** ProviderOne Operational Data Store, August 2018, and HCA Network Adequacy Reporting by Medicaid MCOs.

