

2024 Quality of Behavioral Health Services in Washington State: Adult Enrollees Speak Out

The link between the quality of service and outcome is well established in health care. Better services lead to more positive results and higher levels of client satisfaction. Assessing the quality of behavioral health services is essential because it offers policymakers, providers, and other stakeholders the opportunity to improve outcomes and ensure that enrollees receive needed services to support their recovery. This brief report presents key findings from a 2023 survey of behavioral health (BH) adult enrollees receiving publicly funded mental health (MH) and substance use disorder (SUD) treatment services in Washington state. The survey applies measures from the Uniform Reporting System (URS) designed by the Substance Abuse and Mental Health Services Administration (SAMHSA) to assess dimensions of care.



The 2024 Behavioral Health Enrollee Survey

The Health Care Authority Division of Behavioral Health and Recovery (DBHR) contracts with the Social & Economic Sciences Research Center (SESRC) to conduct an annual statewide survey to assess enrollees' perception of the quality of publicly funded behavioral health treatment services they receive. DBHR uses the results to meet federal, state, and other reporting requirements.

The survey was conducted from May until November 2024. A random sample of adult Medicaid enrollees (age 18 and over) who received outpatient MH or SUD treatment services from May through October 2023 were invited to answer questions about their experience receiving behavioral health services in a mixed-mode survey with telephone, web, or mail-in option.

A 11.6% response rate was obtained from a starting sample of 10,231 randomly selected adult enrollees. A total of 1,183 responded to the survey, which represents a $\pm 2.8\%$ margin of error. Eighty-three percent responded to the survey by telephone, and 17% by web. The sample comprises 950 (80%) MH and 232 (20%) SUD enrollees.

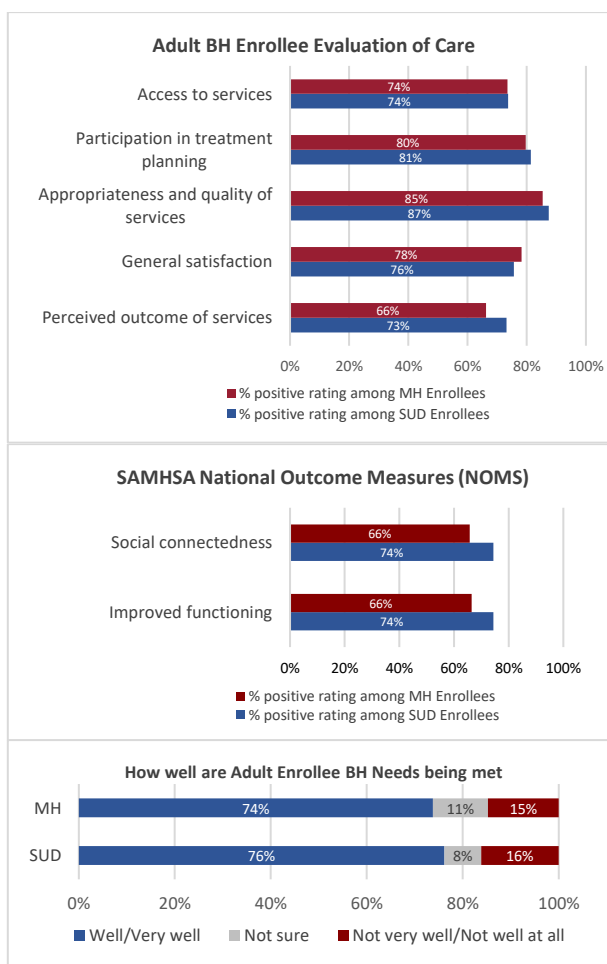
Fifty-nine percent of respondents were female, 36% were male, and 6% provided a different identification. Thirty-six percent have a minority status. Across age groups, 7% were 18-20 years old, 49% were 21-40, 35% were 41-60, 8% were 61-75, and less than 1% of respondents were over 75 years old. Thirty-six percent of adults were employed at the time of the survey, with over half of them (53%) working 35 hours or more per week.

- A high proportion of both MH and SUD enrollees, 74% or higher, gave positive ratings to *access to services*, *participation in treatment planning*, *appropriateness and quality of services*, and *general satisfaction with services*.
- MH and SUD enrollees reported differing levels of positive ratings on *perceived outcome of services*. A lower percentage of MH enrollees gave positive ratings, 66%, compared to SUD enrollees, where 73% gave positive ratings.

Additionally, the survey utilizes two metrics from the National Outcome Measures (NOMS), as monitored by SAMHSA: *social connectedness* and *improved functioning*. A higher proportion of SUD than MH enrollees gave positive ratings for both *social connectedness* and *improved functioning*. The difference in ratings suggests that MH enrollees have more problems with their social well-being and functioning compared to SUD enrollees.

When asked how well their behavioral health needs are being met, 74% of MH enrollees and 76% of SUD enrollees reported that their needs are being met very well or well.

Conclusion: Almost all the adult enrollees believed the services they received were right for them. Many felt empowered to participate in treatment planning, agreed they could access the needed care, and were generally satisfied with the services. However, compared to SUD enrollees, MH enrollees have perceived poorer outcomes and do not perform as well in terms of social connectedness and functioning.



"They catered to my specific needs, and they're willing to work with me as much as I need the help."

"They made me feel comfortable, they pinpointed the trouble areas and developed a plan to remedy the situation, and it finally worked."

"They were thorough in their services by answering my questions and providing all they could and referred me somewhere else when they couldn't help."

"I like the compassion and their empathy. I like how they were willing to work with me and my uniqueness."

"I liked the fact that the clinic I went to tried to match me with someone who was also Native American and a similar cultural background."

"My provider is easy to get in contact with and works hard to help me get in a better mental state."

Assessing Behavioral Health Services 2020-2024

Figure 4. MH Enrollees Reporting Positive Evaluation of Care

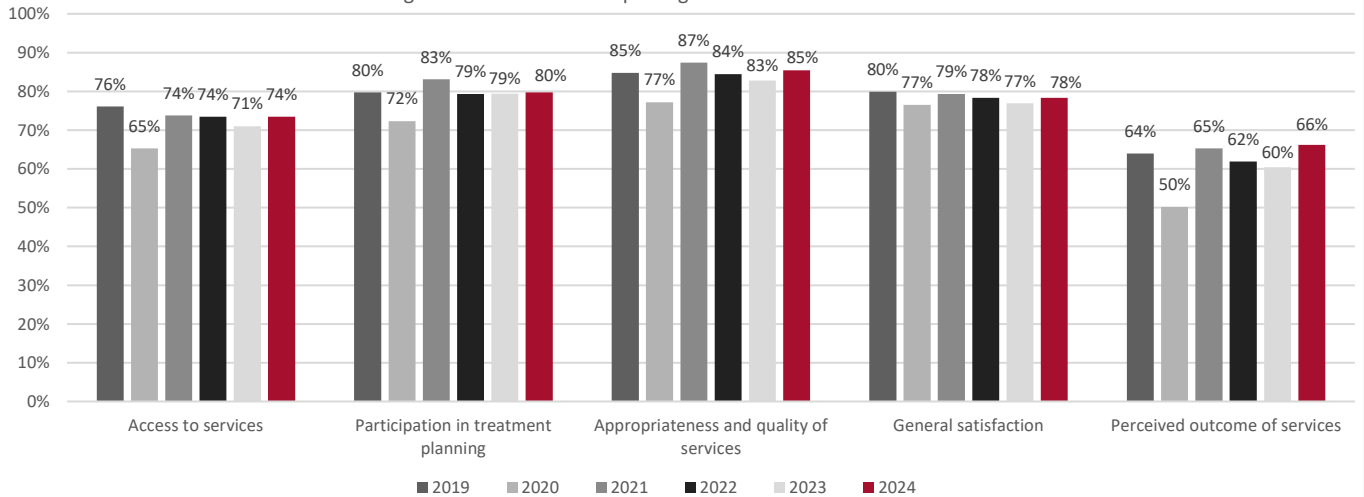


Figure 5. MH Enrollees Reporting Positive Ratings on SAMHSA NOMS

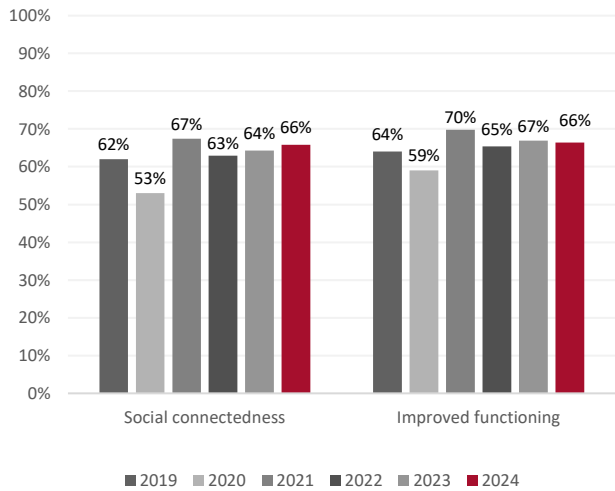


Figure 6. SUD Enrollees Reporting Positive Evaluation of Care

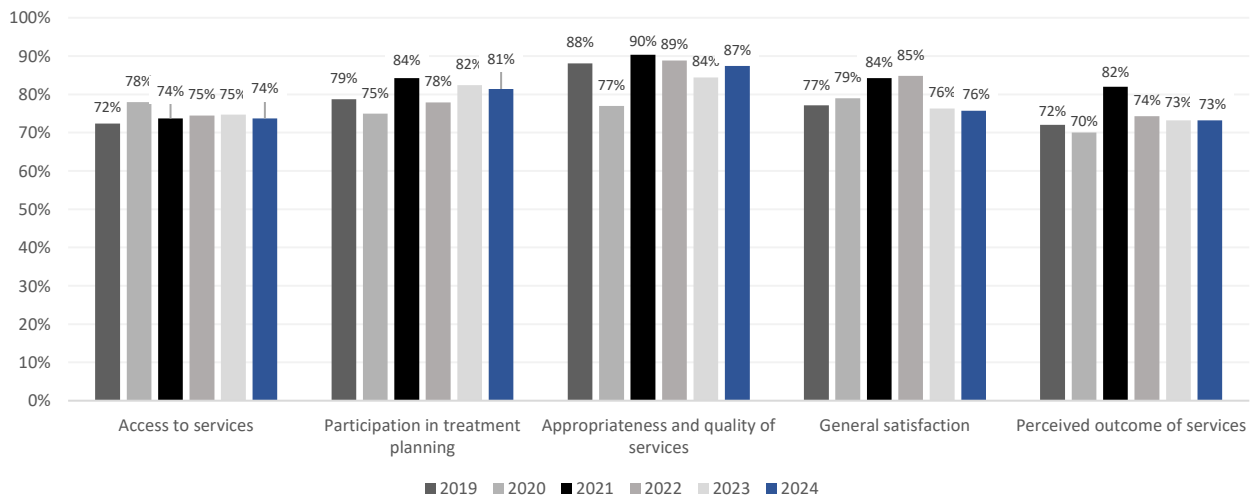
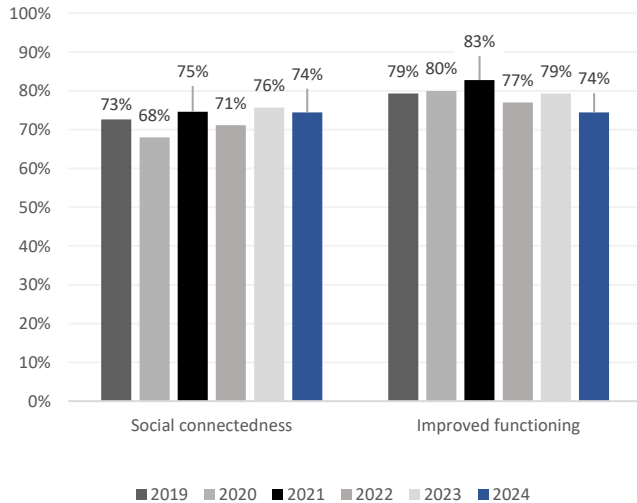


Figure 7. SUD Enrollees Reporting Positive Ratings on SAMHSA NOMS



An analysis of MH enrollees' survey responses from 2019 to 2024 reveals a consistent trend across all five dimensions of care and the two SAMHSA NOMS dimensions. A noticeable dip in positive ratings occurred in 2020, coinciding with the onset of the COVID-19 pandemic. However, results from 2021 to 2024 show a steady recovery, with satisfaction levels returning to or approaching pre-pandemic levels.

MH enrollees consistently reported high positive ratings in areas such as participation in treatment planning, appropriateness and quality of services, and overall satisfaction. Although ratings for access to services were slightly lower, a majority still responded positively. More than half to nearly two-thirds of MH enrollees gave favorable ratings for perceived outcomes and the SAMHSA NOMS dimensions—social connectedness and improved functioning—aligning with 2019 levels.

In contrast, responses from SUD enrollees over the same period show a more varied pattern. A significant dip in positive ratings was noted only in the dimensions of appropriateness and quality of services in 2020. However, ratings improved during the early post-pandemic years (2021–2022), particularly in areas such as participation in treatment planning, appropriateness and quality of services, general satisfaction, perceived outcomes of services, and improved functioning. In the most recent two years (2023–2024), nearly three-quarters or more of SUD enrollees consistently reported positive ratings across all five care dimensions and the SAMHSA NOMS dimensions, indicating a return to and maintenance of high satisfaction levels.

Conclusion: While satisfaction remains high among MH enrollees in several key areas, further efforts may be needed to improve outcomes related to perceived service impact, social connectedness, and functioning. For SUD enrollees, while 2020 saw a decline in ratings for the appropriateness and quality of services, subsequent years have shown a clear rebound. Notably, improvements during 2021–2022 and sustained high ratings from 2023–2024 suggest successful adaptations in service delivery. Continued monitoring and targeted quality improvements can help maintain this momentum and ensure that gains in satisfaction are equitably distributed across all dimensions of care.