

2024 Quality of Behavioral Health Services in Washington State: Child and Youth Enrollees Speak Out

Children and youth behavioral health is an integral part of a comprehensive approach to public health. Assessing the quality of behavioral health services is essential because it offers policymakers, providers, and other stakeholders the opportunity to improve outcomes and to ensure that child/youth enrollees receive services that meet their needs. This survey sample consists of youth aged 13 years or older and parents or guardians acting as proxies for children under 13 years old. 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 for child/youth enrollees.



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 through November 2024. SESRC reached out to a random sample of Medicaid enrollees aged 13-21 (youth), and parents or guardians acting as proxies for enrollees under the age of 13 (child). These enrollees had received outpatient MH or SUD treatment services from May through October 2022. They 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 14.5% response rate was obtained from a starting sample of 5,270 randomly selected child/youth enrollees. With a total of 763 responding, the survey has a margin of error of $\pm 3.5\%$ at a 95% confidence interval. There were 390 surveys (51%) completed by parents or guardians of enrollees less than 13 years old and 373 (49%) completed by youth enrollees aged 13 or older. Of the 763 enrollees, 79% responded to the survey by telephone and 21% by web.

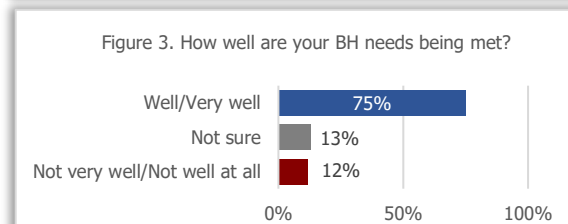
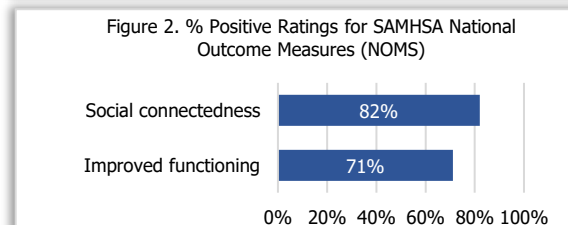
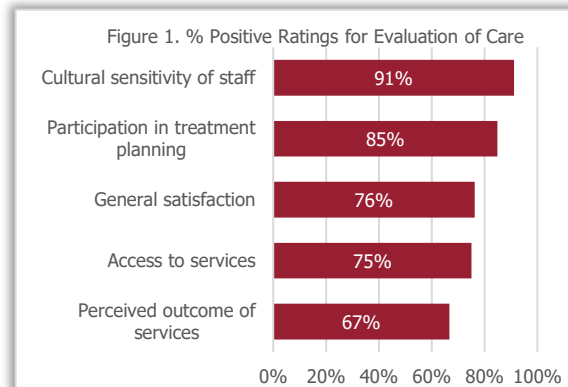
Child/youth enrollees were slightly more likely to be males (50%) than females (46%) or another gender identification (5%). Forty-four percent of child/youth enrollees were of minority status. The vast majority of the enrollees, 95%, received MH services, while only 5% received SUD treatment services. This report does not compare the type of services received due to the small number of enrollees who received SUD treatment services.

- Ninety-one percent of child/youth enrollees provided positive ratings for *cultural sensitivity of staff*, marking the highest satisfaction level across all dimensions of care.
- Approximately three-fourths or more of child/youth enrollees gave positive ratings to *participation in treatment planning* (85%), *general satisfaction* (76%), and *access to services* (75%).
- A lower percentage of child/youth enrollees offered positive ratings for *perceived outcome of services* (67%) compared to other dimensions, although still a majority.

Additionally, the survey utilizes two metrics from the National Outcome Measures (NOMS), as monitored by SAMHSA: *social connectedness* and *improved functioning*. A greater number of enrollees gave positive ratings to *social connectedness* (82%) than *improved functioning* (71%), but both categories received many positive ratings overall.

When asked how well their behavioral health needs are being met, 75% of child/youth enrollees said well or very well.

Conclusion: Most child/youth enrollees acknowledge that their providers are sensitive to their cultural background. Many enrollees feel empowered in treatment planning, can access required care, express general satisfaction with services, and report robust social well-being. While over half of child/youth enrollees are optimistic about their outcomes and improved functioning, there is room for improvement, suggesting that behavioral health care providers should continue their efforts to enhance service outcomes.



Parent or Guardian:

"I like that she received timely service and that her needs were understood and addressed."

"Providers have kept us very involved in his care and the decisions that are made about his care and medications."

"I liked that they could help him talk more and be more socialized."

"I liked the willingness to adjust and work with our schedule and the willingness to listen to him and help find things that worked for him."

Youth aged 13 and older:

"Getting an opportunity to talk and work things out to help me in the long run, as well as learning about what things I'm struggling with/triggers to certain mental problems I have."

"Taught me a lot of coping skills and how to cope a lot better with my mental health."

"I liked that there was always open communication that I could switch therapists if needed."

Assessing Behavioral Health Services Over Time

Figure 4. % Enrollees Reporting Positive Ratings for Evaluation of Care Across Years from 2019 to 2024

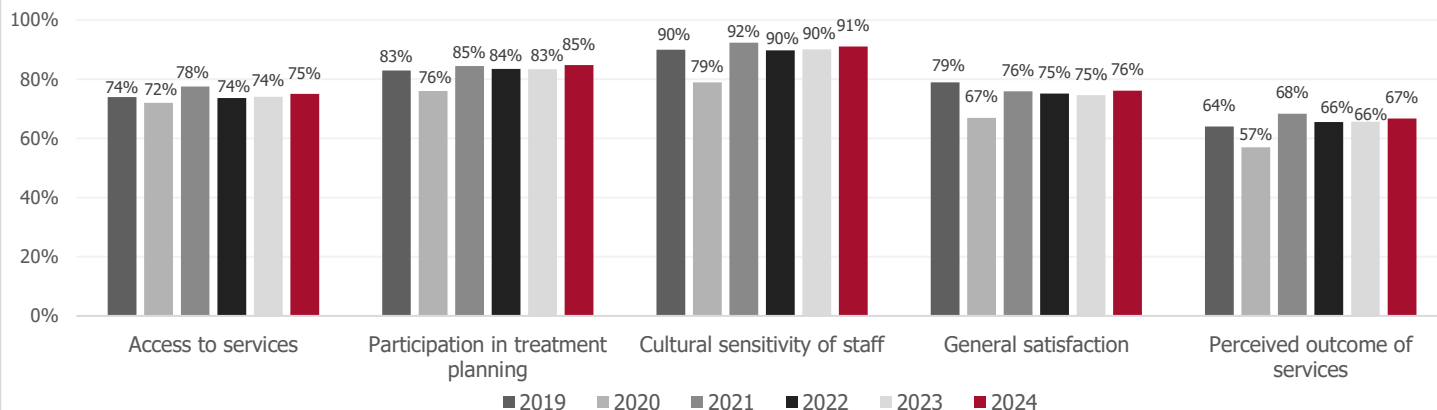
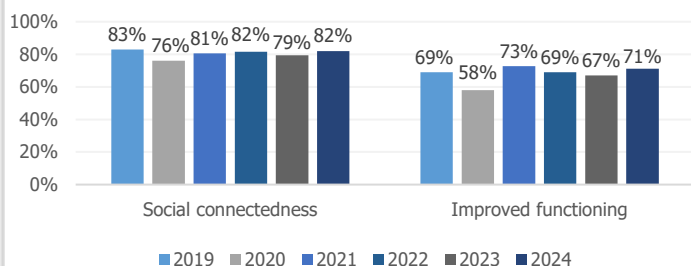


Figure 5. % Enrollees Reporting Positive Ratings on SAMHSA NOMS Across Years from 2019 to 2024



Survey data from child/youth enrollees show a consistent trend in positive ratings across all care dimensions and the two SAMHSA NOMS measures from 2019 to 2024. A noticeable dip occurred in 2020 across all measures, aligning with the onset of the COVID-19 pandemic. However, ratings rebounded from 2021 onward, returning to levels comparable to the pre-pandemic year.

While overall satisfaction remains strong, positive ratings for perceived outcomes of services and improved functioning were lower than those for other measures, indicating potential areas for further improvement.

Parent or Guardian:

"When COVID happened the only access he had was through PCP. PCP wouldn't listen about side effects of medications. [Child's name] was getting night terrors and has side effects. The doctor didn't take concerns about side effects seriously and couldn't go anywhere else because things were shut down. No other PCP in our area that would listen to symptoms he was having"

"Negatively impacted! That was when healthcare and behavioral care declined significantly."

"I think the biggest one was masking. It was hard because his issues are with social communication so not seeing people's faces made it really hard for him."

"In the early stages of the pandemic, it made it extremely difficult. It doesn't affect things now."

"We started diagnosis during Covid-19. We did all our appointments over zoom or in person outside in places that we familiar. This actually worked well as being in a more comfortable place vs. Dr's office helped our daughter become familiar with Dr's and counselors."

"It actually disrupted the services she had at that time. it went into virtual services which she was too young to benefit from."

Youth aged 13 and older:

"[The COVID-19 pandemic] was the reason I got into behavior health services, put me in a difficult place."

"It impacted me because it made me not to see a lot of people."

"We had a mental health crisis and tried to get into local healthcare but we were on a huge waiting list and only got to that name a year and a few months later. We would have been in that waiting list if not for the WISE program. Because you have that we were able to get healthcare. Everywhere in our local area was flooded with mental health crises."

"Honestly it's a lifesaver to have telehealth as a permanent option in case I don't get much sleep the night before an appointment or if I happen to fall ill. I'd say I'm thankful for the silver lining of telehealth appointments becoming so widely available and accepted."

"i was not being treated during the lockdown and once it lifted and I did eventually go in to treatment it hasn't impacted at all."

"I think it's increased my accessibility because more people are doing remote."

"At first it was really hard to find somebody to help me but now it's not too hard."