

# **2025 Behavioral Health Provider Survey Interpretive Report**

Prepared for:

Division of Behavioral Health and Recovery  
Washington State Health Care Authority  
Olympia, Washington

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# EXECUTIVE SUMMARY

## Background and Purpose

The Division of Behavioral Health and Recovery (DBHR) regularly conducts a survey of agency providers to identify opportunities for improving the quality of behavioral health treatment services in Washington State. In addition, the survey aims to collect information that would allow DBHR to meet federal and state reporting requirements and inform policy at the state and provider level. DBHR works collaboratively with the Social & Economic Sciences Research Center (SESRC) to administer the survey.

This report presents the results from the 2025 Behavioral Health Provider Survey conducted from February 2025 through June 2025. The questionnaire has three main sections: Agency Characteristics, Quality Improvement, and Behavioral Health Staffing. The Agency Characteristics section asks about the organization type, client population, services provided, funding, cultural competency, and population-specific services. The Quality Improvement part includes questions on quality improvement activities and approaches used to improve client retention and outcome, and assess perception of care. The final section, Behavioral Health Staffing, covers questions related to behavioral health clinical staff.

The web-based survey was open to behavioral health (BH) treatment agencies that provide DBHR-certified, publicly funded, community-based mental health (MH) and substance use disorder (SUD) treatment services. Out of the final 667 behavioral health treatment agencies meeting the inclusion criteria, 272 answered the survey: 241 completes and 31 partial completes. The overall response rate is 40.8%.

## KEY FINDINGS

### Agency Characteristics

- When asked to identify their structure, slightly less than half of the agencies (41%) considered themselves as a local branch of a multi-site health care organization, 30% as an independent community-based agency and 8% as the main office of a multi-site health care organization.
- Eighty-six percent of agencies serve adults (18 year and over), 49% service transitional age youth (15-25 years old), 52% serve youth (13-17 years old), and 41% serve children (under 13 years old).
- Slightly more than one-third (38%) of agencies reported providing mental health (MH) treatment services only, with 23% providing substance use disorder (SUD) treatment service only, and 39% providing both MH and SUD treatment services.



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- The most common treatment services by agencies offering mental health treatment services are Individual treatment services (96%), Intake evaluation, (84%), and Group treatment services (80%)
  - Of the agencies providing SUD treatment modalities, 81% provide outpatient services.
  - Harm reduction services are offered at many behavioral health agencies. The three most common services are Motivational interviewing and utilization of stages of change model (82%), Overdose reversal education and training services (68%), and Provision of education on HIV and viral hepatitis prevention, testing, and referral to treatment services (50%).
  - Nearly two-thirds of behavioral health agencies provide referrals to providers of safer use supplies (62%) and one-third indicated they do not provide referrals. Only five percent of agencies marked that they provide sterile syringes and injection alternatives or sterile syringes.
  - Four out of five agencies provide overdose reversal medication per State Senate Bill 5195 (82%).
  - Among agencies that provide both MH and SUD services, 45% have a single or integrated MH and SUD program while 48% have a separate program or staff for MH and SUD services.
  - Ninety percent of all agencies serving children and youth were accepting new children and youth clients in the last 12 months.
  - About one-third (36%) of the agencies in the survey provide co-occurring disorders (COD) treatment services. Of those offering COD treatment services, 42% treat both MH and SUD in their facility, while 31% treat the MH issue and refer clients to another facility for SUD treatment, and 17% treat the SUD only and refer the client to another facility for MH treatment.

### **Population Specific Services**

Behavioral health agencies offer services designed to meet the needs of specific population groups.

- Approximately one-third of facilities provide population specific services for:
  - Youth (39%)
  - Women (35%)
  - Individuals involved in the criminal legal system (31%)
  - Men (31%)



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## Quality Improvement

- Chart reviews is the most common quality improvement activity for all three types of agencies (94% for MH treatment services only, 100% SUD treatment services only, and 97% both MH and SUD treatment services).
- Ninety percent or more of facilities indicated the following strategies are used to improve client retention and outcomes.
  - Engage clinicians in trainings (93%)
  - Provide case management/care coordination services (92%)
  - Integrate client's cultural beliefs, practices, and traditions in treatment planning (90%)
- Over nine in ten agencies have formal grievance procedures (92%) to assess client's perception of the quality of care received.

## Behavioral Health Staffing

- Overall, responding agencies indicated they employed 9,138 behavioral health staff and 6,964 behavioral health clinical staff.
- The average number of paid behavioral health staff at facilities is 37 and behavioral health clinical staff is 28.
- Greater than eight out of ten employees work full-time (84%) – which is defined for this study as 32 hours per week or more. (MH 81%, SUD 88%, and MH-SUD 87% full-time).
  - The highest percentage of BH clinical staff (18%) receive an annual base salary in the range of \$60,001 to \$70,000 per year. (MH 22%, SUD 20%, MH-SUD 16%,). One-sixth receive a base salary of \$50,001 to \$60,000 (17%) or \$70,001 to \$80,000 (16%).
- Nearly two-thirds of BH clinical staff are identified as Woman (62%) (MH 66%, SUD 41%, MH-SUD 64%,).
  - Over half of BH clinical staff in facilities responding to the survey are categorized as White, non-Hispanic (54%). Hispanic is the next most selected answer (12%) followed by Black or African American (7%) and Asian/Pacific Islander (5%).
- Of BH clinical staff who speak a language fluently other than English, Spanish is used by over two-thirds of those staff (71%). Chinese (4%), Other (3%), French (2.3%), American Sign Language (2.3%), Korean (2.1%) and Hindi (2.0%) are the next most indicated languages.
- A Master's degree is reported as the most common of educational degrees (36% overall, 37% MH only agencies, 11% SUD agencies, and 38% MH-SUD).



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- The top four categories for Washington State Department of Health Credential types are: Agency Affiliated Counselor (39%), Licensed mental health counselor (8%), Substance use disorder professional (SUDP) (8%), Registered nurse (7%)
  - Nearly one-third of agencies that provide both treatment services have one or more dually credentialed staff (29%).



## BEHAVIORAL HEALTH AGENCIES: A PROFILE OF AGENCY CHARACTERISTICS

When asked to identify their structure, slightly less than half of the agencies (41%) considered themselves as a local branch of a multi-site health care organization, 30% as an independent community-based agency and 8% as the main office of a multi-site health care organization.

- Ninety-three percent of the agencies provide treatment services under a contract with a Behavioral Health Organization (BHO), a Managed Care Organization (MCO), or with an Administrative Services Organization (ASO).
- Eighty-six percent of agencies serve adults (18 year and over), 49% service transitional age youth (15-25 years old), 52% serve youth (13-17 years old), and 41% serve children (under 13 years old).
- Slightly more than one-third (38%) of agencies reported providing mental health (MH) treatment services only, with 23% providing substance use disorder (SUD) treatment service only, and 39% providing both MH and SUD treatment services.

Table 1. Agency Characteristics by Type of Service

|  | MH<br>treatment<br>services<br>only | SUD<br>treatment<br>services<br>only | Both MH<br>and SUD<br>treatment<br>services | Overall |
|--|-------------------------------------|--------------------------------------|---|---------|
| An independent, community-based agency                   | 22.2%                               | 36.2%                                | 34.7%                                       | 30.2%   |
| A local branch of a multi-site health care organization  | 54.5%                               | 37.9%                                | 29.7%                                       | 41.1%   |
| The main office of a multi-site health care organization | 6.1%                                | 1.7%                                 | 12.9%                                       | 7.8%    |
| Other  | 17.2%                               | 24.1%                                | 22.8%                                       | 20.9%   |
| Contract with a BHO, MCO, or ASO                         | 89.9%                               | 93.4%                                | 95.1%                                       | 92.8%   |
| Serving adults (18 years and over)                       | 77.8%                               | 95.1%                                | 87.5%                                       | 85.6%   |
| Transitional Age Youth (15-25 years old)                 | 52.5%                               | 23.0%                                | 59.6%                                       | 48.5%   |
| Serving youth (13 - 17 years old)                        | 58.6%                               | 23.0%                                | 61.5%                                       | 51.5%   |
| Serving children (under 13 years old)                    | 54.1%                               | 3.3%                                 | 49.5%                                       | 40.5%   |
| Type of service  | 37.5%                               | 23.1%                                | 39.4%                                       |         |



Mental health treatment services offered vary by agencies, but the five most common offerings are:

- Individual treatment services (96%)
- Intake evaluation (84%)
- Group treatment services (80%)
- Therapeutic psychoeducation (64%)
- Medication management (62%)
- Agencies also reported providing family treatment (50%), high intensity treatment (27%), wraparound with intensive services (19%), stabilization services (18%), inpatient evaluation and treatment (16%), dyadic treatment (15%), other (13%), and first episode psychosis navigate (11%).

Table 2. MH treatment services provided

|  | MH<br>treatment<br>services<br>only | Both MH<br>and SUD<br>treatment<br>services | Overall |
|--|-------------------------------------|---|---------|
| Individual treatment services  | 92.9%                               | 99.0%                                       | 96.1%   |
| Intake evaluation  | 78.8%                               | 88.5%                                       | 83.7%   |
| Group treatment services   | 74.7%                               | 85.6%                                       | 80.3%   |
| Therapeutic psychoeducation  | 60.6%                               | 67.3%                                       | 64.0%   |
| Medication management  | 59.6%                               | 64.4%                                       | 62.1%   |
| Family treatment   | 47.5%                               | 51.9%                                       | 49.8%   |
| High intensity treatment   | 27.3%                               | 26.0%                                       | 26.6%   |
| Wraparound with Intensive Services (WiSe)  | 20.2%                               | 18.3%                                       | 19.2%   |
| Stabilization services   | 21.2%                               | 15.4%                                       | 18.2%   |
| Inpatient evaluation and treatment   | 12.1%                               | 20.2%                                       | 16.3%   |
| Dyadic family treatment (parental caregiver along with<br>infant, toddler, or preschooler) | 13.1%                               | 16.3%                                       | 14.8%   |
| Other, specify   | 13.1%                               | 12.5%                                       | 12.8%   |
| First episode psychosis navigate   | 7.1%                                | 14.4%                                       | 10.8%   |

Of the agencies providing SUD treatment modalities:

- 81% provide outpatient services
- 20% provide intensive inpatient
- 16% offer withdrawal management
- 15% provide other services
- 5% provide a recovery house
- 4% provide long-term residential treatment
- 4% provide secure withdrawal management.



Table 3. SUD treatment modalities provided

|                              | SUD<br>treatment<br>services<br>only | Both MH<br>and SUD<br>treatment<br>services | Overall |
|------------------------------|--------------------------------------|---|---------|
| Outpatient                   | 67.2%                                | 88.5%                                       | 80.6%   |
| Intensive inpatient          | 27.9%                                | 15.4%                                       | 20.0%   |
| Withdrawal management        | 19.7%                                | 13.5%                                       | 15.8%   |
| Other, specify               | 14.8%                                | 14.4%                                       | 14.5%   |
| Opioid treatment program     | 14.8%                                | 13.5%                                       | 13.9%   |
| Recovery house               | 3.3%                                 | 5.8%  | 4.8%    |
| Long-term residential        | 3.3%                                 | 4.8%  | 4.2%    |
| Secure withdrawal management | 1.6%                                 | 5.8%  | 4.2%    |

The medications and services most commonly offered during SUD services include:

- Referrals for medications for SUD (50%)
- Education on medications for SUD (43%)
- Sub-lingual buprenorphine continuation (33%)
- Sub-lingual buprenorphine initiation (32%)
- Naltrexone for alcohol use disorder (AUD) (32%)
- Sub-lingual buprenorphine taper (31%)



Table 4. SUD medications and processes offered

|   | SUD<br>treatment<br>services<br>only | Both MH<br>and SUD<br>treatment<br>services | Overall |
|---|--------------------------------------|---|---------|
| Referrals for medications for SUD                         | 59.0%                                | 45.2%                                       | 50.3%   |
| Education on medications for SUD                          | 52.5%                                | 37.5%                                       | 43.0%   |
| Sub-lingual buprenorphine continuation                    | 37.7%                                | 30.8%                                       | 33.3%   |
| Sub-lingual buprenorphine initiation                      | 36.1%                                | 29.8%                                       | 32.1%   |
| Naltrexone for alcohol use disorder (AUD)                 | 24.6%                                | 36.5%                                       | 32.1%   |
| Sub-lingual buprenorphine taper                           | 29.5%                                | 31.7%                                       | 30.9%   |
| Extended release naltrexone for opioid use disorder (OUD) | 21.3%                                | 26.0%                                       | 24.2%   |
| Long-acting injectable buprenorphine initiation           | 23.0%                                | 19.2%                                       | 20.6%   |
| Long-acting injectable buprenorphine continuation         | 21.3%                                | 20.2%                                       | 20.6%   |
| Methadone continuation                                    | 26.2%                                | 15.4%                                       | 19.4%   |
| Acamprosate   | 14.8%                                | 12.5%                                       | 13.3%   |
| Disulfiram  | 6.6%                                 | 8.7%  | 7.9%    |
| Other, specify:   | 6.6%                                 | 6.7%  | 6.7%    |

Harm reduction services are offered at many behavioral health agencies. The three most common services are Motivational interviewing and utilization of stages of change model (82%), Overdose reversal education and training services (68%), and Provision of education on HIV and viral hepatitis prevention, testing, and referral to treatment services (50%).

Table 5. Harm reduction services

|  | SUD<br>treatment<br>services<br>only | Both MH<br>and SUD<br>treatment<br>services | Overall |
|--|--------------------------------------|---|---------|
| Motivational interviewing and utilization of stages of change model  | 82.0%                                | 81.6%                                       | 81.7%   |
| Overdose reversal education and training services  | 72.1%                                | 66.0%                                       | 68.3%   |
| Provision of education on HIV and viral hepatitis prevention, testing, and referral to treatment services          | 49.2%                                | 50.5%                                       | 50.0%   |
| Referral to hepatitis A and hepatitis B vaccinations (to reduce risk of viral hepatitis infection)                 | 47.5%                                | 40.8%                                       | 43.3%   |
| Provision of information on local resources and/or referrals for PrEP  | 37.7%                                | 36.9%                                       | 37.2%   |
| Navigation services to ensure linkage to HIV and viral hepatitis prevention, testing, treatment, and care services | 23.0%                                | 28.2%                                       | 26.2%   |



Nearly two-thirds of behavioral health agencies provide referrals to providers of safer use supplies (62%) and one-third indicated they do not provide referrals. Only five percent of agencies marked that they provide sterile syringes and injection alternatives or sterile syringes.

Table 6. Safer use supplies

|  | SUD<br>treatment<br>services<br>only | Both MH<br>and SUD<br>treatment<br>services | Overall |
|--|--------------------------------------|---|---------|
| Yes, including sterile syringes and injection alternatives         | 4.9%                                 | 4.0%  | 4.3%    |
| Yes, limited to sterile syringes                                   | 0.0%                                 | 2.0%  | 1.2%    |
| No, but we provide referrals to providers of safer use supplies    | 57.4%                                | 65.3%                                       | 62.3%   |
| No, we do not provide referrals to providers of safer use supplies | 37.7%                                | 28.7%                                       | 32.1%   |

## Opioid Use Disorder

Four out of five agencies provide overdose reversal medication per State Senate Bill 5195 (82%).

Over 90% of agencies ask individuals if they have diagnosed with an opioid use disorder (91%).

Nearly all agencies (89%) ask if they have naloxone ready in case of an overdose emergency.

Table 7. Understand and/or treat Opioid Use Disorder

|  | SUD<br>treatment<br>services<br>only | Both MH<br>and SUD<br>treatment<br>services | Overall |
|--|--------------------------------------|---|---------|
| Do you provide overdose reversal medication (e.g. naloxone) per State Senate Bill 5195?                                    | 82.0%                                | 82.5%                                       | 82.3%   |
| During intake, do you ask individuals if they have been diagnosed with an opioid use disorder (OUD) in the last 12 months? | 91.7%                                | 90.2%                                       | 90.7%   |
| Do you ask if they have naloxone ready in case of an overdose emergency?   | 95.0%                                | 86.0%                                       | 89.4%   |



Behavioral health agencies have many options when they find that individuals at-risk of an opioid overdose do not have Naloxone in their possession. Over half Provide the individual with naloxone education materials (58%) and slightly less than half Provide the individual with education materials on medications for Opioid Use Disorder (47%)

Table 8. Actions taken when at-risk individuals do not have Naloxone in their possession

|   | SUD<br>treatment<br>services<br>only | Both MH<br>and SUD<br>treatment<br>services | Overall |
|---|--------------------------------------|---|---------|
| Provide the individual with naloxone education materials  | 51.7%                                | 62.1%                                       | 58.4%   |
| Provide the individual with education materials on medications for Opioid Use Disorder  | 44.8%                                | 48.5%                                       | 47.2%   |
| Assist the individual in obtaining naloxone utilizing any other resources   | 36.2%                                | 44.7%                                       | 41.6%   |
| Provide the individual with harm reduction education materials  | 29.3%                                | 46.6%                                       | 40.4%   |
| Provide them with naloxone before the end of their service and bill the individual's Medicaid/private insurance                               | 44.8%                                | 32.0%                                       | 36.6%   |
| Provide the individual with a copy of the Washington State standing order for naloxone and tell them the closest pharmacy they can fill it at | 24.1%                                | 31.1%                                       | 28.6%   |
| Utilize an onsite pharmacy to dispense naloxone via the Washington State standing order   | 8.6%                                 | 20.4%                                       | 16.1%   |
| Provide them with naloxone before the end of their service and submit for reimbursement from HCA for uninsured and underinsured individuals   | 13.8%                                | 15.5%                                       | 14.9%   |
| Assist the individual in signing up to receive naloxone via mail order  | 12.1%                                | 16.5%                                       | 14.9%   |



## Integration of MH and SUD Services

Among agencies that provide both MH and SUD services:

- Forty-eight percent report they have a separate program or staff for MH and SUD services.
- Forty-five percent indicate they have a single or integrated program for both MH and SUD services.

Table 9. Program structure in facilities offering both MH and SUD services

|  | Overall |
|--|---------|
| Have a separate program or staff for MH versus SUD services      | 48.0%   |
| Have a single or integrated program or staff for both MH and SUD | 45.0%   |
| Other (please specify)   | 7.0%    |

- Ninety percent of all agencies serving children and youth were accepting new children and youth clients in the last 12 months.

Table 10. Agencies accepting new children and youth clients in the last 12 months

|               | MH<br>treatment<br>services<br>only | Both MH<br>and SUD<br>treatment<br>services | Overall |
|---------------|-------------------------------------|---|---------|
| Yes           | 88.3%                               | 90.9%                                       | 89.7%   |
| No/Don't know | 11.7%                               | 9.1%  | 10.3%   |

## Co-occurring Disorders Treatment Services

About one-third (36%) of the agencies in the survey provide co-occurring disorders (COD) treatment services. Of those offering COD treatment services:

- Forty-two percent treat both MH and SUD in their facility
- Thirty-one percent treat the MH issue only and refer clients to another facility for SUD treatment
- Seventeen percent treat the SUD only and refer the client to another facility for MH treatment.



Table 11. Co-occurring disorders treatment services and categories

|   | MH<br>treatment<br>services<br>only | SUD<br>treatment<br>services<br>only | Both MH<br>and SUD<br>treatment<br>services | Overall |
|---|-------------------------------------|--------------------------------------|---|---------|
| Yes   | 19.2%                               | 19.3%                                | 62.6%                                       | 36.1%   |
| Treat the MH only and refer the person to<br>another facility for SUD treatment                 | 80.2%                               | 0.0%                                 | 2.0%  | 31.2%   |
| Treat the SUD only and refer the person to<br>another facility for MH treatment                 | 0.0%                                | 71.9%                                | 1.0%  | 16.6%   |
| Treat both MH and SUDs in this facility   | 7.3%                                | 12.3%                                | 91.0%                                       | 41.5%   |
| Refer the person to another facility that<br>specializes in co-occurring disorders<br>treatment | 2.1%                                | 3.5%                                 | 1.0%  | 2.0%    |
| Other (please specify)  | 10.4%                               | 12.3%                                | 5.0%  | 8.7%    |



## Population Specific Services

Behavioral health agencies offer services designed to meet the needs of specific population groups.

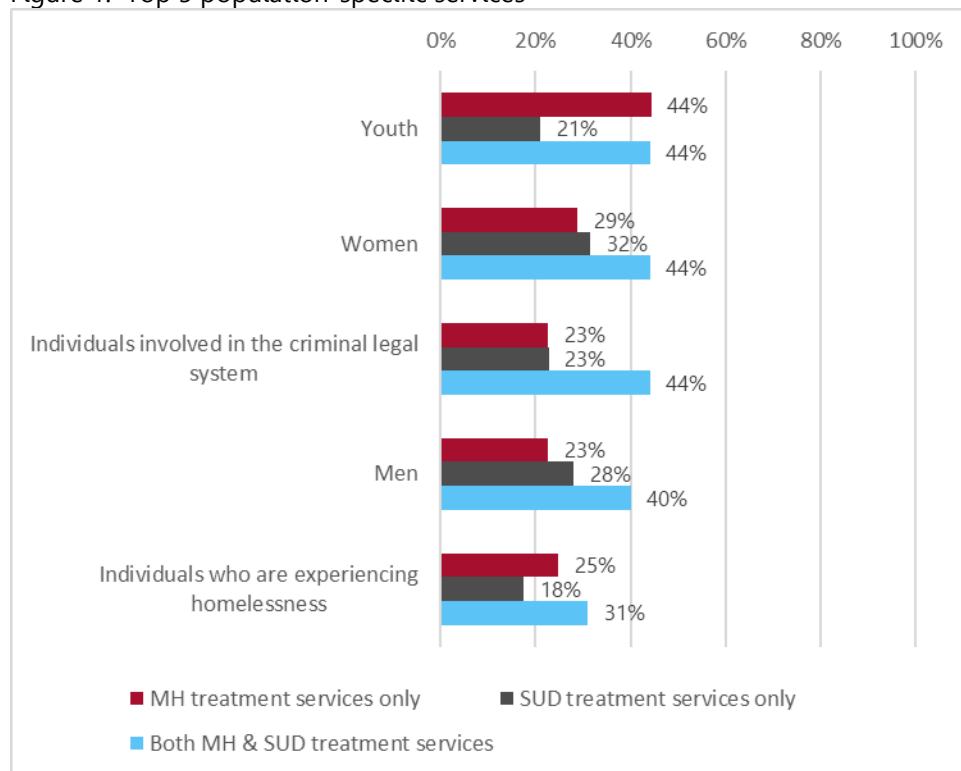
- Approximately one-third of facilities provide population specific services for:
  - Youth (39%)
  - Women (35%)
  - Individuals involved in the criminal legal system (31%)
  - Men (31%)
- Fewer agencies reported providing services designed for:
  - Individuals who are experiencing homelessness (26%)
  - Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, Asexual, +; (LGBQIA+) (25%)
  - Hispanics (19%)
  - American Indian, Alaskan Native, Indigenous Persons (18%)
  - PPW (Pregnant or parenting women) (17%)
  - Older adults (17%)
  - African American (16%)
  - Asian/Pacific Islander (15%)
  - Individuals with developmental disabilities (14%)
  - Individuals who are deaf or hard of hearing (12%)
  - Individuals who are blind or visually impaired (10%)
  - Other, please specify (8%)

Table 12. Population specific services

|   | MH<br>treatment<br>services<br>only | SUD<br>treatment<br>services<br>only | Both MH<br>and SUD<br>treatment<br>services | Overall |
|---|-------------------------------------|--------------------------------------|---|---------|
| Youth   | 44.3%                               | 21.1%                                | 44.0%                                       | 39.0%   |
| Women   | 28.9%                               | 31.6%                                | 44.0%                                       | 35.4%   |
| Individuals involved in the criminal legal system                                 | 22.7%                               | 22.8%                                | 44.0%                                       | 31.1%   |
| Men   | 22.7%                               | 28.1%                                | 40.0%                                       | 30.7%   |
| Individuals who are experiencing homelessness                                     | 24.7%                               | 17.5%                                | 31.0%                                       | 25.6%   |
| Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, Asexual, + (LGBTQIA+) | 32.0%                               | 5.3%                                 | 29.0%                                       | 24.8%   |
| Hispanics   | 20.6%                               | 8.8%                                 | 24.0%                                       | 19.3%   |
| American Indian, Alaska Native, Indigenous Persons                                | 14.4%                               | 1.8%                                 | 30.0%                                       | 17.7%   |
| PPW (Pregnant or parenting women)   | 9.3%                                | 26.3%                                | 20.0%                                       | 17.3%   |
| Older adults  | 18.6%                               | 3.5%                                 | 24.0%                                       | 17.3%   |
| African American  | 18.6%                               | 3.5%                                 | 20.0%                                       | 15.7%   |
| Asian/Pacific Islander  | 14.4%                               | 0.0%                                 | 23.0%                                       | 14.6%   |
| Individuals with developmental disabilities                                       | 17.5%                               | 1.8%                                 | 18.0%                                       | 14.2%   |
| Individuals who are deaf or hard of hearing                                       | 17.5%                               | 3.5%                                 | 12.0%                                       | 12.2%   |
| Individuals who are blind or visually impaired                                    | 16.5%                               | 1.8%                                 | 8.0%  | 9.8%    |
| Other   | 8.2%                                | 5.3%                                 | 10.0%                                       | 8.3%    |



Figure 1. Top 5 population-specific services





## QUALITY IMPROVEMENT

When asked about quality improvement activities at the facility beyond those specified by accreditation requirements:

- Most agencies (96%) report using chart reviews.
- More than eight in ten agencies use periodic quality management meetings (86%), satisfaction surveys (84%), and performance measures (82%).
- Reviewing counselor-specific reports (76%) and walkthroughs (63%) are also common quality improvement activities.

Table 13. Quality improvement activities beyond those specified by accreditation requirements

|                                      | MH<br>treatment<br>services<br>only | SUD<br>treatment<br>services<br>only | Both MH<br>and SUD<br>treatment<br>services | Overall |
|--------------------------------------|-------------------------------------|--------------------------------------|---|---------|
| Chart reviews                        | 93.8%                               | 100.0%                               | 97.0%                                       | 96.4%   |
| Periodic quality management meetings | 85.6%                               | 87.5%                                | 85.0%                                       | 85.8%   |
| Satisfaction surveys                 | 82.5%                               | 94.6%                                | 80.0%                                       | 84.2%   |
| Performance measurement              | 83.5%                               | 80.4%                                | 81.0%                                       | 81.8%   |
| Review counselor-specific reports    | 66.0%                               | 76.8%                                | 84.0%                                       | 75.5%   |
| Walkthroughs                         | 63.9%                               | 64.3%                                | 61.0%                                       | 62.8%   |
| Other activities: please specify     | 6.2%                                | 1.8%                                 | 5.0%  | 4.7%    |



## Improving Client Retention and Outcomes

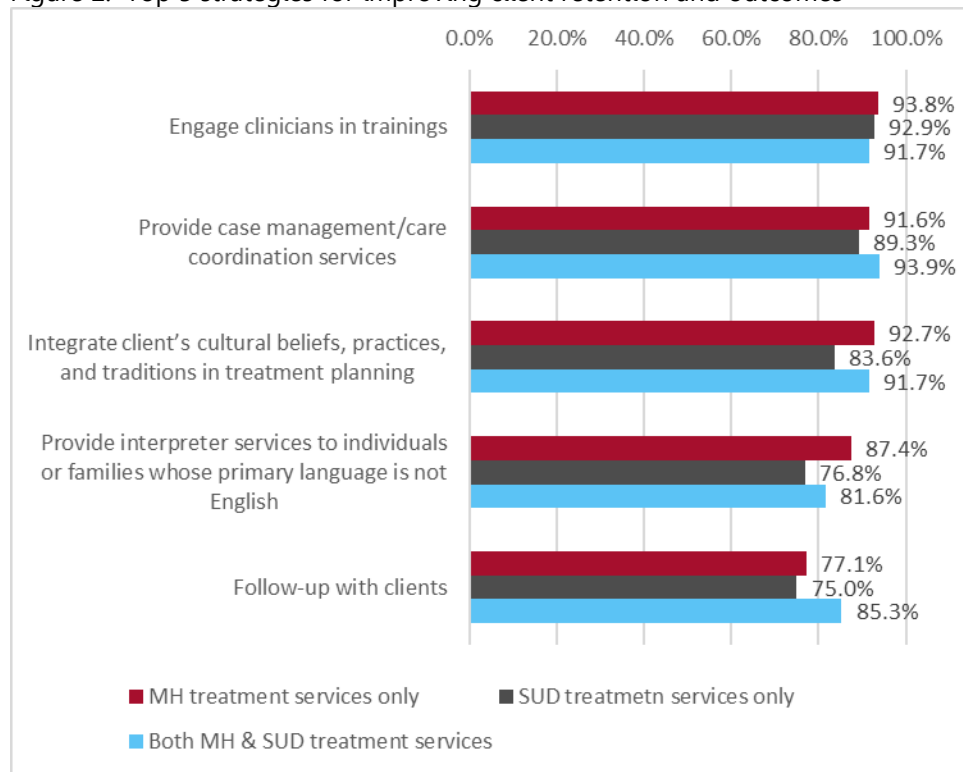
- Ninety percent or more of facilities indicated the following strategies are used to improve client retention and outcomes
  - Engage clinicians in trainings (93%)
  - Provide case management/care coordination services (92%)
  - Integrate client's cultural beliefs, practices, and traditions in treatment planning (90%)
- Over seventy percent of facilities responding to the survey used the following strategies to improve client retention and outcomes
  - Provide interpreter services to individuals or families whose primary language is not English (83%)
  - Follow-up with clients (80%)
  - Active voice of client/family is present in treatment plans and all decision-making (78%)
  - Assist clients with housing needs (76%)

Table 14. Strategies used to improve client retention and outcomes

|   | MH<br>treatment<br>services<br>only | SUD<br>treatment<br>services<br>only | Both MH and<br>SUD<br>treatment<br>services | Overall |
|---|-------------------------------------|--------------------------------------|---|---------|
| Engage clinicians in trainings  | 93.8%                               | 92.9%                                | 91.7%                                       | 92.7%   |
| Provide case management/care coordination services  | 91.6%                               | 89.3%                                | 93.9%                                       | 92.0%   |
| Integrate client's cultural beliefs, practices, and traditions in treatment planning          | 92.7%                               | 83.6%                                | 91.7%                                       | 90.3%   |
| Provide interpreter services to individuals or families whose primary language is not English | 87.4%                               | 76.8%                                | 81.6%                                       | 82.7%   |
| Follow-up with clients  | 77.1%                               | 75.0%                                | 85.3%                                       | 79.8%   |
| Active voice of client/family is present in treatment plans and all decision-making           | 89.6%                               | 67.9%                                | 73.2%                                       | 78.3%   |
| Assist clients with housing needs   | 69.5%                               | 81.8%                                | 79.2%                                       | 76.0%   |
| Provide interpreter services to individuals or families who are deaf and hard of hearing      | 69.5%                               | 67.3%                                | 71.1%                                       | 69.6%   |
| Assist clients experiencing food insecurity   | 65.3%                               | 55.6%                                | 79.2%                                       | 68.6%   |
| Flexible scheduling   | 64.6%                               | 61.8%                                | 73.4%                                       | 67.3%   |
| Meetings or other contact with family members to provide education/support around recovery    | 69.5%                               | 55.6%                                | 71.3%                                       | 67.1%   |
| Assist clients with employment needs  | 57.9%                               | 63.0%                                | 70.5%                                       | 63.9%   |
| Monitor client outcomes   | 64.2%                               | 63.0%                                | 62.8%                                       | 63.4%   |
| Assist clients with accessing legal services  | 56.8%                               | 53.7%                                | 68.8%                                       | 60.8%   |
| Provide transportation or transportation vouchers   | 43.2%                               | 51.8%                                | 64.9%                                       | 53.5%   |
| Accept walk-in appointments   | 17.0%                               | 56.4%                                | 52.7%                                       | 39.7%   |
| Assess housing needs of youth and young adult clients at discharge                            | 36.8%                               | 27.8%                                | 44.0%                                       | 37.5%   |
| Monitor clinical outcomes for targeted subgroups of patients                                  | 36.8%                               | 22.6%                                | 40.4%                                       | 35.1%   |
| Provide peer support recovery groups  | 19.1%                               | 26.4%                                | 46.7%                                       | 31.4%   |
| Other strategies, specify:  | 3.1%                                | 7.0%                                 | 10.1%                                       | 6.7%    |



Figure 2. Top 5 strategies for improving client retention and outcomes





## Assessing Client's Perception of the Quality of Care Received

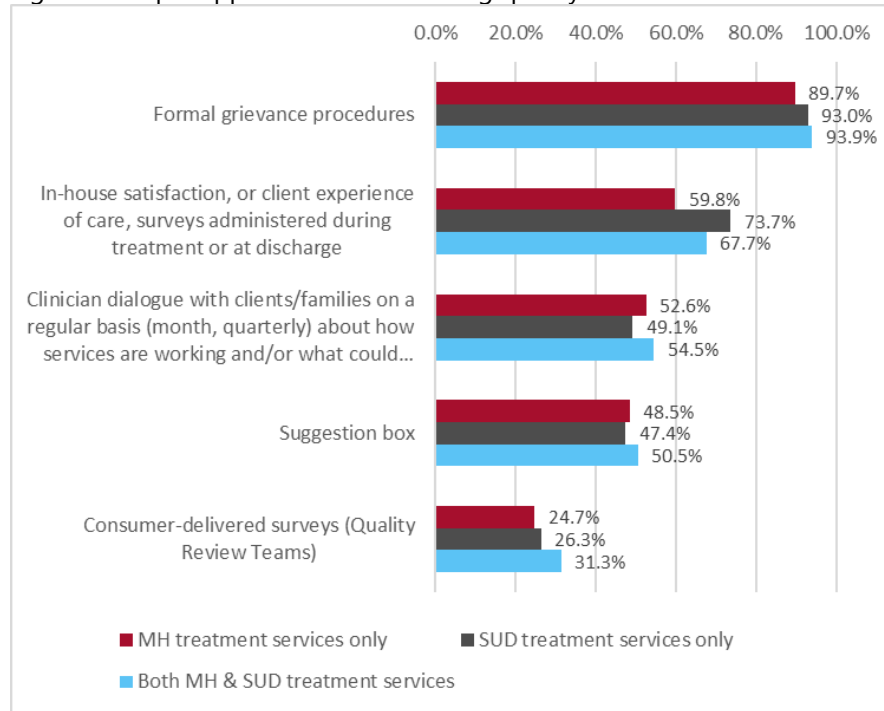
- Over nine in ten agencies have formal grievance procedures (92%) to assess client's perception of the quality of care received.
- Two-thirds of agencies (66%) conduct in-house satisfaction, or client experience of care, surveys administered during treatment or at discharge.

Table 15. Approaches to assess client's perception of the quality of care received

|   | MH<br>treatment<br>services<br>only | SUD<br>treatment<br>services<br>only | Both MH<br>and SUD<br>treatment<br>services | Overall |
|---|-------------------------------------|--------------------------------------|---|---------|
| Formal grievance procedures   | 89.7%                               | 93.0%                                | 93.9%                                       | 92.1%   |
| In-house satisfaction, or client experience of care, surveys administered during treatment or at discharge                                  | 59.8%                               | 73.7%                                | 67.7%                                       | 66.0%   |
| Clinician dialogue with clients/families on a regular basis (month, quarterly) about how services are working and/or what could be improved | 52.6%                               | 49.1%                                | 54.5%                                       | 52.6%   |
| Suggestion box  | 48.5%                               | 47.4%                                | 50.5%                                       | 49.0%   |
| Consumer-delivered surveys (Quality Review Teams)   | 24.7%                               | 26.3%                                | 31.3%                                       | 27.7%   |
| Community Advisory Board  | 4.1%                                | 8.8%                                 | 13.1%                                       | 8.7%    |
| Other   | 8.2%                                | 1.8%                                 | 4.0%  | 5.1%    |



Figure 3. Top 5 approaches for assessing quality of care received





## STAFFING

### Number of Behavioral Health and Behavioral Health Clinical Staff

Section 3 of the questionnaire asks about the behavioral health clinical staff working at the facility. Behavioral health clinical staff refers to professionals who provide direct services such as assessment, diagnosis, and treatment to mental health and/or substance use disorder clients.

- Overall, responding agencies indicated they employed 9,138 behavioral health staff and 6,964 behavioral health clinical staff.

Table 16. Number of behavioral health and behavioral health clinical staff

|  | MH<br>treatment<br>services<br>only | SUD<br>treatment<br>services<br>only | Both MH<br>and SUD<br>treatment<br>services | Overall |
|--|-------------------------------------|--------------------------------------|---|---------|
| Total number of behavioral health staff          | 3,492                               | 940                                  | 4,706                                       | 9,138   |
| Total number of behavioral health clinical staff | 2,986                               | 539                                  | 3,440                                       | 6,964   |

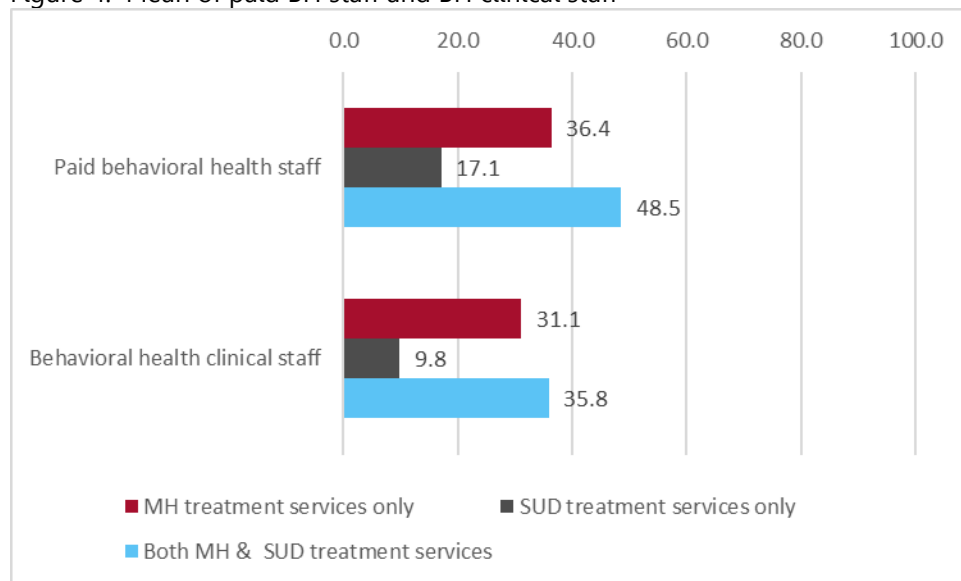
- The average number of paid behavioral health staff at facilities is 37 and behavioral health clinical staff is 28.
- The mean of BH clinical staff at agencies that only provide MH Treatment Services is 31 employees.
- For SUD only agencies, the mean of BH clinical staff is 10 employees
- Facilities that provide both MH and SUD treatment services have a mean of 36 BH clinical staff.

Table 17. Mean of paid behavioral health and behavioral health clinical staff

|                                  | MH<br>treatment<br>services<br>only | SUD<br>treatment<br>services<br>only | Both MH<br>and SUD<br>treatment<br>services | Overall |
|----------------------------------|-------------------------------------|--------------------------------------|---|---------|
| Paid behavioral health staff     | 36                                  | 17                                   | 49  | 37      |
| Behavioral health clinical staff | 31                                  | 10                                   | 36  | 28      |



Figure 4. Mean of paid BH staff and BH clinical staff



## Positions and Employment

Many different titles or positions are used at BH agencies. The most common are:

- Other (10.1%)
- Mental Health Counselor (9.1%)
- Mental Health Professional (7.1%)
- Peer Counselor (7.0%)
- Therapist (6.2%)
- Clinician (5.5%)



Table 18. BH clinical staff that have the following titles or positions

|  | MH<br>treatment<br>services<br>only | SUD<br>treatment<br>services<br>only | Both MH<br>and SUD<br>treatment<br>services | Overall |
|--|-------------------------------------|--------------------------------------|---|---------|
| Administrator  | 1.6%                                | 1.3%                                 | 0.7%  | 1.1%    |
| Advanced Registered Nurse Practitioner (ARNP)                  | 2.3%                                | 3.4%                                 | 2.8%  | 2.6%    |
| Behavioral Health Clinician                                    | 6.4%                                | 0.0%                                 | 3.8%  | 4.6%    |
| Case Manager   | 3.3%                                | 4.7%                                 | 5.9%  | 4.8%    |
| Certified Nursing Assistant (CNA)                              | 3.2%                                | 2.1%                                 | 1.7%  | 2.4%    |
| Certified Prevention Professional (CPP)                        | 0.0%                                | 0.0%                                 | 0.0%  | 0.0%    |
| Clinical Director  | 1.0%                                | 2.5%                                 | 1.6%  | 1.4%    |
| Clinical Manager   | 1.5%                                | 1.3%                                 | 1.6%  | 1.5%    |
| Clinical Supervisor  | 2.9%                                | 5.3%                                 | 3.3%  | 3.3%    |
| Clinician  | 4.3%                                | 1.8%                                 | 7.2%  | 5.5%    |
| Community-based Outreach and Referral<br>Navigator/Coordinator | 0.4%                                | 0.5%                                 | 2.0%  | 1.2%    |
| Co-occurring Disorder Specialist: Counselor                    | 0.0%                                | 0.5%                                 | 0.4%  | 0.2%    |
| Counselor  | 1.1%                                | 0.5%                                 | 1.4%  | 1.2%    |
| Counselor Interns/Practicum                                    | 1.2%                                | 0.0%                                 | 2.7%  | 1.9%    |
| Counselor Trainee  | 0.0%                                | 1.1%                                 | 0.2%  | 0.2%    |
| Director   | 1.1%                                | 1.5%                                 | 0.9%  | 1.0%    |
| Domestic Violence Counselor                                    | 0.0%                                | 0.0%                                 | 0.2%  | 0.1%    |
| Executive Director   | 0.3%                                | 0.5%                                 | 0.6%  | 0.4%    |
| Homeless Outreach Specialist                                   | 0.0%                                | 0.4%                                 | 0.2%  | 0.1%    |
| Inpatient Counselor  | 0.2%                                | 0.0%                                 | 0.2%  | 0.2%    |
| Lead Counselor   | 0.3%                                | 1.4%                                 | 0.2%  | 0.4%    |
| Medical assistant  | 0.4%                                | 1.4%                                 | 1.1%  | 0.8%    |
| Medical Doctor   | 0.2%                                | 2.0%                                 | 0.5%  | 0.5%    |
| Mental Health Counselor  | 14.8%                               | 0.4%                                 | 5.7%  | 9.1%    |
| Mental Health Professional                                     | 8.9%                                | 0.2%                                 | 6.5%  | 7.1%    |
| Nurse  | 4.3%                                | 8.2%                                 | 3.2%  | 4.0%    |
| Outreach worker  | 0.7%                                | 2.2%                                 | 0.8%  | 0.9%    |
| Outpatient Counselor   | 0.6%                                | 0.4%                                 | 0.6%  | 0.6%    |
| Peer Counselor   | 6.1%                                | 3.0%                                 | 8.3%  | 7.0%    |
| Phlebotomist   | 0.0%                                | 0.0%                                 | 0.0%  | 0.0%    |
| Physician Assistant  | 0.1%                                | 1.2%                                 | 0.4%  | 0.3%    |
| Primary Counselor  | 0.0%                                | 0.9%                                 | 0.2%  | 0.2%    |
| Program Manager  | 0.8%                                | 0.7%                                 | 1.8%  | 1.3%    |
| Psychiatrist   | 1.2%                                | 0.4%                                 | 0.5%  | 0.8%    |
| Psychologist   | 0.2%                                | 0.5%                                 | 0.1%  | 0.2%    |
| Registered Nurse   | 4.6%                                | 3.9%                                 | 3.8%  | 4.1%    |
| Supervisor   | 1.4%                                | 1.1%                                 | 2.0%  | 1.7%    |
| Social Worker  | 2.9%                                | 0.0%                                 | 1.6%  | 2.0%    |
| Substance Use Disorder Counselor                               | 0.0%                                | 4.5%                                 | 0.9%  | 0.8%    |
| Substance Use Disorder Professional (SUDP)                     | 0.3%                                | 20.5%                                | 5.3%  | 4.6%    |
| Substance Use Disorder Professional Trainee (SUDPT)            | 0.0%                                | 12.4%                                | 2.8%  | 2.4%    |
| Supervisory Counseling Psychologist                            | 0.0%                                | 0.0%                                 | 0.0%  | 0.0%    |
| Supported Employment Specialist                                | 0.2%                                | 0.7%                                 | 0.3%  | 0.3%    |
| Supportive Housing Specialist                                  | 0.6%                                | 1.1%                                 | 0.5%  | 0.6%    |
| Therapist  | 8.7%                                | 0.4%                                 | 5.1%  | 6.2%    |
| Treatment Director   | 0.0%                                | 0.4%                                 | 0.1%  | 0.1%    |
| Treatment Supervisor   | 0.3%                                | 0.5%                                 | 0.1%  | 0.2%    |
| Other  | 11.5%                               | 4.5%                                 | 9.8%  | 10.1%   |



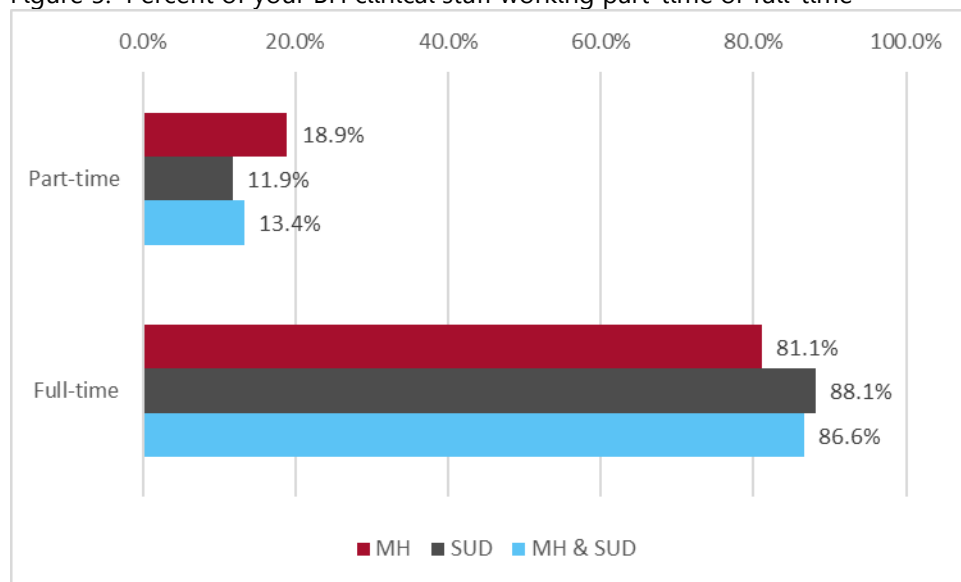
When asked about BH clinical staff work hours:

- Greater than eight out of ten employees work full-time (84%). For this study, full-time employment is defined as 32 hours per week or more.

Table 19. BH clinical staff working part-time or full-time

|           | MH<br>treatment<br>services<br>only | SUD<br>treatment<br>services<br>only | Both MH<br>and SUD<br>treatment<br>services | Overall |
|-----------|-------------------------------------|--------------------------------------|---|---------|
| Part-time | 18.9%                               | 11.9%                                | 13.4%                                       | 15.7%   |
| Full-time | 81.1%                               | 88.1%                                | 86.6%                                       | 84.3%   |

Figure 5. Percent of your BH clinical staff working part-time or full-time





## Income

- The highest percentage of BH clinical staff (18%) receive an annual base salary in the range of \$60,001 to \$70,000 per year.
- One-sixth receive a base salary of \$50,001 to \$60,000 (17%) or \$70,001 to \$80,000 (16%).
- More than ten percent of BH clinical staff receive a salary greater than \$100,000 per year (13%) and \$80,001 - \$90,000 (12%).

Table 20. BH clinical staff receiving the following annual base salary

|                               | MH<br>treatment<br>services<br>only | SUD<br>treatment<br>services<br>only | Both MH<br>and SUD<br>treatment<br>services | Overall |
|-------------------------------|-------------------------------------|--------------------------------------|---|---------|
| \$20,000 per year or less     | 3.5%                                | 1.6%                                 | 3.1%  | 3.2%    |
| \$20,001 - \$30,000 per year  | 2.3%                                | 0.0%                                 | 0.9%  | 1.4%    |
| \$30,001 - \$40,000 per year  | 5.8%                                | 3.2%                                 | 3.0%  | 4.1%    |
| \$40,001 - \$50,000 per year  | 6.1%                                | 16.6%                                | 10.2%                                       | 9.1%    |
| \$50,001 - \$60,000 per year  | 17.8%                               | 22.4%                                | 14.8%                                       | 16.5%   |
| \$60,001 - \$70,000 per year  | 21.8%                               | 19.5%                                | 15.8%                                       | 18.4%   |
| \$70,001 - \$80,000 per year  | 13.8%                               | 12.5%                                | 17.9%                                       | 16.0%   |
| \$80,001 - \$90,000 per year  | 10.6%                               | 8.8%                                 | 12.6%                                       | 11.6%   |
| \$90,001 - \$100,000 per year | 6.1%                                | 7.5%                                 | 7.5%  | 6.9%    |
| More than \$100,000 per year  | 12.0%                               | 8.0%                                 | 14.1%                                       | 12.8%   |



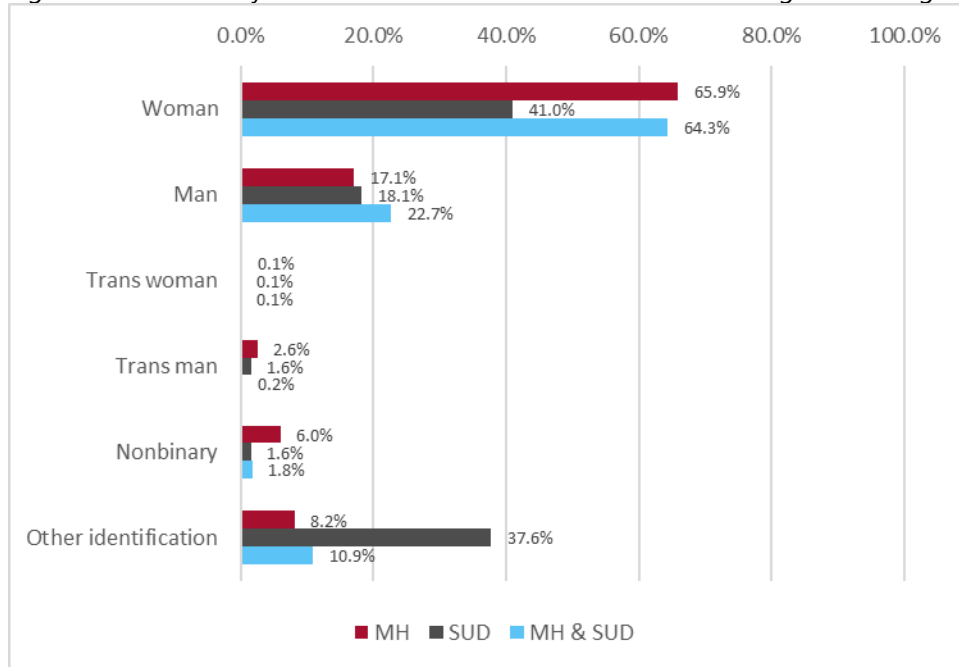
## Gender, Race/Ethnicity, Languages Spoken, and Education

- Nearly two-thirds of BH clinical staff are identified as Woman (62%) and one-fifth are Man (20%). Five percent of BH clinical staff are identified as Trans woman (0.1%), Trans man (1%) or other identification/non-traditionally defined (4%). Thirteen percent have an identification of 'Other identification/Non-traditionally defined.'

Table 21. BH clinical staff who fit into each of the gender categories

|  | MH treatment services only | SUD treatment services only | Both MH and SUD treatment services | Overall |
|--|----------------------------|-----------------------------|------------------------------------|---------|
| Woman  | 65.9%                      | 41.0%                       | 64.3%                              | 62.1%   |
| Man  | 17.1%                      | 18.1%                       | 22.7%                              | 19.9%   |
| Trans woman                                    | 0.1%                       | 0.1%                        | 0.1%                               | 0.1%    |
| Trans man                                      | 2.6%                       | 1.6%                        | 0.2%                               | 1.1%    |
| Nonbinary                                      | 6.0%                       | 1.6%                        | 1.8%                               | 3.7%    |
| Other identification/Non-traditionally defined | 8.2%                       | 37.6%                       | 10.9%                              | 13.0%   |

Figure 6. Percent of your BH clinical staff who fit into each of the gender categories





- Over half of BH clinical staff in facilities responding to the survey are categorized as White, non-Hispanic (54%).
- Hispanic is the next most selected answer (12%)
- Black or African American (7%) and Asian/Pacific Islander (5%) are the next most common categories.

Table 22. BH clinical staff in the following race and/or ethnicity categories

|                                  | MH<br>treatment<br>services<br>only | SUD<br>treatment<br>services<br>only | Both MH<br>and SUD<br>treatment<br>services | Overall |
|----------------------------------|-------------------------------------|--------------------------------------|---|---------|
| White, Non-Hispanic              | 51.4%                               | 68.9%                                | 52.9%                                       | 53.7%   |
| Hispanic                         | 10.1%                               | 8.5%                                 | 13.6%                                       | 11.7%   |
| Prefer not to answer             | 10.6%                               | 0.0%                                 | 10.0%                                       | 9.5%    |
| Black or African American        | 9.6%                                | 7.1%                                 | 5.6%  | 7.3%    |
| Don't know                       | 7.5%                                | 4.3%                                 | 4.0%  | 5.4%    |
| Asian/Pacific Islander           | 5.1%                                | 1.0%                                 | 4.7%  | 4.5%    |
| Multiracial                      | 2.9%                                | 2.7%                                 | 5.2%  | 4.1%    |
| American Indian or Alaska Native | 1.8%                                | 2.3%                                 | 1.6%  | 1.7%    |
| Other                            | 0.0%                                | 4.7%                                 | 1.3%  | 1.1%    |
| Middle Eastern or North African  | 1.0%                                | 0.6%                                 | 1.1%  | 1.0%    |



- Facilities reported almost four BH clinical staff (3.7) who are bilingual or multilingual and able to provide BH services in a non-English language.

Table 23. Number of bilingual BH clinical staff able to provide BH services in a non-English language (mean reported)

|                      | MH<br>treatment<br>services<br>only | SUD<br>treatment<br>services<br>only | Both MH<br>and SUD<br>treatment<br>services | Overall |
|----------------------|-------------------------------------|--------------------------------------|---|---------|
| Mean number of staff | 4.0                                 | 0.8                                  | 5.3   | 3.7     |

- Of BH clinical staff who speak a language fluently other than English, Spanish is used by over two-thirds of those staff (71%). Chinese (4%), Other (3%), French (2.3%), American Sign Language (2.3%), Korean (2.1%) and Hindi (2.0%) are the next most indicated languages.

Table 24. Most common languages spoken fluently by your BH clinical staff

|                        | MH<br>treatment<br>services<br>only | SUD<br>treatment<br>services<br>only | Both MH<br>and SUD<br>treatment<br>services | Overall |
|------------------------|-------------------------------------|--------------------------------------|---|---------|
| Spanish                | 62.8%                               | 85.7%                                | 75.5%                                       | 70.8%   |
| Chinese                | 3.5%                                | 0.0%                                 | 4.0%  | 3.6%    |
| Other                  | 4.2%                                | 2.4%                                 | 1.8%  | 2.8%    |
| French                 | 3.6%                                | 0.0%                                 | 1.5%  | 2.3%    |
| American Sign Language | 3.0%                                | 0.0%                                 | 1.9%  | 2.3%    |
| Korean                 | 1.8%                                | 0.0%                                 | 2.6%  | 2.1%    |
| Hindi                  | 2.1%                                | 0.0%                                 | 2.1%  | 2.0%    |
| Vietnamese             | 1.9%                                | 0.0%                                 | 2.0%  | 1.8%    |
| Tagalog                | 2.7%                                | 0.0%                                 | 1.2%  | 1.8%    |
| Russian                | 2.0%                                | 2.4%                                 | 0.7%  | 1.4%    |
| German                 | 1.8%                                | 2.4%                                 | 0.5%  | 1.1%    |
| Arabic                 | 1.2%                                | 0.0%                                 | 1.2%  | 1.1%    |
| Portuguese             | 1.7%                                | 0.0%                                 | 0.7%  | 1.1%    |
| Japanese               | 0.6%                                | 2.4%                                 | 1.0%  | 0.9%    |
| Swahili                | 0.9%                                | 2.4%                                 | 0.8%  | 0.9%    |
| Thai                   | 1.2%                                | 0.0%                                 | 0.5%  | 0.8%    |
| Ukrainian              | 0.6%                                | 0.0%                                 | 0.5%  | 0.5%    |
| Persian (Farsi)        | 0.3%                                | 2.4%                                 | 0.3%  | 0.4%    |
| Urdu                   | 0.3%                                | 0.0%                                 | 0.5%  | 0.4%    |
| Italian                | 0.9%                                | 0.0%                                 | 0.0%  | 0.4%    |
| Bengali                | 0.3%                                | 0.0%                                 | 0.2%  | 0.3%    |
| Laotian                | 0.6%                                | 0.0%                                 | 0.0%  | 0.3%    |
| Indonesian             | 0.0%                                | 0.0%                                 | 0.3%  | 0.1%    |
| Polish                 | 0.0%                                | 0.0%                                 | 0.3%  | 0.1%    |
| Tongan                 | 0.3%                                | 0.0%                                 | 0.0%  | 0.1%    |
| Greek                  | 0.3%                                | 0.0%                                 | 0.0%  | 0.1%    |
| Khmer                  | 0.3%                                | 0.0%                                 | 0.0%  | 0.1%    |
| Romanian               | 0.3%                                | 0.0%                                 | 0.0%  | 0.1%    |
| Serbian                | 0.3%                                | 0.0%                                 | 0.0%  | 0.1%    |
| Norwegian              | 0.3%                                | 0.0%                                 | 0.0%  | 0.1%    |



Languages listed in the "Other" category include:

AAVE, Amharic/Ethiopian, Bambara, Cambodian, Croatian, Filipino, Igbo, Mandarin, Samoan, Shona, Taiwanese, Tibetan, Tigrinya, and Yoruba.

The following languages were listed in the survey but were not marked as being spoken by any employees: Czech, Danish, Dutch, Estonian, Finnish, Hebrew, Hungarian, Ilocano, Lithuanian, Malay, Mien, Native American (e.g., Cowlitz, Makah, Ojibwe, Quileute), Slovak, Slovenian, Somali, Swedish, and Turkish.

Overall, the most common educational categories are:

- A Master's degree is reported as the most common of educational degrees (36% overall, 37% MH only agencies, 11% SUD agencies, and 38% MH & SUD).
- A Bachelor's degree is most common for MH (38%) and Associate's degree for SUD (35%).
- For MH & SUD the most selected option is a Master's degree (38%).

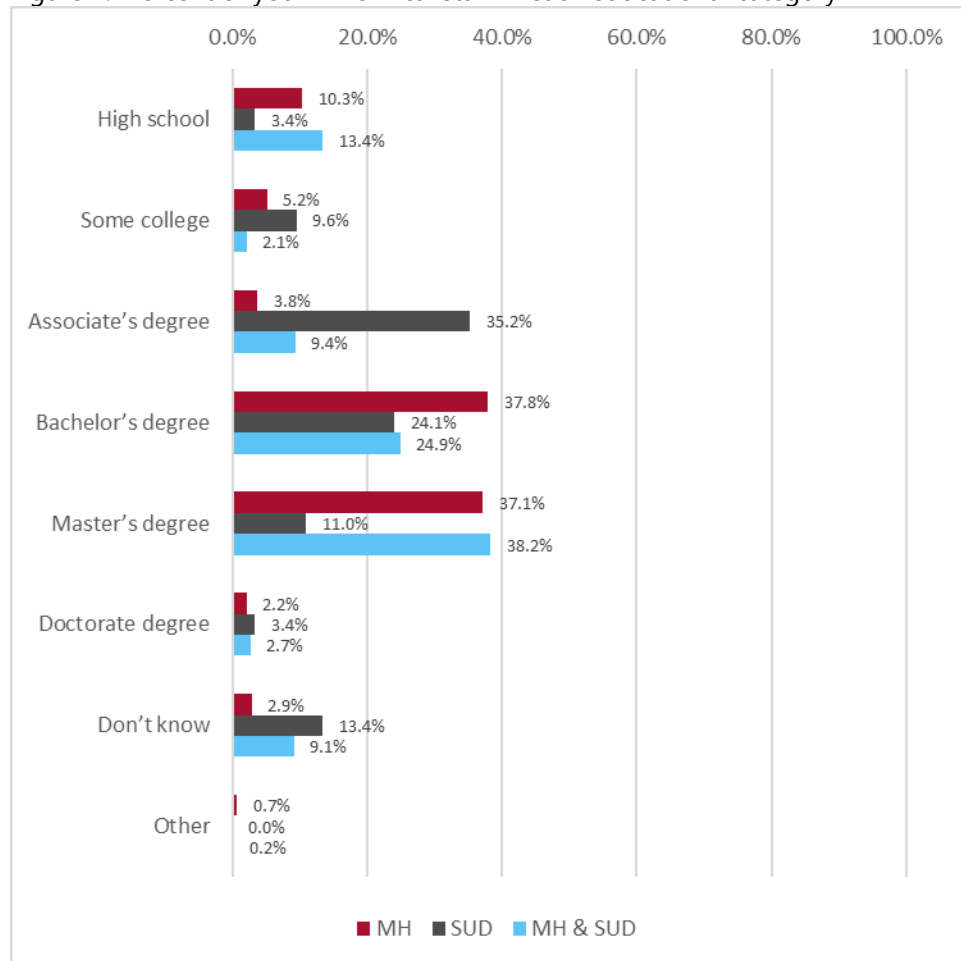
Table 25. BH clinical staff in each educational category

|                    | MH<br>treatment<br>services<br>only | SUD<br>treatment<br>services<br>only | Both MH<br>and SUD<br>treatment<br>services | Overall |
|--------------------|-------------------------------------|--------------------------------------|---|---------|
| High school        | 10.3%                               | 3.4%                                 | 13.4%                                       | 11.2%   |
| Some college       | 5.2%                                | 9.6%                                 | 2.1%  | 4.0%    |
| Associate's degree | 3.8%                                | 35.2%                                | 9.4%  | 9.4%    |
| Bachelor's degree  | 37.8%                               | 24.1%                                | 24.9%                                       | 30.0%   |
| Master's degree    | 37.1%                               | 11.0%                                | 38.2%                                       | 35.5%   |
| Doctorate degree   | 2.2%                                | 3.4%                                 | 2.7%  | 2.5%    |
| Don't know         | 2.9%                                | 13.4%                                | 9.1%  | 7.0%    |
| Other              | 0.7%                                | 0.0%                                 | 0.2%  | 0.4%    |



**Results**

Figure 7. Percent of your BH clinical staff in each educational category





## Staff Credentials

The top categories for Washington State Department of Health Credential Type are:

- Agency Affiliated Counselor (39%)
- Licensed mental health counselor (8%)
- Substance use disorder professional (SUDP) (8%)
- Registered nurse (7%)

Table 26. BH clinical staff with the following Washington State Department of Health Credential Type

|  | MH<br>treatment<br>services<br>only | SUD<br>treatment<br>services<br>only | Both MH<br>and SUD<br>treatment<br>services | Overall |
|--|-------------------------------------|--------------------------------------|---|---------|
| Advanced registered nurse practitioner (ARNP)                  | 2.3%                                | 2.8%                                 | 3.6%  | 2.9%    |
| Agency affiliated counselor                                    | 48.0%                               | 12.8%                                | 35.6%                                       | 38.9%   |
| Certified behavior technician                                  | 3.2%                                | 0.0%                                 | 0.1%  | 1.4%    |
| Certified counselor  | 1.1%                                | 0.2%                                 | 3.4%  | 2.1%    |
| Certified adviser  | 0.0%                                | 0.0%                                 | 0.0%  | 0.0%    |
| Co-occurring disorder specialist                               | 0.0%                                | 0.2%                                 | 0.2%  | 0.1%    |
| Hypnotherapist   | 0.0%                                | 0.0%                                 | 0.0%  | 0.0%    |
| Licensed assistant behavior analyst                            | 0.4%                                | 0.0%                                 | 0.0%  | 0.2%    |
| Licensed behavior analyst                                      | 0.8%                                | 0.0%                                 | 0.0%  | 0.4%    |
| Licensed marriage and family therapist (LMFT)                  | 1.1%                                | 0.2%                                 | 1.9%  | 1.4%    |
| Licensed marriage and family therapist associate (LMFTA)       | 0.7%                                | 0.0%                                 | 1.8%  | 1.2%    |
| Licensed mental health counselor (LMHC)                        | 7.7%                                | 1.3%                                 | 9.4%  | 8.0%    |
| Licensed mental health counselor associate (LMHCA)             | 4.3%                                | 0.4%                                 | 6.2%  | 4.9%    |
| Licensed advanced social worker (LASW)                         | 0.0%                                | 0.0%                                 | 0.1%  | 0.0%    |
| Licensed social worker associate advanced (LSWAA)              | 0.2%                                | 0.0%                                 | 0.3%  | 0.2%    |
| Licensed independent clinical social worker (LICSW)            | 4.0%                                | 0.6%                                 | 5.7%  | 4.5%    |
| Licensed independent clinical social worker associate (LICSWA) | 3.9%                                | 0.4%                                 | 4.2%  | 3.7%    |
| Occupational therapist (OT)                                    | 0.0%                                | 0.0%                                 | 0.1%  | 0.0%    |
| Certified occupational therapy assistants (COTA)               | 0.0%                                | 0.0%                                 | 0.0%  | 0.0%    |
| Physician  | 1.1%                                | 2.2%                                 | 1.0%  | 1.1%    |
| Physician assistant  | 0.2%                                | 1.0%                                 | 0.4%  | 0.3%    |
| Psychologist   | 0.2%                                | 0.6%                                 | 0.3%  | 0.3%    |
| Registered nurse   | 8.4%                                | 9.0%                                 | 5.0%  | 6.7%    |
| Nursing assistant  | 1.2%                                | 1.0%                                 | 0.2%  | 0.7%    |
| Sex offender treatment provider                                | 0.0%                                | 0.0%                                 | 0.0%  | 0.0%    |
| Substance use disorder professional (SUDP)                     | 0.6%                                | 36.5%                                | 8.7%  | 7.9%    |
| Substance use disorder professional trainee (SUDPT)            | 0.1%                                | 14.7%                                | 3.5%  | 3.1%    |
| Don't know   | 6.1%                                | 8.8%                                 | 4.1%  | 5.3%    |
| Other  | 4.4%                                | 7.5%                                 | 4.2%  | 4.5%    |



When asked about the number of BH clinical staff who are dually credentialed to provide both MH and SUD treatment services, it is unsurprising that agencies that provide both treatment services have the higher percentage of dually credentialed staff.

- Agencies that are both offer both MH and SUD treatment services have a mean of 1.7 dually credentialed clinical staff. This calculates to 182 BH clinical staff.
- Three-fourths of MH only agencies (79%) do not have any dually credentialed staff.
- Half of SUD only agencies (54%) do not have any dually credentialed staff.
- Nearly one-half of agencies that provide MH and SUD treatment services have one or more dually credentialed staff (44%).

Table 27. Number of BH clinical staff dually credentialed to provide both MH and SUD treatment service

|               | MH<br>treatment<br>services<br>only | SUD<br>treatment<br>services<br>only | Both MH<br>and SUD<br>treatment<br>services | Overall |
|---------------|-------------------------------------|--------------------------------------|---|---------|
| Mean          | 0.9                                 | 0.7                                  | 1.7   | 1.2     |
| None          | 78.7%                               | 53.7%                                | 33.3%                                       | 55.7%   |
| One           | 12.4%                               | 29.6%                                | 28.7%                                       | 22.6%   |
| Two           | 2.2%                                | 13.0%                                | 19.5%                                       | 11.3%   |
| Three or more | 6.7%                                | 3.7%                                 | 18.4%                                       | 10.4%   |



# **APPENDIX A.**

## **SURVEY INFORMATION**

### **Study Population**

The Division of Behavioral Health and Recovery (DBHR) licenses agencies to provide behavioral health treatment services in Washington State. DBHR keeps licensing information in a database known as the Agency Licensing and Certification System (ALCS). The database accrues additional or new information when agencies apply, and are approved, for a license, when services are added, suspended, canceled, or revoked, or when providers notify DBHR about agency changes that have bearing on their license. However, agency or service information is not generally updated as a matter of routine. Despite this limitation, ALCS offers the best information available on certified behavioral health treatment agencies in Washington State.

A list of agencies meeting the following eligibility criteria was generated from the ALCS in January 2025. To be included in the survey, an agency should offer a mental health (MH) and/or substance use disorder (SUD) treatment service that: (1) has an active or current DBHR certification as of the date when the list was created from ALCS; (2) receives any federal, state, county, Tribal, Behavioral Health Administrative Service Organization (BH-ASO) or Managed Care Organization (MCO) funding; and (3) is community-based. Services for SUD agencies were limited to outpatient, recovery house, intensive inpatient, long-term residential, opiate substitution, and withdrawal management. Services for MH agencies were restricted to outpatient programs and inpatient evaluation and treatment (E&T). SUD treatment programs administered by the Department of Corrections (DOC) and the Juvenile Justice Rehabilitation Administration (JJRA) were not included.

A roll of 765 agencies met the population criteria of DBHR-certified, publicly funded, community-based behavioral health (BH) treatment agencies in Washington State as of January 2025. The population consists of agencies with a single site as well as agencies that are branch sites of a corporate provider. For the purpose of the survey, a branch agency is considered a distinct entity. The number of agencies in this population, however, can change as new information regarding previously unknown facility closure or suspension, change in funding sources, and unreported existence of other branch sites is received during the course of data collection. The number can also change should an agency choose to consolidate its branch sites under one corporate entity or program, an option that was made available to multi-site agencies in order to make survey participation less burdensome.

The provider mailing list generated from the ALCS contained information such as administrator's name, title, and email address, including physical and mailing



addresses. Issues were identified in the process of developing the mailing list. At least 20% of the agencies did not have administrator email address, a critical piece of information required for sending follow-up email invitations and reminder communication. Other pieces of contact information such as administrator name, physical and mailing address, and telephone number were either missing or incomplete for a number of agencies, although the exact tally of how many agencies lacked which information was not determined. These issues were resolved through a combination of time-intensive strategies that included utilizing other DBHR archival databases such as mailing lists from recent surveys and email distribution lists, checking agency web sites, and making phone calls to agencies. An updated mailing list of eligible agencies with complete contact information was sent to SESRC in January 2025. From the time that the pre-invitation and invitation letters were sent to eligible agencies, SESRC updated the mailing list information as required based on data from returned email and regular mail, and communication received from agency staff.

## Data Collection

The web survey was launched on March 4, 2025. SESRC used a variety of modes to contact agencies. Initially, MCO/BHO/Regional administrators were sent an email notification from HCA letting them know that this survey was starting. Agencies were mailed a letter announcing the survey. Following that, agencies were sent email reminders then a reminder postal letter. Table A1 shows a complete list of data collection dates.

Table A1. Data Collection Dates

| Contact                  | Date            |
|--------------------------|-----------------|
| Invitation Letter        | 2/21/2025       |
| Email Reminder 1         | 3/4/2025        |
| Email Reminder 2         | 3/12/2025       |
| Email Reminder 3         | 3/24/2025       |
| Reminder Letter          | 3/27/2025       |
| Email Reminder 4         | 4/11/2025       |
| Reminder telephone calls | 5/22 -5/30/2025 |
| Data collection end date | 7/3/2025        |

The data collection period was closed on July 3, 2025.

### Response Rate

The following table displays the response rate calculations for all completed and partially completed questionnaires following the guidelines for AAPOR (American Association of Public Opinion Research). The overall **response rate is 40.8%**.

The original sample size was 759 agencies. In our contacts with agencies, we said "If your agency has multiple facilities, each has received a separate invitation. For the purpose of this survey, each site is considered as a distinct facility. Please



answer only for the site listed here: [physical address of site listed]. If you believe that there is a good reason to consolidate any of your sites into a single survey, please contact me, Kent Miller, to have a new PIN assigned to you.”

Overall, 16 agencies contacted SESRC and asked to have their multiple facilities combined into one survey. These 16 agencies represented 104 separate locations. Of these 104 locations, 16 were kept in the sample as the lead, or main, location. Thus, 88 locations were designated as secondary locations and removed from the response rate calculations.

The final sample size for calculating response rate is 667 agencies. This number is determined by taking the starting sample size (765), and then subtracting the 88 secondary different sites represented by those 16 agencies, and the 10 ineligibles (closed, not yet operating locations, or license expired).

$$765 - 88 - 10 = 667.$$

Table A2. Number of Agencies in the Survey Population

|                                      |      |
|--------------------------------------|------|
| Total starting population            | 765  |
| Closed agencies or not yet operating | (10) |
| Number of consolidated agencies      | (88) |
| Final population size                | 667  |

Table A3 shows the final disposition of the 667 agencies in the survey population. The response rate calculation includes completed and partially completed surveys and follows the guidelines of the American Association of Public Opinion Research (AAPOR). The overall response rate is 40.8%.

Table A3. Final Disposition of Agencies in the Survey Population



|  |       |
|--|-------|
| <b>Interview (Category 1)</b>                                |       |
| Web completes (I)  | 241   |
| Web partial completes (P)                                    | 31    |
| <b>Eligible, non-interview (Category 2)</b>                  |       |
| Refusal and breakoff (R)                                     | 2     |
| Non-completed (NC)   | 388   |
| Undeliverable (NC)   | 5     |
| No eligible respondent – out of business/no BH services (IE) | 10    |
| <b>Total sample used</b>                                     | 677   |
| I=Complete Interviews  |       |
| P=Partial Interviews   | 241   |
| R=Refusal and break off                                      | 31    |
| NC=Not Completed   | 2     |
| IE=Ineligible (out of business/no BH services)               | 393   |
| <b>Response Rate</b>   |       |
| $(I+P)/(I+P+R+NC)$ (249+38) / (249+38+1+347)                 | 40.8% |
|  |       |
| Other – agencies consolidated in single surveys              | 88    |



# APPENDIX B. QUESTIONNAIRE

## 2025 BEHAVIORAL HEALTH PROVIDER SURVEY Final

Before beginning the survey, please provide your name and contact information in case we need to contact you with any questions.

| Contact information                  |
|--------------------------------------|
| First name                           |
| Last name                            |
| Position/Title                       |
| Phone (with area code and extension) |
| Email                                |

### AGENCY CHARACTERISTICS

First, we would like to get some basic information about the specific location listed below.

For agencies with branch sites or multiple locations, please report only for the facility with the physical address and Washington State Department of Health License Number appearing below.

*{Insert facility name, physical address, and DOH License Number here}.*

**Q1. Which of the following best describes this facility? (Select one response.)**

- 1. An independent, community-based agency
- 2. A local branch of a multi-site health care organization (e.g. Multicare)
- 3. The main office of a multi-site health care organization
- 4. Other, please specify: \_\_\_\_\_

*If needed, you can exit the survey and return at a later time. Your answers are saved as you move from screen to screen in the survey. When you return to the survey and enter your PIN on the introduction screen, you are skipped to the last question you answered. From there you can continue answering the questions or review your previous responses.*

**Q2. Does this facility provide treatment services for Apple Health (Medicaid) clients under a contract with a Managed Care Organization (MCO) or Behavioral Health Administrative Services Organization (BH-ASO)?**

- 1. Yes
- 2. No → Go to Q5
- 3. Don't know → Go to Q5



**Q3. Which of the following Managed Care Organizations (MCOs) contract for services with this facility? (Check all that apply.)**

- ☐ Community Health Plan of Washington (CHPW)
- ☐ Coordinated Care of Washington (CCW)
- ☐ Molina Healthcare of Washington (MHW)
- ☐ UnitedHealthcare Community Plan (UHC)
- ☐ Wellpoint (formerly Amerigroup Washington)
  
- ☐ None

**Q4. Which of the following Behavioral Health Administrative Services Organizations (BH-ASOs) contract for service with this facility? (Check all that apply)**

- ☐ Carelon Behavioral Health (formerly Beacon Health Options) – Pierce
- ☐ Carelon Behavioral Health (formerly Beacon Health Options) – North Central
- ☐ Carelon Behavioral Health (formerly Beacon Health Options) – Southwest
- ☐ Great Rivers
- ☐ Greater Columbia
- ☐ King
- ☐ North Sound
- ☐ Thurston Mason
- ☐ Salish
- ☐ Spokane
  
- ☐ None

**Q5. In terms of age, which of these client populations do you serve at this facility? (Check all that apply.)**

- ☐ Adults (18 years and over)
- ☐ Transitional Age Youth (15 – 25 years old)
- ☐ Youth (13 – 17 years old)
- ☐ Children (under 13 years old)

**Q5a. (Ask if Children is checked in Q5) Which of the following age groups of children does this facility serve? (Check all that apply.)**

- ☐ School-aged children (6 – 14 years)
- ☐ Preschoolers (3 – 5 years)
- ☐ Infants/Toddlers (birth – 2 years old)

**Q6. Which of following best describes the services provided at this facility? (Select one response.)**

1. Mental health (MH) treatment services *only* → Go to Q7
2. Substance use disorder (SUD) treatment services *only* → Go to Q8
3. Both mental health and substance use disorder treatment services → Go to Q7



**Q7. (MH & MH/SUD only) Which of the following mental health treatment services do you provide at this facility? (Check all that apply.)**

- |  |  |
|--|--|
| <input type="checkbox"/> Group treatment services  | <input type="checkbox"/> Stabilization services                    |
| <input type="checkbox"/> Individual treatment services   | <input type="checkbox"/> High intensity treatment                  |
| <input type="checkbox"/> Family treatment  | <input type="checkbox"/> Medication management                     |
| <input type="checkbox"/> Dyadic family treatment (parental caregiver along with infant, toddler, or preschooler) | <input type="checkbox"/> Therapeutic psychoeducation               |
| <input type="checkbox"/> Intake evaluation   | <input type="checkbox"/> Wraparound with Intensive Services (WiSe) |
| <input type="checkbox"/> Inpatient evaluation and treatment  | <input type="checkbox"/> First episode psychosis navigation        |
|  | <input type="checkbox"/> Other, specify: _____                     |

*Branching instruction for after Q7:*

*If MH only, skip to Q17. All others continue with Q08*

**Q8. (SUD & MH/SUD only) Which of the following substance use disorder treatment modalities do you provide at this facility? (Check all that apply.)**

- |  |   |
|--|---|
| <input type="checkbox"/> Outpatient            | <input type="checkbox"/> Secure withdrawal management |
| <input type="checkbox"/> Recovery house        | <input type="checkbox"/> Withdrawal management        |
| <input type="checkbox"/> Intensive inpatient   | <input type="checkbox"/> Opioid treatment program     |
| <input type="checkbox"/> Long-term residential | <input type="checkbox"/> Other, specify: _____        |

**Q9. (SUD & MH/SUD only) Which of the following medications for substance use disorder services do you provide at this facility? (Check all that apply.)**

- |  |  |
|--|--|
| <input type="checkbox"/> Sub-lingual buprenorphine initiation (AUD)                | <input type="checkbox"/> Naltrexone for alcohol use disorder |
| <input type="checkbox"/> Sub-lingual buprenorphine taper                           | <input type="checkbox"/> Disulfiram                          |
| <input type="checkbox"/> Sub-lingual buprenorphine continuation                    | <input type="checkbox"/> Acamprosate                         |
| <input type="checkbox"/> Long-acting injectable buprenorphine initiation           | <input type="checkbox"/> Referrals for medications for SUD   |
| <input type="checkbox"/> Long-acting injectable buprenorphine continuation         | <input type="checkbox"/> Education on medications for SUD    |
| <input type="checkbox"/> Methadone continuation                                    | <input type="checkbox"/> Other, specify: _____               |
| <input type="checkbox"/> Extended release naltrexone for opioid use disorder (OUD) | <input type="checkbox"/> None of the above                   |

**Q10. (SUD & MH/SUD only) Does your agency provide any of the following harm reduction services?**

- ☐ No, we do not provide harm reduction services at our agency
- ☐ Overdose reversal education and training services
- ☐ Navigation services to ensure linkage to HIV and viral hepatitis prevention, testing, treatment, and care services — including antiretroviral therapy for HCV and HIV, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), prevention of mother to child transmission, and partner services
- ☐ Referral to hepatitis A and hepatitis B vaccinations (to reduce risk of viral hepatitis infection)
- ☐ Provision of education on HIV and viral hepatitis prevention, testing, and referral to treatment services
- ☐ Provision of information on local resources and/or referrals for PrEP
- ☐ Motivational interviewing and utilization of stages of change model
- ☐ Other, specify: \_\_\_\_\_



**Q11. (SUD & MH/SUD only) Do you provide safer use supplies to individuals you serve?**

1. Yes, including sterile syringes and injection alternatives
2. Yes, limited to sterile syringes
3. No, but we provide referrals to providers of safer use supplies
4. No, we do not provide referrals to providers of safer use supplies

#### **Opioid Use Disorder**

The next four questions ask about how agencies understand/treat OUD and

**Q12. (SUD & MH/SUD only) Do you provide overdose reversal medication (e.g. naloxone) per State Senate Bill 5195?**

1. Yes
2. No
3. I am not familiar with the requirements outlined in State Senate Bill 5195

**Q13. (SUD & MH/SUD only) During intake, do you ask individuals if they have been diagnosed with an opioid use disorder (OUD) in the last 12 months?**

1. Yes
2. No

**Q14. (SUD & MH/SUD only) During intake, do you ask those who are at risk of an opioid overdose if they have naloxone ready in case of an overdose emergency?**

1. Yes
2. No

**Q15. (SUD & MH/SUD only) During intake or subsequent appointments, when you learn that an individual who is at risk of an opioid overdose does not have naloxone in their possession, which of the following actions do you take? (Check all that apply.)**

- ☐ Provide them with naloxone before the end of their service and bill the individual's Medicaid/private insurance
- ☐ Provide them with naloxone before the end of their service and submit for reimbursement from HCA for uninsured and underinsured individuals
- ☐ Provide the individual with a copy of the Washington State standing order for naloxone and tell them the closest pharmacy they can fill it at
- ☐ Utilize an onsite pharmacy to dispense naloxone via the Washington State standing order
- ☐ Assist the individual in signing up to receive naloxone via mail order
- ☐ Assist the individual in obtaining naloxone utilizing any other resources
- ☐ Provide the individual with naloxone education materials
- ☐ Provide the individual with harm reduction education materials
- ☐ Provide the individual with education materials on medications for Opioid Use Disorder
- ☐ None of the above
- ☐ Not applicable, question does not apply to this agency

*Branching instruction for after Q15:  
If MH only, skip to Q17. All others continue with Q16*



**Q16. (SUD & MH/SUD only) Does this facility offer any primary substance use disorder prevention services?**

*Primary prevention services are strategies directed at individuals prior to the onset of a diagnosis and not identified to be in need of treatment. Programs and strategies must target both the general population and subgroups that are at risk for substance use disorders. Primary prevention approaches focus on helping people develop the knowledge, attitudes, and skills they need to make good choices or change harmful behaviors.*

1. Yes → Continue with Q16a
2. No → Skip to Q16b

**Q16a. (SUD & MH/SUD only) (If yes) What primary substance use disorder prevention services do you offer at this facility? (Check all that apply)**

- ☐ Media campaign(s)/public education
- ☐ Health fairs/health promotion
- ☐ Youth mentoring programs
- ☐ Youth education and skill building
- ☐ School based curriculum
- ☐ Parenting and family education classes
- ☐ Groups for children with a family history of substance use disorder
- ☐ Employee assistance programs
- ☐ DUI education programs
- ☐ Drug take back programs
- ☐ Evidence based prevention programs: please specify: \_\_\_\_\_
- ☐ Other primary substance use disorder prevention services: please specify: \_\_\_\_\_

After answering Q16a,  
skip to Q17

**Q16b. (SUD & MH/SUD only) (If no) What are the reasons you do not provide substance use disorder prevention services? (Check all that apply)**

- ☐ Lack of funding.
- ☐ Lack of staff capacity.
- ☐ Not within scope of the agency.
- ☐ Unfamiliar with these strategies.
- ☐ Other, specify: \_\_\_\_\_



**Q17. (MH, SUD & MH/SUD) Does this facility offer any suicide prevention, intervention and/or postvention services?**

*Suicide prevention services are activities implemented prior to the onset of an adverse health outcome (e.g., dying by suicide) and designed to reduce the potential that the adverse health outcome will take place. Prevention programs and strategies can target both the general population and subgroups that are at risk for suicidal ideation. Suicide intervention services are activities designed to decrease risk factors or increase protective factors in individuals who exhibit symptoms or have been identified by screening or assessment as being at risk for suicidal behavior. Suicide Postvention services are activities following a suicide to help alleviate the suffering and emotional distress of the survivors, and prevent additional trauma and contagion. All approaches focus on helping people develop the knowledge, attitudes, and skills to reduce the risk for suicide.*

1. Yes → **continue with Q17a**
2. No → **Skip to Q17b**

**Q17a. (MH, SUD & MH/SUD) If yes, what suicide prevention, intervention and/or postvention services do you offer at this facility? (Check all that apply.)**

- ☐ Media campaign(s)/public education
- ☐ Gatekeeper trainings
- ☐ Screenings
- ☐ Crisis response services
- ☐ Managed care plan for individuals with suicidal ideation
- ☐ Postvention response services
- ☐ Restriction of lethal means
- ☐ Employee assistance programs
- ☐ Evidence based suicide programs: please specify: \_\_\_\_\_
- ☐ Other suicide prevention services: please specify: \_\_\_\_\_

After answering Q17a,  
●skip to Q18 if MH or  
MH/SUD  
●skip to Q19 if SUD  
only

**Q17b. (MH, SUD & MH/SUD) (If no) What are the reasons you do not provide suicide prevention, intervention and/or postvention services? (Check all that apply.)**

- ☐ Lack of funding.
- ☐ Lack of staff capacity.
- ☐ Not within scope of the agency.
- ☐ Unfamiliar with these strategies.
- ☐ Other, specify: \_\_\_\_\_



**Q18. (MH & MH/SUD only) Does this facility offer any mental health promotion services?**

*Mental Health Promotion services are strategies directed at individuals prior to the onset of a diagnosis and not identified to need treatment. Mental Health Promotion consists of strategies and interventions that enable positive emotional adjustment and adaptive behavior. Promotion approaches focus on helping people improve, and increase control over, their health. Promotion programs and strategies target both the general population and those experiencing health disparities.*

1. Yes → **continue with Q18a**
2. No → **Skip to Q18b**

**Q18a. (MH & MH/SUD only) (If yes) What mental health promotion services do you offer at this facility? (Check all that apply.)**

- ☐ Media campaign(s)/public education
- ☐ Health fairs/health promotion
- ☐ Youth mentoring programs
- ☐ Wellness programs
- ☐ School-based curriculum
- ☐ Employee assistance programs
- ☐ Parenting and/or play groups
- ☐ Infant-early childhood mental health consultation
- ☐ Infant-early childhood home visiting
- ☐ Other mental health promotion services: please specify

After answering Q18a,  
 •skip to Q19 if MH/SUD  
 •skip to Q20a if MH only  
 •skip to Q20a if SUD only

**Q18b. (MH & MH/SUD only) (If no) What are the reasons you do not provide mental health promotion services? (Check all that apply.)**

- |   |   |
|---|---|
| <input type="checkbox"/> Lack of funding                | <input type="checkbox"/> Unfamiliar with these strategies |
| <input type="checkbox"/> Lack of staff capacity         | <input type="checkbox"/> Other, specify:                  |
| <input type="checkbox"/> Not within scope of the agency |   |

**Q19. (MH/SUD only) Which of the following categories best describes the staff at this facility? (Select one response.)**

1. Have a separate program or staff for MH and SUD services
2. Have a single or integrated program or staff for both MH and SUD
3. Other, specify: (Write text here)

*Branching instruction for after Q19:*

*If Q5=Adult only skip to Q21*

*If Q5=Youth and/or Children and Q6=MH only, continue to Q20a*

*If Q5=Youth and/or Children and Q6=SUD only, skip to Q21*

*If Q5=Youth and/or Children and Q6=MH and SUD, continue with Q20a*



**Q20a.** [If Q5=Youth and/or Children and Q6=MH treatment services only or MH and SUD treatment services] **Was this facility actively accepting new children and youth clients within the last 12 months for BH treatment?** *(That is, clients who started receiving behavioral health treatment from the agency in the last 12 months, not merely being placed on a waitlist.)*

1. Yes
2. No
3. Don't know

**Q20b.** [If Q5=Youth and Q6=MH treatment services only or MH and SUD treatment services] **Is any of your behavioral health clinical staff qualified to provide any of the following treatment approaches for youth?** *(Check all that apply.)*

- ☐ No, none of our providers is qualified to provide any of these treatment approaches for youth
- ☐ Cognitive Behavioral Therapy for SUD
- ☐ Adolescent Community Reinforcement Approach
- ☐ Contingency Management (CM)
- ☐ Motivational Enhancement Therapy
- ☐ Brief Strategic Family Therapy
- ☐ Family Behavior Therapy
- ☐ Functional Family Therapy
- ☐ Multidimensional Family Therapy
- ☐ Multisystemic Therapy
- ☐ Other, please specify: \_\_\_\_\_
- ☐ Don't know

**Q20c.** [If Q5=Youth and Q6=MH treatment services only or MH and SUD treatment services] **How does your agency support recovery for adolescent clients and their families?** *(Check all that apply.)*

- ☐ No, this agency does not provide any of these services
- ☐ Teen only peer support recovery groups
- ☐ Family-based sessions
- ☐ Education advocacy, communication with schools
- ☐ Employment advocacy, communication with job sites
- ☐ Housing advocacy, communication with housing resources
- ☐ Routine monitoring of client progress using standard measures
- ☐ Support families to meet physical and social needs through service referrals
- ☐ Other, please specify: \_\_\_\_\_
- ☐ Don't know

**Q20d.** [If Q5b=Infants, Toddlers and/or Preschoolers and Q6=MH treatment services only or MH and SUD treatment services] **Was this facility actively accepting new infant, toddler, and/or preschool clients within the last 12 months?**

1. Yes
2. No
3. Don't know



Infants, young children, and preschoolers have unique developmental needs when it comes to their mental health. The *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood* (DC:05™) is the internationally accepted system for developmentally appropriate assessment of young children's mental health. The DC:05™ uses developmentally specific diagnostic criteria that reflects mental health disorders that are typically diagnosed in infancy and early childhood. To learn more about the DC:05™ and its implementation within the Apple Health system, visit [our website](https://www.hca.wa.gov/about-hca/behavioral-health-recovery/mental-health-assessment-young-children). (<https://www.hca.wa.gov/about-hca/behavioral-health-recovery/mental-health-assessment-young-children>)

**Q20e.** [If Q5b=Infants, Toddlers and/or Preschoolers and Q6=MH treatment services only or MH and SUD treatment services] **For the diagnostic assessment of children birth through age five, does your agency offer any guidance on using the DC:05™ ([Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood](#))?**

1. No, we do not offer any specific guidance on using the DC:05™.
2. Yes, we recommend that clinicians use the DC:05 for the diagnostic assessment of children birth through age five.
3. Yes, we require that clinicians use the DC:05™ for the diagnostic assessment of children birth through age five.
4. Don't know

**Q20f.** **Are any of your behavioral health clinical staff qualified to provide any of the following treatment approaches for infants, toddlers, or preschoolers? (Check all that apply.)**

- ☐ Parent-Child Psychotherapy (CPP)
- ☐ Attachment & Biobehavioral Catch-up (ABC)
- ☐ Promoting First Relationships (PFR)
- ☐ Parent-Child Interaction Therapy (PCIT)
- ☐ Incredible Years (IY)
- ☐ Triple P (Positive Parenting Program)
- ☐ Other, please specify: \_\_\_\_\_
- ☐ Don't know

**Q20g.** [If Q5b= Infants, Toddlers and/or Preschoolers and Q6=Mental health treatment services only or MH and SUD treatment services] **Do you experience barriers to accessing Medicaid reimbursement for IECMH (Infant-Early Childhood Mental Health) assessment, diagnosis, and/or treatment?**

1. Yes
2. No → **Skip to Q21**
3. Don't know → **Skip to Q21**

**Q20h.** [If yes to Q18g] **Are you willing to be contacted with additional questions about these barriers?**

1. Yes
2. No



**Q21. Do you provide specifically defined co-occurring disorders treatment services at this facility?**

1. Yes
2. No
3. Don't know

**Q22. Which of the following categories best describes this facility: (Select one response.)**

1. Treat the mental health *only* and refer the person to another facility for substance use disorder treatment
2. Treat the substance use disorder *only* and refer the person to another facility for mental health treatment
3. Treat *both* mental health and substance use disorders in this facility
4. Refer the person to another facility that specializes in co-occurring disorders treatment
5. Other, specify: \_\_\_\_\_
6. Don't know

**Q23. Does this facility have a policy that requires staff to complete a cultural competency training?**

1. Yes
2. No
3. Don't know

**Q24. Do you provide population-specific services for any of the following at this facility? (Check all that apply.)**

- ☐ No, we do not provide any population-specific services in this facility
- ☐ Women
- ☐ Men
- ☐ Older adults
- ☐ Youth
- ☐ American Indian, Alaska Native, Indigenous Persons
- ☐ Hispanics
- ☐ African American
- ☐ Asian/Pacific Islander
- ☐ Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, Asexual, + (LGBTQIA+)
- ☐ Individuals who are deaf or hard of hearing
- ☐ Individuals who are blind or visually impaired
- ☐ Individuals with developmental disabilities
- ☐ Individuals who are experiencing homelessness
- ☐ PPW (Pregnant or parenting women)
- ☐ Individuals involved in the criminal legal system
- ☐ Other, please specify: \_\_\_\_\_
- ☐ Don't know



## QUALITY IMPROVEMENT

Now, please let us know what you are doing with respect to quality improvement at this facility.

**Q25. Do you conduct any of following quality improvement activities at this facility beyond those specified by accreditation requirements? (Check all that apply.)**

- ☐ No, we do not conduct any quality improvement activity at this facility beyond those specified by accreditation requirements.
- ☐ Review counselor-specific reports
- ☐ Performance measurement
- ☐ Periodic quality management meetings
- ☐ Walkthroughs
- ☐ Chart reviews
- ☐ Satisfaction surveys
- ☐ Other activities, specify: \_\_\_\_\_
- ☐ Don't know

**Q26. What strategies do you use at this facility to improve client retention and outcomes? (Check all that apply.)**

- ☐ No, we do not use any strategy to improve client retention and outcomes
- ☐ Flexible scheduling (e.g., evenings and/or weekends; appointments held off-site)
- ☐ Meetings or other contact with family members to provide education/support around recovery
- ☐ Active voice of client/family is present in treatment plans and all decision-making
- ☐ Provide transportation or transportation vouchers
- ☐ Follow-up with clients (e.g., reminder postcards/call for upcoming or missed appointments)
- ☐ Engage clinicians in trainings (e.g., cultural competency, principles of recovery, motivational work, recovery support)
- ☐ Provide case management/care coordination services
- ☐ Integrate client's cultural beliefs, practices, and traditions in treatment planning
- ☐ Provide interpreter services to individuals or families whose primary language is not English
- ☐ Provide interpreter services to individuals or families who are deaf and hard of hearing
- ☐ Monitor client outcomes (e.g., homelessness, unemployment rates, incarceration, hospitalization)
- ☐ Assess housing needs of youth and young adult clients at discharge
- ☐ Monitor clinical outcomes for targeted subgroups of patients (e.g., those with depression, or are overweight, or receiving medication for opioid use disorder)
- ☐ Assist clients with housing needs
- ☐ Assist clients with employment needs
- ☐ Assist clients with accessing legal services
- ☐ Assist clients experiencing food insecurity
- ☐ Provide peer support recovery groups
- ☐ Other strategies, specify: \_\_\_\_\_
- ☐ Don't know



**Q27. Do you use any of these approaches to assess clients' perception of the quality of care they receive at this facility? (Check all that apply.)**

- ☐ No, we do not assess clients' perception of the quality of care they receive at this facility.
- ☐ In-house satisfaction, or client experience of care, surveys administered during treatment or at discharge
- ☐ Suggestion box
- ☐ Formal grievance procedures
- ☐ Clinician dialogue with clients/families on a regular basis (month, quarterly) about how services are working and/or what could be improved
- ☐ Consumer-delivered surveys (Quality Review Teams)
- ☐ Community Advisory Board
- ☐ Other, specify: \_\_\_\_\_
- ☐ Don't know

## BEHAVIORAL HEALTH STAFFING

In this section, we will be asking questions about the *behavioral health clinical staff* working at this facility.

- *Behavioral health clinical staff refers to professionals who provide direct services such as assessment, diagnosis, and treatment to mental health and/or substance use disorder clients.*

**Q28. First, what is the total number of paid behavioral health staff at this facility?** For the total number of paid behavioral health staff, please include clinical and non-clinical staff, whether they work full-time, part-time, or on-call, and paid clinical and non-clinical interns. *Do NOT include volunteers.*

\_\_\_\_\_ total number of paid behavioral health staff

**Q29. Now, of the total number of paid behavioral health staff at this facility, how many are considered behavioral health clinical staff, including paid and unpaid clinical interns?**

\_\_\_\_\_ number of behavioral health clinical staff



**Q30. Please indicate the number of your behavioral health clinical staff that have the following titles or positions.**

| Title or Position   | Number of staff | Title or Position                                     | Number of staff |
|---|-----------------|---|-----------------|
| Administrator   |                 | Mental Health Professional                            |                 |
| Advanced Registered Nurse Practitioner (ARNP)               |                 | Nurse   |                 |
| Behavioral Health Clinician                                 |                 | Outreach worker                                       |                 |
| Case Manager  |                 | Outpatient Counselor                                  |                 |
| Certified Nursing Assistant (CNA)                           |                 | Peer Counselor  |                 |
| Certified Prevention Professional (CPP)                     |                 | Phlebotomist  |                 |
| Clinical Director   |                 | Physician Assistant                                   |                 |
| Clinical Manager  |                 | Primary Counselor                                     |                 |
| Clinical Supervisor   |                 | Program Manager                                       |                 |
| Clinician   |                 | Psychiatrist  |                 |
| Community-based Outreach and Referral Navigator/Coordinator |                 | Psychologist  |                 |
| Co-occurring Disorder Specialist                            |                 | Registered Nurse                                      |                 |
| Counselor   |                 | Supervisor  |                 |
| Counselor Interns/Practicum                                 |                 | Social Worker   |                 |
| Counselor Trainee   |                 | Substance Use Disorder Counselor                      |                 |
| Director  |                 | Substance Use Disorder Professional (SUDP)            |                 |
| Domestic Violence Counselor                                 |                 | Substance Use Disorder Professional Trainee (SUDPT)   |                 |
| Executive Director  |                 | Supervisory Counseling Psychologist                   |                 |
| Homeless Outreach Specialist                                |                 | Supported Employment Specialist                       |                 |
| Inpatient Counselor   |                 | Supportive Housing Specialist                         |                 |
| Lead Counselor  |                 | Therapist   |                 |
| Medical assistant   |                 | Treatment Director                                    |                 |
| Medical Doctor  |                 | Treatment Supervisor                                  |                 |
| Mental Health Counselor                                     |                 | Other titles or positions not listed (please specify) |                 |
|   |                 |   |                 |

**Q30a. (Ask if Question 30 total is greater than Question 29). Your total number of positions listed in question 30 is greater than the number of employees listed in question 29. Is that because an employee or employees fill multiple positions or some other reason?**

1. An employee or employees fill multiple positions
2. Some other reason (please specify) \_\_\_\_\_



**Q31. How many of your behavioral health clinical staff work part-time or full-time?** *(Total should equal your total behavioral health staff listed in Q29.)*

| Average hours worked per week                    | Number of staff |
|--|-----------------|
| Part-time (less than 32 hours per week)          | _____           |
| Full-time (32 hours per week or more)            | _____           |
| Total number of behavioral health clinical staff | _____           |

**Q32. How many of your behavioral health clinical staff work on an on-call basis?**

| On-call staff   | Number of staff |
|---|-----------------|
| Number of on-call staff who are called <i>only</i> when services are needed               | _____           |
| Number of on-call staff who are scheduled outside, or in addition to, their regular hours | _____           |
| Total number of on-call behavioral health clinical staff                                  | _____           |

**Q33. How many of your behavioral health clinical staff receive the following annual base salary?**  
Do not include benefits such as retirement, health insurance, or annual leave, etc. *(Total should equal your total behavioral health clinical staff listed in Q29.)*

| Annual salary                                    | Number of staff |
|--|-----------------|
| \$20,000 per year or less                        | _____           |
| \$20,001 - \$30,000 per year                     | _____           |
| \$30,001 - \$40,000 per year                     | _____           |
| \$40,001 - \$50,000 per year                     | _____           |
| \$50,001 - \$60,000 per year                     | _____           |
| \$60,001 - \$70,000 per year                     | _____           |
| \$70,001 - \$80,000 per year                     | _____           |
| \$80,001 - \$90,000 per year                     | _____           |
| \$90,001 - \$100,000 per year                    | _____           |
| More than \$100,000 per year                     | _____           |
| Total number of behavioral health clinical staff | _____           |

**Q34. How many of your behavioral health clinical staff fit into each of the following gender categories?** *(Total should equal your total behavioral health clinical staff listed in Q29.)*

| Gender   | Number of staff |
|--|-----------------|
| Woman  | _____           |
| Man  | _____           |
| Trans woman                                      | _____           |
| Trans man  | _____           |
| Nonbinary  | _____           |
| Other identification                             | _____           |
| Total number of behavioral health clinical staff | _____           |



**Q35. How many of your behavioral health clinical staff are in each of the following race and/or ethnicity categories?**

| Race/ethnicity  | Number of staff |
|---|-----------------|
| White, Non-Hispanic                                     | _____           |
| Black or African American                               | _____           |
| Hispanic  | _____           |
| American Indian or Alaska Native                        | _____           |
| Asian/Pacific Islander                                  | _____           |
| Middle Eastern or North African (MENA)                  | _____           |
| Multiracial   | _____           |
| Don't know  | _____           |
| Prefer not to answer                                    | _____           |
| Other, specify: Write text here                         | _____           |
| <b>Total number of behavioral health clinical staff</b> | _____           |

**Q36a. How many of your behavioral health clinical staff are bilingual or multi-lingual and are able to provide BH services in a non-English language?**

\_\_\_\_\_ number of bilingual or multi-lingual staff (if zero, skip to Q37)

**Q36b. How many of your behavioral health clinical staff speak a language other than English?**

*(Since a person may speak more than one language, you may count that person more than once for this question.)*

| Language                                  | Number of staff | Language   | Number of staff |
|---|-----------------|--|-----------------|
| American Sign Language                    | _____           | Malay  | _____           |
| Arabic                                    | _____           | Mien   | _____           |
| Bengali                                   | _____           | Native American (e.g., Cowlitz, Makah, Ojibwe, Quileute) | _____           |
| Chinese                                   | _____           | Norwegian  | _____           |
| Czech                                     | _____           | Persian (Farsi)  | _____           |
| Danish                                    | _____           | Polish   | _____           |
| Dutch                                     | _____           | Portuguese   | _____           |
| Estonian                                  | _____           | Romanian   | _____           |
| Finnish                                   | _____           | Russian  | _____           |
| French                                    | _____           | Serbian  | _____           |
| German                                    | _____           | Slovak   | _____           |
| Greek                                     | _____           | Slovenian  | _____           |
| Hebrew                                    | _____           | Somali   | _____           |
| Hindi                                     | _____           | Spanish  | _____           |
| Hungarian                                 | _____           | Swahili  | _____           |
| Ilocano                                   | _____           | Swedish  | _____           |
| Indonesian                                | _____           | Tagalog  | _____           |
| Italian                                   | _____           | Thai   | _____           |
| Japanese                                  | _____           | Tongan   | _____           |
| Khmer                                     | _____           | Turkish  | _____           |
| Korean                                    | _____           | Ukrainian  | _____           |
| Laotian                                   | _____           | Urdu   | _____           |
| Lithuanian                                | _____           | Vietnamese   | _____           |
| If not in the above list, please specify: |                 |  | _____           |



**Q37. How many of your behavioral health clinical staff are in each of the following educational categories?**

| Educational category     | Number of staff |
|--------------------------|-----------------|
| High school, GED or less | _____           |
| Some college             | _____           |
| Associate degree         | _____           |
| Bachelor's degree        | _____           |
| Master's degree          | _____           |
| Doctorate degree         | _____           |
| Don't know               | _____           |
| Other, specify:          | _____           |

**Q38. How many of your behavioral health clinical staff have the following Washington State Department of Health professional credentials?**

| Washington State Department of Health Credential Type          | Number of staff |
|--|-----------------|
| Advanced registered nurse practitioner (ARNP)                  | _____           |
| Agency affiliated counselor                                    | _____           |
| Certified behavior technician                                  | _____           |
| Certified counselor  | _____           |
| Certified adviser  | _____           |
| Co-occurring disorder specialist                               | _____           |
| Hypnotherapist   | _____           |
| Licensed assistant behavior analyst                            | _____           |
| Licensed behavior analyst                                      | _____           |
| Licensed marriage and family therapist (LMFT)                  | _____           |
| Licensed marriage and family therapist associate (LMFTA)       | _____           |
| Licensed mental health counselor (LMHC)                        | _____           |
| Licensed mental health counselor associate (LMHCA)             | _____           |
| Licensed advanced social worker (LASW)                         | _____           |
| Licensed social worker associate advanced (LSWAA)              | _____           |
| Licensed independent clinical social worker (LICSW)            | _____           |
| Licensed independent clinical social worker associate (LICSWA) | _____           |
| Occupational therapist (OT)                                    | _____           |
| Certified occupational therapy assistants (COTA)               | _____           |
| Physician  | _____           |
| Physician assistant  | _____           |
| Psychologist   | _____           |
| Registered nurse   | _____           |
| Nursing assistant  | _____           |
| Sex offender treatment provider                                | _____           |
| Substance use disorder professional (SUDP)                     | _____           |
| Substance use disorder professional trainee (SUDPT)            | _____           |
| Don't know   | _____           |
| Other, specify:  | _____           |



**Q39.** (If any of the Agency Affiliated Counselor credential is greater than 0) **How many of your (number from Q36) Agency Affiliated Counselors are in the following roles?**

| Agency Affiliated Counselor roles     | Number of staff |
|---------------------------------------|-----------------|
| Mental Health Professional            | _____           |
| Designated Mental Health Professional | _____           |
| Certified Peer Counselor              | _____           |
| Mental Health Care Provider           | _____           |

**Q40.** How many of your behavioral health clinical staff are dually credentialed to provide both Mental Health and Substance Use Disorder treatment services?

\_\_\_\_\_ number of dually credentialed staff

**Q41.** Thank you for completing our survey. Is there anything else you would like to tell us about your facility?

**Thank you very much for completing the survey. We appreciate your help.**

**If you have any questions about the survey, please feel free to contact:**

Behavioral Health Provider Survey  
Washington State University  
PO Box 641801  
Pullman, WA 99164-1801



## APPENDIX C. PROJECT PROFILE

Title: 2025 Behavioral Health Provider Survey

**Abstract:** The Social and Economic Sciences Research Center (SESRC) worked collaboratively with the Division of Behavioral Health and Recovery (DBHR) of the Washington State Health Care Authority (HCA) to conduct the **2025 BHPS Survey** (Behavioral Health Provider Survey). This statewide survey of behavioral health agencies was open to behavioral health (BH) treatment agencies who provide DBHR-certified, publicly funded mental health (MH) and substance use disorder (SUD) treatment services. The aim is to collect current information regarding services and clinical staff to help DBHR identify opportunities for improving the quality of BH treatment services in Washington State, meet federal and state reporting requirements, and inform policy at the provider and state level. With 272 responses (241 completes and 31 partial completes), the overall **response rate is 40.8%**.

**Method:** For this survey, respondents were initially contact by mail with an invitation letter. Subsequent contacts were primarily by email with one telephone reminder built in. All contacts included information on how to access the web survey or a link they could click to be taken directly to the online survey as well as information on how to contact the project manager.

**Timeframe:** March 2025 – June 2025

**Agreement with:**

Anna Sommers  
Behavioral Health Analytic Strategy Manager  
Washington State Health Care Authority  
PO Box 45330  
Olympia, WA 98504-5330  
564-233-3089  
anna.sommers@hca.wa.gov

**SESRC Acronym:** BHPS24

Data Report Number: 25-31

**Deliverables:** Data Report; SPSS Data set; frequency listings; open-ended remarks file.



# CREDITS

## Project Team

SESRC is committed to high quality and timely delivery of project results. The following list identifies the SESRC team members responsible for particular elements of this project.

Kent Miller     Project Manager  
Rose Krebill-Prather   Principal Investigator



## SESRC Staff

All of the work conducted at the Social & Economic Sciences Research Center is the result of a cooperative effort made by a team of dedicated research professionals. The research in this report could not have been conducted without the efforts of interviewers and part-time personnel not listed.

|                               |  |
|-------------------------------|--|
| Lena Le, Ph.D.                | Director   |
| Rose Krebill-Prather, Ph.D.   | Senior Research Fellow                                   |
| Thom Allen, B.A.              | Project Manager II                                       |
| Ruben Angel Arias Rueda, PhD. | Project Manager  |
| Jack Beck                     | Fiscal Analyst I   |
| Darren Bystrom, B.A.          | Assistant Director of Information Systems and Technology |
| Timothy Chatburn, Ph.D.       | Project Manager  |
| Hui-Chun Chen, Ph.D.          | Project Manager  |
| Tara Courtney, B.S.           | Survey Supervisor  |
| Tim Haight, M.S.              | Information Technology Specialist                        |
| Cascade Herriott, BASc        | Information Systems Manager, Office of Commercialization |
| Jair Johnson, Ph.D. (ABD)     | Project Manager  |
| Sara Keifer, B.A.             | Fiscal Specialist II                                     |
| Colleen Kulesza, M.S. Ed      | Data Collection Coordinator                              |
| Mick LeClaire, B.A.           | Survey Supervisor  |
| Kathryn Mazidi, B.A.          | Survey Supervisor  |
| Adam McKee, Ph.D.             | Research Assistant Professor, Puget Sound                |
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| Caroline Ojeme, Ph.D.         | Project Manager  |
| Nathan Palmer, M.S.           | Project Manager II                                       |
| Nikolay Ponomarev, Ph.D.      | Sr. Programmer   |
| Michael Schiwart, B.S.        | Project Manager, Puget Sound                             |
| Katrina Shelton, B.S.         | Administrative Manager, Office of Research               |
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