

Access to behavioral health services for children

Engrossed Second Substitute House Bill 2439; Section 3; Chapter 96, Laws of 2016; RCW 74.09.495

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

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

Engrossed Second Substitute House Bill 2779; Section 3; Chapter 175, Laws of 2018

December 1, 2020



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Executive summary

Washington Apple Health (Medicaid) plays a critical role for many children and youth with behavioral health needs. In Washington State, Apple Health eligible children may access behavioral health treatment through different programs depending on their eligibility and location. These programs include behavioral health-administrative services organizations (BH-ASOs) (formerly BHOs), managed care organizations (MCOs), or integrated managed care (IMC).¹ As of January 2020, every regional service area (RSA) integrated purchasing physical health, substance use and mental health services to provide a whole-person approach to healthcare.

Access barriers to children's behavioral health, which includes mental health and substance use disorder services, are common and often disproportionately affect certain populations. To better understand these barriers, we analyzed performance measures linked to access to care for children (0–17) years old). This report addresses the following: ²

1. Follow-up after an emergency department visit for mental illness or alcohol and other drug dependence³ within 7 days and within 30 days;
2. Children who received mental health services during the reporting period;
3. Children receiving services from both MCOs and BHOs, including the types of services they received;
4. Children's mental health providers available in the previous year;
5. Languages spoken by children's mental health providers;
6. Children's mental health providers who were actively accepting new patients; and
7. Mental health and medical services for eating disorder treatment in children and youth, place of service, and availability of providers specializing in eating disorders.

Only (19.1 percent) of Apple Health covered youth received follow-up care within 30 days after emergency department visits for alcohol and other substance use disorders during calendar year (CY) 2019, compared to the 30-day follow-up rate after an emergency department visit for mental health disorders, at (77.4) percent. These rates varied for white children (80 percent), compared to those with any minority status at (74.1 percent) American Indian/Alaska Native (AI/AN) had the lowest follow-up rates of all race/ethnicity groups at (65.6 percent).

Access to behavioral health is a key state initiative and the subject of several strategic, cross-agency efforts and legislative workgroups. We continue to provide reimbursement for telehealth/telemedicine and are working to improve bi-directional availability of behavioral and physical health services. These initiatives may help improve disparities in access for children

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

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

³ Per the language of the corresponding Healthcare Effectiveness Data and Information Set (HEDIS) measure. Access to behavioral health services for children
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needing behavioral health services. Service modality alternatives, such as telemedicine, could improve access to behavioral health services. However, it is critical that these policy efforts consider and address the specific needs of rural communities and minority populations within statewide service delivery improvement efforts.

With the onset of the COVID-19 pandemic, access to behavioral health services has expanded the use of telehealth/telemedicine. There has been an ongoing need for behavioral health services via telehealth to exercise safety precautions. As we enter the fall and winter months, research and data predict an increase in behavioral health needs across Washington, which will further increase the need for telehealth/telemedicine- [see statewide summary forecast](#) There are resources such as the [Behavioral Health Toolbox for Families](#) that provides tips on how to navigate some of the emotional responses that families may experience during the pandemic.

Reporting requirements

The Revised Code of Washington (RCW) 74.09.495⁴ directs HCA and DSHS to report annually on the status of access to behavioral health services for children birth through age 17. Reporting must include:

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

⁴ RCW 74.09.495, "Behavioral health services—Access by children—Report." <<http://app.leg.wa.gov/RCW/default.aspx?cite=74.09.495>>, accessed September 7, 2018.

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

⁴ Please note formal measure names may include obsolete terminology not aligned with current Diagnostic and Statistical Manual of Mental Disorders language.

⁴ Per the language of the corresponding Healthcare Effectiveness Data and Information Set (HEDIS) measure.

Cross systems efforts

Washington State has recognized the need for cross system coordination in order to provide meaningful access to behavioral health services for children, youth, and their families. In 2020, the Legislature passed Second Substitute House Bill 2737 which renamed the Children's Mental Health Work Group, the Children and Youth Behavioral Health Work Group and reauthorized it through 2026.

The work group as a whole and each of its subgroups include representatives from the Legislature, state agencies, health care providers, tribal governments, advocacy groups, and community health services, as well as parents of children and youth who have received services, and youth and young adults with lived experience. The work group provides recommendations to the Legislature to improve behavioral health services and strategies for children, youth, and families, and has been increasingly focused on cross-system solutions.

The Children's Behavioral Health Workgroup (CBHWG) has adapted its structure to leverage cross-system efforts for the full continuum of children, youth and family services. The larger workgroup can have varying subgroups based on the interest of the main body. In 2020 the following subgroups addressed topics in a lifespan model:

- Prenatal to Five
- School-Based Behavioral Health and Suicide Prevention
- Youth and Young Adult Continuum of Care
- Workforce and Rates

Through SB 5903 in the year 2019 legislative session, the CBHWG directed the roll-out of evidence-based coordinated specialty care programs statewide. The statewide implementation plan, roll-out, and case rate development are in progress and details are available in report number 42-012821NS1, Early Identification and Intervention for Psychosis Statewide Implementation Plan. Additionally, HCA and University of Washington (UW) partnered to expand Central Assessment for Psychosis Services (CAPS) providing tele evaluation and tele consultation for young people experiencing symptoms anywhere in Washington. Expanding access to care in the wake of the pandemic was seen as an immediate need.

In order to provide children and youth with access to comprehensive and developmentally appropriate care, various state systems need to be coordinated and responsive to children and youth that receive services through multiple systems. The current system lacks appropriate services and placement for children and youth with developmental disabilities, behavioral health needs and individuals within the juvenile justice system who are releasing or have been found incompetent. State secretaries from Health Care Authority, Developmental Disability Administration (DDA), and Department of Children, Youth, and Families (DCYF) asked for a workgroup to be convened between agencies. The HCA continues to convene a Cross Agency Coordination of Children in Complex Situations Cabinet to address barriers and gaps for complex Access to behavioral health services for children
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situations. It is an effort by heads of state agencies to identify solutions and strategies for supporting complex, cross system children and youth. The group identified and defined the subpopulations impacted by lack of access to the appropriate level of treatment or suitable placement. The group continues to work toward final recommendations.

Data results

Limitations

Due to the transition from BHOs to BH-ASOs and MCOs there have been changes to data collection. This shift means that we are unable to look longitudinally to make comparisons across the years, particularly for substance use HEDIS measures. There have also been gaps that have been observed in data trends. Work is being done to determine if these are true gaps or if there has been a change that impacted collection of data.

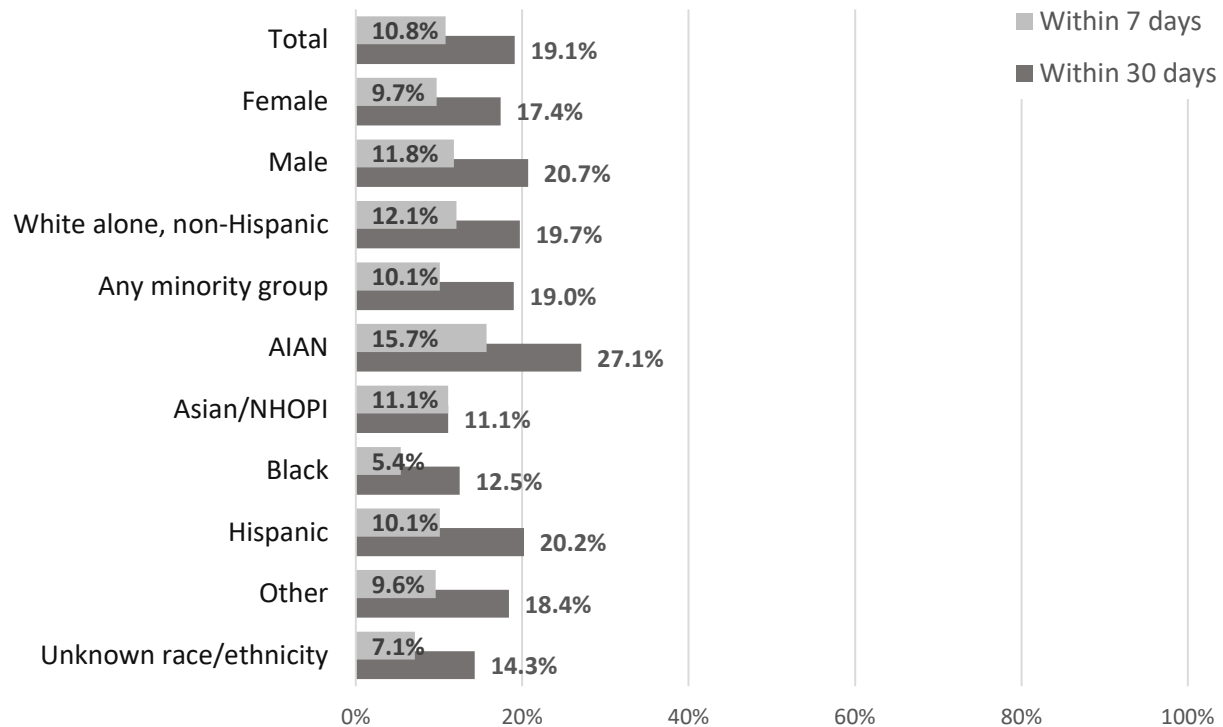
The 30-day follow-up after an emergency department visit for mental health disorders remains considerably higher at 77.4 percent (as illustrated in Figure 3 below). Again, for individuals with Medicaid, this percentage demonstrates improvement in the follow-up care within 30 days for after an emergency visit for mental health reasons. Follow-up after emergency room visits for alcohol or drug use is significantly lower at 19.1 percent. This percentage decreased in 2018. Some of this change may be a result of data quality issues which may be a result of how the data is captured rather than changes in the field.

Some racial/ethnic groups, such as Asian/Native Hawaiian or Pacific Islander populations, had lower levels of follow-up (both 7-day and 30-day) for any behavioral health-related emergency department visit.

Appendix A contains the data tables for CY 2019 follow-up after an emergency department visit.



Figure 1. Follow-Up after Emergency Department visit for alcohol and other drug dependence, CY 2019⁵

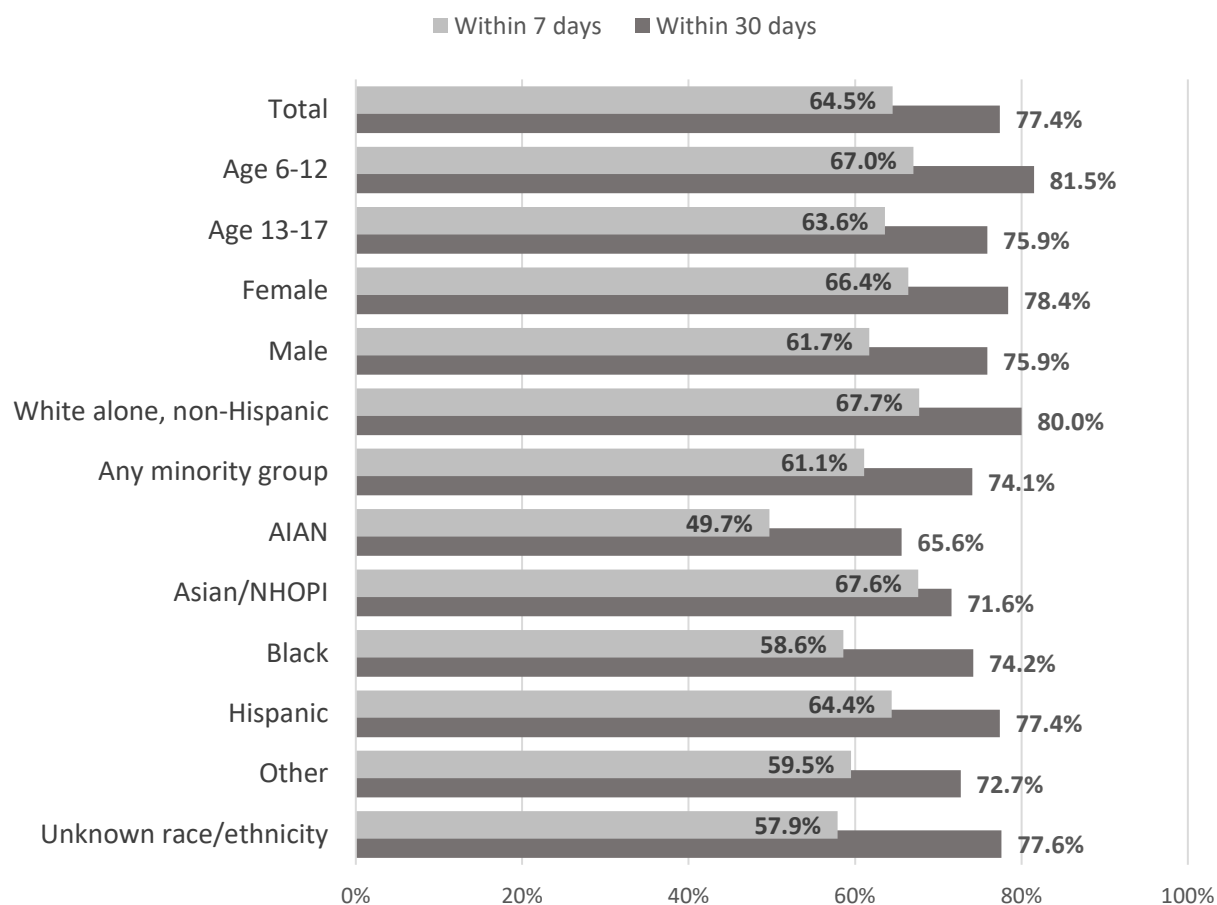


SOURCE: DSHS Research and Data Analysis Division, Client Outcomes Database, July 2020.

⁵ Data produced July 23, 2020, using HEDIS 2020 Technical Specifications. HEDIS technical specifications and measure calculation may change from year to year. Technical guidelines can be obtained from the National Committee for Quality Assurance, available at: <https://www.ncqa.org/hedis/measures/>
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Figure 2. Follow-Up after emergency department visit for mental illness in CY 2019⁶



SOURCE: DSHS Research and Data Analysis Division, Client Outcomes Database, July 2020.

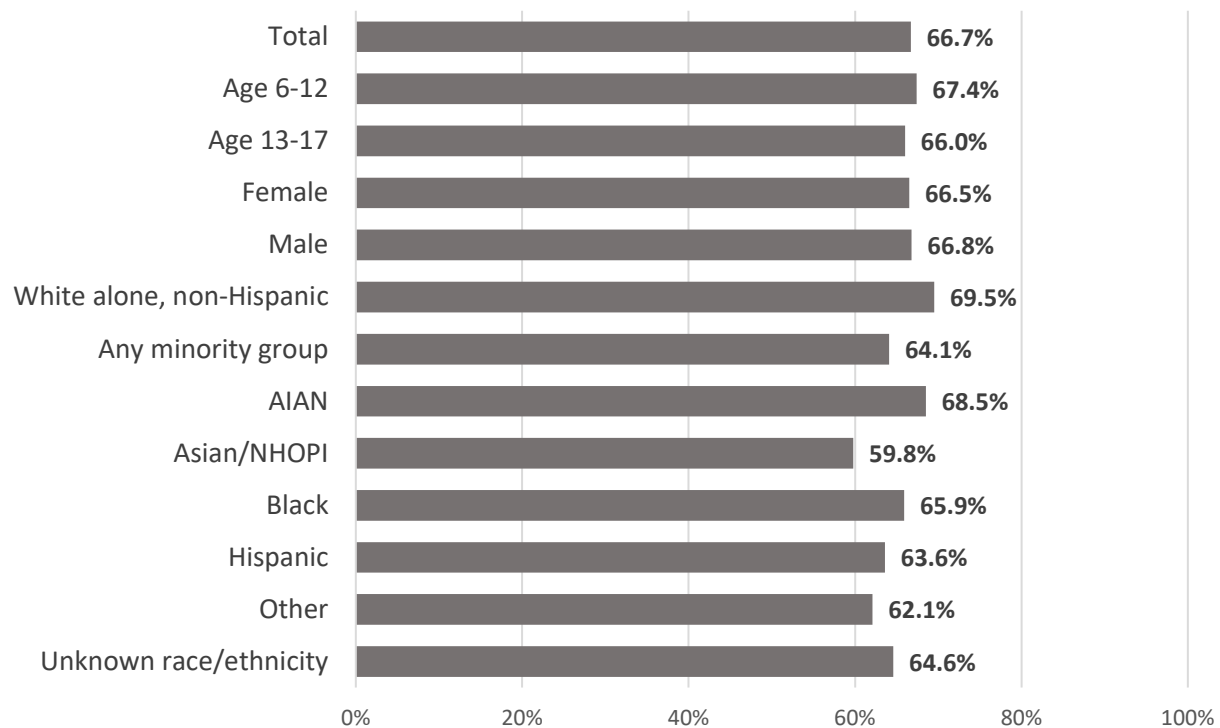
Receipt of mental health service

In CY 2019, 66.7 percent of Apple Health children with an identified mental health need received mental health services during the reporting period. Some racial/ethnic groups continued to have lower levels of mental health treatment penetration. This suggests that in calendar year 2019, one third of youth who are served by Apple Health and who needed mental health treatment did not receive that treatment. See Appendix A for data tables with additional information about the mental health treatment penetration measure.

⁶ Data produced July 23, 2020, using HEDIS 2020 Technical Specifications. HEDIS technical specifications and measure calculation may change from year to year. Technical guidelines can be obtained from the National Committee for Quality Assurance, available at: <https://www.ncqa.org/hedis/measures/>
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Figure 3. Mental health treatment penetration in CY 2019 — broadly defined⁷



SOURCE: DSHS Research and Data Analysis Division, Client Outcomes Database, July 2020.

Managed Care Organization services

Due to reporting limitations, data is only available for the first three quarters of 2019.

Behavioral health data for 2019 is not fully complete or “stable”. Seven former BHOs migrated to MCOs/BHASO/FIMC in January and July 2019. The data contained in the Behavioral Health Data System are currently under testing and validation. Data after September 2019 are not ready for reporting. Data for the first three quarters of 2019 may also be adjusted when the testing and validation process is completed.

During the first 3 quarters of CY 2019, about 9.6 percent (85,175) of Medicaid and CHIP-eligible children (883,277) within BH-ASO and MCO-covered regions of the state received mental health services through MCOs. See appendix B for additional information.

⁷ Data produced July 23, 2020, using the DSHS Integrated Client Databases. See appendix A for a detailed description of this measure.



Children's mental health providers

Provider availability

The state does not collect provider-level data with sufficient detail or consistency to reliably report on the number of mental health providers available to provide services, languages spoken by providers, and the number of providers accepting new clients.

There are five MCOs offering health care services to Apple Health recipients.

MCOs report information to HCA about their contracted Apple Health providers to enable HCA to monitor provider network adequacy. This requirement provides some information on children's mental health provider availability. Appendix C identifies the number of behavioral health providers reportedly serving children during each quarter of CY 2019 by MCO and by county. Children's mental health providers are available in each county of the state, though availability varies by MCO network.

Provider spoken languages

Comprehensive data about the spoken languages of children's mental health providers in the BH-ASO, FFS, MCO, or IMC networks is not available. Appendix E includes information about language access within the Apple Health system. The Behavioral Health Provider Survey does collect some information about languages spoken by behavioral health service providers, however, 2019 data is not available at the time of this report.

Providers accepting new patients

Comprehensive data about mental health providers in the MCO, or IMC networks accepting new patients is not fully available, because the state does not collect provider-level availability data with sufficient detail or consistency. To comply with reporting requirements in RCW 74.09.337, MCOs must maintain accurate list of providers contracted to provide mental health services to children and youth. The list must contain current information regarding the providers' availability to provide services. However, those lists are not uniformly structured and do not clearly identify which mental health providers serve children and youth and who are accepting new patients.

MCOs report quarterly to the Health Care Authority regarding the number of enrolled providers and whether the providers are accepting new patients. All MCOs submitted reports for every quarter of 2019; however, due to quality issues and concerns about the reliability and accuracy of reporting, data for Molina were suppressed. Appendix C shows the proportion of the enrolled mental health providers that report serving children under age 18 and also report accepting new patients, by MCO. Based on the quarterly reports in 2019, every MCO for which data is available has a majority of children and youth mental health and substance use providers accepting new patients in all counties. See appendix C for more detail.

For calendar year 2019, reported provider care availability for accessing behavioral health services was relatively high. Of the total unduplicated contracted providers (indicating treatment services for children) across the four Washington State MCOs for which 2019 data is available, the total

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percentage of providers available to accept new clients ranged between 70 percent and 100 percent, with three of the MCOs at 90 percent or higher for quarters 1, 2, and 4. While these outcomes are promising for the ability to access children's behavioral health services, barriers to accessing treatment for specific behavioral health conditions as well as timeliness scheduling accessing services should be considered. Access to providers with treatment experience in topic-specific conditions and access to prompt follow up care following emergency room services may remain a challenge, especially in more rural regions of the state.

There may be discrepancies between what has been reported to the HCA and what is reported on the MCO's provider search page. However, the provider search page reflects current availability and the MPOI reports reflect quarterly snapshots. It would be beneficial to cross walk the provider's service availability with the report in close proximity to ensure that the discrepancy is due to time rather than inaccurate reporting.

Eating disorders

Children and youth with eating disorder diagnoses

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

- | | |
|---|--|
| 1. Anorexia Nervosa, Binge Eating/Purging Type; | 7. Eating Disorder, Unspecified; |
| 2. Anorexia Nervosa, Restricting Type; | 8. Other Eating Disorders; |
| 3. Anorexia Nervosa, unspecified; | 9. Other Feeding Disorders of Infancy and Early Childhood; |
| 4. Avoidant/restrictive food intake disorder; | 10. Other Specified Eating Disorder; |
| 5. Binge Eating Disorder; | 11. Pica of Infancy and Childhood; and |
| 6. Bulimia Nervosa; | 12. Rumination Disorder of Infancy. |

Appendix D includes data on the number of Apple Health and CHIP-enrolled children with Apple Health claims that contained eating disorder diagnoses during CY 2019. Data are presented by age, gender, race/ethnicity, and county location.

Care settings for eating disorder treatment

There are currently three specialized care settings that identify as tailored to treat eating disorders in Washington State. These facilities operate specifically for the treatment of eating disorders and offer residential, partial hospitalization (PHP), and intensive outpatient (IOP) services. These centers function as independent entities, and patients are screened into services based on facility protocol, criteria, and insurance/payment ability. Following intensive care settings, outpatient care can be established, however, there is not currently a system for tracking providers who specialize in eating disorder treatment at this level within Washington State. There is no provider identification, certification, or taxonomy that we can identify to track this information. We would only be able to identify this type of provider by provider self-identification and we would be unable to verify it.

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Eating disorders require defined and consistent treatment for both behavioral health symptomology as well as physical health needs: the complication of adequately accounting for both subsets of needed care (i.e. when billing payers, whether to code a procedure/service due to the eating disorder or the medical condition that is directly associated with the eating disorder) introduces a realm of complication for comprehensive integrated care.

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

Contracted providers specializing in eating disorder treatment
Comprehensive data about children's mental health providers in the BH-ASO, MCO, or IMC networks who specialize in eating disorders is not available primarily because no "eating disorder specialist" credential or license exists in Washington State. HCA cannot capture provider specific specialty information related to eating disorder treatment for enrolled providers.

Stigma associated with service access

Stigma remains a barrier for youth access to treatment for mental health and substance use disorder services. Presenting as cognitive perceptions held by individuals in regard to a condition or diagnosis, stigma has been documented to occur on individual, interpersonal, and societal levels (Bos, 2013). For youth seeking to access behavioral health services, the presence of stigma may be a determining factor in choosing to not enter into treatment services or to seek the necessary level of care.

Misconceptions surrounding mental illness and substance use disorders can manifest in several ways and forms, both overtly and passively (Bos, 2013). Experiences of dehumanization, avoidance, depersonalization, discrediting, discounting, negative labeling, and social rejection have all been reported in investigative literature (Bos, 2013; Smith et al., 2016). Additional passive actions of discrimination and microaggressions can further negative experiences associated with stigmatization. In the context of youth access to behavioral health services, physical access to services may at times pose less of a barrier to seeking care than the challenges presented by the societal consequences associated with stigma. Factors such as blame, stereotypes of violence or unpredictability, limited knowledge regarding mental illness and substance use disorders, assumptions related to prior contact and experience with mental illness and substance use disorders, media portrayals, and variations in race, ethnicity, and culture may all impede comfortability and confidence in seeking access to behavioral health services that are otherwise available.

Stigmatization that youth diagnosed with mental illness or substance use disorders are more likely than their youth counterparts to become violent is also a prevalent assumption. A 2013 national survey revealed that 40 percent of Americans believed that youth suffering from depression were

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likely to be violent, an assumption that was likely linked to media coverage following school shooting incidents and an overrepresentation of negative portrayals of depressed youth as violent and/or dangerous through media outlets (Pescosolido, 2013; Soklaridis, 2019). More so, previous research has reported perceptions that individuals with substance use disorders are assumed to be more dangerous than individuals diagnosed with schizophrenia or depression (Schomerus et al., 2011). Substance use stigma, specifically, has been recognized as especially pervasive in addressing health access barriers and improving health inequities that exist among individuals suffering from substance use disorders (Smith, 2016).

As a result of these recognized barriers, addressing misinformation surrounding the science of mental illnesses and substance use disorders is an area of opportunity for addressing stigma and improving youth access to behavioral health services. While public knowledge has increased regarding mental illnesses and substance use disorders as brain-based diseases since the 1950s, research shows that levels of stigma have not decreased, and unfortunately, remain quite high (Pescosolido et al., 2010). It is imperative to address the realities surrounding youth mental illness and substance use disorders, and to ensure that treatment is available and effective and that recovery is possible.

Despite the limitations in youth access to treatment as a result of stigmatization of mental illnesses and substance use disorders, research shows that the involvement of family is particularly important in youth treatment and recovery for mental illnesses and substance use disorders (Soklaridis, 2019). This is a positive attribute that should be recognized and promoted for youth and their families when seeking treatment for behavioral health conditions. Family members are not only more likely to be a consistent support system for illness management and the first to recognize symptoms of potential relapse, surveyed youth have additionally indicated that having their family involved decreased feelings of isolation and shame and increased their sense of being understood and supported.

Experiences in behavioral health service access could further be improved by an effective relationship between families, health care providers, and the youth seeking treatment services (Soklaridis, 2019). Family systems research indicates that the family relationship with their healthcare provider is essential for effective access to behavioral health treatment services and recovery outcomes. Even after treatment services have been initiated, stigmatization of the behavioral health condition has been shown to limit the amount of information a youth is willing to share with their family, resulting in an isolating experience despite the fact that services have been accessed. Trustworthy relationships between the youth, family, and healthcare providers that create the space to address stigma and associated concerns have been shown to improve treatment communication and ultimately increase the chances of favorable outcomes.

Opportunities

In order to determine the true barriers to access, it will be necessary to develop a strategy to improve the collection of data pertaining to substance use disorder. Methods for identifying family



initiated treatment for substance use disorder are being developed. This is an opportunity to look at how treatment data is captured more broadly.

Stigma is a significant barrier to accessing behavioral health services. Some recent campaigns exist through prevention to specifically address mental health during COVID-19. The first campaign was a partnership with the Spread the Facts Campaign. We supported the Spread the Facts Campaign by messaging suicide prevention for the month of June. Audiences are directed to resources such as the warm lines, [WA Listens](#), and crisis lines (National Suicide Prevention Line, Crisis Connections). The second campaign is the SUD Prevention and Wellness Campaign. The campaign focuses on parents of 25 and younger and young adults 18-25, to promote protective factors of positive relationships and healthy coping skills during this stressful time.

Recent research suggests that follow up within seven days from emergency departments or discharge from a hospital setting, indicates a reduced risk for suicide. Strategies, including purchasing strategies to ensure that individuals receive follow up care after discharge should be considered.

Further discussion is needed regarding the impact of health care payer policies on provision of services related to eating disorders and associated limitations in treatment, particularly related to length of stay in specialized care settings. Ensuring coverage of specialized care settings for eating disorder treatment is consistent with evidence-based determination of discharge criteria is both highly important, and is likely associated with higher rates of long-term successful treatment and lower rates of relapse. In addition, there are significant challenges to obtaining useful data: as eating disorders concern both mental health and physical health, providers may code their treatment in different ways depending on the provider type, service location, and system/payer factors. Identifying a robust methodology for successfully identifying relevant claims data to examine provision of eating disorder treatment services could provide useful information for data-driven decision making, but would also require substantial additional investment.

Conclusion

RCW 74.09.495 requires annual reporting to the Legislature on the measures discussed. There is room to improve data collection to better inform this report and various system efforts that can improve access to behavioral health services for children and youth.

- Several cross-system efforts occurred simultaneously over the past year. These efforts should continue to be coordinated and recommendations, short and long-term set forth.
- Leverage physical and behavioral health integration as an opportunity to improve the coordination of whole-person care, with a unique opportunity surrounding eating disorders.
- It could be beneficial to look at creating a way to build an inventory that looks at licensed specialists, including those who specialize in spoken languages, eating disorders, lesbian,

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Gay Bisexual, Transgender, and Queer (LGBTQ), children and youth in foster care, and more. Looking at specialties which are developmentally appropriate and culturally relevant will be helpful. Having some baseline data for which providers specialize in their work with specific populations and diagnoses could also be useful.

Strategic, cross-agency efforts may help improve disparities in access to children's behavioral health treatment services. Several major initiatives occurred and continue to occur simultaneously to address cross-system youth experiencing barriers to accessing trained professionals that can provide the appropriate level of care. Next year there should be opportunity to discuss the recommendations and how those recommendations will impact access to care for children and youth.

There are current initiatives taking place through the Children's Behavioral Health Workgroup that are working to improve access to behavioral health resources in schools as well as connection to regional resources for children, youth, and young adults. There is opportunity through integration to explore similar opportunities with primary care settings to improve screening, assessment, and referral to behavioral health services for both prevention and intervention opportunities.



Appendix A: Follow up after emergency department visits within 7 and 30 days for SUD and MH, and MH treatment penetration



HEDIS-FUA	Follow-up after Emergency Department Visit for Alcohol and Other Drug Dependence - Within 7 Days and 30 Days of ED Visit
HEDIS-FUM	Follow-up after Emergency Department Visit for Mental Illness - Within 7 Days and 30 Days of ED Visit
SUPPL-MH-B	Mental Health Treatment Penetration - Broadly Defined

Metric	Demographic	Demographic Breakdown	Numerator	Denominator	Rate
HEDIS-FUA-7D	Total		61	564	10.8%
HEDIS-FUA-7D	Age Category	13-17	61	564	10.8%
HEDIS-FUA-7D	Gender	Female	25	259	9.7%
HEDIS-FUA-7D	Gender	Male	36	305	11.8%
HEDIS-FUA-7D	Race/Ethnicity	White Alone, Non-Hispanic	27	223	12.1%
HEDIS-FUA-7D	Race/Ethnicity	Any Minority	33	327	10.1%
HEDIS-FUA-7D	Race/Ethnicity	AIAN	11	70	15.7%
HEDIS-FUA-7D	Race/Ethnicity	Asian/NHOPI	.	.	11.1%
HEDIS-FUA-7D	Race/Ethnicity	Black	.	.	5.4%
HEDIS-FUA-7D	Race/Ethnicity	Hispanic	18	178	10.1%
HEDIS-FUA-7D	Race/Ethnicity	Other	11	114	9.6%
HEDIS-FUA-7D	Race/Ethnicity	Unknown	.	.	7.1%
HEDIS-FUA-30D	Total		108	564	19.1%
HEDIS-FUA-30D	Age Category	13-17	108	564	19.1%
HEDIS-FUA-30D	Gender	Female	45	259	17.4%
HEDIS-FUA-30D	Gender	Male	63	305	20.7%
HEDIS-FUA-30D	Race/Ethnicity	White Alone, Non-Hispanic	44	223	19.7%
HEDIS-FUA-30D	Race/Ethnicity	Any Minority	62	327	19.0%
HEDIS-FUA-30D	Race/Ethnicity	AIAN	19	70	27.1%
HEDIS-FUA-30D	Race/Ethnicity	Asian/NHOPI	.	.	11.1%
HEDIS-FUA-30D	Race/Ethnicity	Black	.	.	12.5%
HEDIS-FUA-30D	Race/Ethnicity	Hispanic	36	178	20.2%
HEDIS-FUA-30D	Race/Ethnicity	Other	21	114	18.4%
HEDIS-FUA-30D	Race/Ethnicity	Unknown	.	.	14.3%
HEDIS-FUM-7D	Total		1,484	2,300	64.5%
HEDIS-FUM-7D	Age Category	6-12	409	610	67.0%
HEDIS-FUM-7D	Age Category	13-17	1,075	1,690	63.6%
HEDIS-FUM-7D	Gender	Female	921	1,388	66.4%
HEDIS-FUM-7D	Gender	Male	563	912	61.7%
HEDIS-FUM-7D	Race/Ethnicity	White Alone, Non-Hispanic	833	1,231	67.7%
HEDIS-FUM-7D	Race/Ethnicity	Any Minority	607	993	61.1%
HEDIS-FUM-7D	Race/Ethnicity	AIAN	78	157	49.7%
HEDIS-FUM-7D	Race/Ethnicity	Asian/NHOPI	50	74	67.6%
HEDIS-FUM-7D	Race/Ethnicity	Black	150	256	58.6%
HEDIS-FUM-7D	Race/Ethnicity	Hispanic	328	509	64.4%
HEDIS-FUM-7D	Race/Ethnicity	Other	181	304	59.5%
HEDIS-FUM-7D	Race/Ethnicity	Unknown	44	76	57.9%
HEDIS-FUM-30D	Total		1,780	2,300	77.4%
HEDIS-FUM-30D	Age Category	6-12	497	610	81.5%
HEDIS-FUM-30D	Age Category	13-17	1,283	1,690	75.9%

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Metric	Demographic	Demographic Breakdown	Numerator	Denominator	Rate
HEDIS-FUM-30D	Gender	Female	1,088	1,388	78.4%
HEDIS-FUM-30D	Gender	Male	692	912	75.9%
HEDIS-FUM-30D	Race/Ethnicity	White Alone, Non-Hispanic	985	1,231	80.0%
HEDIS-FUM-30D	Race/Ethnicity	Any Minority	736	993	74.1%
HEDIS-FUM-30D	Race/Ethnicity	AIAN	103	157	65.6%
HEDIS-FUM-30D	Race/Ethnicity	Asian/NHOPI	53	74	71.6%
HEDIS-FUM-30D	Race/Ethnicity	Black	190	256	74.2%
HEDIS-FUM-30D	Race/Ethnicity	Hispanic	394	509	77.4%
HEDIS-FUM-30D	Race/Ethnicity	Other	221	304	72.7%
HEDIS-FUM-30D	Race/Ethnicity	Unknown	59	76	77.6%
SUPPL-MH-B	Total		75,638	113,462	66.7%
SUPPL-MH-B	Age Category	6-12	37,726	55,991	67.4%
SUPPL-MH-B	Age Category	13-17	37,912	57,471	66.0%
SUPPL-MH-B	Gender	Female	35,852	53,931	66.5%
SUPPL-MH-B	Gender	Male	39,786	59,531	66.8%
SUPPL-MH-B	Race/Ethnicity	White Alone, Non-Hispanic	37,132	53,401	69.5%
SUPPL-MH-B	Race/Ethnicity	Any Minority	35,355	55,186	64.1%
SUPPL-MH-B	Race/Ethnicity	AIAN	4,181	6,101	68.5%
SUPPL-MH-B	Race/Ethnicity	Asian/NHOPI	3,051	5,106	59.8%
SUPPL-MH-B	Race/Ethnicity	Black	6,331	9,611	65.9%
SUPPL-MH-B	Race/Ethnicity	Hispanic	21,220	33,355	63.6%
SUPPL-MH-B	Race/Ethnicity	Other	12,884	20,741	62.1%
SUPPL-MH-B	Race/Ethnicity	Unknown	3,151	4,875	64.6%

Note: HEDIS 2020 Technical Specifications

Numbers smaller than 11 are suppressed.

HEDIS technical specifications and measure calculation may change from year to year. Technical guidelines can be obtained from the National Committee for Quality Assurance <https://www.ncqa.org/hedis/measures/>

The mental health service penetration (broadly defined) metric used in this report is based on the following criteria:

- **Description:** The percentage of members with a mental health service need who received mental health services in the measurement year
- **Continuous enrollment requirement:** at least 11 months of enrollment in Medicaid and at least 11 months of residence in the region in the measurement year
- **Denominator inclusion:** an indication of mental health need in 24-month window including the measurement year and the prior year
 - Diagnosis of mental illness
 - Receipt of psychotropic medication
 - Receipt of mental health services
- **Numerator inclusion:** use of at least one qualifying mental health service in the measurement year
 - Services provided by mental health outpatient providers
 - Management of a mental health condition in primary care setting



Appendix B: Title 19/CHIP youth (0-18) served by Behavioral Health Organizations (BHOs) receiving SUD treatment, secure withdrawal management, or community mental health



Title 19/CHIP Youth (0-18 yrs) Served by the Behavioral Health Organizations (BHOs) in Chemical Dependency (CD) Treatment, Chemical Dependency Detox, or Community Mental Health (MH)

Reporting Period: 2019 Q1-Q3

BHO/MCO ¹	Total Medicaid ²	Any CD Treatment/Detox or Community MH Service ³		Any CD Treatment/ Detox Service ⁴		Any Community MH Service ⁵	
		NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GREAT RIVERS	43,881	6,275	14.30%	331	0.75%	6,135	13.98%
GREATER COLUMBIA	137,813	11,272	8.18%	538	0.39%	10,973	7.96%
KING	177,726	14,287	8.04%	444	0.25%	14,027	7.89%
NORTH CENTRAL	51,181	4,874	9.52%	166	0.32%	4,794	9.37%
NORTH SOUND	131,900	12,529	9.50%	469	0.36%	12,264	9.30%
PIERCE	111,282	10,644	9.56%	292	0.26%	10,499	9.43%
SALISH	34,594	4,096	11.84%	203	0.59%	4,012	11.60%
SOUTHWEST	66,641	6,648	9.98%	241	0.36%	6,537	9.81%
SPOKANE	90,149	10,026	11.12%	359	0.40%	9,867	10.95%
THURSTON-MASON	37,988	4,521	11.90%	222	0.58%	4,416	11.62%
UNKNOWN	122	.	.	.	.	.	.
Total STATEWIDE	883,277	85,175	9.64%	3,265	0.37%	83,527	9.46%

1 BHO/MCO: BHO/MCO associated with the residence county during the first month of the reporting period where the youth (<=18) was Title 19 Medicaid or CHIP eligible.

2 Total Medicaid: Total number of youth (<=18) who were Title 19 Medicaid or CHIP eligible for at least one month during the reporting period. Numbers smaller than 11 are suppressed.

3 CD or MH Served: Subset receiving either a) SUD treatment or detox service or b) Community MH service (excludes SH and CLIP) during a month of Title 19 or CHIP Medicaid eligibility in the reporting period while <=18 yrs of age.

4 CD Served: Subset receiving a SUD treatment or detox service during a month of Title 19 Medicaid or CHIP eligibility during the reporting period while <=18 yrs of age.

5 MH Served: Subset receiving a Community MH service (excludes SH and CLIP) during a month of Title 19 Medicaid or CHIP eligibility during the reporting period while <=18 yrs of age.

SOURCE: DSHS Research and Data Analysis Division, Client Outcomes Database, and Behavioral Health Service Summary Table.



SUD Treatment and Detox Summary

Reporting Period: 2019 Q1-Q3

Total Unduplicated Number of Medicaid Title 19 or CHIP Eligible Children Ages 11 – 18

Category	Number of Clients	Percent of Total Medicaid Title 19 or CHIP Eligible
AGE		
11-13 yrs	138,552	41.08%
14-18 yrs	198,743	58.92%
GENDER		
Female	166,034	49.23%
Male	171,261	50.77%
RACE/ETHNICITY		
Minority	191,376	56.74%
Non-Hispanic White	137,626	40.80%
Unknown	8,293	2.46%
RACE/ETHNICITY - MINORITY DETAIL		
African American	37,927	11.24%
American Indian	24,439	7.25%
Asian	25,007	7.41%
Asian/Pacific Islander	377	0.11%
Hispanic	113,352	33.61%
Native Hawaiian/Pacific Islander	17,997	5.34%
Total Medicaid Eligible	337,295	100.00%



A. Number of Medicaid Title 19 or CHIP Eligible Youths Ages 11-18 Receiving Any SUD Treatment or Detox Services

Category	Number of Clients		Percent of Those Who Received SUD Treatment or Detox Services	Percent of Total Medicaid Title 19 or CHIP Eligible Youths in the Demographic Category
AGE				
11-13 yrs		332	10.17%	0.24%
14-18 yrs		2,932	89.83%	1.48%
GENDER				
Female		1,300	39.83%	0.78%
Male		1,964	60.17%	1.15%
RACE/ETHNICITY				
Minority		1,984	60.78%	1.04%
Non-Hispanic White		1,276	39.09%	0.93%
Unknown		.	.	.
RACE/ETHNICITY - MINORITY DETAIL				
African American		417	12.78%	1.10%
American Indian		569	17.43%	2.33%
Asian		117	3.58%	0.47%
Asian/Pacific Islander		.	.	.
Hispanic		1,125	34.47%	0.99%
Native Hawaiian/Pacific Islander		112	3.43%	0.62%
Total Served		3,264	100.00%	0.97%

SOURCE: DSHS Research and Data Analysis Division, Client Outcomes Database, and Behavioral Health Service Summary Tables



B. Number of Medicaid Title 19 or CHIP Eligible Youths Ages 11-18 Receiving SUD Outpatient Treatment Services:

Category	Number of Clients		Percent of Those Who Received SUD Outpatient Treatment	Percent of Total Medicaid Title 19 or CHIP Eligible Youths in the Demographic Category
AGE				
11-13 yrs		312	10.11%	0.23%
14-18 yrs		2,774	89.89%	1.40%
GENDER				
Female		1,230	39.86%	0.74%
Male		1,856	60.14%	1.08%
RACE/ETHNICITY				
Minority		1,899	61.54%	0.99%
Non-Hispanic White		1,184	38.37%	0.86%
Unknown		.	.	.
RACE/ETHNICITY - MINORITY DETAIL				
African American		403	13.06%	1.06%
American Indian		540	17.50%	2.21%
Asian		107	3.47%	0.43%
Asian/Pacific Islander		.	.	.
Hispanic		1,081	35.03%	0.95%
Native Hawaiian/Pacific Islander		104	3.37%	0.58%
Total Served		3,086	100.00%	0.91%

SOURCE: DSHS Research and Data Analysis Division, Client Outcomes Database, and Behavioral Health Service Summary Tables



C. Number of Medicaid Title 19 or CHIP Eligible Youths Ages 11-18 Receiving SUD Residential Treatment:

Category	Number of Clients	Percent of Those Who Received SUD Residential Treatment	Percent of Total Medicaid Title 19 or CHIP Eligible Youths in the Demographic Category
AGE			
11-13 yrs	33	6.47%	0.02%
14-18 yrs	477	93.53%	0.24%
GENDER			
Female	210	41.18%	0.13%
Male	300	58.82%	0.18%
RACE/ETHNICITY			
Minority	310	60.78%	0.16%
Non-Hispanic White	200	39.22%	0.15%
RACE/ETHNICITY - MINORITY DETAIL			
African American	56	10.98%	0.15%
American Indian	147	28.82%	0.60%
Asian	17	3.33%	0.07%
Asian/Pacific Islander	.	.	.
Hispanic	142	27.84%	0.13%
Native Hawaiian/Pacific Islander	24	4.71%	0.13%
Total Served	510	100.00%	0.15%

SOURCE: DSHS Research and Data Analysis Division, Client Outcomes Database, and Behavioral Health Service Summary Tables



D. Number of Medicaid Title 19 or CHIP Eligible Youths Ages 11-18 Receiving SUD Detox:

Category	Number of Clients		Percent of Those Who Received SUD Detox Services	Percent of Total Medicaid Title 19 or CHIP Eligible Youths in the Demographic Category
AGE				
11-13 yrs		.	.	.
14-18 yrs		53	94.64%	0.03%
GENDER				
Female		28	50.00%	0.02%
Male		28	50.00%	0.02%
RACE/ETHNICITY				
Minority		23	41.07%	0.01%
Non-Hispanic White		33	58.93%	0.02%
RACE/ETHNICITY - MINORITY DETAIL				
African American		.	.	.
American Indian		.	.	.
Asian		.	.	.
Asian/Pacific Islander		.	.	.
Hispanic		12	21.43%	0.01%
Native Hawaiian/Pacific Islander		.	.	.
Total Served		56	100.00%	0.02%

SOURCE: DSHS Research and Data Analysis Division, Client Outcomes Database, and Behavioral Health Service Summary Tables.



Community MH Service Summary Summary

Reporting Period: 2019 Q1-Q3

Total Unduplicated Number of Medicaid Title 19 or CHIP Eligible Children Ages 0 – 18

Category	Number of Clients	Percent of Total Medicaid Title 19 or CHIP Eligible
AGE		
0-4 yrs	250,626	28.38%
5-11 yrs	343,965	38.95%
12-13 yrs	89,791	10.17%
14-18 yrs	198,743	22.50%
GENDER		
Female	431,769	48.89%
Male	451,356	51.11%
RACE/ETHNICITY		
Minority	480,068	54.36%
Non-Hispanic White	355,540	40.26%
Unknown	47,517	5.38%
RACE/ETHNICITY - MINORITY DETAIL		
African American	102,402	11.60%
American Indian	59,344	6.72%
Asian	60,138	6.81%
Asian/Pacific Islander	550	0.06%
Hispanic	281,363	31.86%
Native Hawaiian/Pacific Islander	48,046	5.44%
Total Medicaid Eligible	883,125	100.00%

SOURCE: DSHS ResearchA28:C29 and Data Analysis Division, Client Outcomes Database, and Behavioral Health Service Summary Tables.



A. Number of Medicaid Title 19 or CHIP Eligible Youths Ages 0-18 Receiving Any Community MH Services

Category	Number of Clients	Percent of Those Who Received Any Community MH Service	Percent of Total Medicaid Title 19 or CHIP Eligible Youths in the Demographic Category
AGE			
0-4 yrs	5,202	6.23%	2.08%
5-11 yrs	33,629	40.26%	9.78%
12-13 yrs	14,780	17.69%	16.46%
14-18 yrs	29,916	35.82%	15.05%
GENDER			
Female	41,467	49.65%	9.60%
Male	42,060	50.35%	9.32%
RACE/ETHNICITY			
Minority	43,776	52.41%	9.12%
Non-Hispanic White	38,953	46.64%	10.96%
Unknown	798	0.96%	1.68%
RACE/ETHNICITY - MINORITY DETAIL			
African American	9,999	11.97%	9.76%
American Indian	8,725	10.45%	14.70%
Asian	4,304	5.15%	7.16%
Asian/Pacific Islander	85	0.10%	15.45%
Hispanic	25,655	30.71%	9.12%
Native Hawaiian/Pacific Islander	3,056	3.66%	6.36%
Total Served	83,527	100.00%	9.46%

SOURCE: DSHS Research and Data Analysis Division, Client Outcomes Database, and Behavioral Health Service Summary Tables.



B. Number of Medicaid Title 19 or CHIP Eligible Youths Ages 0-18 Receiving MH Outpatient Services:

Category	Number of Clients	Percent of Those Who Received MH Outpatient Services	Percent of Total Medicaid Title 19 or CHIP Eligible Youths in the Demographic Category
AGE			
0-4 yrs	5,199	6.27%	2.07%
5-11 yrs	33,541	40.48%	9.75%
12-13 yrs	14,650	17.68%	16.32%
14-18 yrs	29,475	35.57%	14.83%
GENDER			
Female	41,114	49.62%	9.52%
Male	41,751	50.38%	9.25%
RACE/ETHNICITY			
Minority	43,437	52.42%	9.05%
Non-Hispanic White	38,633	46.62%	10.87%
Unknown	795	0.96%	1.67%
RACE/ETHNICITY - MINORITY DETAIL			
African American	9,921	11.97%	9.69%
American Indian	8,631	10.42%	14.54%
Asian	4,280	5.17%	7.12%
Asian/Pacific Islander	85	0.10%	15.45%
Hispanic	25,456	30.72%	9.05%
Native Hawaiian/Pacific Islander	3,035	3.66%	6.32%
Total Served	82,865	100.00%	9.38%

SOURCE: DSHS Research and Data Analysis Division, Client Outcomes Database, and Behavioral Health Service Summary Tables.



C. Number of Medicaid Title 19 or CHIP Eligible Youths Ages 0-18 Receiving MH Crisis Service:

Category	Number of Clients	Percent of Those Who Received MH Crisis Service	Percent of Total Medicaid Title 19 or CHIP Eligible Youths in the Demographic Category
AGE			
0-4 yrs	19	0.45%	0.01%
5-11 yrs	917	21.50%	0.27%
12-13 yrs	885	20.75%	0.99%
14-18 yrs	2,445	57.31%	1.23%
GENDER			
Female	2,242	52.56%	0.52%
Male	2,024	47.44%	0.45%
RACE/ETHNICITY			
Minority	1,999	46.86%	0.42%
Non-Hispanic White	2,262	53.02%	0.64%
Unknown	.	.	.
RACE/ETHNICITY - MINORITY DETAIL			
African American	499	11.70%	0.49%
American Indian	541	12.68%	0.91%
Asian	177	4.15%	0.29%
Asian/Pacific Islander	.	.	.
Hispanic	1,084	25.41%	0.39%
Native Hawaiian/Pacific Islander	127	2.98%	0.26%
Total Served	4,266	100.00%	0.48%

SOURCE: DSHS Research and Data Analysis Division, Client Outcomes Database, and Behavioral Health Service Summary Tables



D. Number of Medicaid Title 19 or CHIP Eligible Youths Ages 0-18 Receiving MH Community Hospital or Evaluation & Treatment Service:

Category	Number of Clients		Percent of Those Who Received MH Community Hospital or Evaluation & Treatment Service	Percent of Total Medicaid Title 19 or CHIP Eligible Youths in the Demographic Category
AGE				
5-11 yrs	142	12.28%	0.04%	
12-13 yrs	235	20.33%	0.26%	
14-18 yrs	779	67.39%	0.39%	
GENDER				
Female	728	62.98%	0.17%	
Male	428	37.02%	0.09%	
RACE/ETHNICITY				
Minority	598	51.73%	0.12%	
Non-Hispanic White	558	48.27%	0.16%	
RACE/ETHNICITY - MINORITY DETAIL				
African American	189	16.35%	0.18%	
American Indian	177	15.31%	0.30%	
Asian	75	6.49%	0.12%	
Asian/Pacific Islander	.	.	.	
Hispanic	268	23.18%	0.10%	
Native Hawaiian/Pacific Islander	51	4.41%	0.11%	
Total Served	1,156	100.00%	0.13%	

SOURCE: DSHS Research and Data Analysis Division, Client Outcomes Database, and Behavioral Health Service Summary Tables.



Services Included

Reporting Period: 2019 Q1-Q3

Disorder	Modality	MH	Therapeutic Psychoeducation
CD	Case Management		
CD	Intensive Inpatient Residential Services		
CD	Long-Term Care Residential Services		
CD	Medication Assisted Treatment		
CD	Outpatient Treatment		
CD	Recovery House Residential Services		
CD	SUD Residential (unknown location)		
CD	Withdrawal Management		
MH	Care Coordination Services		
MH	Child And Family Team Meeting		
MH	Community Hospital		
MH	Crisis Services		
MH	Day Support		
MH	Engagement And Outreach		
MH	Evaluation & Treatment		
MH	Family Treatment		
MH	Group Treatment Services		
MH	High Intensity Treatment		
MH	Individual Treatment Services		
MH	Intake Evaluation		
MH	Involuntary Treatment Investigation MH		
MH	Jail Services/Community Transition		
MH	MH Inpatient (unknown location)		
MH	Medication Management		
MH	Medication Monitoring		
MH	Mental Health Services Provided In A Residential Setting		
MH	Outpatient Treatment		
MH	Peer Support		
MH	Psychological Assessment		
MH	Rehabilitation Case Management		
MH	Respite Care Services		
MH	Special Population Evaluation		
MH	Stabilization Services		
MH	Supported Employment		



Appendix C: Behavioral health providers serving children, contracted with managed care organizations (MCOs)



Tables C-1 through C-4 on the subsequent pages of this appendix present data on the number and percentage of behavioral health providers that report serving children (up to age 18) contracted with each Managed Care Organization.

Data Source:

This information is collected via self-report from each of the Managed Care Organizations as part of regular quarterly network adequacy monitoring. Elements reported include provider identifiers, county, whether the provider reports serving children, and whether the provider reports availability to accept new Apple Health Clients.

Data for Molina are suppressed for all four quarters, due to data quality issues and concerns about reliability of available information.



Table C-1. Behavioral health providers serving children, by contracted Managed Care Organization and county (Quarter 1 of calendar year 2019)

County	Amerigroup			Coordinated Care			Community Health Plan of WA			Molina			United Health Care		
	Total (n)	Accepting new clients (n)	%	Total (n)	Accepting new clients (n)	%	Total (n)	Accepting new clients (n)	%	Total (n)	Accepting new clients (n)	%	Total (n)	Accepting new clients (n)	%
Statewide	5031	3607	72%	5186	4672	90%	4251	4069	96%	Suppressed due to data quality issues					
ADAMS	17	10	59%	12	11	92%	5	5	100%						
ASOTIN	29	29	100%	40	40	100%	28	28	100%						
BENTON	118	106	90%	105	97	92%	102	92	90%						
CHELAN	134	98	73%	109	104	95%	148	147	99%						
CLALLAM	15	11	73%	23	19	83%	3	1	33%						
CLARK	128	101	79%	148	145	98%	273	267	98%						
COLUMBIA	11	10	91%	4	4	100%	7	6	86%						
COWLITZ	52	16	31%	91	91	100%	72	67	93%						
DOUGLAS	27	15	56%	9	7	78%	10	9	90%						
FERRY	10	7	70%	3	3	100%	6	5	83%						
FRANKLIN	32	10	31%	23	22	96%	34	33	97%						
GARFIELD	25	25	100%	29	29	100%	6	6	100%						
GRANT	34	12	35%	114	113	99%	39	36	92%						
GRAYS HARBOR	19	7	37%	47	47	100%	15	15	100%						
ISLAND	49	39	80%	64	63	98%	36	32	89%						
JEFFERSON	45	32	71%	41	39	95%	29	27	93%						
KING	1485	1154	78%	1520	1344	88%	1518	1451	96%						
KITSAP	92	63	68%	102	94	92%	84	72	86%						
KITTITAS	55	34	62%	31	30	97%	42	41	98%						
Klickitat	21	8	38%	10	10	100%	21	21	100%						
LEWIS	32	30	94%	65	55	85%	33	29	88%						
LINCOLN	17	13	76%	3	3	100%	4	4	100%						
MASON	22	14	64%	51	49	96%	16	11	69%						
OKANOGAN	64	48	75%	14	14	100%	14	13	93%						
PACIFIC	2	2	100%	14	14	100%	3	2	67%						
PEND OREILLE	20	20	100%	16	16	100%	31	31	100%						
PIERCE	752	611	81%	884	754	85%	401	388	97%						
SAN JUAN	4	4	100%	3	2	67%	4	4	100%						
SKAGIT	42	29	69%	67	61	91%	38	38	100%						
SKAMANIA	7	2	29%	9	8	89%	8	8	100%						
SNOHOMISH	314	217	69%	276	232	84%	175	171	98%						
SPOKANE	760	451	59%	470	418	89%	429	419	98%						
STEVENS	34	19	56%	3	3	100%	28	28	100%						
THURSTON	82	64	78%	269	255	95%	104	97	93%						
WAHIAKUM	0	0	0%	9	9	100%	0	0	0%						
WALLA WALLA	59	15	25%	51	49	96%	54	53	98%						
WHATCOM	64	50	78%	104	103	99%	131	127	97%						
WHITMAN	43	41	95%	40	40	100%	14	13	93%						
YAKIMA	315	190	60%	313	275	88%	286	272	95%						



Table C-2. Behavioral health providers serving children, by contracted Managed Care Organization and county (Quarter 2 of calendar year 2019)

County	Amerigroup			Coordinated Care			Community Health Plan of WA			Molina			United Health Care		
	Total (n)	Accepting new clients (n)	%	Total (n)	Accepting new clients (n)	%	Total (n)	Accepting new clients (n)	%	Total (n)	Accepting new clients (n)	%	Total (n)	Accepting new clients (n)	%
Statewide	6322	4482	71%	6555	5966	91%	236	232	98%	3276	3276	100%	3276	3276	100%
ADAMS	37	10	27%	19	18	95%	0	0	0%	3	3	100%	3	3	100%
ASOTIN	39	39	100%	43	43	100%	0	0	0%	9	9	100%	9	9	100%
BENTON	151	136	90%	249	241	97%	4	4	100%	76	76	100%	76	76	100%
CHELAN	20	6	30%	184	183	99%	1	1	100%	82	82	100%	82	82	100%
CLALLAM	25	16	64%	27	22	81%	1	1	100%	39	39	100%	39	39	100%
CLARK	168	145	86%	254	247	97%	7	5	71%	228	228	100%	228	228	100%
COLUMBIA	16	10	63%	4	4	100%	0	0	0%	2	2	100%	2	2	100%
COWLITZ	57	19	33%	107	106	99%	5	5	100%	29	29	100%	29	29	100%
DOUGLAS	206	162	79%	9	8	89%	0	0	0%	4	4	100%	4	4	100%
FERRY	12	8	67%	3	3	100%	2	2	100%	8	8	100%	8	8	100%
FRANKLIN	41	15	37%	37	34	92%	0	0	0%	1	1	100%	1	1	100%
GARFIELD	35	35	100%	32	32	100%	0	0	0%	6	6	100%	6	6	100%
GRANT	35	12	34%	123	122	99%	0	0	0%	24	24	100%	24	24	100%
GRAYS HARBOR	22	9	41%	100	100	100%	0	0	0%	11	11	100%	11	11	100%
ISLAND	60	50	83%	66	65	98%	0	0	0%	23	23	100%	23	23	100%
JEFFERSON	45	33	73%	45	42	93%	0	0	0%	21	21	100%	21	21	100%
KING	1713	1283	75%	1608	1415	88%	151	150	99%	1039	1039	100%	1039	1039	100%
KITSAP	120	66	55%	123	114	93%	1	1	100%	49	49	100%	49	49	100%
KITTITAS	75	46	61%	64	63	98%	0	0	0%	11	11	100%	11	11	100%
Klickitat	27	8	30%	14	14	100%	0	0	0%	4	4	100%	4	4	100%
LEWIS	46	45	98%	105	94	90%	0	0	0%	46	46	100%	46	46	100%
LINCOLN	18	14	78%	4	4	100%	2	2	100%	3	3	100%	3	3	100%
MASON	29	16	55%	90	87	97%	1	1	100%	6	6	100%	6	6	100%
OKANOGAN	67	49	73%	21	15	71%	0	0	0%	25	25	100%	25	25	100%
PACIFIC	2	2	100%	66	66	100%	0	0	0%	17	17	100%	17	17	100%
PEND OREILLE	21	21	100%	17	17	100%	0	0	0%	2	2	100%	2	2	100%
PIERCE	1072	822	77%	1116	991	89%	28	27	96%	544	544	100%	544	544	100%
SAN JUAN	4	4	100%	4	3	75%	0	0	0%	3	3	100%	3	3	100%
SKAGIT	47	32	68%	92	86	93%	1	1	100%	16	16	100%	16	16	100%
SKAMANIA	7	2	29%	9	8	89%	0	0	0%	8	8	100%	8	8	100%
SNOHOMISH	393	258	66%	363	283	78%	3	3	100%	256	256	100%	256	256	100%
SPOKANE	944	585	62%	603	533	88%	9	9	100%	403	403	100%	403	403	100%
STEVENS	44	24	55%	13	13	100%	5	5	100%	6	6	100%	6	6	100%
THURSTON	85	66	78%	359	345	96%	3	3	100%	105	105	100%	105	105	100%
WAHIAKUM	0	0	0%	9	9	100%	0	0	0%	0	0	0%	0	0	0%
WALLA WALLA	66	21	32%	58	53	91%	0	0	0%	30	30	100%	30	30	100%
WHATCOM	77	57	74%	109	108	99%	3	3	100%	37	37	100%	37	37	100%
WHITMAN	28	26	93%	42	42	100%	2	2	100%	20	20	100%	20	20	100%
YAKIMA	468	330	71%	364	333	91%	7	7	100%	80	80	100%	80	80	100%

Suppressed due to data quality issues



Table C-3. Behavioral health providers serving children, by contracted Managed Care Organization and county (Quarter 3 of calendar year 2019)

County	Amerigroup			Coordinated Care			Community Health Plan of WA			Molina			United Health Care		
	Total (n)	Accepting new clients (n)	%	Total (n)	Accepting new clients (n)	%	Total (n)	Accepting new clients (n)	%	Total (n)	Accepting new clients (n)	%	Total (n)	Accepting new clients (n)	%
Statewide	4983	3557	71%	5077	4080	80%	5797	5552	96%	3276	3276	100%	3276	3276	100%
ADAMS	17	10	59%	10	10	100%	6	6	100%	3	3	100%	3	3	100%
ASOTIN	29	29	100%	20	19	95%	30	30	100%	9	9	100%	9	9	100%
BENTON	107	95	89%	135	128	95%	122	110	90%	76	76	100%	76	76	100%
CHELAN	134	98	73%	131	126	96%	154	153	99%	82	82	100%	82	82	100%
CLALLAM	15	11	73%	22	19	86%	3	1	33%	39	39	100%	39	39	100%
CLARK	128	101	79%	162	137	85%	399	392	98%	228	228	100%	228	228	100%
COLUMBIA	11	10	91%	9	2	22%	9	7	78%	2	2	100%	2	2	100%
COWLITZ	54	16	30%	56	56	100%	70	66	94%	29	29	100%	29	29	100%
DOUGLAS	26	14	54%	9	7	78%	26	25	96%	4	4	100%	4	4	100%
FERRY	10	7	70%	3	3	100%	8	6	75%	8	8	100%	8	8	100%
FRANKLIN	32	10	31%	19	17	89%	46	44	96%	1	1	100%	1	1	100%
GARFIELD	25	25	100%	3	3	100%	25	25	100%	6	6	100%	6	6	100%
GRANT	36	13	36%	161	110	68%	41	36	88%	24	24	100%	24	24	100%
GRAYS HARBOR	19	7	37%	7	7	100%	17	17	100%	11	11	100%	11	11	100%
ISLAND	48	38	79%	62	62	100%	60	56	93%	23	23	100%	23	23	100%
JEFFERSON	45	32	71%	31	28	90%	32	30	94%	21	21	100%	21	21	100%
KING	1439	1106	77%	1263	992	79%	1859	1780	96%	1039	1039	100%	1039	1039	100%
KITSAP	92	63	68%	97	91	94%	85	75	88%	49	49	100%	49	49	100%
KITTITAS	53	32	60%	10	4	40%	44	43	98%	11	11	100%	11	11	100%
KLIKITAT	21	8	38%	16	16	100%	22	22	100%	4	4	100%	4	4	100%
LEWIS	33	31	94%	24	24	100%	35	29	83%	46	46	100%	46	46	100%
LINCOLN	17	13	76%	5	3	60%	8	6	75%	3	3	100%	3	3	100%
MASON	22	14	64%	22	21	95%	17	11	65%	6	6	100%	6	6	100%
OKANOGAN	65	49	75%	100	36	36%	14	13	93%	25	25	100%	25	25	100%
PACIFIC	2	2	100%	11	2	18%	2	2	100%	17	17	100%	17	17	100%
PEND OREILLE	20	20	100%	3	3	100%	28	28	100%	2	2	100%	2	2	100%
PIERCE	751	610	81%	1090	901	83%	430	406	94%	544	544	100%	544	544	100%
SAN JUAN	4	4	100%	2	2	100%	25	25	100%	3	3	100%	3	3	100%
SKAGIT	42	29	69%	100	84	84%	70	68	97%	16	16	100%	16	16	100%
SKAMANIA	7	2	29%	6	6	100%	8	8	100%	8	8	100%	8	8	100%
SNOHOMISH	318	221	69%	428	319	75%	408	399	98%	256	256	100%	256	256	100%
SPOKANE	762	456	60%	535	416	78%	893	872	98%	403	403	100%	403	403	100%
STEVENS	34	19	56%	12	3	25%	46	41	89%	6	6	100%	6	6	100%
THURSTON	83	65	78%	161	128	80%	110	105	95%	105	105	100%	105	105	100%
WAHIAKUM	0	0	0%	2	2	100%	0	0	0%	0	0	0%	0	0	0%
WALLA WALLA	59	15	25%	41	26	63%	55	52	95%	30	30	100%	30	30	100%
WHATCOM	64	50	78%	95	94	99%	255	244	96%	37	37	100%	37	37	100%
WHITMAN	44	42	95%	29	29	100%	41	40	98%	20	20	100%	20	20	100%
YAKIMA	315	190	60%	185	144	78%	294	279	95%	80	80	100%	80	80	100%

Suppressed due to data quality issues



Table C-4. Behavioral health providers serving children, by contracted Managed Care Organization and county (Quarter 4 of calendar year 2019)

County	Amerigroup			Coordinated Care			Community Health Plan of WA			Molina			United Health Care		
	Total (n)	Accepting new clients (n)	%	Total (n)	Accepting new clients (n)	%	Total (n)	Accepting new clients (n)	%	Total (n)	Accepting new clients (n)	%	Total (n)	Accepting new clients (n)	%
Statewide	7449	7449	100%	4698	4223	90%	6005	5745	96%	Suppressed due to data quality issues					
ADAMS	33	33	100%	10	10	100%	6	6	100%						
ASOTIN	30	30	100%	21	21	100%	28	28	100%						
BENTON	180	180	100%	90	86	96%	124	114	92%						
CHELAN	11	11	100%	98	81	83%	155	154	99%						
CLALLAM	71	71	100%	18	18	100%	3	1	33%						
CLARK	163	163	100%	272	261	96%	395	388	98%						
COLUMBIA	9	9	100%	3	3	100%	9	7	78%						
COWLITZ	61	61	100%	50	50	100%	68	64	94%						
DOUGLAS	192	192	100%	8	8	100%	25	24	96%						
FERRY	12	12	100%	10	10	100%	15	13	87%						
FRANKLIN	49	49	100%	16	15	94%	45	43	96%						
GARFIELD	25	25	100%	22	22	100%	25	25	100%						
GRANT	17	17	100%	114	104	91%	42	37	88%						
GRAYS HARBOR	64	64	100%	75	73	97%	21	20	95%						
ISLAND	77	77	100%	56	56	100%	63	57	90%						
JEFFERSON	48	48	100%	48	47	98%	32	30	94%						
KING	1617	1617	100%	1066	940	88%	1925	1835	95%						
KITSAP	191	191	100%	136	134	99%	87	77	89%						
KITTITAS	81	81	100%	14	10	71%	43	42	98%						
Klickitat	29	29	100%	9	9	100%	24	24	100%						
LEWIS	83	83	100%	25	24	96%	34	28	82%						
LINCOLN	41	41	100%	11	10	91%	11	11	100%						
MASON	113	113	100%	31	30	97%	17	11	65%						
OKANOGAN	63	63	100%	13	8	62%	16	15	94%						
PACIFIC	34	34	100%	54	54	100%	2	2	100%						
PEND OREILLE	1	1	100%	7	7	100%	28	28	100%						
PIERCE	1295	1295	100%	729	666	91%	419	394	94%						
SAN JUAN	17	17	100%	2	2	100%	25	25	100%						
SKAGIT	85	85	100%	71	63	89%	71	68	96%						
SKAMANIA	13	13	100%	8	8	100%	8	8	100%						
SNOHOMISH	675	675	100%	311	277	89%	513	501	98%						
SPOKANE	1067	1067	100%	562	482	86%	898	876	98%						
STEVENS	66	66	100%	72	39	54%	59	59	100%						
THURSTON	142	142	100%	178	163	92%	109	101	93%						
WAHIAKUM	0	0	0%	6	6	100%	0	0	0%						
WALLA WALLA	84	84	100%	38	34	89%	55	52	95%						
WHATCOM	163	163	100%	171	153	89%	268	256	96%						
WHITMAN	22	22	100%	45	45	100%	41	40	98%						
YAKIMA	525	525	100%	228	194	85%	296	281	95%						



Appendix D: Title 19/CHIP youth (0-20) with an eating disorder diagnosis and behavioral health risk factors



Title 19/CHIP Youth (Age 0-20) with an Eating Disorder Diagnosis CY 2018-2019 (Q1-Q3)

Behavioral Health Risk Factors	Age 0-5		Age 6-11		Age 12-17		Age 18-20		All Age Groups	
	TOTAL	PERCENT	TOTAL	PERCENT	TOTAL	PERCENT	TOTAL	PERCENT	TOTAL	PERCENT
Any Identified Behavioral Health Need	315	24.2%	485	65.0%	1,235	87.7%	606	90.7%	2,641	64.0%
Substance Use Disorder Treatment Need	36	2.8%	12	1.6%	176	12.5%	163	24.4%	387	9.4%
Mental Illness Need	289	22.2%	484	64.9%	1,231	87.4%	604	90.4%	2,608	63.2%
Co-occurring Disorders (SUD + MI)	.	.	11	1.5%	172	12.2%	161	24.1%	354	8.6%
Mental Illness Diagnosis	142	10.9%	390	52.3%	1,152	81.8%	577	86.4%	2,261	54.8%
Psychotic Disorder	.	.	.	.	105	7.5%	64	9.6%	177	4.3%
Mania & Bipolar Disorder	.	.	.	.	96	6.8%	98	14.7%	202	4.9%
Depression Disorder	11	0.8%	76	10.2%	828	58.8%	471	70.5%	1,386	33.6%
Anxiety Disorder	65	5.0%	252	33.8%	956	67.8%	499	74.7%	1,772	42.9%
ADHD	48	3.7%	229	30.7%	269	19.1%	97	14.5%	643	15.6%
Adjustment & Stress Disorder	40	3.1%	74	9.9%	242	17.2%	69	10.3%	425	10.3%
Filled Psychotropic Prescription(s)	51	3.9%	238	31.9%	821	58.3%	462	69.2%	1,572	38.1%
Antipsychotic	.	.	58	7.8%	249	17.7%	158	23.7%	470	11.4%
Antimania	.	.	.	.	33	2.3%	24	3.6%	62	1.5%
Antidepressants	.	.	97	13.0%	688	48.8%	404	60.5%	1,195	29.0%
Antianxiety	35	2.7%	58	7.8%	358	25.4%	214	32.0%	665	16.1%
ADHD	.	.	171	22.9%	209	14.8%	73	10.9%	463	11.2%
Population:	1,303		746		1,409		668		4,126	
Clients on Medicaid (CY 2019 Q1-Q3):	292,022		295,209		259,835		102,624		949,690	
Clients on Medicaid (CY 2018 -2019 Q1-Q3):	311,575		318,733		280,319		126,290		1,036,917	

MH and SUD Penetration Rates Q1-Q3 2019	MH Service Penetration (Broadly Defined)			SUD Treatment Penetration		
	POPULATION	TOTAL	PERCENT	POPULATION	TOTAL	PERCENT
All Age Groups	2608	1780	68.3%	387	49	12.7%
Age 0-5	289	154	53.3%	36	.	.
Age 6-11	484	325	67.1%	12	.	.
Age 12-17	1231	921	74.8%	176	27	15.3%
Age 18-20	604	380	62.9%	163	22	13.5%



EATING DISORDER DIAGNOSIS – BY AGE: ADMINISTRATIVE DATA NOTES

1. The population includes clients age 0-18 as of June 2019, had at least one month of Title XIX or CHIP full benefits and an eating disorder diagnosis in CY 2018 and CY 2019 (Q1-Q3). Numbers smaller than 11 are suppressed.
2. Data source is the DSHS Research and Data Analysis (RDA) Integrated Client Databases (ICDB). The cases of eating disorder include but are not limited to, anorexia nervosa, bulimia nervosa, and other eating disorders. Diagnosis codes are listed in the "DX" tab.
3. SUD treatment need includes persons with at least one substance-related diagnosis, procedure, prescription, treatment, or arrest in CY 2018 and CY 2019 (Q1-Q3).
4. MH treatment need includes persons with any mental health diagnosis, prescription or service recorded in administrative data in CY 2018 and CY 2019 (Q1-Q3).
5. Co-occurring disorders includes the number of persons with both mental health and substance use treatment needs in CY 2018 and CY 2019 (Q1-Q3).
6. SUD treatment penetration: Denominator for percentages is number of persons with indications of SUD treatment need in CY 2018 and CY 2019 (Q1-Q3), or number of persons with co-occurring (COD) mental health and substance use treatment needs. Numerator is number of persons receiving substance use disorder services, outpatient mental health disorder services, or both in CY 2019 (Q1 - Q3). Substance use disorder services include inpatient services, outpatient services, opiate substitution, and case management. Outpatient mental health services include most modalities of outpatient mental health services delivered through DBHR (excludes, for example, case management), as well as Behavioral Rehabilitation Services from the Department of Children, Youth and Families (DCYF), and outpatient mental health services delivered through the Health Care Authority or tribal authorities.
7. MH treatment penetration (broad): Denominator for percentages is number of persons with indications of mental health treatment need in CY 2018 and CY 2019 (Q1-Q3). Numerator is number of persons receiving outpatient mental health services in CY 2019 Q1-Q3. Outpatient mental health services include most modalities of outpatient mental health services delivered through DBHR (excludes, for example, case management), as well as Behavioral Rehabilitation Services from DCYF, and outpatient mental health services delivered through the Health Care Authority or tribal authorities. Note that tabulation of mental health services received in this measure reflects a 9-month window, whereas the mental health services component of indication of mental health needs reflects a 21-month window.



Title 19/CHIP Youth (Age 0-20) with an Eating Disorder Diagnosis

CY 2018- CY2019 (Q1-Q3)

Behavioral Health Risk Factors	Male		Female		All Gender Groups	
	TOTAL	PERCENT	TOTAL	PERCENT	TOTAL	PERCENT
Any Identified Behavioral Health Need	881	55.6%	1,760	69.3%	2,641	64.0%
Substance Use Disorder (SUD) Treatment Need	81	5.1%	306	12.0%	387	9.4%
Mental Illness (MI) Need	867	54.7%	1,741	68.5%	2,608	63.2%
Co-occurring Disorders (SUD + MI)	67	4.2%	287	11.3%	354	8.6%
Mental Illness Diagnosis	665	42.0%	1,596	62.8%	2,261	54.8%
Psychotic Disorder	41	2.6%	136	5.4%	177	4.3%
Mania & Bipolar Disorder	31	2.0%	171	6.7%	202	4.9%
Depression Disorder	229	14.4%	1,157	45.5%	1,386	33.6%
Anxiety Disorder	457	28.8%	1,315	51.8%	1,772	42.9%
ADHD	340	21.5%	303	11.9%	643	15.6%
Adjustment & Stress Disorder	113	7.1%	312	12.3%	425	10.3%
Filled Psychotropic Prescription(s)	463	29.2%	1,109	43.6%	1,572	38.1%
Antipsychotic	130	8.2%	340	13.4%	470	11.4%
Antimania	13	0.8%	49	1.9%	62	1.5%
Antidepressants	261	16.5%	934	36.8%	1,195	29.0%
Antianxiety	167	10.5%	498	19.6%	665	16.1%
ADHD	238	15.0%	225	8.9%	463	11.2%
Population:	1,585		2,541		4,126	

Clients on Medicaid (CY 2019 Q1-Q3):	481,696	467,811	949,690
Clients on Medicaid (CY 2018 -2019 Q1-Q3):	528,203	508,522	1,036,917

MH and SUD Penetration Rates Q1-Q3 2019

	MH Service Penetration (Broadly Defined)			SUD Treatment Penetration		
	POPULATION	TOTAL	PERCENT	POPULATION	TOTAL	PERCENT
All Gender Groups	2608	1780	68.3%	387	49	12.7%
Male	867	561	64.7%	81	.	.
Female	1741	1219	70.0%	306	41	13.4%



EATING DISORDER DIAGNOSIS – BY GENDER: ADMINISTRATIVE DATA NOTES

1. The population includes clients age 0-18 as of June 2019, had at least one month of Title XIX or CHIP full benefits and an eating disorder diagnosis in CY 2018 and CY 2019 Q1-Q3.
2. Data source is DSHS Research and Data Analysis (RDA), Integrated Client Databases (ICDB). The cases of eating disorder include but are not limited to, anorexia nervosa, bulimia nervosa, and other eating disorders. Diagnosis codes are listed in the "DX" tab.
3. SUD treatment need includes persons with at least one substance-related diagnosis, procedure, prescription, treatment, or arrest in CY 2018 and CY 2019 (Q1-Q3).
4. MH treatment need includes persons with any mental health diagnosis, prescription or service recorded in administrative data in CY 2018 and CY 2019 (Q1-Q3).
5. Co-occurring disorders includes the number of persons with both mental health and substance use treatment needs in CY 2018 and CY 2019 (Q1-Q3).
6. SUD treatment penetration: Denominator for percentages is number of persons with indications of SUD treatment need in CY 2018 and CY 2019 (Q1-Q3), or number of persons with co-occurring (COD) mental health and substance use treatment needs. Numerator is number of persons receiving substance use disorder services, outpatient mental health disorder services, or both in CY 2019 (Q1 - Q3). Substance use disorder services include inpatient services, outpatient services, opiate substitution, and case management. Outpatient mental health services include most modalities of outpatient mental health services delivered through DBHR (excludes, for example, case management), as well as Behavioral Rehabilitation Services from the Department of Children, Youth and Families, and outpatient mental health services delivered through the Health Care Authority or tribal authorities.
7. MH treatment penetration (broad): Denominator for percentages is number of persons with indications of mental health treatment need in CY 2018 and CY 2019 (Q1-Q3). Numerator is number of persons receiving outpatient mental health services in CY 2019 Q1-Q3. Outpatient mental health services include most modalities of outpatient mental health services delivered through DBHR (excludes, for example, case management), as well as Behavioral Rehabilitation Services from DCYF, and outpatient mental health services delivered through the Health Care Authority or tribal authorities. Note that tabulation of mental health services received in this measure reflects a 9-month window, whereas the mental health services component of indication of mental health needs reflects a 21-month window.



Title 19/CHIP Youth (Age 0-20) with an Eating Disorder Diagnosis

CY 2019 Q1-Q3

Behavioral Health Risk Factors	White Only, Non-Hispanic		Any Minority		Unknown		All Race Groups Unduplicated	
	TOTAL	PERCENT	TOTAL	PERCENT	TOTAL	PERCENT	TOTAL	PERCENT
Any Identified Behavioral Health Need	1,316	72.0%	1,279	59.9%	46	28.0%	2,641	64.0%
Substance Use Disorder (SUD) Treatment Need	199	10.9%	187	8.8%	.	.	387	9.4%
Mental Illness (MI) Need	1,301	71.2%	1,262	59.1%	45	27.4%	2,608	63.2%
Co-occurring Disorders (SUD + MI)	184	10.1%	170	8.0%	.	.	354	8.6%
Mental Illness Diagnosis	1,150	62.9%	1,082	50.7%	29	17.7%	2,261	54.8%
Psychotic Disorder	94	5.1%	82	3.8%	.	.	177	4.3%
Mania & Bipolar Disorder	119	6.5%	83	3.9%	.	.	202	4.9%
Depression Disorder	728	39.8%	644	30.2%	14	8.5%	1,386	33.6%
Anxiety Disorder	938	51.3%	810	38.0%	24	14.6%	1,772	42.9%
ADHD	341	18.7%	301	14.1%	.	.	643	15.6%
Adjustment & Stress Disorder	204	11.2%	213	10.0%	.	.	425	10.3%
Filled Psychotropic Prescription(s)	863	47.2%	691	32.4%	18	11.0%	1,572	38.1%
Antipsychotic	273	14.9%	192	9.0%	.	.	470	11.4%
Antimania	40	2.2%	22	1.0%	.	.	62	1.5%
Antidepressants	675	36.9%	510	23.9%	.	.	1,195	29.0%
Antianxiety	366	20.0%	293	13.7%	.	.	665	16.1%
ADHD	257	14.1%	204	9.6%	.	.	463	11.2%
Population:	1,828	100%	2,134	100%	164	100%	4,126	100%
Clients on Medicaid (Q1-Q3 2019):	367,460		513,230		69,000		949,690	
Clients on Medicaid (Q1-Q3 2019):	407,304		551,465		78,148		1,036,917	



Behavioral Health Risk Factors	Hispanic		AIAN		Asian/NWOP		Black	
	TOTAL	PERCENT	TOTAL	PERCENT	TOTAL	PERCENT	TOTAL	PERCENT
Any Identified Behavioral Health Need	722	57.1%	236	75.2%	208	58.3%	273	59.0%
Substance Use Disorder (SUD) Treatment Need	97	7.7%	63	20.1%	25	7.0%	41	8.9%
Mental Illness (MI) Need	717	56.7%	227	72.3%	204	57.1%	268	57.9%
Co-occurring Disorders (SUD + MI)	92	7.3%	54	17.2%	21	5.9%	36	7.8%
Mental Illness Diagnosis	618	48.9%	209	66.6%	177	49.6%	216	46.7%
Psychotic Disorder	37	2.9%	34	10.8%	.	.	22	4.8%
Mania & Bipolar Disorder	42	3.3%	29	9.2%	13	3.6%	19	4.1%
Depression Disorder	364	28.8%	133	42.4%	110	30.8%	122	26.3%
Anxiety Disorder	463	36.6%	168	53.5%	132	37.0%	152	32.8%
ADHD	145	11.5%	68	21.7%	50	14.0%	81	17.5%
Adjustment & Stress Disorder	123	9.7%	51	16.2%	27	7.6%	42	9.1%
Filled Psychotropic Prescription(s)	374	29.6%	147	46.8%	118	33.1%	148	32.0%
Antipsychotic	86	6.8%	63	20.1%	29	8.1%	45	9.7%
Antimania	11	0.9%	.	.	.	.	.	.
Antidepressants	287	22.7%	111	35.4%	86	24.1%	96	20.7%
Antianxiety	158	12.5%	79	25.2%	42	11.8%	61	13.2%
ADHD	96	7.6%	52	16.6%	36	10.1%	55	11.9%
Population:	1,264		314		357		463	
Clients on Medicaid (CY 2019 Q1-Q3):	299,812		64,104		99,454		109,921	
Clients on Medicaid (CY 2018 -2019 Q1-Q3):	319,404		68,281		109,376		118,236	

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MH and SUD Penetration Rates Q1-Q3 2019

	MH Service Penetration (Broadly Defined)			SUD Treatment Penetration		
	POPULATION	TOTAL	PERCENT	POPULATION	TOTAL	PERCENT
White Only (Non-Hispanic)	1301	904	69.5%	199	30	15.1%
Any Minority	1262	855	67.7%	187	19	10.2%
American Indian or Alaska Native (AIAN)	227	164	72.2%	63	.	.
Asian/Native Hawaiian and Other Pacific Islanders (NHOP)	204	142	69.6%	25	.	.
Black	268	182	67.9%	41	.	.
Hispanic	717	478	66.7%	97	.	.
Unknown	45	21	46.7%	.	.	.
All Race Groups, Unduplicated	2608	1780	68.3%	387	49	12.7%

EATING DISORDER DIAGNOSIS – BY RACE/ETHNICITY: ADMINISTRATIVE DATA NOTES

(Tables on this page and the preceding two pages)

1. The data source is from DSHS Research and Data Analysis (RDA), Integrated Client Databases (ICDB). The cases of eating disorder include but are not limited to, anorexia nervosa, bulimia nervosa, and other eating disorders. The diagnosis codes are listed in the "DX" tab.
2. SUD treatment need includes persons with at least one substance-related diagnosis, procedure, prescription, treatment, or arrest in CY 2018 and CY 2019 Q1-Q3.
3. MH treatment need includes persons with any mental health diagnosis, prescription or service recorded in administrative data in the CY 2018 and CY 2019 Q1-Q3.
4. Co-occurring disorders includes the number of persons with both mental health and substance use treatment needs in CY 2018 and CY 2019 Q1-Q3.
5. SUD treatment penetration: Denominator for percentages is number of persons with indications of SUD treatment need, or number of persons with co-occurring (COD) mental health and substance use treatment needs in CY 2018 and CY 2019 Q1-Q3. Numerator is number of persons receiving substance use disorder services, outpatient mental health disorder services, or both in CY 2018 and CY 2019 Q1-Q3. Substance use disorder services include inpatient services, outpatient services, opiate substitution, and case management. Outpatient mental health services include most modalities of outpatient mental health services delivered through DBHR (excludes, for example, case management), as well as Behavioral Rehabilitation Services from DCYF, and outpatient mental health services delivered through the Health Care Authority or tribal authorities.
6. MH treatment penetration (broad): Denominator for percentages is number of persons with indications of mental health treatment need in CY 2018 and CY 2019 Q1-Q3. Numerator is number of persons receiving outpatient mental health services in CY 2019 Q1-Q3. Outpatient mental health services include most modalities of outpatient mental health services delivered through DBHR (excludes, for example, case management), as well as Behavioral Rehabilitation Services from DCYF, and outpatient mental health services delivered through the Health Care Authority or tribal authorities. Note that tabulation of mental health services received in this measure reflects a 9-month window, whereas the mental health services component of indication of mental health needs reflects a 21-month window.
7. The U.S. Census Bureau defines Hispanic as an ethnicity, not a race. Individuals identifying as Hispanic can be of any race.



Title 19/CHIP Youth (Age 0-20) with an Eating Disorder Diagnosis **CY 2018- CY 2019 (Q1-Q3)**

Medical and Behavioral Service Utilization	Male		Female		All Gender Groups	
	TOTAL	PERCENT	TOTAL	PERCENT	TOTAL	PERCENT
Visited emergency department at least once	806	50.9%	1,418	55.8%	2,224	53.9%
Had medical hospitalization at least once	108	6.8%	271	10.7%	379	9.2%
Received SUD Treatment Services	.	.	47	1.8%	53	1.3%
Outpatient	.	.	44	1.7%	49	1.2%
Residential	.	.	11	0.4%	13	0.3%
Detox	.	.	.	.	.	.
Received Community MH Treatment Services	605	38.2%	1,282	50.5%	1,887	45.7%
Outpatient	590	37.2%	1,240	48.8%	1,830	44.4%
Crisis	76	4.8%	327	12.9%	403	9.8%
Community Hospital or E&T	47	3.0%	202	7.9%	249	6.0%
Population:	1,585		2,541		4,126	

ADMINISTRATIVE DATA NOTES

1. The data source is from DSHS Research and Data Analysis (RDA), Integrated Client Databases (ICDB). The cases of eating disorder include but are not limited to, anorexia nervosa, bulimia nervosa, and other eating disorders. The diagnosis codes are listed in the DX tab.
2. Any cell size smaller than 11 was suppressed.



Title 19/CHIP Youth (Age 0-20) with an Eating Disorder Diagnosis
CY 2018- CY 2019 (Q1-Q3)

Behavioral Health Risk Factors	Adams		Asotin		Benton		Chelan		Clallam	
	TOTAL	PERCENT	TOTAL	PERCENT	TOTAL	PERCENT	TOTAL	PERCENT	TOTAL	PERCENT
Any Identified Behavioral Health Need	63	53.8%	59	78.7%	19	67.9%
Substance Use Disorder (SUD) Treatment Need	14	12.0%	11	14.7%	.	.
Mental Illness (MI) Need	62	53.0%	58	77.3%	19	67.9%
Co-occurring Disorders (SUD + MI)	13	11.1%	.	.	.	.
Mental Illness Diagnosis	51	43.6%	54	72.0%	17	60.7%
Psychotic Disorder
Mania & Bipolar Disorder
Depression Disorder	36	30.8%	34	45.3%	11	39.3%
Anxiety Disorder	41	35.0%	45	60.0%	11	39.3%
ADHD	24	20.5%	.	.	.	.
Adjustment & Stress Disorder	18	24.0%	.	.
Filled Psychotropic Prescription(s)	38	32.5%	30	40.0%	.	.
Antipsychotic	13	11.1%	.	.	.	.
Antimania
Antidepressants	28	23.9%	23	30.7%	.	.
Antianxiety	21	17.9%	12	16.0%	.	.
ADHD	11	9.4%	.	.	.	.
Population:	29		15		115		74		28	
Clients on Medicaid (CY 2019 Q1-Q3):	6,421		3,399		34,363		13,878		9,589	
Clients on Medicaid (CY 2018 -2019 Q1-Q3):	6,719		3,816		37,057		14,835		10,401	



Behavioral Health Risk Factors	Clark		Columbia		Cowlitz		Douglas		Ferry	
	TOTAL	PERCENT	TOTAL	PERCENT	TOTAL	PERCENT	TOTAL	PERCENT	TOTAL	PERCENT
Any Identified Behavioral Health Need	201	75.6%	.	.	60	70.6%	39	66.1%	.	.
Substance Use Disorder (SUD) Treatment Need	27	10.2%	.	.	.	.	.	.	.	.
Mental Illness (MI) Need	200	75.2%	.	.	60	70.6%	39	66.1%	.	.
Co-occurring Disorders (SUD + MI)	26	9.8%	.	.	.	.	.	.	.	.
Mental Illness Diagnosis	182	68.4%	.	.	51	60.0%	36	61.0%	.	.
Psychotic Disorder	17	6.4%	.	.	.	.	.	.	.	.
Mania & Bipolar Disorder	16	6.0%	.	.	.	.	.	.	.	.
Depression Disorder	118	44.4%	.	.	25	29.4%	26	44.1%	.	.
Anxiety Disorder	148	55.6%	.	.	38	44.7%	26	44.1%	.	.
ADHD	49	18.4%	.	.	20	23.5%	.	.	.	.
Adjustment & Stress Disorder	28	10.5%	.	.	11	12.9%	18	30.5%	.	.
Filled Psychotropic Prescription(s)	133	50.0%	.	.	44	51.8%	24	40.7%	.	.
Antipsychotic	45	16.9%	.	.	21	24.7%	.	.	.	.
Antimania	.	.	.	.	.	.	.	.	.	.
Antidepressants	106	39.8%	.	.	31	36.5%	21	35.6%	.	.
Antianxiety	48	18.0%	.	.	27	31.8%	13	22.0%	.	.
ADHD	41	15.4%	.	.	16	18.8%	.	.	.	.
Population:	261		.	.	83		58		.	.
Clients on Medicaid (CY 2019 Q1-Q3):	66,779		544		18,193		8,182		1,211	
Clients on Medicaid (CY 2018 -2019 Q1-Q3):	74,420		599		19,824		8,766		1,316	

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Behavioral Health Risk Factors	Franklin		Garfield		Grant		Grays Harbor		Island	
	TOTAL	PERCENT	TOTAL	PERCENT	TOTAL	PERCENT	TOTAL	PERCENT	TOTAL	PERCENT
Any Identified Behavioral Health Need	30	36.6%	.	.	48	48.5%	24	54.5%	18	69.2%
Substance Use Disorder (SUD) Treatment Need	.	.	.	.	.	.	.	.	.	.
Mental Illness (MI) Need	30	36.6%	.	.	48	48.5%	24	54.5%	18	69.2%
Co-occurring Disorders (SUD + MI)	.	.	.	.	.	.	.	.	.	.
Mental Illness Diagnosis	25	30.5%	.	.	39	39.4%	21	47.7%	16	61.5%
Psychotic Disorder	.	.	.	.	.	.	.	.	.	.
Mania & Bipolar Disorder	.	.	.	.	.	.	.	.	.	.
Depression Disorder	14	17.1%	.	.	22	22.2%	11	25.0%	.	.
Anxiety Disorder	19	23.2%	.	.	28	28.3%	16	36.4%	14	53.8%
ADHD	.	.	.	.	.	.	.	.	.	.
Adjustment & Stress Disorder	.	.	.	.	.	.	.	.	.	.
Filled Psychotropic Prescription(s)	12	14.6%	.	.	27	27.3%	16	36.4%	11	42.3%
Antipsychotic	.	.	.	.	.	.	.	.	.	.
Antimania	.	.	.	.	.	.	.	.	.	.
Antidepressants	.	.	.	.	19	19.2%	11	25.0%	11	42.3%
Antianxiety	.	.	.	.	.	.	.	.	.	.
ADHD	.	.	.	.	.	.	.	.	.	.
Population:	81		.	.	96		44		25	
Clients on Medicaid (CY 2019 Q1-Q3):	24,400		324		24,177		12,136		7,332	
Clients on Medicaid (CY 2018 -2019 Q1-Q3):	26,048		355		25,612		12,987		8,105	



Behavioral Health Risk Factors	Jefferson		King		Kitsap		Kittitas		Klickitat	
	TOTAL	PERCENT	TOTAL	PERCENT	TOTAL	PERCENT	TOTAL	PERCENT	TOTAL	PERCENT
Any Identified Behavioral Health Need	.	.	558	64.3%	93	74.4%	32	74.4%	.	.
Substance Use Disorder (SUD) Treatment Need	.	.	70	8.1%	20	16.0%	.	.	.	.
Mental Illness (MI) Need	.	.	555	63.9%	91	72.8%	32	74.4%	.	.
Co-occurring Disorders (SUD + MI)	.	.	67	7.7%	18	14.4%	.	.	.	.
Mental Illness Diagnosis	.	.	477	55.0%	77	61.6%	25	58.1%	.	.
Psychotic Disorder	.	.	44	5.1%	.	.	.	.	.	.
Mania & Bipolar Disorder	.	.	36	4.1%	.	.	.	.	.	.
Depression Disorder	.	.	298	34.3%	44	35.2%	16	37.2%	.	.
Anxiety Disorder	.	.	390	44.9%	54	43.2%	16	37.2%	.	.
ADHD	.	.	119	13.7%	30	24.0%	.	.	.	.
Adjustment & Stress Disorder	.	.	79	9.1%	16	12.8%	.	.	.	.
Filled Psychotropic Prescription(s)	.	.	297	34.2%	58	46.4%	19	44.2%	.	.
Antipsychotic	.	.	78	9.0%	21	16.8%	.	.	.	.
Antimania
Antidepressants	.	.	228	26.3%	41	32.8%	15	34.9%	.	.
Antianxiety	.	.	127	14.6%	27	21.6%	.	.	.	.
ADHD	.	.	71	8.2%	21	16.8%	.	.	.	.
Population:	15		844		122		41		14	
Clients on Medicaid (CY 2019 Q1-Q3):	2,823		191,263		24,819		4,682		3,262	
Clients on Medicaid (CY 2018 -2019 Q1-Q3):	3,111		210,779		27,428		5,102		3,616	

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Behavioral Health Risk Factors		Lewis		Lincoln		Mason		Okanogan		Pacific	
		TOTAL	PERCENT	TOTAL	PERCENT	TOTAL	PERCENT	TOTAL	PERCENT	TOTAL	PERCENT
Any Identified Behavioral Health Need		33	76.7%	.	.	32	59.3%	18	56.3%	12	66.7%
Substance Use Disorder (SUD) Treatment Need		.	.	.	.	.	.	.	.	.	.
Mental Illness (MI) Need		33	76.7%	.	.	32	59.3%	17	53.1%	12	66.7%
Co-occurring Disorders (SUD + MI)		.	.	.	.	.	.	.	.	.	.
Mental Illness Diagnosis		30	69.8%	.	.	28	51.9%	16	50.0%	11	61.1%
Psychotic Disorder		.	.	.	.	.	.	.	.	.	.
Mania & Bipolar Disorder		.	.	.	.	.	.	.	.	.	.
Depression Disorder		19	44.2%	.	.	18	33.3%	.	.	.	.
Anxiety Disorder		24	55.8%	.	.	24	44.4%	13	40.6%	.	.
ADHD		.	.	.	.	.	.	.	.	.	.
Adjustment & Stress Disorder		.	.	.	.	.	.	.	.	.	.
Filled Psychotropic Prescription(s)		20	46.5%	.	.	20	37.0%	12	37.5%	.	.
Antipsychotic		.	.	.	.	.	.	.	.	.	.
Antimania		.	.	.	.	.	.	.	.	.	.
Antidepressants		17	39.5%	.	.	17	31.5%	.	.	.	.
Antianxiety		.	.	.	.	.	.	.	.	.	.
ADHD		.	.	.	.	.	.	.	.	.	.
Population:		42		.		52		30		18	
Clients on Medicaid (CY 2019 Q1-Q3):		13,377		1,558		9,404		8,686		2,982	
Clients on Medicaid (CY 2018 -2019 Q1-Q3):		14,509		1,696		10,145		9,219		3,257	

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Behavioral Health Risk Factors	Pend Oreille		Pierce		San Juan		Skagit		Skamania	
	TOTAL	PERCENT	TOTAL	PERCENT	TOTAL	PERCENT	TOTAL	PERCENT	TOTAL	PERCENT
Any Identified Behavioral Health Need	.	.	253	59.0%	.	.	46	64.8%	.	.
Substance Use Disorder (SUD) Treatment Need	.	.	36	8.4%	.	.	.	.	.	.
Mental Illness (MI) Need	.	.	249	58.0%	.	.	46	64.8%	.	.
Co-occurring Disorders (SUD + MI)	.	.	32	7.5%	.	.	.	.	.	.
Mental Illness Diagnosis	.	.	214	49.9%	.	.	37	52.1%	.	.
Psychotic Disorder	.	.	17	4.0%	.	.	.	.	.	.
Mania & Bipolar Disorder	.	.	14	3.3%	.	.	.	.	.	.
Depression Disorder	.	.	117	27.3%	.	.	18	25.4%	.	.
Anxiety Disorder	.	.	156	36.4%	.	.	27	38.0%	.	.
ADHD	.	.	67	15.6%	.	.	13	18.3%	.	.
Adjustment & Stress Disorder	.	.	49	11.4%	.	.	.	.	.	.
Filled Psychotropic Prescription(s)	.	.	145	33.8%	.	.	29	40.8%	.	.
Antipsychotic	.	.	40	9.3%	.	.	.	.	.	.
Antimania
Antidepressants	.	.	105	24.5%	.	.	17	23.9%	.	.
Antianxiety	.	.	54	12.6%	.	.	.	.	.	.
ADHD	.	.	43	10.0%	.	.	11	15.5%	.	.
Population:	.	.	417		.	.	68		.	.
Clients on Medicaid (CY 2019 Q1-Q3):	2,136		119,350		1,510		19,261		1,410	
Clients on Medicaid (CY 2018 -2019 Q1-Q3):	2,332		131,396		1,683		20,896		1,564	



Behavioral Health Risk Factors		Snohomish		Spokane		Stevens		Thurston		Wahkiakum	
		TOTAL	PERCENT	TOTAL	PERCENT	TOTAL	PERCENT	TOTAL	PERCENT	TOTAL	PERCENT
Any Identified Behavioral Health Need		262	67.2%	320	73.7%	18	69.2%	90	54.9%	13	65.0%
Substance Use Disorder (SUD) Treatment Need		49	12.6%	43	9.9%	.	.	14	8.5%	.	.
Mental Illness (MI) Need		254	65.1%	317	73.0%	17	65.4%	88	53.7%	13	65.0%
Co-occurring Disorders (SUD + MI)		41	10.5%	40	9.2%	.	.	12	7.3%	.	.
Mental Illness Diagnosis		213	54.6%	285	65.7%	14	53.8%	79	48.2%	12	60.0%
Psychotic Disorder		.	.	21	4.8%	.	.	.	.	.	.
Mania & Bipolar Disorder		23	5.9%	34	7.8%	.	.	.	.	.	.
Depression Disorder		143	36.7%	183	42.2%	.	.	48	29.3%	.	.
Anxiety Disorder		175	44.9%	230	53.0%	.	.	65	39.6%	.	.
ADHD		53	13.6%	105	24.2%	.	.	22	13.4%	.	.
Adjustment & Stress Disorder		29	7.4%	56	12.9%	.	.	14	8.5%	.	.
Filled Psychotropic Prescription(s)		162	41.5%	221	50.9%	14	53.8%	56	34.1%	.	.
Antipsychotic		50	12.8%	95	21.9%	.	.	15	9.1%	.	.
Antimania		.	.	12	2.8%	.	.	.	.	.	.
Antidepressants		125	32.1%	169	38.9%	.	.	38	23.2%	.	.
Antianxiety		77	19.7%	87	20.0%	.	.	28	17.1%	.	.
ADHD		52	13.3%	80	18.4%	.	.	21	12.8%	.	.
Population:		385		428		26		161		20	
Clients on Medicaid (CY 2019 Q1-Q3):		86,903		78,233		7,690		31,640		562	
Clients on Medicaid (CY 2018 -2019 Q1-Q3):		96,235		84,823		8,222		34,963		621	



Behavioral Health Risk Factors	Walla Walla		Whatcom		Whitman		Yakima		Unknown	
	TOTAL	PERCENT	TOTAL	PERCENT	TOTAL	PERCENT	TOTAL	PERCENT	TOTAL	PERCENT
Any Identified Behavioral Health Need	97	66.4%	.	.	138	52.7%	.	.	.	.
Substance Use Disorder (SUD) Treatment Need	11	7.5%	.	.	19	7.3%	.	.	.	.
Mental Illness (MI) Need	96	65.8%	.	.	135	51.5%	.	.	.	.
Co-occurring Disorders (SUD + MI)	.	.	.	.	16	6.1%	.	.	.	.
Mental Illness Diagnosis	91	62.3%	.	.	105	40.1%	.	.	.	.
Psychotic Disorder	.	.	.	.	.	.	.	.	.	.
Mania & Bipolar Disorder	.	.	.	.	.	.	.	.	.	.
Depression Disorder	55	37.7%	.	.	50	19.1%	.	.	.	.
Anxiety Disorder	72	49.3%	.	.	74	28.2%	.	.	.	.
ADHD	24	16.4%	.	.	29	11.1%	.	.	.	.
Adjustment & Stress Disorder	12	8.2%	.	.	17	6.5%	.	.	.	.
Filled Psychotropic Prescription(s)	60	41.1%	.	.	57	21.8%	.	.	.	.
Antipsychotic	13	8.9%	.	.	11	4.2%	.	.	.	.
Antimania	.	.	.	.	.	.	.	.	.	.
Antidepressants	42	28.8%	.	.	45	17.2%	.	.	.	.
Antianxiety	32	21.9%	.	.	19	7.3%	.	.	.	.
ADHD	19	13.0%	.	.	14	5.3%	.	.	.	.
Population:	141		19		257					
Clients on Medicaid (CY 2019 Q1-Q3):	9,066		26,677		3,710		67,578		180	
Clients on Medicaid (CY 2018 -2019 Q1-Q3):	9,795		28,997		4,186		71,239		243	

ADMINISTRATIVE DATA NOTES

1. The data source is from DSHS Research and Data Analysis (RDA), Integrated Client Databases (ICDB). The cases of eating disorder include but are not limited to, anorexia nervosa, bulimia nervosa, and other eating disorders. The diagnosis codes are listed in the "DX" tab.
2. SUD treatment need includes persons with at least one substance-related diagnosis, procedure, prescription, treatment, or arrest in CY 2018 and CY 2019 Q1-Q3.
3. MH treatment need includes persons with any mental health diagnosis, prescription, or service recorded in administrative data in CY 2018 and CY 2019 Q1-Q3.
4. Co-occurring disorders include the number of persons with both mental health and substance use treatment needs in CY 2018 and CY 2019 Q1-Q3.

ⁱ In order to combat stigma, please note that the Health Care Authority now refers to chemical dependency as Substance Use Disorder and individual rather than client.

