

# 2023 Quality of Behavioral Health Services in Washington State: Child and Youth Enrollees Speak Out

**Children and youth behavioral health is an integral part of a comprehensive approach to public health.** Assessing the quality of behavioral health services is essential because it offers policymakers, providers, and other stakeholders the opportunity to improve outcomes and to ensure that child/youth enrollees receive services that meet their needs. This survey sample consists of youth aged 13 years or older and parents or guardians acting as proxies for children under 13 years old. The survey applies measures from the Uniform Reporting System (URS) designed by the Substance Abuse and Mental Health Services Administration (SAMHSA) to assess dimensions of care for child/youth enrollees.

## THE 2023 BEHAVIORAL HEALTH ENROLLEE SURVEY

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

The survey was conducted from June through November 2023. SESRC reached out to a random sample of Medicaid enrollees aged 13-21 (youth), and parents or guardians acting as proxies for enrollees under the age of 13 (child). These enrollees had received outpatient MH or SUD treatment services from May through October 2022. They were invited to answer questions about their experience receiving behavioral health services in a mixed-mode survey with telephone, web, or mail-in option.

An 18.1% response rate was obtained from a starting sample of 4,764 randomly selected child/youth enrollees. With a total of 742 responding, the survey has a margin of error of  $\pm 3.6\%$  at a 95% confidence interval. There were 391 surveys (53%) completed by parents or guardians of enrollees less than 13 years old and 351 (47%) completed by youth enrollees aged 13 or older. Of the 742 enrollees, 84% responded to the survey by telephone and 16% by web.

Child/youth enrollees were slightly more likely to be males (50%) than females (46%) or another gender identification (4%). Fifty percent of child/youth enrollees were of minority status. The vast majority of the enrollees, 88%, received MH services, while only 12% received SUD treatment services, and only 3 of the SUD enrollees were under the age of 13. This report does not compare the type of services received due to the small number of enrollees who received SUD treatment services.

- Ninety percent of child/youth enrollees provided positive ratings for cultural sensitivity of staff, marking the highest across all dimensions of care.
- Approximately three-fourths or more of child/youth enrollees gave positive ratings to participation in treatment planning (83%), general satisfaction (75%), and access to services (74%).
- A lower percentage of child/youth enrollees offered positive ratings for perceived outcome of services (66%) compared to other dimensions, although still a majority.

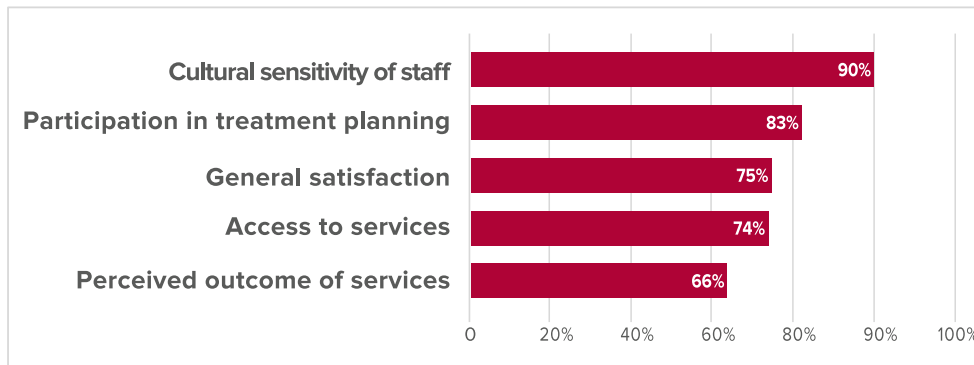
In addition, the survey uses two metrics from the National Outcome Measures (NOMs) monitored by SAMHSA: social connectedness and improved functioning. A greater number of enrollees gave positive ratings to social connectedness (79%) than improved functioning (67%), but two-thirds or more of the enrollees rated both measures positively.

When asked how well their behavioral health needs are being met, 74% of child/youth enrollees said well or very well.

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



Figure 1. % Positive Ratings for Evaluation of Care



**Parent or Guardian:**

*"Our doctor takes time to know us and really cares about what [my child] says."*

*"[Our provider] is a fantastic listener for [my child] and sets easy fun goals for her to work through situations that cause her anxiety."*

*"The provider did an excellent job on creating a care plan that was specific for [my child]."*

*"They gave support on how we could continue to work with her at home outside the services and they empowered her to work on her goals."*

Figure 2. % Positive Ratings for SAMHSA National Outcome Measures (NOMs)

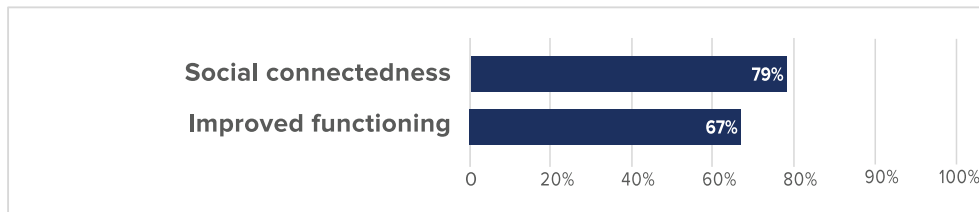
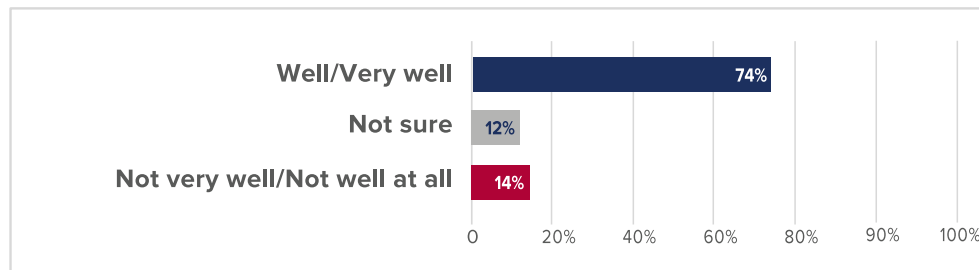


Figure 3. How well are your BH needs being met?



**Youth aged 13 and older:**

*"I liked how I was able to set up my own goals and achievements. They never judged. I also liked how they listened to all the things I had to say even if it wasn't part of my mental health."*

*"It has helped me confront my fears and anxiety. My providers have been very nice."*

*"The communication, she understands me, she tries her best to understand me, and she respects my decisions."*

## ASSESSING BEHAVIORAL HEALTH SERVICES BEFORE, DURING, AND AFTER COVID PANDEMIC

Figure 4. % Enrollees Reporting Positive Ratings for Evaluation of Care

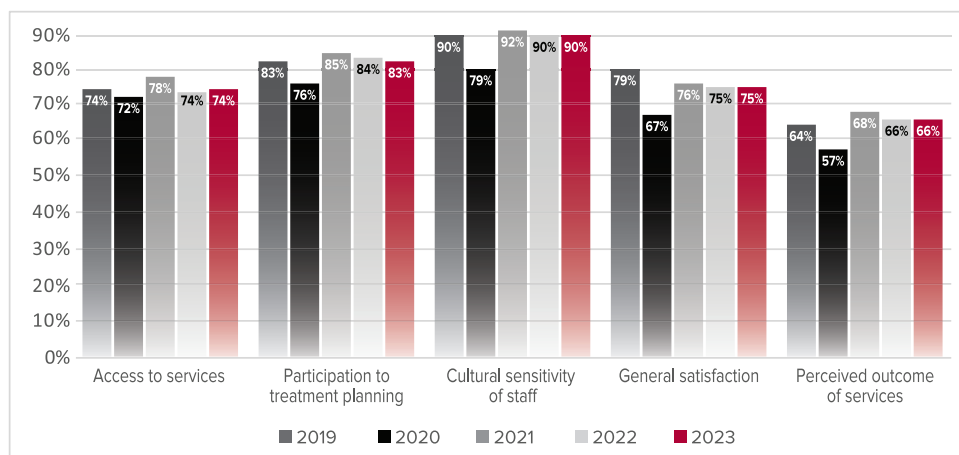
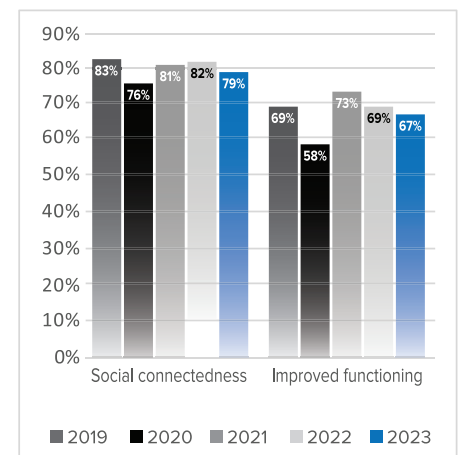


Figure 5. % Enrollees Reporting Positive Ratings on SAMHSA NOMs



For child/youth enrollees, the percentage of positive ratings exhibited a consistent trend across all dimensions of care over the years. In 2020, there was a notable decline in the percentage of positive ratings for all measures, coinciding with the COVID-19 pandemic. However, the survey results from 2021 to 2023 indicate positive ratings returning to levels comparable to those observed in the pre-pandemic year (2019) across all measures.

In terms of the two SAMHSA NOMs measures, a slightly lower percentage of child and youth enrollees provided positive ratings for social connectedness and improved functioning in 2023 compared to the pre-pandemic (2019) and post-pandemic years (2021 and 2022). Nevertheless, enrollee ratings of their social connectedness and functioning were still higher in 2023 than in 2020, the year of the pandemic.

## How has the COVID-19 pandemic impacted your access to behavioral health services?

### Parent or Guardian:

*"I think it greatly reduced the staff. And I also think quarantine and not going to school for two years increased his behavioral problem."*

*"It was hard because that was when we had to do the remote and it made it harder for him to focus on mental health or get the help he needed, because his therapist wasn't able to come to the house when he needed."*

*"During the height of Covid, attending appointments virtually was incredibly helpful for us to schedule our lives around and made it far more accessible."*

*"Extended wait time to get into thing and at the very begin he was doing video call instead of in person and over the last year it was all in person."*

*"We know the need for services has increased substantially since the pandemic which has likely impacted her ability to start services with [my provider]. However, we are grateful for the access we now have to remote services and how convenient they are."*

### Youth aged 13 and older:

*"I think the only thing would be that it was harder to get in person, so I tried out virtual, but it didn't really affect a whole lot."*

*"Gave me less time to talk to other people about my feelings."*

*"It didn't really impact them at all. We just switched to Zoom/phone calls for a while, and once I felt comfortable, we switched back to office visits."*

*"It put me in remote only other than school life. Most of my stress levels were caused by COVID and health issues in the family experienced because of it."*

*"It has impacted it a lot. I started receiving services right as the pandemic happened, and during that time, I was struggling a lot with my mental health, but I was able to get services pretty quickly, it just took a few days to get processed with the intake. Overall it has affected it a lot, that's why I've stuck with remote services to this day, I just feel more comfortable with it. It negatively affected my mental health during that time, but the access wasn't as bad."*

**Conclusion:** It appears that positive ratings for child and youth enrollees in various dimensions of care saw a decline in 2020, likely influenced by the challenges posed by the COVID-19 pandemic. However, the subsequent survey results from 2021 to 2023 indicate a positive trend, with ratings returning to levels comparable to those observed in the pre-pandemic year (2019). With regard to the SAMHSA NOMs measures, both showed an increase in positive ratings after the pandemic, but social connectedness continues to have slightly higher ratings than improved functioning. Overall, the data suggests a resilience and recovery in positive ratings for child and youth behavioral health care, possibly reflecting adaptability and enhanced support in the years following the pandemic.

