



Languages Spoken at Behavioral Health Agencies Serving Children and Youth in Washington State

Report from the 2021/2022 Behavioral Health Provider Survey

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The Division of Behavioral Health and Recovery (DBHR) of the Washington State Health Care Authority has contracted with the Social and Economic Sciences Research Center (SESRC) to conduct the 2021/2022 Behavioral Health Provider Survey. The survey aims to assess agency characteristics, quality improvement efforts, and behavioral health (BH) clinical staff demographics.

The target population for the survey consists of Department of Health certified, community-based mental health (MH) and substance use disorder (SUD) treatment agencies providing publicly funded services in Washington state.

The online survey was conducted from December 2021 through April 2022. Agency directors or administrators received a paper introduction letter by first-class mail announcing the project and providing information on how to access the online survey. Non-respondents received email reminders. Non-respondents were also contacted once by telephone to encourage them to complete the survey and to also confirm that the agency was still in operation.

Originally, the sample included 754 agencies with each location considered as a distinct entity. However, agencies with multiple sites were given the option to consolidate them into one survey. Accounting for survey consolidation and agency closures, the adjusted population size is 662 agencies. Responses were received from 231 agencies resulting in a response rate of 34.9%.

Respondents were asked "How many of your behavioral health clinical staff are bilingual or multilingual and are able to provide BH services in a non-English language?"

That question was followed up with "How many of your behavioral health clinical staff speak a language other than English?" The survey listed 46 different languages plus an 'Other' category.

Overall, 126 agencies indicated they provide BH services to children and youth representing 54.5% of the agencies responding to the survey (126/231). *These 126 agencies are the focus of this report.*



Languages Spoken by BH Clinical Staff

The 126 children and youth serving BH agencies that responded to our survey reported having 4,973.5¹ total BH staff and 3,888 BH clinical staff. Of the 3,888 BH clinical staff, 673, or approximately 17.3%, were reported to be bilingual or multilingual and are able to provide BH services in a non-English language.

Using the total number of BH clinical staff (3,888) as the denominator, Table 1 below shows the aggregated number and percentage of BH clinical staff reported to speak a language other than English.

Table 1. Number and Percentage of Bilingual or Multilingual BH Clinical Staff Speaking a Language Other than English

Language	Total	% of bilingual
American Sign Language	17	0.4%
Arabic	11	0.3%
Chinese	55	1.4%
Dutch	1	0.0%
French	10	0.3%
German	3	0.1%
Greek	3	0.1%
Hindi	10	0.3%
Indonesian	1	0.0%
Italian	2	0.1%
Japanese	10	0.3%
Khmer	12	0.3%
Korean	23	0.6%
Laotian	8	0.2%
Malay	2	0.1%
Mien	6	0.2%
Native American (e.g., Cowlitz, Makah, Ojibwe, Quileute)	1	0.0%
Norwegian	1	0.0%
Persian (Farsi)	3	0.1%
Portuguese	3	0.1%
Romanian	1	0.0%
Russian	10	0.3%
Serbian	2	0.1%
Somali	1	0.0%
Spanish	405	10.4%
Swahili	7	0.2%
Swedish	1	0.0%
Tagalog	14	0.4%
Thai	9	0.2%
Turkish	1	0.0%
Ukrainian	2	0.1%
Urdu	2	0.1%
Vietnamese	23	0.6%
Other	44	1.1%

- Spanish is by far the most common language spoken other than English with 405 BH clinical staff (10.4%).
- Though relatively small in percentages, Chinese (1.4%), Korean (0.6%), Vietnamese (0.6%), American Sign Language (0.4%), and Tagalog (0.4%) are the next most common languages other than English spoken by BH clinical staff.

¹ One respondent indicated they have a half time position at their agency.

Table 2. Responses Given in the “Other” category*

Afrikaans
Amharic – 1; Bemba – 1; Bosnian – 2; Croatian – 2; Visayan – 1; Punjabi – 1; Kikuyu – 2
Amharic, Tigrinya
Bhutanese, Urdu, Nepali, Burmese, Karen, Cambodian, Cham, Hmong, Samoan, Ilocano, Tigrigna
Cantonese, Taishanese,
Indian- Ethiopian Dialects
Kikuyu
Samoan; Armenian
Yoruba, Igbo

* The spelling of the languages as provided by respondent was corrected only for “Afrikaans”, “Visayan”, and “Nepali”, but otherwise, all are shown as they are in the survey. ‘Other’ languages were not recoded into previous categories.

Agencies with Bilingual/Multilingual Capabilities

Out of the 126 agencies that serve youth or children, 74 indicated they have at least one staff member who is bilingual or multilingual and able to provide BH services in a non-English language (58.7%).

Table 3. Agencies with Bilingual/Multilingual Capabilities

Number of agencies	# of bi-lingual staff	% of agencies	Number of agencies	# of bilingual staff	% of agencies
20	1	27.0%	1	13	1.4%
16	2	21.6%	1	23	1.4%
9	3	12.2%	1	26	1.4%
7	4	9.5%	1	31	1.4%
3	5	4.1%	1	33	1.4%
4	6	5.4%	1	77	1.4%
5	7	6.8%	1	115	1.4%
1	8	1.4%	1	154	1.4%
1	12	1.4%	74 (total)	673	100.0%

- Slightly less than two-thirds of these agencies have three or fewer bilingual staff members.
- Twenty agencies have one bilingual staff member, 16 agencies have two bilingual staff members and nine agencies marked that they have three bilingual staff members.



Conclusion

Communication between providers and users of behavioral health services is an essential part of the treatment process, and language plays a critical role in this relationship. The behavioral health treatment agencies serving child and youth in Washington State employ clinical staff capable of providing services in a language other than English. Approximately 17.3% of the behavioral health clinical staff were reported to be bilingual or multilingual. Staff speak languages representing various geographic areas in the world such as Africa, Asia, Europe, Latin America, and the Middle East. The most common language spoken other than English is Spanish. Korean, Vietnamese, Chinese, American Sign Language, and Tagalog come next, although spoken by only less than one percent. About 59 percent of behavioral health agencies have at least one bilingual or multilingual staff. The variety of languages represented can help ensure better communication and, hence, a higher quality of service provided by behavioral health treatment agencies serving children and youth in Washington State.

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