

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



Child and youth behavioral health is an important part of a comprehensive approach to public health. Assessing the quality of behavioral health services is essential because it offers policy makers, providers, and other stakeholders the opportunity to improve outcomes and to ensure that child/youth enrollees receive services that meet their needs. This brief report presents key findings from a 2020 survey of behavioral health (BH) child/youth enrollees receiving publicly funded mental health (MH) and substance use disorder (SUD) treatment services in Washington State. 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 2020 Behavioral Health Enrollee Survey

The Washington State Health Care Authority (HCA), 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.

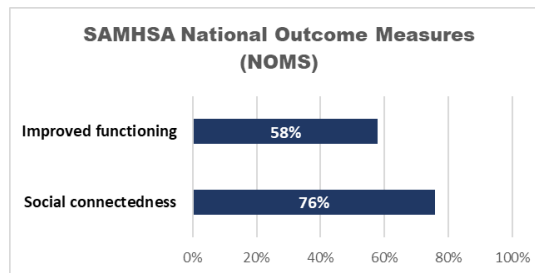
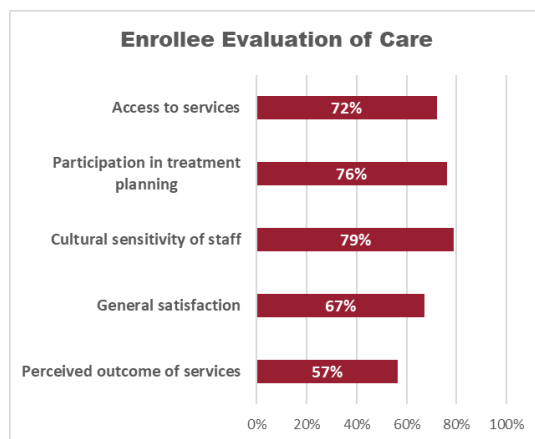
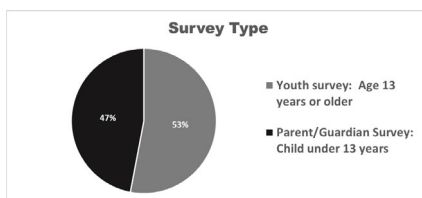
The survey was conducted from August 2020 until February 2021. A random sample of youth enrollees aged 13-21 and parents or guardians acting as proxies for children under the age of 13 were invited to answer questions about their experience in receiving behavioral health services in a mixed-mode telephone, web, and mail-in survey. A total of 533 enrollees responded to the survey.

This number represents 6% of the 8,872 randomly selected child/youth clients who received Medicaid or state funded outpatient behavioral health services from May through October 2018. There were 250 (47%) surveys completed by parents or guardians of enrollees less than 13 years old, and 283 surveys completed by youth enrollees age 13 or older. Overall, 191 clients (36%) responded to the survey by telephone, 263 (49%) by web, and 79 (15%) by mail.

Child/youth enrollees were slightly more likely to be males (51%) than female (45%) or something else (4%). Forty-seven percent of child/youth enrollees were of minority status, and for 11% minority status was not reported. The vast majority of the enrollees, 98%, received mental health services, while only 2% received SUD treatment services, and none of the SUD enrollees was under the age of 14. This report does not make a comparison by type of services received due to the small number who received SUD treatment services.

- Seventy-nine percent of enrollees gave positive ratings to *cultural sensitivity of staff*, the highest rating across evaluation of care dimensions.
- A high proportion of enrollees gave positive ratings to *access to services* (72%) and *participation in treatment goals* (76%); and two-thirds (67%) gave positive ratings to *general satisfaction*.
- Perceived outcome of services* was rated positively by 57% of child/youth enrollees.

In addition, the survey uses two metrics from the National Outcome Measures (NOMS) monitored by SAMHSA: *social connectedness* and *improved functioning*. 2020 produced mixed results with 58% of child/youth enrollees giving positive ratings to *improved functioning* compared to 76% positive ratings for social connectedness.



Conclusion: Most of the child/youth enrollees agreed that their providers were sensitive to their cultural background. Many believed they can access the care they need, participate in treatment planning, and were generally satisfied with the treatment received. However, more can benefit from a continued effort by behavioral health care providers to promote better outcomes.

Parent or Guardian:

"Everyone was on the same page with where my child's treatment needs to go. My concerns were listened to and addressed."

"The thing I liked most was that my child really connected with his therapist and knew he could trust her and talk to her openly."

"I can contact my child's care team and her teachers at any point if I have any questions and they are amazing at explaining and working with us to help her get where she needs to be."

"I like the way they worked with my child and never gave up on him because of his behavioral matters."

"It improved my child's quality of life."

Youth aged 13 and older:

"I liked that I was able to talk to someone about how I was feeling."

"They get how I need help and they like helping me as a person giving me good coping skills to get better with my mental health"

"They like to listen a lot, they are good at listening and understanding you."

"They're always there to hear me out when I'm troubled and they're willing to do what they can to help me."

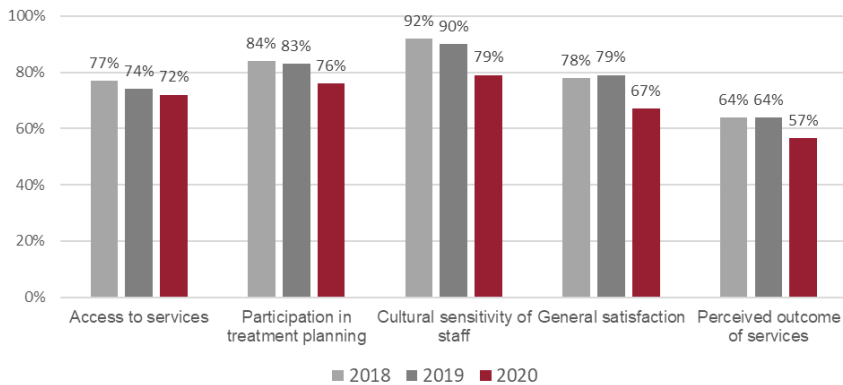
"I have someone to talk to and vent to, being able to name the problems I've experienced my entire life."

"I get support that I don't usually get and I feel like I'm being listened to."

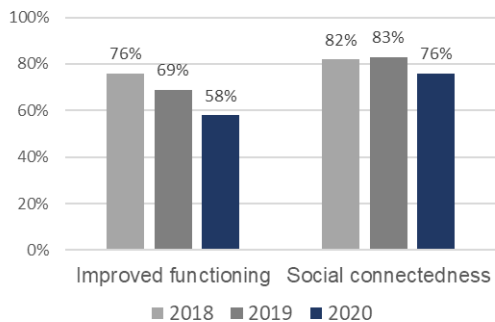
"I feel like it helped me in every way needed and I also feel like I have a life-long resource."

Assessing Behavioral Health Services during the Pandemic

% Positive Ratings for Evaluation of Care: 2018-2020



SAMHSA National Outcome Measures (NOMS)



Prior to the COVID-19 pandemic, child/youth behavioral health enrollee assessment of state funded services they received remained mostly steady over time, as seen by the similar ratings given on dimensions of care in 2018 and 2019. The COVID-19 pandemic appears to have had a significant impact on services as shown by the drop in ratings along many measures.

It seems likely that, due to a reduction of in-person services, measures like *general satisfaction* and *cultural sensitivity of staff* both saw greater declines relative to the other dimensions. However, the least change occurred in *access to services*, likely due to the increased use of remote-access options when in-person services were not possible.

Overall, while ratings for evaluation of care were reduced on all measures in 2020, a majority rated services favorably on all measures. The decline in percent positive ratings in 2020 compared to 2018 or 2019 range from 2 to 13 percentage points.

For the SAMHSA NOMS dimensions, *improved functioning* and *social connectedness* also saw a decline in percent positive ratings among child/youth enrollees, with a greater decline emerging for improved functioning ratings. The decline in ratings in 2020 compared to 2018 or 2019 ranged from 7 to 18 percentage points.

Parent or Guardian:

"Part of the challenge was that we were getting services at the beginning of the lockdown, and not being able to have face to face care was a big challenge for him. The therapist would not talk with me and did not have the necessary information to build an accurate treatment plan."

"Not being able to be in person was a big impact, which makes it a lot more complicated and it is not as easy as it was before."

"Staffing was a problem, not having a consistent person or enough staff to cover certain things. . . . Constant changes in staff was too much for my son. Changes in routine negatively affect him."

"My child has only been able to use telehealth and I feel it impacts the quality of service. That being said, telehealth has made it so that he can still receive treatment and stay connected with his therapist. I am grateful that there were options available."

"It is extremely hard for my child to receive adequate amount of services via telehealth. It has been a struggle for him to maintain his overall skills without any regression."

"Extremely limited access."

Youth aged 13 and older:

"Due to COVID I can't get the help I need."

"In the beginning they switched me around a lot with mentors and also with COVID-19, transportation became inconvenient."

"I stopped going to my appointments because of COVID."

"COVID makes it hard to do anything."

"I feel like when I do eventually see a psychiatrist/or psychologist, it wouldn't be so helpful over the phone or on video chat, so that has put me off wanting to get help. Plus, in person, I don't have to worry about technical difficulties."

"I ended up having to opt out due to problems with appointment scheduling and if the appointment was gonna be over the phone or online, etc."

"My therapist isn't accepting appointments because of COVID-19 so I haven't been able to get any help since it started."

"Made my services less frequent. Now I no longer have appointments, and wish I did."

Conclusion: In 2020 the COVID-19 pandemic had a negative impact on child/youth enrollee experience with publicly funded behavioral health services. In 2020 child/youth enrollees gave lower ratings to the behavioral health services they received compared to the two years prior to the start of the pandemic, 2018 and 2019.