

Quality of Behavioral Health Services in Washington State: Adult Enrollees Speak Out



The link between quality of service and outcome is well established in health care. Better services lead to more positive results and higher levels of client satisfaction.

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 enrollees receive needed services to support their recovery. This brief report presents key findings from a 2020 survey of behavioral health (BH) adult 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.

The 2020 Behavioral Health Enrollee Survey

The Division of Behavioral Health and Recovery (DBHR) within the Washington State Health Care Authority (HCA) 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 adults (age 18 and over) who received Medicaid or state funded outpatient MH or SUD treatment services from May through October 2019 were invited to answer questions about their experience in receiving behavioral health services in a mixed-mode telephone, web, and mail-in survey.

Due to the statewide shutdown in 2020 related to the COVID-19 pandemic, the SESRC Data Collection facility was unable to rely on telephone interviewing as the primary means for data collection as in previous years. Instead, we relied more heavily on mail-in paper surveys or online modes of completion. The 5.1% response rate in 2020 is lower compared to previous year because of a lower reliance on telephone survey mode due to the pandemic related constraints on the SESRC's data collection facility.

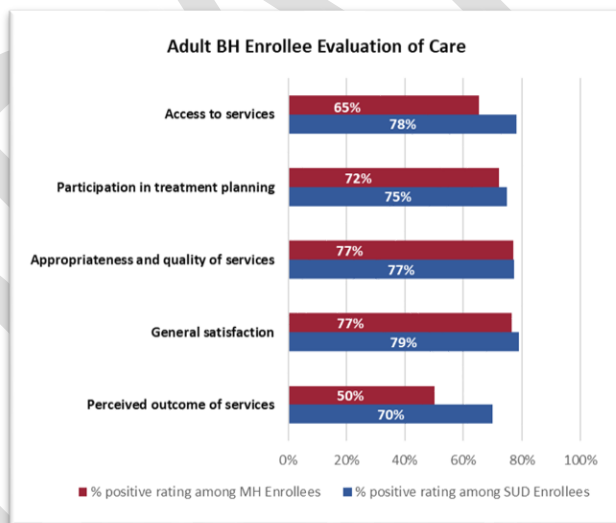
A total of 868 adult enrollees responded to the survey. This number represents 5.1% of the 17,064 randomly selected enrollees. It consists of 757 (87.2%) MH and 111 (12.7%) SUD clients. The survey has a +/-5% margin of error.

Sixty percent of respondents are female, 37% are male, and 3% provided a different identification. Thirty-seven percent have a minority status. Across age groups, 4% are 18-20 years old, 40% are 21-40, 44% are 41-60, 10% are 61-75, and the remaining 1% of respondents are over 75 years old. Twenty-six percent of adults were employed at the time of the survey with over half of those working less than 35 hours per week.

- A high proportion of both MH and SUD enrollees, 72% or higher, gave positive ratings to participation in treatment planning, appropriateness and quality of services, and general satisfaction with services.
- MH and SUD enrollees reported differing levels of positive ratings on access to services and perceived outcome of services. A lower percent of MH enrollee gave positive ratings, 65% and 50% respectively, compared to SUD enrollees who gave 78% and 70% positive ratings respectively.

In addition, the survey uses two metrics from the National Outcome Measures (NOMS) monitored by SAMHSA: social connectedness and improved functioning. Fifty-three percent or more of enrollees gave positive ratings; however, significantly more SUD than MH enrollees gave positive ratings to both measures, suggesting MH enrollees have more problems with social connectedness and functioning compared to SUD enrollees.

Conclusion: Most of the adult enrollees believe the services they receive are right for them. Many agree they can access needed care, feel enabled to set recovery goals, and are satisfied with services. However, compared to SUD enrollees, MH enrollees have more problems accessing services, have poorer outcomes, and do not do as well with respect to social connectedness and functioning.



"I like the respect and the patience that I received from my provider."

"There was a lot of compassion and focus on giving me the tools to get better."

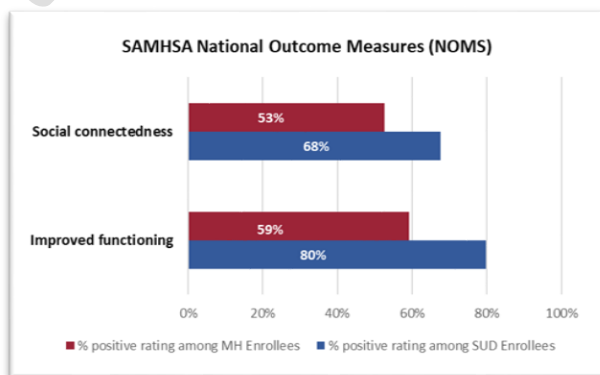
"They take time to diagnose and that the services are easily available."

"They are part of my support system. They are affordable."

"I'm not stereo-typed - I'm treated with respect and dignity."

"Convenience near my home and the therapy I receive is awesome."

"The people I've met. The relationships I have made."



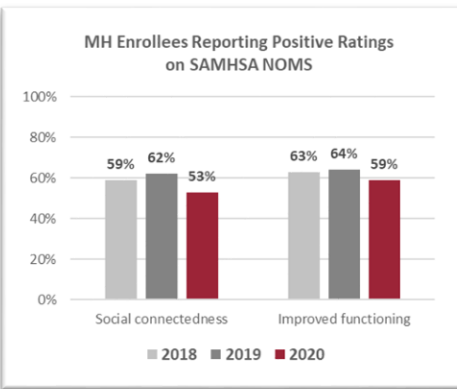
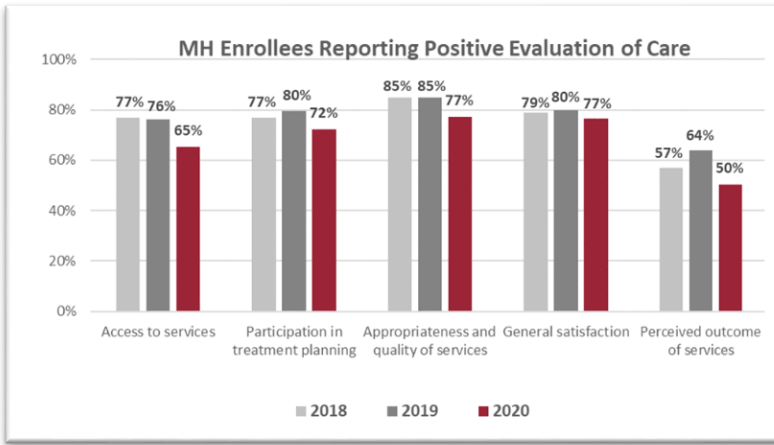
"They really had a huge impact on my life turning around and getting better."

"They helped me with my addiction and I was given the tools to stay sober."

"I like the difference that it's brought to my life. I like that it brought a schedule back into my life."

"Helped me to analyze and work through my problems. Self-awareness."

Assessing Behavioral Health Services during the Pandemic

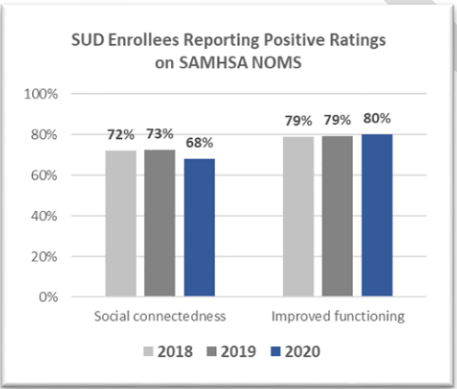
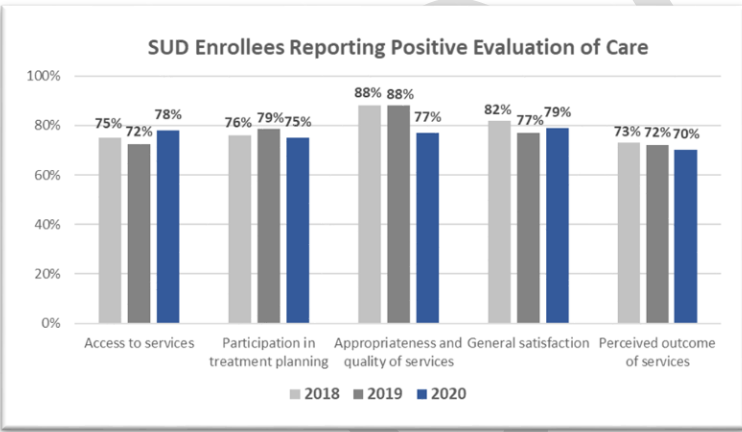


"No in person therapy makes it difficult to feel connected to my provider."

"I had to do video counseling sessions and they were not as comfortable or productive as one on one sessions."

"It has made it easier to access services because I don't have to go physically to appointments anymore."

"It made me more depressed, and closed in, and fearful."



"At the beginning it was a little rough but it hasn't affected me that much it was just getting used to the changes."

"Appointments have been on zoom which can be frustrating, but it is better than not having the support I need."

"I feel very fortunate to be able to have sessions by phone."

"The COVID-19 put a challenge throughout the whole thing because it switched things up and made things very different and less fulfilling."

Prior to the COVID-19 pandemic, enrollee assessment of behavioral health services remained mostly steady over time, as seen by the similar ratings given on dimensions of care in 2018 and 2019. Of interest is to see how enrollee ratings were affected by the first year of the pandemic, as reported in the survey conducted in 2020.

While the service year being evaluated in 2020 was for those who received Medicaid funded services in 2019, we expected to see differences in ratings in 2020 because of the timing of the survey, and because we relied more heavily on mail-in paper surveys or online modes of completion instead of telephone.

For mental health enrollees, ratings for evaluation of care were down slightly across all dimensions of care. The smaller differences in positive ratings were for general satisfaction (3 percentage-point decline), participation in treatment planning (5-7 percentage-point decline), and appropriateness and quality of services (8 percentage-point decline). The larger differences in ratings in 2020 were for access to services with an 11-12 percentage-point decline and perceived outcome of services with a 7-14 percentage-point decline.

For the SAMHSA NOMS dimensions, positive ratings among mental health enrollees for social connectedness declined 6-9 percentage points, and ratings for improved functioning declined 4-5 percentage points.

The differences in ratings for SUD enrollees in 2020 were less overall and mixed. The largest decline in positive ratings was 11 percentage points for appropriateness and quality of services. For participation in treatment planning there was 1-4 percentage-point decline, and for perceived outcome of services, there was a 2-3 percentage-point decline. For general satisfaction, there was a 3 percentage-point decline in 2020 compared to 2018, but a 2 percentage-point increase compared to 2019. Then for access to services, there was a 3-6 percentage-point increase in 2020 compared to both 2018 and 2019.

For the SAMHSA NOMS dimensions, positive ratings among SUD enrollees for social connectedness declined 4-5 percentage points in 2020, and ratings for improved functioning increased 1 percentage point compared to both 2018 and 2019.

Conclusion: 2020 was a challenging year for surveying BH enrollees, and enrollees report somewhat lower ratings on the services they received. In 2020 **MH enrollees** gave somewhat lower ratings to the behavioral health services they received with the highest decline in positive ratings for **access to services**. In contrast, **SUD enrollee** ratings in 2020 were mostly similar to previous years, with the exception of **appropriateness and quality of services** where SUD enrollee ratings declined the most.