

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



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 youth enrollees receive services that meet their needs. This brief report presents key findings from a 2019 survey of behavioral health (BH) 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 youth enrollees.

## The 2019 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 mid-April until early November 2019. 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 971 youth enrollees responded to the survey.

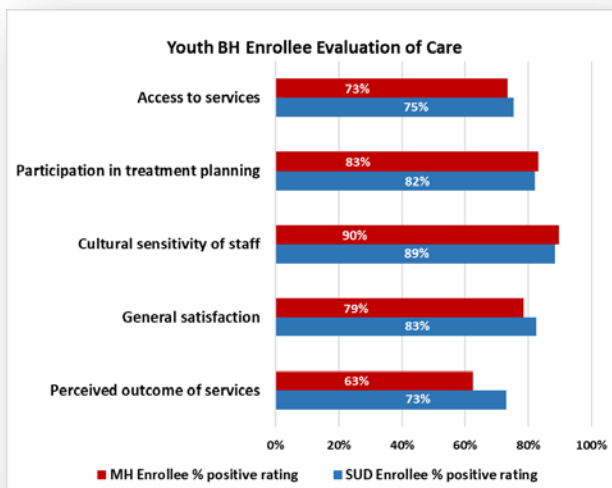
This number represents 18.7% of the 5,192 randomly selected youth clients who received Medicaid or state funded outpatient behavioral health services from May through October 2018. It consists of 854 (88.0%) MH and 117 (12.0%) SUD clients. There were 780 clients (80.3%) that participated by telephone, 118 (12.2%) by web, and 73 (7.5%) by mail.

Youth enrollees are fairly evenly split between males (51%) and females (46%). However, SUD enrollees are more likely to be male (63%). Fifty percent of youth enrollees are of non-minority status. Thirty-eight percent of youth enrollees are between 7 and 12, 30% between 13 and 16, and 24% between 17 and 21 years of age. Less than 10% are under 7. None of the SUD youth enrollees is under the age of 13, and the majority of them (60%) are ages 17-21, with the remaining 40% being 13-16 years of age.

- Ninety percent of MH and 89% of SUD enrollees gave the highest proportion of positive ratings to *cultural sensitivity of staff*.
- A high proportion of both MH and SUD enrollees, 73% or higher, gave positive ratings to *access to services, participation in treatment planning, and general satisfaction*.
- Slightly fewer MH and SUD enrollees reported positive ratings on *perceived outcome of services* relative to other dimensions, but still a majority: 63% for MH enrollees and 73% for SUD enrollees.

In addition, the survey uses two metrics from the National Outcome Measures (NOMS) monitored by SAMHSA: *social connectedness* and *improved functioning*. Sixty-eight percent or more of enrollees gave positive ratings; however, more SUD than MH enrollees gave positive ratings to both measures.

**Conclusion:** Most of the youth enrollees agree that their providers are sensitive to their cultural background. Many believe they can access the care they need, feel they have a voice in their treatment, and are satisfied with services. However, more can benefit from a continued effort by behavioral health care providers to promote better outcomes.



### Parent or Guardian:

*"I like that it was a child centered environment and it was a child friendly provider."*

*"They listen to both him and me. They don't discount what we are saying. And I like the fact that they are on sight at his school it makes it more convenient for him to get the help he needs."*

*"It was a safe place for her to share and express herself, and for emotional skill development, and learning new coping skills."*

*"She has someone to talk to besides me; someone to give her options."*

### Youth:

*"I get along with everybody there and they are all super nice. I like my care provider."*

*"I liked learning coping strategies and having someone to talk to."*

*"All the people there with me, there was a lot of support and all the meetings I got to do really helped me out."*

*"It felt like I had a say in it and I didn't feel pressured most of the time. . . . It felt like I was helping myself."*

*"Really helpful with life."*

