Washington State DSHS DBHR Disparities Study

September 30, 2012

Washington State Department of Social and Health Services,
Aging and Disability Services Administration,
Division of Behavioral Health and Recovery

v13113

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Table of Contents

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Executive Summary

Disparities in health access and outcomes between populations continue to thwart behavioral health delivery system effectiveness. In June of 2009, Washington State participated in SAMHSA's Center for Mental Health Services National Policy Summit on the Elimination of Disparities in Mental Health Care. Washington State's Department of Social and Health Services (DSHS), Aging and Disability Services Administration (ADSA), Division of Behavioral Health and Recovery (DBHR) contracted with TriWest Group (TriWest) to support implementation planning based on the vision, goals, and objectives identified at the Summit. This report summarizes the third phase of this work to implement and test the ambitious monitoring framework developed in Phase 2 for disparity indicators, system capacity for culturally and linguistically competent care delivery, accountability protocols, and quality improvement recommendations. As with Phase 2, TriWest worked with the Disparities Study Work Group from December 2011 to September 2012, expanding their membership through the last four months of the process to involve quality improvement leads from seven of the 11 current RSNs.[1]

As of the end of Phase 3, the Disparities Study Work Group has successfully tested and implemented one of the most ambitious and comprehensive mental health disparities assessment frameworks in the country. All RSNs have begun to examine their system capacity and mental health trends, and many are poised to incorporate specific disparity and system capacity issues into their quality improvement plans. Based on Phase I reviews of national literature, communication with other states, and Substance Abuse Mental Health Services Administration (SAMHSA) guidance of what other states are doing to address disparities, the model created in Washington State through this project is unique nationally in its scope, comprehensiveness, and intentional use of continuous quality improvement (CQI) approaches.

Accomplishments included:

- **Documenting Current System Capacity for Cultural and Linguistic Specialty Care –** The System Capacity Sub-group was supported by DBHR, RSNs and other stakeholders to follow up on a 2011 pilot survey of RSNs' abilities to report system capacity data. Data collection templates were developed and sent to the RSNs, gathering data from every RSN on individual providers and mental health agencies/organizations. Data were analyzed and reported by RSN and statewide.
- **Disparity Measurement –** The Disparities Assessment Sub-group led this work. TriWest worked closely with DBHR staff, as well as quality improvement representatives of RSNs, providers, and other stakeholders, to obtain and analyze data on the disparities indicators that were identified as components of the framework in Phase 2. Data were collected and disparities indicators were

[1] At the beginning of Phase 3, Washington State had 13 RSNs that were participating in this project, but consolidations in 2012 reduced the number to 11. All 11 were still participating in this project at the time of this report.

calculated by DBHR across the Access, Services, Outcomes, and Perceptions of Quality domains, establishing one the most ambitious baseline disparity data set of which TriWest is aware nationally.

- **GeoAccess Map Modeling –** TriWest obtained data from DBHR that were necessary for producing geomaps for each RSN. Provider sites were mapped and the feasibility of adding data on Medicaid was also explored to determine the capacity to show the locations of concentrations by race/ethnicity for Medicaid enrollee sub-groups in each region relative to the mental health provider locations. Recommendations on next steps for geomapping were developed.
- **Priorities for Next Steps –** Given the breadth and depth of the disparities reduction framework developed by DBHR and the Disparities Work Group, TriWest collaborated with the Work Group to prioritize next steps based on a survey of Work Group members. In its final Phase 3 meeting in September, the Work Group determined that next steps through 2013 should focus on supporting quality improvement efforts to reduce disparities at the statewide, RSN, and provider levels. Survey results were used to prioritize the most important activities to the Work Group at each level. It is critical to conduct and document further implementation of the model to demonstrate the progress of RSNs in addressing disparities and to serve as a template for other sections of DSHS to address disparities proactively and effectively.

Phase 3 Findings for Race/Ethnicity Groups

Analyses of statewide data indicated that disparities were present across the primary race/ethnicity groups included in the Phase 3 study. Highlights included the following:

- **African Americans** had high levels of homelessness.
- Once **Asian Americans** enter services, they are among the highest utilizers of outpatient services. However, their non-crisis outpatient penetration rate is low compared to most other groups, suggesting a concern about initial access to necessary services.
- **Hispanics** had average to above average non-crisis outpatient penetration rates, average crisis penetration rates, and average inpatient penetration rates. However, they had the lowest non-crisis outpatient utilization rate, indicating a concern about their access to needed services.
- People of **Other/Unknown** race/ethnicity (which includes people of multiple races, among others) have particularly high inpatient penetration rates, but lower non-crisis outpatient penetration rates. This group appears to have some of the most pressing disparity-related needs, and this requires more in-depth study.

Addressing the specific disparities across race/ethnicity groups, using targeted, culturally-competent interventions, has the potential to increase the system's efficiency, improve outcomes, and allow for a more effective utilization of valuable service resources.

Recommendations for Next Steps

The Disparities Work Group recommends that the DBHR Performance Improvement Work Group and RSNs continue additional statewide and regional development and implementation of methods to

further reduce disparities and bolster the mental health system's capacity to meet the needs of diverse consumers.

Statewide Efforts. The highest priorities going forward should include using a quality improvement framework to improve the quality of data in the system on key variables that are needed for accurate assessment of disparities. These include, in particular, the "Other" category for race/ethnicity and sexual identity status. The Work Group also has indicated that DBHR should consider a state Performance Improvement Project that targets improvement to data about services to sexual minorities.

Regional Efforts. With support from the Disparities Workgroup, RSNs have started a process of addressing disparities through a range of quality improvement projects (QIPs). Potential disparities such as low outpatient penetration rates for Asian American and Hispanic individuals, as well as disproportionate homelessness among African Americans, are worthy of consideration, not only for statewide efforts, but also by specific RSNs to the extent that local concerns mirror statewide findings. It may be advantageous for RSNs to address these and other disparities through targeted QIPs in the near future. Supports for RSNs and for providers will be needed, as Washington continues to develop and implement its disparities reduction approach. For RSNs, these could include developing contract incentives to hold agencies accountable and requiring disparities-related activities in annual quality improvement plans. It is critical that next steps address the full range of RSN readiness, supporting the disparity reduction efforts of those RSNs already moving forward or ready to do so, as well as allowing for additional discussion and consensus building at the regional level for others.

Provider-level Efforts. For providers, training and educational materials to raise their awareness and understanding of disparities were prioritized most highly, along with technical assistance in the critical areas of recruitment and retention strategies for culturally and linguistically diverse staff. Collectively, Work Group respondents to the priorities survey also indicated that a WAC requirement that providers specifically address health disparities in their annual quality improvement plans could also foster disparities reduction.

DBHR is poised to continue its leadership within the state and nation in the area of disparity reduction. State-level and RSN participants in the Work Group are ready to move forward and simply need short-term, additional resources dedicated to next steps commensurate with the priority that health disparity reduction has within DBHR and DSHS more broadly. The foundation has been laid for RSNs and DBHR to collaborate with stakeholders in improving service access and outcomes. If the development of Washington's mental health disparities reduction approach is to be brought to fruition, additional work is needed in which both regional and statewide quality improvement projects are selected, implemented, and documented at the state level that provided the leadership.

Background and Overview of Phase Three Study Activities

Disparities in health access and outcomes between people who differ by race, ethnicity, and culture (including refugees) continue to thwart behavioral health delivery system effectiveness.[2] In addition, other special populations, such as sexual and gender minorities,[3] rural and frontier populations,[4] and people who are deaf or hard of hearing,[5] often do not receive accessible and maximally effective services. These issues have compelled national policy-setting and funding entities, including the federal Substance Abuse and Mental Health Services Administration (SAMHSA), to raise concerns about behavioral health disparities and the need to address them.

In June of 2009, Washington State participated with five other states in SAMHSA's Center for Mental Health Services National Policy Summit on the Elimination of Disparities in Mental Health Care. A shared vision of equal access to and benefit from culturally competent services and supports, along with supportive overarching goals and objectives, were identified at the Summit and incorporated by Washington into an Action Plan. These goals and objectives include the following:

- Establish baseline data and service delivery capacity by age, race/ethnicity and culture statewide, across service systems;
- Establish a policy home with broad partner engagement;
- Ensure workforce capacity and competencies; and
- Set systematic accountability measures.

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[2] See, for example:

Atdjian, S., & Vega, W.A. (2005). Disparities in mental health in U.S. racial and ethnic minority groups: Implications for psychiatrists. *Psychiatric Services, 56*(12), 1600-1602).

Commission on Asian Pacific American Affairs (2010). *The state of Asian Americans and Pacific Islanders* in Washington. Olympia, WA: Washington State Commission on Asian Pacific American Affairs. www.capaa.wa.gov.

Horvitz-Lemon, M., McGuire, T.G., Alegria, M., & Frank, R.G. (2009). Racial and ethnic disparities in the treatment of a Medicaid population with schizophrenia. *Health Services Research, 44*(6), 2106-2122.

[3] See, for example:

Cochran, S. D., Sullivan, J. G., and Mays, V. M. (2003). Prevalence of mental disorders, psychological distress, and mental health services use among lesbian, gay, and bisexual adults in the United States. *Journal of Consulting and Clinical Psychology, 71,* 53-61.

Grant, J.M., Mottet, L.A., Tanis, J. October, 2010. National Transgender Discrimination Survey report on health and health care. National Center for Transgender Equality and The National Gay and Lesbian Task Force. Retrieved at: http://www.thetaskforce.org/downloads/reports/reports/ntds_report_on_health.pdf.

[4] Among others, see: Mohatt, D. F. (2003). *Rural mental health: Challenges and opportunities caring for the country.* Presentation to the President's New Freedom Commission on Mental Health, Washington, DC.

[5] Among others, see: Hindley, P., and Kitson, N. (Eds.). (2000). *Mental health and deafness.* London: Whurr Publishers Ltd.

Washington State's Department of Social and Health Services (DSHS), Aging and Disability Services Administration (ADSA), Division of Behavioral Health and Recovery (DBHR) contracted with TriWest Group (TriWest) to support implementation planning based on the vision, goals, and objectives identified at the Summit. In Phase 1 of the Mental Health Disparities Study Project, which concluded in March 2010, TriWest reviewed recent trends related to addressing health disparities at the national and state levels. For Phase 2 of the study, TriWest was asked to work with DBHR and a diverse set of stakeholders to develop recommendations for assessing and reducing disparities in Washington, resulting in development of a monitoring framework of process, outcome, and capacity indicators much broader and detailed than the approaches of any other state reviewed during the Phase 1 review of national trends. Phase 3 – the focus of the current report – implemented and tested the ambitious monitoring framework developed in Phase 2 for disparity indicators, system capacity for culturally and linguistically competent care delivery, accountability protocols, and quality improvement recommendations.

Phase One Overview

Phase 1 efforts centered on documenting and assessing the range of current and potential strategies to reduce disparities in the access to and outcomes of mental health services, including a focus on current issues surrounding the role of Mental Health (MH) Specialists in Washington State. TriWest's report from Phase 1 of the Study yielded the following:

- A summary of national trends (including standards related to health disparities);
- A targeted review of literature on how health plans have sought to address disparities in service access and outcomes;
- A summary of trends observed nationally among managed behavioral health plans - TriWest highlighted three national trends: a) States and health plans are using quality improvement strategies and tailored quality improvement projects, generally focused on one or two indicators (such as penetration rates for minority populations); b) To bolster access to culturally competent providers, behavioral health plans are broadening their credentialing standards; and c) Specialized services within integrated settings need to be systematically developed if the needs of diverse populations are to be met and disparities are to be eliminated;
- A summary of input from key informants in Washington State's mental health system regarding state-level trends; and
- A set of possible policy recommendations to continue to address disparity reductions in Washington State. TriWest emphasized, for example, shifting from a regulatory approach to increasing use of continuous quality improvement methods; the importance of addressing disparities while also containing the cost of regulatory burden; documenting the current system capacity to address disparities; implementing data collection processes to track services and outcomes, including those for special populations; and developing a broader framework for addressing disparities that transcends a narrow focus on mental health specialists.

Phase Two Overview

The goals of Phase 2 were to recommend policies, processes and protocols to identify and address mental health disparities for ethnic minority groups; to promote cultural and linguistic competence across age and developmental levels for Community MH Agencies (CMHAs) in their services to ethnic minorities and other special populations; and to specify outcomes and other indicators for measurement of disparities reduction. The work was carried out by a Disparities Work Group, facilitated and supported by TriWest. The Work Group developed recommendations, including measures to ensure accountability, falling into three areas:

- Recommendations regarding overall goals, vision, workforce requirements, and operational supports for culturally and linguistically competent mental health system across age and developmental levels;
- A recommended framework of indicators for monitoring health disparities across three levels of intensity of services; and
- A recommended framework for assessing and monitoring statewide and RSN system capacity to deliver culturally and linguistically competent mental health care provision across age and cultural, linguistic and developmental levels.

Phase 2 also established a Disparities Work Group to support development of disparity measurement and reduction efforts. The Work Group included representation from the following stakeholder groups:

- Members from the Cultural Competency Committee of the MH Planning and Advisory Council[6] representing sexual minorities, the four major ethnic minority groups, (African American, Asian American / Pacific Islander, Hispanic American / Latino, Native American / American Indians / Alaskan Native), plus refugees, new immigrants and other ethnic / multicultural groups;
- Regional Support Networks, in their capacity as DBHR contractors to provide Prepaid Inpatient Health Plan (PIHP) services for mental health (with representation from eastern and western Washington);
- CMHA providers;
- DBHR staff; and
- Child, geriatric, and developmental disability MH specialist representatives to ensure that their knowledge of the process of consultation and promotion of specialist practice, and the differential needs of the groups they represent (children, older adults, people with developmental disabilities), are incorporated.

[6] At the time the Work Group was initiated, the MHPAC was functioning separately from the combined Behavioral Health Advisory Council (BHAC) that has since been created.

Phase Three Overview

The purpose of Phase 3 in the Disparities Study was to implement and test the monitoring framework developed in Phase 2 for disparity indicators and system capacity to provide culturally and linguistically competent care delivery, accountability protocols, and quality improvement recommendations. TriWest worked with the Disparities Study Work Group from December 2011 to September 2012 in a number of capacities to achieve that goal:

- **Work Group Leadership –** TriWest facilitated quarterly in-person meetings of the Work Group to lead this process, during which progress on Phase 3 activities was shared with the Work Group and decisions were made on how to advance the work of Phase 3. The Work Group expanded its membership through the last four months of the process to involve quality improvement leads from a half dozen RSNs. The final in-person meeting in September engaged the entire Work Group (in person and through a follow-up survey) to prioritize next steps following Phase 3, with particular emphasis on how to work with RSNs and other stakeholders to develop statewide and RSN-specific quality improvement initiatives to use disparities and system capacity data to reduce disparities.
- **System Capacity for Cultural and Linguistic Specialty Care –** The System Capacity Sub-group led this work. TriWest worked with DBHR, RSNs and other stakeholders to follow up on a 2011 pilot survey of RSNs' abilities to report system capacity data. Data collection templates were developed and sent to the RSNs, requesting that they provide data on individual providers and mental health agencies/organizations. Data were received and analyzed for all RSNs. See the section below, System Capacity Assessment, for the findings of this study.
- **Disparity Measurement –** The Disparities Assessment Sub-group led this work. TriWest worked closely with DBHR staff, as well as quality improvement representatives of RSNs, providers, and other stakeholders, to obtain and analyze data on the disparities indicators that were identified as components of the framework in Phase 2. TriWest held webinars and worked with the sub-group to refine and implement the measurement protocols. Data were collected and disparities indicators were calculated by DBHR across the Access, Services, Outcomes, and Perceptions of Quality domains. See the section below on "Mental Health Disparities" for a summary of the findings in this area.
- **GeoAccess Map Modeling –** TriWest obtained data from DBHR that were necessary for producing geomaps for each RSN. Addresses for mental health providers across all levels of care (from community to inpatient services) were used to locate mental health provider agencies on the geomaps. The feasibility of adding data on Medicaid was also explored to determine the capacity to show the locations of concentrations by race/ethnicity for Medicaid enrollee sub-groups in each region relative to the mental health provider locations. Recommendations on next steps for geomapping were developed.
- **Priorities for Next Steps –** Given the breadth and depth of the disparities reduction framework developed by DBHR and the Disparities Work Group, TriWest collaborated with the Work Group to prioritize next steps based on a survey of Work Group members. RSN participation in the final two meetings included seven of the eleven current RSNs, which serve the large majority of mental health

consumers in Washington. In its final Phase 3 meeting in September, the Work Group determined that next steps through 2013 should focus on supporting quality improvement efforts to reduce disparities at the statewide, RSN, and provider levels. Survey results were used to prioritize the most important activities to the Work Group at each level. These results set the framework for continued work on this project, which will document disparities addressed statewide and by RSN, demonstrate the results of the investment of resources over the last three years, and further establish a best practice model to bring about comparable access and outcomes across diverse populations.

System Capacity Assessment

TriWest worked with the Disparities Work Group and with an expanded array of RSN quality improvement representatives to refine and test the system capacity framework. All RSNs participated in the System Capacity Assessment and most were able to provide the majority of data requested. RSNs submitted data related to the capacity to serve consumers representing different race/ethnicity, age, language, sexual/gender identity, and disability groups. However, data were most complete in the areas of race/ethnicity and age, and analyses focused on those two areas of concern.

System Capacity data submitted by RSNs were organized by TriWest into a series of eight data spreadsheets.[7] One spreadsheet each was devoted to each of the following analyses:

Individual Providers Summaries

- Statewide analysis of the number of Mental Health Specialists and other providers across six race/ethnicity groups: African American, Asian American/Pacific Islander, Hispanic/Latino, Native American/Alaskan Native, White, Multiracial/Other or Unknown;
- RSN-specific analyses of the number of Mental Health Specialists and other providers across the six race/ethnicity groups;
- Statewide analysis of the number of Mental Health Specialists and other providers serving children/youth and older adults;
- RSN-specific analyses of the number of Mental Health Specialists and other providers serving children/youth and older adults.

Agencies/Organizations Summaries

- Statewide analysis of the number of consumers from the six race/ethnicity groups that are served by various types of agencies, some of which provide culture-specific programming. Agency types included:
  - Mainstream Agencies with General Services,

[7]Please see Appendix Two: *System Capacity Data Analysis*.

  - Mainstream Agencies with Culture/Population Specific Programs,
  - Culture-Specific Organizations,
  - Peer/Family/Youth Operated Organizations;
- RSN-specific analyses of the number of consumers from the six race/ethnicity groups that are served by the four types of agencies listed above, some of which provide culture-specific programming;
- Statewide analysis of the number of child/youth and older adult consumers served by the four types of agencies listed above, some of which provide age-specific programming;
- RSN-specific analyses of the number of child/youth and older adult consumers served by the four types of agencies listed above, some of which provide age-specific programming.

All data on the number of individual providers available and on the number of people served by various types of agencies/organizations were examined in light of the size of the Medicaid enrolled population statewide and in each RSN. In addition, for the agencies/organizations analyses, the number of consumers served by agency/organization types in each race/ethnicity and age group studied was also examined in comparison to the total number of consumers within each race/ethnicity or age group served across agency/organization types.

A first iteration of the eight spreadsheets was shared with four RSNs who expressed a willingness to provide feedback to TriWest.[8] Feedback was incorporated into a second iteration of the spreadsheets. In addition, each RSN was asked to scrutinize the data reported for their RSN and to alert TriWest if problems were found. This led to several refinements of the data, particularly of Medicaid enrollment data reported. The final set of spreadsheets on system capacity represent a comprehensive analysis of individual providers and agencies/organizations that are prepared to serve diverse populations.

System Capacity Findings

Individual Providers and Race/Ethnicity

Eleven (11) RSNs were able to provide at least some data on individual providers and race/ethnicity. Two of those RSNs reported data, but did not identify any Mental Health Specialists or other providers with expertise serving specific race/ethnicity groups. Interestingly, a few RSNs reported having some White Mental Health Specialists, which is not a formal Mental Health Specialist category. Anecdotal feedback would suggest that may represent specialists for consumers from Eastern Europe or former Soviet Bloc countries.

Statewide, findings indicated that there were more Mental Health Specialists per 1,000 Asian American/Pacific Islander Medicaid enrollees than any other group. For all individual providers

[8]RSNs providing feedback included Clark, King, North Sound, and Spokane.

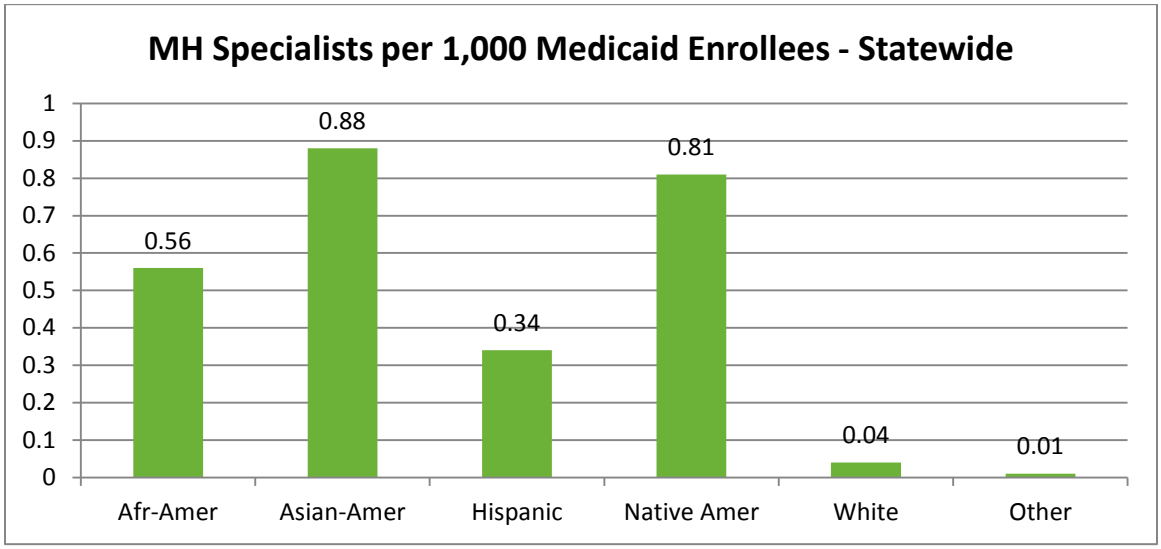
combined, there were more providers per enrollee available to serve Native Americans/Alaskan Natives than any other group.

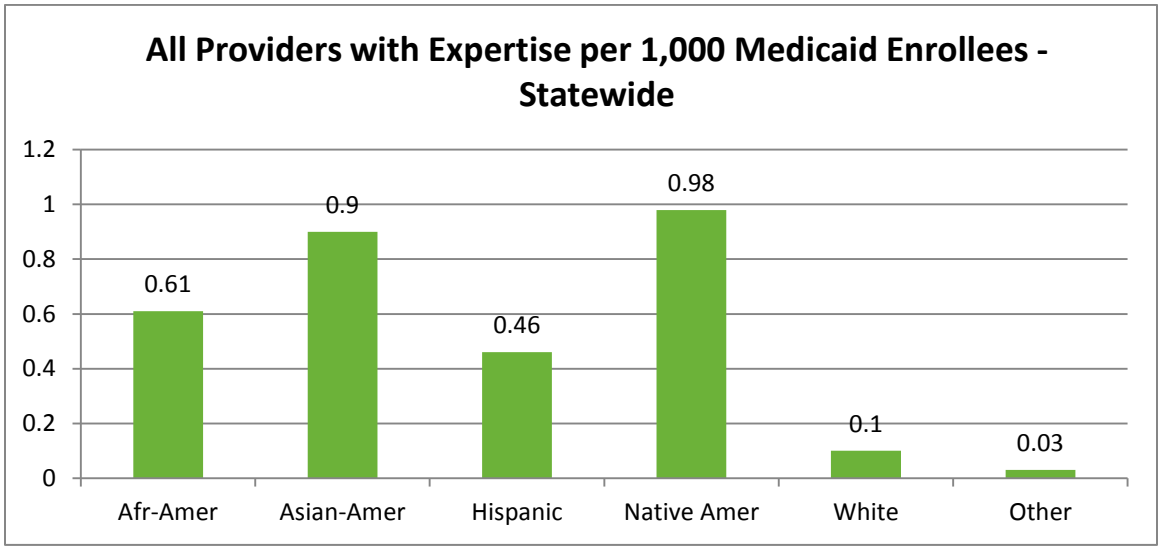
The data, while not representing all RSNs, could serve as a baseline to inform future efforts to analyze and improve system capacity. Variability in the reported availability of Mental Health Specialists across RSNs was considerable, ranging from a low of 0 (zero) per 1,000 Medicaid enrollees for Native American specialists in the lowest RSN to 14 per 1,000 Medicaid enrollees in the highest. The two graphs that follow show the number of Mental Health Specialists and the number of All Providers With Cultural Expertise Combined (whether or not they are specialists) per 1,000 Medicaid enrollees statewide.

A substantial number of Medicaid enrollees served fall into the "Other" category. This category includes the following persons:

- People who do not fall into any of the primary race/ethnicity categories (African American, Asian American, Hispanic/Latino, Native American or White), but, rather, some other category, perhaps related to a specific ethnicity,
- People who identify themselves as having multiple race/ ethnicities (people who are "multi-racial"),
- People who were not asked to provide race/ethnicity data by their provider, and
- People for whom race/ethnicity was not reported by their provider.

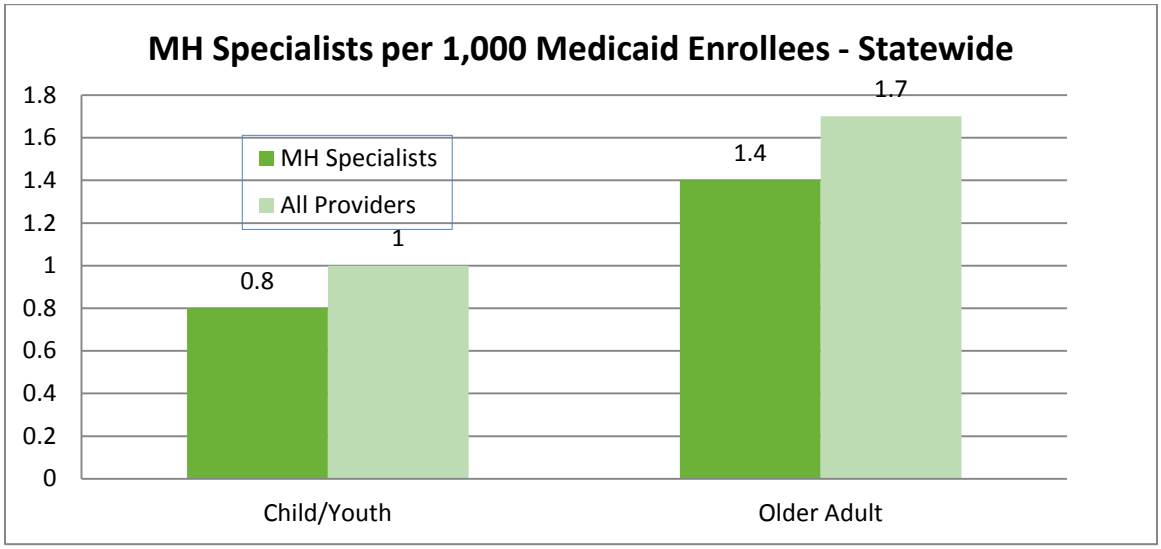
The implications of having such a large number of people with "Other" or unreported race/ethnicity are explored and discussed in more detail below. For the analysis of individual provider capacity summarized in the graph below, a large percentage of Medicaid enrollees were categorized as "Other," but very few individual providers (only six statewide) were identified as falling into the "Other" category. As a result (as seen in the graph that follows), there are only .01 individual providers categorized as having "Other" race/ethnicity per 1,000 Medicaid enrollees categorized as "Other."





Individual Providers and Age

The graph that follows shows the number of Mental Health Specialists with age-related expertise relative to the number enrolled in the Medicaid population, statewide. RSNs also varied considerably in the number of child/youth and older adult Mental Health Specialists that they reported per 1,000 Medicaid enrollees, with a low of 0.6 to a high of 16.5 per 1,000 child/youth specialists, and from a low of 0.8 to a high of 21.0 per 1,000 older adult enrollees.



Organizations/Agencies and Race/Ethnicity

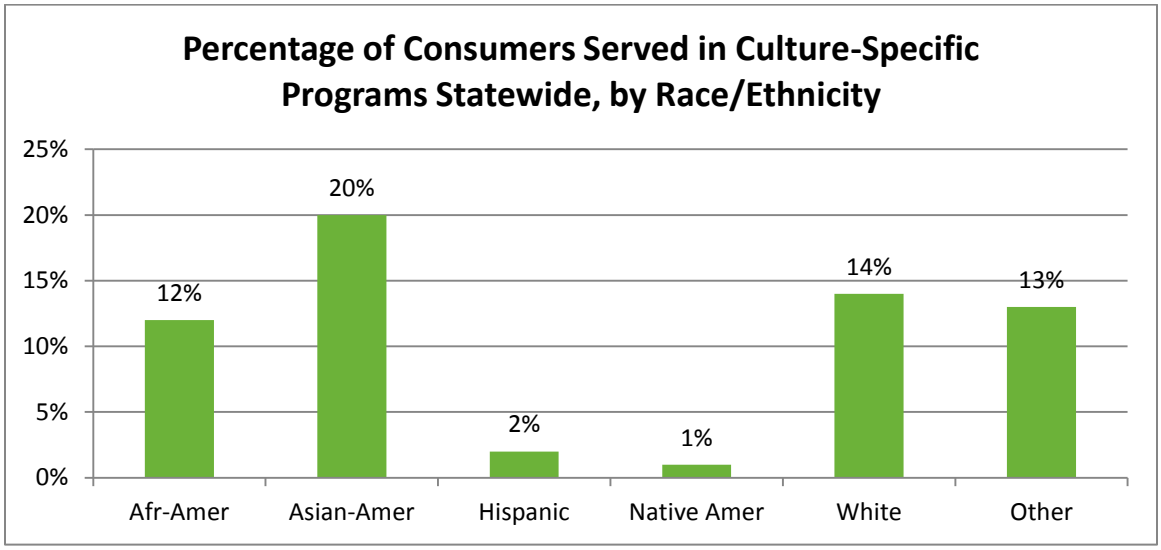
The Work Group also examined the number of consumers served through various types of agencies and organizations, again comparing reported data to the number of Medicaid enrollees. A key indicator was the percentage of the overall number of consumers served who received care in culture-specific or age-specific programs.

As the figure that follows shows, there was wide reported variability in the percentage of consumers served in culture-specific programs, with Asian Americans having the highest percentage served in such programs (20%). The racial/ethnic minority group with the next highest percentage served in culture-specific programs was African Americans, with 12%.

An even higher percentage of White consumers (14%) was reported to have been served in culture-specific programs. It is not certain what this percentage represents. Anecdotal feedback would suggest that this, to some degree, represents services for consumers from eastern Europe or former Soviet Bloc countries served in culture-specific programs.

Native Americans and Hispanics had considerably lower percentages of Minority Mental Health Specialists available to support them than other groups. The low percentage of Native Americans is somewhat surprising in light of the fact that RSNs reported a relatively high number of Native American Mental Health Specialists per 1,000 Native American Medicaid enrollees. The low percentage of Hispanics that was reported to be served in culture-specific programs may be a cause for specific concern and suggests the need for further investigation to see if that population's cultural-specific needs are being addressed adequately in the publicly-funded mental health system.

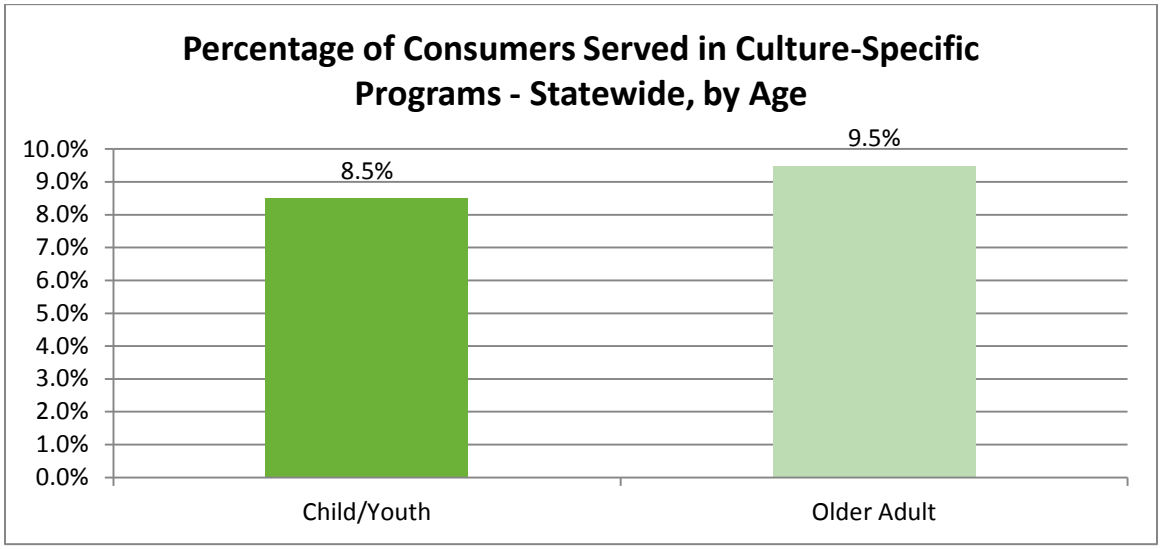
In the summary graph that follows, a fairly high percentage of those served through culture-specific programs was identified as of "Other" race/ethnicity. However, these persons were served in only three of the 13 RSNs, and over 90% of them were served by one RSN. All were served through culture-specific programs offered in mainstream agencies. None of the three RSNs indicated what types of culture-specific programs were serving these people of "Other" race/ethnicity, so we do not yet know the specific nature of those programs. As noted above, anecdotal feedback would suggest that these programs may be serving people from Eastern Europe or former Soviet Bloc countries.



Individual RSNs again varied considerably in the reported number and percentage of Medicaid enrollees who were served in culture-specific programming, with one RSN reporting very high percentages (ranging from 21% to 78%), but most other RSNs reporting much smaller percentages. In fact, the next highest percentage across all other RSNs and all other race/ethnicity groups was 15%. So, the statewide percentages reported above are relatively inflated by one RSNs' data, and need to be interpreted with some caution.

Organizations/Agencies and Age

Across all RSNs, just under 10% of children/youth and older adults were served in age-specific programming. The figure below shows that 8.5% of children/youth and 9.5% of older adults were served in age-specific programming.



There was again considerable variation across RSNs in the percentage of children/youth and older adults served in age-specific programming. For children/youth the percentage ranged from 1% to 36%, and for older adults the range was 0% to 78%. The same RSN that reported such high percentages for race/ethnicity groups also reported the highest rates for children/youth and older adults.

System Capacity Observations

Race/Ethnicity Groups

Of the primary four race/ethnicity groups, Hispanics had the lowest number of Mental Health Specialists per 1,000 Medicaid enrollees and the lowest percentage of consumers served in culture-specific programming (only 2%). Across all race/ethnicity groups there was fewer than one Mental Health Specialist per 1,000 Medicaid enrollees. Asian-Americans had the highest number (0.88), and Hispanics had the lowest (0.34). As noted above, a few RSNs reported having some White Mental Health Specialists, which is not a formal Mental Health Specialist category. The Disparities Study Work Group has emphasized that the system should have a much broader approach to reducing disparities than relying on Mental Health Specialists alone. But to the extent that Mental Health Specialists represent the individual provider category most often used to identify providers with race/ethnicity-related expertise (and our findings indicate that is the case), the low number of Mental Health Specialists per 1,000 Medicaid enrollees in each race/ethnicity category suggests a relative lack of specialized individual provider resources in the system.

The wide variation across RSNs suggests needs to be interpreted with caution, and there are many reasons why this variation may occur. First, it is possible that RSNs vary considerably in their resources for addressing culture-specific needs. Certainly, some parts of the state have larger systems and more diverse consumers; RSNs in these areas may be doing more to develop culture-specific programming

and may have more local cultural and linguistic resources on which to draw. Second, it may be that there is a need to ensure that all RSNs are using the same precise definitions of what constitute culture-specific programming. While the Disparities Work Group provided guidance in this area in the process of collecting system capacity data, more may need to be done to specify definitions and to ensure that all RSNs are using them. Third, RSNs may have varied somewhat in the thoroughness of their reporting on individual providers and agencies/organizations.

It is important to note that much of the statewide data above on individual providers and on agencies/organizations was inflated by the reporting of one RSN, which indicated very high numbers of Mental Health Specialists and other individual providers with race/ethnicity expertise, as well as a very high percentage of consumers who were served in culture-specific programs. As a result, as seen below, TriWest and the Disparities Work Group continue to recommend (as they did in the Phase 2 recommendations) that RSNs take the lead on determining the significance of their local capacity data in collaboration with local stakeholders through their existing quality improvement processes.

Finally, because of concerns about the findings in the "Other" race/ethnicity category, TriWest worked with DBHR to examine the percentage of people in the system who were categorized as "Other." To some degree, stakeholders believed this represents people who identify with multiple race/ethnicity. However, census figures indicate that this percentage should be lower than 5%, "Other." Subsequent follow-up, in collaboration with DBHR, discovered that fewer than half of those persons were likely multi-racial. As a result, we have labeled this group for the rest of this report as "Other/Unknown", to reflect the fact that the group includes more than just people of "Other" races and ethnicities. These findings on the very high percentage of people in the system categorized as Other/Unknown race/ethnicity are of great concern, as they hamper efforts to understand disparities across the major race/ethnicity groups. They also blur our understanding of the results for people of more than one race. Most importantly, this subgroup is among the highest users of inpatient care, suggesting that their needs are great and potentially poorly met in the current system. Of course, it may also represent other factors. For example, it may be that many people first enter the system through inpatient settings and that demographic data collection is less reliable in those settings. Since the true underlying factors are currently unknown, a major effort to improve the reporting of race/ethnicity for these people in particular across the system is warranted.

Age Groups

Mental Health Specialists with age-related expertise appeared to be slightly more prevalent, per Medicaid enrollee, than specialists with race/ethnicity-related expertise. In particular, specialists serving older adults, at 1.4 per 1,000 Medicaid enrollees, were reported to be more prevalent.

The percentage of children/youth and older adults served through age-specific programs was nevertheless low, at just under 10%. As with the data on race/ethnicity, it is not totally clear whether

these very low percentages were primarily due to under-reporting of consumers receiving age-specific programming, or if there is in fact a very low percentage of consumers receiving age-specific programming. It seems unlikely, however, that the low percentage is entirely due to under-reporting.

Other Observations and Recommendations

RSNs reported individual provider and agency/organization data, as well as Medicaid data, from either 2010 or 2011. In conducting the test of the system capacity model that had been developed, we wanted to give RSNs flexibility in order to maximize participation and increase the feasibility of completing the study in a relatively short time period. In the future, however, it would be better to standardize the time period in order to improve the accuracy of the data analysis and interpretation.

In addition, other populations are still of interest. This includes, for example, sexual and gender minorities, the deaf/hard of hearing community, people with disabilities, and immigrant populations. Statewide data about sexual minorities have exceptionally high rates of unknown and incomplete information, severely limiting analysis of health disparities and services for this group. As mentioned above, the Work Group has suggested that this rate is unacceptable and that DBHR should embark on a statewide Performance Improvement Project to improve the completeness and accuracy of services to sexual minorities in the next phase of this project.

Geomapping

One component of the System Capacity study was the use of Geographic Information Systems (GIS) to show the relationship between the Medicaid enrollee population densities, broken out by race/ethnicity, relative to the location of mental health provider agencies. TriWest worked with DBHR to obtain data on the locations of community mental health agencies, psychiatric hospitals, and E&T facilities and converted the several hundred addresses provided into latitude-longitude coordinates for locating on geomaps. DBHR also worked with ProviderOne staff to obtain Medicaid enrollee data, and this data would be available for future geomapping efforts.

Nevertheless, geomaps for each of the RSNs were created, which show the locations of community mental health agencies, state psychiatric hospitals, E&T facilities, non-hospital E&T facilities, non-E&T hospitals, and psychosocial clubhouses. Examples of these geomaps, shown in Appendix Four, could serve as the basis for the development of more complete maps, which could include the Medicaid enrollee population geographical distributions, if the Disparities Work Group chooses to continue to examine GIS tools for examining disparities. Already, some RSNs are using GIS to examine their eligible populations.

It is recommended that GIS reports focus on the relationships between where Medicaid enrollees reside (using zip codes as the main aggregating factor) and comparing relative density across RSN areas to the

locations of key provider agencies. This will serve as a means of graphically displaying where target service populations reside and where resources to serve those groups may be located, thus facilitating a better understanding of where disparities reduction efforts should be targeted.

Mental Health Disparities

A set of disparities indicators was developed by the Assessment of Disparities Sub-Group.[9] The set of indicators, which spanned four broad domains, is the most comprehensive set we have been able to find in our research, nationally. All of the other state and county efforts identified nationally focused primarily on penetration rates. The expansion of focus in Washington State represents an emerging best practice among mental health disparity efforts in public mental health systems.

Access

- Penetration rate: inpatient (voluntary, ITA) and outpatient, Medicaid and 200% federal poverty level (FPL) population
- Percent of data missing on sexual orientation

Services Utilization

- Amount of outpatient, crisis, and inpatient utilization

Outcomes

- Percent employed
- Housing status
- Rates of inpatient placement and rates of inpatient readmission
- Rates of out-of-home placement
- Rates of alcohol- and drug-induced death

Perceptions of Quality

- Quality/appropriateness of services
- Cultural sensitivity of staff
- Overall perception of outcomes

The sub-group also developed one-page descriptions of each indicator, including how the indicator was defined, the location of the data, and the various breakouts that could be examined (e.g., by race/ethnicity or age).

[9]See Appendix One: *Plan and Timeline for Analyzing Disparities Indicators*, developed by the Assessment of Disparities Sub-Group.

In Phase 3, TriWest worked closely with DBHR analysts, Felix Rodriguez and Faith Lai, to examine many of the indicators. The sub-group was committed to using data already available within the system as much as possible, and most of the indicators were obtained from the MHD-PI website, which has an interactive system for producing performance indicator reports, including reports with breakouts by race/ethnicity and age. In addition, data were obtained from the WIMHRT survey to address several indicators within the Perceptions of Quality domain.

Below we review disparity indicator findings across the four domains outlined above. In reviewing disparity findings, we will focus on race/ethnicity, but also on issues related to missing data, for example, with respect to reported sexual orientation.

Access Domain Findings

Sexual Orientation Status

A major objective of the Disparities Work Group is to examine disparity indicators across sexual minority groups. However, because there is so much missing data on sexual orientation, Phase 3 analysis focused on examining the percentage of missing data across different RSNs and statewide in an effort to determine the scope of needed data quality improvement efforts to allow for reliable disparity measurement.

The table on the following page shows the amount of missing data across RSNs and statewide. Note that there has been a slight reduction in missing data from FY 2010 to FY 2011. Some RSNs have made a concerted effort to reduce the amount of missing data, and this is apparent in some of the RSN-specific findings (see RSNs 3 and 9, for example).

Actual RSN names are not used in this report.

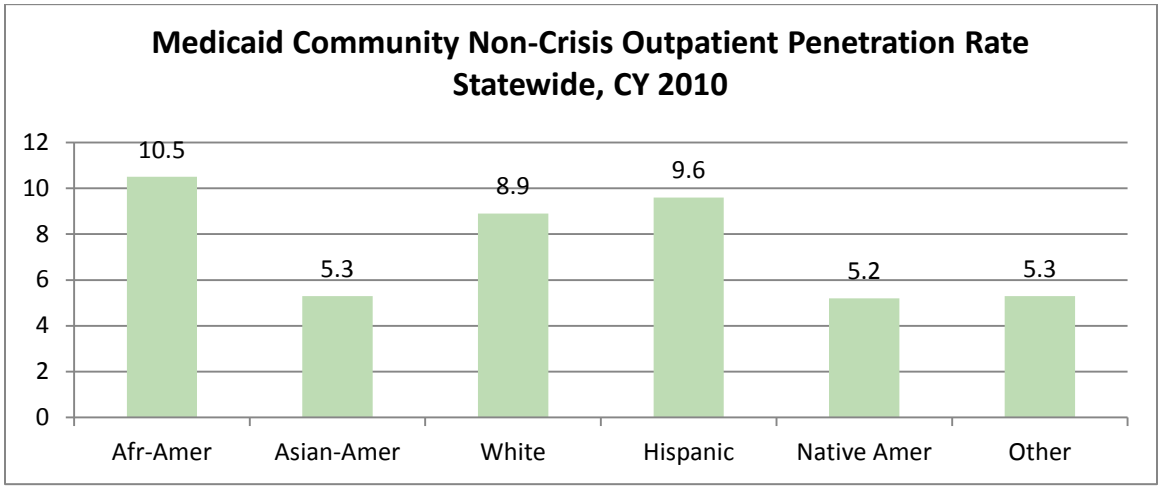
Missing Data on Sexual Orientation Status, by RSN

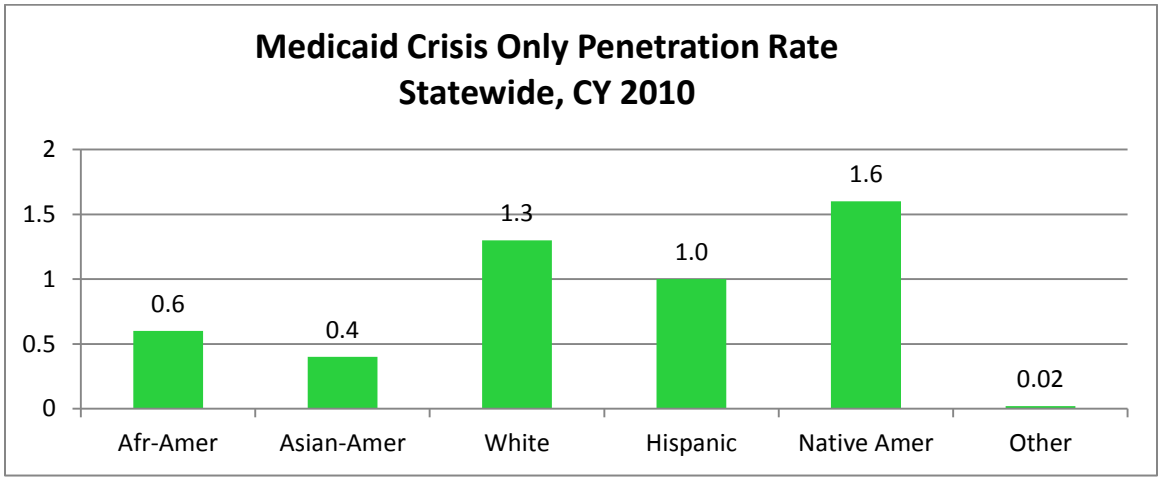
RSN	2010	2011
RSN 1	56.6%	53.2%
RSN 2	68.0%	65.8%
RSN 3	47.6%	30.3%
RSN 4	65.2%	69.6%
RSN 5	85.2%	85.8%
RSN 6	51.9%	50.8%
RSN 7	52.1%	42.0%
RSN 8	73.7%	77.6%
RSN 9	77.1%	58.0%
RSN 10	75.6%	70.7%
RSN 11	95.8%	91.9%
RSN 12	72.6%	62.5%
RSN 13	67.9%	78.8%
WA State Overall	**68.4%**	**64.4%**

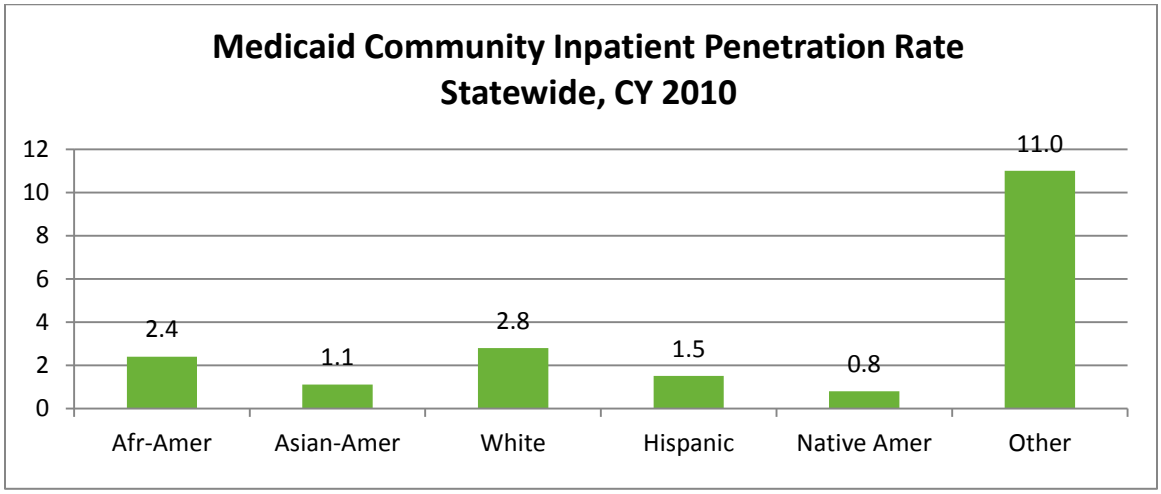
Medicaid Penetration Rates

The graphs on the following page show the penetration rates for Medicaid enrollees at different levels of care, across race/ethnicity. Disparities indicator analyses that include outpatient services represent the number of unduplicated persons receiving at least one service, per 100 Medicaid enrollees, while the community inpatient penetration rate represents the number of unduplicated persons served per 1,000 Medicaid enrollees.[10] In this report, to avoid potential confusion, we use the same indicator calculations referents – either per 100 Medicaid enrollees, or per 1,000 Medicaid enrollees, depending on the indicator – that have been used in the MHD-PI website and by DBHR analysts.

[10]Please note that "Other" refers to multiple groups, including people who identify themselves as having more than one race/ethnicity, people who refused to report a race/ethnicity, or people who were not asked to provide race/ethnicity.

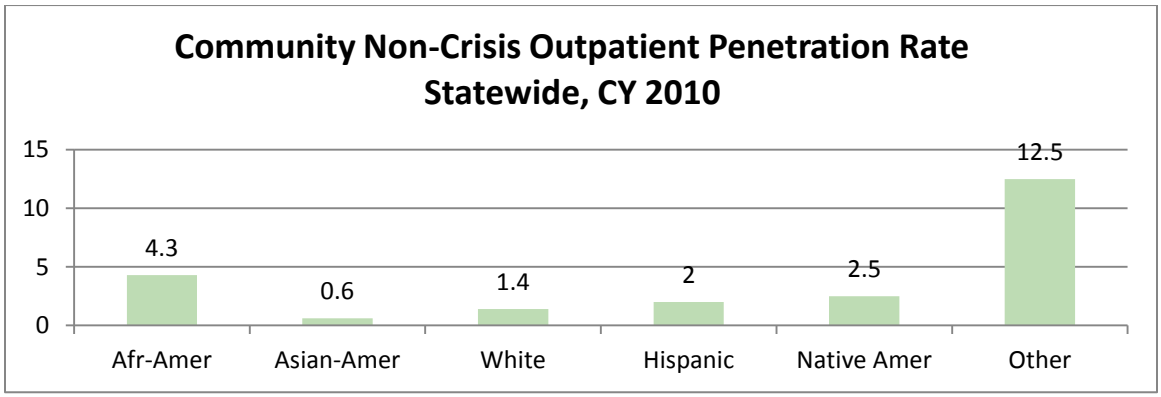

Medicaid Community Non-Crisis Outpatient Penetration Rate
Statewide, CY 2010
12
10
8
6
4
2
0
10.5
5.3
8.9
9.6
5.2
5.3
Afr-Amer
Asian-Amer
White
Hispanic
Native Amer
Other

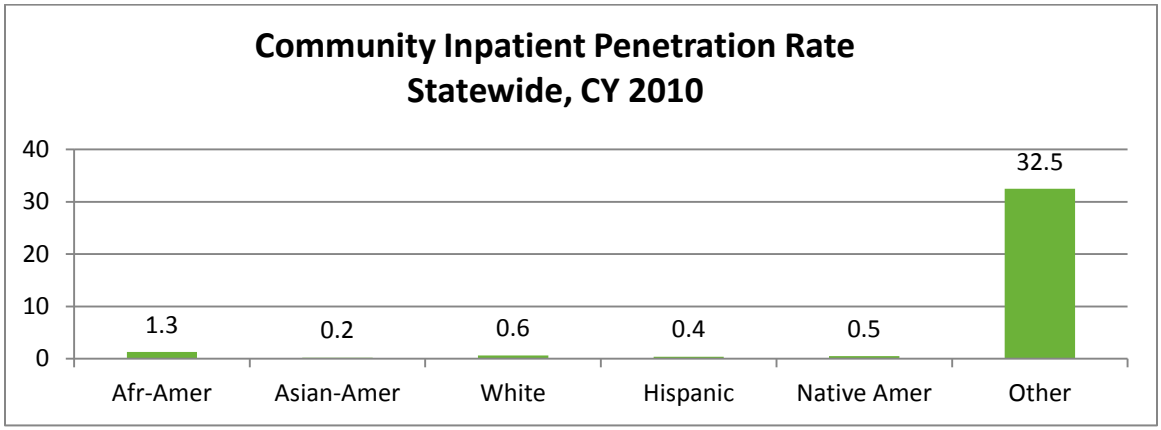

Medicaid Crisis Only Penetration Rate
Statewide, CY 2010
2
1.5
1
0.5
0
0.6
0.4
1.3
1.0
1.6
0.02
Afr-Amer
Asian-Amer
White
Hispanic
Native Amer
Other

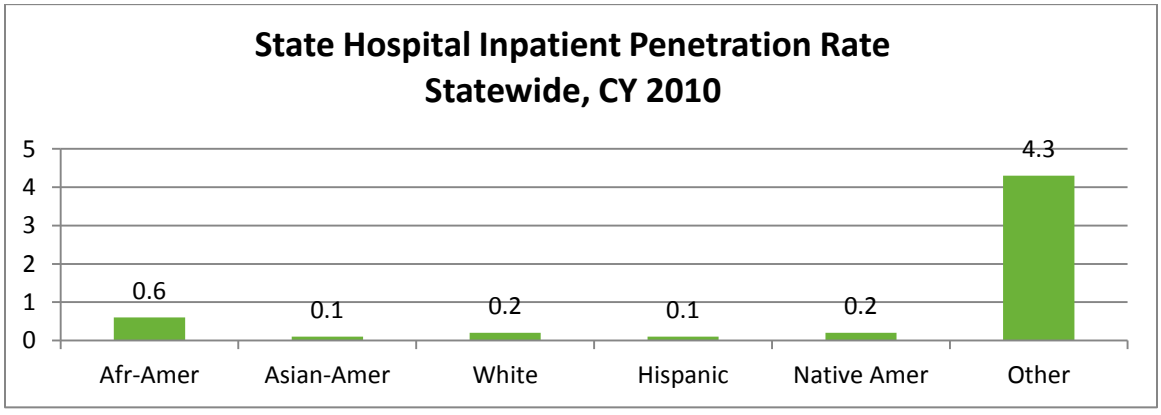

Medicaid Community Inpatient Penetration Rate
Statewide, CY 2010
12
10
8
6
4
2
0
2.4
1.1
2.8
1.5
0.8
11.0
Afr-Amer
Asian-Amer
White
Hispanic
Native Amer
Other

Community Penetration Rates

Community penetration rates also were calculated. In these analyses, the total number of unduplicated persons served, regardless of payer source, was compared to the general population figures from the U.S. Census. The graphs below summarize the findings.





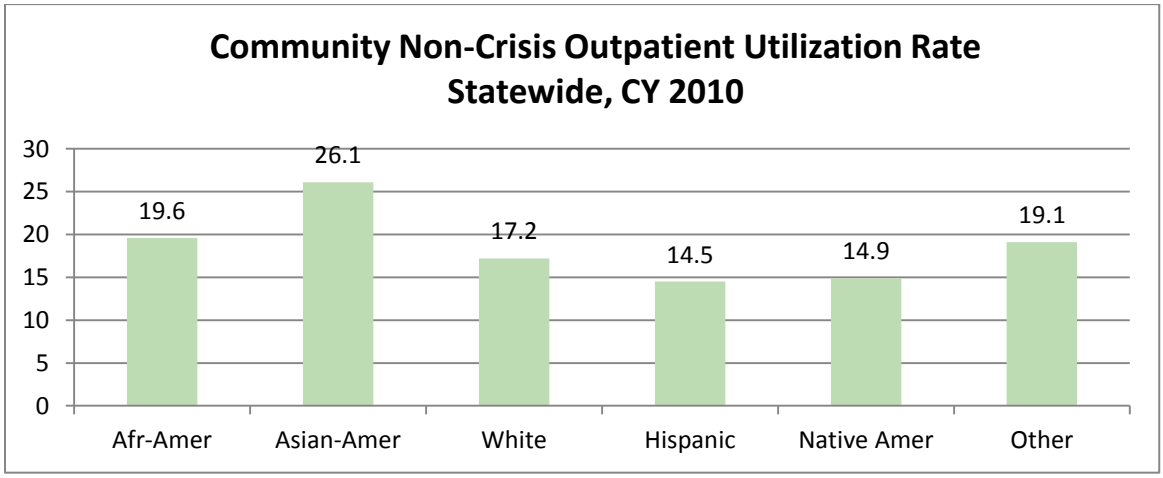


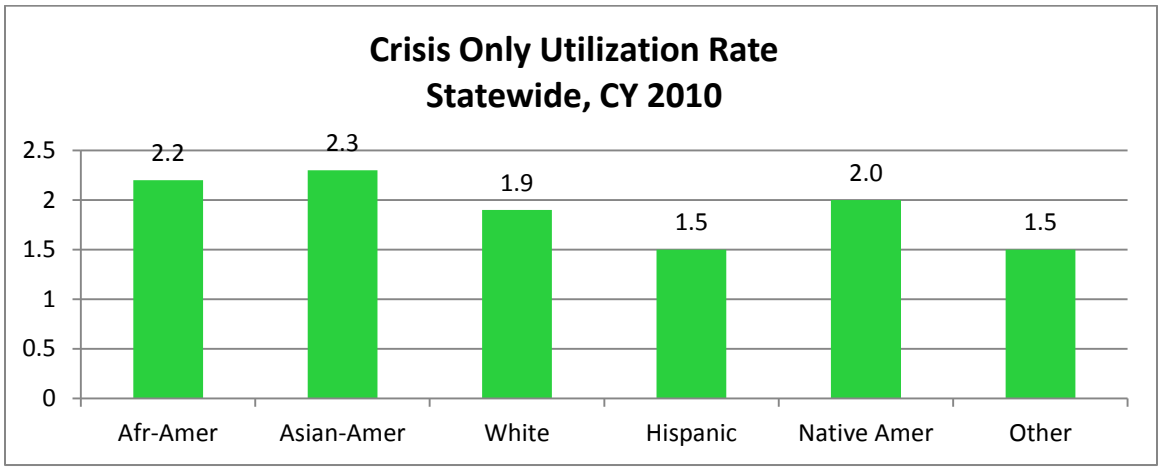
Variation Across RSNs in Penetration Rates

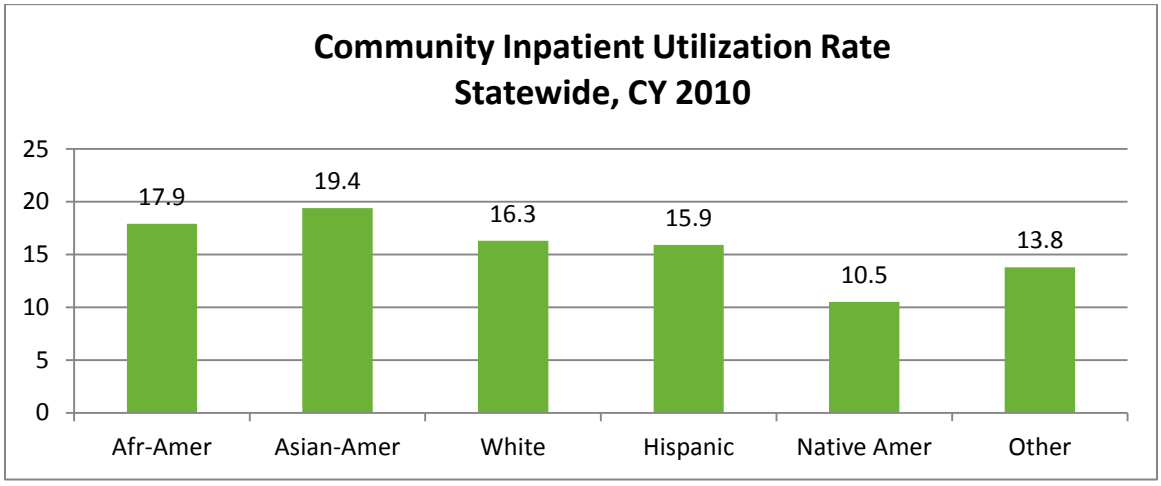
DBHR and TriWest also examined penetration rates, broken out by race/ethnicity, across the 13 RSNs. Findings are available for Access, Service Utilization, Outcomes, and Perceptions of Quality domains in Appendix Three, *WA State MH Disparity by Race and Age*.

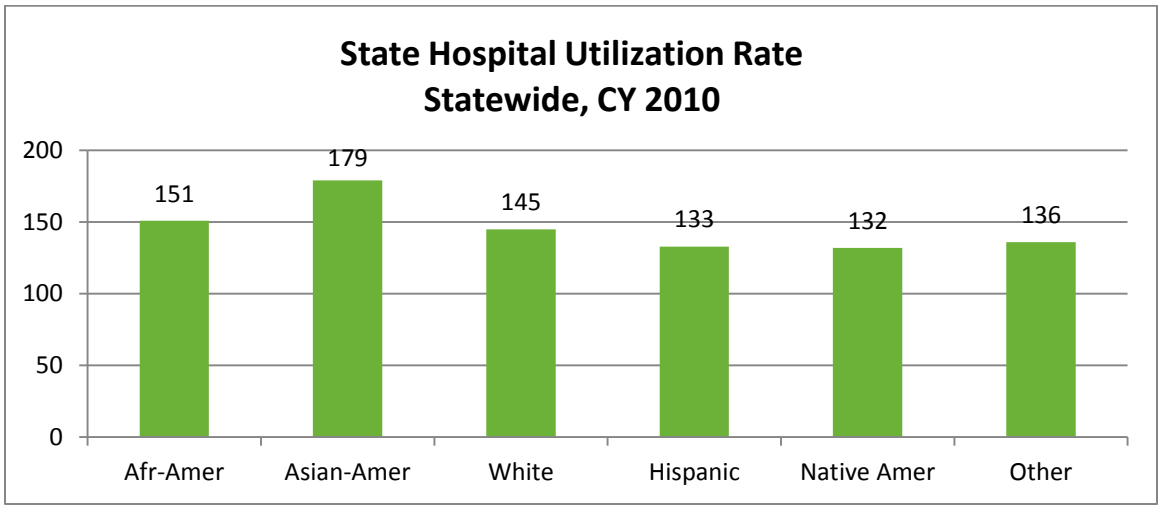
Service Utilization Findings

Penetration rate analyses are complemented by analyses of rates of service utilization for those who have received services. The graphs below show service utilization rates, across levels of care, and across race/ethnicity groups. Data indicate the number of hours of service per unduplicated person receiving at least one service at the level of care.









Discussion of Access and Service Utilization Indicator Findings

The amount of missing data in the sexual orientation field was considerable, even in 2011 after some RSNs had made an effort to address the issue. On the other hand, the fact that some RSNs significantly improved such data collection is cause for encouragement and suggests that a concerted effort to ensure complete data reporting in this area is warranted. Clearly, a concerted effort will be necessary to improve data reporting to levels reliable enough for disparity measurement. Sexual minority advocates participating in the Disparities Work Group have identified training materials developed to help providers improve data collection in a culturally sensitive manner, and could be a critical resource in future quality improvement activities addressing this need. This information supports the Work Group's encouragement to DBHR to make improvement of documentation of services to sexual minorities a priority in the coming year.

With respect to penetration rates and utilization, the following findings are notable:

- **African Americans** had high non-crisis outpatient penetration rates and relatively low crisis rates. Among those African Americans receiving at least one community non-crisis service, there was a fairly high utilization rate (hours per person) as well. African Americans also had high inpatient penetration rates.
- As has often been the case historically in Washington and nationally, the non-crisis outpatient penetration rate was low for **Asian Americans** (as was their crisis only penetration rate). However, the data reviewed suggest that once Asian Americans enter services, they are among the highest utilizers of non-crisis outpatient services. It may be that the system is not doing the best job of getting Asian Americans into services, but, once they engage in services, they participate more. Another possibility is that Asian Americans do not access services until their need is greater, but, if that were the case, one would expect to see a higher crisis-only penetration rate. In order to put this data in perspective, it will be necessary for systems seeking to improve services for Asian American members to engage Asian American stakeholders to determine the extent of the perceived problem in accessing services and possible responses.
- **Whites** had average to above average (but not the highest) non-crisis and crisis outpatient penetration rates, and their position in the rank-order for inpatient penetration rates was similar. Relative to other groups they appear to have comparable access to services.
- **Hispanics** had average to above average non-crisis outpatient penetration rates, average crisis penetration rates, and average inpatient penetration rates. However, they had the lowest non-crisis outpatient utilization rate, while inpatient and crisis utilization were about average. These findings might indicate that the system is doing better at facilitating access to services for Hispanic consumers, but the data also suggest that, once in the system, there may be a relative underutilization of non-crisis outpatient services, compared to crisis and inpatient services. A statewide disparity reduction effort may be warranted, especially if further investigation indicates that once Hispanics access services they are not engaged with care that is optimally tailored to their needs. Again, involvement of stakeholders knowledgeable about Hispanic member needs and engagement strategies will be key to any disparity reduction efforts.
- People of **Other/Unknown** race/ethnicity (which includes people of multiple races) have particularly high inpatient penetration rates, but lower non-crisis outpatient penetration rates. This finding is particularly concerning, as it seems to indicate the system's failure to serve this group adequately. Further study should be conducted to determine what lies behind the penetration rate findings and which groups they represent.

Outcome Findings

In Phase 3, a subset of the outcome indicators prioritized by the Work Group was examined, including outpatient change in homeless status and outpatient employment change. Data show the number of unduplicated people (per 100 served) who experienced change in the past year, and what change or

status they indicated at the most recent assessment. The tables below show the findings across race/ethnicity groups.

Outpatient Change in Homeless Status

Resulting Status	African Americans	Asian Americans	Whites	Hispanics	Native Americans	Other
Remained homeless	12.3	3.3	3.2	3.5	6.0	4.4
Gained housing	3.3	1.3	1.4	1.2	2.2	1.9
Became homeless	2.0	0.9	1.1	0.9	1.4	1.9
Maintained housing	82.4	94.5	94.3	94.5	90.5	91.7

Outpatient Employment Change

Resulting Status	African Americans	Asian Americans	Whites	Hispanics	Native Americans	Other
Maintained employment	4.8	8.0	6.6	7.3	4.5	4.7
Lost employment	0.9	1.5	1.3	1.3	1.1	1.3
Gained employment	3.2	1.8	2.2	3.1	2.5	2.4
Remained unemployed	91.1	88.7	90.0	88.2	91.8	91.7

Discussion of Outcome Indicator Findings

The major goal is to expand over time the range of outcome indicators available for reporting into the disparities indicator analysis system. The key limiting factor at this time is not data, but rather staff resources for disparity analysis given multiple demands on DBHR staff time. DBHR leadership will need to decide how high a priority to place on disparity reduction data support efforts and to assign staff resources commensurate with that priority. Due to limited resources for the current report, several important outcome indicators were not examined in Phase 3, including out-of-home placements for children/youth and re-hospitalization rates. Nevertheless, DBHR data analysis staff invested considerable time in the Phase 3 efforts and have established a solid foundation upon which future efforts can build.

With respect to the homelessness indicator, there appears to be a clear disparity for African Americans, whose homelessness rates greatly exceed those of other groups. They also have the highest percentage of people gaining housing, but the housing gains for African Americans, as much as they may reflect on the system's efforts to assist consumers in this area, do not make up for the overall disparity. Disparity

reduction efforts in the area of housing/homelessness, with a focus on communities where African American consumers predominate, may be warranted.

Native American consumers, along with consumers of Other/Unknown race/ethnicity, had the lowest rates of maintaining and gaining employment combined. A disparity reduction effort in the area of employment, with a focus on communities with substantial numbers of Native American consumers, may also be warranted.

Perceptions of Quality

The WIMHRT annual survey provides useful data on consumers' and youth's/families' perceptions of the quality and cultural appropriateness of services. The data in the table below, broken out by race/ethnicity, are from the 2010 WIMHRT survey. Numbers in the table indicate average scores on survey items that are scaled from 1 to 5, with higher numbers indicative of greater levels of perceived quality, appropriateness, cultural sensitivity, etc. Findings in the domain of Perceptions of Quality are not definitive enough at this time to identify disparities. Future efforts may need to consider the utility of these data and whether or not future analyses in this area need further refinement, likely with refined or additional indicators.

Perceptions of Service Quality

Resulting Status	African Americans	Asian Americans	Whites	Hispanics	Native Americans	Other
Perceptions of the *Quality/ Appropriateness of Services* - **Youth**	4.04	3.81	3.87	3.95	3.81	3.92
Perceptions of the *Quality/ Appropriateness of Services* - **Adults**	4.09	3.76	3.97	3.97	4.02	3.90
Perceptions of the *Cultural Sensitivity of Staff* - **Youth**	4.39	4.03	4.26	4.18	4.22	4.30
Perceptions of the *Outcomes* of Services - **Youth**	3.84	3.78	3.65	3.73	3.79	3.68
Perceptions of the *Outcomes* of Services - **Adults**	3.51	3.90	3.59	3.79	3.63	3.42

Recommendations: Next Steps for the Disparities Work Group

Given the breadth and depth of the disparities reduction framework developed by DBHR and the Disparities Work Group, a number of different activities and projects could be selected for ongoing work and development. For this reason, TriWest collaborated with the Work Group to prioritize next steps based on a survey of Work Group members.

In its final Phase 3 meeting in September, the Work Group determined that next steps through 2013 should focus on supporting quality improvement efforts to reduce disparities at the statewide, RSN, and provider levels. Survey results were used to prioritize the most important activities to the Work Group at each level.

Participants in the Survey. Seventeen (17) members of the Disparities Study Work Group completed an online survey asking respondents to provide direction for further work on disparities reduction in Washington State. Respondents were quite diverse, covering at least 10 different stakeholder categories identified on the survey instrument. Work Group members from all of the stakeholder groups were invited to complete the survey, and the table that follows describes those that participated. The vast majority of respondents represented RSNs.

Stakeholder Representation in the Disparity Work Group Prioritization Survey

Stakeholder Categories	Response Percent	Response Count
DBHR staff	29.4%	5
Other RSN staff member	29.4%	5
RSN Administrator	23.5%	4
Family member of an adult consumer	11.8%	2
Family member of a child or adolescent who receives MH services	11.8%	2
Other: (Health Care Disparities Policy Summit Former Member; Ethnic Minorities)	11.8%	2
Mental health provider (or agency representing mental health providers)	5.9%	1
Other state agency staff (Division of Developmental Disabilities)	5.9%	1
Adult consumer of mental health services	0.0%	0
Tribal member or representative	0.0%	0
Total Respondents		17*

*Some respondents fell into more than one category.

Priority Statewide Quality Improvement Recommendations. The top statewide quality improvement projects for 2013 prioritized by the Work Group include:

1) Improving the quality of data reported by providers and RSNs on multiple issues, including sexual/gender minority status and race/ethnicity;
2) Working through the Performance Improvement Work Group (PIWG) to embed the disparity reduction initiative in the broader systematic quality improvement efforts of the RSNs; and
3) Developing a quality improvement initiative targeting the broader provider work force to improve their skills in support of valuing and improving the cultural relevance and competence of services.

The table that follows lists all of the top quality improvement options identified by the Work Group, with their priority ranking by the survey.

If DBHR were to carry out a quality improvement project focused on health disparities in 2013, what should be the focus? Please rank order your top three choices (1, 2, 3).				
Priorities	**1**	**2**	**3**	**Points***
Improve the quality of data reported by providers and RSNs on multiple issues (including sexual/gender minority status and the "other/unknown" race/ethnicity category) by developing clearer, more descriptive categories and definitions (this option includes the two prior options plus additional options)	4	2	1	17
Work through the DBHR Performance Improvement Work Group (PIWG) for any DBHR disparity reduction quality improvement efforts	3	2	2	15
Develop a quality improvement initiative targeting the provider work force to improve cultural relevance and competency of services offered	1	4	3	14
Address improved effectiveness of clinical interventions as a key value of the disparity reduction effort	2	1	3	11
Develop a database of specialists participating in any RSN network, as well as other cultural specialists and culturally competent trainers, available statewide	1	3	2	11
Other quality improvement efforts (See descriptions, below)	2	1	0	7
Improve the quality of data reported by providers and RSNs on sexual/gender minority status (e.g., LGTBQ)	0	2	0	4
Identify a priority outcome to improve within the framework adopted by the Disparities Work Group ("The overall system goal regarding health care disparities is equal access and outcomes of care for all groups of people" - see September 2011 Phase 2 Report)	1	0	1	4
Address equity and social justice as a key value of the disparity reduction effort	1	0	1	4

If DBHR were to carry out a quality improvement project focused on health disparities in 2013, what should be the focus? Please rank order your top three choices (1, 2, 3).				
Improve the quality of data reported by providers and RSNs on racial/ethnic minority status (e.g., add clarity to the "other/unknown" category to better capture multi-racial respondents)	1	0	0	3
Work with tribes to ensure that they understand processes available for appeal and service reimbursement through RSNs	0	0	1	1
Other quality improvement efforts suggested by respondents				
Establish and publish a best practice for declaring any variance in populations served as a disparity.				
Identify a menu of cultural sensitivity strategies that can be implemented in a "rural" mental health setting, such as telemed.				

*Rankings of 1 received 3 points; rankings of 2 received 2 points; rankings of 3 received 1 point

The survey also gathered input to inform broader DBHR efforts in support of disparity reduction over the next 12 months. Among those options, respondents most frequently chose the following:

- Clarifying further the role of Mental Health Specialists;
- Increasing the involvement of consumers in disparity reduction planning;
- Educating RSNs, providers, and other stakeholders about the realities of disparities and their impact on the lives of real people; and
- Sponsoring statewide or regional trainings for RSN administrators and managers on the importance of disparity reduction.

The table below summarizes all the potential priorities identified by the Work Group, with priority scores from the survey.

What other activities should DBHR prioritize over the next 12 months to address disparities? Please choose as many of the options below that are, in your view, important to address in the next 12 months.		
Possible Activities	**Response Percent**	**Response Count**
Clarify further the role of the Mental Health Specialist and how best to promote improved quality, availability, and appropriate use of specialists	62.5%	10
Increase the involvement of consumers in disparity reduction planning policies and procedures	56.3%	9
Increase support for disparity reduction efforts by providing education to RSNs, providers, and others about the reality of disparities in people's lives	50.0%	8

What other activities should DBHR prioritize over the next 12 months to address disparities? Please choose as many of the options below that are, in your view, important to address in the next 12 months.		
Possible Activities	**Response Percent**	**Response Count**
Sponsor statewide and/or regional trainings for RSN administrators and managers on disparities (either as a statewide activity and/or as part of the 2013 Washington behavioral health conference)	50.0%	8
Implement provisions under WAC to provide training to non-specialist mental health practitioners about when to seek out and how to make the best use of specialist and other consultation	43.8%	7
Continue to foster dialogue on health disparities through training, addressing the issue in multiple venues, and promoting the involvement of other human service systems in cross-system dialogue regarding disparity reduction	43.8%	7
Sponsor a conference or formal training on disparity reduction, including the concept of cultural competency as an ongoing developmental activity for all mental health practitioners	43.8%	7
Continue to support a disparities reduction project through the Disparities Reduction Work Group to promote the mission of disparity reduction and provide a forum for sharing of best practices and broader disparity reduction methods across RSNs and providers	37.5%	6
Support systemic efforts to increase the availability of bicultural and bilingual providers (particularly Hispanic)	37.5%	6
Continue to support efforts to develop tribal-centric mental health systems of care and view them as partners with RSNs and other providers serving underserved populations in Washington State	31.3%	5
Support RSNs at their current level of development to address disparities	25.0%	4
Support disparity reduction efforts as part of a broader commitment to equity and social justice	25.0%	4
Increase efforts to support the deaf and hard of hearing community and to recognize the cultural and linguistic barriers to providing effective care and recognizing their unique needs	25.0%	4
Make anti-oppression training available as part of a systematic effort to promote equity and social justice	6.3%	1
Support development of innovative approaches to address disparities such as reimbursement for delivery of mental health treatment provided over the telephone and workforce development.	6.3%	1

What other activities should DBHR prioritize over the next 12 months to address disparities? Please choose as many of the options below that are, in your view, important to address in the next 12 months.		
Possible Activities	**Response Percent**	**Response Count**
Provide opportunities for tribes to become providers (including DMHPs) with equal consideration with other RSN network providers	0.0%	0

Prioritized Supports for RSN Disparity Reduction Efforts. The Work Group also identified the supports and requirements that they believed that RSNs most needed to improve their disparities reduction efforts. Top supports prioritized by the Work Group included:

- Developing contract incentives to hold provider agencies more accountable and
- Requiring RSNs to address disparities as part of their annual quality improvement plans.

The table that follows summarizes all of the possible RSN supports considered by the Work Group.

What supports and/or requirements do RSNs need to improve their efforts to reduce disparities? Please rank order your top three choices (1, 2, 3).				
Priorities	**1**	**2**	**3**	**Points***
Develop contract incentives to hold provider agencies more accountable to the requirements related to health disparities	2	3	3	15
Require RSNs to address disparities as part of their annual quality improvement plans	2	4	1	15
Develop a cross-RSN database with the name and contact information of mental health specialists, as well as community-endorsed cultural specialists, to share statewide	2	2	3	13
Require their participation in the DBHR initiatives prioritized earlier in the survey (e.g., improve the quality of data reported on minority status – sexual/gender, racial/ethnic; address equity and social justice as a key value of the disparity reduction effort; support systemic efforts to increase the availability of bicultural and bilingual providers; support RSNs at their current level of development to address disparities; increase the involvement of consumers in disparity reduction planning policies and procedures, etc.)	2	0	2	8
Encourage RSN leadership to communicate that they take the issue of disparity reduction seriously and involve RSN leadership more actively in health disparity reduction efforts	2	0	1	7
Encourage and mentor RSNs at an earlier stage of development regarding disparity reduction	1	2	0	7
Support (but do not require) their participation in the DBHR initiatives discussed in questions #3 and #4	1	1	1	6

What supports and/or requirements do RSNs need to improve their efforts to reduce disparities? Please rank order your top three choices (1, 2, 3).				
Priorities	**1**	**2**	**3**	**Points***
Better engage tribes by informing them about available consultation and increasing use of cross-cultural consultation offered by tribes	2	0	0	6
Other supports / requirements (See descriptions, below)	2	0	0	6
Develop a database of cultural specialists that are endorsed by members of that cultural group in the local RSN area (for example, mental health specialists or other MHPs that are endorsed by community or advocacy organizations that work with a specific cultural group)	0	1	2	4
Other supports / requirements identified through the survey				
Provide additional funding to RSNs to train specialists and pay differential to specialists				
Analyze data and discuss problems before jumping to a solution. PDCA is still in the Plan phase. Evaluate solutions before locking them into WAC or contract. Determine how to do QI on this issue, and do it as part of health care reform in DSHS and HCA, not just in the MH side of DBHR.				

*Rankings of 1 received 3 points; rankings of 2 received 2 points; rankings of 3 received 1 point

Prioritized Supports for Provider Disparity Reduction Efforts. The Work Group also identified the supports and requirements that they believed that provider agencies most needed to improve their disparities reduction efforts. Top supports prioritized by the Work Group included:

- Training and educational materials to raise provider awareness and understanding about the realities of disparities and their impacts on the lives of real people;
- Technical assistance regarding recruitment and retention strategies for culturally and linguistically diverse staff; and
- The development of a WAC requirement that providers specifically address health disparities in their annual quality improvement plans.

The table that follows summarizes all of the possible provider agency supports considered by the Work Group.

What supports and/or requirements do providers need to improve their efforts to reduce disparities? Please rank order your top three choices (1, 2, 3).				
Answer Options	**1**	**2**	**3**	**Points***
Provide training and educational materials to raise provider awareness and understanding about the reality of disparities in people's lives	3	1	1	12
Provide technical assistance regarding recruitment and retention strategies for culturally and linguistically diverse staff	1	3	1	10

What supports and/or requirements do providers need to improve their efforts to reduce disparities? Please rank order your top three choices (1, 2, 3).				
Answer Options	**1**	**2**	**3**	**Points***
Develop a WAC requirement that providers specifically address health disparities in their annual quality improvement plans (DBHR is already adding the WAC requirement regarding annual quality improvement plans)	2	2	0	10
Encourage provider leadership to communicate that they take the issue of disparity reduction seriously and involve provider leadership more actively in health disparity reduction efforts	3	0	0	9
Provide technical assistance to providers to help them monitor and identify disparities and options for reducing disparities	1	2	1	8
Develop a WAC requirement regarding annual cultural competence training for providers	1	1	2	7
Require their participation in the RSN initiatives discussed in question #5 above (e.g., require RSNs to address disparities as part of their annual quality improvement plans; develop a cross-RSN database of mental health specialists and community-endorsed cultural specialists to share statewide; better engage tribes by informing them about available consultation and increasing use of cross-cultural consultation offered by tribes)	1	1	1	6
Ensure that disparity awareness and reduction training for providers reaches all provider staff, including front line, intake, and administrative support staff	0	1	3	5
Add in disparity reduction as a focus of the WAC requirement regarding clinical supervision	1	1	0	5
Encourage provider agencies to make a commitment to ensuring that the organizational work force reflects the cultural and linguistic characteristics of the population served	0	1	2	4
Encourage providers when hiring staff to look at the cultural match between candidates and people served	0	1	1	3
Encourage providers to demonstrate a commitment to disparity reduction by showing measurable increases in cultural collaboration and measurable quality outcomes related to disparities	0	1	1	3

What supports and/or requirements do providers need to improve their efforts to reduce disparities? Please rank order your top three choices (1, 2, 3).				
Answer Options	**1**	**2**	**3**	**Points***
Require their participation in the DBHR initiatives discussed in questions #3 and #4 above (e.g., improve the quality of data reported on minority status – sexual/gender, racial/ethnic; address equity and social justice as a key value of the disparity reduction effort; support systemic efforts to increase the availability of bicultural and bilingual providers; support RSNs at their current level of development to address disparities; increase the involvement of consumers in disparity reduction planning policies and procedures, etc.)	1	0	0	3
Provide technical assistance to providers to help them monitor and identify disparities and options for reducing disparities	1	0	0	3
Other supports / requirements (See descriptions, below)	0	0	2	2
Other supports / requirements identified				
Provide funding for statewide training.				
It is premature to suggest requirements without even trying to build consensus for a plan. What does the data say, and what can we do about it? Let's have some regional conversations.				

*Rankings of 1 received 3 points; rankings of 2 received 2 points; rankings of 3 received 1 point

Conclusion

The Disparities Study Work Group has successfully tested and implemented one of the most ambitious and comprehensive mental health disparities assessment frameworks in the country. All RSNs have begun to examine their system capacity and mental health trends, and many are poised to incorporate specific disparity and system capacity issues into their quality improvement plans.

Statewide disparity, system capacity and data quality issues have been identified, which has set the stage for a process of setting priorities for statewide system improvement. The Performance Improvement Work Group and a variety of stakeholder groups could be engaged in statewide efforts to further reduce disparities and bolster the mental health system's capacity to meet the needs of diverse consumers.

The foundation that has been laid for RSNs and DBHR to collaborate with stakeholders in improving service access and outcomes. Continued work involving the selection and implementation of regional and statewide quality improvement projects is needed if the development of Washington's mental health disparities reduction approach is be brought to fruition.

Given the priorities identified through the Work Group survey, the highest priorities going forward should include using a quality improvement framework to improve the quality of data in the system on key variables that are needed for accurate assessment of disparities. These include, in particular, the "Other" category for race/ethnicity and sexual identity status.

Supports for RSNs and for providers will be needed, as Washington continues to develop and implement its disparities reduction approach. For RSNs, these could include developing contract incentives to hold agencies accountable and requiring disparities-related activities in annual quality improvement plans. While it should be noted that one comment from one RSN indicated continued skepticism about system readiness for more ambitious disparity reduction initiatives, the vast majority of RSN respondents endorsed more substantive next steps. It seems important that next steps address the full range of RSN readiness, supporting the disparity reduction efforts of those RSNs already moving forward or ready to do so, as well as allowing for additional discussion and consensus building at the regional level for others.

For providers, training and educational materials to raise their awareness and understanding of disparities were prioritized most highly, along with technical assistance in the critical areas of recruitment and retention strategies for culturally and linguistically diverse staff. Collectively, Work Group respondents to the priorities survey also indicated that a WAC requirement that providers specifically address health disparities in their annual quality improvement plans could also foster disparities reduction.

A solid foundation has been established, and DBHR is poised to continue its leadership within the state and nation in the area of disparity reduction. State-level and RSN participants in the Work Group are ready to move forward and simply need resources dedicated to next steps commensurate with previous investment of resources and with the same priority level that health disparity reduction has within DBHR and DSHS more broadly.

Introduction to the Appendices

The first appendix is a description of the methodology and the work schedule for analyzing disparities indicators in Phase 3. It was conceptually formulated by the Assessment of Disparities Sub-group and agreed upon by group members prior to implementation.

Appendix Two is a summary of RSN documentation of local systems level specialized service capacity.

Appendix Three summarizes the analyses of each disparity indicator statewide and at the RSN level.

Appendix Four provides graphic examples of how geo-mapping serves to further identify where disparities and resources exist.

Together, all four appendices constitute the elements of the Washington model to identify disparities across domains, determine what resources exist currently to address disparities, and show where graphic depictions of disparities and service capacity exist. Using the data in these appendices, RSNs and DBHR have guidance and direction to begin to identify and target disparities, as well as to develop strategies to reduce and eliminate them. Annual or biennial updates to the data presented in these appendices would provide a means of continued review of progress to determine what strategies prove effective.

Washington State DSHS Disparities Study Phase 3

Appendix One: Plan and Timeline for Analyzing Disparities Indicators

Assessment of Disparities Sub-Group

Introduction

This appendix provides a description of the methodology and the work schedule for analyzing disparities indicators in Phase 3. It was conceptually formulated by the Assessment of Disparities Sub-group and agreed upon by group members prior to implementation.

Overview and Purpose of Disparities Analyses

The Phase 3 baseline analysis of disparities indicators is part of a larger effort to improve the efficiency and effectiveness of behavioral health services in Washington. This analysis will involve collecting and analyzing data that indicate where there are disparities in service access, quality and outcomes, and comparing disparities data with data on the system's capacity to provide culturally and linguistically competent services to diverse populations. Leaders from the Washington Department of Social and Health Services, Department of Behavioral Health and Recovery (DSHS/DBHR) are working with representatives of Regional Support Network (RSN) leaders, provider experts, and consumers and family members to develop methodologies for analyzing disparities-related data and system capacity in the context of a quality improvement framework. What is at stake is our collective capacity to use data to inform behavioral health disparities reduction efforts so that access, quality and outcomes are enhanced for all clients.

In Phase 3, we established a methodology for calculating indicators that will be able to reveal disparities in the access, quality, and outcomes of publicly funded behavioral health services in Washington. Specific indicators of access to services, service utilization, perceived quality of services, and service outcomes have been identified and operationalized. This document outlines a plan and timeline for conducting a pilot test and baseline analysis of these specific disparities indicators, which are currently included in a "core matrix" that was developed by the Assessment of Disparities Sub-group of the Disparities Study Workgroup. Also described are potential approaches, drawn from other states, for determining the presence or absence of a disparity. The core matrix and detailed one-page descriptions of each disparity indicator are referenced in appendices included in the accompanying document, "Disparities Indicator Specifications."

This first round of data collection and analysis will produce a baseline assessment that shows how the system is performing in terms of creating equitable access and providing a similar quality and results of service for people from various race/ethnicity, age, and sexual orientation sub-groups in the population. Future disparities and system capacity assessment will produce data that can be compared to baseline levels, allowing stakeholders to gauge the level of improvement—reductions in disparities and enhancements to system capacity—over time.

Disparities Indicators

As can be seen in the list below, disparities indicators are organized into four domains. Data from State Fiscal Year (SFY) 2011, or from whatever is the most recent year that data are available, will be examined in Phase 3. **Appendix 1.1** lists supplementary indicators that the Assessment of Disparities Sub-group has identified for future analyses. These indicators are considered very important, but were placed in a supplementary list until a baseline analysis of the core indicators has been completed. The Assessment of Disparities Sub-group believes that eventually it will be important to include the supplementary indicators.

Core disparities indicators, organized by domain, include the following:

- **Access**
  - Penetration rate: inpatient (voluntary, ITA) and outpatient, Medicaid and 200% federal poverty level (FPL) population
  - Percent of data missing on sexual orientation
- **Services Utilization**
  - Amount of outpatient, crisis, and inpatient utilization
- **Outcomes**
  - Percent employed
  - Housing status
  - Rates of inpatient placement and rates of inpatient readmission
  - Rates of out-of-home placement
  - Rates of alcohol- and drug-induced death
- **Perceptions of Quality**
  - Quality/appropriateness of services
  - Cultural sensitivity of staff
  - Overall perception of outcomes

Please see the accompanying document, entitled "Disparities Indicator Specifications," for the core disparities matrix, which lists all disparities indicators (in columns) and the client populations of interest (in rows), across which potential disparities will be analyzed. One-page descriptions for each indicator are also listed in the Disparities Indicator Specifications document. These descriptions, which build on the core disparities matrix, describe the data sources, sub-populations for which data will be analyzed, and issues to be addressed in calculating the indicators.

- **Timeline for Disparities Analysis and Reporting**
- The disparities analysis will be conducted by Washington DBHR staff, with consultative support from TriWest Group (TriWest) and guidance from the Assessment of Disparities Sub-group. Thus far, we have identified sources of data and have carefully identified appropriate calculations for the various indicators (see Disparities Indicator Specifications document).
-

- The timeline on the next page provides an overview of the plan for actually calculating and reporting on disparities indicators. The plan outlines which disparity indicators will be analyzed, when they will be analyzed, and by whom. It also shows the known sources of data and includes a timeline for reporting, interpreting, and reviewing disparities indicator findings by key groups. Following the timeline, we describe some approaches for supporting the interpretation of disparities data through the use of simple statistical techniques. These techniques can be used to help make a determination as to whether disparities exist in the data and, if so, to assess the level of concern which might be applied to disparities in access, service utilization, outcomes, or perceptions of service quality.
-
- It is important to note that many issues related to completeness and quality of data may be encountered in Phase 3. For example, much concern has been expressed about problems associated with the conversion to ProviderOne. Initial CIS data quality checks will be conducted by DBHR, with consultative support from TriWest, to confirm that SFY 2011 is a valid year to begin establishing a baseline for the disparities indicators.
-
- Another important, related task in the analysis timeline involves summarizing problems in obtaining complete and accurate data that are encountered during the process of calculating disparities indicators and producing statewide and RSN-level breakouts on sub-populations of interest. Information on problems encountered will be included in an overall feasibility analysis of assessing disparities, which will include estimates of the amount of DBHR staff time required to complete the analysis, as well as future estimates of the time and expertise required by staff to complete the analysis, given unfolding changes in data systems and staffing at DBHR and allied state agencies.
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Disparities Analysis Plan/Timeline

In the table below, ***responsible parties (e.g., DBHR, TriWest) appear in parentheses after each task****. In the cells under the months of March, April, and May, data sources are listed. Data sources include:*

CIS: Consumer Information System, the database used by DBHR
DOH: Department of Health data reports
MHD-PI: the DSHS Mental Health Performance Indicators website, which contains several useful reports
OFM: Washington Office of Financial Management
RDA: DSHS Research and Data Analysis reports
WIMHRT: Washington Institute for Mental Health Research and Training annual survey reports

Disparities Analysis Task	March		April		May	
	1st half	2nd half	1st half	2nd half	1st half	2nd half
Run Reports on **ACCESS Indicators**						
Run preliminary analysis to determine level of CIS data quality and to confirm SFY 2011 as baseline year, versus SFY 2010 (**DBHR,**	**CIS / MHD-PI**					

Disparities Analysis Task	March		April		May	
	1st half	2nd half	1st half	2nd half	1st half	2nd half
TriWest)						
Penetration Rates (*Medicaid*) (**DBHR**)	**CIS/ MHD-PI**					
Sexual Orientation - % unknown/not voluntarily given (**DBHR**)*	**CIS**					
Develop plan for obtaining 200% FPL with help RDA help (**DBHR, OFM, TriWest**)	**OFM**	**OFM**				
200% FPL penetration rate analyses (**DBHR**)				**MHD-PI + OFM**		
Run Reports on **SERVICES Indicators**						
Run reports on outpatient, crisis, inpatient services (**DBHR**)	**MHD-PI**					
Run Reports on **OUTCOMES Indicators**						
Summarize employment data from the Employment Outcomes Report (**DBHR**)			**RDA**			
Run MHD-PI reports on percent improvement in housing, hospital placements, hospital readmissions, out-of-home placements (**DBHR**)		**MHD-PI**	**MHD-PI**			
Request data from RDA on drug- and alcohol-induced deaths (**DBHR**)	**RDA**					
Summarize data from DOH on drug-induced deaths (**DBHR**)				**RDA**		
Run Reports on **QUALITY Indicators**						
Summarize data from the WIMHRT survey on perceived quality of services (**DBHR**)				**WIMHRT**	**WIMHRT**	
Produce **Presentations and Summary Reports**						
Present sample data summaries at Quarterly Disparities meeting in Seattle **(DBHR, TriWest)**		**(3/21)**				
Identify any problems in obtaining complete and accurate data and draft a summary of disparities assessment feasibility issues **(DBHR, TriWest)**					**(5/1)**	
Conduct DRAFT disparities interpretive					**5/15**	

Disparities Analysis Task	March		April		May	
	1st half	2nd half	1st half	2nd half	1st half	2nd half
analyses **(TriWest, DBHR)**						
Review interpretive analyses with other DSHS/DBHR/ RDA Experts (**DBHR, TriWest**)						**5/25**
Write Up a ***Summary Report*** of the disparities analyses, which will include analytic and interpretive findings, feasibility analysis, and recommendations for a second baseline year of analysis **(DBHR, TriWest)**						**(5/31)**

*An analysis of this indicator for statewide and RSN data already has been completed. (**See Appendix 1.2.**) Further analyses may be run with breakouts of race/ethnicity and age (13-17; 18-64; 65+).

Disparities Data Reporting and Interpretation

Disparities Data Summaries/Reports

Data on each disparities indicator will be summarized both statewide and by RSN. Both statewide and within each RSN, data will be reported for the following client populations:

Age
• Children (0-17)*
• Adults (18-64)
• Older Adults (65+)
Race/Ethnicity
• African Americans
• American Indians/Alaskan Natives
• Asian Americans
• Latinos/Hispanics
• Native Hawaiians/Pacific Islanders
• Whites
Sexual Orientation**
• Gay
• Lesbian
• Bisexual
• Heterosexual
• Unknown/Not voluntarily given

*Some sources of data use different breakouts for adults and older adults – e.g., 18-59 instead of 18-64 for adults.

**Sexual Orientation data are only available for youth and adults (ages 13+). RSN-level analyses may not be conducted in instances where there is too much missing data (unknown/not voluntarily given).

Displaying Disparities Indicators Data

- **Appendix 1.3** presents a template for reporting and displaying disparities indicators across sub-groups (in this case, across race/ethnicity groups). This basic reporting format will be used to display raw

disparities indicators data (percentages, rates, averages), but it can also be used to display disparities ratios or standard scores (see section immediately below). In addition to these basic tables, various charts and graphs will be used to depict specific disparities indicators, providing a pictorial view of differences between sub-populations. Finally, "fact sheets" that can be used to provide briefings for decision-makers will be developed to accompany the more detailed data presentations and larger reports.

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Disparities Data Interpretation

Phase 3 of the disparities study also will involve testing various methods for interpreting disparities indicator data in order to determine whether behavioral health disparities are likely to exist and to what extent they represent a potentially serious concern.

The following approaches to disparities interpretation, drawn from other states such as California, Maryland and New Mexico, may be useful for analysis and interpretation beyond the mere reporting of rates, percentages, and other raw data findings. However, it is important to note that the final interpretation of disparities data should be overseen by a diverse group of Washington stakeholders, representing the interests of DSHS/DBHR, RSNs, providers, and consumers and families.

1. Disparities Ratios Approach

- Disparities ratios are calculated by taking the "best" rate or percentage for a given indicator among all groups being compared within a population group of interest (e.g., Race/Ethnicity), and calculating each remaining group's ratio based on the benchmark group's rate or percentage. This methodology tends to work well with rates such as penetration rates or rates of drug/alcohol-related deaths, for example.

Here is an example using old data on the rate of drug-induced deaths in the population, as reported by the DSHS RDA in 2003-2005:

Race/Ethnicity Group	Rate of Drug-Induced Death (per 100,000)	Disparities Ratios *"Best"* Method	Disparities Ratios *"Average"* Method
Statewide (all groups)	**14**		
Group A	20	6.7	1.4
Asians/Pacific Islanders	**3**	1.0	0.2
Group C	8	2.7	0.6
Group D	35	11.7	2.5
Whites	14	4.7	1.0

Basing the disparities ratio on the "best" rate or percentage among all the is an intuitively appealing approach because the disparity ratio for any particular group can immediately be interpreted as "X" times the number of the "best" value across all groups. Above, one can see that Whites have nearly five times (4.7 times) the rate of drug-induced deaths as the lowest or best value, which was found among Asians/Pacific Islanders, who had a rate of three (3) per 100,000 in the population. A couple of other groups had even higher disparities ratios, however.

A closely related approach involves examining the disparity ratio for each group relative to the statewide rate, which combines all groups. In 2005, the rate of drug-induced deaths in Washington was 14 per 100,000 people in the population. The results of this approach to calculating disparities ratios can be found in the far right column of the table above. This method also has intuitive appeal, as it shows each group's rate in terms of its fraction (or multiple) of the statewide average.

2. Standard Scores Approach

- Standard scores are created by calculating the number of standard deviation units a group's rate or percentage is above the mean. Using the example above, the results would look like this:

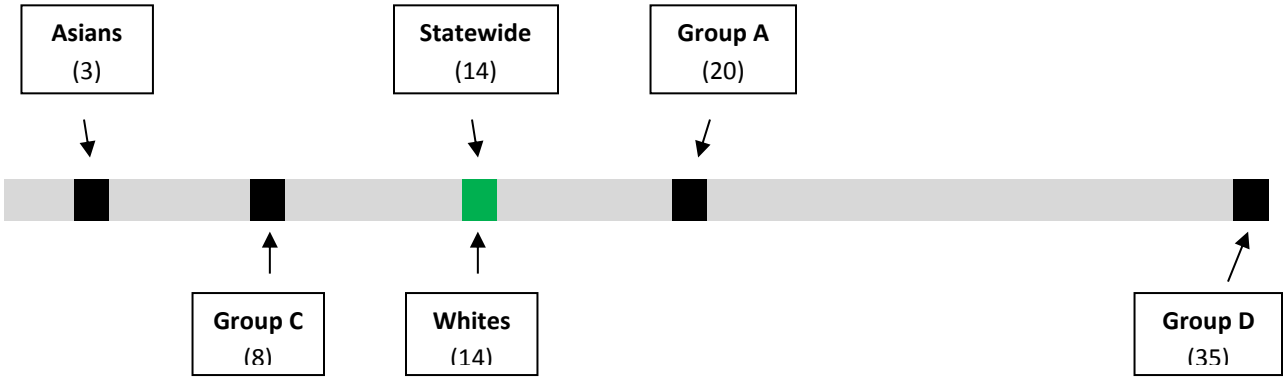
Race/Ethnicity Group	Rate of Drug-Induced Death (per 100,000)	Mean and Standard Deviation	Standard Scores
Group A	20	Mean = 16 Std Dev = 12.4	0.32
Asians/Pacific Islanders	3		-1.05
Group C	8		-0.65
Group D	35		1.53
Whites	14		-0.16

In the standard scores approach, negative and positive values may or may not be indicative of a disparity of concern. Whether a positive standard score or a negative standard score is of concern depends on the data being analyzed. As can be seen in the table, Group D, for example, has a rate of drug-induced death that is one-and-a-half standard deviations greater than the from the statewide average, indicating potential concern that the group's rate of drug-induced death is very high. Group D's higher standard score indicates a potential disparity that may be important to try to reduce. However, in analyzing perceptions of the quality of services, higher scores would be better and a negative standard score would be indicative of lower perceptions of quality and, possibly, a disparity in the (perceived) quality of services delivered.

A concern with the standard scores approach is that it relies on the use of each group's rate to form the statewide mean, which can skew the actual statewide (or, one might say, "typical" rate) in the direction of outlier groups, who may represent a small percentage of the population.

3. Ordering Approach

Another simple, straightforward approach involves displaying the results in a way that shows both the ordering of sub-groups along an indicator scale, as well as how far they each deviate from a statewide average. This approach is illustrated below, using data from the 2005 example above.



Defining Levels of Concern

Disparities ratios and standard scores can be used to define levels of concern. There would be challenges in defining the thresholds that would determine the label used to describe the level of concern, but with broad stakeholder and expert input, this task could be accomplished. For example, here is a hypothetical but illustrative example:

a. Disparity ratio of 1 to 1.5 *or* standard score ± 0.0 to 0.25 = "None or very low level disparity"
b. Disparity ratio of 1.5 to 2.0 / standard score ± 0.25 – 0.50 = "low level disparity"
c. Disparity ratio of 2.0 to 2.5 / standard score ± 0.5 – 1.0 = "moderate level disparity"
d. Disparity ratio greater than 2.5 / standard score ± 1.0 or greater = "high level disparity"

The thresholds identified in a. – d. above will need to be carefully reviewed by multiple stakeholders working together to determine appropriate levels. Unfortunately, there are no clear benchmarks in the field that have yet been widely adopted.

We will use Phase 3 data to produce various scenarios of disparities data interpretation. The Disparities Workgroup will review them, in consultation with TriWest and Washington DSHS experts in evaluation, data analysis and research.

Appendix 1.1 – Table of Supplementary Indicators

Supplementary Disparities Indicators

These indicators should be considered for future analysis in subsequent years.

Domain	Indicator	*Comments*
Access	<No supplementary indicator identified yet >	
Services	→ Crisis services episodes per outpatient consumer served	→ Average hours of crisis services will be tracked in Phase 3; however, some feel that tracking episodes will yield more actionable data
	→ Average length of stay for inpatient psychiatric episodes	→ Rates of hospital placement will be tracked for Phase 3
Outcomes	→ Percent with improvement in meaningful activities	→ Indicators need to be developed, especially for children and older adults
Quality	→ Perceptions of Access	→ An Access to Services score is available through the WIMHRT survey

Appendix 1.2 – Baseline Analysis of Sexual Orientation Status Indicator (Amount of Missing/Unknown Data)

Sexual Orientation: Unknown/Not voluntarily given by person		
RSN	**2010**	**2011**
RSN1	52.1%	42.0%
RSN2	51.9%	50.8%
RSN3	56.6%	53.2%
RSN4	68.0%	65.8%
RSN5	47.6%	30.3%
RSN6	65.2%	69.6%
RSN7	85.2%	85.8%
RSN8	73.7%	77.6%
RSN9	77.1%	58.0%
RSN10	75.6%	70.7%
RSN11	95.8%	91.9%
RSN12	72.6%	62.5%
RSN13	67.9%	78.8%
Total Average of Unknown	**68.4%**	**64.4%**

Appendix 1.3: Template for Reporting / Displaying Disparities Indicators Breakouts (Example of Race/Ethnicity)

INDICATORS			Race / Ethnicity					
			African Americans	Am. Indian/ Alaskan Native	Asian Americans	Native Hawaiians/ Pacific Islanders	Latinos/ Hispanics	Whites
ACCESS	Medicaid Penetration Rate	Medicaid community outpatient penetration rate						
		Medicaid community inpatient penetration rate						
		Medicaid community non-crisis outpatient penetration rate						
	Community Penetration Rate	Annual community outpatient penetration rate						
		Annual community inpatient penetration rate						
		Annual state hospital penetration rate						
SERVICES	Service Utilization Rate	Community outpatient utilization rate						
		Community inpatient utilization rate						
		State hospital utilization rate						
		Community non-crisis outpatient utilization rate						
		Crisis only utilization rate						

INDICATORS			Race / Ethnicity					
			African Americans	Am. Indian/ Alaskan Native	Asian Americans	Native Hawaiians/ Pacific Islanders	Latinos/ Hispanics	Whites
OUTCOME	Outpatient Change in Homeless Status	Remained homeless						
		Gained housing						
		Became homeless						
		Maintained housing						
	Outpatient Employment Change	Maintained employment						
		Lost employment						
		Gained employment						
		Remained unemployed						

Appendix Two: System Capacity Data Analysis

Introduction

Appendix Two is a summary of RSN documentation of local systems level specialized service capacity. Explanations of the data and findings can be found in the body of the report. Please see the section "System Capacity Assessment," starting on page eight, for details on the analysis of system capacity data. A discussion of findings begins on page eight, with additional observations and recommendations provided throughout that section.

Individual Providers Reported Race/Ethnicity Related Expertise, Statewide										
Race / Ethnicity Groups	**Medicaid Population**	***MH Professionals* with Race / Ethnicity Related Expertise**	***MH Specialists* with Race / Ethnicity Related Expertise**	***MH Specialists* per 1,000 Medicaid Enrollees**	***Prescribers* with Race / Ethnicity Related Expertise**	***Other Clinical Staff (not MHP's)* with Race / Ethnicity Related Expertise**	***Certified Peers* with Race / Ethnicity Related Expertise**	**All Providers with Race / Ethnicity Related Expertise**	**All Providers per 1,000 Medicaid Enrollees**	***Admin. Staff* with Race/Ethnicity Related Expertise**
African American	72,698	3	41	0.56	0	0	0	44	0.61	0
Asian/Pac. Islander	46,601	1	41	0.88	0	0	0	42	0.90	0
Hispanic/Latino	157,673	5	53	0.34	6	6	3	73	0.46	3
Native American/Alaskan Native	28,478	4	23	0.81	1	0	0	28	0.98	0
White	539,298	26	24	0.04	4	1	1	56	0.10	4
Multiracial/ Other or Unknown	220,366	0	3	0.01	3	0	0	6	0.03	0
Statewide Total	**1,065,114**	**39**	**185**	**0.17**	**14**	**7**	**4**	**249**	**0.23**	**7**

Notes:

1. Please note that RSNs reported data from slightly different timeframes - for example, e.g., some reported SFY 2010-2011 and some from CY 2011.
2. Five RSNs were not included in the statewide analysis, either because they did not report Medicaid data, or because they did not report Individual Providers' race/ethnicity-related expertise data.
3. Please note that MH Specialist as an official category does not exist for White and for Multiracial/Other or Unknown. However, some RSNs did report individuals as MH Specialists in those categories.

Individual Providers Reported Race / Ethnicity Related Expertise										
Race / Ethnicity Groups	**Medicaid Population**	***MH Professionals* with Race / Ethnicity Related Expertise**	***MH Specialists* with Race / Ethnicity Related Expertise**	***MH Specialists* per 1,000 Medicaid Enrollees**	***Prescribers* with Race / Ethnicity Related Expertise**	***Other Clinical Staff (not MHP's)* with Race / Ethnicity Related Expertise**	***Certified Peers* with Race / Ethnicity Related Expertise**	**All Providers with Race / Ethnicity Related Expertise**	**All Providers per 1,000 Medicaid Enrollees**	***Admin. Staff* with Race / Ethnicity Related Expertise**
RSN 1 total	**55,431**	**0**	**2**	**0.0**	**0**	**0**	**0**	**2**	**0.0**	**Unknown**
African American	**1,671**	0	0	**0.0**	0	0	0	**0**	**0.0**	Unknown
Asian/ Pacific Islander	**1,388**	0	0	**0.0**	0	0	0	**0**	**0.0**	Unknown
Hispanic/Latino	**2,223**	0	0	**0.0**	0	0	0	**0**	**0.0**	Unknown
Native American/ Alaskan Native	**1,957**	0	1	**0.5**	0	0	0	**1**	**0.5**	Unknown
White	**37,123**	0	0	**0.0**	0	0	0	**0**	**0.0**	Unknown
Multiracial / Other or Unknown	**11,069**	0	1	**0.1**	0	0	0	**1**	**0.1**	Unknown
RSN 2 total	**191,507**	**No Data**	**39**	**0.2**	**0**	**No Data**	**N/A**	**39**	**0.2**	**No Data**
African American	**2,222**	No Data	6	**2.7**	0	No Data	N/A	**6**	**2.7**	No Data
Asian/ Pacific Islander	**1,194**	No Data	1	**0.8**	0	No Data	N/A	**1**	**0.8**	No Data

Individual Providers Reported Race / Ethnicity Related Expertise										
Race / Ethnicity Groups	**Medicaid Population**	***MH Professionals* with Race / Ethnicity Related Expertise**	***MH Specialists* with Race / Ethnicity Related Expertise**	***MH Specialists* per 1,000 Medicaid Enrollees**	***Prescribers* with Race / Ethnicity Related Expertise**	***Other Clinical Staff (not MHP's)* with Race / Ethnicity Related Expertise**	***Certified Peers* with Race / Ethnicity Related Expertise**	**All Providers with Race / Ethnicity Related Expertise**	**All Providers per 1,000 Medicaid Enrollees**	***Admin. Staff* with Race / Ethnicity Related Expertise**
Hispanic/Latino	**76,078**	No Data	25	**0.3**	0	No Data	N/A	**25**	**0.3**	No Data
Native American/ Alaskan Native	**5,722**	No Data	7	**1.2**	0	No Data	N/A	**7**	**1.2**	No Data
White	**73,496**	No Data	0	**0.0**	0	No Data	N/A	**0**	**0.0**	No Data
Multiracial / Other or Unknown	**32,795**	No Data	0	**0.0**	0	No Data	N/A	**0**	**0.0**	No Data
RSN 3 total	**13,193**	**26**	**26**	**2.0**	**4**	**2**	**1**	**59**	**4.5**	**5**
African American	**103**	0	1	9.7	0	0	0	**1**	**9.7**	0
Asian/ Pacific Islander	**92**	0	0	0.0	0	0	0	**0**	**0.0**	0
Hispanic/Latino	**1,807**	0	0	0.0	0	1	0	**1**	**0.6**	1
Native American/ Alaskan Native	**1,056**	0	1	0.9	0	0	0	**1**	**0.9**	0
White	**9,744**	26	24	2.5	4	1	1	**56**	**5.7**	4

Individual Providers Reported Race / Ethnicity Related Expertise										
Race / Ethnicity Groups	**Medicaid Population**	***MH Professionals* with Race / Ethnicity Related Expertise**	***MH Specialists* with Race / Ethnicity Related Expertise**	***MH Specialists* per 1,000 Medicaid Enrollees**	***Prescribers* with Race / Ethnicity Related Expertise**	***Other Clinical Staff (not MHP's)* with Race / Ethnicity Related Expertise**	***Certified Peers* with Race / Ethnicity Related Expertise**	**All Providers with Race / Ethnicity Related Expertise**	**All Providers per 1,000 Medicaid Enrollees**	***Admin. Staff* with Race / Ethnicity Related Expertise**
Multiracial / Other or Unknown	**391**	0	0	0.0	0	0	0	**0**	**0.0**	0
RSN 4 total	**No Data**	**No Data**	**No Data**	**No Data**	**No Data**	**No Data**	**No Data**	**No Data**	**No Data**	**No Data**
African American	No Data	No Data	No Data	No Data	No Data	No Data	No Data	**No Data**	**No Data**	No Data
Asian/ Pacific Islander	No Data	No Data	No Data	No Data	No Data	No Data	No Data	**No Data**	**No Data**	No Data
Hispanic/Latino	No Data	No Data	No Data	No Data	No Data	No Data	No Data	**No Data**	**No Data**	No Data
Native American/ Alaskan Native	No Data	No Data	No Data	No Data	No Data	No Data	No Data	**No Data**	**No Data**	No Data
White	No Data	No Data	No Data	No Data	No Data	No Data	No Data	**No Data**	**No Data**	No Data
Multiracial / Other or Unknown	No Data	No Data	No Data	No Data	No Data	No Data	No Data	**No Data**	**No Data**	No Data
RSN 5 total	**3,912**	**0**	**0**	**0.0**	**0**	**0**	**0**	**0**	**0.0**	**0**

Individual Providers Reported Race / Ethnicity Related Expertise										
Race / Ethnicity Groups	**Medicaid Population**	***MH Professionals* with Race / Ethnicity Related Expertise**	***MH Specialists* with Race / Ethnicity Related Expertise**	***MH Specialists* per 1,000 Medicaid Enrollees**	***Prescribers* with Race / Ethnicity Related Expertise**	***Other Clinical Staff (not MHP's)* with Race / Ethnicity Related Expertise**	***Certified Peers* with Race / Ethnicity Related Expertise**	**All Providers with Race / Ethnicity Related Expertise**	**All Providers per 1,000 Medicaid Enrollees**	***Admin. Staff* with Race / Ethnicity Related Expertise**
African American	**61**	0	0	**0.0**	0	0	0	**0**	**0.0**	0
Asian/ Pacific Islander	**16**	0	0	**0.0**	0	0	0	**0**	**0.0**	0
Hispanic/Latino	**287**	0	0	**0.0**	0	0	0	**0**	**0.0**	0
Native American/ Alaskan Native	**123**	0	0	**0.0**	0	0	0	**0**	**0.0**	0
White	**2,542**	0	0	**0.0**	0	0	0	**0**	**0.0**	0
Multiracial / Other or Unknown	**883**	0	0	**0.0**	0	0	0	**0**	**0.0**	0
RSN 6 total	**22,562**	**No Data**	**No Data**	**No Data**	**No Data**	**No Data**	**No Data**	**No Data**	**No Data**	**2**
African American	**122**	No Data	No Data	No Data	No Data	No Data	No Data	**No Data**	**No Data**	N/A
Asian/ Pacific Islander	**216**	No Data	No Data	No Data	No Data	No Data	No Data	**No Data**	**No Data**	2
Hispanic/Latino	**3,080**	No Data	No Data	No Data	No Data	No Data	No Data	**No Data**	**No Data**	N/A

Individual Providers Reported Race / Ethnicity Related Expertise										
Race / Ethnicity Groups	**Medicaid Population**	***MH Professionals* with Race / Ethnicity Related Expertise**	***MH Specialists* with Race / Ethnicity Related Expertise**	***MH Specialists* per 1,000 Medicaid Enrollees**	***Prescribers* with Race / Ethnicity Related Expertise**	***Other Clinical Staff (not MHP's)* with Race / Ethnicity Related Expertise**	***Certified Peers* with Race / Ethnicity Related Expertise**	**All Providers with Race / Ethnicity Related Expertise**	**All Providers per 1,000 Medicaid Enrollees**	***Admin. Staff* with Race / Ethnicity Related Expertise**
Native American/ Alaskan Native	**420**	No Data	No Data	No Data	No Data	No Data	No Data	**No Data**	**No Data**	N/A
White	**17,952**	No Data	No Data	No Data	No Data	No Data	No Data	**No Data**	**No Data**	N/A
Multiracial / Other or Unknown	**772**	No Data	No Data	No Data	No Data	No Data	No Data	**No Data**	**No Data**	N/A
RSN 7 total	**56,072**	**No data**	**34**	**0.6**	**No data**	**No data**	**No data**	**34**	**0.6**	**N/A**
African American	**1,875**	No data	8	**4.3**	No data	No data	No data	**8**	**4.3**	N/A
Asian/ Pacific Islander	**2,153**	No data	8	**3.7**	No data	No data	No data	**8**	**3.7**	N/A
Hispanic/Latino	**6,914**	No data	11	**1.6**	No data	No data	No data	**11**	**1.6**	N/A
Native American/ Alaskan Native	**501**	No data	7	**14.0**	No data	No data	No data	**7**	**14.0**	N/A
White	**41,895**	No data	0	**0.0**	No data	No data	No data	**0**	**0.0**	N/A
Multiracial / Other or Unknown	**2,734**	No data	0	**0.0**	No data	No data	No data	**0**	**0.0**	N/A

Individual Providers Reported Race / Ethnicity Related Expertise										
Race / Ethnicity Groups	**Medicaid Population**	***MH Professionals* with Race / Ethnicity Related Expertise**	***MH Specialists* with Race / Ethnicity Related Expertise**	***MH Specialists* per 1,000 Medicaid Enrollees**	***Prescribers* with Race / Ethnicity Related Expertise**	***Other Clinical Staff (not MHP's)* with Race / Ethnicity Related Expertise**	***Certified Peers* with Race / Ethnicity Related Expertise**	**All Providers with Race / Ethnicity Related Expertise**	**All Providers per 1,000 Medicaid Enrollees**	***Admin. Staff* with Race / Ethnicity Related Expertise**
RSN 8 total	**167,300**	**0**	**12**	**0.1**	**0**	**0**	**0**	**12**	**0.1**	**0**
African American	**4,915**	0	1	**0.2**	0	0	0	**1**	**0.2**	0
Asian/ Pacific Islander	**5,504**	0	2	**0.4**	0	0	0	**2**	**0.4**	0
Hispanic/Latino	**27,800**	0	5	**0.2**	0	0	0	**5**	**0.2**	0
Native American/ Alaskan Native	**6,281**	0	2	**0.3**	0	0	0	**2**	**0.3**	0
White	**94,966**	0	0	**0.0**	0	0	0	**0**	**0.0**	0
Multiracial / Other or Unknown	**27,834**	0	2	**0.1**	0	0	0	**2**	**0.1**	0
RSN 9 total	**28,695**	**4**	**7**	**0.2**	**3**	**5**	**3**	**22**	**0.8**	**0**
African American	**81**	0	1	**12.3**	0	0	0	**1**	**12.3**	0
Asian/ Pacific Islander	**163**	0	2	**12.3**	0	0	0	**2**	**12.3**	0

Individual Providers Reported Race / Ethnicity Related Expertise										
Race / Ethnicity Groups	**Medicaid Population**	***MH Professionals* with Race / Ethnicity Related Expertise**	***MH Specialists* with Race / Ethnicity Related Expertise**	***MH Specialists* per 1,000 Medicaid Enrollees**	***Prescribers* with Race / Ethnicity Related Expertise**	***Other Clinical Staff (not MHP's)* with Race / Ethnicity Related Expertise**	***Certified Peers* with Race / Ethnicity Related Expertise**	**All Providers with Race / Ethnicity Related Expertise**	**All Providers per 1,000 Medicaid Enrollees**	***Admin. Staff* with Race / Ethnicity Related Expertise**
Hispanic/Latino	**11,891**	3	2	**0.2**	0	5	3	**13**	**1.1**	0
Native American/ Alaskan Native	**237**	1	2	**8.4**	0	0	0	**3**	**12.7**	0
White	**11,263**	0	0	**0.0**	0	0	0	**0**	**0.0**	0
Multiracial / Other or Unknown	**5,060**	0	0	**0.0**	3	0	0	**3**	**0.6**	0
RSN 10 total	**111,879**	**0**	**0**	**0.0**	**0**	**0**	**0**	**0**	**0.0**	**0**
African American	**3,247**	0	0	**0.0**	0	0	0	**0**	**0.0**	0
Asian/ Pacific Islander	**2,590**	0	0	**0.0**	0	0	0	**0**	**0.0**	0
Hispanic/Latino	**4,800**	0	0	**0.0**	0	0	0	**0**	**0.0**	0
Native American/ Alaskan Native	**3,772**	0	0	**0.0**	0	0	0	**0**	**0.0**	0
White	**81,852**	0	0	**0.0**	0	0	0	**0**	**0.0**	0

Individual Providers Reported Race / Ethnicity Related Expertise										
Race / Ethnicity Groups	**Medicaid Population**	***MH Professionals* with Race / Ethnicity Related Expertise**	***MH Specialists* with Race / Ethnicity Related Expertise**	***MH Specialists* per 1,000 Medicaid Enrollees**	***Prescribers* with Race / Ethnicity Related Expertise**	***Other Clinical Staff (not MHP's)* with Race / Ethnicity Related Expertise**	***Certified Peers* with Race / Ethnicity Related Expertise**	**All Providers with Race / Ethnicity Related Expertise**	**All Providers per 1,000 Medicaid Enrollees**	***Admin. Staff* with Race / Ethnicity Related Expertise**
Multiracial / Other or Unknown	**15,618**	0	0	**0.0**	0	0	0	**0**	**0.0**	0
RSN 11 total	**131,512**	**9**	**0**	**0.0**	**0**	**0**	**0**	**9**	**0.1**	**0**
African American	**15,025**	3	0	0.0	0	0	0	**3**	**0.2**	0
Asian/ Pacific Islander	**9,222**	1	0	0.0	0	0	0	**1**	**0.1**	0
Hispanic/Latino	**13,982**	2	0	0.0	0	0	0	**2**	**0.1**	0
Native American/ Alaskan Native	**4,008**	3	0	0.0	0	0	0	**3**	**0.7**	0
White	**82,498**	0	0	0.0	0	0	0	**0**	**0.0**	0
Multiracial / Other or Unknown	**6,777**	0	0	0.0	0	0	0	**0**	**0.0**	0
RSN 12 total	**276,918**	**0**	**68**	**0.2**	**0**	**0**	**0**	**68**	**0.2**	**0**

Individual Providers Reported Race / Ethnicity Related Expertise										
Race / Ethnicity Groups	**Medicaid Population**	***MH Professionals* with Race / Ethnicity Related Expertise**	***MH Specialists* with Race / Ethnicity Related Expertise**	***MH Specialists* per 1,000 Medicaid Enrollees**	***Prescribers* with Race / Ethnicity Related Expertise**	***Other Clinical Staff (not MHP's)* with Race / Ethnicity Related Expertise**	***Certified Peers* with Race / Ethnicity Related Expertise**	**All Providers with Race / Ethnicity Related Expertise**	**All Providers per 1,000 Medicaid Enrollees**	***Admin. Staff* with Race / Ethnicity Related Expertise**
African American	**43,417**	0	24	**0.6**	0	0	0	**24**	**0.6**	0
Asian/ Pacific Islander	**24,116**	0	28	**1.2**	0	0	0	**28**	**1.2**	0
Hispanic/Latino	**No Data**	0	15	**No data**	0	0	0	**15**	**No data**	0
Native American/ Alaskan Native	**4,584**	0	1	**0.2**	0	0	0	**1**	**0.2**	0
White	**92,656**	0	0	**0.0**	0	0	0	**0**	**0.0**	0
Multiracial / Other or Unknown	**112,145**	0	0	**0.0**	0	0	0	**0**	**0.0**	0
RSN 13 total	**28,695**	**0**	**12**	**0.4**	**7**	**0**	**0**	**19**	**0.7**	**0**
African American	81	0	0	**0.0**	0	0	0	**0**	**0.0**	0
Asian/ Pacific Islander	163	0	0	**0.0**	0	0	0	**0**	**0.0**	0
Hispanic/Latino	11,891	0	10	**0.8**	6	0	0	**16**	**1.3**	0

Individual Providers Reported Race / Ethnicity Related Expertise										
Race / Ethnicity Groups	**Medicaid Population**	***MH Professionals* with Race / Ethnicity Related Expertise**	***MH Specialists* with Race / Ethnicity Related Expertise**	***MH Specialists*** **per 1,000 Medicaid Enrollees**	***Prescribers* with Race / Ethnicity Related Expertise**	***Other Clinical Staff (not MHP's)* with Race / Ethnicity Related Expertise**	***Certified Peers* with Race / Ethnicity Related Expertise**	**All Providers with Race / Ethnicity Related Expertise**	**All Providers per 1,000 Medicaid Enrollees**	***Admin. Staff* with Race / Ethnicity Related Expertise**
Native American/ Alaskan Native	237	0	2	**8.4**	1	0	0	**3**	**12.7**	0
White	11,263	0	0	**0.0**	0	0	0	**0**	**0.0**	0
Multiracial / Other or Unknown	5,060	0	0	**0.0**	0	0	0	**0**	**0.0**	0
Statewide Totals										
African American	72,698	3	41	0.56	0	0	0	**44**	**0.61**	0
Asian/ Pacific Islander	46,601	1	41	0.88	0	0	0	**42**	**0.90**	0
Hispanic/Latino	157,673	5	53	0.34	6	6	3	**73**	**0.46**	3
Native American/ Alaskan Native	28,478	4	23	0.81	1	0	0	**28**	**0.98**	0
White	539,298	26	24	0.04	4	1	1	**56**	**0.10**	4

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Individual Providers Reported Race / Ethnicity Related Expertise										
Race / Ethnicity Groups	**Medicaid Population**	***MH Professionals* with Race / Ethnicity Related Expertise**	***MH Specialists* with Race / Ethnicity Related Expertise**	***MH Specialists* per 1,000 Medicaid Enrollees**	***Prescribers* with Race / Ethnicity Related Expertise**	***Other Clinical Staff (not MHP's)* with Race / Ethnicity Related Expertise**	***Certified Peers* with Race / Ethnicity Related Expertise**	**All Providers with Race / Ethnicity Related Expertise**	**All Providers per 1,000 Medicaid Enrollees**	***Admin. Staff* with Race / Ethnicity Related Expertise**
Multiracial / Other or Unknown	220,366	0	3	0.01	3	0	0	**6**	**0.03**	0
Total Population*	**1,065,114**	**39**	**185**	**0.17**	**14**	**7**	**4**	**249**	**0.23**	**7**

*Only those RSNs with both Medicaid population data and Individual Provider expertise data are included in the Statewide totals

Notes:

1. Five RSNs were not included in the statewide analysis, either because they did not report Medicaid data, or because they did not report Individual Providers' race/ethnicity-related expertise data.
2. Please note that MH Specialist as an official category does not exist for White and for Multiracial/Other or Unknown. However, some RSNs did report individuals as MH Specialists in those categories.

Agencies / Organizations – Culture and Population Specific Programs, Statewide																
		Mainstream Agencies – General Services			Mainstream Agencies – Culture/Population Specific Programs			Culture Specific Organizations			Peer/Family/Youth Operated Organizations			Total			
Race / Ethnicity Groups	Medicaid Population	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Clients Served (Across all Agency Types)	Clients Served (in Culture Specific Programs)	Percent of those served who were served in Culture-Specific Programs	Clients Served in Culture-Specific Programs, Per 1000 Medicaid Enrollees
African American	26,095	3,958	152	81%	540	21	11%	51	2	1.0%	367	14	7%	4,916	591	12%	23
Asian/Pacific Islander	20,095	1,350	67	74%	364	18	20%	6	0	0.3%	104	5	6%	1,824	370	20%	18
Hispanic / Latino	155,666	26,095	168	97%	551	4	2%	118	1	0.4%	164	1	1%	26,928	669	2%	4
Native American/ Alaskan Native	20,419	26,095	1,278	99%	228	11	1%	4	0	0.0%	70	3	0%	26,397	232	1%	11
White	380,200	26,095	69	78%	4,440	12	13%	312	1	0.9%	2,732	7	8%	33,579	4,752	14%	12
Multiracial/ Other or Unknown	92,492	26,095	282	86%	3,791	41	13%	124	1	0.4%	303	3	1%	30,313	3,915	13%	42
Totals	**694,967**	**109,688**	**158**	**88%**	**9,914**	**14**	**8%**	**615**	**1**	**0.5%**	**3,740**	**5**	**3%**	**123,957**	**10,529**	**8%**	**15**

Note: Four RSNs were not included in the statewide analysis, either because they did not report Medicaid data, or because they did not report Agencies' culture specific program data.

Agencies / Organizations – Culture and Population Specific Programs																	
		Mainstream Agencies – General Services			Mainstream Agencies – Culture/Population Specific Programs			Culture Specific Organizations			Peer/Family/Youth Operated Organizations			Total			
Race / Ethnicity Groups	Medicaid Population	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Clients Served (Across all Agency Types)	Clients Served (in Culture Specific Programs)	Percent of those served who were served in Culture-Specific Programs	Clients Served in Culture-Specific Programs, Per 1000 Medicaid Enrollees
RSN 1 total*	**55,431**	7,900	143	100%	26	0.5	0.3%				0	0	0%	**7,926**	**26**	**0.3%**	**0.5**
African American	**1,671**	417	250	100%	0	0.0	0%	0	0	0%	0	0	0%	**417**	**0**	**0%**	**0.0**
Asian/Pac. Islander	**1,388**	307	221	100%	0	0.0	0%	0	0	0%	0	0	0%	**307**	**0**	**0%**	**0.0**
Hispanic /Latino	**2,223**	309	139	92%	26	11.7	8%	0	0	0%	0	0	0%	**335**	**26**	**8%**	**11.7**
Native American/ Alaskan Native	**1,957**	429	219	100%	0	0.0	0%	0	0	0%	0	0	0%	**429**	**0**	**0%**	**0.0**
White	**37,123**	5,658	152	100%	0	0.0	0%	0	0	0%	0	0	0%	**5,658**	**0**	**0%**	**0.0**
Multiracial/ Other or	**11,069**	780	70	100%	0	0.0	0%	0	0	0%	0	0	0%	**780**	**0**	**0%**	**0.0**

Agencies / Organizations – Culture and Population Specific Programs																	
		Mainstream Agencies – General Services			Mainstream Agencies – Culture/Population Specific Programs			Culture Specific Organizations			Peer/Family/Youth Operated Organizations			Total			
Race / Ethnicity Groups	Medicaid Population	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Clients Served (Across all Agency Types)	Clients Served (in Culture Specific Programs)	Percent of those served who were served in Culture-Specific Programs	Clients Served in Culture-Specific Programs, Per 1000 Medicaid Enrollees
Unknown																	
RSN 2 total*	**191,507**	22,059	115	99.6 %	88	0.5	0.4%	0	0	0	0	0	0	**22,147**	**88**	**0.4%**	**0.5**
African American	**2,222**	576	259	99%	3	1.4	1%	0	0	0%	0	0	0%	**579**	**3**	**1%**	**1.4**
Asian/Pac. Islander	**1,194**	97	81	100%	0	0.0	0%	0	0	0%	0	0	0%	**97**	**0**	**0%**	**0.0**
Hispanic /Latino	**76,078**	4,869	64	99%	32	0.4	1%	0	0	0%	0	0	0%	**4,901**	**32**	**1%**	**0.4**
Native American/ Alaskan Native	**5,722**	690	121	100%	0	0.0	0%	0	0	0%	0	0	0%	**690**	**0**	**0%**	**0.0**
White	**73,496**	13,251	180	100%	49	0.7	0%	0	0	0%	0	0	0%	**13,300**	**49**	**0%**	**0.7**
Multiracial/ Other or	**32,795**	2,576	79	100%	4	0.1	0%	0	0	0%	0	0	0%	**2,580**	**4**	**0%**	**0.1**

Agencies / Organizations – Culture and Population Specific Programs																	
		Mainstream Agencies – General Services			Mainstream Agencies – Culture/Population Specific Programs			Culture Specific Organizations			Peer/Family/Youth Operated Organizations			Total			
Race / Ethnicity Groups	Medicaid Population	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Clients Served (Across all Agency Types)	Clients Served (in Culture Specific Programs)	Percent of those served who were served in Culture-Specific Programs	Clients Served in Culture-Specific Programs, Per 1000 Medicaid Enrollees
Unknown																	
RSN 3 total	**13,193**	1,920	146	100%	0	0	0	0	0	0	0	0	0	**1,920**	**0**	**0%**	**0**
African American	**103**	31	301	100%	0	0	0%	0	0	0%	0	0	0%	**31**	**0**	**0%**	**0**
Asian/Pac. Islander	**92**	2	22	100%	0	0	0%	0	0	0%	0	0	0%	**2**	**0**	**0%**	**0**
Hispanic /Latino	**1,807**	139	77	100%	0	0	0%	0	0	0%	0	0	0%	**139**	**0**	**0%**	**0**
Native American/ Alaskan Native	**1,056**	89	84	100%	0	0	0%	0	0	0%	0	0	0%	**89**	**0**	**0%**	**0**
White	**9,744**	1,588	163	100%	0	0	0%	0	0	0%	0	0	0%	**1,588**	**0**	**0%**	**0**
Multiracial/ Other or Unknown	**391**	71	182	100%	0	0	0%	0	0	0%	0	0	0%	**71**	**0**	**0%**	**0**

Agencies / Organizations – Culture and Population Specific Programs																
		Mainstream Agencies – General Services			Mainstream Agencies – Culture/Population Specific Programs			Culture Specific Organizations			Peer/Family/Youth Operated Organizations			Total			
Race / Ethnicity Groups	Medicaid Population	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Clients Served (Across all Agency Types)	Clients Served (in Culture Specific Programs)	Percent of those served who were served in Culture-Specific Programs	Clients Served in Culture-Specific Programs, Per 1000 Medicaid Enrollees
RSN 4 total	**No Data**	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	0	0	0	**No Data**	**No Data**	**No data**	**No Data**
African American	**No Data**	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	0	0	0%	**No Data**	**No Data**	**No data**	**No Data**
Asian/Pac. Islander	**No Data**	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	0	0	0%	**No Data**	**No Data**	**No data**	**No Data**
Hispanic /Latino	**No Data**	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	0	0	0%	**No Data**	**No Data**	**No data**	**No Data**
Native American/ Alaskan Native	**No Data**	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	0	0	0%	**No Data**	**No Data**	**No data**	**No Data**
White	**No Data**	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	0	0	0%	**No Data**	**No Data**	**No data**	**No Data**
Multiracial/ Other or Unknown	**No Data**	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	0	0	0%	**No Data**	**No Data**	**No data**	**No Data**

Agencies / Organizations – Culture and Population Specific Programs																	
		Mainstream Agencies – General Services			Mainstream Agencies – Culture/Population Specific Programs			Culture Specific Organizations			Peer/Family/Youth Operated Organizations			Total			
Race / Ethnicity Groups	Medicaid Population	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Clients Served (Across all Agency Types)	Clients Served (in Culture Specific Programs)	Percent of those served who were served in Culture-Specific Programs	Clients Served in Culture-Specific Programs, Per 1000 Medicaid Enrollees
RSN 5 total	**3,912**	3,398	869											**No Data**	**No Data**	**No data**	**No Data**
African American	**61**	61	1000	No Data	No Data	0.00	No Data	No Data	No Data	No Data	No Data	No Data	No Data	**No Data**	**No Data**	**No data**	**No Data**
Asian/Pac. Islander	**16**	16	1000	No Data	No Data	0.00	No Data	No Data	No Data	No Data	No Data	No Data	No Data	**No Data**	**No Data**	**No data**	**No Data**
Hispanic /Latino*	**287**	287	1000	No Data	No Data	0.00	No Data	No Data	No Data	No Data	No Data	No Data	No Data	**No Data**	**No Data**	**No data**	**No Data**
Native American/ Alaskan Native	**123**	123	1000	No Data	No Data	0.00	No Data	No Data	No Data	No Data	No Data	No Data	No Data	**No Data**	**No Data**	**No data**	**No Data**
White	**2,542**	2,542	1000	No Data	No Data	0.00	No Data	No Data	No Data	No Data	No Data	No Data	No Data	**No Data**	**No Data**	**No data**	**No Data**
Multiracial/ Other or Unknown	**883**	369	418	No Data	No Data	0.00	No Data	No Data	No Data	No Data	No Data	No Data	No Data	**No Data**	**No Data**	**No data**	**No Data**

Agencies / Organizations – Culture and Population Specific Programs																	
		Mainstream Agencies – General Services			Mainstream Agencies – Culture/Population Specific Programs			Culture Specific Organizations			Peer/Family/Youth Operated Organizations			Total			
Race / Ethnicity Groups	Medicaid Population	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Clients Served (Across all Agency Types)	Clients Served (in Culture Specific Programs)	Percent of those served who were served in Culture-Specific Programs	Clients Served in Culture-Specific Programs, Per 1000 Medicaid Enrollees
RSN 6 total	**22,562**	3,377	150	100%	0	0	0%	0	0	0%	0	0	0%	**3,377**	**0**	**0%**	**0**
African American	**122**	28	230	100%	0	0	0%	0	0	0%	0	0	0%	**28**	**0**	**0%**	**0**
Asian/Pac. Islander	**216**	27	125	100%	0	0	0%	0	0	0%	0	0	0%	**27**	**0**	**0%**	**0**
Hispanic /Latino	**3,080**	189	61	100%	0	0	0%	0	0	0%	0	0	0%	**189**	**0**	**0%**	**0**
Native American/ Alaskan Native	**420**	97	231	100%	0	0	0%	0	0	0%	0	0	0%	**97**	**0**	**0%**	**0**
White	**17,952**	2,614	146	100%	0	0	0%	0	0	0%	0	0	0%	**2,614**	**0**	**0%**	**0**
Multiracial/ Other or Unknown	**772**	422	547	100%	0	0	0%	0	0	0%	0	0	0%	**422**	**0**	**0%**	**0**

Agencies / Organizations – Culture and Population Specific Programs																
		Mainstream Agencies – General Services			Mainstream Agencies – Culture/Population Specific Programs			Culture Specific Organizations			Peer/Family/Youth Operated Organizations			Total			
Race / Ethnicity Groups	Medicaid Population	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Clients Served (Across all Agency Types)	Clients Served (in Culture Specific Programs)	Percent of those served who were served in Culture-Specific Programs	Clients Served in Culture-Specific Programs, Per 1000 Medicaid Enrollees
RSN 7 total	**56,072**	9,843	176	88%	46	1	0.4%	0	0	0%	1,238	22	11%	**11,127**	**46**	**0%**	**1**
African American	**1,875**	533	284	98%	0	0	0%	0	0	0%	9	5	2%	**542**	**0**	**0%**	**0**
Asian/Pac. Islander	**2,153**	206	96	84%	0	0	0%	0	0	0%	38	18	16%	**244**	**0**	**0%**	**0**
Hispanic /Latino	**6,914**	915	132	92%	46	7	5%	0	0	0%	32	5	3%	**993**	**46**	**5%**	**7**
Native American/ Alaskan Native	**501**	307	613	99%	0	0	0%	0	0	0%	3	6	1%	**310**	**0**	**0%**	**0**
White	**41,895**	6,843	163	86%	0	0	0%	0	0	0%	1156	28	14%	**7,999**	**0**	**0%**	**0**
Multiracial/ Other or Unknown	**2,734**	1,039	380	100%	0	0	0%	0	0	0%	0	0	0%	**1,039**	**0**	**0%**	**0**
RSN 8 total	**167,300**	21,353	128	94%	1,457	9	6%	0	0	0%	0	0	0%	**22,810**	**1,457**	**6%**	**9**

Agencies / Organizations – Culture and Population Specific Programs																
		Mainstream Agencies – General Services			Mainstream Agencies – Culture/Population Specific Programs			Culture Specific Organizations			Peer/Family/Youth Operated Organizations			Total			
Race / Ethnicity Groups	Medicaid Population	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Clients Served (Across all Agency Types)	Clients Served (in Culture Specific Programs)	Percent of those served who were served in Culture-Specific Programs	Clients Served in Culture-Specific Programs, Per 1000 Medicaid Enrollees
African American	**4,915**	728	148	92%	67	14	8%	0	0	0%	0	0	0%	**795**	**67**	**8%**	**14**
Asian/Pac. Islander	**5,504**	457	83	95%	24	4	5%	0	0	0%	0	0	0%	**481**	**24**	**5%**	**4**
Hispanic /Latino	**27,800**	920	33	85%	159	6	15%	0	0	0%	0	0	0%	**1,079**	**159**	**15%**	**6**
Native American/ Alaskan Native	**6,281**	729	116	95%	39	6	5%	0	0	0%	0	0	0%	**768**	**39**	**5%**	**6**
White	**94,966**	13,865	146	94%	831	9	6%	0	0	0%	0	0	0%	**14,696**	**831**	**6%**	**9**
Multiracial/ Other or Unknown	**27,834**	4,654	167	93%	337	12	7%	0	0	0%	0	0	0%	**4,991**	**337**	**7%**	**12**
RSN 9 total	**28,695**	2,854	99	100%	0	0	0%	0	0	0%	0	0	0%	**2,854**	**0**	**0%**	**0**
African American	**81**	28	346	100%	0	0	0%	0	0	0%	0	0	0%	**28**	**0**	**0%**	**0**

Agencies / Organizations – Culture and Population Specific Programs																	
		Mainstream Agencies – General Services			Mainstream Agencies – Culture/Population Specific Programs			Culture Specific Organizations			Peer/Family/Youth Operated Organizations			Total			
Race / Ethnicity Groups	Medicaid Population	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Clients Served (Across all Agency Types)	Clients Served (in Culture Specific Programs)	Percent of those served who were served in Culture-Specific Programs	Clients Served in Culture-Specific Programs, Per 1000 Medicaid Enrollees
Asian/Pac. Islander	**163**	2	12	100%	0	0	0%	0	0	0%	0	0	0%	**2**	**0**	**0%**	**0**
Hispanic /Latino	**11,891**	712	60	100%	0	0	0%	0	0	0%	0	0	0%	**712**	**0**	**0%**	**0**
Native American/ Alaskan Native	**237**	78	329	100%	0	0	0%	0	0	0%	0	0	0%	**78**	**0**	**0%**	**0**
White	**11,263**	1,720	153	100%	0	0	0%	0	0	0%	0	0	0%	**1,720**	**0**	**0%**	**0**
Multiracial/ Other or Unknown	**5,060**	314	62	100%	0	0	0%	0	0	0%	0	0	0%	**314**	**0**	**0%**	**0**
RSN 10 total	**111,879**	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data
African American	**3,247**	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data
Asian/Pac.	**2,590**	No Data	No	No	No	No	No	No	No	No	No	No	No	No Data	No	No	No Data

Agencies / Organizations – Culture and Population Specific Programs																	
		Mainstream Agencies – General Services			Mainstream Agencies – Culture/Population Specific Programs			Culture Specific Organizations			Peer/Family/Youth Operated Organizations			Total			
Race / Ethnicity Groups	Medicaid Population	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Clients Served (Across all Agency Types)	Clients Served (in Culture Specific Programs)	Percent of those served who were served in Culture-Specific Programs	Clients Served in Culture-Specific Programs, Per 1000 Medicaid Enrollees
Islander			Data	Data	Data	Data	Data	Data	Data	Data	Data	Data	Data		Data	Data	
Hispanic /Latino	**4,800**	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data
Native American/ Alaskan Native	**3,772**	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data
White	**81,852**	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data
Multiracial/ Other or Unknown	**15,618**	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data
RSN 11 total	**131,512**	7,796	59	41%	8,297	63	43%	615	5	3%	2,502	19	13%	**19,210**	**8,912**	**46%**	**68**
African American	**15,025**	1,589	106	64%	470	31	19%	51	3	2%	358	24	15%	**2,468**	**521**	**21%**	**35**
Asian/Pac. Islander	**9,222**	250	27	38%	340	37	51%	6	1	1%	66	7	10%	**662**	**346**	**52%**	**38**

TriWest Health + Human Service Evaluation + Consulting

Agencies / Organizations – Culture and Population Specific Programs																	
		Mainstream Agencies – General Services			Mainstream Agencies – Culture/Population Specific Programs			Culture Specific Organizations			Peer/Family/Youth Operated Organizations			Total			
Race / Ethnicity Groups	Medicaid Population	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Clients Served (Across all Agency Types)	Clients Served (in Culture Specific Programs)	Percent of those served who were served in Culture-Specific Programs	Clients Served in Culture-Specific Programs, Per 1000 Medicaid Enrollees
Hispanic /Latino	**13,982**	618	44	53%	288	21	25%	118	8	10%	132	9	11%	**1,156**	**406**	**35%**	**29**
Native American/ Alaskan Native	**4,008**	252	63	49%	189	47	37%	4	1	1%	67	17	13%	**512**	**193**	**38%**	**48**
White	**82,498**	4,367	53	44%	3560	43	36%	312	4	3%	1576	19	16%	**9,815**	**3,872**	**39%**	**47**
Multiracial/ Other or Unknown	**6,777**	720	106	16%	3450	509	75%	124	18	3%	303	45	7%	**4,597**	**3,574**	**78%**	**527**
RSN 12 total	**276,918**	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	47,865	No Data	No Data	No Data
African American	**43,417**	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	8,050	No Data	No Data	No Data
Asian/Pac. Islander	**24,116**	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	3,518	No Data	No Data	No Data
Hispanic	**No**	No Data	No	No	No	No	No	No	No	No	No	No	No	5,219	No	No	No Data

Agencies / Organizations – Culture and Population Specific Programs																	
		Mainstream Agencies – General Services			Mainstream Agencies – Culture/Population Specific Programs			Culture Specific Organizations			Peer/Family/Youth Operated Organizations			Total			
Race / Ethnicity Groups	Medicaid Population	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Clients Served (Across all Agency Types)	Clients Served (in Culture Specific Programs)	Percent of those served who were served in Culture-Specific Programs	Clients Served in Culture-Specific Programs, Per 1000 Medicaid Enrollees
/Latino	**Data**		Data	Data	Data	Data	Data	Data	Data	Data	Data	Data	Data		Data	Data	
Native American/ Alaskan Native	**4,584**	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	997	No Data	No Data	No Data
White	**92,656**	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	22,690	No Data	No Data	No Data
Multiracial/ Other or Unknown	**112,145**	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	7,391	No Data	No Data	No Data
RSN 13 total	**28,695**	**2,854**	**99**	**0%**	**0**	**0**	**0%**	**0**	**0**	**0%**	**0**	**0**	**0%**	**2,854**	**0**	**0%**	**0**
African American	81	28	346	0%	0	**0**	**0%**	0	**0**	**0%**	0	**0**	**0%**	**28**	**0**	**0%**	**0**
Asian/Pac. Islander	163	2	12	0%	0	**0**	**0%**	0	**0**	**0%**	0	**0**	**0%**	**2**	**0**	**0%**	**0**
Hispanic	11,891	712	60	0%	0	**0**	**0%**	0	**0**	**0%**	0	**0**	**0%**	**712**	**0**	**0%**	**0**

Agencies / Organizations – Culture and Population Specific Programs																
		Mainstream Agencies – General Services			Mainstream Agencies – Culture/Population Specific Programs			Culture Specific Organizations			Peer/Family/Youth Operated Organizations			Total			
Race / Ethnicity Groups	Medicaid Population	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Clients Served (Across all Agency Types)	Clients Served (in Culture Specific Programs)	Percent of those served who were served in Culture-Specific Programs	Clients Served in Culture-Specific Programs, Per 1000 Medicaid Enrollees
/Latino																	
Native American/ Alaskan Native	237	78	329	0%	0	**0**	**0%**	0	**0**	**0%**	0	**0**	**0%**	**78**	**0**	**0%**	**0**
White	11,263	1,720	153	0%	0	**0**	**0%**	0	**0**	**0%**	0	**0**	**0%**	**1,720**	**0**	**0%**	**0**
Multiracial/ Other or Unknown	5,060	314	62	0%	0	**0**	**0%**	0	**0**	**0%**	0	**0**	**0%**	**314**	**0**	**0%**	**0**
Statewide Totals																	
African American	**26,095**	**3,958**	152	81%	540	21	11%	51	2	1%	367	14	7%	**4,916**	**591**	**12%**	**23**
Asian/Pac. Islander	**20,095**	**1,350**	67	74%	364	18	20%	6	0	0.3%	104	5	6%	**1,824**	**370**	**20%**	**18**
Hispanic /Latino	**155,666**	**26,095**	168	97%	551	4	2%	118	1	0.4%	164	1	1%	**26,928**	**669**	**2%**	**4**
Native American/	**20,419**	**26,095**	1278	99%	228	11	1%	4	0	0%	70	3	0%	**26,397**	**232**	**1%**	**11**

Agencies / Organizations – Culture and Population Specific Programs																
		Mainstream Agencies – General Services			Mainstream Agencies – Culture/Population Specific Programs			Culture Specific Organizations			Peer/Family/Youth Operated Organizations			Total			
Race / Ethnicity Groups	Medicaid Population	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Clients Served (Across all Agency Types)	Clients Served (in Culture Specific Programs)	Percent of those served who were served in Culture-Specific Programs	Clients Served in Culture-Specific Programs, Per 1000 Medicaid Enrollees
Alaskan Native																	
White	**380,200**	**26,095**	69	78%	4,440	12	13%	312	1	0.9%	2,732	7	8%	**33,579**	**4,752**	**14%**	**12**
Multiracial/ Other or Unknown	**92,492**	**26,095**	282	86%	3,791	41	13%	124	1	0.4%	303	3	1%	**30,313**	**3,915**	**13%**	**42**
Total Population	**694,967**	**109,688**	**158**	**88%**	**9,914**	14	**8%**	**615**	1	**0.5%**	**3,740**	5	**3%**	**123,957**	**10,529**	**8%**	**15**

*For TMRSN, GCBH, and SWRSN, Medicaid eligible totals were either not submitted or submitted inaccurately, so reports from the MHD-PI website on Medicaid breakouts across race/ethnicity groups for these RSNs were generated. In many cases, the number of people falling in the Hispanic category was estimated, based on penetration rate in FY 2009, because the data on Hispanics was not accurate for FY 2011 in the MHD-PI reports.

Note:

1. Four RSNs were not included in the statewide analysis, either because they did not report Medicaid data, or because they did not report Agencies' population specific program data.

Individual Providers' Reported Age-Related Expertise, Statewide										
Age Groups	**Medicaid Population**	***MH Professionals* with Age Related Expertise**	***MH Specialists* with Age Related Expertise**	***MH Specialists* (per 1,000 Medicaid Enrollees)**	***Prescribers* with Age Related Expertise**	***Other Clinical Staff* with Age Related Expertise**	***Certified Peers***	**All Direct Service Providers with Age Related Expertise**	**All Direct Service Providers (per 1,000 Medicaid Enrollees)**	***Administrative Staff***
Youth	599,835	70	484	0.8	46	0	1	601	1.0	No Data
Older Adult (60+)	79,536	18	108	1.4	9	0	2	137	1.7	No Data
Totals	679,371	88	592	0.9	55	0	3	738	1.1	No Data

Notes:

1. Two RSNs were not included in the statewide analysis for Children/Youth and three RSNs were not included in the statewide analysis for older adults, either because they did not report Medicaid data, or because they did not report Individual Providers' age-related expertise data.

Individual Providers' Reported Age-Related Expertise										
Age Groups	**Medicaid Population**	***MH Professionals* with Age Related Expertise**	***MH Specialists* with Age Related Expertise**	***MH Specialists* (per 1,000 Medicaid Enrollees)**	***Prescribers* with Age Related Expertise**	***Other Clinical Staff* with Age Related Expertise**	***Certified Peers***	**All Direct Service Providers with Age Related Expertise**	**All Direct Service Providers (per 1,000 Medicaid Enrollees)**	***Administrative Staff***
RSN 1 total										
Youth	28,677	0	21	0.7	1	0	0	**22**	**0.77**	No Data
Older Adult (60+)	2,618	0	5	1.9	0	0	0	**5**	**1.91**	No Data
RSN 2 total										
Youth	107,985	No Data	90	0.8	4	No Data	No Data	**94**	**0.87**	No Data
Older Adult (60+)	10,266	No Data	20	1.9	1	No Data	No Data	**21**	**2.05**	No Data
RSN 3 total										
Youth	9,800	1	10	1.0	0	0	0	**11**	**1.12**	No Data
Older Adult (60+)	No Data	0	2	No Data	0	0	0	**2**	**No Data**	No Data
RSN 4 total										
Youth	2,730	15	45	16.5	10	No Data	0	**70**	**25.64**	No Data
Older Adult (60+)	4,500	2	10	2.2		No Data	2	**14**	**3.11**	No Data

Individual Providers' Reported Age-Related Expertise										
Age Groups	**Medicaid Population**	***MH Professionals* with Age Related Expertise**	***MH Specialists* with Age Related Expertise**	***MH Specialists* (per 1,000 Medicaid Enrollees)**	***Prescribers* with Age Related Expertise**	***Other Clinical Staff* with Age Related Expertise**	***Certified Peers***	**All Direct Service Providers with Age Related Expertise**	**All Direct Service Providers (per 1,000 Medicaid Enrollees)**	***Administrative Staff***
RSN 5 total										
Youth	1,646	0	27	16.4	0	0	0	**27**	**16.40**	No Data
Older Adult (60+)	143	0	3	21.0	0	0	0	**3**	**20.98**	No Data
RSN 6 total										
Youth	13,280	No Data	8	0.6	1	No Data	No Data	**9**	**0.68**	No Data
Older Adult (60+)	1,277	No Data	2	1.6	No Data	No Data	No Data	**2**	**1.57**	No Data
RSN 7 total										
Youth	No Data	No Data	78	No Data	4	No Data	No Data	**82**	**No Data**	No Data
Older Adult (60+)	No Data	No Data	6	No Data	3	No Data	No Data	**9**	**No Data**	No Data
RSN 8 total										
Youth	111,689	No Data	88	0.8	4	No Data	No Data	**92**	**0.82**	No Data
Older Adult (60+)	14,104	No Data	12	0.9	0	No Data	No Data	**12**	**0.85**	No Data

Individual Providers' Reported Age-Related Expertise										
Age Groups	**Medicaid Population**	***MH Professionals* with Age Related Expertise**	***MH Specialists* with Age Related Expertise**	***MH Specialists* (per 1,000 Medicaid Enrollees)**	***Prescribers* with Age Related Expertise**	***Other Clinical Staff* with Age Related Expertise**	***Certified Peers***	**All Direct Service Providers with Age Related Expertise**	**All Direct Service Providers (per 1,000 Medicaid Enrollees)**	***Administrative Staff***
RSN 9 total										
Youth	19,235	No Data	12	0.6	1	No Data	1	**14**	**0.73**	No Data
Older Adult (60+)	1,318	No Data	1	0.8	0	No Data	0	**1**	**0.76**	No Data
RSN 10 total										
Youth	62,346	0	0	0.0	0	0	0	**0**	**0.00**	No Data
Older Adult (60+)	8,325	0	0	0.0	0	0	0	**0**	**0.00**	No Data
RSN 11 total										
Youth	80,941	54	No Data	No Data	No Data	No Data	No Data	**54**	**0.67**	No Data
Older Adult (60+)	7,135	16	No Data	No Data	No Data	No Data	No Data	**16**	**2.24**	No Data
RSN 12 total										
Youth	161,506	No Data	183	1.1	25	No Data	No Data	**208**	**1.29**	No Data
Older Adult (60+)	29,850	No Data	55	1.8	8	No Data	No Data	**63**	**2.11**	No Data
RSN 13 total										

Individual Providers' Reported Age-Related Expertise										
Age Groups	**Medicaid Population**	***MH Professionals* with Age Related Expertise**	***MH Specialists* with Age Related Expertise**	***MH Specialists* (per 1,000 Medicaid Enrollees)**	***Prescribers* with Age Related Expertise**	***Other Clinical Staff* with Age Related Expertise**	***Certified Peers***	**All Direct Service Providers with Age Related Expertise**	**All Direct Service Providers (per 1,000 Medicaid Enrollees)**	***Administrative Staff***
Youth	No Data	No Data	32	No Data	1	No Data	No Data	**33**	**No Data**	No Data
Older Adult (60+)	No Data	No Data	9	No Data	1	No Data	No Data	**10**	**No Data**	No Data
Statewide Totals										
Youth	**599,835**	**70**	**484**	0.8	**46**	**0**	**1**	**601**	**1.0**	**No Data**
Older Adults	**79,536**	**18**	**108**	1.4	**9**	**0**	**2**	**137**	**1.7**	**No Data**
Total Population	**679,371**	**88**	**592**	0.9	**55**	**0**	**3**	**738**	**1.1**	**No Data**

Notes:

1. Two RSNs were not included in the statewide analysis for Children/Youth and three RSNs were not included in the statewide analysis for older adults, either because they did not report Medicaid data, or because they did not report Individual Providers' age-related expertise data.

Agencies / Organizations – Age Specific Programs, Statewide																
		Mainstream Agencies – General Services			Mainstream Agencies – Culture/Population Specific Programs			Culture Specific Organizations			Peer/Family/Youth Operated Organizations			Total		
Age Groups	Medicaid Population	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Total Number of Clients Served (Across all Agency Types)	Total Number of Clients Served (Population Specific Programs)	Clients Served in Population-Specific Programs, Per 1000 Medicaid Enrollees
Children / Youth (0-17)	478,927	36,182	76	89%	3,328	7	8%	95	0.2	0.2%	880	2	2%	40,485	3,435	7
Older Adults (65+)	78,075	11,219	144	90%	1,181	15	9%	6	0.0	0.0%	59	1	0.5%	12,465	1,187	15
Totals	**557,002**	**47,401**	**85**	**90%**	**4,509**	**8**	**9%**	**101**	**0.1**	**0.2%**	**939**	**2**	**2%**	**52,950**	**4,622**	**8**

Notes:

1. Four RSNs were not included in the statewide analysis for Children/Youth and five RSNs were not included in the statewide analysis for older adults, either because they did not report Medicaid data, or because they did not report Agencies' population specific program data.

Agencies / Organizations – Age Specific Programs																
		Mainstream Agencies – General Services			Mainstream Agencies –Population Specific Programs			Population Specific Organizations			Peer/Family/Youth Operated Organizations			Total		
Age Groups	Medicaid Population	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Total Number of Clients Served (Across all Agency Types)	Total Number of Clients Served (Population Specific Programs)	Clients Served in Population-Specific Programs, Per 1000 Medicaid Enrollees
RSN 1 total	31,295	2,323			120			0			18			2,461		
Children / Youth (0-17)	28,677	1,837	64	98%	43	1	2%	0	0	0%	0	0	0%	1,880	43	1.5
Older Adults (65+)	2,618	486	185.64	84%	77	29	13%	0	0	0%	18	7	3%	581	77	29
RSN 2 total	118,224	8,322			80			0			0			8,402		
Children / Youth (0-17)	107,958	6847	63	99%	80	1	1%	0	0	0%	0	0	0%	6,927	80	0.7
Older Adults (65+)	10,266	1475	144	100%	0	0	0%	0	0	0%	0	0	0%	1,475	0	0
RSN 3 total	9,800	829			12			0						841		

Agencies / Organizations – Age Specific Programs															
		Mainstream Agencies – General Services			Mainstream Agencies –Population Specific Programs			Population Specific Organizations			Peer/Family/Youth Operated Organizations			Total		
Age Groups	Medicaid Population	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Total Number of Clients Served (Across all Agency Types)	Total Number of Clients Served (Population Specific Programs)	Clients Served in Population-Specific Programs, Per 1000 Medicaid Enrollees
Children / Youth (0-17)	9,800	741	76	98%	12	1	2%	0	0	0%	0	0	0%	753	12	1
Older Adults (65+)	No Data	88	No Data	100%	0	No Data	0%	0	No Data	0%	0	No Data	0%	88	0	No Data
RSN 4 total	7,230	2,874			No Data			0			0			2,874		
Children / Youth (0-17)	2,730	1,751	641	100%	No Data	No Data	No Data	0	0.00	0%	0	0	0%	1,751	12	4.4
Older Adults (65+)	4,500	1,123	250	100%	No Data	No Data	No Data	0	0.00	0%	0	0	0%	1,123	0	0
RSN 5 total	1,789	1,786			No Data			No Data			No Data			1,786	No Data	
Children / Youth	1,646	1,644	999	100%	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	1,644	No Data	No Data

Agencies / Organizations – Age Specific Programs																
		Mainstream Agencies – General Services			Mainstream Agencies –Population Specific Programs			Population Specific Organizations			Peer/Family/Youth Operated Organizations			Total		
Age Groups	Medicaid Population	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Total Number of Clients Served (Across all Agency Types)	Total Number of Clients Served (Population Specific Programs)	Clients Served in Population-Specific Programs, Per 1000 Medicaid Enrollees
(0-17)																
Older Adults (65+)	143	142	993	100%	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	142	No Data	No Data
RSN 6 total	14,557	1,187			0			0			0			1,187		
Children / Youth (0-17)	13,280	863	65	100%	0	0	0%	0	0	0%	0	0	0%	863	0	0
Older Adults (65+)	1,277	324	254	100%	0	0	0%	0	0	0%	0	0	0%	324	0	0
RSN 7 total		4,384			No Data			No Data			392			4,776		
Children / Youth (0-17)	No Data	3960	No Data	99%	No Data	No Data	No Data	No Data	No Data	No Data	36	No Data	1%	3996	No Data	No Data

Agencies / Organizations – Age Specific Programs																
		Mainstream Agencies – General Services			Mainstream Agencies –Population Specific Programs			Population Specific Organizations			Peer/Family/Youth Operated Organizations			Total		
Age Groups	Medicaid Population	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Total Number of Clients Served (Across all Agency Types)	Total Number of Clients Served (Population Specific Programs)	Clients Served in Population-Specific Programs, Per 1000 Medicaid Enrollees
Older Adults (65+)	No Data	424	No Data	54%	No Data	No Data	No Data	No Data	No Data	No Data	356	No Data	46%	780	No Data	No Data
RSN 8 total	25,793	7,766			541			0			0			8,307		
Children / Youth (0-17)	11,689	6138	525	93%	486	42	7%	0	0	0%	0	0	0%	6,624	486	42
Older Adults (65+)	14,104	1628	115	97%	55	4	3%	0	0	0%	0	0	0%	1,683	55	4
RSN 9 total	20,553	1,299			No Data			No Data			0			1,299	No Data	
Children / Youth (0-17)	19,235	1128	59	100%	No Data	No Data	No Data	No Data	No Data	No Data	0	0	0%	1128	No Data	No Data
Older Adults (65+)	1,318	171	130	100%	No Data	No Data	No Data	No Data	No Data	No Data	0	0	0%	171	No Data	No Data

Agencies / Organizations – Age Specific Programs																
		Mainstream Agencies – General Services			Mainstream Agencies –Population Specific Programs			Population Specific Organizations			Peer/Family/Youth Operated Organizations			Total		
Age Groups	Medicaid Population	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Total Number of Clients Served (Across all Agency Types)	Total Number of Clients Served (Population Specific Programs)	Clients Served in Population-Specific Programs, Per 1000 Medicaid Enrollees
RSN 10 total	70,671	4,842			802			0			129			5,773		
Children / Youth (0-17)	62,346	4512	72	83%	802	13	15%	0	0	0%	129	2	2%	5,443	802	13
Older Adults (65+)	8,325	330	40	100%	0	0	0%	0	0	0%	0	0	0%	330	0	0
RSN 11 total	88,076	2,199			2,135			101			792			5,227		
Children / Youth (0-17)	80,941	2055	25	47%	1,482	18	34%	95	1	2%	751	9	17%	4,383	1,577	19
Older Adults (65+)	7,135	144	20	17%	653	92	77%	6	1	1%	41	6	5%	844	659	92
RSN 12 total	191,356				819			3,365			0			17,966		

Agencies / Organizations – Age Specific Programs																
		Mainstream Agencies – General Services			Mainstream Agencies –Population Specific Programs			Population Specific Organizations			Peer/Family/Youth Operated Organizations			Total		
Age Groups	Medicaid Population	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Total Number of Clients Served (Across all Agency Types)	Total Number of Clients Served (Population Specific Programs)	Clients Served in Population-Specific Programs, Per 1000 Medicaid Enrollees
Children / Youth (0-17)	161,506	11,438	71	96%	423	3	4%	No Data	No Data	No Data	0	0	0%	11,861	423	3
Older Adults (65+)	29,850	5,709	191	94%	396	13	6%	No Data	No Data	No Data	0	0	0%	6,105	396	13
RSN 13 total	No Data	No Data			No Data			No Data			No Data			No Data	No Data	
Children / Youth (0-17)	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data
Older Adults (65+)	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data
Statewide Totals																
Children / Youth (0-17)	478,927	36,182	76	89%	3,328	7	8%	95	0.2	0.2%	880	2	2%	40,485	3,435	7

Agencies / Organizations – Age Specific Programs															
		Mainstream Agencies – General Services			Mainstream Agencies –Population Specific Programs			Population Specific Organizations			Peer/Family/Youth Operated Organizations			Total		
Age Groups	Medicaid Population	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Number of Clients Served	Number of Clients Served Per 1000 Medicaid Enrollees	Percent of Total Served (Across all Agency Types)	Total Number of Clients Served (Across all Agency Types)	Total Number of Clients Served (Population Specific Programs)	Clients Served in Population-Specific Programs, Per 1000 Medicaid Enrollees
Older Adults (65+)	78,075	11,219	144	90%	1,181	15	9%	6	0.1	0.0%	59	1	0.5%	12,465	1,187	15
Total Population	**557,002**	**47,401**	**85**	**90%**	**4,509**	**8**	**9%**	**101**	**0.2**	**0.2%**	**939**	**2**	**2%**	**52,950**	**4,622**	**8**

Notes:

1. Four RSNs were not included in the statewide analysis for Children/Youth and five RSNs were not included in the statewide analysis for older adults, either because they did not report Medicaid data, or because they did not report Agencies' population specific program data.

Washington State DSHS Disparities Study Phase 3

Appendix Three: Washington State Behavioral Health Disparities by Race and Age

Introduction

Appendix Three provides a summary of state service access as a means to identify disparities. Explanations of the data and findings can be found in the body of the report.

Summary of Access Disparities Indicators by Race / Ethnicity, Statewide - *CY2010 DBHR*									
Indicators of ACCESS to Services		**Race / Ethnicity**							**WA State Total**
		African American	**Asian American / Pacific Islander**	**Caucasian**	**Hispanic**	**Native American**	**Multi-Racial / Other or Unknown**	**% of Pop. is Multi-Racial / Other or Unknown**	
Medicaid Penetration Rate	Medicaid community non-crisis outpatient penetration rate	10.5	5.3	8.9	9.6	5.2	5.3	25%	7.9
	Medicaid crisis only penetration rate	0.6	0.4	1.3	1.0	1.6	0.02	25%	1.3
	Medicaid community inpatient penetration rate	2.4	1.1	2.8	1.5	0.8	11.0	25%	4.5
Community Penetration Rate / General Population	Annual community non-crisis outpatient penetration rate	4.3	0.6	1.4	2.0	2.5	12.5	3%	1.8
	Annual community inpatient penetration rate	1.3	0.2	0.6	0.4	0.5	32.5	3%	1.4
	Annual state hospital penetration rate	0.6	0.1	0.2	0.1	0.2	4.3	3%	0.3
Sexual Orientation - completeness of data	Percentage Unknown or Not Voluntarily Given by the Person	Not calculated	Not calculated	Not calculated	Not calculated	Not calculated	Not calculated	Not calculated	68.4%

Note: For methodological notes and data element definitions, please contact Jim Zahniser, PhD, at jzahniser@triwestgroup.net.

Summary of Access Disparities Indicators by Age Group, Statewide - *CY2010 DBHR*					
Indicators of ACCESS to Services		**Age Group**			**WA State Total**
		Youth (0-17 Years)	**Adults (18-59 Years)**	**Older Adults (60+ Years)**	
Medicaid Penetration Rate	Medicaid community non-crisis outpatient penetration rate	4.5	14.3	8.8	7.9
	Medicaid community inpatient penetration rate	1.1	11.6	4.0	4.5
Community Penetration Rate / General Population	Annual community non-crisis outpatient penetration rate	2.4	1.9	1.0	1.8
	Annual community inpatient penetration rate	0.6	2.0	0.6	1.4
	Annual state hospital penetration rate	0.1	0.4	0.4	0.3
Sexual Orientation - completeness of data	Percentage Unknown or Not Voluntarily Given by the Person	Not calculated	Not calculated	Not calculated	68.40%

Note: For methodological notes and data element definitions, please contact Jim Zahniser, PhD, at jzahniser@triwestgroup.net.

Summary of Service Utilization Disparities Indicators by Race / Ethnicity, Statewide - *CY2010 DBHR*									
Indicators of SERVICES Utilization		**Race / Ethnicity**							**WA State Total**
		African American	**Asian American / Pacific Islander**	**Caucasian**	**Hispanic**	**Native American**	**Other / Unknown**	**% of Served is Multi-Racial / Other or Unknown**	
Service Utilization / Average Hours Per Client	Community non-crisis outpatient utilization rate	19.6	26.1	17.2	14.5	14.9	19.1	18%	17.2
	Community inpatient utilization rate	17.9	19.4	16.3	15.9	10.5	13.8	63%	14.8
	State hospital utilization rate	150.6	178.5	144.8	132.5	132.0	136.0	35%	141.3
	Crisis only utilization rate	2.2	2.3	1.9	1.5	2.0	1.5	46%	1.6

Note: For methodological notes and data element definitions, please contact Jim Zahniser, PhD, at jzahniser@triwestgroup.net.

Summary of Service Utilization Disparities Indicators by Age Group, Statewide - *CY2010 DBHR*					
Indicators of SERVICES Utilization		**Age Group**			**WA State Total**
		Youth (0-17 Years)	**Adults (18-59 Years)**	**Older Adults (60+ Years)**	
Service Utilization / Average Hours Per Client	**Community non-crisis outpatient utilization rate**	16.1	17.4	19.8	17.2
	Community inpatient utilization rate	18.1	14.2	17.1	14.8
	State hospital utilization rate	187.8	134.1	160.5	141.3
	Crisis only utilization rate	1.5	1.7	1.3	1.6

Note: For methodological notes and data element definitions, please contact Jim Zahniser, PhD, at jzahniser@triwestgroup.net.

Summary of Outcome Disparities Indicators by Race / Ethnicity, Statewide - *CY2010 DBHR*									
Indicators of Service OUTCOMES		**Race / Ethnicity**							**WA State Total**
		African American	**Asian American / Pacific Islander**	**Caucasian**	**Hispanic**	**Native American**	**Other / Unknown**	**% of Sample is Multi-Racial / Other or Unknown**	
Outpatient change in homeless status	Remained homeless	12.3	3.3	3.2	3.5	6.0	4.4	19%	4.3
	Gained housing	3.3	1.3	1.4	1.2	2.2	1.9		1.6
	Became homeless	2.0	0.9	1.1	0.9	1.4	1.9		1.3
	Maintained housing	82.4	94.5	94.3	94.5	90.5	91.7		92.8
Outpatient employment change	Maintained employment	4.8	8.0	6.6	7.3	4.5	4.7	18%	6.1
	Lost employment	0.9	1.5	1.3	1.3	1.1	1.3		1.2
	Gained employment	3.2	1.8	2.2	3.1	2.5	2.4		2.4
	Remained unemployed	91.1	88.7	90.0	88.2	91.8	91.7		90.2

Note: For methodological notes and data element definitions, please contact Jim Zahniser, PhD, at jzahniser@triwestgroup.net.

Summary of Outcome Disparities Indicators by Age Group, Statewide - *CY2010 DBHR*					
Indicators of Service OUTCOMES		**Age Group**			**WA State Total**
		Youth (0-17 Years)	**Adults (18-59 Years)**	**Older Adults (60+ Years)**	
Outpatient change in homeless status	Remained homeless	1.1	6.2	1.6	4.3
	Gained housing	0.4	2.4	0.6	1.6
	Became homeless	0.2	2.0	0.4	1.3
	Maintained housing	98.3	89.4	97.4	92.8
Outpatient employment change	Maintained employment	NA	NA	NA	6.1
	Lost employment	NA	NA	NA	1.2
	Gained employment	NA	NA	NA	2.4
	Remained unemployed	NA	NA	NA	90.2

Note: For methodological notes and data element definitions, please contact Jim Zahniser, PhD, at jzahniser@triwestgroup.net.

Summary of Quality of Care Indicators by Race / Ethnicity, Statewide - *CY2010 DBHR*								
Indicators of Service Quality of Care		**Race / Ethnicity**						**WA State Total**
		African American	**Asian American / Pacific Islander**	**Caucasian**	**Hispanic**	**Native American**	**Other / Unknown**	
Perceptions of QUALITY OF CARE	Perceptions of the *Quality / Appropriateness of Services* - **Youth**	4.04	3.81	3.87	3.95	3.81	3.92	3.89
	Perceptions of the *Quality / Appropriateness of Services* - **Adults**	4.09	3.76	3.97	3.97	4.02	3.90	3.97
	Perceptions of the *Cultural Sensitivity of Staff*[1] - **Youth**	4.39	4.03	4.26	4.18	4.22	4.30	4.25
	Perceptions of the *Outcomes* of Services - **Youth**	3.84	3.78	3.65	3.73	3.79	3.68	3.68
	Perceptions of the *Outcomes* of Services - **Adults**	3.51	3.90	3.59	3.79	3.63	3.42	3.59

Note: For methodological notes and data element definitions, please contact Jim Zahniser, PhD, at jzahniser@triwestgroup.net.

Summary of Quality of Care Indicators by Age Group, Statewide - *CY2010 DBHR*				
Indicators of Service Quality of Care		**Age Group**		
		Youth (0-17 Years)	**Adults (18-59 Years)**	**Older Adults (60+ Years)**
Perceptions of QUALITY OF CARE	Perceptions of the Quality/Appropriateness of Services	3.89	3.97	3.96
	Perceptions of the Cultural Sensitivity of Staff[1]	4.25	n/a	n/a
	Perceptions of the Outcomes of Services	3.68	3.55	3.86

Note: For methodological notes and data element definitions, please contact Jim Zahniser, PhD, at jzahniser@triwestgroup.net.

Medicaid Community Outpatient Non-Crisis Penetration Rate by RSN and Race/Ethnicity & Age Group - *CY2010 DBHR*											
RSN	**Race / Ethnicity**							**Age Group**			**Penetration Rate by RSN**
	African Americans	Asian Americans / Pacific Islanders	Caucasians	Hispanics	Native Americans	Multi-Racial /Other or Unknown	% of pop. is Multi-Racial/ Other or Unknown	Youth (0-17 Years)	Adults (18-59 Years)	Older Adults (60+ Years)	
RSN 1	15.1	1.0	9.3	7.6	12.4	2.5	30.0%	5.1	12.2	4.3	6.8
RSN 2	8.8	4.3	7.4	21.3	12.2	4.7	24.0%	0.1	0.1	0.1	0.1
RSN 3	12.1	2.3	9.3	11.0	2.7	6.0	13.0%	5.7	13.4	4.8	8.4
RSN 4	15.1	6.5	10.8	7.0	5.4	2.1	30.0%	4.3	14.0	6.5	7.1
RSN 5	12.6	6.1	14.9	27.2	9.5	5.3	34.0%	5.2	20.2	14.9	10.9
RSN 6	8.1	4.6	5.0	4.6	2.3	5.1	13.0%	2.9	9.5	3.5	4.8
RSN 7	6.6	2.4	6.9	4.2	3.2	4.5	25.0%	3.1	11.4	4.8	5.8
RSN 8	8.3	10.6	8.2	26.5	3.2	6.5	19.0%	3.9	14.7	6.2	7.9
RSN 9	5.9	4.4	6.9	10.6	3.1	3.8	25.0%	3.5	10.5	5.4	5.9
RSN 10	15.7	6.5	10.8	22.6	10.7	12.4	17.0%	8.9	16.8	6.9	11.6
RSN 11	6.7	2.4	5.2	19.0	4.8	21.6	14.0%	5.0	11.7	9.1	7.6
RSN 12	7.7	4.4	8.3	15.4	4.1	7.2	21.0%	4.4	14.3	6.1	8.0
RSN 13	11.1	4.1	9.2	11.3	12.0	4.5	18.0%	4.7	15.0	7.8	8.5
WA State Overall by Race/Ethnicity	**10.3**	**5.2**	**8.8**	**9.6**	**5.0**	**5.3**	**25.0%**	**4.5**	**14.3**	**8.8**	**7.8**

Note: For methodological notes and data element definitions, please contact Jim Zahniser, PhD, at jzahniser@triwestgroup.net.

Medicaid Community Inpatient Penetration Rate by RSN and Race/Ethnicity & Age Group - *CY2010 DBHR*											
RSN	**Race / Ethnicity**							**Age Group**			**Penetration Rate by RSN**
	African Americans	Asian Americans / Pacific Islanders	Caucasians	Hispanics	Native Americans	Multi-Racial /Other or Unknown	% of pop. is Multi-Racial/ Other or Unknown	Youth (0-17 Years)	Adults (18-59 Years)	Older Adults (60+ Years)	
RSN 1	0.0	0.0	1.0	0.0	0.0	3.4	30.0%	0.1	5.0	1.9	1.5
RSN 2	2.9	0.6	2.2	1.7	0.0	8.2	24.0%	0.2	10.6	4.2	3.6
RSN 3	0.0	0.0	0.7	0.0	0.0	6.5	17.0%	0.7	7.2	1.4	3.1
RSN 4	1.8	3.4	1.9	1.4	1.5	5.4	30.0%	1.3	6.6	2.3	2.8
RSN 5	2.7	0.8	4.3	3.6	0.2	9.8	34.0%	0.8	14.9	3.9	5.5
RNS 6	0.0	0.0	0.7	0.1	0.0	12.3	13.0%	0.8	4.8	2.1	2.0
RSN 7	1.7	0.5	2.8	1.1	0.5	13.1	25.0%	1.0	13.0	5.1	5.1
RSN 8	7.2	6.9	4.7	13.6	2.3	10.8	19.0%	3.1	12.3	2.5	6.3
RSN 9	1.4	1.4	2.0	1.4	0.2	7.0	25.0%	0.2	8.1	4.1	3.1
RSN 10	0.0	0.0	2.0	3.4	0.0	58.7	17.0%	0.6	12.5	5.6	5.2
RSN 11	3.4	2.1	3.3	8.3	0.5	35.4	14.0%	3.5	14.6	8.0	7.7
RSN 12	3.4	2.2	4.9	7.0	2.0	26.6	22.0%	0.9	19.6	5.4	7.7
RSN 12	0.0	0.0	0.7	0.0	0.0	57.4	18.0%	0.8	6.8	1.5	2.9
WA State Overall by Race/Ethnicity	**2.5**	**1.1**	**2.8**	**1.6**	**0.7**	**11.0**	**25.0%**	**1.1**	**11.6**	**4.1**	**4.6**

Note: For methodological notes and data element definitions, please contact Jim Zahniser, PhD, at jzahniser@triwestgroup.net.

All Community Outpatient Non-Crisis Penetration Rate by RSN and Race/Ethnicity & Age Group - *CY2010 DBHR*									
RSN	**Race / Ethnicity**					**Age Group**			**Penetration Rate by RSN**
	African Americans	Asian Americans / Pacific Islanders	Caucasians	Hispanics	Native Americans	Youth (0-17 Years)	Adults (18-59 Years)	Older Adults (60+ Years)	
RSN 1	7.4	0.1	1.8	2.1	4.9	3.5	2.0	0.5	2.1
RSN 2	3.5	0.4	1.3	2.8	3.3	2.6	1.5	0.5	1.7
RSN 3	4.6	0.4	2.6	2.6	1.4	4.1	3.0	0.6	2.7
RSN 4	6.9	0.7	2.2	2.0	3.1	3.1	2.5	0.9	2.4
RSN 5	5.7	0.6	1.2	2.7	3.4	2.2	1.7	1.7	1.8
RNS 6	5.4	0.5	1.7	1.9	1.3	2.7	2.3	0.6	2.1
RSN 7	2.9	0.3	1.2	1.1	2.0	1.9	1.5	0.6	1.4
RSN 8	2.3	0.5	1.5	2.0	1.8	1.7	1.9	0.6	1.6
RSN 9	2.3	0.5	1.0	1.5	1.5	1.7	1.3	0.5	1.3
RSN 10	14.2	1.1	3.9	5.6	6.6	6.5	5.5	0.9	4.8
RSN 11	3.3	0.4	1.4	1.9	3.8	3.1	2.3	1.5	2.3
RSN 12	3.0	0.5	1.6	1.6	2.2	2.4	2.3	0.5	1.9
RSN 12	8.1	0.9	2.3	2.4	4.3	3.3	3.2	0.9	2.6
WA State Overall by Race/Ethnicity	**4.2**	**0.5**	**1.4**	**2.0**	**2.5**	**2.4**	**1.9**	**1.0**	**1.8**

Note: For methodological notes and data element definitions, please contact Jim Zahniser, PhD, at jzahniser@triwestgroup.net.

All Community Inpatient Penetration Rate by RSN and Race/Ethnicity & Age Group: Community Hospital and E&T Penetration Rates Per 1,000 Clients (*CY2010 DBHR*)									
RSN	**Race / Ethnicity**					**Age Group**			**Penetration Rate by RSN**
	African Americans	Asian Americans / Pacific Islanders	Caucasians	Hispanics	Native Americans	Youth (0-17 Years)	Adults (18-59 Years)	Older Adults (60+ Years)	
RSN 1	0.0	0.0	0.2	0.0	0.0	0.1	0.8	0.2	0.5
RSN 2	1.0	0.2	0.5	0.3	0.3	0.1	1.7	0.5	1.1
RSN 3	0.0	0.0	0.2	0.0	0.0	0.5	2.0	0.1	1.2
RSN 4	0.6	0.3	0.4	0.4	0.7	1.0	1.4	0.4	1.1
RSN 5	1.6	0.1	0.4	0.5	0.1	0.4	1.9	0.7	1.4
RNS 6	1.0	0.0	0.2	0.0	0.0	0.6	1.2	0.3	0.8
RSN 7	1.2	0.2	0.6	0.2	0.4	0.5	2.1	0.8	1.5
RSN 8	2.1	0.4	1.0	1.2	1.2	1.4	2.0	0.5	1.6
RSN 9	0.8	0.2	0.4	0.4	0.1	0.1	1.5	0.7	1.0
RSN 10	2.0	0.0	0.7	0.7	0.0	0.4	3.9	0.6	2.3
RSN 11	1.7	0.3	1.0	0.8	0.5	2.0	3.1	1.1	2.5
RSN 12	1.5	0.3	1.2	0.9	1.5	0.4	3.5	0.6	2.3
RSN 12	0.0	0.0	0.2	0.0	0.0	0.6	1.8	0.3	1.1
WA State Overall by Race/Ethnicity	**1.3**	**0.2**	**0.6**	**0.4**	**0.4**	**0.6**	**2.0**	**0.6**	**1.4**

Note: For methodological notes and data element definitions, please contact Jim Zahniser, PhD, at jzahniser@triwestgroup.net.

All State Hospital and CLIP Inpatient Penetration Rate by RSN and Race/Ethnicity & Age Group: All State Hospital and CLIP (Non-Forensic) Penetration Rates Per 1,000 Clients (*CY2010 DBHR*)									
RSN	**Race / Ethnicity**					**Age Group**			**Penetration Rate by RSN**
	African Americans	Asian Americans / Pacific Islanders	Caucasians	Hispanics	Native Americans	Youth (0-17 Years)	Adults (18-59 Years)	Older Adults (60+ Years)	
RSN 1	0.0	0.0	0.4	0.1	0.0	0.0	0.7	0.5	0.5
RSN 2	0.3	0.1	0.1	0.0	0.0	0.0	0.3	0.1	0.2
RSN 3	0.0	0.0	0.2	0.0	0.3	0.0	0.5	0.1	0.3
RSN 4	0.2	0.1	0.3	0.1	0.1	0.0	0.5	0.4	0.3
RSN 5	0.7	0.1	0.1	0.2	0.2	0.1	0.3	0.3	0.3
RNS 6	2.0	0.0	0.4	0.2	0.3	0.0	0.8	0.7	0.5
RSN 7	0.2	0.1	0.1	0.1	0.1	0.0	0.3	0.3	0.2
RSN 8	0.4	0.2	0.2	0.1	0.1	0.0	0.4	0.2	0.2
RSN 9	0.5	0.2	0.2	0.1	0.0	0.1	0.4	0.4	0.3
RSN 10	2.0	0.0	0.2	0.2	0.0	0.0	0.4	0.6	0.4
RSN 11	1.3	0.1	0.5	0.3	0.3	0.3	0.9	1.0	0.7
RSN 12	0.3	0.2	0.2	0.2	0.2	0.0	0.4	0.3	0.3
RSN 12	0.0	0.7	0.1	0.0	0.0	0.0	0.3	0.3	0.2
WA State Overall by Race/Ethnicity	**0.6**	**0.1**	**0.2**	**0.1**	**0.2**	**0.1**	**0.4**	**0.4**	**0.3**

Note: For methodological notes and data element definitions, please contact Jim Zahniser, PhD, at jzahniser@triwestgroup.net.

Sexual Orientation: Percentage of People Whose Sexual Identity Status is Categorized as Unknown / Not Voluntarily Given By the Person *CY2010 DBHR*		
RSN	**2010**	**2011**
RSN 1	56.6%	53.2%
RSN 2	68.0%	65.8%
RSN 3	47.6%	30.3%
RSN 4	65.2%	69.6%
RSN 5	85.2%	85.8%
RSN 6	51.9%	50.8%
RSN 7	52.1%	42.0%
RSN 8	73.7%	77.6%
RSN 9	77.1%	58.0%
RSN 10	75.6%	70.7%
RSN 11	95.8%	91.9%
RSN 12	72.6%	62.5%
RSN 13	67.9%	78.8%
WA State Overall	**68.4%**	**64.4%**

Note: For methodological notes and data element definitions, please contact Jim Zahniser, PhD, at jzahniser@triwestgroup.net.

All Community Outpatient Non-Crisis Utilization, Average Hours per Client by RSN and Race/Ethnicity & Age Group *CY2010 DBHR*											
RSN	**Race / Ethnicity**							**Age Group**			**Average Hours by RSN**
	African Americans	Asian Americans / Pacific Islanders	Caucasians	Hispanics	Native Americans	Multi-Racial /Other or Unknown	% of Served is Multi-Racial/ Other or Unknown	Youth (0-17 Years)	Adults (18-59 Years)	Older Adults (60+ Years)	
RSN 1	12.9	95.8	15.8	13.1	23.2	17.7	11%	15.5	15.4	17.1	15.5
RSN 2	24.4	24.9	26.3	20.9	20.1	26.9	15%	24.6	26.4	27.9	25.7
RSN 3	17.1	17.7	16.5	10.0	16.1	15.5	10%	14.6	15.9	24.5	15.9
RSN 4	9.8	16.2	12.0	9.6	8.1	10.8	11%	12.2	10.7	9.6	11.2
RSN 5	23.1	31.0	25.2	22.8	18.6	23.3	17%	20.4	25.9	24.9	24.4
RNS 6	9.6	9.1	12.8	8.2	13.7	8.0	18%	7.1	13.1	13.9	10.9
RSN 7	12.7	17.4	15.3	14.0	12.3	15.3	21%	13.2	15.8	18.4	15.1
RSN 8	27.9	37.2	24.2	18.3	24.3	22.0	16%	24.9	22.3	33.6	23.8
RSN 9	10.4	15.2	12.5	9.9	10.6	10.5	18%	10.3	12.3	13.5	11.7
RSN 10	10.2	12.0	9.8	14.0	12.1	10.4	18%	13.9	8.2	13.1	10.3
RSN 11	25.7	24.1	23.8	24.9	25.9	26.7	40%	35.6	20.7	13.3	24.6
RSN 12	10.6	14.7	12.0	9.7	7.8	12.1	19%	11.0	11.3	26.3	11.8
RSN 12	20.3	41.7	14.3	11.6	20.9	13.9	12%	13.4	14.1	21.0	14.4
WA State Overall by Race/Ethnicity	**20.2**	**26.9**	**18.5**	**15.0**	**16.0**	**19.1**	**18%**	**17.6**	**18.6**	**20.9**	**18.5**

Note: For methodological notes and data element definitions, please contact Jim Zahniser, PhD, at jzahniser@triwestgroup.net.

All Community Hospitals and E&Ts Utilization, per Client by RSN and Race/Ethnicity & Age Group - *CY2010 DBHR*											
RSN	**Race / Ethnicity**							**Age Group**			**Average Days by RSN**
	African Americans	Asian Americans / Pacific Islanders	Caucasians	Hispanics	Native Americans	Multi-Racial /Other or Unknown	% of Served is Multi-Racial/ Other or Unknown	Youth (0-17 Years)	Adults (18-59 Years)	Older Adults (60+ Years)	
RSN 1	0.0	0.0	13.2	0.0	0.0	11.1	75.0	18.0	11.3	12.7	11.6
RSN 2	12.3	13.5	12.7	7.1	8.0	11.9	54%	17.5	11.9	14.5	12.2
RSN 3	0.0	0.0	15.0	0.0	0.0	7.3	85%	9.6	8.3	11.5	8.5
RSN 4	10.3	12.3	13.2	15.2	8.3	11.8	64%	14.7	11.8	12.1	12.5
RSN 5	18.9	27.8	20.7	19.0	4.0	16.2	68%	19.1	17.1	21.6	17.5
RNS 6	8.0	0.0	11.1	24.0	0.0	13.2	82%	22.5	10.3	12.3	12.9
RSN 7	15.9	17.8	17.1	20.9	11.6	13.1	66%	16.8	14.1	15.9	14.5
RSN 8	21.2	13.1	15.6	13.8	11.8	16.4	37%	23.3	13.7	17.5	15.9
RSN 9	16.8	16.6	14.4	15.7	20.0	13.3	81%	28.6	11.8	18.9	12.9
RSN 10	5.0	0.0	10.0	8.8	0.0	9.4	76%	13.2	9.1	8.1	9.2
RSN 11	18.6	14.5	15.6	11.3	15.3	13.6	62%	17.0	13.7	13.3	14.3
RSN 12	7.3	13.8	13.8	10.9	12.1	11.6	51%	11.9	12.5	13.1	12.5
RSN 12	0.0	0.0	15.2	0.0	0.0	9.3	82%	15.1	9.6	11.7	10.4
WA State Overall by Race/Ethnicity	**18.1**	**19.8**	**16.3**	**16.0**	**11.0**	**13.8**	**63%**	**18.1**	**14.2**	**17.0**	**14.8**

Note: For methodological notes and data element definitions, please contact Jim Zahniser, PhD, at jzahniser@triwestgroup.net.

All State Hospitals and CLIP (Non-Forensic) Utilization per Client by RSN and Race/Ethnicity & Age Group - *CY2010 DBHR*											
RSN	**Race / Ethnicity**							**Age Group**			**Average Days by RSN**
	African Americans	Asian Americans / Pacific Islanders	Caucasians	Hispanics	Native Americans	Multi-Racial /Other or Unknown	% of Served is Multi-Racial/ Other or Unknown	Youth (0-17 Years)	Adults (18-59 Years)	Older Adults (60+ Years)	
RSN 1	0.0	0.0	93.7	39.0	0.0	71.1	29.0	0.0	85.2	84.6	85.1
RSN 2	118.5	186.5	164.5	69.0	0.0	121.9	23%	0.0	146.8	203.8	152.7
RSN 3	0.0	0.0	166.5	0.0	34.0	127.9	41%	0.0	139.6	195.5	144.7
RSN 4	20.0	234.0	97.1	106.7	73.0	80.1	30%	0.0	88.9	112.6	93.4
RSN 5	152.2	156.9	191.1	172.7	221.3	173.8	36%	173.5	169.3	210.9	176.5
RNS 6	244.0	0.0	90.5	29.4	36.3	65.5	34%	0.0	77.7	83.0	79.0
RSN 7	140.3	161.0	193.7	153.8	65.5	150.0	38%	0.0	169.1	185.7	173.0
RSN 8	82.3	100.5	144.7	111.0	245.0	153.7	35%	0.0	134.3	189.9	144.3
RSN 9	202.7	210.4	166.1	183.6	0.0	157.5	27%	143.8	161.8	204.3	167.0
RSN 10	293.0	0.0	129.2	144.0	0.0	69.1	47%	74.0	107.3	106.5	106.2
RSN 11	72.2	42.0	111.4	143.2	189.0	108.7	39%	145.8	100.6	123.2	109.9
RSN 12	200.0	273.3	115.3	157.0	120.0	146.9	20%	0.0	122.8	179.0	133.0
RSN 12	0.0	365.0	140.0	0.0	0.0	134.9	32%	0.0	137.7	170.4	147.3
WA State Overall by Race/Ethnicity	**152.3**	**177.4**	**144.7**	**132.2**	**117.7**	**136.0**	**35%**	**175.5**	**134.0**	**160.5**	**142.2**

Note: For methodological notes and data element definitions, please contact Jim Zahniser, PhD, at jzahniser@triwestgroup.net.

Crisis Only Utilization, Average Hours per Client by RSN and Race/Ethnicity & Age Group - *CY2010 DBHR*											
RSN	**Race / Ethnicity**							**Age Group**			**Average Hours by RSN**
	African Americans	Asian Americans / Pacific Islanders	Caucasians	Hispanics	Native Americans	Multi-Racial /Other or Unknown	% of Served is Multi-Racial/ Other or Unknown	Youth (0-17 Years)	Adults (18-59 Years)	Older Adults (60+ Years)	
RSN 1	1.5	0.0	1.5	1.2	0.0	1.7	6.0	1.1	1.5	1.8	1.5
RSN 2	0.4	1.0	1.2	1.4	0.0	1.0	39%	1.2	1.1	1.4	1.1
RSN 3	0.0	0.0	1.3	1.1	1.4	1.5	10%	1.0	1.3	1.5	1.3
RSN 4	1.7	2.3	1.8	1.4	1.7	1.4	23%	1.5	1.7	1.6	1.7
RSN 5	1.6	1.3	1.8	1.2	2.1	1.2	12%	2.6	1.0	2.3	1.7
RNS 6	3.5	0.0	2.2	1.5	2.3	1.2	28%	2.0	1.9	1.5	1.9
RSN 7	1.7	1.0	1.7	1.2	1.4	1.1	38%	1.7	1.4	1.2	1.5
RSN 8	1.1	1.4	1.2	1.2	1.0	1.1	49%	1.2	1.1	1.2	1.1
RSN 9	3.1	4.1	4.7	3.3	7.7	1.8	76%	2.2	2.7	1.4	2.4
RSN 10	1.1	0.8	1.4	1.2	0.8	1.5	26%	1.4	1.4	1.3	1.4
RSN 11	1.8	0.3	2.7	2.7	4.4	2.7	61%	1.4	2.8	1.4	2.7
RSN 12	1.5	2.4	0.8	2.8	1.8	0.7	70%	0.9	0.8	0.6	0.8
RSN 12	0.8	1.1	1.3	1.4	1.2	1.3	31%	1.5	1.2	1.5	1.3
WA State Overall by Race/Ethnicity	**2.1**	**2.1**	**1.9**	**1.5**	**2.0**	**1.5**	**46%**	**1.6**	**1.8**	**1.4**	**1.7**

Note: For methodological notes and data element definitions, please contact Jim Zahniser, PhD, at jzahniser@triwestgroup.net.

Outpatient Change in Homeless Status by RSN - *CY2010 DBHR*				
RSN	**Homeless Status Change**			
	Remained Homeless	**Gained Housing**	**Became Homeless**	**Maintained Housing**
RSN 1	3.4%	1.5%	0.4%	94.7%
RSN 2	1.5%	0.6%	0.7%	97.3%
RSN 3	0.8%	0.7%	0.2%	98.4%
RSN 4	1.6%	1.3%	1.6%	95.5%
RSN 5	9.7%	2.9%	2.0%	85.3%
RNS 6	1.2%	1.6%	0.6%	96.6%
RSN 7	2.4%	1.8%	1.6%	94.2%
RSN 8	2.5%	0.7%	0.8%	96.0%
RSN 9	2.6%	0.9%	1.3%	95.1%
RSN 10	1.0%	0.2%	0.4%	98.5%
RSN 11	2.2%	1.5%	2.2%	94.1%
RSN 12	2.3%	2.8%	1.6%	93.4%
RSN 12	1.3%	0.2%	0.6%	98.0%
WA State Overall	**4.3%**	**1.6%**	**1.3%**	**92.8%**

Note:

- It is not possible to break out the analyses on the MHD-PI website by both RSN and Race/Ethnicity (or by Age and RSN) simultaneously.
- For methodological notes and data element definitions, please contact Jim Zahniser, PhD, at jzahniser@triwestgroup.net.

Perceptions of the Quality / Appropriateness of Services by RSN and Race/Ethnicity, *Youth/Families (Ages 0-18) - CY2010 DBHR*							
RSN	**Race / Ethnicity**						**Average for Ages 0-17**
	African Americans	**Asian Americans / Pacific Islanders**	**Caucasians**	**Hispanics**	**Native Americans**	**Multi-Racial / Other or Unknown**	
RSN 1			3.96	3.89			3.95
RSN 2			3.87				3.90
RSN 3			4.00				3.72
RSN 4			3.83	3.97		3.77	3.85
RSN 5	3.95	3.83	3.88	4.08		4.25	4.04
RNS 6			3.86	3.98			3.99
RSN 7			3.75	3.68		3.97	3.77
RSN 8			3.57				3.64
RSN 9			3.89				3.86
RSN 10			3.94				3.91
RSN 11			4.11				4.13
RSN 12			3.60				3.53
RSN 12			3.90				3.95
WA State Overall	**4.04**	**3.81**	**3.87**	**3.95**	**3.81**	**3.92**	**3.89**

Note:

- If a cell is blank, there were fewer than 10 respondents available for the analysis.
- For methodological notes and data element definitions, please contact Jim Zahniser, PhD, at jzahniser@triwestgroup.net.

Perceptions of the Quality / Appropriateness of Services by RSN and Race/Ethnicity, *Adults (Ages 18+) - CY2010 DBHR*								
RSN	**Race / Ethnicity**						**Average for Ages 18-59**	**Average for Ages 60+**
	African Americans	**Asian Americans / Pacific Islanders**	**Caucasians**	**Hispanics**	**Native Americans**	**Multi-Racial / Other or Unknown**		
RSN 1			3.90				3.90	
RSN 2			4.08				4.00	4.21
RSN 3			4.03				3.99	
RSN 4			3.93	3.98			3.95	3.89
RSN 5	4.12	3.74	4.01	4.02		4.05	4.04	3.96
RNS 6			3.95				3.90	4.10
RSN 7			3.90			3.67	3.90	3.84
RSN 8			3.98				4.00	3.91
RSN 9			3.95				3.99	
RSN 10			4.15				4.14	
RSN 11			3.92				3.90	3.74
RSN 12			3.88				3.92	
RSN 12			4.04				4.07	
WA State Overall	**4.09**	**3.76**	**3.97**	**3.97**	**4.02**	**3.90**	**3.97**	**3.96**

Note:

- If a cell is blank, there were fewer than 10 respondents available for the analysis.
- For methodological notes and data element definitions, please contact Jim Zahniser, PhD, at jzahniser@triwestgroup.net.

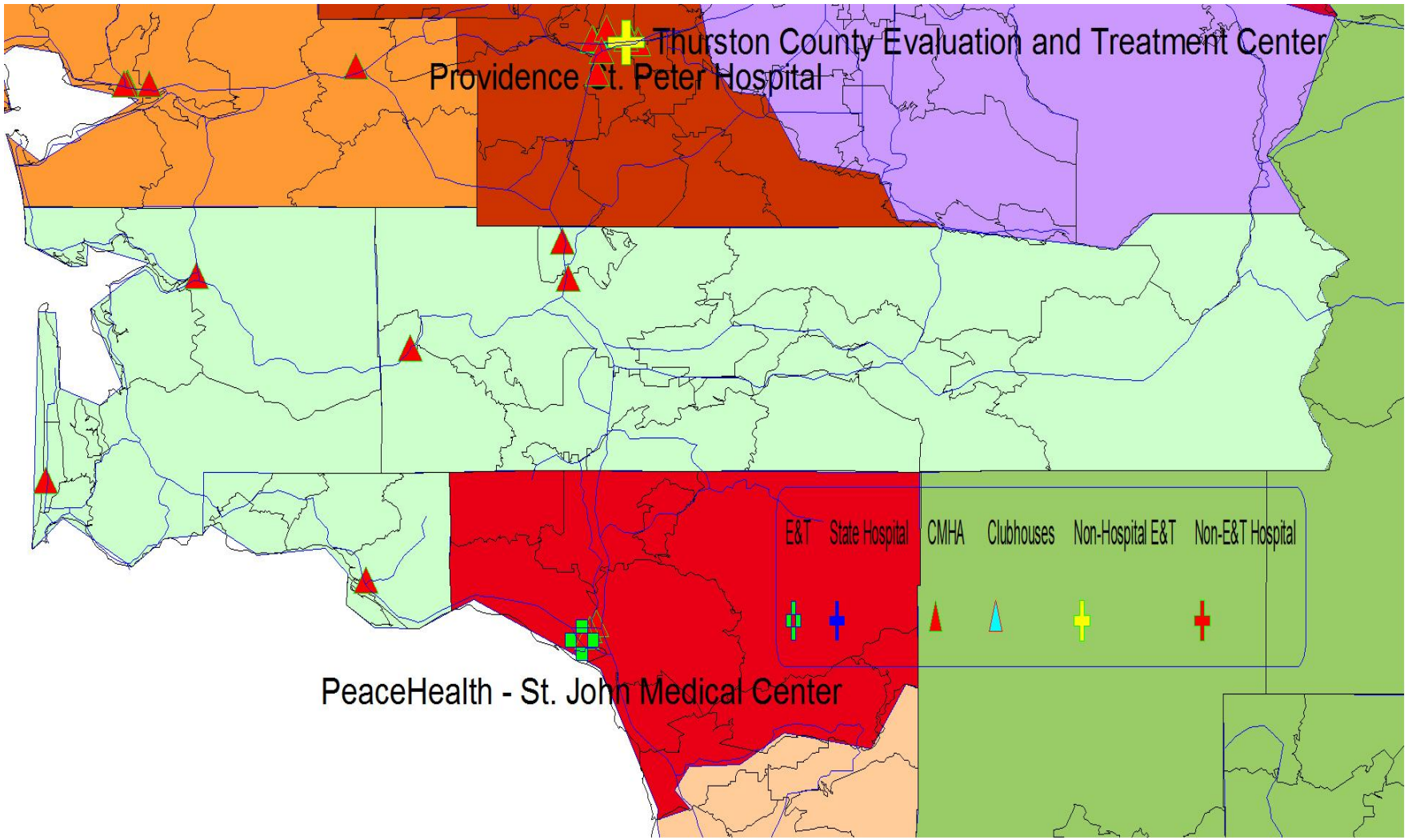
Appendix Four: Examples of RSN Geomaps

Introduction

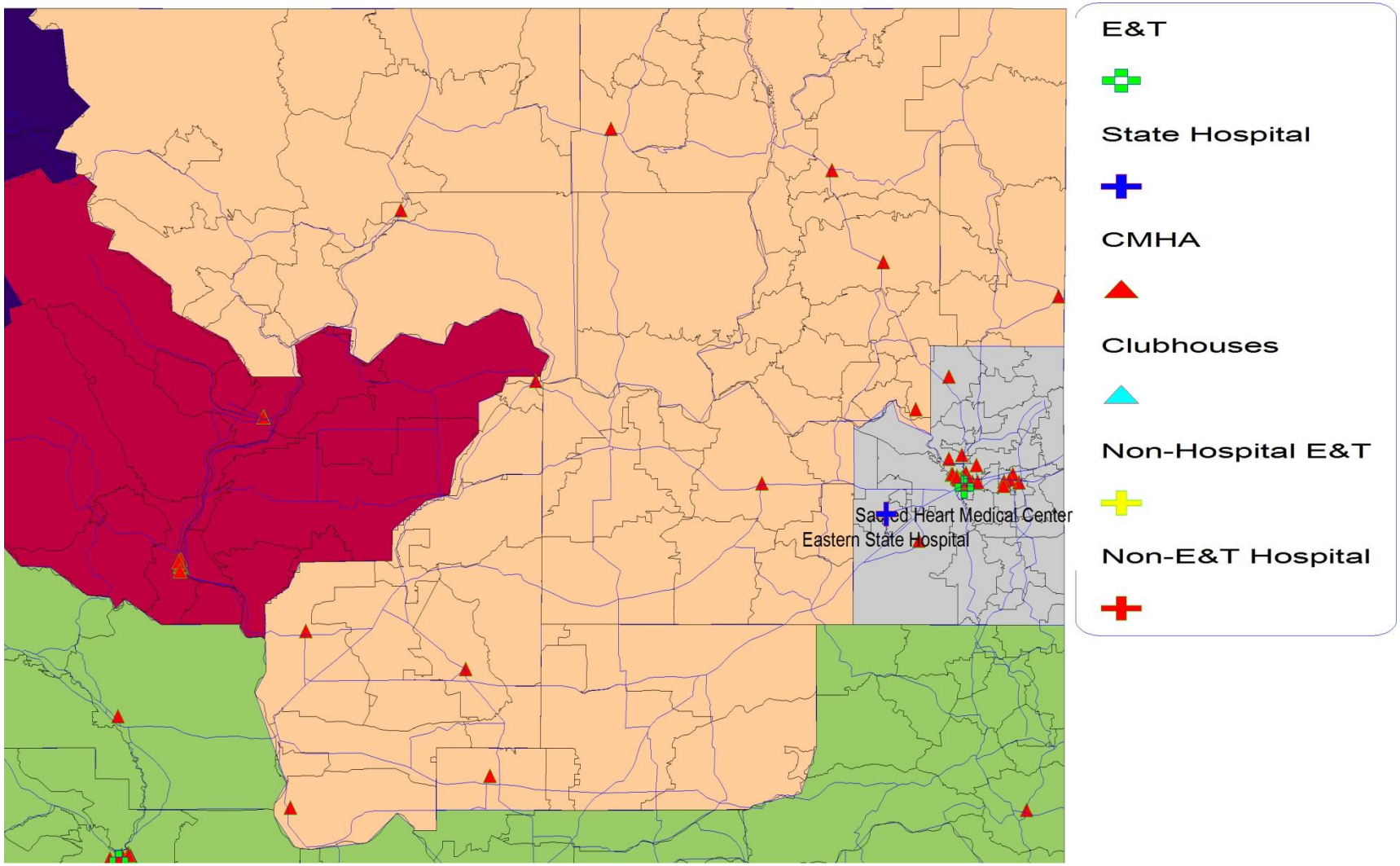
One component of the System Capacity study was the use of Geographic Information Systems (GIS) to show the relationship between the Medicaid enrollee population densities, broken out by race/ethnicity, relative to the location of mental health provider agencies. TriWest worked with DBHR to obtain data on the locations of community mental health agencies, psychiatric hospitals, and E&T facilities, and converted the several hundred addresses provided into latitude-longitude coordinates to plot on geomaps. DBHR also worked with ProviderOne staff to obtain Medicaid enrollee data, and this data would be available for future geomapping efforts.

The following geomaps for several of the RSNs show the locations of community mental health agencies, state psychiatric hospitals, E&T facilities, non-hospital E&T facilities, non-E&T hospitals, and psychosocial clubhouses. These geomaps could serve as the basis for the development of more complete maps, which could include the Medicaid enrollee population geographical distributions, if the Disparities Work Group chooses to continue to examine GIS tools for examining disparities. Already, some RSNs are independently using GIS to examine their eligible populations.

Timberlands RSN



North Central RSN



King County RSN