

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

Report from the 2022-2023 Behavioral Health Provider Survey

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The Health Care Authority Division of Behavioral Health and Recovery (DBHR) has contracted with the Social and Economic Sciences Research Center (SESRC) to conduct the 2022-2023 Behavioral Health Provider Survey. The survey aims to assess agency characteristics, quality improvement efforts, and behavioral health (BH) clinical staff demographics.

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

The online survey was launched on February 13 and closed on July 28, 2023. Agency directors or administrators received a paper introduction letter by first-class mail announcing the project and providing information on how to access the online survey. Non-respondents received email reminders. Non-respondents were also contacted once by telephone to encourage them to complete the survey and to also confirm that the agency was still in operation.

The original sample consisted of 760 agencies with each location considered as a distinct entity. Agencies with multiple sites were given the option to consolidate them into one survey. Accounting for survey consolidation and agency closures, the adjusted population size is 643 agencies. A total of 282 agencies participated in the survey with 257 completed and 25 partially completed surveys, yielding a response rate of 44% (282/643).

The survey identified 144 agencies that provide services to children and youth. The number represents 51% of the agencies that participated in the survey. This report attempts to assess the diversity of the behavioral health workforce in Washington state by focusing on the languages spoken by the behavioral health clinical staff in agencies serving children and youth.

Availability of Bilingual Staff in Agencies Serving Children and Youth

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

Out of the 144 agencies that serve children and youth, 81, or 56.3%, indicated they have at least one staff member who is bilingual or multilingual and able to provide BH services in a non-English language. Agencies serving children and youth reported a combined total of 3,679 BH clinical staff. Eight percent, or 296, were identified as being bilingual or multilingual.¹ Table 1 below shows the distribution of agencies and the number of bilingual staff reported.

¹ In the 2021-2022 Behavioral Health Provider Survey, 673, or 17.3%, of BH clinical staff were reported to be bilingual or multilingual with three large agencies each reporting 77, 115, and 154 bilingual staff. These three agencies did not participate in the 2022-2023 survey which accounts for the lower number (296) and proportion of bilingual staff (8%) reported in this report.

- The availability of bilingual staff varies among agencies where at least one can be found in a third of the agencies reporting (27 or 33%) and as many as 30 in a single agency (1 or 1%).
- Eighty percent of agencies have between one and five bilingual clinical staff available to provide BH services in a language other than English.

Table 1.
Number of Bilingual Staff Reported by BH Agencies Serving Children and Youth

	Number of agencies reporting (A)	% of agencies reporting	Number of bilingual staff reported (B)	Aggregated number of bilingual staff (A x B)
	27	33%	1	27
	14	17%	2	28
	13	16%	3	39
	8	10%	4	32
	3	4%	5	15
	7	9%	6	42
	2	2%	7	14
	1	1%	9	9
	2	2%	10	20
	2	2%	12	24
	1	1%	16	16
	1	1%	30	30
TOTAL	81	100%		296

Languages Spoken by BH Clinical Staff

The foregoing question was followed up with “How many of your behavioral health clinical staff speak a language other than English?” The survey listed 46 different languages plus an ‘Other’ write-in category.

Using the total number of BH clinical staff (3,679) as the denominator, Table 2 below shows the aggregated number and percentage of BH clinical staff reported to speak a language other than English for agencies serving children and youth.

Table 2.
Number and Percentage of BH Clinical Staff Speaking a Language Other than English²

Language	Total	%
American Sign Language	10	0.3%
Arabic	8	0.2%
Chinese	11	0.3%

Language	Total	%
Portuguese	1	0.0%
Russian	6	0.2%
Somali	2	0.1%

² Note that a staff member can speak more than one of the languages listed in Table 2.

Language	Total	%
Danish	1	0.0%
French	1	0.0%
German	3	0.1%
Hindi	3	0.1%
Japanese	2	0.1%
Korean	6	0.2%
Native American (e.g., Cowlitz, Makah, Ojibwe, Quileute)	1	0.0%
Persian (Farsi)	8	0.2%
Polish	1	0.0%

Language	Total	%
Spanish	215	5.8%
Swahili	2	0.1%
Tagalog	7	0.2%
Thai	1	0.0%
Turkish	2	0.1%
Ukrainian	2	0.1%
Urdu	2	0.1%
Vietnamese	3	0.1%
Other	5	0.1%

- About six percent of the behavioral health clinical staff in agencies serving children and youth speak Spanish.
- Agencies serving children and youth reported less than half a percent of their clinical staff that speak American Sign Language (.3%), Chinese (.3%), Arabic (.2%), Korean (.2%), Persian (.2%), Russian (.2%), and Tagalog (.2%).

Five individuals were reported to speak other non-English languages not listed in the foregoing table. The other languages include English Sign Language, Dari, Pashto, Hindi, Yoruba, Igbo, Amharic, and Mandarin. One was reported to speak more than one of these other languages.

Conclusion

Communication is an essential part of the treatment process and language occupies a central role in the exchange of information between clients and providers. Language can potentially present a barrier to understanding the health needs of clients.

The behavioral health treatment agencies serving children and youth in Washington state employ clinical staff capable of providing services in various languages other than English. Eight percent of their behavioral health clinical staff were reported to be bilingual or multilingual. Spanish is the most common language spoken other than English. American Sign Language, Chinese, Arabic, Korean, Persian, Russian, and Tagalog are also represented although spoken by less than half of a percent of the behavioral health clinical staff. Eighty percent of behavioral health agencies reporting have from one to five bilingual clinical staff.

Findings from the survey offer an indication that risks associated with miscommunication due to language can be minimized. The range of languages spoken by the clinical staff provides a measure not only of the cultural diversity but also of the level of cultural competence in these agencies. Both factors can help to promote better communication and enhance the quality of services provided by behavioral health treatment agencies serving children and youth in Washington State.



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