

# Identifying factors associated with regional variations in utilization of mental health care among Medicaid-eligible children in Washington State

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**Objective:** This study is the first to investigate geographic-based inequities by exploring factors that contribute to regional disparities in access and utilization of children's mental health care for the Medicaid population in Washington State.

**Methods:** Mixed methods were used to address the study question. Regional Service Networks (RSNs) were ranked based on the proportion of Medicaid-eligible children with serious emotional disorders served in 2009. The rank served as the dependent variable. A quantitative approach was used to identify geographic and demographic factors associated with variation in ranks. Key informant interviews were conducted to examine further how the RSNs differed in terms of system capacity, child assessment, access, outreach, and population characteristics such as: racial demographics, proportion of children living in poverty, population density, and health professional shortage areas.

**Results:** The proportions of Medicaid-eligible children who received mental health care differed across regions and ranged from 8.16% in the Southwest RSN to 2.91% in the North Central RSN. Twelve of the 13 RSNs served proportionately fewer children than expected based on the estimated need for their RSN. Spearman's rank correlation coefficients were computed to test associations between RSNs' ranks for mental health services provided to children and community-level characteristics of the RSNs. There was a negative association between the proportion of Hispanic children living within an RSN and the proportion of children who received mental health services (Spearman  $\rho = -0.55$ ,  $p = 0.05$ ).

Key Words in Context analysis revealed six themes from the key informant interviews. Respondents identified the following reasons to explain why the proportion of Medicaid-eligible children utilizing mental health care was lower than expected based on a priori estimates of prevalence. They are as follows: 1) Access to Care standards, 2) state funding structures, 3) fragmented care systems, 4) system organization and service delivery, 5) variations in regional demands, and 6) outreach efforts.

**Conclusion:** This study has two important findings with broad implications. First, state access policy and not insurance status is the primary barrier to mental health care for Medicaid-eligible children. Second, funding structures are associated with an RSN's ability to meet the need for mental health care. The findings of this research makes recommendations that could assist policymakers as they work to implement Medicaid reforms and expansions under the Patient Protection and Affordable Care Act in order to improve access to care for children with mental health disorders.

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