Seattle Department of Education & Early Learning

# Youth Therapeutic Services Needs Assessment

April 2026

## Summary

Prior to releasing the 2026 Therapeutic Services RFP, DEEL conducted a needs assessment to obtain an overview of current participation patterns and service gaps in DEEL-funded clinical mental health services. Services include clinical counseling ("therapeutic services") offered in School-Based Health Centers and in community-based (out-of-school) settings, including telehealth. The analysis focuses on participation trends across various student demographic characteristics and highlights populations that appear underserved relative to their presence in the broader student population. DEEL also conducted research on additional youth populations that may have elevated need for tailored and responsive clinical service options.

Key findings include:

- Participation in community-based therapeutic services, including telehealth, is concentrated in the South End region of Seattle
- Black/African American youth are participating in community-based therapeutic services at higher rates than their share of the Seattle student population, compared to lower relative participation among White and Hispanic/Latinx youth
- Multilingual youth are underrepresented in community-based therapeutic services
- Immigrant and refugee youth, including Somali and Ukrainian/Russian-speaking youth show very low participation in community-based therapeutic services
- Foster youth in King County and Washington State exhibit high behavioral health needs and experience gaps in continuity of care through existing Medicaid-funded options.

## Methods

This needs assessment draws on participation data reported by DEEL-funded providers of community-based therapeutic services (referred to as "telehealth"), Seattle Public Schools (SPS) demographic data, School-Based Health Center clinical counseling participant data, and publicly available research on behavioral health needs among immigrant and refugee youth and foster youth. The goal is to understand who is currently accessing therapeutic services services, where gaps exist, and what patterns may inform future service delivery focus.

The analysis focuses on populations that local data and research consistently identify as experiencing higher behavioral health needs or barriers to accessing care, including BIPOC, multilingual, immigrant and refugee, and foster youth.

## Findings

### 1. Racial/Linguistic Subgroup Analysis of Current Services

This analysis summarizes who is currently accessing community-based therapeutic services (telehealth) across participating providers. Data reflect services delivered in 2025 and include all youth who completed at least one clinical session. The dataset includes 874 youth served across

seven providers. The purpose of this section is to provide a clear picture of racial, ethnic, and linguistic representation among current participants and identify where participation patterns differ from districtwide demographics.

**Primary Language**

in 2021–22, SPS reported that 22.4% of students districtwide come from a non-English-speaking background, with the top ten languages being English, Spanish, Somali, Vietnamese, Chinese, Amharic, Tagalog, Oromo, Tigrinya, and Arabic.

In comparison, 14% of telehealth participants speak a primary language other than English, which is notably lower than the districtwide share. The non-English languages represented in telehealth, primarily Spanish, Somali, Vietnamese, Chinese, and Amharic are similar to the district's most common languages but appear in smaller proportions within the telehealth participant pool.

This indicates that multilingual youth are underrepresented in current telehealth services relative to their presence in the district. Detailed language representation charts are provided in Appendix A.

**Race and Ethnicity**

SPS district data from SY 2024–25 serve as the comparison point for understanding racial and ethnic representation. When we compare telehealth participation to districtwide demographics, several findings emerge:

- Most overrepresented: Black or African American youth (+20 percentage points)
- Most underrepresented: White youth (-26 percentage points)
- Moderately underrepresented: Hispanic or Latinx youth (-5 percentage points)
- Slightly overrepresented: Asian and Asian American (+4 percentage points)

Overall, the racial and ethnic data show that telehealth participation does not mirror the district's demographic makeup. Some groups appear in the telehealth dataset at much higher rates than their share of the SPS population, while others appear far less. In addition, students identifying as Native Hawaiian/Pacific Islander, American Indian/Alaska Native, and North African/Middle Eastern are served at very low rates overall. These differences highlight clear variation in who is currently accessing services and may demonstrate higher need or demand for community-based services from certain subgroups of youth.

A full racial and ethnic breakdown chart is provided in Appendix B.

## 2. Immigrant & Refugee Youth

Current telehealth data point to a broader pattern of low participation among immigrant and refugee youth. Across all providers, telehealth participation is concentrated among English-speaking youth: 14% of participants report a primary language other than English, compared with 22.4% of SPS students districtwide who come from a non-English-speaking background. The non-English languages that do appear in telehealth, primarily Spanish, Somali, Vietnamese, Chinese, and Amharic generally mirror the district's most common languages, but show up in much smaller proportions.

Qualitative and anecdotal evidence, including consultation with the Seattle Office of Immigration and Refugee Affairs (OIRA), resulted in insights that Somali and Ukrainian immigrant/refugee populations may demonstrate a particularly high need for youth mental health supports. Among current telehealth investments, participation from Somali and Ukrainian/Russian-speaking youth is especially limited. Somali appears as a primary language for 1% of telehealth participants, and Russian/Ukrainian does not appear at all. SPS does not list Russian or Ukrainian among its top reported languages, but both communities have a meaningful presence in Seattle and are represented in local service systems.

Seattle and King County-based sources describe several common barriers for immigrant and refugee communities, including language barriers, stigma around mental health, lack of trust in systems, concerns about privacy, not having enough culturally responsive providers, and dealing with other urgent needs first. For Ukrainian refugees, local materials point to mental health needs related to war and displacement, including trauma, anxiety, depression, and mistrust of systems[1]. For Somali communities, local materials also point to significant unmet mental health needs and emphasize the importance of services that are culturally responsive and community informed.[2]

**Implications for focus of expanded therapeutic services**

Taken together, the data suggest that immigrant and refugee youth may be underserved more broadly, and low participation observed among Somali and Ukrainian/Russian-speaking youth aligns with this larger pattern.

Future outreach and service design should consider immigrant and refugee communities as a whole, while still engaging organizations with strong cultural and linguistic ties to specific groups that have been identified as high need. Potential outreach partners include the Somali Health Board, Somali Community Services of Seattle, Ukrainian Community Center of Washington, and Refugee Women's Alliance (ReWA), all of which provide culturally and/or linguistically responsive services for immigrant and refugee communities in the Seattle/King County area.

## 3. Geographic Analysis

Telehealth participation spans all three major regions of Seattle, with the highest concentration in the South End (see Table 1).

Table 1: Community-based therapeutic services participant distribution by Seattle region

| Region | Number of Participants | Percent of Total |
|---|---|---|
| **North End** | 203 | 22% |
| **Central** | 177 | 19% |
| **South end** | 532 | 58% |

[1] EthnoMed. "Ukrainian Refugee Mental Health Profile." Harborview Medical Center, University of Washington, 2022. Retrieved from https://ethnomed.org/resource/ukrainian-refugee-mental-health-profile

[2] EthnoMed. "Somali Refugee Mental Health Cultural Profile." Harborview Medical Center, University of Washington, 2021. Retrieved from https://ethnomed.org/resource/somali-refugee-mental-health-cultural-profile

Participation patterns show clear geographic variation, with South Seattle neighborhoods accounting for the majority of telehealth users. Smaller clusters appear in the Central and North End regions. Notably, most North End participants are located near the University of Washington area, suggesting that telehealth engagement in that region is concentrated among university students.

A detailed map illustrating participant zip codes across the North, Central, and South End regions is provided in Appendix C. The visual highlights the density of participation in South Seattle and the relative distribution of telehealth users citywide.

## 4. Foster Youth

Foster youth in Washington experience disproportionately high behavioral health needs, alongside persistent gaps between identified need and actual treatment access. State administrative data show that mental health (MH) and substance use disorder (SUD) needs among foster youth remain consistently elevated over time. Approximately 80% of foster youth demonstrate MH treatment needs each year, and roughly 40% demonstrate SUD treatment needs.[3] Despite these high levels of need, treatment receipt has declined over time, particularly for mental health services.[4]

These trends highlight the importance of accessible, coordinated, and sustained therapeutic supports for foster youth across care settings.

**Behavioral Health Coverage and System Navigation**

Most foster youth in Washington are enrolled in Apple Health Core Connections, a Medicaid program designed to provide behavioral health services tailored to youth in out-of-home care. The Washington State Department of Children, Youth, and Families (DCYF) also operates a statewide Mental Health Referral Service for Children and Teens, which assists caregivers in connecting youth to outpatient therapy, psychiatry, and other behavioral health supports.

However, coverage alone does not resolve barriers related to access, coordination, or continuity of care. Youth frequently experience placement changes, fragmented service histories, and inconsistent provider relationships. These factors contribute to gaps in engagement and follow-through, emphasizing the need for community based therapeutic services that can coordinate with state systems and provide stable care.

There is also an opportunity to strengthen referral pathways between school-based, community based, and state-funded behavioral health supports by aligning more closely with DCYF's referral service.

**Transition Age Youth**

Analysis from the DSHS Behavioral Health Dashboard provides additional insight into age specific needs. Data for youth ages 12–17 and 18–20 show that older adolescents and transition age youth

[3] Washington State Department of Children, Youth, and Families. "Out-of-Home Care Overview." DCYF, 2024.https://dcyf.wa.gov/node/3285
[4] Ibid

experience higher rates of substance use treatment need and greater prevalence of co-occurring MH/SUD conditions.

Local data further illustrate the vulnerability of this group. United Way of King County and the King County Department of Community and Human Services (DSHS) report that more than one-third of youth who age out of foster care at 18 become homeless within one year.[5] This intersection of behavioral health need, housing instability, and system navigation challenges reinforces the importance of targeted supports during the transition to adulthood.

**Foster Youth service levels at DEEL-funded School-Based Health Centers**

School-based health center (SBHC) data show that foster youth are accessing mental health services at higher rates than their representation in the overall student population. In School Year 2024–25, 14% of all students identified as foster youth received mental health services at SBHCs. Compared to the total SPS population where only 0.1% of students are identified as living with foster parents, foster youth appear at higher rates in SBHC mental health caseloads. Detailed SBHC service utilization tables for foster youth are provided in Appendix E.

This pattern suggests both elevated need and strong engagement when services are accessible.

[5] United Way of King County. "Indicators Predicting Homelessness Among Youth Exiting Foster Care." United Way of King County, 2023. https://www.uwkc.org/about-us/press-room/press-releases/new-report-reveals-indicators-that-can-predict-which-youth-are-most-likely-to-become-homeless-after-exiting-foster-care/

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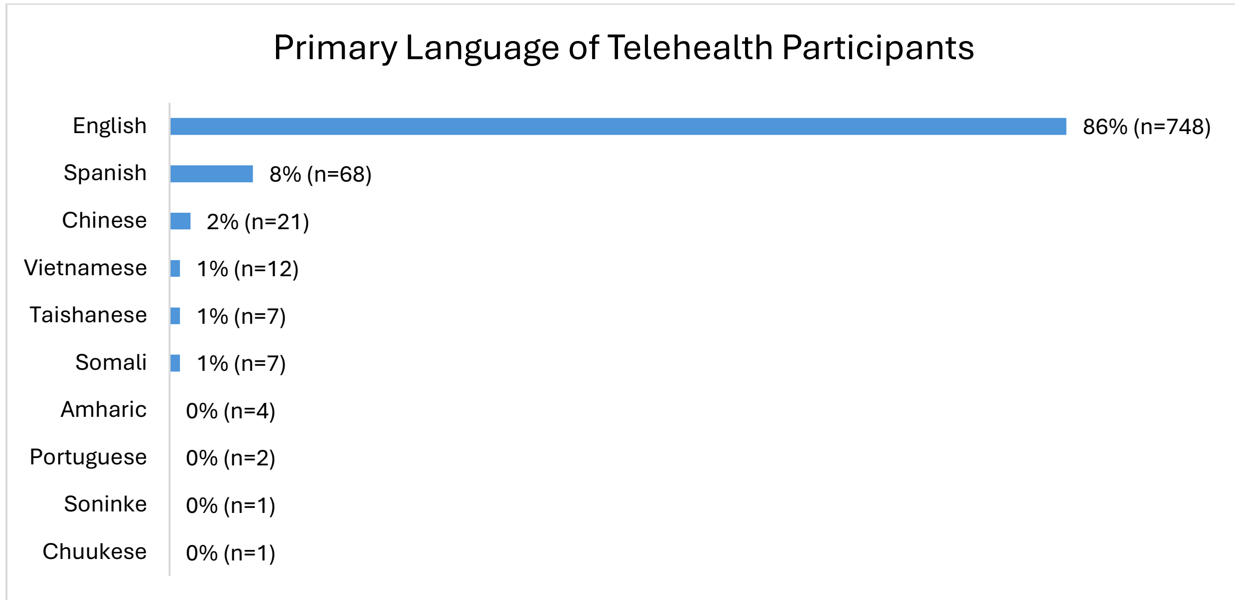
# APPENDIX

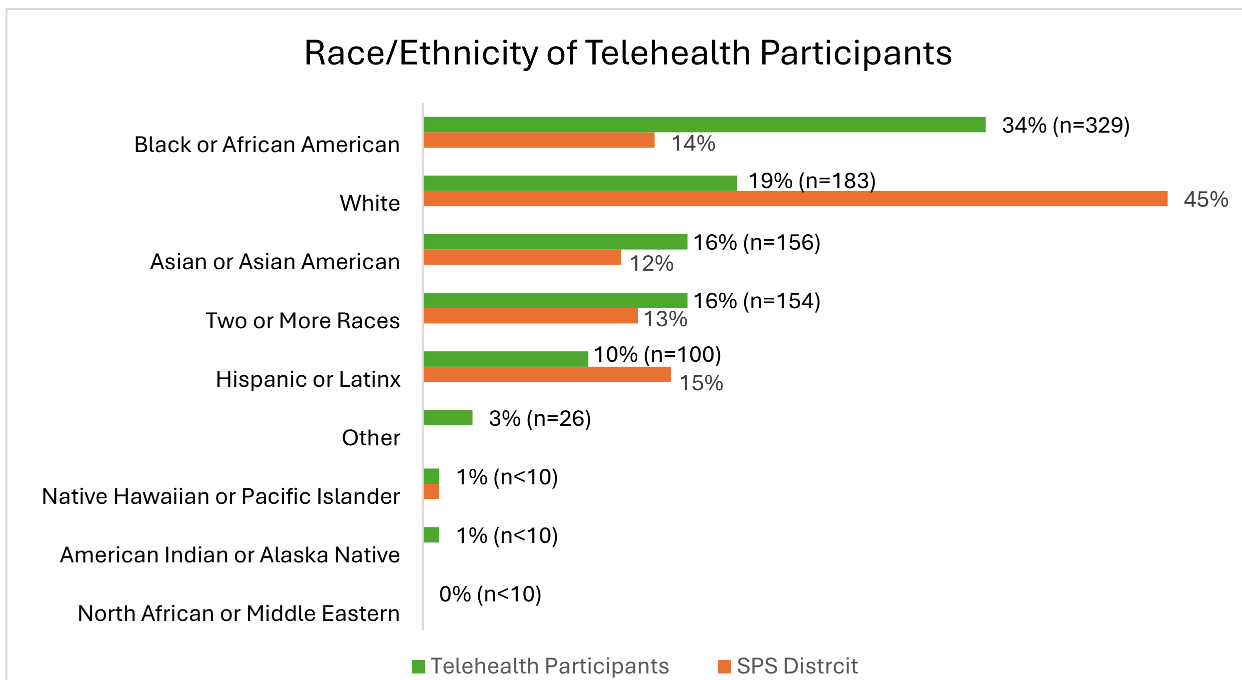
## A. Primary Language of Telehealth Participants

**Figure A-1. Distribution of telehealth participants by primary language, 2025**. Source: DEEL analysis of community-based therapeutic services provider data, 2025.



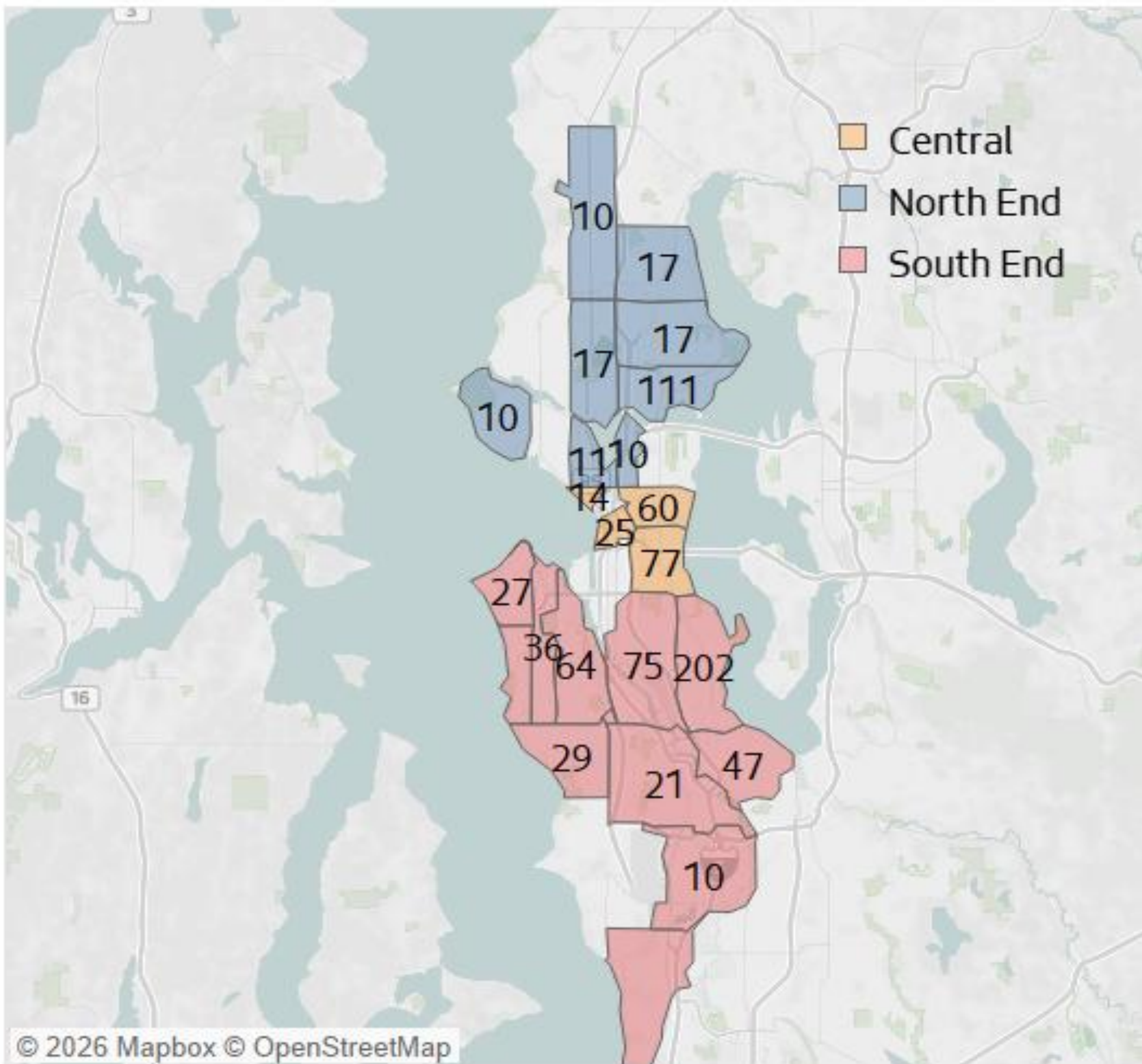

## B. Race/Ethnicity of Telehealth Participants

**Figure B-1. Racial and ethnic composition of telehealth participants compared to SPS district demographics, 2024–25.** Source: DEEL analysis of community-based therapeutic services provider data, 2025 and SPS district data



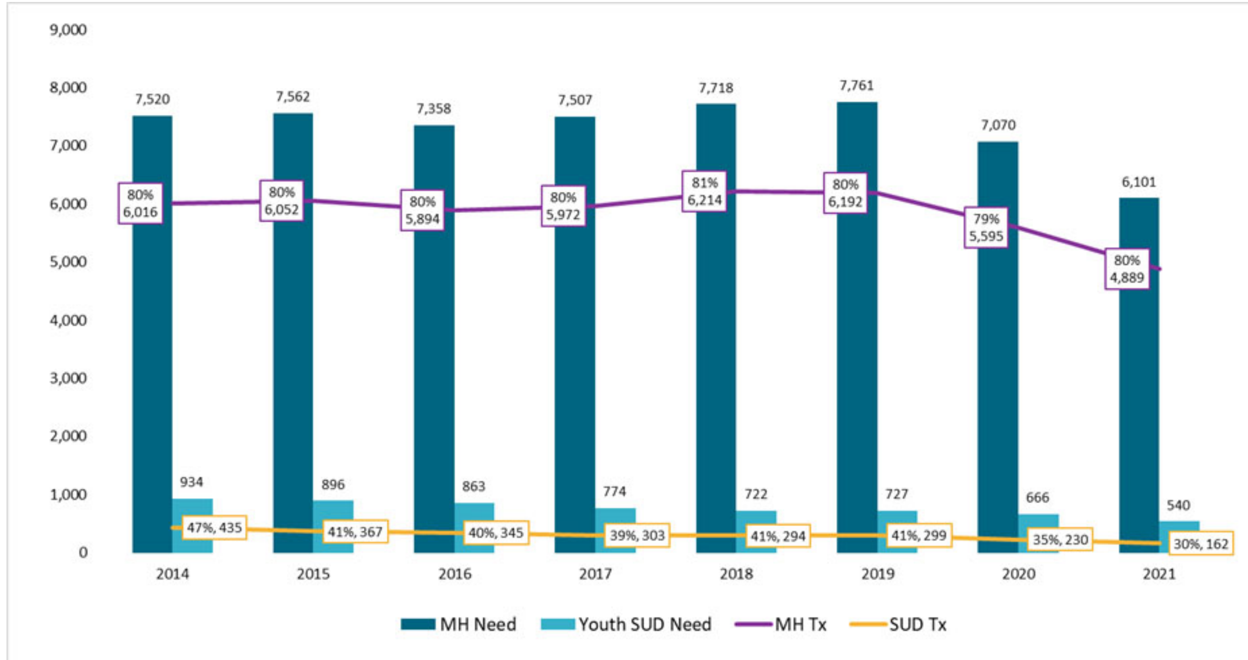
C. Geographic Distribution of Telehealth Participants

**Figure C-1. Zip codes of telehealth participants by region (North End, Central, South End).** Source: DEEL analysis of community-based therapeutic services provider data, 2025.



## D. Behavioral Health Needs Among Foster Youth

**Figure D-1. Mental health and substance use disorder treatment need among Medicaid-enrolled foster youth, 2014–2021**. Source: Iverson, A., Pavelle, B., Lucenko, B., & Felver, B. (2023). Washington State Department of Social and Health Services.




*Notes: Total in out-of-home care includes all children and youth age 0-17 ever in out-of-home care, for any length of time, during the state fiscal year. Mental health treatment need includes any mental health diagnosis, prescription, or service recorded in state administrative data in the past 24 months. Substance Use Disorder (SUD) treatment need includes one or more substance-related diagnosis, procedure, prescription, treatment, or arrest in the past 24 months. Treatment need indicators that are not captured by state administrative data, including privately paid or insured services, are not included. SUD is not measured for children under age 12.*

## E. Foster Youth Service Levels at School-Based Health Centers

**Figure E-1. Living arrangement of students identified as foster youth, by school year (2023–24 through 2025–26).** Source: Seattle Public Schools, School-Based Health Center data, 2026.

| | School Year | School Year | School Year | School Year | |
|---|---|---|---|---|---|
| **Living With Name** | **2023–24** | **2024–25** | **2025-2026** | **Grand Total Across years** | **Percent** |
| (Unknown) | 1 | 4 | 1 | 5 | 0.2% |
| Agency/Social S | 1 | 3 | | 3 | 0.1% |
| Alone | 8 | 5 | 1 | 14 | 0.5% |
| Both Parents | 653 | 855 | 236 | 1,428 | 50.9% |
| Father | 98 | 116 | 23 | 200 | 7.1% |
| **Foster Parent(s)** | **9** | **11** | **2** | **18** | **0.6%** |
| Grandparent(s) | 32 | 26 | 11 | 51 | 1.8% |
| Guardian(s) | 52 | 46 | 7 | 90 | 3.2% |
| Mother | 464 | 558 | 156 | 933 | 33.3% |
| Other Relative(s) | 50 | 36 | 7 | 80 | 2.9% |
| **Grand Total** | **1,368** | **1,660** | **444** | **2,806** | 100% |

**Figure E-2. Living arrangement of all Seattle Public Schools students, School Year 2024–25**. Source: Seattle Public Schools, Enrollment Data, 2026.

| Living With Name | Number | Percent |
|---|---|---|
| (Unknown) | 2,062 | 3.5% |
| Agency/Social S | 26 | 0.0% |
| Alone | 84 | 0.1% |
| Both Parents | 42,227 | 71.8% |
| Father | 1,776 | 3.0% |
| Foster Parent(s | **79** | **0.1%** |
| Grandparent(s) | 325 | 0.6% |
| Guardian(s) | 433 | 0.7% |
| Mother | 11,466 | 19.5% |
| Other Relative( | 324 | 0.6% |
| Spouse/Partner | 12 | 0.0% |
| Grand Total | 58,814 | 100% |