Washington State Health Care Authority

Report to the Legislature

Behavioral health consultation and referral services

Annual report

Second Substitute House Bill 1325; Section 1(4,5); Chapter 126; Laws of 2021

December 30, 2023

Behavioral health consultation and referral services: Annual report

Acknowledgements

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Executive summary

This report describes the results of the following three programs during the 2023 fiscal year (FY23), from July 1, 2022, through June 30, 2023, and satisfies the legislative reporting requirements in Second Substitute House Bill (2SHB) 1325 (2021), section 1(4,5), codified in RCW 71.24.061(3,4,5).

1. Washington Partnership Access Line, which provides free mental health telephone consultation to providers with questions about diagnostic clarification, medication adjustment, treatment planning, etc., for pediatric patients. Seattle Children's Hospital administers this program.
2. Perinatal Psychiatry Consult Line for Providers[1], which provides free telephone consultation services similar to the Washington Partnership Access Line to providers caring for patients with behavioral health problems who are pregnant, postpartum, or planning pregnancy. The University of Washington's Department of Psychiatry and Behavioral Sciences administers this program.

Washington's Mental Health Referral Service for Children and Teens, which provides help to families by connecting patients younger than 18 years old with evidence-supported outpatient mental health services in their community. Seattle Children's Hospital administers this program.

As directed by the 2020 Legislature, the Joint Legislative Audit and Review Committee (JLARC) published a report evaluating these programs' ability to address access to behavioral health care in Washington. Overall, the UW and Seattle Children's Consultation and Referral Lines for Mental and Behavioral Health final report findings included provider satisfaction, provider perspectives of improved patient access to mental and behavioral health care, and success in helping families find outpatient care. This report provides an update in response to the Legislative Auditor Recommendation regarding the Mental Health Referral Services (MHRS) program timeliness and statewide participation.

Washington Partnership Access Line (PAL)

PAL received 1,779 provider phone calls during FY23, which is 15 percent fewer phone calls than the program received during FY22 (2,089 provider phone calls). The number of first-time callers during FY23 totaled 170, which is 7 percent less than the 184 first-time callers during FY22. Distributions of phone calls by provider type were consistent with FY22. About 96 percent of providers' phone calls to PAL were answered live, and the average duration of completed calls was consistent with FY22. The distribution of phone calls by client age varied from FY22 rates with 3 percent fewer calls for children ages 13 and older.

Perinatal Psychiatry Consult Line for Providers (PPCL)

PPCL received 715 provider phone calls during FY23, which is about 28 percent more than the 558 provider calls during FY22. The number of first-time callers in FY23 totaled 302, which is about 17 percent more than the 228 first-time callers during FY22. The proportions of phone calls by provider type increased for nurse practitioners, representing 45 percent of calls, while doctors decreased by 16 percent compared to FY22. The number of calls from midwives increased 63 percent compared to FY22. The average phone call duration for FY23 was 10.8 minutes, which was consistent with FY22. The distribution of phone calls by client age changed slightly, with a small increase in calls about patients aged 30-39 resulting in slightly more calls about this age range than those 20-29 in FY23. During FY23, PPCL began tracking and reporting service data for substance use disorder-related calls involving the perinatal addiction psychiatrist. This data has been included in the report to inform ongoing behavioral health needs related to substance-use and co-occurring behavioral health disorders. Currently, PPCL is not funded to provide direct patient consultations via telemedicine, though the program continues to refine

[1] RCW 71.24.061(3)(a)(ii) refers to this program as "The partnership access line for moms"; this legislative report refers to this program using the gender-inclusive name the University of Washington has given it.

workflows between PPCL and the UW Perinatal Telepsychiatry Clinic to offer resources and referrals to calling providers as well as maintaining relationships with external partners that provide perinatal psychiatry telemedicine services.

Washington's Mental Health Referral Service for Children and Teens (MHRS)

MHRS received 3,560 MHRS cases during FY23, which is consistent with the 3,544 cases during FY22. The average time elapsed from initial case phone call to referral was about 16.5 days, which is about 20 percent shorter than FY22's average of 20.7 days. The proportion of clients aged 13 years and older was 10 percent lower than in FY22. The proportion of cases for clients aged 6 to 12 years increased about 50 percent compared to FY22, and the proportion of cases for clients aged 0 to 5 years increased by about 7 percent. Individual therapy continued to be the most requested service in FY23, whereas psychiatrist evaluation increased, and parent training decreased. Proportions of preferred treatment modalities remained consistent with those requested during FY22.

MHRS Call: This is the term used to refer to a family's initial outreach to MHRS where they speak with an intake coordinator to schedule an intake appointment with a Referral Specialist.

MHRS Case*: This is the term used when a family has completed their intake appointment with a Referral Specialist.

**Not all calls turn into cases. This can happen for a variety of reasons, such as a family finding a provider on their own, not attending the intake appointment, etc.*

MHRS implemented several process improvements to improve the provider database and turnaround times, including implementing a provider availability survey, reserving days for Spanish-speaking families, and differentiating telehealth-only cases. During FY23, MHRS implemented targeted marketing aimed at increasing awareness of the program for Eastern Washington. MHRS has met with Health Care Authority (HCA) and the Office of the Insurance Commissioner (OIC) over the year to share barriers heard from families related to out-of-network and dual insurance. The program has also partnered with 211 to build staff awareness and create workflows for connecting families who have non-mental health service needs (e.g., childcare). Finally, MHRS has attended conferences and met with groups, such as the Therapy Fund Black, Indigenous, People of Color (BIPOC) Reclaiming Wellness Conference and Deconstructing the Mental Health System and Therapy Fund, to increase awareness of the program and encourage providers to include their information in the MHRS database to improve access for patient populations experiencing health disparities and specialty areas of care.

Access Barriers

Seattle Children's Hospital and University of Washington collected feedback during FY23 from individuals receiving referrals or consultation from their programs around clients' barriers to accessing needed behavioral health services.

The Mental Health Referral Service feedback continues to show that "Schedule / Time / Other Family Priorities" was the top barrier families reported for Fiscal Year 2023. This includes families not being able to fit mental health services into their schedule or deciding not to follow through with the recommendations they were given due to other family priorities. The second highest reported barrier continues to be "Availability of Provider" which is directly tied to current and widely recognized access to care issues that are seen in the community. Providers fill up quickly and rarely have after-school or weekend appointments available. Further, MHRS indicates that, due to the high demand, some providers are no longer becoming paneled with insurance. Many providers have also moved completely to telemedicine, but most families are requesting in-person appointments.

People receiving consultation services provided feedback to the Perinatal Psychiatry Consult Line indicating barriers related to behavioral health provider availability and childcare which remained elevated in FY23.

Recommendations

Potential recommendations to enhance PAL and MHRS programs' abilities to provide behavioral health consultation and referral services include:

1. Pilot Supporting Adolescents and Families Experiencing Suicidality (SAFES) program in Eastern Washington in partnership with Frontier Behavioral Health and Washington Department of Health (DOH) to increase crisis supports for children and adolescents. Assess impact to inform future recommendations and PAL program improvements.
2. MHRS will continue targeted marketing to Eastern Washington and explore disproportionate participation from this region of the state to inform additional outreach strategies with a goal to increase participation from 6 percent to 9 percent of total cases by June 2025.
3. MHRS will continue to implement process improvements to reduce turnaround times from 17 days to 13 days by June 2025.
4. Collaborate with the Apple Health managed care organization (MCO) Collaborative through participating in the Health Equity Performance Improvement Project group focused on increasing the mental health treatment services rate for Black, Indigenous, People of Color (BIPOC) children and youth.
5. Continue to explore opportunities to partner with behavioral health training entities and promote outreach to expand provider database in specialty areas, such as infant-early childhood mental health and transitional age youth, and increasing access, especially for patient populations experiencing health disparities.

Potential recommendations to increase PPCL program's ability to provide behavioral health consultation services include:

1. Increase the budget allocation for PPCL by $36,000 per year ongoing to increase program coordinator capacity, maintain program quality, and provide professional development to health care providers in response to their requests for specific perinatal mental and behavioral health training.
2. Increase the number of calls regarding co-occurring substance use through target marketing and outreach plan, including attending SUD-related conferences, seeking presentation opportunities about perinatal substance use, newsletter features and direct outreach to SUD treatment centers.
3. Increase efforts to reduce perinatal mental health disparities through continuing diversity, equity, and inclusion (DEI) efforts, adjusting targeted outreach to ensure reaching everyone in Washington State with an intentional focus on providers caring for Latinx and Asian patients, and engaging opportunities to make the program more equitable.
4. Explore adopting Psychiatry Consultation Line's (PCL) HIPAA-compliant online scheduling platform as means for reducing provider access barriers and improving efficiency. Online scheduling has been frequently requested by PPCL providers in past annual surveys and can be perceived by providers as an easier intake process than relaying information over the phone. Costs and alternatives will be explored.

These programs continue to provide valuable assistance to providers, individuals, and families, as demand for their services increases and clients' barriers to receiving needed behavioral health treatment changes.

Background

In 2008, the Washington Partnership Access Line (PAL) service began through Seattle Children's Hospital to provide elective consultations to community physicians treating children with complex mental health and behavioral symptoms. The goals of PAL include providing support to primary care physicians to reduce wait times, and increase access to evidence based mental health care for children, given the shortage of child psychiatrists. The consultation line (along with the practice guidelines developed) continues to increase the numbers of children able to access timely, evidence-based mental health treatment in regionally appropriate primary care settings.

Limited access to specialized behavioral health services available to children and their families, along with the success of PAL, prompted the Washington Legislature to look at ways to use the PAL model as a strategy for addressing other behavioral health needs and additional target populations. This resulted in the creation of the two other programs outlined in this report:

1. Perinatal Psychiatry Consult Line for Providers (PPCL), which aims to assist providers in the diagnosis and treatment of maternal behavioral health disorders; and
2. Washington's Mental Health Referral Service for Children and Teens (MHRS), which aims to support families seeking mental health services for their children.

Both PPCL and MHRS began as pilots and were scheduled to sunset December 31, 2020. However, the Legislature subsequently extended the programs through June 30, 2021, and then made them permanent in the 2021 legislative session, as of July 1, 2021.

From the Legislature's general fund appropriations for FY23, HCA's appropriated budgets for the three programs totaled $2,465,995. As part of its efforts to implement Substitute House Bill 2728 (2020), HCA began sharing the costs of these programs in July 2021 with health carriers and other entities that cover individuals the programs serve.

Washington Partnership Access Line (PAL)

Program description

Since 2008, Seattle Children's PAL provides free mental health consultation to primary care providers with questions about diagnostic clarification, medication initiation and adjustment, treatment planning, etc., for their pediatric patients. Child and adolescent psychiatrists are available to consult during business hours. PAL conducts quarterly inter-rater reliability reviews to ensure that staff provide consistent, clinically appropriate consultations. The PAL team continually updates the Salesforce database used for data collection to ensure data is all inclusive, such as collecting preferred pronouns and preferred name. The PAL program consistently receives high provider satisfaction numbers and reaches providers from throughout the state.

Seattle Children's PAL Consultant team (the PAL team) publishes the Primary Care Principles for Child Mental Health guide yearly. This guide breaks down current evidence about mental health treatments for children into simplified points for primary care physicians. Free print and web-based copies are available.

Representatives from Seattle Children's Hospital and the University of Washington conduct mental health conferences at various locations across the state. Community providers can earn continuing medical education (CME) credits by attending any of the mental health conferences free of charge. Participant feedback from conference attendees is consistently positive. PAL hosts two in-person conferences per year. During the COVID-19 pandemic, PAL began offering live webinars statewide. Due to popularity and engagement from providers, PAL has continued to offer two webinar conferences a year.

HCA's budget for PAL for FY23 was $768,900.

Service data

Table 1.1 presents counts of providers by type who called PAL during FY23. During the reporting period, doctors represented about 78 percent of all providers who called PAL each month, followed by nurse practitioners, representing about 18 percent. These proportions are consistent with provider calls during FY22. The number of first-time callers during FY23 totaled 170, which is about 7 percent less than the 184 first-time callers during FY22.

Table 1.1 Counts of providers by type that called the Partnership Access Line, July 2022–June 2023

Provider type	Jul. 2022	Aug. 2022	Sep. 2022	Oct. 2022	Nov. 2022	Dec. 2022	Jan. 2023	Feb. 2023	Mar. 2023	Apr. 2023	May 2023	Jun. 2023
Doctors	84	93	110	107	123	115	124	135	145	93	134	118
Nurse practitioners	11	34	22	27	27	29	34	31	36	25	23	24
Physicians' assistants	5	2	5	5	4	7	7	6	9	7	6	10
Registered nurses	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	1	0	0	1	0	0	0	0	0	0	0
Total unique provider	100	130	137	139	155	151	165	172	190	125	163	152

Provider type	Jul. 2022	Aug. 2022	Sep. 2022	Oct. 2022	Nov. 2022	Dec. 2022	Jan. 2023	Feb. 2023	Mar. 2023	Apr. 2023	May 2023	Jun. 2023
calls during the month												
Number of first-time callers	12	10	9	18	13	17	16	19	15	10	21	10

Source: Seattle Children's Hospital, Gross Record of Consult Service Activity, July 2023.

Notes: Provider counts by type are unduplicated within the month, but are not unduplicated across months.

During FY23, the duration of providers' phone calls to receive services from PAL averaged about 14.8 minutes, which is consistent with FY22's average of 14.9 minutes. Providers requested and received telemedicine consultations that totaled fewer than four during FY23, but which was 64 percent fewer than the number provided during FY22. Due to the COVID-19 pandemic, there continues to be no face-to-face PAL consultations during FY23, which is consistent with having none during FY22.

Table 1.2 presents individual counts of phone calls to PAL by client age categories during FY23. There were 1,779 phone calls to PAL during the reporting period, which is 15 percent less than the 2,089 phone calls the program received during FY22.

- About 56 percent of phone calls were for children ages 13 or older, which is 3 percent less with calls for children ages 13 and older during FY22.
- About 36 percent of phone calls were for children ages 6 to 12, compared to about 34 percent during FY22.
- About 8 percent of phone calls were for children ages 0 to 5, which is consistent with calls for children ages 0 to 5 during the prior three reporting periods.

Table 1.2 Counts of phone calls to the Partnership Access Line by client age demographics, July 2022–June 2023

Client Ages	Jul. 2022	Aug.2022	Sep. 2022	Oct. 2022	Nov. 2022	Dec. 2022	Jan. 2023	Feb. 2023	Mar. 2023	Apr. 2023	May 2023	Jun. 2023	TOTAL
Ages 0–5 years	*	13	*	14	14	11	14	*	14	*	14	18	142
Ages 6–12 years	34	44	55	47	48	48	63	71	78	48	66	46	648
Ages 13+ years	63	73	73	78	93	92	88	92	98	67	83	88	988
Total calls	**100**	**130**	**137**	**139**	**155**	**151**	**165**	**172**	**190**	**125**	**163**	**152**	**1,779**

Source: Seattle Children's Hospital, Gross Record of Consult Service Activity, July 2023.

Notes: Asterisk (*) means suppressed client counts that are either less than 11 or that could enable the derivation of other client counts that are less than 11.

Perinatal Psychiatry Consult Line for Providers (PPCL)

Program description

The University of Washington (UW) Perinatal Psychiatry Consult Line for providers is a free telephone consultation service for health care providers caring for patients with behavioral health problems who are pregnant, postpartum, or planning pregnancy. Any health care provider in Washington State can receive consultation, recommendations, and referrals to community resources from a UW psychiatrist with expertise in perinatal behavioral health.

Psychiatrists provide consultation on any behavioral health-related question for patients who are pregnant, in the first year postpartum, who are planning pregnancy, or who have pregnancy-related complications (e.g., pregnancy loss, infertility, etc.). Topics may include:

- Depression, anxiety, or other psychiatric disorders.
- Substance use disorders, especially those co-occurring with other psychiatric disorders.
- Adjustment to pregnancy loss, complications, or difficult life events.
- Risks of psychiatric medications and medication-assisted treatment (MAT) for substance use disorders, non-medication treatments.
- Consulting about patients on psychotropic medications and/or MAT who are wanting to, or thinking about, becoming pregnant.

PPCL conducts quarterly inter-rater reliability reviews to ensure that staff provide consistent, clinically appropriate consultations.

HCA's budget for the PPCL program for FY23 was $422,099.

Service data

Table 2.1 presents counts of providers by type who called PPCL during FY23. During the reporting period, nurse practitioners represented about 45 percent of all providers who called the PPCL each month, which is a 10% increase in calls with nurse practitioners during FY22. Doctors represented about 27 percent of callers which is about 16 percent less than doctor calls during FY22. The number of calls from midwives increased compared to FY22 with midwives increasing 63 percent. The number of first-time callers during FY23 period totaled 302, which is about 17 percent more than the 258 first-time callers during FY22. In July 2022, PPCL received funding to incorporate addiction psychiatry consultation into their model. During FY23, PPCL began tracking and reporting service data for substance use disorder-related calls involving an addiction psychiatrist. About 6 percent of calls to Perinatal PCL in FY23 involved a question about substance use during FY23, though numbers may not reflect full impact of this resource as PPCL addiction psychiatrist was on leave over a portion of this reporting year.

Table 2.1 Counts of providers by type that called the Perinatal Psychiatry Consult Line for Providers, July 2022–June 2023

Provider type	Jul. 2022	Aug. 2022	Sep. 2022	Oct. 2022	Nov. 2022	Dec. 2022	Jan. 2023	Feb. 2023	Mar. 2023	Apr. 2023	May 2023	Jun. 2023
Doctors	22	13	11	17	15	14	14	15	25	16	27	17
Nurse practitioners	24	37	17	26	29	22	27	38	25	34	29	28
Physicians' assistants	1	1	0	0	2	1	4	1	2	0	2	2
Registered nurses	3	2	2	4	1	4	4	0	6	0	1	4
Midwives	10	14	8	7	14	3	0	8	6	13	10	8

Provider type	Jul. 2022	Aug. 2022	Sep. 2022	Oct. 2022	Nov. 2022	Dec. 2022	Jan. 2023	Feb. 2023	Mar. 2023	Apr. 2023	May 2023	Jun. 2023
Social workers	0	0	4	5	2	1	4	0	1	0	0	1
Other	2	6	10	4	6	1	2	4	1	3	3	1
Total unique provider calls during the month	50	64	45	54	59	40	49	47	61	48	60	52
Number of first-time callers	27	37	17	31	33	14	30	25	26	18	26	18

Source: University of Washington, Fiscal Year 2023 Specific Record Reports and Monthly Gross Record, July 2023.

Notes: Provider counts by type are unduplicated within the month, but are not unduplicated across months. There were 36 phone calls not included in the totals above from individuals who were either not providers or for whom program staff were unable to record provider credentials.

During FY23, the duration of providers' phone calls to receive services from PPCL averaged about 10.8 minutes, which is consistent with the average call duration during FY22.

Table 2.2 presents counts of provider phone calls to PPCL by client age categories during FY23. There were 715 calls and consultations to Perinatal PCL during FY23, which is about 28 percent more than the 558 calls and consultations during FY22. Patient age data was available for 607 of these calls and consultations. Of these 607 calls and consultations, 49.4 percent were about clients aged 30-39 and 42 percent were about clients aged 20-29. These proportions show a slight increase in consultations for clients aged 30-39 compared to FY22.

Table 2.2 Counts of phone calls to the Perinatal Psychiatry Consult Line for Providers by client age demographics, July 2022–June 2023

Client Ages	FY23 Number of Clients	FY23 Percentage of Clients
Ages < 20 years	20	3.3%
Ages 20–29 years	256	42.0%
Ages 30–39 years	301	49.6%
Ages 40+ years	30	4.9%
Total Calls with Patient Age Data	607	100%

Source: University of Washington, Fiscal Year 2023 Specific Record Reports, July 2023.

Notes: Asterisk (*) means suppressed client counts that are either less than 11 or that could enable the derivation of other client counts that are less than 11.

Mental Health Referral Service for Children and Teens (MHRS)

Program description

Washington's MHRS connects patients and families with evidence-supported outpatient mental health services in their community. MHRS is a telephone-based referral service that is funded through HCA, operated by Seattle Children's Hospital, and free to families. Health care providers do not access MHRS. Rather, they are routed to PAL for consultation.

MHRS maintained full staffing for the first five months of the reporting period with no turnover. In June 2023, one referral specialist left the program to go to graduate school. Currently, the team is made up of nine referral specialists, three intake coordinators and a program supervisor. MHRS is working with Seattle Children's human resources to hire a replacement for the referral specialist who left in June. Operating with full staffing for most of the reporting period helped keep staff burnout low and kept the overall time that families spent waiting under 20 business days.

MHRS referral process

The referral service provides mental health referrals for children and teens 17 and younger from across Washington. MHRS utilizes insurance provider databases as well as maintaining their own registry of providers.

1. Families access the service by calling (833) 303-5437, Monday through Friday, from 8 a.m. to 5 p.m. (Pacific) to connect with an intake coordinator. Additionally, families can submit an online form through the MHRS website to request services. Interpreter services are available for families who speak a language other than English.
2. The Intake Coordinator will ask for demographic information from the caller and determine whether the request is within the scope of the program. If the Intake Coordinator determines that the family's needs can be met by the program, they will schedule an intake with a Referral Specialist. Additionally, brief education, resources, and navigation within insurance is often provided during this call.
3. During the intake, the Referral Specialist asks for information about the child's mental health needs, location, family preferences, and health insurance plan.
4. Most families receive detailed referral letters which include specific information regarding providers who are currently accepting new patients paneled with their insurance and available at the family's preferred times for care in their communities. Additional resources that families may find helpful based on their specific needs may also be included.
5. After the intake, a referral specialist will call and email the family with information on at least two providers or agencies that meet their needs and have openings.
6. A couple weeks after providing the referrals, a referral specialist will make a follow-up call to the family. This follow-up call is used to see if the family was able to make an appointment and ask whether additional resources are needed. If no appointment has been made, staff will try to address any barriers or link the family to another provider.

   Note: For steps 5 and 6, MHRS will text rather than call families who opt into secure texting.

HCA's budget for MHRS for FY23 was $1,274,996.

Service data

Table 3.1 presents counts of MHRS cases by client age categories during FY23. There were 3,560 MHRS cases during FY23, which is consistent with the 3,544 cases during FY22. During FY23, 1,519 (about 43 percent) were for clients ages 13 years or older, which is about a 10 percent lower proportion of cases for clients 13 years and older during FY 22. The proportion of cases for clients ages 6 to 12 increased with 1,799 cases (about 50 percent), which is about a 9 percent increase in proportion compared to cases for clients ages 6 to 12 in FY22. The proportion of cases for clients ages 0 to 5 years increased with 242 cases (about 7 percent), which is about a 17 percent increase in proportion compared to cases for clients ages 0 to 5 in FY22.

Table 3.1 Counts of Mental Health Referral Service for Children and Teens cases by client age demographics, July 2022–June 2023

Client ages	Jul. 2022	Aug. 2022	Sep. 2022	Oct. 2022	Nov. 2022	Dec. 2022	Jan. 2023	Feb. 2023	Mar. 2023	Apr. 2023	May 2023	Jun. 2023
Ages 0–5 years	35	21	11	20	16	15	19	20	26	15	18	26
Ages 6–12 years	161	145	141	159	131	126	142	141	185	132	185	151
Ages 13+ years	167	138	131	148	130	90	90	147	134	112	12	112
Total cases	**363**	**303**	**283**	**327**	**277**	**231**	**252**	**308**	**345**	**259**	**323**	**289**

Source: Seattle Children's Hospital, Gross Record of Referral Service Activity, July 2023.

Table 3.2 presents counts of MHRS providers who have indicated they are willing to receive client referrals within the following age ranges during FY23. Of the providers who provided responses regarding the ages of clients they will see, about 90% of providers indicate they will receive referrals for children and youth 13 – 17 years and 18+. The number of providers willing to receive referrals decreases by age with 68% receiving referrals for children 10 – 12 years, 54% for children 5 – 9 years, and 28% for children 0 – 4 years.

Table 3.2 Counts of Mental Health Referral Services for Children and Teens providers' population served by client age July 2022 – June 2023

Client ages	Jul – Sep	Oct – Dec	Jan – Mar	Apr - Jun
Ages 0–4 years	732 (27%)	764 (27%)	826 (28%)	849 (28%)
Ages 5 – 9 years	1439 (54%)	1507 (54%)	1587 (53%)	1645 (55%)
Ages 10 – 12 years	1795 (67%)	1895 (68%)	2002 (67%)	2086 (69%)
Ages 13 - 17 years	2377 (89%)	2493 (89%)	2684 (89%)	2799 (93%)
Ages 18+	2428 (91%)	2550 (91%)	2680 (89%)	2782 (93%)
Providers with responses	**2665 (62%)**	**2789 (64%)**	**3003 (65%)**	**3138 (67%)**
Providers with no responses	1601 (37%)	1599 (36%)	1583 (35%)	1471 (33%)

Source: Seattle Children's Hospital, Quarterly Provider Report, July 2023.

Families seeking services are continuing to report high levels of youth anxiety (63% of cases), depression (35% of cases), and ADHD (32% of cases). Children reporting thoughts of suicide and self-harm account for 14% of overall referral cases (a 3% increase over last reporting period). Typically, family members and adolescents call MHRS when seeking an evaluation, training, or general form of treatment. Table 3.3 presents counts of MHRS case requests by service type during FY23. Of the 5,024 service initially

requested during the reporting period, 3,249 (about 65 percent) were for individual therapy; this is about a 25 percent decrease in proportion of services requested for individual therapy compared to FY22, though individual therapy continues to be the most frequently requested service the past several years.

Table 3.3 Counts of Mental Health Referral Service for Children and Teens case requests by service type, July 2022–June 2023

Service type	Request count	Percent of requests	Percent of cases
Individual Therapy	3249	65%	91%
Psychiatrist Evaluation	570	11%	16%
Psychotropic Medication Management	333	7%	9%
Parent Training	272	5%	8%
Telemental Health	199	4%	6%
Family Therapy	104	2%	3%
Autism Evaluation	98	2%	3%
Psychologist Evaluation	60	1%	2%
Neuropsychological Evaluation	58	1%	2%
Diagnostic Evaluation	46	1%	1%
Group Therapy	35	1%	1%
Substance Abuse Evaluation	*	*	*
Early Intervention or Birth to Three Services	*	*	*
Education Evaluation	*	*	*
Other	*	*	*
Unsure	*	*	*

Source: Seattle Children's Hospital, Gross Record of Referral Service Activity, July 2023.

Notes: Asterisk (*) means suppressed client counts that are either less than 11 or that could enable the derivation of other client counts that are less than 11. MHRS added "Autism evaluation" in November 2020, and in December 2020 it added "Education evaluation" and reclassified "Telemental health" from a treatment modality to a service.

During phone calls with the family members or adolescents, MHRS staff gather information to help identify the clinically appropriate modality (method) of treatment for the client. Families may be directed towards a treatment modality following discussion and information sharing with a referral specialist or the family may already have a request for a specific treatment modality from their own research or recommendation of a health care provider. Table 3.4 presents counts of MHRS case requests by preferred treatment modality during FY23. Of the 3,560 MHRS service requests for preferred treatment modalities during the reporting period, 2,207 (about 48 percent) were for cognitive behavioral therapy. During FY22, cognitive behavioral therapy was also the most frequently requested preferred treatment modality.

Table 3.4 Counts of Mental Health Referral Service for Children and Teens case requests by service type, July 2022–June 2023

Service type	Request count	Percent of requests	Percent of cases
Cognitive Behavioral Therapy	2207	48%	62%
Behavioral Therapy	603	13%	17%
Parent Management Training	494	11%	14%
Supportive Counseling	391	8%	11%

Service type	Request count	Percent of requests	Percent of cases
Trauma-Focused CBT	376	8%	11%
Dialectical Behavioral Therapy	141	3%	4%
Parent Child Interaction Therapy	104	2%	3%
Exposure and Response Prevention Therapy	91	2%	3%
Incredible Years	62	1%	2%
Triple P	58	1%	2%
Eating Disorder Treatment	28	1%	1%
Applied Behavioral Analysis	27	1%	1%
Addiction Treatment	21	0%	1%
Habit Reversal/Cognitive Behavioral Intervention	15	0%	0%
Insight Oriented Therapy	*	*	*
Neurofeedback	*	*	*
Infant/Parent Dyad Therapy	*	*	*
Sexual Offender Treatment	*	*	*

Source: Seattle Children's Hospital, Gross Record of Referral Service Activity, July 2023.

Notes: Asterisk (*) means suppressed client counts that are either less than 11 or that could enable the derivation of other client counts that are less than 11. MHRS added "Parent Child Interaction Therapy" and "Triple P – Positive Parenting Program" in October 2020, and "Supportive Counseling" in November 2020. In December 2020, it added "Sexual Offender Treatment" and reclassified "Telemental health" from a treatment modality to a service.

After identifying clinically appropriate, preferred treatment modalities, the phone calls concluded and MHRS staff worked to find providers for client referral. During FY23, the average time elapsed from initial case phone call to referral was about 16.8 days, which is about 19 percent shorter than FY22's average of 20.7 days. Of the 3,560 MHRS case requests, seventy-one percent of calls are for children and youth enrolled in a private insurance health plan. MHRS reports more significant challenges in identifying referral options for children and youth with private insurance compared to case requests for children and youth enrolled in Apple Health (Medicaid). On average, the time elapsed from the initial case phone call to referral was about 19.87 weekdays for private insurance cases compared to 10.2 weekdays for Apple Health cases. Private insurance continues to be a more significant community referral challenge than Medicaid. Families with private insurance (68%) seeking care often necessitated calls to 25+ providers to find one provider with availability.

Due to a combination of an increase in requests during the spring, Staff paid time off (PTO), and losing a referral specialist, MHRS saw a slight increase in turnaround time from 10.5 business days to 16.9 business days for the overall service. MHRS was able to consistently schedule families for an intake appointment within two weeks of their initial call.

Legislative Auditor Recommendations

In November 2022, Washington's Joint Legislative Audit and Review Committee made the following recommendation, "HCA and Children's should develop a plan to meet statutory and contractual timeliness requirements and investigate disproportionately low participation in the referral service from Eastern Washington families...". During this past year, the Mental Health Referral Service worked on this recommendation through implementing new policies and outreach opportunities. MHRS has seen a small

increase in Eastern Washington cases over time with 6 percent of cases from Eastern Washington over the last two fiscal years compared to 21 percent of the state's population residing in these counties[2].

MHRS As an initial step, MHRS has focused on promoting the program in Kennewick, Moses Lake, Pullman, Spokane, Yakima, and Walla Walla. MHRS utilized three sponsored Facebook Campaigns from May 1 through May 31 for Mental Health Month geared towards parents, clinicians, and primary care providers. Additionally, the program was promoted on the main Seattle Children's Hospital Facebook account in May 2023. MHRS plans to continue running Facebook Campaigns on the eastside of the state at least twice per year. Additionally, MHRS will pilot adding a question to the family feedback survey which is emailed to families after the two-week check-in stating, "Do you have suggestions for how to increase use of the Referral Line by families in your community?" MHRS will use feedback to understand barriers in the community and potential solutions.

Table 3.5 MHRS Facebook campaign and Seattle Children's Hospital Facebook engagement

Campaign duration	Link clicks	Reach	Impressions
5/1/2023 – 5/31/2023	18	2,447	2,500

Source: Seattle Children's Hospital, Google Analytics.

Notes: Link Clicks: The number of times the link to the Referral Service website was clicked. Reach: The number of people who saw the ads at least once. Impressions: The number of times the ads were on screen.

Process Improvement

In alignment with the Legislative Auditor Recommendation, MHRS has made the following process improvements aimed at meeting timeliness requirements regarding turnaround times.

- **Availability Survey:** In March 2023, MHRS implemented an Availability Survey that gets sent out to every mental health provider in the MHRS database every two weeks. When a provider does not have availability, the MHRS team will not contact the provider for the next 30 days. Providers that do have availability will be populated into a list categorized by county for use by MHRS staff in identifying options based on family needs (e.g., fit with family needs, insurance, location, etc.). This process decreased MHRS staff time outreaching providers, timeline for families to receive resource letters, and impact of outreach on providers. MHRS will begin to evaluate outcomes in September 2023, though have already received positive feedback from mental health providers.
- **Spanish Days:** Starting in March 2023, the MHRS Spanish speaking referral specialist reserved Tuesdays and Fridays solely for the purpose of intakes, drafting resource letters, and completing follow-up calls with Spanish-speaking families. This ensures Spanish-speaking families receive our services from start to finish in their language. MHRS has received positive feedback from parents that they appreciate this and feel more comfortable than with an interpreter service.
- **Telehealth Priority:** As most providers are offering telehealth services only, these provider searches are often quicker than finding in-person sessions. In April 2023, MHRS implemented a process to separate out cases requesting telehealth services. This allowed for a more efficient timeline in getting referral letters to families. Additionally, this has allowed for improvements in cases requesting in-person services by designating specific MHRS staff to work on telehealth cases. Telehealth timeline has been consistent at eight business days for overall program completion as compared to 18 business days for families requesting in-person sessions.

[2] https://www.washington-demographics.com/counties_by_population

- **Secure Texting:** In February 2023, MHRS rolled out Secure Text Messaging to improve connection rates with families when notifying them that their referral letter had been emailed. This was in response to difficulties reaching families by phone to indicate a letter had been sent as often families did not access the secure message until expired or the identified referrals were no longer available. MHRS has received positive feedback with families sharing that it is easier to answer a text rather than a phone call due to work or other family priorities.
- **Float Policies:** MHRS maintained a "float policy" where the "float" does not take on any additional intakes as long as we are scheduling families for their intake appointment in under two weeks. If the MHRS timeline for intake scheduling exceeds two weeks, the float will then take on intakes to help keep the timeline down and help families as soon as possible.
- **Collaboration with Community Supports:** MHRS met with various community support partners during this reporting period to collaborate on ways to better serve families in Washington during this State mental health crisis.
    - In January 2023, MHRS met with the Office of Behavioral Health Advocacy (OBHA) to discuss how they can serve families that our referral specialist is not able to find resources for to support referral specialist in preparing families for what to expect when they connect with OBHA's program.
    - MHRS partnered with Washington 211 to exchange education about each other's program scopes. In March 2023, these programs were presented together at the Washington Communities for Children State Resource Navigation & Access learning network meeting.
    - In April 2023, MHRS staff hosted a booth at the Department of Child, Youth, and Family Services Children's Justice Conference with information about the program.
    - MHRS met with Seattle Children's Suicide Prevention program along with UW Forefront and the Behavioral Health Navigator for Olympic ESD 114 to discuss how each program can support the community following a suicide.

Improvement opportunities

Systemic barriers to services

Both Seattle Children's Hospital and the University of Washington collected feedback from individuals receiving referrals or consultation from their respective programs about clients' barriers to accessing needed behavioral health services.

Table 4.1 presents the percentage frequencies of clients' barriers to needed behavioral health services, as clients reported to Seattle Children's Hospital during FY23. Almost half (about 48 percent) of the difficulties that parents or adolescents reported experiencing when attempting to initiate or continue behavioral health services related to scheduling, insufficient time, or other family priorities. This barrier increased to 48 percent, which is about 7 percent higher than both FY21 and FY22.

Provider availability accounted for about 20 percent of the overall barriers that clients reported. This barrier decreased from 24 percent during FY22. This reported barrier is presumably tied to the current access to care issues that are seen in the community related to the workforce shortages that have been exacerbated during the pandemic. Providers fill up quickly and rarely have after school or weekend appointments available. Additionally, many providers have moved completely to telemedicine, but most families are requesting in-person appointments.

Additionally, the COVID-19 pandemic is continuing to have an impact on children and their mental health although this is decreasing. 23 percent of families who did an intake with MHRS and answered the COVID-19 related question stated they were seeking mental health care services due to the pandemic (down from 31.5 percent last reporting period). An additional 13.5% of families (up from 12 percent last reporting period) said they were unsure if they were seeking services due to the pandemic.

Table 4.1 Percentage frequencies of clients' barriers to needed behavioral health services reported to Seattle Children's Hospital

Barrier type	Percentage frequency
Schedule / Time / Other Family Priorities	48%
Availability of Provider	20%
Other	9%
Letter Difficulty*	7%
Provider not a good fit	6%
Insurance Issues	6%
Changed mind about seeking services	3%
Transportation Issues	1%
COVID-19 Related Barriers	1%

Source: Seattle Children's Hospital, Gross Record of Referral Service Activity, July 2023.

Note: The program added "COVID-19 related barriers" as a barrier type in October 2020. (*) Responses indiciated for Letter Difficulty only represent families who report difficulty opening their electronic letter, though they did not outreach MHRS to resolve this challenge, or families who attempted to access the electronic letter after it had expired. MHRS has created job aids to support families as a response to theses difficulties.

Table 4.2 presents the percentage frequencies of patients' barriers to needed behavioral health services, as clients reported to the University of Washington PPCL program during FY23. The most frequently reported difficulties that patients experienced when attempting to initiate or continue behavioral health services related to provider shortages (about 24 percent for shortage of providers in the patient's area, and about 22 percent for shortages of providers for patient's insurance). There continue to be challenges

with transportation (about 12 percent) or childcare (about 14 percent). PPCL has discontinued directly asking about financial and cultural/language barriers; therefore, data on these barriers are not reflected in the table below.

Table 4.2 Percentage frequencies of patients' barriers to needed behavioral health services reported to University of Washington

Barrier type	Percentage frequency
Shortage of providers in patient's area	24%
Shortage of providers for patient's insurance	22%
Childcare	14%
Provider did not know	12%
Transportation	12%
Other	8%
Low socioeconomic status related to finances, employment, and/or supports	3%
Language, race, ethnicity, and/or culture	2%
Uninsured	1%

Source: University of Washington, Fiscal Year 2023 Specific Record Reports, July 2023.

Data on barriers to care from both Seattle Children's Hospital and the University of Washington indicate that the downstream effects of the COVID-19 pandemic have continued to increase the frequency of systematic barriers to care, especially those related to behavioral health provider availability.

Service improvement recommendations

PAL, PPCL, and MHRS programs' service data and clients' systemic barriers to accessing needed behavioral health services suggest opportunities for program improvement. The following are potential recommendations to increase the programs' abilities to provide effective and efficient behavioral health consultation and referral services:

PAL and MHRS

1. Pilot Supporting Adolescents and Families Experiencing Suicidality (SAFES) program in Eastern Washington in partnership with Frontier Behavioral Health and Washington Department of Health (DOH) to increase crisis supports for children and adolescents. Assess impact to inform future recommendations and PAL program improvements.
2. MHRS will continue targeted marketing to Eastern Washington and explore disproportionate participation from this region of the state to inform additional outreach strategies with a goal to increase participation from 6 percent to 9 percent of total cases by June 2025.
3. MHRS will continue to implement process improvements to reduce turnaround times from 17 days to 13 days by June 2025.
4. Collaborate with the Apple Health managed care organization (MCO) Collaborative through participating in the Health Equity Performance Improvement Project group focused on increasing the mental health treatment services rate for Black, Indigenous, People of Color (BIPOC) children and youth.
5. Continue to explore opportunities to partner with behavioral health training entities and promote outreach to expand provider database in specialty areas, such as infant-early childhood mental health and transitional age youth, and increasing access, especially for patient populations experiencing health disparities.

PPCL

1. Increase the budget allocation for PPCL by $36,000 per year ongoing to increase program coordinator capacity and support to maintain program quality and provide professional development to health care providers in response to requests for specific perinatal mental and behavioral health training.
2. Increase the number of calls regarding co-occurring substance use through target marketing and outreach plan, including attending SUD-related conferences, seeking presentation opportunities about perinatal substance use, newsletter features and direct outreach to SUD treatment centers.
3. Increase efforts to reduce perinatal mental health disparities through continuing diversity, equity, and inclusion (DEI) efforts, adjusting targeted outreach to ensure reaching everyone in Washington State with an intentional focus on providers caring for Latinx and Asian patients, and engaging opportunities to make the program more equitable.
4. Explore adopting Psychiatry Consultation Line's (PCL) HIPAA-compliant online scheduling platform as means for reducing provider access barriers and improving efficiency. Online scheduling has been frequently requested by Perinatal PCL providers in past annual surveys and can be perceived by providers as an easier intake process than relaying information over the phone. Costs and alternatives will be explored.

Conclusion

The PAL, PPCL, and MHRS programs continue to fulfill their legislative mandates to provide valuable assistance to providers, individuals, and families seeking to connect with needed behavioral health services. Demand for these services continues, as evidenced by increased call volumes to PPCL receiving 28 percent more in FY23 compared to FY22 and MHRS maintaining approximately 3,500 cases over the course of the year. Washington continues to see reported barriers to accessing behavioral health services. with fewer providers having the capacity to accept new patients. In this current context, both the need and appreciation for these programs are evident.

A provider wrote in a survey administered by the University of Washington:

> "Extremely helpful for an outpatient community clinic provider to have access to this resource- both the intake and physician were extremely helpful and kind. I was connected with a psychiatrist within minutes. She walked me through all I needed to know for this patient with multiple if/thens. Also being provided the written recommendations was very helpful. Can't speak positively enough about this service. Thank you. Especially helpful for an FM intern with OB continuity patients with specific mental health needs."

A parent responded to a survey administered by Seattle Children's Hospital:

> "I am 100% satisfied with the service my family received from them I am completely and totally happy with the time and the detail spent my situation was complicated with my child, and I had 100% of their undivided attention and unique qualities that this program offers. This is by far the best experience we have ever received. Thank you to everybody who is involved in getting my daughter the care that she needs. We got the best results and are extremely happy. This is hands-down the best way to go when you need services for mental health and for other services. Thank you from the bottom of our hearts you have made us a whole family again. These programs must continue to develop, if they are to help bridge the gaps between patients and providers by providing valuable behavioral health consultation and referral services."