Washington State Health Care Authority

Report to the Legislature

Behavioral health consultation, referral, and provider training programs

Prenatal through age 18

Annual report

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Substitute House Bill 1851; Section 1(4,5); Chapter 358; Laws of 2024

December 30, 2024

Behavioral health consultation and referral services: Annual report

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Executive summary

RCW 71.24, the Community Behavioral Health Services Act, creates three support phone lines[1] and one training program focused on mental and behavioral health for children from pregnancy through age 18. These four programs are designed to promote accurate diagnoses and treatment, facilitate access to care, and monitor outcomes. The Partnership Access Line (PAL) and Perinatal Psychiatric Consultation Line (Perinatal PCL) connect health care providers with psychiatrists to discuss patient care, and Mental Health Referral Service (MHRS) identifies available mental or behavioral health providers for families whose children need care.

This report describes the results of these programs during the 2024 fiscal year (FY24), from July 1, 2023, through June 30, 2024, 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).

	Partnership Access Line (PAL)	Perinatal Psychiatric Consultation Line[2] (Perinatal PCL)	Mental Health Referral Service for Children and Teens (MHRS)
Operator	Seattle Children's Hospital	University of Washington	Seattle Children's Hospital
Who calls?	Primary care providers	Health care providers	Youth, parents, guardians, family members
About whom?	Children (0 – 19 years old)	Pregnant or postpartum individuals (any age)	Children (0 – 17 years old)
Year started	2008	2016 (expanded 2019)	2019
Participants (FY24)	1,472	662	3,463
% change from FY24	Decreased 17%	Decreased 7%	Decreased 3%
Line cost (FY24)	$768,900	$458,099	$1,545,000

In addition to the lines, Seattle Children's Hospital administers the First Approach Skills Training (FAST) Program offering training to mental health professionals in brief, evidence-based behavioral therapy for children and youth (0 – 18 years) with common mental health concerns and their families. This is the first reporting period for the FAST program with a budget of $355,000 (FY24). There were 404 mental health clinicians who participated in a FAST training from January through June 2024.

Systemic Barriers

Seattle Children's Hospital and University of Washington collect feedback and use program data to identify systemic barriers to accessing needed behavioral health services. The following table highlights the identified barriers by program during FY24.

[1] In addition to the child and youth programs addressed in this report, the University of Washington also operates the Psychiatric Consultation Line (PCL) to support care providers seeking clinical advice regarding adult patients (18 years and older).

[2] 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.

Program	Systemic Barriers
PAL	• Stigma of mental health treatment and families' mistrust of mental health care. • Limited mental health care access.
Perinatal PCL	• Provider shortages: 24% due to shortage in the area; 22% due to lack of accepting insurance type. • Barriers due to transportation (14%) and childcare (12%). • Increase in calls about individuals experiencing homelessness. • Other barriers: incarceration and domestic violence.

MHRS	• Access challenges: In-person options; providers for children under 12 years old.
	• Increased waitlists throughout the state for those enrolled in Apple Health (Medicaid).
	• Private insurance-specific challenges:
	  ○ Limited resources for Habit Reversal Therapy throughout the state;
	  ○ Limited medication management options in Thurston County;
	  ○ Long waitlists for in-person services in Clark and Cowlitz counties; and
	  ○ Difficulty finding Applied Behavior Analysis (ABA) services for youth in Yakima, Kittitas and Benton counties.

FAST	• Lack of evidence-based treatments available statewide in languages other than English and Spanish. • Insufficient workforce and high demand. • Limited capacity for case management. • Inability to be reimbursed for more than 2 hours a month when using the Collaborative Care Model (CoCM). • Challenges engaging families in care due to time limitations for referring providers.

Recommendations for Improving Services

Based on program findings during FY24, the following table includes service improvement recommendations that have been identified for each program in FY25.

Program	Recommendations
PAL	1. Continue to assess Supporting Adolescents and Families Experiencing Suicidality (SAFES) program for broader service improvements. 2. Utilize PAL provider resources and education to address systemic barriers related to mental health stigma and supporting families in accessing care. 3. Update PAL feedback survey to improve data collection regarding systemic barriers. 4. Increase utilization and awareness of youth co-occurring substance use disorder (SUD) and Medications for Opioid Use Disorder (MOUD) initiation. 5. Provide an online scheduling option for providers to support access.
Perinatal PCL	1. Targeted marketing and outreach to increase calls regarding perinatal co-occurring substance use. 2. Intentional focus on reaching providers caring for Latinx and Asian patients in support of reducing perinatal mental health disparities. 3. Engage in continuous quality improvement based on data from the online scheduling platform.

MHRS	1. Update MHRS guide to reflect developmentally appropriate treatment options. 2. Partner with behavioral health training entities to expand provider database in specialty areas. 3. Report on county-specific access barriers in semi-annual report. 4. MHRS will continue to work on improving turn-around times with the goal to maintain the turnaround time around 7 business days or fewer. 5. MHRS will continue outreach efforts to support more diverse families in using the program.
FAST	1. Continue identifying training partnerships to increase participant diversity. 2. Host a FAST training dedicated to applying group skills. 3. Develop new resources in response to external engagement and training participant feedback.

How to use and navigate this report

This section provides an orientation to the structure and topics captured throughout the report.

Background and conclusion

The report begins with background information on the legislation and history of these programs, then transitions into program specific sections. The report ends with conclusions. Additional information is captured in the appendices.

Main sections: Program findings

The main body of the report focuses on findings from each of the four programs:

- **Partnership Access Line (PAL)**
- **Perinatal Psychiatry Consultation Line (Perinatal PCL)**
- **Mental Health Referral Service (MHRS)**
- **First Approach Skills Training (FAST)**

In each program section, you will find the following topics:

Brief program description

Each program includes a snapshot using the example table below.

Operator
Year started
Who calls? / **Who receives the service?**
Hours of operation
About whom?
Line cost (FY24)

Findings

Each program section includes findings reflecting service access data, demographic data, and resources and referrals provided to the individuals receiving the services. The tables below indicate the type of data for each of these categories by program.

Service access data

Program	Service access data
Partnership Access Line (PAL)	Calls by insurance type; count of providers by type who called PAL.
Perinatal Psychiatry Consultation Line (Perinatal PCL)	Calls by insurance type; count of providers by type who called Perinatal PCL; perinatal co-occurring substance use disorder (SUD) data.
Mental Health Referral Service (MHRS)	Count of requests and resulting cases for children, youth and family receiving referral services, including insurance type.
First Approach Skills Training (FAST)	Count of providers who participated in a FAST training.

Demographic data

Program	Demographic data
Partnership Access Line (PAL)	Calls by age of child/youth a provider is requesting consult for.
Perinatal Psychiatry Consultation Line (Perinatal PCL)	Calls by age of perinatal person a provider is requesting consult for.
Mental Health Referral Service (MHRS)	Cases by age of the child/youth, region, and race/ethnicity
First Approach Skills Training (FAST)	Provider participants by setting they provide care.

Resources and referrals provided

Program	Resources and referrals provided
Partnership Access Line (PAL)	Average timeframes; Telemedicine consultation visits; Primary Care Principles for Child Mental Health guide; conferences.
Perinatal Psychiatry Consultation Line (Perinatal PCL)	Average timeframes; online scheduling; Perinatal Mental Health Care guide; perinatal mental health webinars and trainings.
Mental Health Referral Service (MHRS)	Average timeframes; service type and treatment modalities requested.
First Approach Skills Training (FAST)	Count of FAST training events; count of case consultations; updates to FAST resources.

Systemic barriers

Systemic barriers to services based on feedback gathered by callers/participants and program data.

Recommendations for Improving Services

Program-specific recommendations for improving services and service delivery based on findings and system barriers.

Appendices

This report includes 3 appendices reflecting additional information from the Mental Health Referral Service (MHRS) program on the following topics:

- Appendix A: MHRS Referral Process
- Appendix B: MHRS Provider Data
- Appendix C: MHRS Joint Legislative Review Committee (JLARC) update

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 three other programs outlined in this report:

1. Perinatal Psychiatry Consult Line for Providers (Perinatal PCL), which aims to assist providers in the diagnosis and treatment of maternal behavioral health disorders;
2. Washington's Mental Health Referral Service for Children and Teens (MHRS), which aims to support families seeking mental health services for their children; and
3. First Approach Skills Training (FAST) Programs, which provide easy-to-learn and use mental health treatment tools and trainings for mental health providers, as well as resources that can be used by families and non-mental health specialists who support them.

Perinatal PCL 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.

The initial iteration of the FAST program, previously known as PAL Plus, began in 2016. During the 2024 legislative session, the legislature allocated funding for the FAST program through June 2025, and then made funding permanent.

From the Legislature's general fund appropriations for FY24, HCA's appropriated budgets for the four programs totaled $3,126,999. 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

Operated by?	Seattle Children's Hospital
Year started	2008
Who calls?	Primary care providers
Hours of operation	Monday through Friday, 8 a.m. – 5 p.m.
About whom?	Children (0 – 19 years old)
Line cost (FY24)	$768,900

PAL child and adolescent psychiatrist provide free mental health consultation to primary care providers with questions about diagnostic clarification, medication initiation and adjustment, and treatment planning for their pediatric patients.

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.

Findings

Service access data

There were 1,472 phone calls to PAL during the reporting period, which is 17 percent less than the 1,779 phone calls the program received during FY23.

Table 1.1 Number of providers accessing the service in FY24 compared to FY23

	FY24 calls from providers	% change from FY23
Calls about Apple Health (Medicaid) clients:	737	Decreased 18.4%
Calls about non-Medicaid clients or non-patient-specific call:	735	Decreased 16.1%
Total calls	1,472	Decreased 7.31%

Table 1.2 presents the number of providers by type who accessed PAL during FY24. During the reporting period, doctors represented about 77 percent of all providers who called PAL each month, followed by nurse practitioners representing 17 percent. These proportions are consistent with provider calls during FY23. The number of first-time callers during FY24 totaled 135, which is about 21 percent less than the 170 first-time callers during FY23.

Table 1.2 Number of providers by type that accessed the Partnership Access Line FY24

Month	Doctors	Nurse Practitioners	Physicians' Assistants	Registered Nurses (and Masters level)	Other	Total unique provider calls
Jul. 2023	52	11	3	0	0	**66**
Aug. 2023	87	19	4	0	0	**110**
Sep. 2023	66	14	5	0	0	**85**
Oct. 2023	80	28	8	1	1	**118**
Nov. 2023	95	21	6	0	0	**122**
Dec. 2023	76	13	4	0	1	**94**
Jan. 2024	93	15	4	0	0	**112**
Feb. 2024	101	23	6	0	0	**130**
Mar. 2024	76	15	6	0	0	**97**
Apr. 2024	92	13	5	0	0	**110**
May 2024	79	17	16	0	2	**114**
Jun. 2024	52	17	5	0	0	**74**

Source: Seattle Children's Hospital, Gross Record of Consult Service Activity, July 2024.

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

Demographic data

Table 1.3 presents individual counts of phone calls to PAL by client age categories during FY24.

- About 50.6 percent of phone calls were for children ages 13 or older, which is 5 percent less with calls for children ages 13 and older during FY23.
- About 40.6 percent of phone calls were for children ages 6 to 12, which is 4.2 percent less with calls for children ages 6 to 12 during FY23.
- About 8.8 percent of phone calls were for children aged 0 to 5, which is consistent with calls for children ages 0 to 5 during the prior three reporting periods.

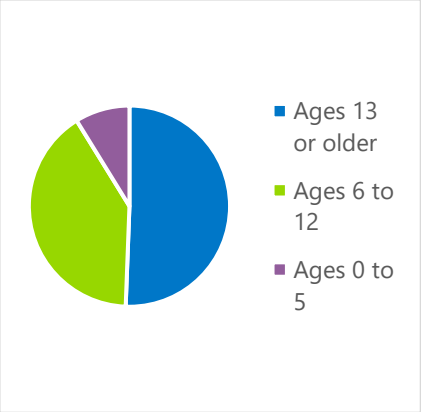


Table 1.3 Number of phone calls to the Partnership Access Line by client age demographics, July 2023–June 2024

Month	Ages 0–5 years	Ages 6–12 years	Ages 13+ years	Total calls
Jul. 2023	*	27	42	**75**
Aug.2023	14	55	62	**131**
Sep. 2023	12	42	45	**99**
Oct. 2023	*	57	70	**137**
Nov. 2023	17	44	86	**147**
Dec. 2023	*	44	59	**110**
Jan. 2024	*	59	64	**131**
Feb. 2024	19	64	70	**153**
Mar. 2024	*	51	63	**124**
Apr. 2024	*	54	70	**133**
May 2024	*	65	75	**143**
Jun. 2024	15	35	39	**89**
TOTAL	**130**	**597**	**745**	**1472**

Source: Seattle Children's Hospital, Gross Record of Consult Service Activity, July 2024.

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.

Resources and referrals provided

Average Timeframes: During FY24, the duration of providers' phone calls to receive services from PAL averaged about 15.1 minutes, which is 2 percent longer than FY23's average of 14.8 minutes. For calls received during business hours, 97% were answered live.

Telemedicine consultation visits: One provider requested and received a telemedicine consultation during FY24 which is 75 percent less than FY23. Though PAL continues to offer face-to-face consultations, there continues to be no families accepting these appointments during FY24, which is consistent with having none during FY23.

Primary Care Principles for Child Mental Health guide: PAL 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.

Conferences: PAL hosts mental health conferences at various locations across the state with representatives from Seattle Children's Hospital and the University of Washington. 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.

Systemic Barriers

PAL consultants' contact with primary care providers allows them to gather qualitative input about barriers families are experiencing accessing mental health care. PAL has observed the stigma of mental health treatment and mistrust families have related to mental health care impacting the work supporting

primary care providers. Families' past experiences of marginalization and mental health treatment may lead to further mistrust. Primary care providers have shared they are utilizing PAL due to limited mental health care access for their patients.

Recommendations for Improving Services

1. The Supporting Adolescents and Families Experiencing Suicidality (SAFES) program in Eastern Washington has been actively accepting referrals since Spring 2023. SAFES partners with Frontier Behavioral Health and Washington Department of Health (DOH) to increase crisis support for children and adolescents. Referrals were not as plentiful as anticipated during the first year, but spring and summer 2024 started to see an increase in referrals. The PAL team will continue to assess the impact of SAFES to inform future recommendations and PAL program improvements.
2. To continue to improve services, the PAL consultant team will address systemic barriers in didactic presentations both in the PAL newsletter and at PAL conferences for the state's primary care providers.
3. PAL will be editing the post-PAL call feedback survey to better address systematic barriers. The PAL team plans on editing the current questions to ask for current barriers within the system. Analyzing the responses from this survey will give the program updated information in the post-pandemic climate and inform program future policies and procedures.
4. In alignment with the American Academy of Pediatrics recommendation and changes to the Drug Enforcement Agency (DEA) waiver requirements, leverage PAL provider resources and education (e.g. PAL conferences and care guide) to increase awareness of the importance of addressing youth substance use disorder (SUD) and target outreach efforts to increase utilization of consultation for youth co-occurring SUD Medications for Opioid Use Disorder (MOUD) initiation as the first line of treatment for opioid use disorders (OUD).
5. Provide an online scheduling option for primary care providers to schedule a specific time to receive consultation from PAL in addition to ad-hoc calls during PAL business hours.

Perinatal Psychiatry Consult Line for Providers (Perinatal PCL)

Program description

Operated by?	University of Washington
Year started	2016 (state funding began 2019)
Who calls?	Health care providers
Hours of operation	Monday through Friday, 9 a.m. – 5 p.m.
About whom?	Pregnant or postpartum individuals (any age)
Line cost (FY24)	$458,099

Perinatal Psychiatry Consult Line (Perinatal PCL) psychiatrists provide free telephone consultation, recommendations, and referral options to health care providers caring for patients who are pregnant, within a year postpartum, planning pregnancy, or have pregnancy related complications (e.g., pregnancy loss, infertility, etc.) with behavioral health-related questions. Topics may include:

- Depression, anxiety, bipolar disorder, post-traumatic stress disorder, 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, Medications for Opioid Use Disorder (MOUD), and other medications for substance use disorders, as well as non-medication treatments.
- Consulting about patients on psychotropic medications, MOUD, and other medications for substance use disorders who are wanting to, or thinking about, becoming pregnant.

Perinatal PCL conducts quarterly inter-rater reliability reviews to ensure that psychiatrists provide consistent, clinically appropriate consultations.

Findings

Service access data

There were 662 phone calls to Perinatal PCL during the reporting period, which is 7 percent less than the 715 phone calls the program received during FY23, though this is 19 percent more calls than the program received in FY22.

Table 2.1 Number of providers accessing the service in FY24 compared to FY23

	FY24 calls from providers	% change from FY23
Calls about Apple Health (Medicaid) clients:	278	Decreased 10.6%
Calls about non-Medicaid clients:	290	Increased 9.4%
Calls about uninsured clients:	*	*
Total calls	662	Decreased 7%

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.

Table 2.2 presents the number of providers by type who called Perinatal PCL during FY24. During the reporting period, nurse practitioners represented about 43.9 percent of all providers who called the Perinatal PCL each month, which is consistent with the percentage of nurse practitioners who called during FY23. Doctors represented about 27.7 percent of callers, which is consistent with doctor calls during FY23. The number of calls from midwives increased compared to FY23 with midwives increasing 3 percent. The number of first-time callers during FY24 period totaled 226, which is about 25.2 percent less than the 302 first-time callers during FY23.

Table 2.2 Number of providers by type that accessed the Perinatal Psychiatry Consult Line for Providers, July 2023–June 2024

Month	Doctors	Nurse practitioners	Physicians' assistants	Registered nurses	Midwives	Social workers	Other	Total unique provider calls
Jul. 2023	12	19	2	2	5	0	2	**39**
Aug. 2023	23	20	2	1	13	0	3	**55**
Sep. 2023	13	25	0	1	5	1	5	**46**
Oct. 2023	23	26	2	3	8	0	9	**58**
Nov. 2023	14	19	2	2	4	0	1	**40**
Dec. 2023	5	22	2	1	9	2	1	**36**
Jan. 2024	18	21	1	3	10	0	2	**45**
Feb. 2024	14	36	0	2	12	1	3	**58**
Mar. 2024	26	28	3	1	11	3	2	**65**
Apr. 2024	16	38	1	1	19	3	2	**61**
May 2024	21	32	0	3	14	1	1	**57**
Jun. 2024	10	23	0	1	7	2	3	**37**

Source: University of Washington, Fiscal Year 2024 Specific Record Reports and Monthly Gross Record, July 2024.

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.

Perinatal Co-occurring Substance Use

In July 2023, Perinatal PCL received funding to incorporate addiction psychiatry consultation into their model. During FY24, Perinatal PCL began tracking and reporting service data for substance use disorder-related (SUD) calls involving an addiction psychiatrist. About 34 calls (5 percent) of calls to Perinatal PCL in FY24 involved a question about substance use during FY24 with 11 of these calls involving consultation with the Perinatal PCL addiction psychiatrist.

In May 2024, Perinatal PCL began piloting an additional option for callers to schedule a time to speak directly with the perinatal addiction psychiatrist during specific office hours. While there has

been limited uptake thus far, overall calls about co-occurring SUDs remain steady, and Perinatal PCL will continue to market the SUD office hours.

During FY24, Perinatal PCL conducted perinatal SUD-specific outreach and marketing, such as:

- Listening sessions with experts across the SUD treatment field aimed at better understanding the SUD landscape and identifying target areas for marketing;
- Hosting tables at SUD conferences;
- Development and distribution of SUD-specific Perinatal PCL flyer;
- SUD features in the Perinatal PCL monthly newsletter; and
- Perinatal SUD-focused PAL Conference lecture.

Perinatal PCL will continue to prioritize perinatal SUD-related marketing and identify further opportunities to increase calls about co-occurring substance use disorders.

Demographic data

Table 2.3 presents the number of provider phone calls to Perinatal PCL by client age categories during FY24. There were 662 calls and consultations to Perinatal PCL during FY24, which is about 7 percent less than the 715 calls and consultations during FY23. Patient age data was available for 582 of these calls and consultations. Of these 582 calls and consultations, 51 percent were about clients aged 30-39 and 41.8 percent were about clients aged 20-29. These proportions show a slight increase in consultations for clients aged 30-39 compared to FY23.

Table 2.2 Number of phone calls to the Perinatal Psychiatry Consult Line for Providers by client age demographics, July 2023–June 2024

Client Ages	FY24 Number of Clients	FY24 Percentage of Clients
Ages < 20 years	18	3.1%
Ages 20–29 years	243	41.8%
Ages 30–39 years	291	51.0%
Ages 40+ years	24	4.1%
Total Calls with Patient Age Data	582	100%

Source: University of Washington, Fiscal Year 2024 Specific Record Reports, July 2024.

Resources and referrals provided

Average Timeframes: During FY24, the duration of providers' phone calls to receive services from Perinatal PCL averaged about 11.7 minutes, which is 8 percent longer than the average call duration during FY23. For calls received during business hours in FY24, an average of 83 percent were directly connected, which is 4 percent more than FY23. Of the FY24 calls that were not directly connected, it took 38 minutes on average to receive a return call, which is 17 percent longer than FY23. In FY24, 90 calls (14 percent) included resource and referral assistance, either in place of consultation (39 percent) or in addition to consultation (61 percent).

Online Scheduling: In March 2024, Perinatal PCL added the option for providers to schedule Perinatal PCL consultations online. The purpose is to reduce provider barriers to using the line, to accommodate providers' busy clinic schedules, and to align with the Psychiatry Consultation Line (PCL) which offers this service. 11 consultations were scheduled online in the first three months of the project (roughly one consultation per week), and unscheduled calls continue to be Perinatal PCL's primary service.

Perinatal Mental Health Care Guide: Perinatal PCL publishes an online Perinatal Mental Health Care Guide that is a useful supplemental educational resource for providers. It is evidence-based and peer reviewed, and includes screening tools, guidance about diagnosis and treatment, information about prescribing, risks of medications during pregnancy and breastfeeding, and key references and resources. In FY24, a new section of the guide about infertility was added, each section of the guide was reviewed and updated, and an additional section about prevention of perinatal mood and anxiety disorders is currently in progress.

Perinatal Mental Health Webinars and Trainings: In FY24, in response to feedback on the annual PPCL caller satisfaction survey, PPCL applied for and received funding to begin to offer an additional educational resource through quarterly webinars on perinatal mental health topics. Webinars include lecture, question and answer, and applying new knowledge to illustrative case examples.

During the legislative session in FY24, Perinatal PCL's budget increased with an allocation of $36,000 per year ongoing to increase program coordinator capacity to maintain program quality and provide professional development to health care providers in response to requests for specific perinatal mental and behavioral health training. Perinatal PCL will use this funding to provide training, including didactic sessions, case consultation, and discussion. Perinatal PCL conducted a review of consultations within the last year to identify the most common topics that providers call about with perinatal attention deficit hyperactivity disorder (ADHD), anxiety, bipolar disorder, substance use, and psychiatric emergencies selected for the first trainings. In June 2024, Perinatal PCL hosted the first training focused on perinatal ADHD with 19 participants. Feedback received were strongly positive (100 percent of respondents indicating "very satisfied" with the training). One participant said that they training was "very valuable to me in caring for the pregnant and postpartum women in the community."

Maternal Mental Health Awareness Month: On June 10, 2024, Perinatal PCL and the UW PERC center had the opportunity to host the first maternal mental health awareness event at the Wisteria Hall, Washington Park Arboretum. In addition to hearing from the governor, individuals with lived experience, and community-based organizations working in the maternal mental health space, and Perinatal PCL were able to share about statewide work, including Perinatal PCL's provider education and workforce development. Along with provider-to-provider consultations, these are essential components of building frontline provider capacity to address maternal mental health conditions

Systemic Barriers

Table 2.3 presents the percentage frequencies of patients' barriers to needed behavioral health services, as reported by providers on behalf of their patients to the University of Washington Perinatal PCL program during FY24. 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) and childcare (about 14 percent). In FY24, there was a significant increase in calls about patients experiencing homelessness. Additional notable barriers in the "other" category included incarceration and domestic violence.

PPCL has discontinued directly asking about financial and cultural/language barriers; therefore, data on these barriers are not reflected in the table below.

Table 2.3 Percentage frequencies of patients' barriers to needed behavioral health services reported to University of Washington

Barrier type	% 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 2024 Specific Record Reports, July 2024.

Recommendations for Improving Services

Based on the Perinatal PCL's findings, the following service improvement recommendations have been identified for the program in FY25:

1. Continue to prioritize perinatal SUD-related outreach and marketing to increase the number of calls regarding perinatal co-occurring substance use through a targeted 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.
2. 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.
3. Use data from the pilot of the https://pcl.psychiatry.uw.edu/online scheduling platform to inform expansion and improvements.

Mental Health Referral Service for Children and Teens (MHRS)

Program description

Operated by?	Seattle Children's Hospital
Year started	2019
Who calls?	Youth, parents, guardians, family members
Hours of operation	Monday through Friday, 8 a.m. – 5 p.m.
About whom?	Children (0 – 17 years old)
Line cost (FY24)	$1,545,000

MHRS is a free telephone-based referral service that connects children, youth, and families with evidence-supported outpatient mental health services in their community.

Appendix A provides an overview of the MHRS referral process.

Findings

Service access data

There were 5,155 requests to MHRS during the reporting period, which is consistent with the 5,171 requests the program received in FY23. Of the 5,155 requests during FY24, 3,463 (67 percent) resulted in a MHRS case receiving referral assistance, which is about 3 percent less compared to 3,560 cases during FY23. Sixty-six percent of calls are for children and youth enrolled in a private insurance health plan which is 5 percent less than FY23.

Table 3.1 Total counts of MHRS cases receiving referral assistance by insurance type FY24 compared to FY23

	FY24 calls from providers	% change from FY23
Cases about Apple Health (Medicaid) clients:	1,162	Increased 11%
Cases about non-Medicaid clients call:	2,301	Decreased 8%
Total calls	3,463	Decreased 3%

During FY24, on average 4,967 providers were included in MHRS provider database. During FY24, 70.5 percent of providers were masters-level licensed mental health professionals (e.g. marriage and family therapist, clinical social worker, mental health counselor) followed by psychologists representing 18.6 percent of MHRS providers. Table 3.2 represents the percentage of MHRS providers by insurance accepted. Appendix B providers additional provider data by regions providers offer care, ages served, and services offered.

Table 3.2 Percent of MHRS providers by insurance accepted July 2023 – June 2024

Insurance	Percent of MHRS providers
Private only	60%
Apple Health (Medicaid) only	5%
No insurance	17%
Both private and Apple Health	18%
Providers with responses	**65.8%**
Providers with no responses	34.2%

Source: Seattle Children's Hospital, Quarterly Provider Report, July 2024.

Demographic data

Table 3.5 presents the number of MHRS cases by client age categories during FY24. During FY24, 1,312 (about 38 percent) were for clients ages 13 years or older, which is about a 5 percent lower proportion of cases for clients 13 years and older during FY23. The proportion of cases for clients ages 6 to 12 increased with 1,878 cases (about 54 percent), which is about a 4 percent increase in proportion compared to cases for clients ages 6 to 12 in FY23. The proportion of cases for clients ages 0 to 5 years increased with 273 cases (about 8 percent), which is about a 1 percent increase in proportion compared to cases for clients ages 0 to 5 in FY23.

Table 3.5 Number of Mental Health Referral Services for Children and Teen cases by client age demographics, July 2023–June 2024

Client ages	Ages 0–5 years	Ages 6–12 years	Ages 13+ years	Total cases
Jul. 2023	23	126	97	**246**
Aug. 2023	23	126	94	**243**
Sep. 2023	23	124	84	**231**
Oct. 2023	25	162	132	**319**
Nov. 2023	15	178	104	**297**
Dec. 2023	20	149	98	**267**
Jan. 2024	19	129	116	**264**
Feb. 2024	16	172	99	**287**
Mar. 2024	30	195	134	**359**
Apr. 2024	22	185	131	**338**
May 2024	32	190	124	**346**
Jun. 2024	25	142	99	**266**

Source: Seattle Children's Hospital, Gross Record of Referral Service Activity, July 2024.

Language reported by MHRS cases were not included because most counts by language category were less than 11 and therefore suppressed. The primary language reported was English with 3,353 cases (97%) in FY24.

Table 3.6 Number of Mental Health Referral Service for Children and Teens cases by region, July 2023–June 2024

Region	Jul – Sep	Oct – Dec	Jan – Mar	Apr - Jun	Total
Great Rivers	*	*	11 (1%)	*	**23 (1%)**
Greater Columbia	*	15 (2%)	18 (2%)	18 (2%)	**61 (2%)**
King	382 (53%)	380 (43%)	431 (47%)	445 (47%)	**1,638 (47%)**
North Central	*	11 (1%)	*	*	**26 (1%)**
North Sound	115 (16%)	229 (26%)	205 (23%)	244 (26%)	**793 (23%)**
Pierce	126 (18%)	148 (17%)	102 (11%)	107 (11%)	**483 (14%)**
Salish	24 (3%)	26 (3%)	36 (4%)	28 (3%)	**114 (3%)**
Southwest	17 (2%)	24 93%)	50 (5%)	43 (5%)	**134 (4%)**
Spokane	*	16 (2%)	29 (3%)	19 (2%)	**73 (2%)**
Thurston-Mason	23 (3%)	33 (4%)	27 (3%)	35 (4%)	**118 (3%)**

Source: Seattle Children's Hospital, Gross Record of Referral Service Activity, July 2024.

Notes: Regions are based on Behavioral Health Administrative Services Organizations (BH-ASO).

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.

Table 3.7 Number of Mental Health Referral Service for Children and Teens cases by race and ethnicity reported, July 2023–June 2024

Race and ethnicity reported	Total cases	Percentage of cases
American Indian or Alaska Native	64	2%
Asian	392	9%
Black or African American	238	6%
Hispanic, Latino, or Spanish origin	514	12%
Middle Eastern or North African	16	0%
Native Hawaiian or other Pacific Islander	58	1%
Prefer not to answer	60	1%
Some other race, ethnicity, or origin	208	5%
Unknown by caller	*	*
White	2,671	63%

Source: Seattle Children's Hospital, Gross Record of Referral Service Activity, July 2024.

Notes: Callers may select multiple Race and Ethnicity options for this field.

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.

Resources and referrals provided

Average Timeframes[3]: During FY24, the average time elapsed from initial case phone call to referral was about 9.8 days, which is about 42 percent shorter than FY23's average of 16.8 days. MHRS met the requirement for a 7-day turnaround for referral during four months during FY24 (January, February, April, and May). On average, the time elapsed from the initial case phone call to referral was about 8.2 weekdays for Apple Health cases compared to the all case (Medicaid and private insurance) turnaround time of 9.8 days. 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). Families with private insurance (67%) seeking care often necessitated calls to 25+ providers to find one provider with availability.

Service Type and Treatment Modality: Table 3.8 presents the number of resources requested by service type and treatment modality during FY24. Service type refers to what kind of service the family would like to find in the community, while the treatment modality is often a specific therapy that streamlines the request. When a family calls looking for therapy the referral specialists will talk with the family regarding needs and may recommend a specific treatment modality based on that conversation. All cases will have at least one service type associated with it, but not all cases will have a treatment modality. Of the 5,155 requests during the reporting period, 3,196 (about 63 percent) were for individual therapy; this is about a 2 percent decrease in proportion of services requested for individual therapy compared to FY23, though individual therapy continues to be the most frequently requested service the past several years. About 46 percent of referrals were for cognitive behavioral therapy followed by behavioral therapy (15%) and parent management training (12%).

[3] During phone calls, 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. After identifying clinically appropriate, preferred treatment modalities, MHRS staff work to find providers for referral.

Table 3.8 Number of Mental Health Referral Service for Children and Teens case requests by service type and treatment modality, July 2023–June 2024

Service type	Request count	Percent of cases
Individual Therapy	3,196	63%
Psychiatrist Evaluation	635	13%
Parent Training	368	7%
Psychotropic Medication Management	346	7%
Telemental Health	191	4%
Autism Evaluation	116	2%
Family Therapy	65	1%
Psychologist Evaluation	43	1%
Diagnostic Evaluation	39	1%
Neuropsychological Evaluation	32	1%
Group Therapy	19	1%
Substance Abuse Evaluation	*	*
Other	*	*
Early Intervention or Birth to Three Services	*	*
Education Evaluation	*	*
Cognitive Behavioral Therapy	2,064	46%
Behavioral Therapy	680	15%
Parent Management Training	537	12%
Supportive Counseling	407	9%
Trauma-Focused CBT	373	8%
Dialectical Behavioral Therapy	156	3%
Parent Child Interaction Therapy	84	2%
Exposure and Response Prevention Therapy	76	2%
Applied Behavioral Analysis	43	1%
Eating Disorder Treatment	22	0%
Habit Reversal/Cognitive Behavioral Intervention	22	0%
Insight Oriented Therapy	16	0%
Incredible Years	15	0%
Triple P	14	0%
Addiction Treatment	*	*
Infant/Parent Dyad Therapy	*	*
Sexual Offender Treatment	*	*
Neurofeedback	*	*

Source: Seattle Children's Hospital, Gross Record of Referral Service Activity, July 2024.

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.

Systemic Barriers

MHRS referral specialists are assigned to specific regions of Washington State to improve the program's ability to track patterns of access issues by geography. These patterns are discussed in the team daily

huddle to be able to provide awareness in advance for families and offering coaching for when the family outreaches their recommended referral options.

For most counties throughout Washington, the barriers continue to be finding in-person services and therapy for children under 12 years old. Often this results in families having to drive across county lines or go out of network with their insurance plan to find these providers who can meet their specific preferences and identified service needs. Recent agency closure has further limited existing options.

For private insurance, barriers include:

- Limited resources for Habit Reversal Therapy throughout the state;
- Limited medication management options in Thurston County;
- Long waitlists for in-person services in Clark and Cowlitz counties; and
- Difficulty finding ABA services for youth in Yakima, Kittitas and Benton Counties.

For Apple Health (Medicaid), MHRS is seeing more waitlists throughout all regions of the state. When families are looking for medication management only, they often must start therapy at a community behavioral health agency before a psychiatry referral will be placed. This sometimes necessitates transferring therapy services even if the family would like to keep their current therapists. For rural counties, there continues to be a lack of options for families on Apple Health plans.

Recommendations for Improving Services

Referral specialists use an internal MHRS guide with information on diagnosis and commonly recommended evidence-based therapies. The guide supports referral specialists in identifying potential treatment modalities to look for in identifying referral options, though there may be limitations in the community regarding what is available. For example, Parent Child Interaction Therapy (PCIT) may be the best fit for a young child; however, it may be difficult to find in the community due to limited PCIT trained providers. In the past families have expressed frustration when a referral specialist tells them that PCIT would be best practice, but the referral specialist is not able to identify an available referral option for them.

1. In alignment with statewide efforts to ensure developmentally appropriate care, MHRS will partner with the Partnership Access Line (PAL) clinical director and associate clinical director to enhance the guide to reflect more developmentally-specific treatment referral options.
2. MHRS will partner with HCA to continue to identify 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.

In response to systemic barriers and ongoing efforts to address findings from the Joint Legislative Audit and Review Committee (JLARC)[4], MHRS has identified the following service improvements:

3. Continue to monitor access issues by county and incorporate themes into semi-annual reports to HCA to increase visibility and identify opportunities to collaborate around potential solutions.
4. MHRS will continue to work on improving turn-around times with the goal to maintain the turnaround time around 7 business days or fewer.
5. MHRS will continue outreach efforts to support more diverse families in using the program.

[4] Review Appendix C for additional information on MHRS progress addressing findings from the JLARC report.

First Approach Skills Training (FAST) Program

Program description

Operated by?	Seattle Children's Hospital
Year started	2016
Who can participate?	Mental health clinicians participate in training
About whom?	Children and youth (0 – 18 years old) and their caregivers
Program cost (FY24)	$355,000

Note: Other health care professionals and families may access FAST developed web-based resources.

The First Approach Skills Training (FAST) program is a set of training programs and materials developed by child psychologists at Seattle Children's and the Partnership Access Line (PAL), providing evidence-supported care for children and youth within a very limited number of sessions (4-8) addressing common mental health concerns in settings such as primary care clinics or schools where longer-term treatment is not typically provided.

Topics covered include:

- Anxiety
- Depression
- Disruptive behavior
- Parenting teens
- Trauma
- Early childhood

Findings

Service access data

There were 534 participants in FAST trainings during the reporting period, and 54 participated in a modified FAST program hosted by Seattle Children's social worker team. Because providers may participate in multiple training sessions on different topics, these numbers may include duplicate counts. During FY24, 318 unique providers participated in FAST training for the first time representing 146 new settings. Two FAST training sessions held during this reporting period did not meet the minimum requirement of 15 participants; therefore, data from these events is not reflected in the following table.

Table 4.1 Total number of providers who participated in FAST training, FY24

Timeframe	Count of participants
July 2023	0
August 2023	0
September 2023	0
October 2023	63
November 2023	43
December 2023	24
January 2024	54
February 2024	79
March 2024	67
April 2024	22
May 2024	156
June 2024*	27 (81)
FY24 Total	534 (588)

Source: Seattle Children's Hospital, FAST Training Data, FY24

Notes: These numbers reflect total training participants, though may include duplicate counts of unique providers. Two events during June 2024 were created by Seattle Children's social workers based on FAST materials, though not the standard FAST training. These events accounted for 54 participants.

Demographic data

Table 4.2 presents the number of providers by setting where care is offered who participated in FAST during FY24. During the reporting period of the participants whose care setting was collected, community mental health had the greatest representation with 149 participants indicating that is where they offer care, followed by primary care with 122 participants. Because providers may participate in multiple trainings on different topics, these numbers may include duplicate counts.

Table 4.2 Count of providers participating in FAST by setting FY24

Setting	Count of providers
Primary Care	122
Community Mental Health	149
Outpatient Mental Health/ Private Practice	16
School	99
Medical Center	113
Tribal Health	1
Other	16
Unknown	**132**

Source: Seattle Children's Hospital, FAST Training Data, FY24

Note: Total training participants may include duplicate counts of unique providers.

Non-duplicative demographic related to types of providers who participated in FAST training and the regions they serve are unavailable for this reporting period, though FAST and HCA are working to gather data to support future reports.

Resources and referrals provided

FAST Training: Table 4.3 presents count and percentage of FAST training by topic during FY24. FAST-anxiety (40 percent) represents most of the training sessions during this reporting period, followed by FAST-depression (30 percent). This data includes 2 FAST anxiety extended practices training sessions and 2 FAST depression extended practice training sessions. These extended practice events provided additional opportunities for participants to apply the FAST program tools to their specific work setting and to role play FAST skills with relevant case vignettes.

Table 4.3 Number of FAST trainings by topic, January – June 2024

Topic	Count	% of Trainings
Anxiety	8	40%
Depression	6	30%
Disruptive Behavior	3	15%
Parenting Teens	1	5%
Trauma	1	5%
Early Childhood	1	5%
Total trainings	20	100%

Source: Seattle Children's Hospital, FAST Training Data, FY24

FAST Case Consultation: In addition to standard FAST training designed for mental health clinicians, the FAST team provide ongoing case consultation calls over zoom providing additional guidance and technical assistance on effectively deliver FAST programs. During FY24, the FAST team facilitated 75 total case consultation calls. The FAST team also conducted outreach and overviews of relevant FAST resources for primary care providers, school-based providers, mental health providers, and parents/caregivers.

FAST Resources: FAST develops web-based resources, including self-guided tools for families and on-demand video training. During FY24, users of the FAST website increased 66.5 percent with 104,217 page views. Over 9,700 visits to the FAST webpage for parents and caregivers, and 4,400 visits to the FAST webpage for primary care providers. As of June 2024, FAST on-demand training videos reached 1,256 individuals in Washington State. Because these videos are freely available online, they may be accessed by professionals outside the state; during this reporting period, 1,785 professionals representing the District of Columbia, 43 united states, and 9 nations viewed FAST on-demand training videos.

Table 4.4 reflects FAST developed materials and updates to existing FAST resources during FY24.

Table 4.4 FAST developed materials and updates during FY24

	Resource type
New resources	• Anxiety video-guided workbook • Disruptive behavior video-guided workbook • Animated video-guided depression program • School refusal caregiver handout
Translated into Spanish	• Anxiety video-guided workbook • Disruptive behavior video-guided workbook • Early childhood video-guided workbook • LGBTQ+ online module
Revised content	• Trauma video-guided workbook • FAST anxiety snapshot • Brief anxiety training • FAST fact sheet • Disruptive behavior: Screens and sleep modules

Systemic Barriers

FAST collects training surveys and gathers feedback from advisors and partners to identify barriers to dissemination and implementation of FAST programs across integrated care settings (e.g. primary care clinics, schools, and community settings). The following describes the barriers that emerged during this reporting period.

Overall, FAST has observed a lack of evidence-based treatments and related resources available statewide in languages other than English and Spanish limiting who can access to care.

While FAST is a brief, targeted evidence-based treatment, integrated care settings still indicate challenges implementing the model due to not having enough contact with clients to cover all the content. Providers indicate factors impacting the ability to fully implement the program include:

- Insufficient mental health workforce
- Limited roles or capacity within integrated settings to support case management needs, resulting in mental health clinicians taking on these activities
- Inability to be reimbursed for more than 2 hours a month when using the Collaborative Care Model (CoCM)
- High demand with limited or inconsistent appointment times in integrated settings due to full clinical schedules, the need for clinicians to be available as needed, and administrative demands

Although FAST has demonstrated higher rates of engaging families in treatment compared to referral to specialty mental health care, some families do not initiate care. Potential challenges to engaging families include:

- Referring providers may have limited time for discussion with families on the FAST program facilitating engagement in care
- Clients in integrated settings may not be seeking mental health treatment, and may need additional support understanding the rationale for the referral

Recommendations for Improving Services

The FAST team regularly collects quality improvement data through post-training and implementation surveys. The goal of these surveys is to assess the strengths and areas for growth of our training

approach, and how best to address pressing mental health and workforce needs at scale. To ensure a high level of scientific rigor, interpretation, and relevance, FAST routinely submits program evaluation and research findings for peer review in the form of academic conference presentations and journal article submissions. Feedback informs program development, evaluation interpretation, and continuous quality improvement.

Based on training data collected, most providers trained in this reporting period were White, non-Hispanic, monolingual English speakers. FAST has seen increased participant diversity when trainings are provided in partnership with other initiatives and programs (e.g., Sound Health, Workforce for Student Well-being Initiative, Seattle Children's Social Work Department). Only a small number of trainees are bilingual, though FAST has seen an increase in participants who offer services in languages other than English using interpretation.

1. FAST will continue to identify training partnerships to increase participant diversity at trainings.

Engagement with external partners and feedback from training participants have identified opportunities for additional resource development and enhancements to existing training sessions:

2. In October 2024 (FY25), offer a FAST training dedicated to applying group skills.
3. Develop new resources for brief treatment specific to suicide, self-harm, and disordered eating; create new skill demonstration videos, and identify ways to increase hands-on practice options.

Conclusion

This report describes the key findings of PAL, Perinatal PCL, MHRS, and FAST programs during the 2024 fiscal year (FY24), and satisfices the reporting requirements in Second Substitute House Bill (2SHB) 1325 (2021), section 1(4,5), codified in RCW 71.24.061(3,4,5).

The report highlights the continued need to support children, youth, and their families in accessing behavioral health services, and supporting providers in delivering quality care. While there was a slight decline in utilization of the lines during FY24 (17% PAL; 7% Perinatal PCL; 3% MHRS) compared to previous reporting periods, the need for these services remains as evidenced by the systemic barriers highlighted by the programs.

- Lack of providers accepting clients' insurance type or offering specialty services (e.g. specific models and populations)
- Provider shortages in the area or not providing in-person services
- Barriers to access due to transportation or childcare
- Increased complexities due to individuals experiencing homelessness, incarceration, and domestic violence
- Lack of access to treatments in languages other than English and Spanish.
- Limited capacity to provide case management support.

While these systemic barriers demonstrate there is additional work to be done, these programs continue to identify opportunities to strengthen their services through continuous quality improvements, including efforts to improve and align data collection to improve findings reflected in the report and support efforts to support Washington's behavioral health system of care.

Appendix A: 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/or 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.

Appendix B: MHRS Provider Data

Table 3.3 Percent of MHRS providers by region care is offered July 2023 – June 2024

Region	Percent of MHRS providers
Great Rivers	1%
Greater Columbia	4%
King	43%
North Central	2%
North Sound	15%
Pierce	11%
Salish	4%
Southwest	5%
Spokane	4%
Thurston-Mason	5%
Providers with responses	**97%**
Providers with no responses	3%

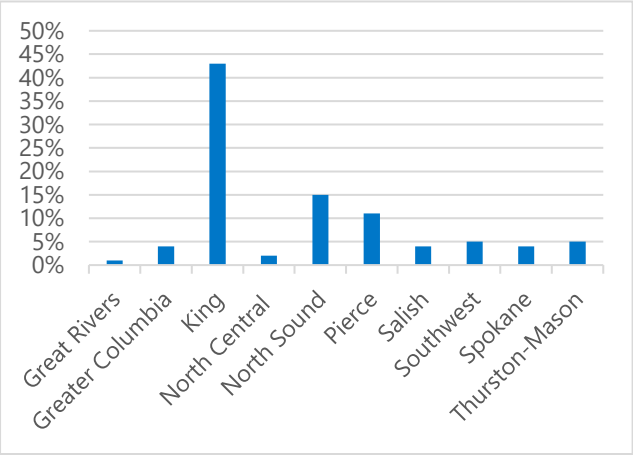
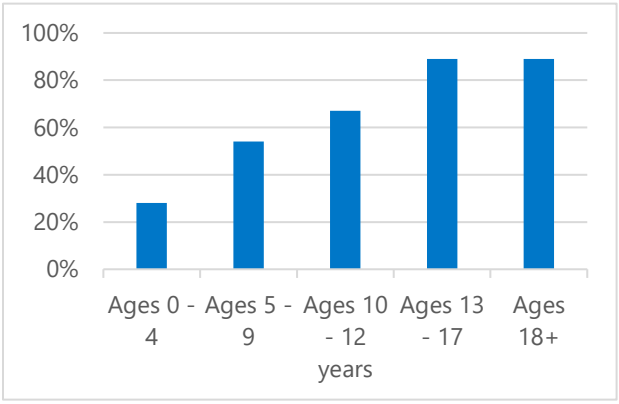


Table 3.4 Percent of MHRS providers' population served by client age July 2023 – June 2024

Client ages	Percent of MHRS providers
Ages 0–4 years	28%
Ages 5 – 9 years	54%
Ages 10 – 12 years	67%
Ages 13 - 17 years	89%
Ages 18+	89%
Providers with responses	**71%**
Providers with no responses	29%



Source: Seattle Children's Hospital, Quarterly Provider Report, July 2024.

Table 3.5 Percent of MHRS providers by services offered July 2023 – June 2024

Insurance	Percent of MHRS providers
Autism Evaluation	4%
Diagnostic Evaluation	24%
Early Intervention (Birth to Three)	2%
Educational Evaluation	1%
Family Therapy	40%
Gender Identity Support Group	2%
Group Therapy	15%
Individual Thearpy	88%
Neuropsychological Evaluation	5%
Parent Training	32%
Psychiatrist Evaluation	10%
Psychologist Evaluation	10%
Psychotropic Medication Management	12%
Substance Abuse Evaluation	5%
Telemental Health	26%
Trauma Evaluation	5%
Other	2%
Providers with responses	73%
Providers with no responses	27%

Source: Seattle Children's Hospital, Quarterly Provider Report, July 2024.

Appendix C: MHRS Joint Legislative Audit and Review Committee (JLARC) update

Legislative Auditor Recommendations

In November 2023, 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…".

FY24 Outreach Activities

During FY24, MHRS implemented new policies and outreach opportunities resulting in 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[5].

Facebook Campaign: In the past year, MHRS has focused on promoting the program in Kennewick, Moses Lake, Pullman, Spokane, Yakima, and Walla Walla. MHRS utilized a sponsored Facebook Campaigns from June 1 – June 30, 2024, geared towards parents, clinicians, and primary care providers. MHRS plans to continue running Facebook Campaigns on the east side of the state at least once or twice per year.

Tabling at events: Representatives for MHRS hosted tabling events to advertise the program to various communities and educate families and providers on how to use the service. Many of these tabling events included the entire state of Washington, or were specific to the Eastern side of the state, including, but not limited to:

- November: Washington Mental Health Summit (Seattle)
- March: Washington School Counselor Association Conference (Seattle)
- April: Children's Justice Conference (Spokane)
- May: PAL Conference (Spokane)

Outreach to primary care clinics: Following the PAL conference in Spokane, MHRS representatives drove to several clinics in the Spokane area to foster awareness of the program with clinic staff.

Outreach to schools: MHRS staff outreached school principals at every school in Washington to offer an information session on the program. Out of 2,563 principals MHRS contacted, 148 responded expressing interest in an informational session. From October 2023 – July 2024, MHRS conducted 58 informational sessions with schools across the state.

Table 3.6 MHRS Facebook campaign and Seattle Children's Hospital Facebook engagement

Campaign duration	Link clicks	Reach	Impressions
6/1/2024 – 6/30/2024	1286	73,029	284,471

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.

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