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, 2022

Behavioral health consultation and referral services: Annual report

Acknowledgements

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Clinical Quality and Care Transformation
P.O. Box 45502
Olympia, WA 98504
Phone: (360) 725-1612
Fax: (360) 586-9551
hca.wa.gov

Seattle Children's Hospital
P.O. Box 5371
Seattle, WA 98145-5005
Phone: (206) 987-2000
seattlechildrens.org

Department of Psychiatry & Behavioral Sciences
1959 NE Pacific Street
Box 356560
Seattle, WA 98195-6560
Phone: (206) 543-3750
Fax: (206) 543-9520
psychiatry.uw.edu

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Executive summary

This report describes the results of the following three programs during the 2022 fiscal year (FY22), from July 1, 2021, through June 30, 2022, 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.
3. 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.

Washington Partnership Access Line (PAL)

PAL received 2,089 provider phone calls during FY22, which is consistent with the volume of phone calls the program received during FY21 (2,077 provider phone calls). The number of first-time callers during FY22 totaled 184, which is 1 percent more than the 182 first-time callers during FY21. Distributions of phone calls by provider type were consistent with FY21. About 94 percent of providers' phone calls to PAL were live answered, and distribution of phone calls by client age remained consistent with FY21 rates. The average duration of completed calls were slightly shorter compared to FY21.

Perinatal Psychiatry Consult Line for Providers (PPCL)

PPCL received 558 provider phone calls during FY22, which is about 23 percent more than the 454 provider calls during FY21. The number of first-time callers during FY22 period totaled 258, which is about 15 percent more than the 224 first-time callers during FY21. The proportions of phone calls by provider type remained consistent for nurse practitioners while doctors decreased by 11 percent compared to FY21. The number of calls from physicians' assistants increased 76 percent, and midwives 106 percent compared to FY21. The average phone call duration for FY22 was 10.8 minutes which was a 12 percent decrease from FY21. The distribution of phone calls by client age changed slightly, with a small increase in calls about patients aged 20-29 resulting in slightly more calls about this age range than those 30-39 in FY22.

[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.

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

MHRS received 3,544 MHRS cases during FY22, which is about 81 percent more than the 1,963 cases during FY21. Average time elapsed from initial case phone call to referral was about 20.7 days, which is about 82 percent longer than FY21's average of 11.6 days. Proportions of client ages were consistent with those during FY21. Individual therapy continued to be the most requested services in FY22, though family therapy and tele mental health referrals increased. Proportions of preferred treatment modalities saw an increase in behavioral therapy as the second most requested service type, and there was also an increase in supportive counseling as the third most requested service type for 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 complete 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.*

Access Barriers

Seattle Children's Hospital and University of Washington collected feedback during FY22 from individuals receiving referrals or consultation from their programs around clients' barriers to accessing needed behavioral health services.

Although COVID-19 barriers are still occurring for families, the Mental Health Referral Service feedback showed that "Schedule / Time / Other Family Priorities" was the top barrier families reported for Fiscal Year 2022. 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 was "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. Additionally, many providers have moved completely to telemedicine, but most families are requesting in-person appointments.

Feedback Perinatal Psychiatry Consult Line received from those receiving consultation services indicated that, although individuals infrequently reported constraints directly attributable to COVID-19 as a barrier, the pandemic has increased the frequencies of other barriers — especially those related to behavioral health provider availability and childcare which remained elevated in FY22.

Recommendations

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

1. Developing a plan to address timeliness and disproportionate participation across Washington in the utilization of MHRS services.
    - HCA will include the plan and any findings that are available in the annual report to the Legislature by December 31, 2023.
2. Expanding MHRS's provider database to improve access to behavioral health services, especially for patient populations experiencing health disparities.

    - MHRS, in partnership with HCA, will explore opportunities to partner with behavioral health training entities to promote outreach to additional providers, especially around specialty areas such as infant-early childhood mental health and transitional age youth.
3. Exploring opportunities to provide more behavioral health consultations, treatment services, etc., via telemedicine.
4. Strengthening relationships with insurance providers and social service providers to address common systemic barriers to accessing behavioral health services, such as childcare.

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

1. Explore opportunities to provide more behavioral health consultations, treatment services, etc., via telemedicine.
2. In July 2022, PPCL received additional funding to incorporate addiction psychiatry consultation into their model. To inform ongoing behavioral health needs related to substance-use and co-occurring behavioral health disorders, they may consider monitoring and reporting service data for substance use disorder-related calls involving an addiction psychiatrist.

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 FY22, HCA's appropriated budgets for the three programs totaled $2,196,328. 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. PAL conducts quarterly inter-rater reliability reviews to ensure that staff provide consistent, clinically appropriate consultations. Child and adolescent psychiatrists are available to consult during business hours.

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. Since the COVID-19 pandemic started, trainings have moved to live webinars and are available statewide.

HCA's budget for PAL for FY22 was $768,900.

Service data

Table 1.1 presents counts of providers by type who called PAL during FY22. During the reporting period, doctors represented about 78 percent of all providers who called PAL each month, followed by nurse practitioners, representing about 19 percent. These proportions are consistent with provider calls during FY21. The number of first-time callers during FY22 totaled 184, which is about 1 percent more than the 182 first-time callers during FY21.

Table 1.1 Counts of providers by type that called the Partnership Access Line, July 2021–June 2022

Provider type	Jul. 2021	Aug. 2021	Sep. 2021	Oct. 2021	Nov. 2021	Dec. 2021	Jan. 2022	Feb. 2022	Mar. 2022	Apr. 2022	May 2022	Jun. 2022
Doctors	106	94	91	98	108	134	99	118	137	145	141	108
Nurse practitioners	17	16	32	401	24	27	27	25	35	31	34	24
Physicians' assistants	5	3	4	11	3	8	3	4	8	8	5	4
Registered nurses	0	0	0	1	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0
Total unique provider calls during the month	128	113	127	149	135	169	129	147	180	184	180	136
Number of first-time callers	19	9	12	20	15	24	17	9	18	16	14	11

Source: Seattle Children's Hospital, Gross Record of Consult Service Activity, July 2022.

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

During FY22, the duration of providers' phone calls to receive services from PAL averaged about 14.9 minutes, which is about 7 percent shorter than FY21's average of 16 minutes. Providers requested and received telemedicine consultations that totaled fewer than 4 during FY22, but which was 64 percent fewer than the number provided during FY21. Due to the COVID-19 pandemic, there continues to be no face-to-face PAL consultations during FY22, which is consistent with having none during FY21.

Table 1.2 presents individual counts of phone calls to PAL by client age categories during FY22. There were 2,089 phone calls to PAL during the reporting period, which is comparable to the 2,077 phone calls the program received during FY21. More phone calls were for older children, compared to FY21:

- About 58 percent of phone calls were for children ages 13 or older, which is consistent with calls for children ages 13 and older during FY21.
- About 34 percent of phone calls were for children ages 6 to 12, compared to about 35 percent during FY21.
- About 8 percent of phone calls were for children ages 0 to 5, compared to about 7 percent during the prior two reporting periods.

Table 1.2 Counts of phone calls to the Partnership Access Line by client age demographics, July 2021–June 2022

Client Ages	Jul. 2021	Aug.2021	Sep. 2021	Oct. 2021	Nov. 2021	Dec. 2021	Jan. 2022	Feb. 2022	Mar. 2022	Apr. 2022	May 2022	Jun. 2022	TOTAL
Ages 0–5 years	16	16	16	14	*	16	12	14	13	*	14	12	161
Ages 6–12 years	49	39	50	59	59	65	49	67	82	77	57	54	707
Ages 13+ years	92	84	89	108	102	128	92	100	149	98	109	70	1,221
Total calls	**157**	**139**	**155**	**181**	*	**209**	**153**	**181**	**244**	*	**180**	**136**	**2,089**

Source: Seattle Children's Hospital, Gross Record of Consult Service Activity, July 2022.

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.
- Adjustment to pregnancy loss, complications, or difficult life events.
- Risks of psychiatric medications; non-medication treatments.
- Consulting about patients on psychotropic medications 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 FY22 was $392,432.

Service data

Table 2.1 presents counts of providers by type who called PPCL during FY22. During the reporting period, nurse practitioners represented about 41 percent of all providers who called the PPCL each month, which is consistent with nurse practitioner calls during FY21. Doctors represented about 32 percent of callers which is about 11 percent less than doctor calls during FY21. The number of calls from physicians' assistants, and midwives increased compared to FY21 with physicians' assistants increasing 76 percent, and midwives increasing 106 percent. The number of first-time callers during FY22 period totaled 258, which is about 15 percent more than the 224 first-time callers during FY21.

Table 2.1 Counts of providers by type that called the Perinatal Psychiatry Consult Line for Providers, July 2021–June 2022

Provider type	Jul. 2021	Aug. 2021	Sep. 2021	Oct. 2021	Nov. 2021	Dec. 2021	Jan. 2022	Feb. 2022	Mar. 2022	Apr. 2022	May 2022	Jun. 2022
Doctors	17	20	16	15	15	15	17	9	17	11	10	15
Nurse practitioners	20	17	20	19	20	25	14	21	18	20	19	18
Physicians' assistants	2	0	1	2	1	0	2	1	3	2	1	2
Registered nurses	1	3	0	4	0	10	1	6	4	3	1	3
Midwives	6	6	6	4	4	3	7	7	5	4	5	5
Social workers	0	1	0	1	0	1	2	0	1	4	0	3
Other	3	2	0	1	1	2	1	0	5	2	3	2

Provider type	Jul. 2021	Aug. 2021	Sep. 2021	Oct. 2021	Nov. 2021	Dec. 2021	Jan. 2022	Feb. 2022	Mar. 2022	Apr. 2022	May 2022	Jun. 2022
Total unique provider calls during the month	42	39	38	39	38	46	40	40	45	45	35	40
Number of first-time callers	32	15	20	23	20	22	12	21	22	27	20	24

Source: University of Washington, Fiscal Year 2022 Specific Record Reports and Monthly Gross Record, July 2022.

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 FY22, the duration of providers' phone calls to receive services from PPCL averaged about 10.8 minutes, which is about 12 percent shorter than the average call duration during FY21.

Table 2.2 presents counts of provider phone calls to PPCL by client age categories during FY22. There were 558 calls and consultations through PPCL during FY22, which is about 14 percent more than the 490 consultations and calls during FY21. About 38 percent of calls during FY22 were for clients ages 20–29 years, followed by about 37 percent for clients ages 30–39 years. These proportions show a slight increase in calls and consultations for clients ages 20-29 compared to FY21.

Table 2.2 Counts of phone calls to the Perinatal Psychiatry Consult Line for Providers by client age demographics, July 2021–June 2022

Client Ages	FY22 Number of Clients	FY22 Percentage of Clients
Ages < 20 years	16	3.45%
Ages 20–29 years	212	45.69%
Ages 30–39 years	206	44.40%
Ages 40+ years	30	6.47%
Total Calls With Patient Age Data	464	100.00%

Source: University of Washington, Fiscal Year 2022 Specific Record Reports, July 2022.

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.

January – June 2022 was a period of growth for the Referral Service. During this time three new referral specialists were trained (hired the end of Nov 2021-Dec 2021). At the end of the Fiscal Year there were 8 Referral Specialists, 2 intake coordinators, and a program supervisor. Additionally, at the tail end of FY22, Referral Service hired 3 additional Referral Specialists who were trained and fielding referrals by mid-July 2022. An additional intake coordinator was hired to help manage initial requests from families in July 2022. Current staffing includes 10 Referral Specialists, 3 Intake Coordinators, and a Program Supervisor.

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 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.

HCA's budget for MHRS for FY22 was $1,034,996.

Service data

Table 3.1 presents counts of MHRS cases by client age categories during FY22. There were 3,544 MHRS cases during FY22, which is about 81 percent more than the 1,963 cases during FY21. Of those cases, 1,704 (about 48 percent) were for clients ages 13 years or older, 1,631 (about 46 percent) were for clients ages 6 to 12, and 212 (about 6 percent) were for clients ages 0 to 5. These proportions are consistent with those during FY21.

Table 3.1 Counts of Mental Health Referral Service for Children and Teens cases by client age demographics, July 2021–June 2022

Client ages	Jul. 2021	Aug. 2021	Sep. 2021	Oct. 2021	Nov. 2021	Dec. 2021	Jan. 2022	Feb. 2022	Mar. 2022	Apr. 2022	May 2022	Jun. 2022
Ages 0–5 years	19	24	17	*	15	19	18	29	21	20	13	8
Ages 6–12 years	125	114	98	107	101	118	162	169	207	163	142	125
Ages 13+ years	119	145	107	133	106	105	210	170	191	160	118	140
Total cases	**263**	**283**	**222**	*	**222**	**242**	**390**	**368**	**419**	**323**	**273**	**273**

Source: Seattle Children's Hospital, Gross Record of Referral Service Activity, July 2022.

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.

Typically, family members and adolescents call MHRS when seeking an evaluation, training, or general form of treatment. Table 3.2 presents counts of MHRS case requests by service type during FY22. Of the 3,544 services MHRS cases initially requested during the reporting period, 3,176 (about 90 percent) were for individual therapy. During FY21, individual therapy was also the most frequently requested service.

Table 3.2 Counts of Mental Health Referral Service for Children and Teens case requests by service type, July 2021–June 2022

Service type	Request count
Individual therapy	3,176
Parent training	308
Psychotropic medication management	348
Psychiatrist evaluation	320
Tele mental health	148
Family therapy	145
Diagnostic evaluation	128
Psychologist evaluation	89
Neuropsychologic evaluation	58
Autism evaluation	53
Group therapy	36
Education evaluation	*
Substance abuse evaluation	*
Other	*
Unsure	0

Source: Seattle Children's Hospital, Gross Record of Referral Service Activity, July 2022.

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 the 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 3.3 presents counts of MHRS case requests by preferred treatment modality during FY22. Of the 3,544 MHRS case requests for preferred treatment modalities during the reporting period, 1,993 (about 56 percent) were for cognitive behavioral therapy. During FY21, cognitive behavioral therapy was also the most frequently requested preferred treatment modality.

Table 3.3 Counts of Mental Health Referral Service for Children and Teens case requests by service type, July 2021–June 2022

Service type	Request count
Cognitive Behavioral Therapy	1,993
Behavioral Therapy	597
Supportive Counseling	489
Parent Management Training	436
Trauma-Focused CBT	371
Dialectical Behavioral Therapy	128
Exposure and Response Prevention Therapy	74
Parent Child Interaction Therapy	81

Service type	Request count
Habit Reversal/Cognitive Behavioral Intervention	25
Applied Behavioral Analysis	41
Eating Disorder Treatment	40
Incredible Years	30
Triple P - Positive Parenting Program	20
Addiction Treatment	15
Insight Oriented Therapy	1
Neurofeedback	*
Sexual Offender Treatment	*
Infant/Parent Dyad Therapy	*

Source: Seattle Children's Hospital, Gross Record of Referral Service Activity, July 2022.

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 FY22, the average time elapsed from initial case phone call to referral was about 20.7 days, which is about 82 percent longer than FY21's average of 11.6 days. Of the 3,544 MHRS case requests, sixty-five 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 weekdays for private insurance cases compared to 9 weekdays for Apple Health cases.

As the Referral Service went through staffing and process changes and increased community demand, the turnaround time did fluctuate. This was especially evident in the spring; at this time, MHRS was operating with 7 FTE instead of a full staff of 8 FTE. During the last 6 months of FY22, it was common to have weeks with over 125 family requests (the week of March 2, 2022, there were 179 requests for services). During this time, there was also decreased access to care in the community. Referral specialists were holding more cases and having to contact more providers for each case to find options. Process changes were implemented to try to improve outcomes and are listed below.

Process Improvement

- **MCO/Private Insurance Concentrations:** In January 2022, Referral Service case distribution was adjusted designating some Referral Specialists to focus solely on Apple Health Managed Care Organization (MCO) insurance cases. This reduced the referral wait time for Apple Health cases from 8.8 business days in December 2021 to 5.9 business days in June 2022 (33 percent).
- **Follow-up Call Process Change:** In February 2022, follow-up calls were provided to families with a new Referral Specialist. Previously, families worked with one Referral Specialist throughout the intake process, including the intake appointment, provider search, referral letter, and the follow-up call. MHRS staff noticed a trend of families requesting their case be reopened with a new Referral Specialist shortly after the follow-up call. It was hypothesized that families were not satisfied with the resources provided and held the belief that a new Referral Specialist would be

able to provide additional or alternative referral options. By changing the process to have a different Referral Specialist provide the follow-up call and assuring the family's referrals were the soonest available, MHRS saw a decrease in reopened cases.

- **Provider Outreach Project Days:** In March 2022, MHRS implemented project days for Referral Specialist in response to the access to care issues in the community. Referral Specialists use project days to identify new community providers through additional outreach and joining mental health therapy Facebook groups. During this reporting period, over 400 new providers were added to the MHRS database with a focus on adding BIPOC providers and providers that specialize in working with LGBTQ+ youth.
- **Spanish Language Support:** As of March 2022, MHRS has one Referral Specialist who can complete intakes in Spanish without the use of an interpreter. Additionally, a resource sheet is available in Spanish for families.
- **By County Resources:** In April 2022, a list was created of larger private practice clinics by county that Intake Coordinators can give families over the phone prior to their intake. This provides a starting place for families who want to start the search on their own. Intake coordinators make it clear that these resources have not been confirmed for availability, nor insurance accepted. Intake coordinators ensure families are aware that they will receive options that the team has verified are a good fit if the family chooses to go through the full Referral Line service.
- **Location Specific Teams:** In June 2022, Referral Specialists were divided into 3 county-specific teams that batch similar cases together. This increases efficiency, and it decreases the number of contacts with the same community provider. Additionally, this has supported Referral Specialists become experts in specific counties to match families with more specialized, appropriate providers. Since the beginning of the program, turnaround time has decreased by 3 business days. Multiple mental health clinicians in the community have expressed appreciation for the batching process since they are receiving many requests due to access issues.

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 FY22. Almost half (about 45 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 remained at 45 percent in both FY21 and FY22.

Provider availability accounted for about 24 percent of the overall barriers that clients reported. This barrier increased from 15 percent during FY21. 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.

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	45%
Availability of provider	24%
Provider not a good fit	8%
Changed mind about seeking services	6%
Insurance issues	6%
Transportation issues	2%
Constraints attributed to the COVID-19 pandemic	1%
Other	9%

Source: Seattle Children's Hospital, Gross Record of Referral Service Activity, July 2022.

Note: The program added "COVID-19 related barriers" as a barrier type in October 2020.

Table 4.2 presents the percentage frequencies of patients' barriers to needed behavioral health services, as clients reported to the University of Washington during FY22. The most frequently reported difficulties that patients experienced when attempting to initiate or continue behavioral health services related to provider shortages (about 20-25 percent) and challenges with transportation (about 10 percent) or childcare (about 15 percent). A drop in the reporting of financial barriers compared to FY21 (5 percent vs 24 percent), was likely due to changes in the way this question was asked and the addition of validated categories that did not include financial barriers.

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	25%
Shortage of providers for patient's insurance	20%
Childcare	14%
Transportation	10%
Low socioeconomic status related to finances, employment, and/or supports	5%
Language, race, ethnicity, and/or culture	2%
Uninsured	1%
Constraints attributed to the COVID-19 pandemic	1%

Source: University of Washington, Fiscal Year 2022 Specific Record Reports, July 2022.

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. Develop a plan to address timeliness and disproportionate participation across Washington in the utilization of MHRS services.
    a. HCA will include the plan and any findings that are available in the annual report to the Legislature by December 31, 2023.
2. Continue expanding the number of and relevant information about available in-network behavioral health providers in the MHRS program's provider databases to improve access to behavioral health services, especially for patient populations experiencing health disparities.
    a. MHRS, in partnership with HCA, will explore opportunities to partner with behavioral health training entities to promote outreach to additional providers, especially around specialty areas such as infant-early childhood mental health and transitional age youth.
3. Explore opportunities for patients to receive behavioral health consultations, evaluations, diagnostic, and treatment services directly from the PAL, PPCL, and MHRS programs via telemedicine to improve patients' access to behavioral health services.
4. Strengthen existing and establish new relationships between the PAL, PPCL, and MHRS programs and both patients' insurance providers and social service providers to address other common systemic barriers to accessing behavioral health services (e.g., childcare).

PPCL

1. Explore opportunities for patients to receive behavioral health consultations, evaluations, diagnostic, and treatment services directly from the PAL, PPCL, and MHRS programs via telemedicine to improve patients' access to behavioral health services.
2. In July 2022, PPCL received additional funding to incorporate addiction psychiatry consultation into their model. To inform ongoing behavioral health needs related to substance-use and co-occurring behavioral health disorders, may consider monitoring and reporting service data for substance use disorder-related calls involving addiction psychiatrist.

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 is growing, as evidenced by increased call volumes in FY22, with PPCL receiving 23 percent more compared to FY21 and MHRS receiving 81 percent more compared to FY21. Though COVID-19 is infrequently sited as the primary barrier to behavioral health services, the pandemic has increased the frequencies of other barriers. 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:

> The staff, starting with the coordinator answering the phone, and critically important psychiatric physician consultation, can be lifesaving to a pregnant patient on psychotropic, ADHD, and other meds. I have continually learned with each phone consult. I enormously appreciate the email follow up…I am so grateful for your wonderful and instructive service.

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

> This program is WONDERFUL. I filled out the online referral form on the Children's hospital website, then received a call a week later to assess my child's needs and what we were hoping for in therapy. It felt like a mini counseling session on its own; the woman was so helpful and well informed of the process. About two weeks later I received a very detailed email of three local providers who were experienced in the type of pediatric therapy we were looking for AND it was noted that they were accepting new clients and that they accepted our insurance. So much busy work had been done (that would've likely taken our family hours of phone calls and online searches!). I am so grateful and thankful. We called one provider on the list and were able to start seeing her for therapy the very next week. I work as a nurse and know good healthcare when I see It and was amazed how efficient and helpful this system was. Thank you!!

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.