

# Behavioral Health Consultation and Referral Service

## Annual Report

Engrossed Second Substitute Senate Bill 5432; Section 1009; Chapter 325; Laws of 2019

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# Behavioral Health Consultation and Referral Service



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Transformation

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# Executive Summary

This report satisfies the legislative reporting requirement in Engrossed Second Substitute Senate Bill (E2SSB) 5432 (2019), section 1009 (codified in RCW 71.24.061, sections 3 through 6).

Limited access to specialized behavioral health services for children and their families, along with the success of the Partnership Access Line (PAL), prompted the Washington legislature to fund two pilot programs to look at ways to use the PAL model as a means for addressing other behavioral health needs. These programs include:

- The University of Washington's PAL for Moms, which aims to assist providers in the diagnosis and treatment of maternal mood disorders.
- The Mental Health Referral Service for Children and Teens PAL, which aims to support families seeking mental health services for their children.

These two-year pilots will provide information on the community need for similar types of services and what value they add to improving behavioral health outcomes for children in Washington.

This report outlines the results of the PAL pilot programs for the first six months of 2019, highlighting three key components.

- Two components focus on consultation services between primary care providers and practitioners with behavioral health expertise.
- The third component is the mental health referral line for parents seeking behavioral health services for a child or teen.

Common data points between the three components include the number of calls received, who is initiating the calls, and the time it takes to respond to each call.

- There is a pattern of gradual growth in the number of calls to the PAL, as well as use of the practice guidelines available on the PAL/Seattle Children's Hospital website.
- The percentage of children with Medicaid to non-Medicaid discussed at PAL remains about equal and consistent over time.
- The age groups related to the largest number of consultation calls are the 13 year and over age group followed by 6-12 year age group.

The pilot programs of PAL are relatively new and there is insufficient data to determine if there are patterns or key themes. It is expected patterns will be seen as the pilots continue. Both pilot PAL programs continue to identify common barriers to care and possible solutions.



# Background

In 2008 the 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 means for addressing other behavioral health needs. This resulted in the creation of the two pilot programs outlined in this report – the University of Washington PAL for Moms, and the Mental Health Referral Service for Children and Teens PAL

## Legislative Reporting Requirements

Engrossed Second Substitute Senate Bill (E2SSB) 5432 (2019), section 1009 (codified in RCW 71.24.061, sections 3 through 6), states:

- (3) To the extent that funds are specifically appropriated for this purpose, the health care authority in collaboration with the University of Washington department of psychiatry and behavioral sciences and Seattle Children's hospital shall:
  - (a) Implement a program to support primary care providers in the assessment and provision of appropriate diagnosis and treatment of children with mental and behavioral health disorders and track outcomes of this program;
  - (b) Beginning January 1, 2019, implement a two-year pilot program called the partnership access line for moms and kids to:
    - (i) Support obstetricians, pediatricians, primary care providers, mental health professionals, and other health care professionals providing care to pregnant women and new mothers through same-day telephone consultations in the assessment and provision of appropriate diagnosis and treatment of depression in pregnant women and new mothers; and
    - (ii) Facilitate referrals to children's mental health services and other resources for parents and guardians with concerns related to the mental health of the parent or guardian's child. Facilitation activities include assessing the level of services needed by the child; within seven days of receiving a call from a parent or guardian, identifying mental health professionals who are in-network with the child's health care coverage who are accepting new



patients and taking appointments; coordinating contact between the parent or guardian and the mental health professional; and providing post referral reviews to determine if the child has outstanding needs. In conducting its referral activities, the program shall collaborate with existing databases and resources to identify in-network mental health professionals.

- (c) The program activities described in (a) and (b)(i) of this subsection shall be designed to promote more accurate diagnoses and treatment through timely case consultation between primary care providers and child psychiatric specialists, and focused educational learning collaboratives with primary care providers.
- (4) The health care authority, in collaboration with the University of Washington department of psychiatry and behavioral sciences and Seattle Children's hospital, shall report on the following:
- (a) The number of individuals who have accessed the resources described in subsection (3) of this section;
  - (b) The number of providers, by type, who have accessed the resources described in subsection (3) of this section;
  - (c) Demographic information, as available, for the individuals described in (a) of this subsection. Demographic information may not include any personally identifiable information and must be limited to the individual's age, gender, and city and county of residence;
  - (d) A description of resources provided;
  - (e) Average time frames from receipt of call to referral for services or resources provided; and
  - (f) Systemic barriers to services, as determined and defined by the health care authority, the University of Washington department of psychiatry and behavioral sciences, and Seattle Children's hospital.
- (5) Beginning December 30, 2019, and annually thereafter, the health care authority must submit, in compliance with RCW 43.01.036, a report to the governor and appropriate committees of the legislature with findings and recommendations for improving services and service delivery from subsection (4) of this section.
- (6) The health care authority shall enforce requirements in managed care contracts to ensure care coordination and network adequacy issues are addressed in order to remove barriers to access to mental health services identified in the report described in subsection (4) of this section.



# Partnership Access Line

## Program Description

Since 2008, Seattle Children’s Partnership Access Line (PAL) supports primary care providers (doctors, nurse practitioners, and physician assistants) with questions about pediatric mental health care such as diagnostic clarification, medication adjustment or treatment planning. Child and adolescent psychiatrists are available to consult during business hours.

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<sup>1</sup> copies are available.

In addition to publishing the *Primary Care Principles for Child Mental Health*, the PAL team 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.

## Service Data

Table 1.1 describes the types of providers using the access line and indicates new providers who accessed PAL for the first time from January 1, 2019 through June 30, 2019. Utilization of the PAL line continues to increase. Annual efforts to solicit feedback from the primary care providers indicate an appreciation for the resource and a tendency to use the access line for consultation and support in treating more complex children and supporting their families, and with medication management.

**Table 1.1 Partnership Access Line Provider Types**

Calls by Provider Type	Jan	Feb	March	April	May	June	Total
Doctors	104	83	124	122	126	91	650
Nurse Practitioners	19	14	24	18	25	18	118
Physicians’ Assistants	6	5	2	5	7	4	29
RNs (and Masters Level)	0	0	0	1	0	0	1
Other	0	0	0	0	0	0	0
Total unique provider calls/month	129	102	150	146	158	113	798
# of First – Time PAL Callers	15	8	24	25	17	10	99

**Source:** Seattle Children’s, July 2019.

Table 1.2 breaks down the phone calls based on client information, including insurance coverage and age. It is an almost equal split between Medicaid coverage and private insurance. Children are broken down into three groups based on age for reporting purposes. The thirteen year and older

<sup>1</sup> Seattle Children’s Primary Care Principles for Child Mental Health, from [www.seattlechildrens.org/globalassets/documents/healthcare-professionals/pal/wa/wa-pal-care-guide.pdf](http://www.seattlechildrens.org/globalassets/documents/healthcare-professionals/pal/wa/wa-pal-care-guide.pdf), accessed on October 25, 2019.



group has the highest number of consultations. The line is used primarily by primary care physicians and advanced nurse practitioners.

The PAL team understands the importance of providing consistent information regardless of who is working any given day. To ensure consistency between PAL team consultants, a reliability assessment regularly occurs among the PAL team. The most recent was for the review period of April 1, 2019 through June 30, 2019. For each employed PAL Psychiatrist/Consultant, a blind review of call logs from phone consults was conducted by other team members. Fifty call logs were reviewed in six areas. For each measure the answer choices were 1) yes consistent with care guidelines, 2) no not consistent with care guidelines, and 3) not applicable for the specific measure. The results showed all yes or not applicable responses for five of the six measures and one incident where the reviewer felt the psychotherapy recommendations were inconsistent with the care guidelines. The overall inter-rater reliability consistency score was 98 percent.

Of the 1,042 calls made to PAL in early 2019, 1,003 (96 percent) were answered live by the PAL support team. The average length of a call was 14 minutes and 100 percent of requests for face-to-face appointments with the consultant and child were completed as requested.

**Table 1.2 Partnership Access Line Client Profile**

2019	Jan	Feb	March	April	May	June	Total
Calls from Providers							
# Calls about Medicaid Clients	91	67	97	89	106	84	534
# Calls about non-Medicaid clients or non-patient specific	81	60	108	89	98	72	508
Total Calls:	172	127	205	178	204	156	1,042
Calls By Client Age							
Age 0 -5	16	15	17	17	27	Suppressed	Suppressed
Age 6 - 12	71	60	88	64	68	66	417
Age 13 +	85	52	100	97	109	82	525
Total Calls	172	127	205	178	204	156	1,042
Consults							
# Telemedicine Consultations	Suppressed						
# Face to Face Consultations	Suppressed						
Total Consults:	Suppressed						

**Source:** Seattle Children’s, July 2019. Suppressed client counts that are less than 11.

## Partnership Access Line for Moms Pilot Program

### Program Description

The UW Partnership Access Line for Moms (PAL for Moms) is a free telephone consultation service for health care providers caring for patients with mental 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 mental health.



Psychiatrists provide consultation on any mental 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). 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 women on psychotropic medications who are wanting to, or thinking about, getting pregnant

Prior to the initiation of the pilot, as mandated in the legislation, the program operated two hours per day Monday through Friday and was called the Perinatal Psychiatry Consultation Line. This service was funded by a time-limited startup grant from an anonymous donor. With the initiation of the current pilot, the name of the program changed to PAL for Moms, and services expanded to four hours per day before operating full time during business hours starting July 1, 2019.

## Service Data

Table 2.1 describes the types of providers accessing the PAL for Moms program and indicates new providers who were using the service for the first time from January 2019 through June 2019. The hours of operation during this period were 4 hours per day, Monday through Friday. The percentage of live calls answered ranges monthly from 67 percent to 86 percent, with an average of 78 percent. The time it took to return calls that were not answered live ranged from less than one hour to just over five hours. The average call duration ranged from 11 to 17 minutes.

**Table 2.1 Partnership Access Line for Moms Provider Type**

Calls by Provider Type	Jan	Feb	March	April	May	June
Doctors	5	10	6	13	7	5
Nurse Practitioners	12	7	5	11	6	9
Physician Assistants	0	1	0	1	0	0
RNs	0	0	3	0	2	1
Midwives	5	4	5	8	2	2
Social Workers	0	3	1	1	1	0
Other	1	1	0	1	1	1
Total Providers	21	26	20	32	16	17
First Time Callers	14	14	13	13	13	6

**Source:** University of Washington, July 2019.

Table 2.2 breaks down the phone calls based on client insurance coverage. During the first six months of the pilot, no clear trends emerged regarding utilization based on insurance. Information about the reason for the consultation is also recorded. This includes medication management during pregnancy, pre-pregnancy medication consultation, and post-partum treatment (including therapies and medication). There is insufficient data to determine any consistent patterns in the topics for the consultation.



**Table 2.2 Client PAL for Moms Client Profile by Insurance**

2019	Jan	Feb	March	April	May	June	Total
Medicaid Coverage	Suppressed	Suppressed	Suppressed	21	Suppressed	Suppressed	65
Non-Medicaid Coverage	Suppressed	Suppressed	Suppressed	11	Suppressed	Suppressed	66
Total Monthly Calls	21	25	20	32	16	17	131

**Source:** University of Washington, July 2019. Suppressed client counts that are less than 11 and other counts that could enable the derivation of client counts that are less than 11.

## Systemic Barriers to Services

PAL for Moms is the first contract with the Health Care Authority (HCA) to attempt to collect data on system barriers to care. No specific questions have been designed, and it is important to note the barriers are defined by the health care provider calling for consultation. This information was not provided on every call. The top five identified barriers to service include:

1. Financial barriers (27 percent)
2. Transportation (16 percent).
3. Provider access (11 percent)
4. Housing access (9 percent)
5. Childcare (7 percent)

## Mental Health Referral Service for Children and Teens

### Program Description

Washington’s Mental Health Referral Service for Children and Teens connects patients and families with evidence-supported outpatient mental health services in their community. This free for families, telephone-based referral service is funded by HCA and operated by Seattle Children’s Hospital.

The Mental Health Referral Service provides mental health referrals for children and teens 17 and younger from across Washington. Families access the service by calling (833) 303-5437, Monday through Friday, from 8 a.m. to 5 p.m., Pacific Time, to connect with a referral specialist. Families are asked for information about their mental health needs, location, and health insurance plan. After the initial call, 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. A few weeks after providing the referrals, a referral specialist will contact the family to see if they were able to make an appointment, and ask if additional resources are needed. If no appointment has been made, staff will try to address any barriers or link the family to another provider.



Since launching the program in April 2019, the number of requests outpaced staff capacity, resulting a waitlist. Seattle Children’s expects the waitlist will decrease as they fill all positions on the referral team and complete training.

## Service Data

The Mental Health Referral Service officially started in April 2019, although a few calls were received prior to April and addressed by the team at Seattle Children’s. Since the pilot program is still in early stages, the sample size is small, so no analysis was done regarding demographics and number of days from call to referral at this time.

There have been a total of 289 calls since February to the referral service line, with 70 percent being about non-Medicaid children, and the majority of calls have been for children 6 years through 12 years with teens 13 and over a close second. See Table 3.1.

**Table 3.1 PAL Mental Health Referral Service Client Profile**

January – June 2019	Totals
<b>Client Insurance Type</b>	
# Calls about Medicaid clients	85
# Calls about non-Medicaid clients	204
Total Calls	294
<b>Referrals by clients age</b>	
Age 0 – 5 yrs.	24
Age 6 – 12 yrs.	136
Age 13 +	134
<b>Average Days from Call to Referral</b>	
	13.4

**Source:** Seattle Children’s, August 2019.

Typically family members and adolescents are calling the referral service line when seeking behavioral services, including evaluation and treatment. Based on information gathered during the call, services and preferred modality (method) of treatment were categorized as described in Table 3.2. Individual counseling was the most common service request with psychiatric evaluation second. It is clear from Table 3.2 that callers were frequently seeking referral for several services during the call. Cognitive therapy, behavioral therapy, and parent management training were the three most common modalities of treatment offered to children and their families.

**Table 3.2 PAL Mental Health Referral Service Resources and Treatment Modalities**

January – June 2019	Total
<b>Resources Sought / Service Type</b>	
Diagnostic Evaluation	45
Family Therapy	11
Group Therapy	Suppressed
Individual Therapy	220
Neuropsychological Evaluation	Suppressed
Parent Training	28
Psychiatrist Evaluation	57



**Table 3.2 PAL Mental Health Referral Service Resources and Treatment Modalities**

<b>January – June 2019</b>	<b>Total</b>
Psychologist Evaluation	Suppressed
Psychotropic Medication Management	54
Substance Abuse Evaluation	Suppressed
Unsure	Suppressed
<b>Therapies/Treatment Modes</b>	
Addiction Treatment	Suppressed
Applied Behavioral Analysis	Suppressed
Behavioral Therapy	41
Cognitive Behavioral Therapy	160
Dialectical Behavioral Therapy	21
Eating Disorder Treatment	Suppressed
Exposure and Response Prevention Therapy	Suppressed
Habit Reversal/Cognitive Behavioral Therapy	Suppressed
Infant/Parent Dyad Therapy	Suppressed
Insight Oriented Therapy	Suppressed
Neurofeedback	Suppressed
Parent Management Training	25
Tele mental Health	Suppressed
Trauma – Focused CBT	Suppressed

**Source:** Seattle Children’s, August 2019. Suppressed client counts that are less than 11.

## Systemic Barriers to Services

Several weeks after providing the referrals to a family, the resource specialists follow up with the family to see if they were able to get an appointment and determine if they continued to have unmet needs. During this contact, the specialists explore the types of obstacles the family encountered in initiating or continuing with services. The responses were grouped into seven categories. The report does not reflect follow-up calls for families who initiated requests in late May and June of 2019. The most common reason given for not initiating services or completing follow-up was scheduling, time, and other family priorities. Table 3.3 shows the self-reported barriers faced by the family seeking the referrals.

**Table 3.3 Mental Health Referral Service Barriers to Services**

<b>Barrier Description</b>	<b>Total</b>
Availability of Provider	4
Provider Not a Good Fit	2
Transportation Issues	0
Insurance Issues	0
Schedule/Time/Other Family Priorities	10
Changed mind about seeking services	1
Other	15

**Source:** Seattle Children’s, August 2019.



# Conclusion

PAL for children has been in existence since 2008. There is a pattern of gradual growth in the number of calls as well as use of the practice guidelines available on the PAL/Seattle Children's Hospital website.<sup>2</sup> The percentage of Apple Health patients to non-Apple Health patients remains about equal and consistent over time. The age groups related to the largest number of consultation calls are the 6-to-12 year and the 13 year and over groups.

The pilot programs of the UW Partnership Access Line for Moms (PAL for Moms) and the Mental Health Referral Service for Children and Teens line through Seattle Children's are relatively new and there is insufficient data to determine if there are patterns or key themes, though initial demand for the Referral Service is high. It is expected that patterns will further emerge as the pilots continue. HCA will seek to include this information in the 2020 annual report.

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<sup>2</sup> Seattle Children's Primary Care Principles for Child Mental Health, from [www.seattlechildrens.org/globalassets/documents/healthcare-professionals/pal/wa/wa-pal-care-guide.pdf](http://www.seattlechildrens.org/globalassets/documents/healthcare-professionals/pal/wa/wa-pal-care-guide.pdf), accessed on October 25, 2019.

