

# Behavioral health consultation and referral services

---

## Annual report

Second Substitute House Bill 1325; Section 1(3,4,5); Chapter 126; Laws of 2021

December 30, 2021

# Behavioral health consultation and referral services: Annual report

---

## Acknowledgements

The Washington State Health Care Authority (HCA) acknowledges the work of its staff in the Clinical Quality and Care Transformation Division and the contributions of Seattle Children's Hospital and the University of Washington's Department of Psychiatry and Behavioral Sciences to this report.



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



Seattle Children's Hospital  
P.O. Box 5371  
Seattle, WA 98145-5005  
Phone: (206) 987-2000  
[seattlechildrens.org](http://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](http://psychiatry.uw.edu)

# Table of contents

Executive summary .....	4
Washington Partnership Access Line (PAL).....	4
Perinatal Psychiatry Consult Line for Providers (PPCL).....	4
Washington’s Mental Health Referral Service for Children and Teens (MHRS) .....	4
Recommendations.....	5
Background.....	6
Washington Partnership Access Line (PAL).....	7
Program description.....	7
Service data.....	7
Perinatal Psychiatry Consult Line for Providers (PPCL).....	9
Program description.....	9
Service data.....	9
Mental Health Referral Service for Children and Teens (MHRS) .....	11
Program description.....	11
The referral process.....	11
Service data.....	11
Improvement opportunities.....	14
Systemic barriers to services.....	14
Service improvement recommendations.....	15
Conclusion.....	16

## Executive summary

---

This report describes the results of the following three programs during the 2021 fiscal year (FY21), from July 1, 2020, through June 30, 2021, and satisfies the legislative reporting requirements in [Second Substitute House Bill \(2SHB\) 1325 \(2021\)](#), section 1(3,4,5), 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](#)<sup>1</sup>, 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 2,077 provider phone calls during FY21, which is about 9 percent more than the 1,911 phone calls the program received during FY20. The number of first-time callers during FY21 totaled 182, which is about 5 percent less than the 192 first-time callers during FY20. Proportions of phone calls by provider type were consistent with FY20. The average duration of providers' phone calls to receive services from PAL was slightly longer, and more phone calls were for children ages 13 and older, compared to FY20.

### Perinatal Psychiatry Consult Line for Providers (PPCL)

PPCL received 454 provider phone calls during FY21, which is about 31 percent more than the 347 provider calls during FY20. The number of first-time callers during FY21 period totaled 224, which is about 36 percent more than the 165 first-time callers during FY20. Phone call duration and the proportions of phone calls by both provider type and client age remained stable since FY20.

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

MHRS received 1,963 MHRS cases during FY21, which is about 5 percent more than the 1,864 cases during FY20. Average time elapsed from initial case phone call to referral was about 11.6 days, which is about 26 percent shorter than FY20's average of 15.8 days. Proportions of client ages, requested services, and preferred treatment modalities were consistent with those during FY20.

Seattle Children's Hospital and the University of Washington collected feedback during FY21 from individuals receiving referrals or consultation from their programs about clients' barriers to accessing needed behavioral health services. 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.

---

<sup>1</sup> [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.

## Recommendations

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

1. Expanding their provider databases to improve access to behavioral health services, especially for patient populations experiencing health disparities.
2. Providing more behavioral health consultations, treatment services, etc., via telemedicine.
3. Strengthening relationships with insurance providers and social service providers to address common systemic barriers to accessing behavioral health services, such as childcare.

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 change.

## 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 means for addressing other behavioral health needs. 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 end December 31, 2020. However, the Legislature 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 FY21, HCA's appropriated budgets for the three programs totaled \$1,972,006. 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 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 FY21 was \$768,900.**

## Service data

Table 1.1 presents counts of providers by type who called PAL during FY21. During the reporting period, doctors represented about 78 percent of all providers who called PAL each month, followed by nurse practitioners, representing about 18 percent. These proportions are consistent with provider calls during FY20. The number of first-time callers during FY21 totaled 182, which is about 5 percent less than the 192 first-time callers during FY20.

**Table 1.1 Counts of providers by type that called the Partnership Access Line, July 2020–June 2021**

Provider type	Jul. 2020	Aug. 2020	Sep. 2020	Oct. 2020	Nov. 2020	Dec. 2020	Jan. 2021	Feb. 2021	Mar. 2021	Apr. 2021	May 2021	Jun. 2021
<b>Doctors</b>	90	76	97	111	107	109	107	115	133	120	121	117
<b>Nurse practitioners</b>	21	15	24	21	18	29	29	25	36	28	25	25
<b>Physicians’ assistants</b>	4	6	3	1	9	4	7	5	10	6	8	4
<b>Registered nurses</b>	1	0	0	1	0	0	0	0	0	0	0	0
<b>Other</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total unique provider calls during the month</b>	116	97	124	134	134	142	143	145	179	154	154	146
<b>Number of first-time callers</b>	9	9	12	17	15	16	10	20	26	14	16	18

Source: Seattle Children’s Hospital, Gross Record of Consult Service Activity, July 2021.

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

During FY21, the duration of providers' phone calls to receive services from PAL averaged about 16 minutes, which is slightly longer than FY20's average of 15 minutes. Providers requested and received telemedicine consultations that totaled fewer than 11 during FY21, but which exceeded the number conducted during FY20. Due to the COVID-19 pandemic, no face-to-face PAL consultations occurred during FY21, compared to 12 face-to-face consultations during FY20.

Table 1.2 presents counts of phone calls to PAL by client age during FY21. There were 2,077 phone calls to PAL during the reporting period, which is about 9 percent more than the 1,911 phone calls the program received during FY20. More phone calls were for older children, compared to FY20:

- About 58 percent of phone calls were for children ages 13 or older, compared to about 50 percent during FY20.
- About 35 percent of phone calls were for children ages 6 to 12, compared to about 43 percent during FY20.
- About 7 percent of phone calls were for children ages 0 to 5 in both reporting periods.

**Table 1.2 Counts of phone calls to the Partnership Access Line by client age demographics, July 2020–June 2021**

Client Ages	Jul. 2020	Aug. 2020	Sep. 2020	Oct. 2020	Nov. 2020	Dec. 2020	Jan. 2021	Feb. 2021	Mar. 2021	Apr. 2021	May 2021	Jun. 2021	TOTAL
<b>Ages 0–5 years</b>	12	*	*	18	15	14	14	*	13	15	12	15	153
<b>Ages 6–12 years</b>	48	47	59	65	58	66	72	60	72	61	61	55	724
<b>Ages 13+ years</b>	76	61	75	88	99	99	101	107	140	129	117	108	1,200
<b>Total calls</b>	<b>136</b>	<b>*</b>	<b>*</b>	<b>171</b>	<b>172</b>	<b>179</b>	<b>187</b>	<b>*</b>	<b>225</b>	<b>205</b>	<b>190</b>	<b>178</b>	<b>2,077</b>

Source: Seattle Children's Hospital, Gross Record of Consult Service Activity, July 2021.

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 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 FY21 was \$392,432.**

## Service data

Table 2.1 presents counts of providers by type who called PPCL during FY21. During the reporting period, nurse practitioners represented about 41 percent of all providers who called the PPCL each month, followed by doctors, representing about 36 percent. These proportions are consistent with provider calls during FY20. The number of first-time callers during FY21 period totaled 224, which is about 36 percent more than the 165 first-time callers during FY20.

**Table 2.1 Counts of providers by type that called the Perinatal Psychiatry Consult Line for Providers, July 2020–June 2021**

Provider type	Jul. 2020	Aug. 2020	Sep. 2020	Oct. 2020	Nov. 2020	Dec. 2020	Jan. 2021	Feb. 2021	Mar. 2021	Apr. 2021	May 2021	Jun. 2021
<b>Doctors</b>	8	12	16	17	14	11	10	16	14	16	14	13
<b>Nurse practitioners</b>	13	12	16	13	21	23	12	13	14	17	18	14
<b>Physicians' assistants</b>	0	2	0	0	1	0	0	0	1	0	0	0
<b>Registered nurses</b>	10	1	8	1	2	5	2	4	4	4	2	1
<b>Midwives</b>	2	1	6	4	1	0	2	2	4	3	1	5
<b>Social workers</b>	2	0	2	1	2	0	1	1	0	3	0	1
<b>Other</b>	0	1	1	0	1	2	1	2	2	3	2	0
<b>Total unique provider calls during the month</b>	35	29	49	36	42	41	28	38	39	46	37	34
<b>Number of first-time callers</b>	20	16	29	17	13	16	14	19	17	23	19	21

**Source:** University of Washington, Fiscal Year 2021 Specific Record Reports and Monthly Gross Record, July 2021.

**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 FY21, the duration of providers’ phone calls to receive services from PPCL averaged about 12.3 minutes, which is consistent with the average call duration during FY20.

Table 2.2 presents counts of provider phone calls to PPCL by client age during FY21. There were 454 provider phone calls to PPCL during FY21, which is about 31 percent more than the 347 provider calls during FY20. About 43 percent of providers’ phone calls during FY21 were for clients ages 30–39 years, followed by about 36 percent for clients ages 20–29 years. These proportions are consistent with clients’ ages during FY20.

**Table 2.2 Counts of phone calls to the Perinatal Psychiatry Consult Line for Providers by client age demographics, July 2020–June 2021**

Client ages	Jul. 2020	Aug. 2020	Sep. 2020	Oct. 2020	Nov. 2020	Dec. 2020	Jan. 2021	Feb. 2021	Mar. 2021	Apr. 2021	May 2021	Jun. 2021
<b>Ages &lt; 20 years</b>	*	*	*	*	*	*	*	*	0	*	0	*
<b>Ages 20–29 years</b>	*	*	17	12	16	13	*	14	21	16	18	12
<b>Ages 30–39 years</b>	14	15	18	18	16	15	15	21	*	20	18	16
<b>Ages 40+ years</b>	*	*	*	*	*	*	0	0	*	*	0	0
<b>Unknown or N/A</b>	*	*	*	*	*	*	*	*	*	*	*	*
<b>Total calls</b>	<b>35</b>	<b>29</b>	<b>49</b>	<b>36</b>	<b>42</b>	<b>41</b>	<b>28</b>	<b>38</b>	<b>39</b>	<b>46</b>	<b>37</b>	<b>34</b>

**Source:** University of Washington, Fiscal Year 2021 Specific Record Reports, July 2021.

**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.

## The referral process

The referral service provides mental health referrals for children and teens 17 and younger from across Washington.

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 a referral specialist.
2. The referral specialist asks for information about the child’s mental health needs, location, and health insurance plan. If the referral specialist determines the family’s needs can be met with education on mental health treatments and navigation within an identified insurance panel, the information is given during the initial call. This is considered a “rapid service”.
3. 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.
4. 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.
5. 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 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 FY21 was \$810,674.**

## Service data

Table 1.2 presents counts of MHRS cases by client age during FY21. There were 1,963 MHRS cases during FY21, which is about 5 percent more than the 1,864 cases during FY20. Of those cases, 951 (about 48 percent) were for clients ages 13 years or older, 878 (about 45 percent) were for clients ages 6 to 12, and 134 (about 7 percent) were for clients ages 0 to 5. These proportions are consistent with those during FY20.

**Table 3.1 Counts of Mental Health Referral Service for Children and Teens cases by client age demographics, July 2020–June 2021**

Client ages	Jul. 2020	Aug. 2020	Sep. 2020	Oct. 2020	Nov. 2020	Dec. 2020	Jan. 2021	Feb. 2021	Mar. 2021	Apr. 2021	May 2021	Jun. 2021
<b>Ages 0–5 years</b>	16	15	*	14	*	*	*	12	12	*	17	10
<b>Ages 6–12 years</b>	88	87	92	62	49	54	65	58	70	49	97	107
<b>Ages 13+ years</b>	110	96	94	71	67	61	58	50	73	59	97	115
<b>Total cases</b>	<b>214</b>	<b>198</b>	<b>*</b>	<b>147</b>	<b>*</b>	<b>*</b>	<b>*</b>	<b>120</b>	<b>155</b>	<b>*</b>	<b>211</b>	<b>232</b>

Source: Seattle Children’s Hospital, Gross Record of Referral Service Activity, July 2021.

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 FY21. Of the 2,675 services MHRS cases initially requested during the reporting period, 1,738 (about 65 percent) were for individual therapy. During FY20, 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 2020–June 2021**

Service type	Request count
<b>Individual therapy</b>	1,738
<b>Parent training</b>	263
<b>Psychotropic medication management</b>	178
<b>Psychiatrist evaluation</b>	161
<b>Diagnostic evaluation</b>	92
<b>Family therapy</b>	72
<b>Psychologist evaluation</b>	69
<b>Neuropsychologic evaluation</b>	52
<b>Autism evaluation</b>	21
<b>Group therapy</b>	14
<b>Telemental health</b>	11
<b>Education evaluation</b>	*
<b>Substance abuse evaluation</b>	*
<b>Other</b>	*
<b>Unsure</b>	0

Source: Seattle Children’s Hospital, Gross Record of Referral Service Activity, July 2021.

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, preferred modality (method) of treatment for the client. Table 3.3 presents counts of MHRS case requests by preferred treatment modality during FY21. Of the 2,518 MHRS case requests for preferred treatment modalities during the reporting period, 1,234 (about 49 percent) were for cognitive behavioral therapy. During FY20, 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 2020–June 2021**

Service type	Request count
<b>Cognitive Behavioral Therapy</b>	1,234
<b>Parent Management Training</b>	311
<b>Behavioral Therapy</b>	287
<b>Trauma-Focused CBT</b>	148
<b>Dialectical Behavioral Therapy</b>	136
<b>Supportive Counseling</b>	135
<b>Exposure and Response Prevention Therapy</b>	54
<b>Telemental Health</b>	51
<b>Parent Child Interaction Therapy</b>	47
<b>Habit Reversal/Cognitive Behavioral Intervention</b>	34
<b>Eating Disorder Treatment</b>	26
<b>Applied Behavioral Analysis</b>	22
<b>Insight Oriented Therapy</b>	20
<b>Addiction Treatment</b>	*
<b>Incredible Years</b>	*
<b>Neurofeedback</b>	*
<b>Sexual Offender Treatment</b>	*
<b>Triple P - Positive Parenting Program</b>	*
<b>Infant/Parent Dyad Therapy</b>	0

Source: Seattle Children’s Hospital, Gross Record of Referral Service Activity, July 2021.

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 FY21, the average time elapsed from initial case phone call to referral was about 11.6 days, which is about 26 percent shorter than FY20’s average of 15.8 days. However, average time elapsed increased during FY21, from about 6.2 days in July 2020 to about 18.7 days in June 2021. Seattle Children’s Hospital reports decreased program staffing and provider availability during this period, which might help to explain the increased time required to make referrals.

## 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 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 FY21. More than half (about 53 percent) of the difficulties that parents or adolescents reported experiencing when attempting to initiate or continue behavioral health services related to scheduling, insufficient time, or other family priorities. This barrier increased from 45 percent during FY20.

Provider availability accounted for about 15 percent of the barriers that clients reported. This barrier increased from 5 percent during FY20.

**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	53%
Availability of provider	15%
Changed mind about seeking services	7%
Provider not a good fit	6%
Insurance issues	3%
Transportation issues	2%
Constraints attributed to the COVID-19 pandemic	< 1%
Other	14%

Source: Seattle Children’s Hospital, Gross Record of Referral Service Activity, July 2021.

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 FY21. The most frequently reported difficulties that patients experienced when attempting to initiate or continue behavioral health services related to provider shortages (about 19 percent) and challenges with transportation or childcare (both about 15 percent). Although reported barriers due to provider shortages were similar during FY20 at 16 percent, the most frequently reported barrier was low socioeconomic status related to finances, employment, and/or supports at 24 percent, and childcare’s percentage frequency was only 9 percent during FY20.

**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	19%
Transportation	15%
Childcare	15%
Low socioeconomic status related to finances, employment, and/or supports	11%
Shortage of providers for patient's insurance	8%
Patient's behavioral and/or physical health conditions	8%
Language, race, ethnicity, and/or culture	7%
Homelessness	4%
Uninsured	4%
Victim of intimate partner violence / sex trafficking	3%
Constraints attributed to the COVID-19 pandemic	1%
Other	4%

Source: University of Washington, Fiscal Year 2021 Specific Record Reports, July 2021.

Individuals infrequently reported constraints directly attributable to the COVID-19 pandemic as a barrier to receiving needed behavioral health services. However, both Seattle Children's Hospital and the University of Washington indicate that COVID-19 has increased the frequencies of other barriers, especially those related to behavioral health provider availability and childcare.

## 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:

1. Continue expanding the number of and relevant information about available in-network behavioral health providers in the PAL, PPCL, and MHRS programs' provider databases to improve access to behavioral health services, especially for patient populations experiencing health disparities.
2. Increase 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.
3. 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).

## 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 FY21, ranging from about 5 percent to about 31 percent, compared to FY20. While the COVID-19 pandemic continues to worsen health disparities across the state, barriers to behavioral health services evolve, and fewer providers have capacity to accept new patients, both the need and appreciation for these programs are evident.

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

It is so helpful to be able to talk with a real person about the issue and develop a treatment plan. Mental health care providers and prescribers are nearly impossible to find here in my rural area, so this is a lifeline for me and my patients.

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

...I am blown away by this amazing and valuable service offered! So helpful during a process that can be taxing and it removes all the stress by serving the needs of the child by helping the caregiver get them the help they need.

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.