Washington State Health Care Authority

REPORT TO THE LEGISLATURE

Provider Access Line (PAL) Plus Program

Preliminary Report

Second Engrossed Substitute House Bill 2376; Section 213(ww); Chapter 36, Laws of 2016

December 31, 2017

Washington State Health Care Authority

REPORT TO THE LEGISLATURE

Provider Access Line (PAL) Plus Program

Washington State Health Care Authority

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Executive Summary

The Legislature authorized the Provider Access Line (PAL) Plus pilot program through 2ESHB 2376 (2016). This legislation also asked the Health Care Authority (HCA) to submit this report to the Legislature by December 31, 2017 on our "preliminary evaluation of the viability of a statewide PAL Plus service program." We will submit our final evaluation by December 31, 2018.

The goal of the PAL Plus program is not just service delivery, but the development of an innovative model and new knowledge to inform the important behavioral health integration efforts taking place in Washington State. The program is designed to test this model of increasing both integration with primary care and access for youth and families to needed behavioral health services.

The PAL Plus program targets children and families with Apple Health (Medicaid) coverage who have low-acuity (mild to moderate) mental health concerns not already served by a Behavioral Health Organization (BHO) or other specialty care provider. Recipients of care through PAL Plus receive mental health treatment from their primary care providers and local mental health providers, when requested by the primary care provider. Mental health services are offered in person and over the phone. Services include:

- Evaluation and diagnostic support;
- Individual patient care progress tracking;
- Behavior management coaching; and
- Other evidence-supported psychological care supports delivered as an early and easily accessed intervention for families

The PAL Plus pilot focuses on children presenting with mild to moderate depression or disruptive behaviors. The pilot's purpose is to collect information to evaluate the viability of a statewide PAL Plus service program. HCA is charged with monitoring the outcomes of the pilot. In addition to evaluating the characteristics of the population being served and the services provided, we will also measure patient and provider satisfaction. Service referral patterns and claims data will be used to compare these findings with those found in non-implementation regions.

Survey data and clinical measures are currently being collected, and specific data for families completing either program will be available the next assessment period. Initial analysis of self-reported patient data is promising: Teens in the Depression Program showed reduced depressive symptoms. Self-report data is not yet available for disruptive behavior clients. Data analysis is expected to help assess the feasibility and effectiveness of a statewide PAL Plus program. We also expect referrals to the program to likely increase over the second year of the pilot since community awareness has increased.

Investment in child behavioral health care through programs like PAL Plus ensure that much needed (and integrated) services can be accessed rapidly in the communities served.

Background

Established in 2008 as a statewide response to access barriers for children's mental health services, the Partnership Access Line (PAL) is a telephone-based children's mental health consultation system available to all Washington primary care providers. The Legislature funded the Provider Access Line (PAL) Plus pilot program at $608,000 in FY 2017, $625,000 in FY 2018, and $17,000 in FY 2019.

Both PAL and PAL Plus programs seek to promote the implementation of integrated care across Washington State to increase access to effective interventions, and to lessen the number of children and families with "life-altering dysfunction" due to behavioral or mental health conditions. PAL employs child psychiatrists and social workers affiliated with Seattle Children's Hospital and the University of Washington to deliver consultation services to primary care providers (PCPs) regarding the mental health needs of their patients. They may advise PCPs on medication decisions, provide referral information for services available in the local community, or meet with families via tele-video technology to inform PCP recommendations. The program has received positive feedback from the providers.

The PAL Plus program expands upon the PAL model by training behavioral health providers within the local community to provide in-person, brief services that are consistent with research-based interventions. In many communities, access to appropriate evidence-based behavioral health services is limited. By training and supporting local service providers, PAL Plus seeks to expand access to needed behavioral health services in the communities it serves.

During the pilot, primary care providers identify and refer Apple Health clients living in Benton and Franklin counties who meet certain criteria based on age, diagnosis, and symptom severity. Targeted for inclusion in the pilot are children and youth ages 12 to 17 with mild to moderate symptoms of depression, and children ages 5-11 with disruptive behavior. PAL Plus is focused on offering brief, in-person counseling and therefore does not enroll patients with high severity mental health symptoms. See Appendix A for an overview of the PAL Plus pilot workflow.

Referrals and Outreach

Since April 2016, PAL hosted two tele-video calls with Trios Health providers to introduce the programs and to provide information on how PAL Plus and PAL can help support patients and families with their mental health questions and concerns. Trios Health, a healthcare system in southeast Washington, serves the Tri-Cities (Kennewick, Pasco, and Richland) and surrounding Benton- and Franklin-county communities.

In May 2016, Dr. Hilt, Director of Partnership Access Line at Children's Hospital, and program staff attended the Safe Kids Saturday event at Kadlec Medical Center in Richland. During this event, staff had the opportunity to inform families about the program partnership with their primary care

providers for mental health concerns. Appendix B is a handout used during networking and information sharing; Appendix C is the referral form completed by the primary care provider (PCP).

Efforts to engage community partners continued with Benton-Franklin Community Health Alliance and Communities in Schools of Benton-Franklin. A social worker reached out to these groups, answered questions, and sent them information on the program. The goal is to identify kids who could benefit from PAL Plus offerings. Adding community partners may serve as a conduit for referrals and increase the likelihood the patient's primary care provider is notified when mental health concerns are present.

A clinician and social worker visited 52 Benton-Franklin primary care providers' offices and encouraged office staff, referral coordinators, and physicians to access PAL Plus. They were able to drop off informational materials, answer questions about the program, and encourage providers to refer to PAL Plus. Marketing and informational materials were also mailed to approximately 75 primary care providers and community partners.

One of the project's psychologists, Dr. Jungbluth, emailed all primary care providers in Benton-Franklin who had previously used PAL services or attended a PAL continuing education conference. In addition, Dr. Jungbluth contacted two area school nurses to discuss the PAL Plus referral process.

Services Delivered

The PAL Plus team consists of child and adolescent psychologists, psychiatrists, and behavioral health specialists. The behavioral health specialists are from the Tri-Cities area, and they provide evidence-based interventions. The PAL Plus psychologists are employed by Children's Hospital. Their role is to train and provide weekly supervision and caseload support to the behavioral health service providers. The PAL Plus psychiatrists advise the child's primary care provider on the use of psychiatric medication, when indicated, based on severity or lack of treatment progress.

In many communities, long wait times to access services at community mental health organizations can present a barrier. Even when families can be seen for an initial evaluation, they may struggle to get connected to a behavioral health provider or to get regular appointments scheduled due to limited availability/staffing constraints. Families with milder concerns may not meet access to care standards.

Primary care providers may feel challenged to address the behavioral health needs of their patients in such an environment. Families may become discouraged about seeking behavioral health support if their initial efforts to get access are not successful. One goal of PAL Plus is to remove access barriers by ensuring our Behavioral Health Service Providers (BHSPs) have the availability to quickly reach out to referred families and see them right away. They deliver approximately four rapid access treatment sessions to each family and coordinate care with the primary care providers.

After months of preparation, Children's Hospital staff launched the PAL Plus pilot in mid-December 2016. During the first six months, they received 78 referrals from Benton-Franklin community

primary care providers. Of those, 54 were referrals to the disruptive behavior program and 24 to the depression program. Of the 78 referrals, 34 patients were enrolled in both program tracts.

The most common reasons referred families did **not** enroll their children were, in order of frequency:

- The family did not respond to a clinician's outreach efforts.
- The family did not attend the initial intake appointment.
- The child needed more intensive services than the PAL Plus program offers. Clinicians helped these families enroll in longer-term services.

Depression Program

A core PAL Plus mission is to partner with PCPs to support them in connecting kids, teens, and their families to mental health services. When referred patients are not appropriate for the PAL Plus program, BHSPs support families by connecting them with other local mental health services; following up to verify successful treatment initiation; troubleshooting barriers; and communicating with primary care providers.

BHSPs provided this referral support to 22 families. Nine teens attended a 90-minute, in-person screening and evaluation session. Two of these teens screened into the depression intervention and received care; one has completed the program and one is ongoing. The procedures used evidence-based engagement strategies and provided a high degree of follow-up (repeat phone calls to the family and direct communication with referring providers) to maximize engagement, participation, and program benefits.

A number of youths and families referred to the program presented with treatment needs that were not a good fit with the brief, targeted interventions provided by PAL Plus. These treatment needs include more complex mental health concerns such as post-traumatic stress disorder, anxiety disorders, or conduct problems. Also, some youths were below the minimum age for the program. In these instances, BHSPs identified more appropriate services and supported families to establish care.

Two possible factors may be contributing to the low rate of screened-in referrals for the brief depression protocol: (1) PCPs may refer youths whose primary mental health condition is not depression, and (2) whose depression is more severe than is appropriate for the PAL Plus program.

The PAL Plus team has made the following changes in response to these early referral patterns: (1) increased focus on the disruptive behavior program (i.e.: training all three BHSPs to meet the higher demand for those services), and (2) increased outreach to include local schools, where mild to moderate depression cases may be more commonly identified and referred.

There are several different treatment modalities for depressed teenagers. Some treatments involve taking medication and some treatments involve "talk therapy." One type of "talk therapy" is Behavioral Activation Therapy, in which adolescents work with their therapists to stop the "vicious cycle" of depression and figure out ways to re-engage in the activities that are important to them. The adolescent works with the therapist to identify what triggers their feelings of sadness or loss of motivation and to identify life problems they would like to change. The therapist shares skills or strategies to help overcome depression and supports the adolescent's goal-setting and strategies.

Disruptive Behavior Program

The Disruptive Behavior (DB) Program tracks families with children ages 4-12 years old with oppositional behavior and/or attention problems that affect compliance and/or family relationships.

For child behavior problems, working with the child's family is more effective than working directly with the child. The adults in a child's life observe that child in their natural environment and can provide extra support and coaching to help them. This type of treatment is called Parent Behavior Management Training. The child is with their parents for intake, but later intervention sessions include parents only for evidence-based, behavior management skills training and practice. The program teaches parents how to alter the approaches they already use to make them more effective at changing the behavior of the child. The program is based on research findings that child behavior improves when parents use these slightly different strategies.

The program received referrals for the DB track and enrolled 25 families. The majority of referred families who completed the phone screening were appropriate to receive services. The higher rate of referrals in the disruptive behavior track than the depression track may be attributable to: (1) lower risk-level of the population due to young age (e.g., low base rates of suicidal ideation, substance abuse, or more severe mood/behavior problems that preclude participation), (2) ease of PCPs evaluating oppositional behavior during routine medical appointments, (3) motivation for the parent to engage in treatment (in contrast to teens who may refuse treatment started by a parent or PCP), and (4) the provided parenting skills are helpful regardless of a child's diagnosis, presenting concerns, or family situations.

The majority of families who attended in-person intake were enrolled in the PAL Plus Disruptive Behavior Program. Ten families have completed the protocol, and five more families are currently in treatment. Data is being collected to assess changes in patient behavior and functional impairment through treatment, and to assess acceptability of the program's protocol to families; BHSPs; and PCPs. So far, qualitative analysis has revealed overwhelmingly positive responses to child behavior, parent stress, enjoyment, and appreciation from families who completed the program. No families requested to withdraw from the program before completion, although seven families who initially enrolled did not complete the program (two moved out of the area and one was referred for intensive services).

The most common reason a family was referred to community services rather than PAL Plus was because of treatment needs for a more urgent co-morbid condition (such as anxiety, post-traumatic stress disorder, autism spectrum disorder, or pervasive development delays). Nearly all of these families were served at the host community mental health center, and many stayed with the same BHSPs who completed their intake. Even for families referred away from the program, the screening and intake process appeared to benefit the families by facilitating appropriate treatment referrals and engagement with services. Seven families declined to participate during initial phone contact because they did not feel they needed the program or because they were seeking a different type of mental health service. In several cases, families sought medication consultation only; in these cases, PAL psychiatrists consulted with the PCPs.

Two program implementation barriers included (1) difficulty initiating contact with families to schedule a visit and (2) families not attending their initial appointments. Approximately seven families did not return repeated calls from the clinician regarding the program. To address this problem, the clinician sent a letter to non-responding families that explained their referral to the program and program content and structure. This resulted in several responses from families who had not returned calls. After three unsuccessful contacts, BHSPs followed up with the referring PCP to encourage the PCP to discuss the referral with families that may have questions or are hesitant to enroll.

The no-show and cancellation rate of the intake and/or first session was also high. Nine families scheduled an intake but did not attend or reschedule. As a result, BHSPs placed reminder calls for appointments and reserved extra appointment times to accommodate rescheduling.

Patient/Family and Provider Feedback

Feedback rating scales are administered to all families and providers served by the program. More in-depth quality improvement (QI) telephone interviews will be conducted with a random sampling of families and providers. Appendices D, E, F, G and H are the current survey tools used for each target group.

Feedback rating scales are administered using Survey Monkey to both parents of children with disruptive behavior and to parents of adolescents with depression. Feedback surveys have been received and analyzed for 10 caregiver participants and one teen participant to date. Preliminary data indicate that overall program satisfaction ratings are high, with 60 percent rating “very satisfied” and 40 percent rating “mostly satisfied” for both programs. Qualitative responses indicate some of the most helpful components were “multiple ideas on how to handle different situations,” “reminders of what to do,” and “learning about the coin system.” Some parents felt that additional sessions may have been helpful for the disruptive behavior component. As more participants complete the program, project staff will continue to collect and analyze post-intervention satisfaction ratings and symptom and impairment ratings (which are collected immediately post-intervention and at a 12-week follow-up).

Additionally, BHSPs at the collaborating mental health agency will provide qualitative and quantitative feedback. Feedback was collected during the start of the second funding year, which began July 1, 2017. This feedback will be used to drive program improvements. Questions include perceptions regarding the training materials, the treatment manual, the care coordination process, weekly case reviews, and overall satisfaction with the PAL Plus program.

Provider feedback from PCPs will be collected at the end of the pilot. This feedback will be used to examine PCPs' satisfaction with the referral process, care coordination, communication, and their perceived ability to care for mental health issues, as general feedback.

Conclusion

The PAL Plus program expands upon the PAL model (which emphasizes consultation to the primary care provider) by training behavioral health providers within the local community to provide research-informed, in-person, brief services directly to the family. The services are designed to be appropriate for mild to moderate symptom presentations of very common referral concerns (e.g., child disruptive behavior and adolescent depression). These brief interventions are not pharmacological (i.e., they do not involve prescribing medications); instead local providers train youth and their caregivers to use skills shown to improve behavior problems and depression. When medication questions arise during the course of PAL Plus services, PAL psychiatrists consult with primary care providers or utilize tele-video technology to meet with families to inform that aspect of their care. By training and supporting local service providers and emphasizing close coordination of care with primary care providers, PAL Plus is guaranteeing that much needed (and integrated) services can be accessed rapidly in the communities served.

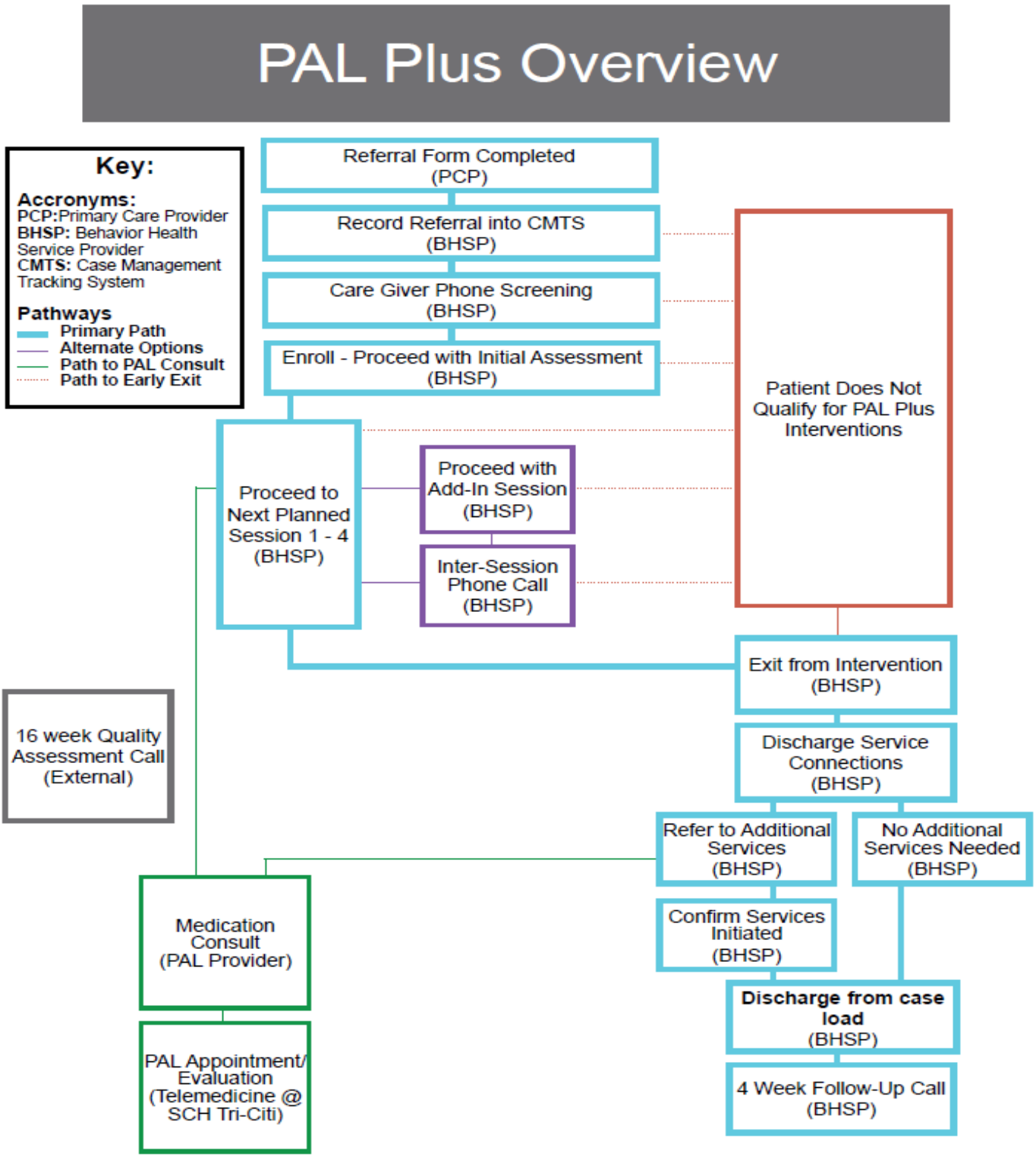
The PAL Plus program is designed to test an innovative model of behavioral health service delivery aimed at increasing integration with primary care and increasing access for youth and families to needed behavioral health services. The goal of this program is not just service delivery, but the development of a new model and new knowledge to help inform the important behavioral health integration efforts taking place in Washington State.

The PAL Plus program has established the pilot in Benton and Franklin Counties through marketing, offering continuing medical education (CME) courses to physicians on integrated behavior health, contracting, and training local behavioral health providers in intervention techniques and data collecting.

Initial feedback from families and providers is very positive. Specific outcome data from the initial children and families are now being collected and analyzed. Funding is secure for the second year of the pilot, which will allow for expansion into two regions. The additional time will allow the pilot to create a larger database and therefore see results after a longer period of time. The Health Care Authority and the PAL Plus team will schedule regular meetings, in addition to the written reports, to ensure all the pilot goals are addressed.

Symptom measures for the patients currently enrolled in the program are being completed. The teens in the Depression Program showed reduced depressive symptoms as self-reported on the PHQ-9 depression symptom measure. HSQ ratings of disruptive behavior clients are also being collected. Both these tools are standardized methods of monitoring symptoms and behaviors of concern. Specific data for families completing either program will be available during the next assessment period.

Appendix A: PAL Plus Overview



Appendix B: Community Handout

PAL Plus Pilot

A Community Based Collaborative Care Program

Who: The PAL Plus team consists of child and adolescent psychologists, psychiatrists and behavioral health service providers.

What: PAL Plus supports community health providers by extending brief behavioral health services to their Medicaid patients with mild to moderate depression (ages 12 – 17) or disruptive behavior (ages 5 – 11).

How: Primary care providers can identify and refer their Medicaid patients by accessing the referral form online at www.seattlechildrens.org/PALPlus.

The PAL Plus team will contact the family to screen for eligibility and initiate brief behavioral interventions.

Where: Currently servicing Benton and Franklin Counties.

Learn More! Visit us online at
Web: www.seattlechildrens.org/PALPlus
Email: PALPlus@seattlechildrens.org
Phone: 206-985-3266 for more information.

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Appendix C: Referral Form

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PAL Plus Referral Form

Email or fax referral form to: PALPlus@seattlechildrens.org or 206-985-3266

Contact Information:

Today's Date

Patient Name (First and Last)

Patient Date of Birth

Patient has Medicaid (Amerigroup, Community Health Plan, Coordinated Care, Molina, Medicaid, United Health Care)

◯ Yes ◯ No

PAL Plus Pilot is for Medicaid patients only. The PAL line is available to Primary Care Providers for mental health consultation regardless of patient insurance. PAL line , 866-599-7257.

Parent/Guardian Name

Parent/Guardian Relationship

Parent/Guardian Primary Phone

Parent/Guardian Secondary Phone

Referring Provider Name

Provider Phone

Provider Fax

Referral Reason:

PAL Program Requested (Please select ONE option)

◯ Disruptive Behavior (Ages 5 - 11) ◯ Depression (Ages 12 - 17)

Additional Concerns*

- ☐ Alcohol / Substance Abuse / Dependency
- ☐ Bipolar / Mania
- ☐ Child Abuse
- ☐ Post Traumatic Stress Disorder
- ☐ Psychosis
- ☐ Self Injury
- ☐ Suicidality
- ☐ Other

**Patients with these additional concerns may be excluded from the PAL Plus Pilot; however, our clinicians will connect with families and help place them with a local mental health agency.*

Appendix D: Parent Survey

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PAL Plus CMTS Program Evaluation

Parent Survey

Patient ID: _____

We value your honest feedback to help us improve the program. Your responses will not be shared with your provider.

How helpful was the program?

- O It seemed to make things worse
- O It didn't really help
- O It helped somewhat
- O It helped a great deal

How well did the program meet your needs?

- O It seemed to make things worse
- O Only a few of my needs have been met
- O Most of my needs have been met
- O Almost all of my needs have been met

Would you recommend this program to other parents with similar situations?

- O No, definitely not
- O No, probably not
- O Probably yes
- O Definitely yes

How satisfied are you with the program overall?

- O Quite dissatisfied
- O Indifferent or mildly dissatisfied
- O Mostly satisfied
- O Very satisfied

I felt that there were enough sessions.

- O Strongly Disagree
- O Disagree
- O Agree
- O Strongly Agree

How likely would you have been to seek mental health care if you hadn't been offered this program?

- O Not at all likely
- O Somewhat likely
- O Likely
- O Very Likely

What was helpful about this program?

_____
_____
_____
_____
_____
_____

What did you most like about this program?

What did you like least about this program?

Do you have any suggestions to make this program better?

Appendix E: Adolescent Survey

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PAL Plus CMTS Program Evaluation

Adolescent Survey

Patient ID: _____

We value your honest feedback to help us improve the program. Your responses will not be shared with your provider.

How helpful was the program?

- O It seemed to make things worse
- O It didn't really help
- O It helped somewhat
- O It helped a great deal

How well did the program meet your needs?

- O It seemed to make things worse
- O Only a few of my needs have been met
- O Most of my needs have been met
- O Almost all of my needs have been met

Would you recommend this program to other teens with similar situations?

- O No, definitely not
- O No, probably not
- O Probably yes
- O Definitely yes

How satisfied are you with the program overall?

- O Quite dissatisfied
- O Indifferent or mildly dissatisfied
- O Mostly satisfied
- O Very satisfied

I felt that there were enough sessions.

- O Strongly Disagree
- O Disagree
- O Agree
- O Strongly Agree

How likely would you have been to seek mental health care if you hadn't been offered this program?

- O Not at all likely
- O Somewhat likely
- O Likely
- O Very Likely

What was helpful about this program?

_____

_____

_____

_____

_____

_____

What did you most like about this program?

What did you like least about this program?

Do you have any suggestions to make this program better?

Appendix F: Behavior Health Specialist Survey–Depression

This survey is administered twice: 1) after 4 patients with depression have been discharged from PAL Plus, and then 2) at the end of the PAL Plus Implementation.

This survey is adapted from Crawley et al., 2013

We value your honest feedback to help us improve the program.

* Name:

Please answer the following questions regarding the Disruptive Behavior (DB) component of PAL Plus.

	1 Not at All	2	3	4 Somewhat	5	6	7 Very	N/A
Did the DB training help you feel well-prepared to deliver the intervention?	○	○	○	○	○	○	○	○
How easy was it to conduct the DB treatment as outlined by the manual?	○	○	○	○	○	○	○	○
How user friendly were the DB treatment materials?	○	○	○	○	○	○	○	○
Did the DB manual allow for enough flexibility to meet families' needs?	○	○	○	○	○	○	○	○
Did you feel an intake plus 4 DB sessions was sufficient to accomplish all of the treatment goals?	○	○	○	○	○	○	○	○
How easy was it to coordinate the patient's care with the primary care providers?	○	○	○	○	○	○	○	○
How helpful was the support you received during weekly DB case reviews?	○	○	○	○	○	○	○	○
How helpful were the meetings with the PAL psychiatrists?	○	○	○	○	○	○	○	○
How comfortable did you feel with the end of treatment plans?	○	○	○	○	○	○	○	○
How appropriate was this treatment for the patients' needs?	○	○	○	○	○	○	○	○

How satisfied are you with the program overall?

- ○ Quite dissatisfied
- ○ Indifferent or mildly dissatisfied
- ○ Mostly satisfied
- ○ Very satisfied

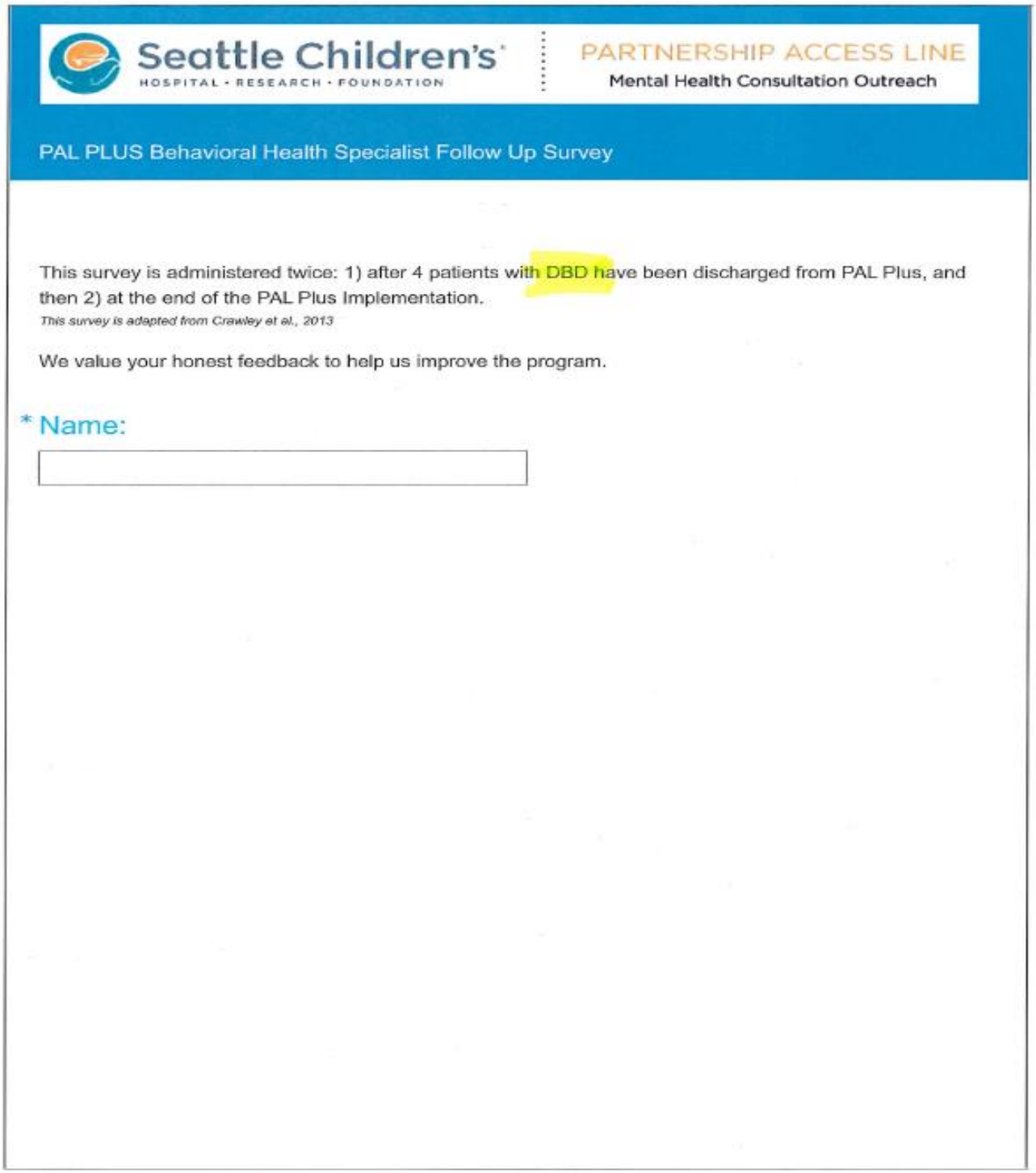
Please list any suggestions you have about identifying and referring patients to the program.

Please list any suggestions you have about training and support.

Please list any suggestions you have about the content of the treatment.

What else would have been helpful for the PAL Plus model?

Appendix G: Behavioral Health Specialist Survey Disruptive Behavior



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PAL PLUS Behavioral Health Specialist Follow Up Survey

This survey is administered twice: 1) after 4 patients with DBD have been discharged from PAL Plus, and then 2) at the end of the PAL Plus Implementation.

This survey is adapted from Crawley et al., 2013

We value your honest feedback to help us improve the program.

* Name:

Please answer the following questions regarding the Disruptive Behavior (DB) component of PAL Plus.

	1 Not at All	2	3	4 Somewhat	5	6	7 Very	N/A
Did the DB training help you feel well-prepared to deliver the intervention?	○	○	○	○	○	○	○	○
How easy was it to conduct the DB treatment as outlined by the manual?	○	○	○	○	○	○	○	○
How user friendly were the DB treatment materials?	○	○	○	○	○	○	○	○
Did the DB manual allow for enough flexibility to meet families' needs?	○	○	○	○	○	○	○	○
Did you feel an intake plus 4 DB sessions was sufficient to accomplish all of the treatment goals?	○	○	○	○	○	○	○	○
How easy was it to coordinate the patient's care with the primary care providers?	○	○	○	○	○	○	○	○
How helpful was the support you received during weekly DB case reviews?	○	○	○	○	○	○	○	○
How helpful were the meetings with the PAL psychiatrists?	○	○	○	○	○	○	○	○
How comfortable did you feel with the end of treatment plans?	○	○	○	○	○	○	○	○
How appropriate was this treatment for the patients' needs?	○	○	○	○	○	○	○	○

How satisfied are you with the program overall?

- ○ Quite dissatisfied
- ○ Indifferent or mildly dissatisfied
- ○ Mostly satisfied
- ○ Very satisfied

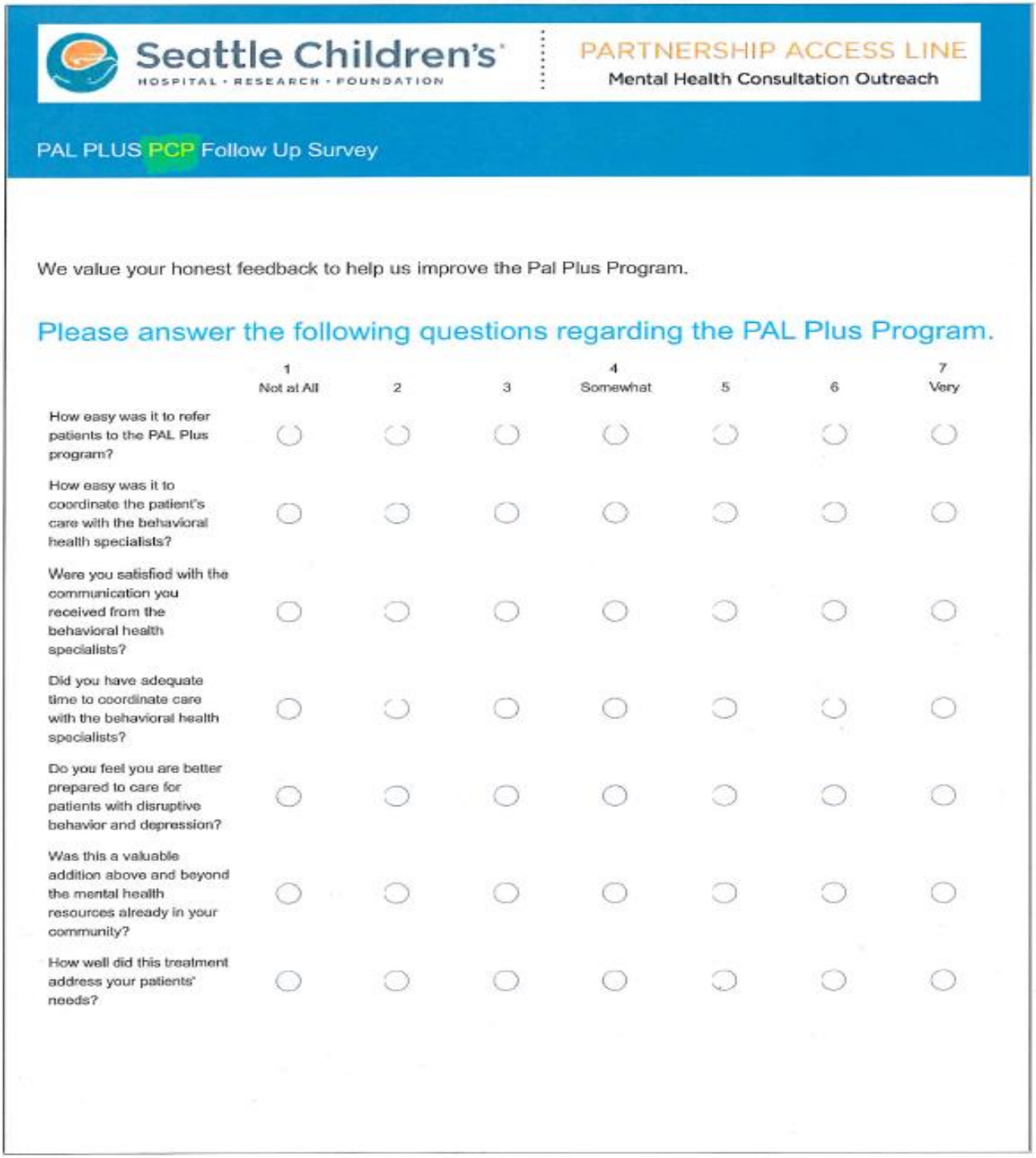
Please list any suggestions you have about identifying and referring patients to the program.

Please list any suggestions you have about training and support.

Please list any suggestions you have about the content of the treatment.

What else would have been helpful for the PAL Plus model?

Appendix H: Primary Care Provider Follow-Up Survey



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Mental Health Consultation Outreach

PAL PLUS PCP Follow Up Survey

We value your honest feedback to help us improve the Pal Plus Program.

Please answer the following questions regarding the PAL Plus Program.

	1 Not at All	2	3	4 Somewhat	5	6	7 Very
How easy was it to refer patients to the PAL Plus program?	○	○	○	○	○	○	○
How easy was it to coordinate the patient's care with the behavioral health specialists?	○	○	○	○	○	○	○
Were you satisfied with the communication you received from the behavioral health specialists?	○	○	○	○	○	○	○
Did you have adequate time to coordinate care with the behavioral health specialists?	○	○	○	○	○	○	○
Do you feel you are better prepared to care for patients with disruptive behavior and depression?	○	○	○	○	○	○	○
Was this a valuable addition above and beyond the mental health resources already in your community?	○	○	○	○	○	○	○
How well did this treatment address your patients' needs?	○	○	○	○	○	○	○

Did you look at documentation from the behavioral health specialists?

- ◯ No (or not yet)
- ◯ Yes
- ◯ I don't remember

(IF YES to above): How clear and helpful was the documentation from the behavioral health specialist?

	1 Not at All Helpful	2	3	4 Somewhat Helpful	5	6	7 Very Helpful	N/A
Please choose:	◯	◯	◯	◯	◯	◯	◯	◯

How satisfied are you with the program overall?

- ◯ Quite dissatisfied
- ◯ Indifferent or mildly dissatisfied
- ◯ Mostly satisfied
- ◯ Very satisfied

Please list any suggestions you have about the process of referring patients to the program.

What else would have been helpful for the PAL Plus model?