PAL Plus Update 9/26/16

PAL Plus Overview Entry for Program Enrollment PAL Call **Tri-Cities Primary Behavioral Health** Care Physican's Office (PCP) Organization (BHO) · Consultant screens call · If case qualifies for PAL Identifies patients that do Plus - asks PCP if BHSP not meet access to care PCP identifies mild to can contact family These identified patients are moderate patients that If no, process STOPS sent to BHSP may qualify for PAL Plus If Yes, case is sent to Qualifying Cases are sent **BHSP** to BHSP **BHSP** Screens patient/family for Rapid Access qualification Consults with Psychologist and/or Psychiatrist at PAL to discuss all care **Enrolled into Rapid** Not Enrolled into Rapid Access (PAL Plus) Access Patients with mild to moderate · Patients with high clinical clinical severity will be offered severity will be referred to use at least four sessions of limited local mental health care model, Cognitive Behavioral Therapy (ie BHO) (CBT) Support provided until placement into long a term treatment

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Two psychologists at Children's are working on the intervention protocol. These folks will be training and supervising the local behavioral health service providers who are delivering the services and regularly communicating about the patients they see. They will also be expected to provide televideo consult evaluations on youngsters that the local behavioral health provider or primary care provider would like their input on (this using SCHs Tri-Cities teleservice site). The plan is to have at least 1 FTE each being hired/deployed at Lourdes and Catholic Family Services in Tri-Cities, though a total of 3 FTE is the goal.

The care coordinator/local behavioral health service provider/LMHP will offer coming to the PCP office on some regular schedule to facilitate seeing patients in their familiar practice site. Until such arrangements are established, they would see the family in the office of the mental health agency.

The LMHP will do the evaluation and make a determination of appropriateness of the intervention. For those deemed appropriate for this service, this LMHP will then deliver a 4 session evidence based intervention for disruptive behavior problems for kids up to age 11, or a 4 session evidence based intervention for depressive disorders for kids 12 and up – all of these interventions fall under a CBT umbrella.

If the intervention is not appropriate (such as severe, chronic suicidality which can't be resolved with a relatively brief therapy approach) or if they need more after the brief intervention, the LMHP will connect the family to the next level of services, providing them with some stitch in time assistance when needed. Since these individuals will already be working for a BHO agency, transition to a higher level of care will be pretty straightforward within their agency. Using the MCO medical benefit for a lower level of care might take some more work to get the family successfully connected, since there aren't a lot of providers accepting the MCO reimbursement schedule.

A computerized care management tracking software build is underway for the program. They have identified a research psychologist who will be working on evaluation.

A "kickoff" has not been planned yet as they want actual workers in place in the Tri-cities to introduce at the kickoff. Some of the local providers will learn about the program at a PAL education conference scheduled the morning of December 3rd in Kennewick.