

# The Why Behind PCBH & Alternative Approaches to MH

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# Meet Drs. Beachy & Bauman

- ❖ Licensed Psychologists by trade
- ❖ BHCs for over a decade (underserved)
- ❖ Directors – Core & Education at Community Health of Central Washington in Washington State (FQHC)
- ❖ Speakers and trainers
  - ❖ Our presentations reflect our values...
- ❖ Will challenge traditional thinking!
- ❖ Follow us on social media for content! @pcbhlife

# Attendees will be able to:



Describe the realities of mental health treatment and access concerns in the United States



Describe core components of the Primary Care Behavioral Health model



Detail potential solutions to dealing with mental health treatment access concerns

# Before we “jump into the deep...”

- We are passionate about integrated BH in primary care, as well as changing how we view MH care in the US
- We may will say things that challenge some assumptions...
  - We are intentional on this...
- ...And that is okay... that is our hope... we are here with you...
- Our perspectives aren't truths...
  - So, RUMBLE WITH US OFTEN!
  - Our request today... lean in, be curious, and when your mind says “I don't agree,” say it!!!
- We will present data... more though, we will present a context through stories and moments...
- Transforming a healthcare system is hard...
- ...Be kind on the journey...



# The Reality<sup>1-3</sup>

9 out of 10 children & ~7 out of 10 adults see their PCP each year

<1 out of 10 people will receive services from outpatient MH agencies

20% of referred patients follow-through



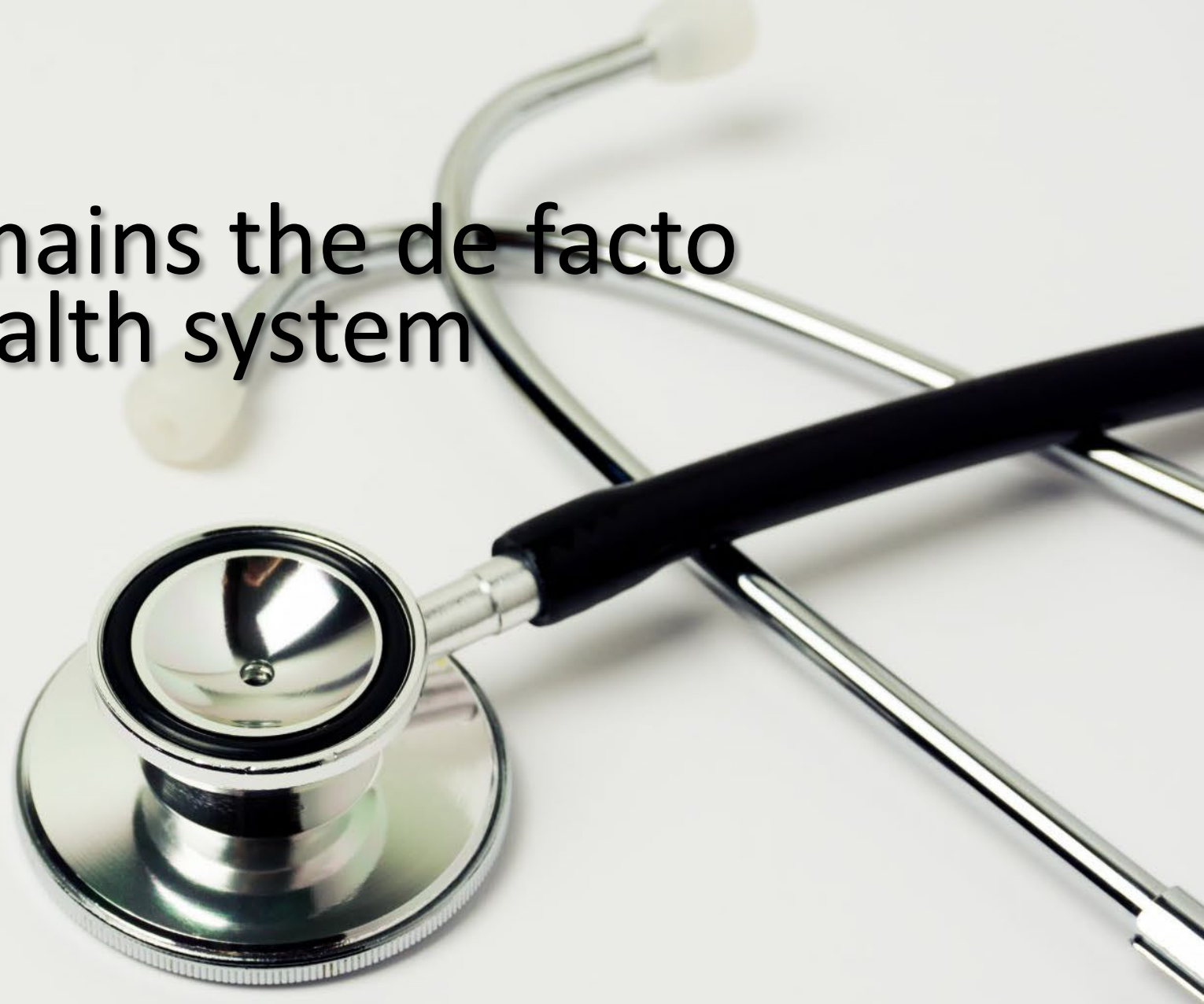


# The Reality<sup>3</sup>

Mode # of visits of any psychotherapy in any setting?

Median # of visits of psychotherapy?

Primary care remains the de facto  
mental health system



# And.. You know what...<sup>4-7</sup>

- That is usually where the story ends... it's about mental health and substance abuse....
- Yet, close to ½ of all Americans have a chronic health concern (e.g., HTN, DM, heart disease, etc.)
  - Nearly 2/3 of all deaths in US are contributed to heart disease, cancer, stroke, COPD, & DM
- What is 1 universal recommendation for chronic conditions?
- What are the realities of treatment adherence in primary care?
- What does the research Adverse Childhood Events say?<sup>10</sup>







# This is so MUCH bigger than mental health...

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- This is about healthcare and high-quality primary care
- This is about us redefining BH providers' role in healthcare...



From GATHER to the Four  
C's: PCBH philosophy

- 4 Cs<sup>8</sup>

- *First Contact*
- *Continuity of care*
- *Comprehensive care*
- *Coordinate care when needed*

- 4 Cs → GATHER<sup>9</sup>

- **G** – Generalist
- **A** – Accessible
- **T** – Team oriented
- **H** – Highly productive
- **E** – Educator
- **R** – Routine



***“Primary care provides comprehensive, **person-centered, relationship-based** care that considers the **needs and preferences of individuals, families, and communities.**”***

***Primary care is unique in health care in that it is designed for everyone to use throughout their lives—from **healthy children** to older adults with multiple comorbidities and people with disabilities.***

***People in countries and health systems with high-quality primary care **enjoy better health outcomes and more health equity.**”<sup>10</sup>***

Topic	Re-Thinking BHP Role	Specialist/Therapist
Scope	<b>GENERALIST</b> ; Who does medical serve? That's who you serve!	Specialized to condition &/or population
Accessibility	<b>ACCESSIBLE</b> ; Clear WHO process; Start right away; no "intake," LWP instead; Visit or Bust; High pt readiness	Meet and greet; Enrolling patients in therapy; Schedule later; Wait times; Traditional intake; readiness can wane
Ownership	Medical <b>TEAM</b> ; New Identity (team)	Therapist; Therapist identity
Productivity	<b>HIGH</b> ; cancellations/no-shows, no problem; Financial impact ( <i>hire more – help more!</i> ); Make a difference! Aligned w/core values	Concentrated; often bottlenecked
Role	<b>EDUCATOR</b> , Collaborator, Share information	Solo, private
When to seek services?	<b>ROUTINE</b> ; Preventative, acute, chronic – no bad time	Problem/Dx focused
Time spent	Moment based; Create plan; Flexible; Clear intro & LWP; Match medical pace	Time Based: Fixed, Traditional pace, Time – Based, Pre-scheduled slots; Intake
Follow Up	Flexible; move towards functioning; Dictated by patient; One at a time approach	Regimented; address psychopathology to "remission status"; Dictated by clinician



BHCs are the ultimate generalists! The skill set needed to do this role well is anything but “therapy lite.”



Questions?



# PCBH Playlists

- Dr. Beachy's Leadership Playlist  
[https://www.youtube.com/playlist?list=PLeMBJpr1eRa4KXLDRRfZg\\_y4AK1zPOxFO](https://www.youtube.com/playlist?list=PLeMBJpr1eRa4KXLDRRfZg_y4AK1zPOxFO) --> **Support for directors and managers for building and maintaining integrated care services.**
- Dr. Beachy's BHC Onboarding INTRO Part I:  
<https://www.youtube.com/playlist?list=PLeMBJpr1eRa4WapnqACBwHOOpKjPSGRJOD> --> **Save time and energy by having folks learn introductory concepts of PCBH during the onboarding process.**
- Dr. Beachy's BHC Onboarding Advanced Part II:  
<https://www.youtube.com/playlist?list=PLeMBJpr1eRa68kHL9rctf66fBE9TdND4Z> --> **Help clinicians during the onboarding process step up their game!**
- Clinician's Corner (Playlist for BHCs)  
<https://www.youtube.com/playlist?list=PLeMBJpr1eRa4wZkQ3HwF1xm6B1RktGhmv> --> **Videos for supporting BHCs working in integrated care.**

# Stay in contact

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YouTube: [www.youtube.com/@pcbhlife](http://www.youtube.com/@pcbhlife) &

<https://www.youtube.com/user/commhealthcw/videos>





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