

Montana PCA PCBH Project Kick-Off

- Bridget Beachy, PsyD
- David Bauman, PsyD

Beachy  
Bauman  
Consulting, PLLC

Drs. Beachy & Bauman

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



Stay in contact

- Email: Bridget.Beachy@gmail.com David.Bauman4@gmail.com
- Website: www.beachybauman.com
- FB: <https://www.facebook.com/PCBHLife/>
- LinkedIn: <https://www.linkedin.com/company/beachy-bauman-consulting-pllc>
- X (formerly Twitter): <https://x.com/pcbhlife>
- YouTube: www.youtube.com/@pcbhlife & <https://www.youtube.com/user/commhealthcw/videos>


Playlists!

- **PCBH Corner Playlist:** https://www.youtube.com/playlist?list=PLvLh_YdubBs5P-dw9IrSH7-TwTqM8fkqo
- **BBC's BHC Essentials (2024):** https://www.youtube.com/playlist?list=PLvLh_YdubBs4GbtvNPumODXtbMmTI6G4R foundational videos for PCBH
- **Dr. Beachy's Leadership Playlist:** 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=PLeMBJpr1eRa4WapnqACBwHOpKjPSGRJOD> --> 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.

Who you are!

- Who do we have here!
- What are you excited about?
- If today is a successful kick-off, what information (and/or clarity) will you be walking away with?



A person with a backpack is walking away from the camera on a dirt path in a desert landscape. The path leads towards a bridge in the distance under a blue sky with scattered clouds. The person is wearing a dark jacket and a backpack.

Before we “jump into the deep...”

- We are passionate about integrated behavioral health 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!!!
- Transforming a healthcare system is hard...
- ...Be kind on the journey...

WORKING IN HEALTHCARE CAN FEEL LIKE...

Anyone that says IBH/PCBH is easy...



...probably hasn't done it...



Our hope with this webinar series...

- FOR YOU!!!
- Build up knowledge and understanding of what PCBH means
- Inspire a belief in PC
- Help with specific content areas (e.g., SST, health related concerns management, etc.)
- We can evolve and iterate as needed!!!
 - So feedback is not only welcomed, it is NEEDED!!!



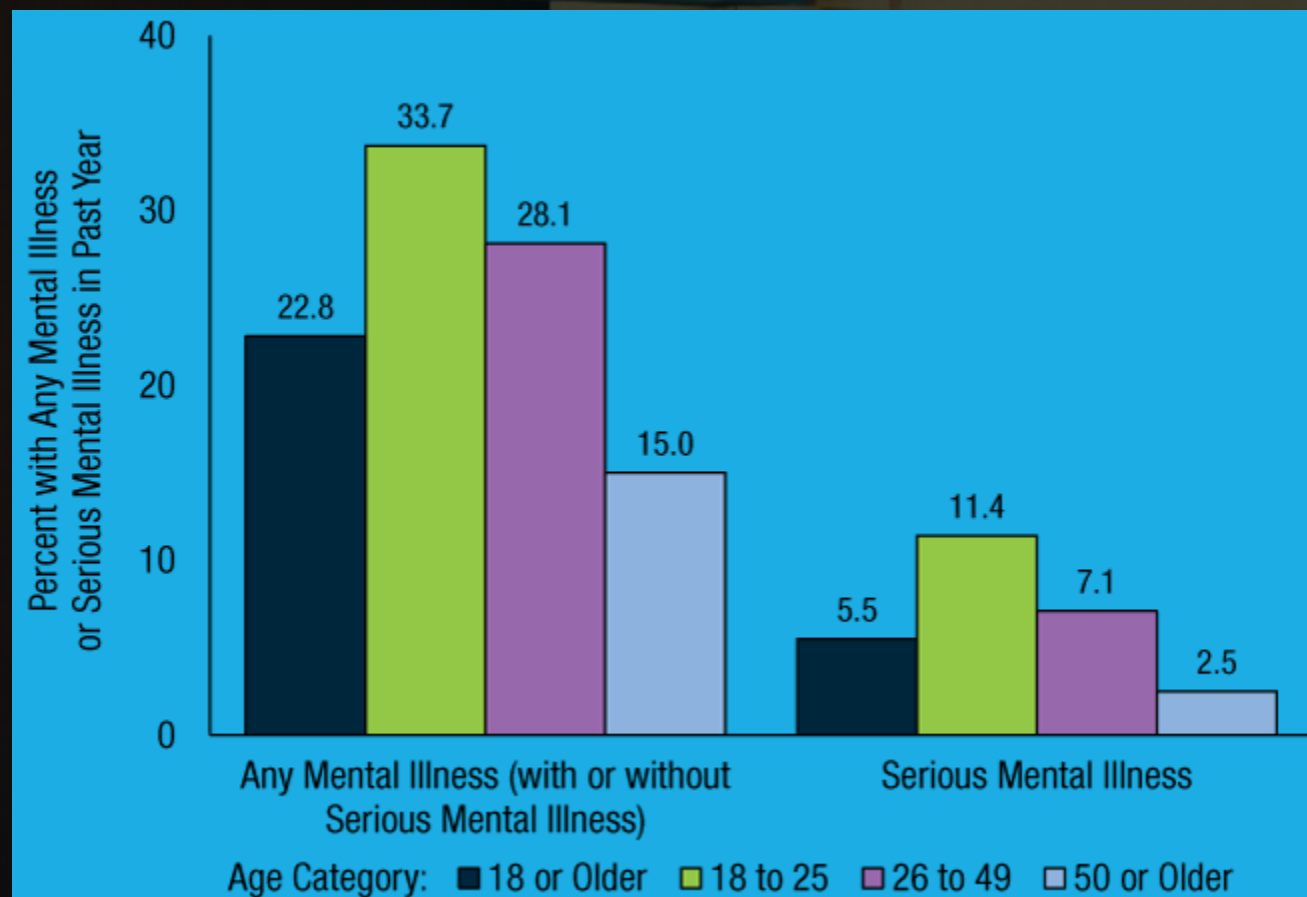
Let's talk about the why of all of this...

- The reality of what caused BHPs to start integrating...
- The reality of primary care...
- The reality of having to feel good about the work you do...
- The reality... maybe what we were all taught... isn't actually true...
- Let's just sit with these realities right now...
- A beautiful quote from Kirk, "Assumptions can be magnificently instructive and useful; and (assumptions) can be magnificently destructive and un-useful."
 - https://www.youtube.com/watch?v=HRqA5C7oV1s&list=PLvLh_YdubBs5P-dw9lrSH7-TwTqM8fkqo&index=80

THE *WHY* OF PCBH

And... the data that you all are aware of...

What percent of adults have Any Mental Illness in a given year?¹



THE *WHY* OF PCBH

But, where do they get treatment?¹

Table A.38B – Type of Mental Health Services Received in the Past Year: Among Adults Aged 18 or Older; by Age Group, 2021

Type of Mental Health Service	18 or Older	18 to 25	26 to 49	50 or Older
MENTAL HEALTH SERVICES	18.8 (0.34)	22.5 (0.63)	21.6 (0.46)	15.3 (0.53)
Inpatient	1.0 (0.08)	1.6 (0.18)	1.1 (0.12)	0.7 (0.13)
Outpatient	8.1 (0.21)	11.3 (0.48)	9.5 (0.30)	6.1 (0.34)
Prescription Medication	13.9 (0.30)	14.5 (0.51)	15.4 (0.40)	12.4 (0.48)
Virtual	11.3 (0.26)	15.5 (0.53)	14.4 (0.39)	7.5 (0.37)

NOTE: Estimates shown are percentages with standard errors included in parentheses.

NOTE: Additional estimates may be found in *Results from the 2021 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2021-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2021 Detailed Tables.

NOTE: Mental health services include inpatient treatment/counseling; outpatient treatment/counseling; use of prescription medication for problems with emotions, nerves, or mental health; and virtual services. Virtual mental health services include treatment/counseling for mental health, emotions, or behavior over the phone, by email, or through video calling. Respondents with unknown mental health service information were excluded.

NOTE: Respondents could indicate multiple service types; thus, these response categories are not mutually exclusive.

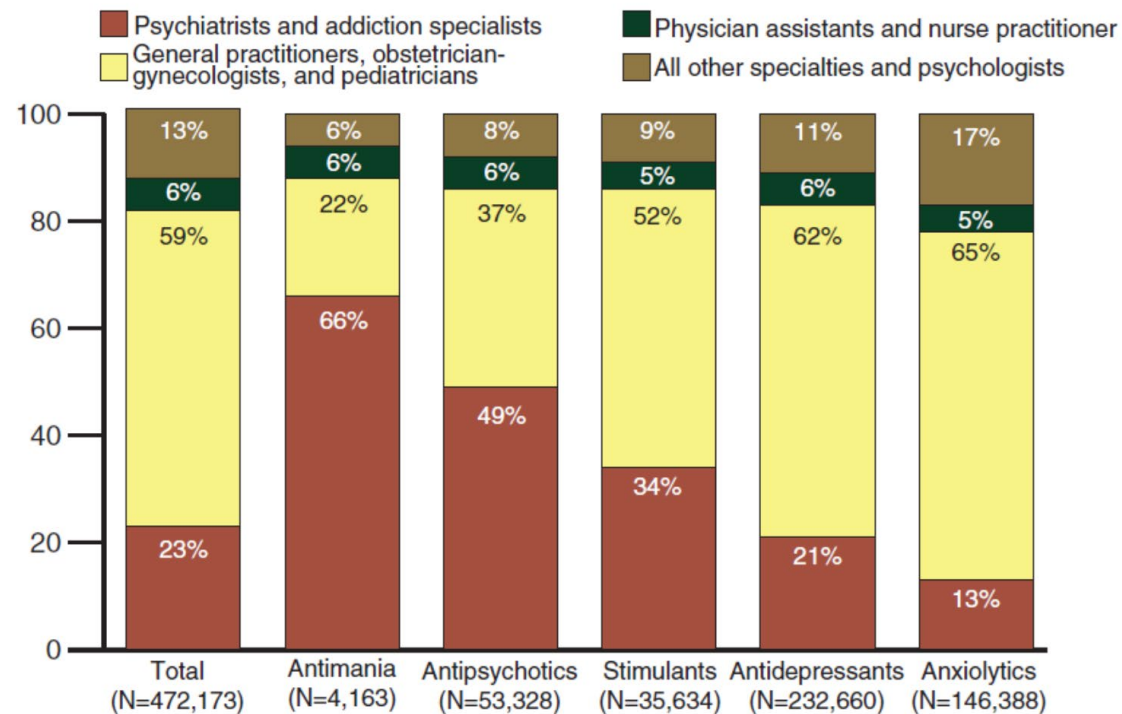
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021.

THE *WHY* OF PCBH

That 12-15% of prescriptions... where are they coming from?²

Figure 1

Percentage of U.S. retail psychotropic prescriptions written from August 2006 to July 2007, by type of provider^a



^a Ns represent prescriptions in thousands

THE *WHY* OF PCBH

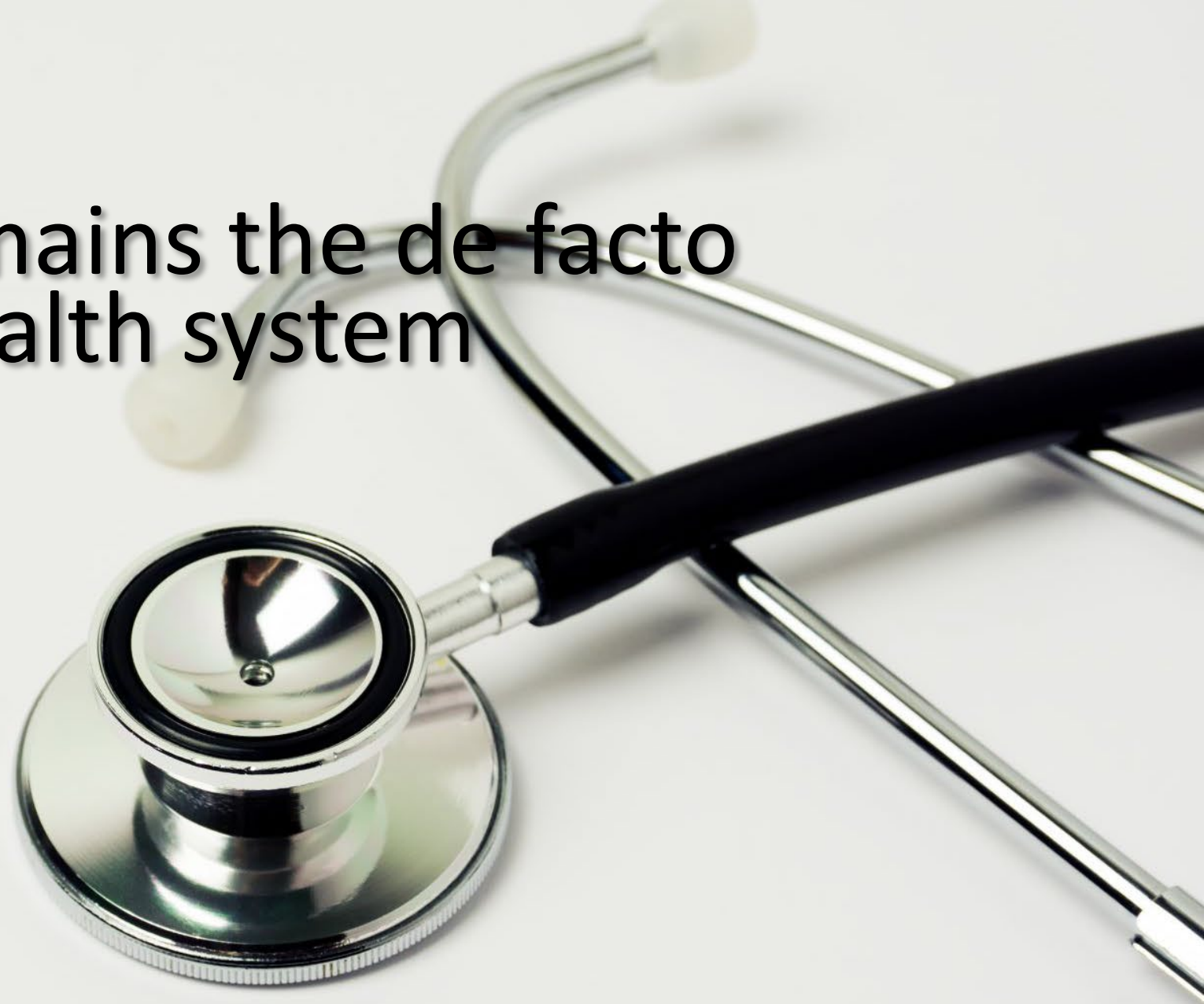
Well, just refer to SMH

- 20% of referred patients follow-through³⁻⁵

Why many don't go to specialty MH?³⁻⁵

- Lack of insurance
- Stigma
- View their problem as “physical”
- Inconvenience
- Better familiarity, comfort with PCP
- Prior negative experiences
- I don't want/need to go

Primary care remains the de facto
mental health system





The Reality⁶

Mode # of visits of any psychotherapy in any setting?

Median # of visits of psychotherapy?



And.. You know what...⁷⁻¹⁰

- That is usually where the story ends... it's about mental health and substance use....
- 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?

The Reality

- And... providing MH interventions are great... but, isn't that limited?
- We want to influence our teams
- We want to influence our system
- We want to influence our communities
- Recent guidelines from NASEM (2021)... "comprehensive person-centered care... (that) account for mental, physical, emotional, and spiritual health and social determinants of health in the context of community experiences." ¹¹
- We need a philosophy/perspective change that helps us do that...

RADICAL CHANGE

LOVE, COHORT OF 2018-2019

POST-DOCTORAL INTERNS

POST-DOCTORAL FELLOWS



This is so MUCH bigger than behavioral health...

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



NASEM:

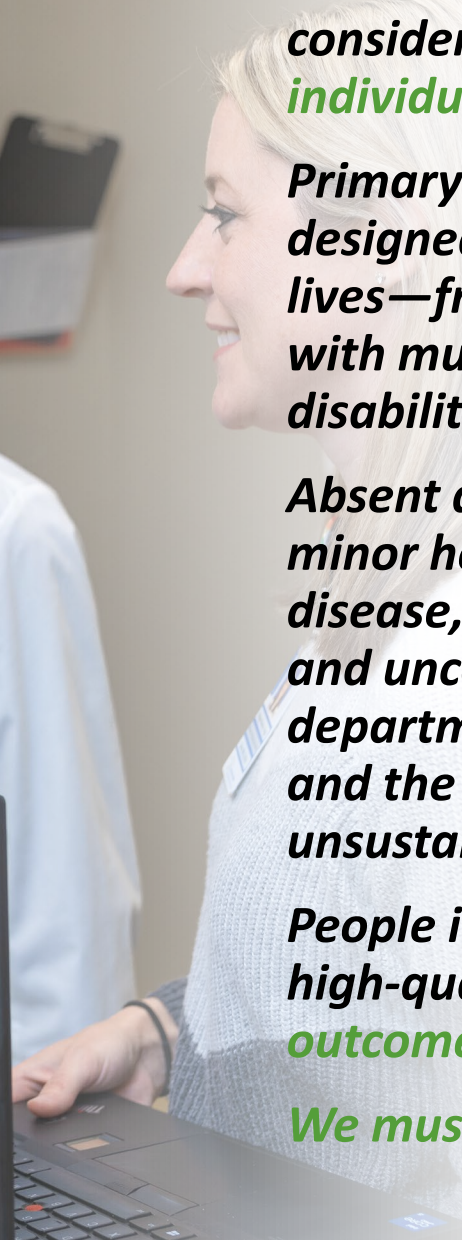
“Primary care provides comprehensive, **person-centered, relationship-based** care that considers the **needs and preferences** of **individuals, families, and communities**.”

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.

Absent access to high-quality primary care, minor health problems can spiral into chronic disease, care management becomes difficult and uncoordinated, visits to emergency departments increase, preventive care lags, and the nation’s health care spending soars to unsustainable levels.

People in countries and health systems with high-quality primary care **enjoy better health outcomes and more health equity.**”¹¹

We must be here & part of this!





From GATHER to the Four
C's: PCBH philosophy

- 4 Cs¹²

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

- 4 Cs → GATHER¹³

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

A person is standing on a rocky shore, looking out over a wide river. The scene is captured during sunset or sunrise, with a warm glow on the horizon and mountains in the background. The person is wearing a dark jacket and pants. The river flows from the left towards the right. The sky is a mix of dark blue and orange. The overall mood is serene and contemplative.

REFLECTIONS & RUMBLES

References

1. Substance Abuse and Mental Health Services Administration. (2022). *Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health* (HHS Publication No. PEP22-07-01-005, NSDUH Series H-57). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report>
2. Mark, T. L., Levit, K. R., & Buck, J. A. (2009). Datapoints: Psychotropic Drug Prescriptions by Medical Specialty. *Psychiatric Services*, 60(9), 1167–1167. <https://doi.org/10.1176/ps.2009.60.9.1167>
3. Friedman, R., Sobel, D., Myers, P., Caudill, M., & Benson, H. (1995). Behavioral medicine, clinical health psychology, and cost offset. *Health Psychology*, 14 (6), 509-518.
4. Staloff, J., Cole, M. B., Frogner, B., & Sabbatini, A. K. (2024). National and State-Level Trends in Mental Health and Substance Use Disorder Services at Federally Qualified Health Centers, 2012-2019. *Journal of community health*, 49(2), 343–354. <https://doi.org/10.1007/s10900-023-01293-7>
5. Wang, P. S., Lane, M., Olfson, M., Pincus, H. A., Wells, K. B., & Kessler, R. C. (2005). Twelve-Month Use of Mental Health Services in the United States: Results From the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 629–640. <https://doi.org/10.1001/archpsyc.62.6.629>
6. Schleider, J. (2023). Little Treatments, Big Effects. Robinson
7. Raghupathi, W., & Raghupathi, V. (2018). An Empirical Study of Chronic Diseases in the United States: A Visual Analytics Approach. *International Journal of Environmental Research and Public Health*, 15(3). <https://doi.org/10.3390/ijerph15030431>
8. Vermeire, E., Hearnshaw, H., Van Royen, P., & Denekens, J. (2001). Patient adherence to treatment: three decades of research. A comprehensive review. *Journal of Clinical Pharmacy and Therapeutics*, 26, 331-342.
9. Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., ... Marks, J. S. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245–258. [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)
10. Aslam, I., & Feldman, S. R. (2015). Practical strategies to improve patient adherence to treatment regimens. *Southern Medical Journal*, 106(6), 325-331
11. National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Care Services; Committee on Implementing High-Quality Primary Care, Robinson, S. K., Meisner, M., Phillips, R. L., Jr., & McCauley, L. (Eds.). (2021). *Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care*. National Academies Press (US).
12. O'Malley, A. S., Rich, E. C., Maccarone, A., DesRoches, C. M., & Reid, R. J. (2015). Disentangling the Linkage of Primary Care Features to Patient Outcomes: A Review of Current Literature, Data Sources, and Measurement Needs. *Journal of General Internal Medicine*, 30 Suppl 3, S576-585. <https://doi.org/10.1007/s11606-015-3311-9>
13. Reiter, J. T., Dobmeyer, A. C., & Hunter, C. L. (2018). The Primary Care Behavioral Health (PCBH) Model: An Overview and Operational Definition. *Journal of Clinical Psychology in Medical Settings*, 25(2), 109–126. <https://doi.org/10.1007/s10880-017-9531-x>