



**Yakima Valley  
Farm Workers Clinic**



## **THE PRIMARY CARE BEHAVIORAL HEALTH MODEL: A REVIEW**

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# AGENDA

Our why...

Overview of HP, CHCW, YVFWC

Introduction to the PCBH model

A day in the life of a BHC

What you will learn here

*\*Videos from the founders/experts*

# INTEGRATED CARE CAN FEEL LIKE...

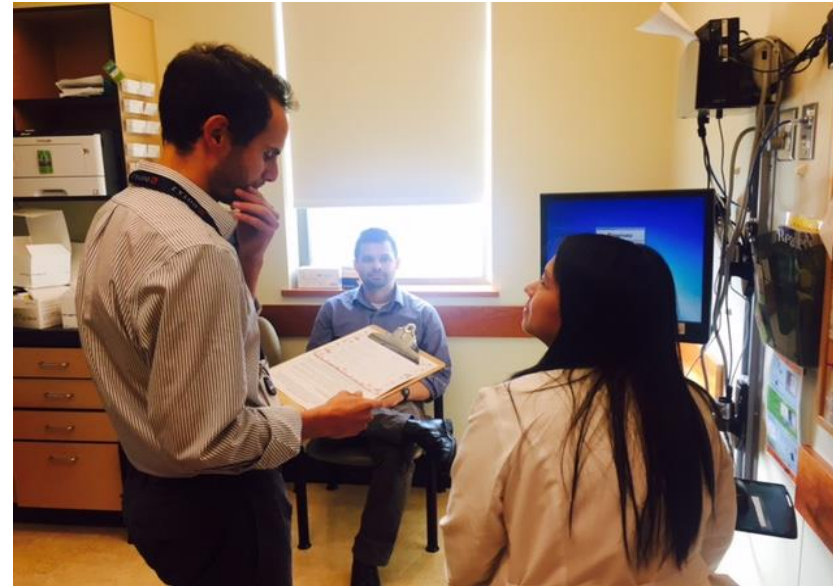
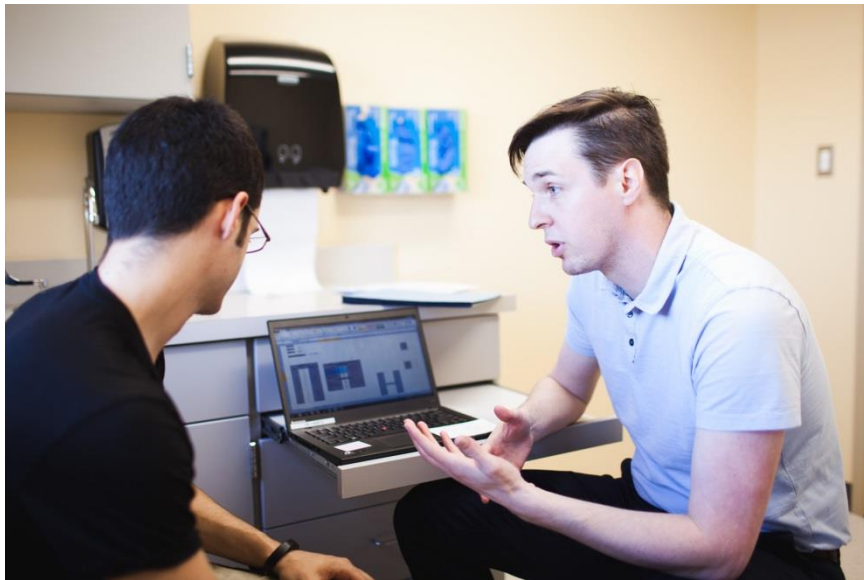
Anyone that says PCBH is easy...

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



# BEFORE WE GO ON... #WHYPCBH

Our *why*...



# YVFWC HISTORY

27 medical clinics

One of the largest CHCs in the PNW

BH program started in early 2000s with Patti Robinson; relaunched in 2012

Current staffing:

- 17 BHCs
- Internship program started in 2022
  - Three interns

Offer specialty BH, dental, pharmacy, WIC, Nutrition, and community resource center

Family Medicine Residency in Grandview, WA



# YVFWC INFO

1,651 employees

171,861 patients served

200+ learners

98.7% of patients are low income

18% are still uninsured

64.5% identify as Hispanic/Latinx

40% require care in another language than English



# HEALTHPOINT HISTORY

20 medical clinics (4 school-based; CMHC-based), all in suburban Seattle

Largest CHC (FQHC) in King County

BH program started in 2002. Current staffing:

- 19 psychologists, 5 post-docs, 7 pre-doctoral interns, 1 pre-intern students
- Student/Intern programs started in 2004
- Internship merged with NPTC in 2017

Health Care Home Model/Holistic Care: Acupuncture, Nutrition, Natural Medicine, Dental, Pharmacy

- ATSU medical student and Family Medicine Residency programs





## HEALTHPOINT INFO

950+ employees

100,000+ patients

200+ learners

94% of patients have very low incomes

16% are still uninsured

69% represent a race or ethnicity other than white

28% require care in another language

50% of our patients have at least one chronic condition



# CHCW HISTORY

6 medical clinics throughout central WA.

- 2 in Yakima (1 pediatric), 2 rural clinics, SBHC and a clinic in Ellensburg

2 FM residencies in Yakima (27 residents) and Ellensburg (6 residents)

- Oldest dually accredited program in WWAMI
- Part of the inaugural class of Teaching Health Centers

BH program started in 2006. Current staffing:

- Seven psychologists, 4 master's level, 3 pre-doctoral interns, 3 fellows\*
- Holistic Care: Dental, Pharmacy
- Internship program with NPTC 2017-18



## CHCW INFO

400+ employees

30,000 patients

76% of pts have very low incomes

5.3% are still uninsured

46.3% represent a race or ethnicity other than white

11.2% require care in another language

# LET'S GO BACK TO THE BEGINNING...

Why have behavioral health in primary care in the first place?

Any thoughts?

Privilege of talking to the founders... (side note)

- PCBH Corner's - [https://www.youtube.com/playlist?list=PLvLh\\_YdubBs5P-dw9lrSH7-TwTqM8fkqo](https://www.youtube.com/playlist?list=PLvLh_YdubBs5P-dw9lrSH7-TwTqM8fkqo)



# VIDEO

Kirk Strosahl talks about the history of PCBH

- [https://www.youtube.com/watch?v=QU5IOJOFtak&list=PLvLh\\_YdubBs5P-dw9lrSH7-TwTqM8fkqo&index=8](https://www.youtube.com/watch?v=QU5IOJOFtak&list=PLvLh_YdubBs5P-dw9lrSH7-TwTqM8fkqo&index=8)



# THE *WHY* OF PCBH

A lot of the stories (and accidents!)...

- Alexander Blount
- Neftali Serrano
- Kirk Strosahl and Patti Robinson
- Jeff Reiter

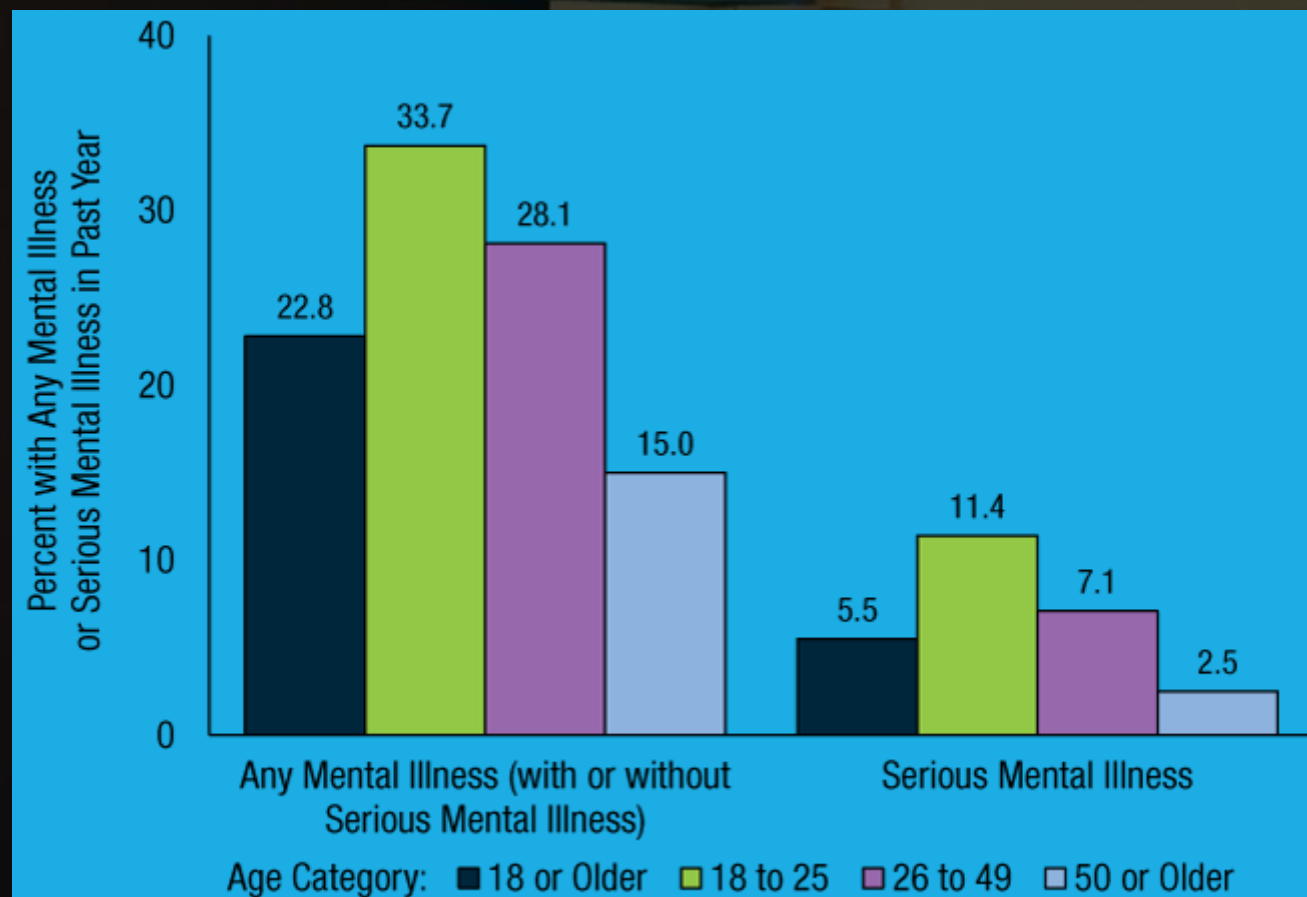
The biopsychosocial philosophy has been around for a while<sup>1</sup>

- Up-taken most by family medicine
- Influence on primary care

# 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?<sup>2</sup>



# THE *WHY* OF PCBH

But, where do they get treatment?<sup>2</sup>

**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
<b>MENTAL HEALTH SERVICES</b>	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.

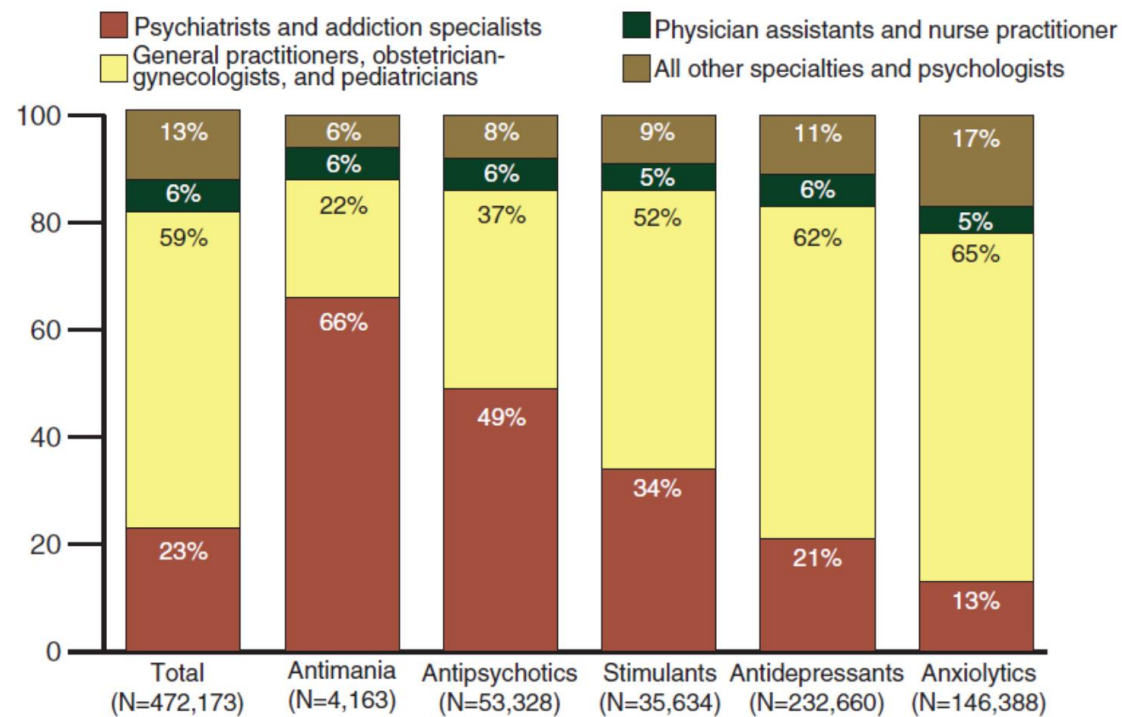
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021.

# THE *WHY* OF PCBH

That 13.8% of prescriptions... where are they coming from?<sup>3</sup>

**Figure 1**

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



<sup>a</sup> Ns represent prescriptions in thousands



# THE *WHY* OF PCBH

Well, just refer to SMH

- 20% of referred patients follow-through<sup>4</sup>

Why many don't go to specialty MH?<sup>4</sup>

- 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

# THE *WHY* OF PCBH

We all know this data...

...which is why primary care continues to be the de facto mental health care system...<sup>2,5</sup>

If you Build It, They Will Come:  
Practice Based Innovations to  
Help Expand a Growing BHC  
Practice



# VIDEO

Jeff Reiter talks about when he knew PCBH was for him

- <https://www.youtube.com/watch?v=gOYJNliJU&index=2&list=PLvLhYdubBs5P-dw9lrSH7-TwTqM8fkqo>

# THE *WHY* OF PCBH — LET'S DO IT!

*“To get population reach – we need a philosophy to improve access to help us work with everyone & everything that walks into PC...”*



## **EBT for mental health disorders:**

How long are typical visits?  
How frequently do patients meet with providers?  
How many visits do providers typically have with patients?  
Now...what about for primary care providers?



***So, just taking our SMH approach to PC is not the answer... we not only need to **BE** in PC but we need to change HOW we practice***

Robust research base showing effectiveness of brief interventions<sup>6</sup>

- Even for intense mental health conditions (e.g., PTSD)

A group of four people, two men and two women, are smiling and looking towards the camera. They are standing in front of a stone pillar and a building. The image is dimmed with a dark overlay.

LET'S PAUSE ON THIS ONE...

PCBH Corner - <https://www.youtube.com/watch?v=Lj0apTMhVFU>

# THE *WHY* OF PCBH

And... **that is usually where the story ends...** its about mental health and substance abuse....

**Yet, close to half** of all Americans have a **chronic health concern** (e.g., HTN, DM, heart disease, etc.)<sup>7</sup>

- Nearly **two-thirds of all deaths** in US are contributed to **heart disease, cancer, stroke, COPD, & DM**

What is **one universal recommendation** for chronic conditions?

What are the realities of **treatment adherence** in primary care?<sup>8-9</sup>

What does the research **Adverse Childhood Events** say?<sup>10</sup>

This isn't a mental health intervention... **this is a healthcare intervention...**

# THE *WHY* OF PCBH

And... 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**

We need a philosophy that helps us do that...

And... that is what **Primary Care Behavioral Health is all about**... at least to us 😊

RADICAL CHANGE

LOVE, COHORT OF 2018-2019

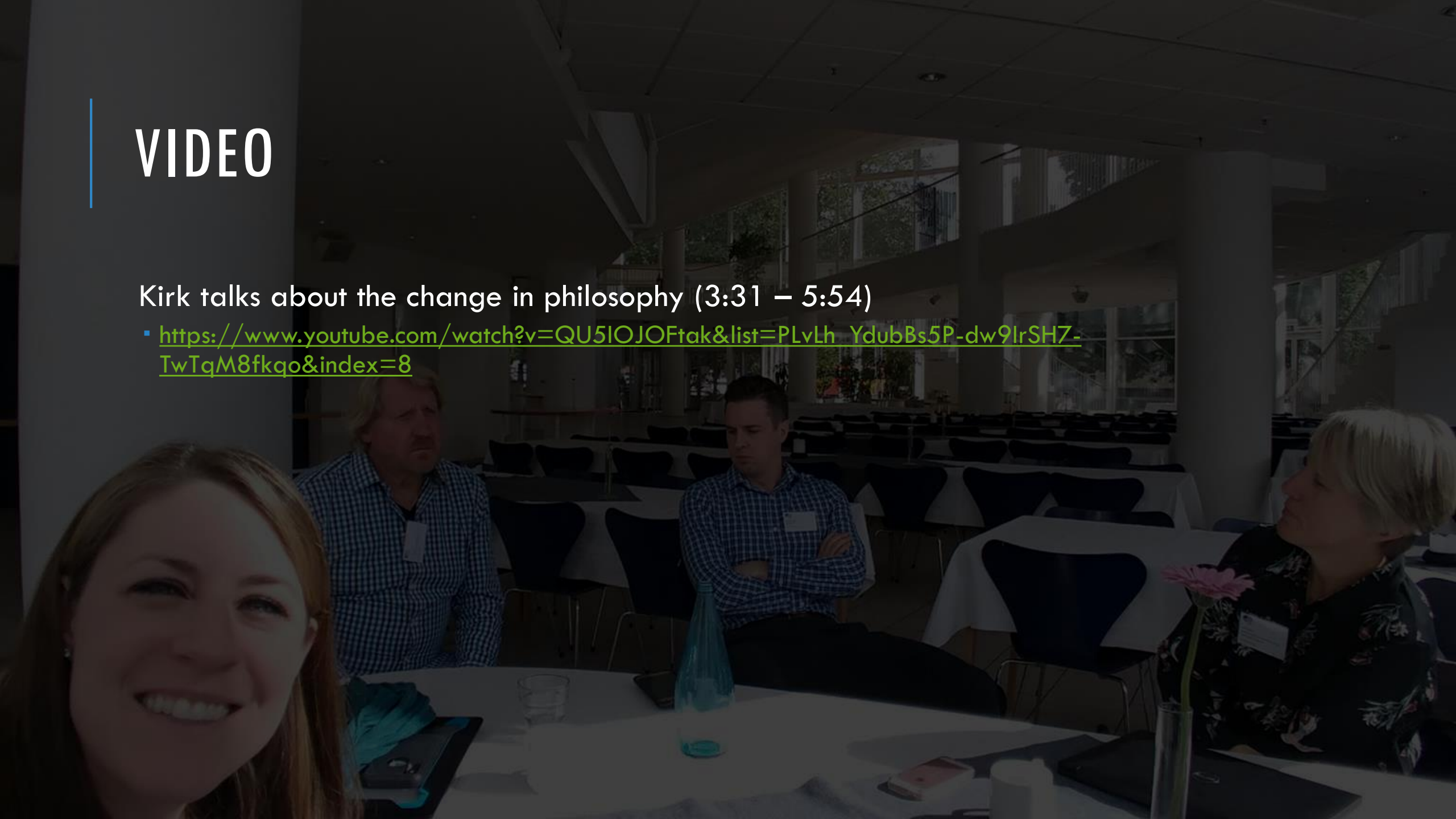
PRE-DOCTORAL INTERNS

POST-DOCTORAL FELLOWS

# VIDEO

Kirk talks about the change in philosophy (3:31 – 5:54)

- [https://www.youtube.com/watch?v=QU5IOJOFtak&list=PLvLh\\_YdubBs5P-dw9lrSH7-TwTqM8fkqo&index=8](https://www.youtube.com/watch?v=QU5IOJOFtak&list=PLvLh_YdubBs5P-dw9lrSH7-TwTqM8fkqo&index=8)







Press Esc to exit full screen

# VIDEO

When Chris Hunter knew PCBH was for him...

- [https://www.youtube.com/watch?v=5egkskCGW68&list=PLvLh\\_YdubBs5P-dw9lrSH7-TwTqM8fkqo&index=6](https://www.youtube.com/watch?v=5egkskCGW68&list=PLvLh_YdubBs5P-dw9lrSH7-TwTqM8fkqo&index=6)

THE WESTIN  
CHARLOTTE



# BUT... BEFORE TALKING ABOUT PCBH

Just **what is primary care?**

To us, this is the **greatest misunderstanding** of integrated BHCs

True understanding of primary care would take a while...

**The Four C's...**<sup>11</sup>

- **First Contact**
- **Continuity** of care
- **Comprehensive** care
- **Coordinate** care when needed
- **What happens when primary care can do the Four C's?**

▪ *Great article, O'Malley et al. 2015*



# FIRST CONTACT

Primary Care's Four C's



# CONTINUITY OF CARE

Primary Care's Four C's



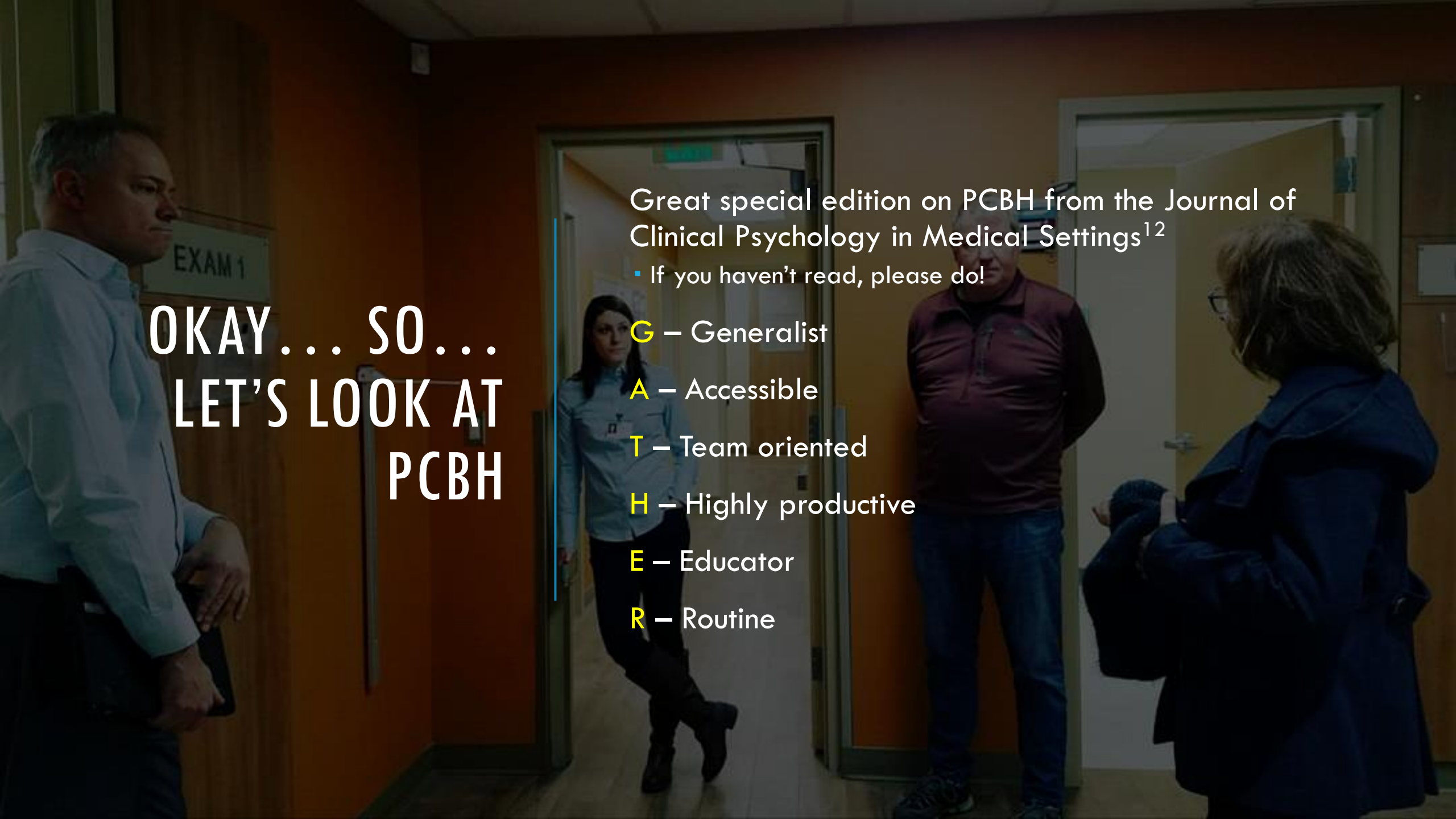
COMPREHENSIVE CARE

Primary Care's Four C's



COORDINATE CARE WHEN NEEDED

Primary Care's Four C's



OKAY... SO...  
LET'S LOOK AT  
PCBH

Great special edition on PCBH from the Journal of Clinical Psychology in Medical Settings<sup>12</sup>

▪ If you haven't read, please do!

**G** – Generalist

**A** – Accessible

**T** – Team oriented

**H** – Highly productive

**E** – Educator

**R** – Routine



GENERALIST

GATHER





ACCESSIBLE

GATHER



TEAM ORIENTED

GATHER

# THE LEXICON OF PRIMARY CARE

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Specialty Mental Health	Primary Care Behavioral Health
Therapist/Counselor	BH Consultant, BHC, Provider, Clinician
Therapy/Counseling	Interventions, Treatment, Care
Session	Visit, Encounter
Staff	Consult
Clients	Patients

\*If there are others, let us know... and CALL US OUT ON THESE!!! #Lexi

<https://www.youtube.com/watch?v=ILPNpsGvcFk>



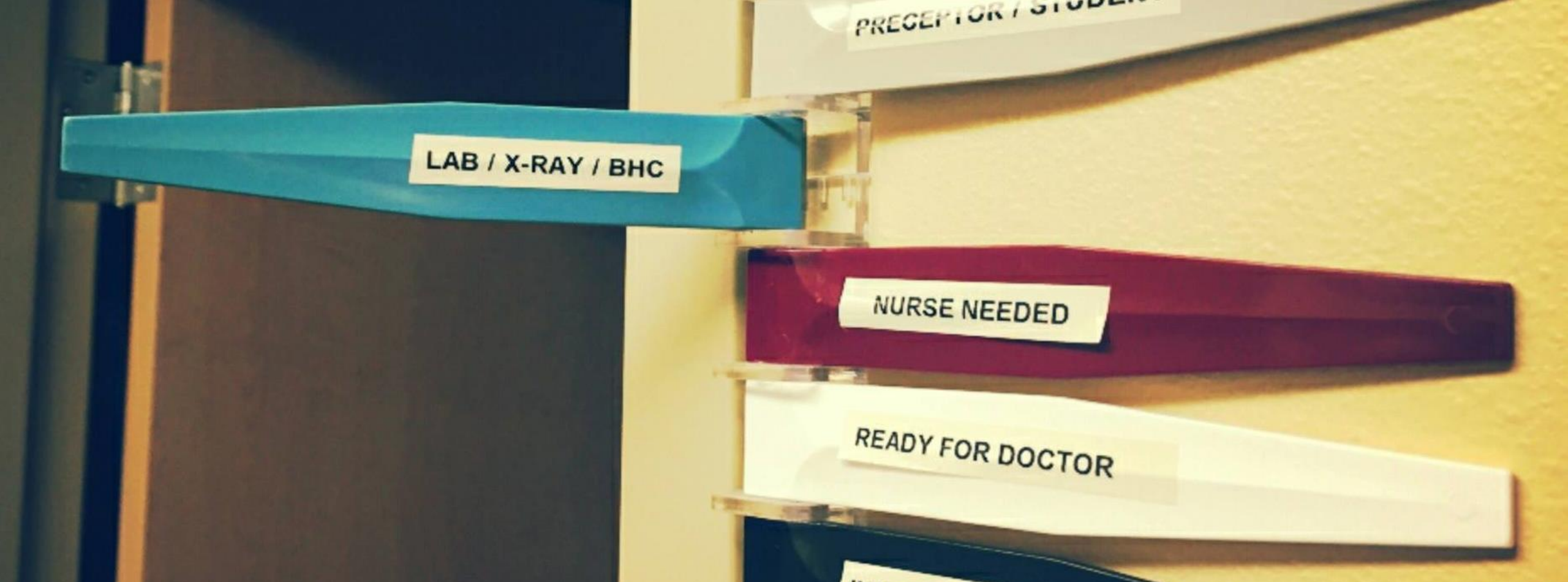
**HIGH PRODUCTIVITY**

GATHER



EDUCATOR

GATHER



LAB / X-RAY / BHC

NURSE NEEDED

READY FOR DOCTOR

INTERPRETER NEEDED

PRECEPTOR / STUDENT



ROUTINE

GATHER

# VIDEO

Jeff Reiter discusses moving beyond PCBH being a “brief therapy, co-located model” (1:03)

- [https://www.youtube.com/watch?v=kbAkB4dVYGU&index=4&list=PLvLh\\_YdubBs5P-dw9lrSH7-TwTqM8fkqo](https://www.youtube.com/watch?v=kbAkB4dVYGU&index=4&list=PLvLh_YdubBs5P-dw9lrSH7-TwTqM8fkqo)

# VIDEO

Suggestions for new students:

Kirk Strosahl, PhD

- [https://www.youtube.com/watch?v=HRqA5C7oV1s&index=9&list=PLvLh\\_YdubBs5P-dw9lrSH7-TwTqM8fkqo](https://www.youtube.com/watch?v=HRqA5C7oV1s&index=9&list=PLvLh_YdubBs5P-dw9lrSH7-TwTqM8fkqo)

Jeff Reiter, PhD, ABPP

- <https://www.youtube.com/watch?v=LFY5AuUZP58>

Chris Hunter, PhD, ABPP

- <https://www.youtube.com/watch?v=UFqewsYzAss&t=82s>



# WHAT ALL THIS MEANS TO US...

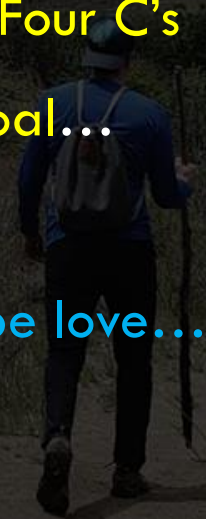
We see ourselves as primary care providers, not behavioral health providers

By applying GATHER, we strive to help PC achieve the Four C's

This is our why... this is our value... this is our infinite goal...

How we do that? Well, tune in tomorrow 😊

Remember... be kind, be compassion, and, above all, be love...



# QUESTIONS/COMMENTS



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