

## Behavioral Health Consultant Services

### Who Am I and What Am I Doing Here?

#### *WHO AM I?*

My name is (*BHC name*), and I am a (*degree/credential*). I am not a physician and do not prescribe medications. I use “talk” interventions with patients.

#### *WHAT DOES A BEHAVIORAL HEALTH CONSULTANT DO?*

My role is to provide consultation to the PCPs for patients whose problems are related to behavior. This includes patients whose physical health is affected by their behavior, as well as patients whose primary problem is mental health. Thus, I’m just as able to see patients with headaches or insomnia, as I am to see patients with depression or alcohol abuse problems.

#### *WHAT WILL I ACTUALLY DO WITH PATIENTS?*

It might be easier to describe what I *won’t* be doing. As a consultant, I won’t be doing traditional “therapy”. When a PCP identifies a problem they would like help with, I will see the patient briefly to help develop and start a treatment plan. I will follow the patient until s/he starts to improve, but this usually is for just a few visits. My goal is to teach the patient some self-management techniques, which the PCP can also support and monitor. If a patient is not improving, we will still try to refer him/her to a specialty mental health service.

#### *HOW DO PATIENTS GET SCHEDULED WITH ME?*

Because I am a consultant, my service begins when a PCP refers a patient to me. If the patient can stay for 20-30 minutes, I will typically see him/her right after a PCP visit. No paperwork is needed for a referral, and I welcome interruptions for referrals. (It’s even ok to interrupt me during a patient visit—just knock or send me an instant message.)

#### *HOW WILL I DOCUMENT PATIENT VISITS?*

I will chart in the medical records, just like a regular medical visit. The goal is for the team to have easy access to the information and plan from my visit, so all can help reinforce the plan.

#### *WHAT WILL I DO WHEN NOT SEEING PATIENTS?*

This is a very new way of delivering care to patients, and has never been done at this organization. Thus, I will initially be getting the service organized and educating staff about the service. I’ll also work on developing patient education handouts, group *medical* visits and other special services.

Thanks for reading, and please feel free to ask me any questions you have. I look forward to working with you!

I can be reached at: (*phone or other messaging options*).

Note: BHCs may use this handout to provide an overview of PCBH services for staff. It is useful when the BHC is starting a new service or as a handout for orienting new PCMs and RNs when they join a clinic with a developed PCBH program.