

Behavioral Health Provider Supply and Opportunities to Integrated Care

**NHSC National Advisory Council Meeting
August 27, 2015**

Alexander F. Ross, Sc.D.

Laurent DeBerry, MPH

Division of Nursing and Public Health

Bureau of Health Workforce

Health Resources and Services Administration



What We Will Be Discussing during this Presentation

- *Supply of Providers*
- *Why the Need for Integrated Care*
- *Models of Integration*
- *Resources for Providers Building Integrated Care Practices*

Supply of Providers

National Health Service Corps

In FY 2014, nearly one in three clinicians in the National Health Service Corps (NHSC) was a behavioral health practitioner

- 1004 Licensed Professional Counselors
- 875 Clinical Social Workers
- 591 Health Service Psychologists
- 221 MD/DO Psychiatrists
- 202 Psychiatric NPs
- 132 Marriage and Family Therapists
- 28 Psychiatric Nurse Specialists
- 27 Psychiatric Physician Assistants

Supply of Providers (continued)

It is difficult to enumerate the behavioral health workforce on a national level.

Currently it is estimated that there are:

- 607,300 Clinical Social Workers
- 25,080 MD/DO Psychiatrists
- 30,150 Marriage and Family Therapists,
- 120,010 Mental Health counselors
- 160,200 Psychologists

According to the Bureau of Labor Statistics, the projected growth in behavioral health employment opportunities nationally between 2010-2020 is as follows:

- Psychologists: 22% increase in job opportunities (+37,000 positions over 2010);
- Mental Health Counselors/Marriage and Family Therapists: 27% increase (+58,500 positions over 2010);
- Substance Abuse and Behavioral Disorder Counselors: 27% increase (+23,400 positions over 2010); and
- Social Workers: 25% increase (161,200 positions over 2010).

Supply of Providers

Misdistribution

HRSA reports there are 3,669 Mental Health, Health Professional Shortage Areas (HPSAs)* containing almost 91 million people.

It would take 1,846 psychiatrists and 5,931 other practitioners to fill the needed slots.

This shortage of workers is not evenly distributed as 55 percent of U.S. counties, all rural, have no practicing psychiatrists, psychologists, or social workers (SAMHSA, 2007).

Thomas et al., 2009, found that 77 percent of counties had a severe shortage of mental health workers, both prescribers and non-prescribers and 96 percent of counties had some unmet need for mental health prescriber.

* The Mental Health HPSAs do not include consideration of shortages of specialty addiction services professionals.

Supply of Providers

Safety net challenges in securing behavioral health providers

- Ability to sustain the position financially;
- Lack of existing cohort of behavioral health providers/supervision;
- Geographic isolation from colleagues in the same field;
- Attraction of “health care hubs” where other providers practice (i.e.: hospital systems).

Addressing the Need for a Behavioral Health Workforce

Bureau of Health Workforce

- Behavioral Health Workforce Education and Training for Professionals and Paraprofessional Program
- Leadership in Public Health Social Work Education Program
- Health Education and Training Program
- Graduate Psychology Education and Training Program
- National Health Service Corps

Bureau of Primary Health Care

- Behavioral Health Integration (BHI) Funding opportunity
- Health Center Substance Abuse Service Expansion

Behavioral Health Workforce Education Training -Professionals/Paraprofessionals

Purpose:

Support the White House “*Now Is The Time Initiative*” program. Program will develop and expand the substance abuse and mental health workforce who, following their training, will focus on children, adolescents, and transitional-age youth at risk for developing or who have developed a recognized behavioral health disorder.

Goal:

Emphasis training for Professionals and Paraprofessionals to meet the needs of transitional-age persons 16 to 25 years old who are at risk for mental illness, substance abuse, and suicide.

Project Period:

3 years. FY 2014 thru FY 2017

Leadership in Public Health Social Work Education

Purpose:

Provide training and education, faculty development, and curriculum enhancement to prepare students for leadership roles in public health social work through enrollment in a dual master's degree program in both social work and public health.

Goal:

Placement of dual-degree Master's students into field placements.

Project Period:

3 years. FY 2014 thru FY 2017

Graduate Psychology Education

Purpose:

Supports accredited doctoral-level psychology education and training programs to prepare psychologists to address the behavioral health needs of vulnerable and underserved populations.

Goal:

Foster an integrated and interprofessional approach to addressing access to behavioral health care for vulnerable and underserved populations.

Project Period:

2 years. FY 2014 thru FY 2016

Mental and Behavioral Health Education Training

Purpose:

Provides support to institutions of education with master level accredited schools or programs in social work and doctoral schools and programs of psychology and pre-degree internship organizations to recruit students and provide education and clinical experience in behavioral health.

Goal:

Aims to increase the number of social workers and psychologists who pursue clinical work with high need and high demand populations.

Project Period:

3 years. FY 2012 thru FY 2015

Behavioral Health Integration (BHI) Funding opportunity

Purpose:

Provide supplemental funding to 671 health centers for two years to improve and expand the delivery of behavioral health services through the establishment and/or enhancement of an integrated primary care behavioral health model at existing Health Center Program grantee sites.

Goal:

Aims to increase access to mental health services to vulnerable and underserved populations.

Health Center Substance Abuse Service Expansion

Purpose:

Supports community health centers in their efforts to improve and expand the delivery of substance abuse services

Goal:

Aims to increase access to substance abuse services to vulnerable and underserved populations

Recently announced, with a focus on Medication-Assisted Treatment (MAT) in opioid use disorders; adding at least 1.0 full time equivalent (FTE) substance abuse services provider(s) directly and/or through contract(s). HRSA plans to award approximately \$100 million to an estimated 310 applicants in FY 2016.

Integrated Behavioral Health and Primary Care

- *Integrated care is the systematic coordination of general and behavioral healthcare. Integrating mental health, substance abuse, and primary care services produces the best outcomes and proves the most effective approach to caring for people with multiple healthcare needs* SAMHSA-HRSA Center for Integrated Health Solutions
- In reports and publications several stakeholders: the institute of Medicine, WHO, AHRQ, and SAMHSA, support the use of the primary care setting as an appropriate platform to address both physical and behavioral health conditions

Integrated Care

Why is this important for patients?

- Over 50% of Primary Care Visits have a behavioral health basis
- Over a 12 month period approximately 34 million US adults reported having both mental health and medical conditions
- Patients with behavioral health issues die at a younger age
- 68% of adults with mental illness also have at least one chronic illness and are more likely to have high blood pressure, heart disease, diabetes obesity and asthma than those with no mental illness
- A California Mental Health Services Authority survey found that adults would turn to their Primary care physician to help with mental health issues and only 4% would approach a mental health professional

Models of Integration

Behavioral Health



Primary Care Settings

- Collaborative Care
- Behaviorist
- Psychiatric Consultation
- Tele-Behavioral Health
- Effective Referrals

How best to Integrate?

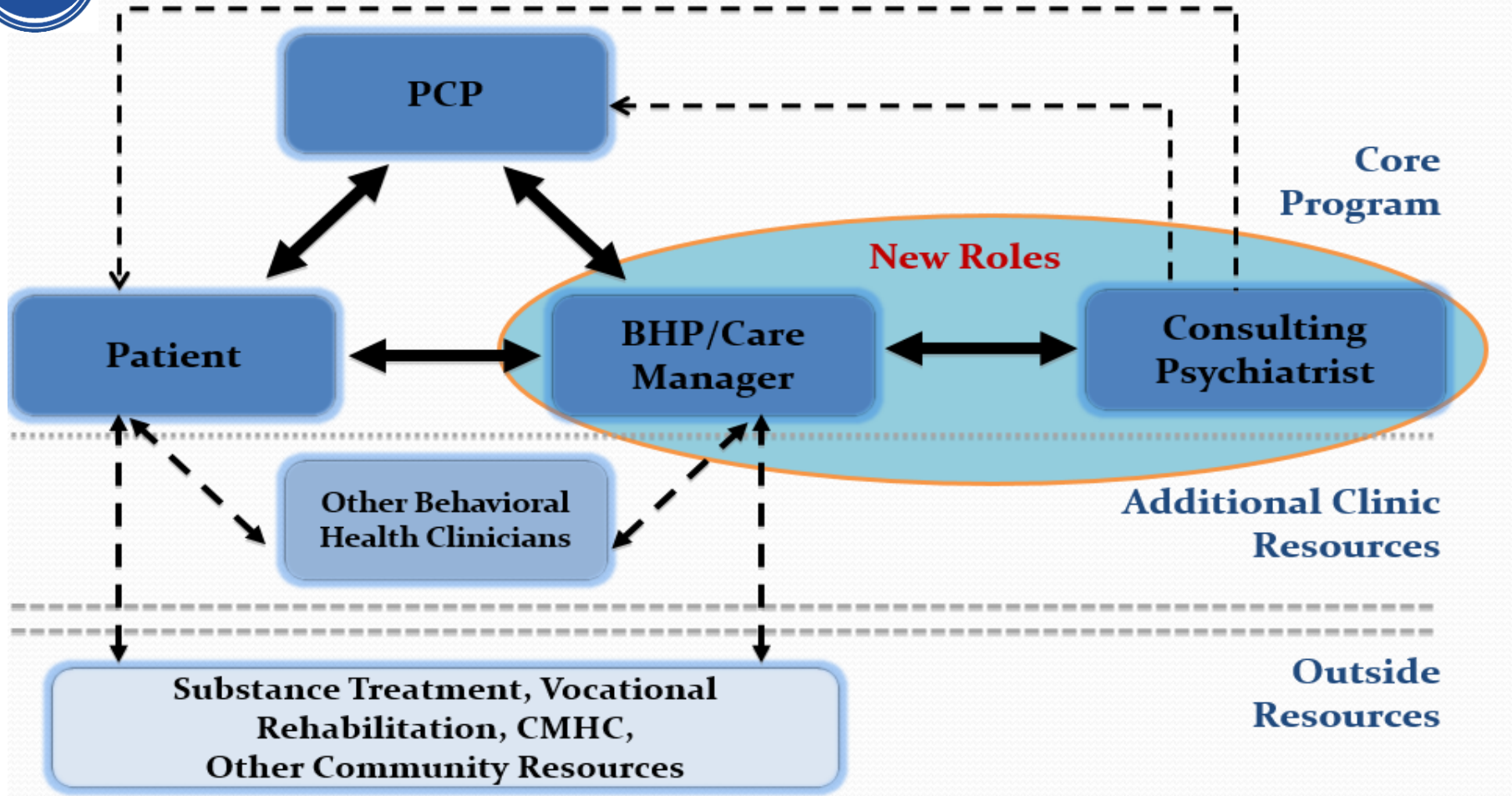
Coordinated	Co-Located	Integrated
Routing behavioral health screening in primary care	Medical and behavioral health in same facility	Medical and behavioral health in same or separate facility
Referral to separate behavioral health setting	Referral to behavioral specialist on-site	ONE treatment plan
Routine exchange of information	Enhanced exchange due to proximity	ONE team
Both sites handle behavioral health separately	Both providers handle behavioral health separately	Team works together to provide behavioral health

Levels of Integration

Coordinated		Co-located		Integrated	
1	2	3	4	5	6
Minimal Collaboration	Basic Collaboration at a Distance	Basic Collaboration Onsite	Close Collaboration Onsite with some System Integration	Close Collaboration Approaching an Integrated Practice	Full Collaboration in a Transformed / Merged Integrated Practice

A Standard Framework for Levels of Integrated Healthcare
<http://www.integration.samhsa.gov/integrated-care-models>
 The SAMHSA-HRSA Center for Integrated Health Solutions

Collaborative Care Model



Behaviorist Model

Cherokee's Blended Behavioral Health and Primary Care Organization

- Embedded Behavioral Health Consultant on the Primary Care Team;
- Real-time behavioral and psychiatric consultation available to PCP;
- Tele-behavioral health;
- Integrated Electronic Record;
- Performance Measures.

Consulting Psychiatrist

Massachusetts Child Psychiatry Access Project (MCPAP)

MCPAP is a system of regional children's behavioral health consultation teams designed to help primary care providers (PCPs) meet the needs of children with behavioral health concerns.

- Each team includes a child psychiatrists, licensed therapists, care coordinators and administrative support.
- Support behavioral health clinicians working on-site in primary care practices as well.

Psychiatric Consulting in Primary Care: An Introduction to Practice in an Integrated Care Team (SAMHSA/HRSA Center)

<http://www.integration.samhsa.gov/workforce/team-members/psychiatrists>

Tele-Behavioral Health As Workforce Extender

Santa Catalina Island Healthcare Consortium

<https://www.raconline.org/success/project-examples/293>

Value of integrating tele-psychiatry and primary care:

- The Catalina Island Medical Center (CIMC) worked with the Loma Linda Medical Center (LLUMC), and the USC Marine Institute to offer primary care services to West End residents.
- CIMC worked with LLUMC, with the Los Angeles Department of Mental Health, with a private psychiatry company (Psychiatric Medical Practitioners) to bring specialty services via telemedicine to the rural city of Avalon.
- By year three of the clinic, the telepsychiatry goal of 12 patients a month were met. An analysis of the program by CoBro Consulting of San Diego found that patients had measurable improvements, and that 90% of patients were pleased with the program and will continue to use it.

Effective Referrals

Integrating behavioral health doesn't mean primary care providers can support all the behavioral health services their patients may require. Linkages to specialty mental health and addiction treatment and rehabilitative services will always be necessary.

Effective referral relationships are critical for safety-net providers, especially those identified as Patient Centered Medical Homes and providers who adopt screening, brief intervention, and referral to treatment (SBIRT).

Common Elements/Common Issues in Building Integrated Care

Elements

- Screening
- Team-Based Care
- Shared Information System
- Use of Evidence Based Guidelines for Care
- Registries/Benchmarking/Performance Measures/
- Care Coordination (inside and outside of practice)
- Person-Centered Care/Patient Engagement)

Issues

- Financing
- Workforce
- Leadership
- Interoperable Health Records/Confidentiality

Technical Assistance and Resources

Integration of Behavioral Health/Primary Care

- ❖ SAMHSA/HRSA Center for Integrated Health Solutions

www.integration.SAMHSA.gov

- ❖ AHRQ Integration Academy

<http://integrationacademy.ahrq.gov/>

- ❖ National Academy for State Health Policy

www.nashp.org/category/behavioral_health/



SAMHSA-HRSA Center for Integrated Health Solutions

Dedicated to promoting the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, whether seen in specialty behavioral health or primary care provider settings.



SAMHSA-HRSA Center for Integrated Health Solutions

eSolutions newsletter

About Us

Integrated Care Models

Workforce

Financing

Clinical Practice

Operations & Administration

Health & Wellness

Glossary

Facebook

Twitter

Listserve

Ask a Question

Email



Building an Integrated Team that Works

A high functioning care team is essential to delivering effective integrated health care. >

1 2 3 4

< >

ABOUT CIHS

SAMHSA-HRSA Center for Integrated Health Solutions

CIHS promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, whether seen in behavioral health or primary care provider settings.

> LEARN MORE

HOT TOPICS

- Health Homes
- eSolutions
- Health IT
- Wellness
- Screening Tools
- SBIRT
- Billing Tools
- Workflow
- Million Hearts
- Confidentiality
- MAT
- Motivational Interviewing
- Tobacco Cessation
- Partnerships
- Trauma Informed Care

CALENDAR OF EVENTS

MAY
14

Human Trafficking: The Role of the Health Care Provider
MAY 14-14, 2014

TOP RESOURCES

MAY 4, 2014

National Children's Mental Health Week

View Our RSS Feed

MAY 1, 2014

Expanding Treatment for Opioid Use Disorder: The Role of

CIHS Integrated Health Education Curriculum and Workforce Resources

- **Psychiatrists Working in Primary Care**
- **Consumers serving as Peer Educators**
- **Case Managers as Health Navigators**
- **Addiction Professionals Working in Primary Care**
- **Primary Care Clinicians Working in Behavioral Health Settings**
- **Mental Health First Aiders in Rural Communities**
- **Social Worker Standard of Practice and Field Placement**

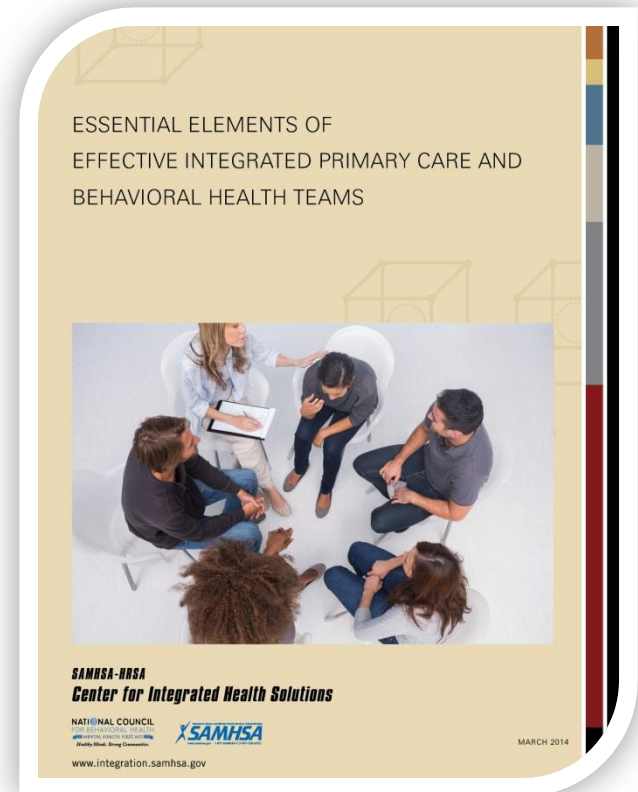
- ***Core Competencies for Integrated Care***



Essential Elements of Effective Integrated Primary & Behavioral Healthcare Teams

Based on interviews with integrated teams within primary care settings, this resource explores four essential elements for effective integrated behavioral health and primary care teams and provides a roadmap for organizations designing their own teams, using examples from these best practices.

- ✓ Leadership & Organizational Commitment
- ✓ Team Development
- ✓ Team Process
- ✓ Team Outcome



Psychiatric Consulting in Primary Care

A 6 module curriculum is designed to increase psychiatrists' capacity to practice and/or consult in integrated health settings.

Module 1: Introduction to Primary Care Consultation Psychiatry

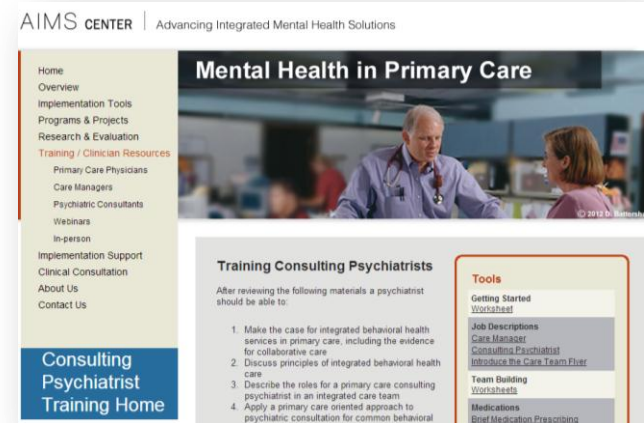
Module 2: Building a Collaborative Care Team

Module 3: Psychiatrist Consulting in Primary Care

Module 4: Behavioral Health in Primary Care

Module 5: Medical Patients with Psychiatric Illness

Module 6: The role of the Psychiatrist
in the Public Mental Health System



The screenshot shows the AIMS CENTER website, which is focused on advancing integrated mental health solutions. The main heading is "Mental Health in Primary Care". The page is divided into several sections:

- Home**: Overview, Implementation Tools, Programs & Projects, Research & Evaluation.
- Training / Clinician Resources**: Primary Care Physicians, Care Managers, Psychiatric Consultants, Webinars, In-person.
- Implementation Support**: Clinical Consultation, About Us, Contact Us.
- Consulting Psychiatrist Training Home**: A prominent blue button.
- Training Consulting Psychiatrists**: A section titled "After reviewing the following materials a psychiatrist should be able to:" followed by a list of four objectives:
 1. Make the case for integrated behavioral health services in primary care, including the evidence for collaborative care.
 2. Discuss principles of integrated behavioral health care.
 3. Describe the roles for a primary care consulting psychiatrist in an integrated care team.
 4. Apply a primary care oriented approach to psychiatric consultation for common behavioral
- Tools**: A sidebar containing links for "Getting Started Worksheet", "Job Descriptions", "Care Manager", "Consulting Psychiatrist", "Introduce the Care Team Plan", "Team Building Worksheets", "Medications", and "Brief Medication Prescribing".

Addictions Treatment Professionals

Primary Care for SU Professionals 5-hour Online Course

“A 5-hour self-paced online course for addiction treatment professionals considering career opportunities in primary care in order to provide professionals with resources and information to help them decide whether working in a primary care setting is right for them.”



Slide Courtesy CIHS

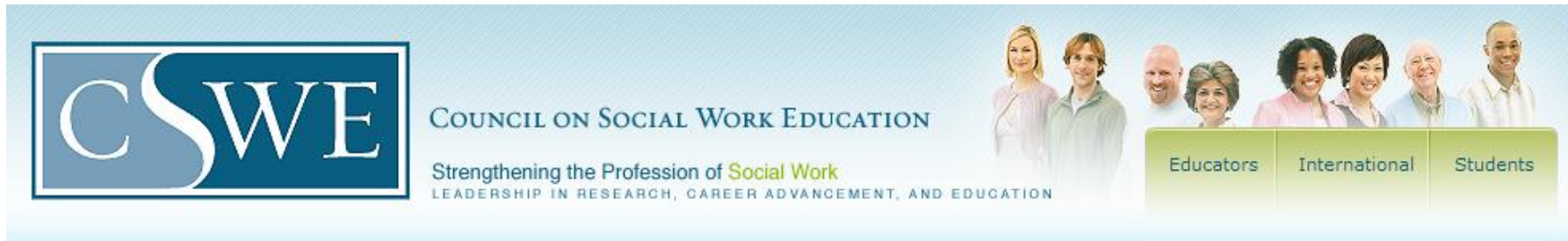
Social Workers

Integrated Healthcare Curriculum for Schools of Social Work

- A competency-based curriculum and curriculum modules to prepare Masters of Social Work students for behavioral health practice focused on integrative and collaborative primary/behavioral health care.

- Will prepare future MSWs to enter the workforce with the needed competencies to provide and lead integrated healthcare. Curriculum offerings will be paired with field placement opportunities committed to integration and collaboration.

<http://www.integration.samhsa.gov/workforce/team-members/social-workers>



Competency Categories

1. **Interpersonal Communication**
2. **Collaboration & Teamwork**
3. **Screening & Assessment**
4. **Care Planning & Care Coordination**
5. **Intervention**
6. **Cultural Competence & Adaptation**
7. **Systems Oriented Practice**
8. **Practice-Based Learning & QA**
9. **Informatics**

http://www.integration.samhsa.gov/workforce/Integration_Competencies_Final.pdf

Using the Core Competencies

Example - Staff Training & Continuing Education

- Use to identify major training topics
- Use as the foundation of ongoing inservice training
(e.g., cover one competency category per month)
- New and inexperienced employees have much to learn
- Seasoned employees generally respond very favorably to reviewing and discussing competencies
- Competencies can form the basis of group discussions about the practice & culture within the team/organization

Slide Courtesy Annapolis Coalition

Supporting Development of Tele-Behavioral Health in HRSA-funded safety net provider settings

- This training promotes specialty mental health and substance use treatment through the expansion of Tele-Behavioral Health Services in Rural Areas.
- This web-based training series was designed to help increase access to behavioral health services through telemedicine.
- Training was offered to HRSA-funded safety net providers via interactive educational sessions with telebehavioral health subject matter experts followed by separate focused Q+A sessions.
- Materials from each session are posted on the CIHS website.

<http://www.integration.samhsa.gov/operations-administration/telebehavioral-health>

Center for Integrated Health Solutions

Tools and Trainings

CIHS Framework Tables

Determine where you fit with integrated care models

Business Models

- The case for integration of behavioral health and guidance on how to evaluate this business case for a primary care provider organization.

<http://www.integration.samhsa.gov/resource/the-business-case-for-the-integration-of-behavioral-health-and-primary-care>

• **Treating Veterans and their families in primary care settings – A Resource Guide**

• **Medication in the Treatment of Addictive Disorders (MAT)**

• **Mental Health First Aid**

CIHS Webinars You Can Use

- *Peer Support Wellness Respite Centers*
- *Making "Health Homes" Person Centered*
- *Training, Primary Care Providers and Behavioral Health Treatment*
- *Establishing Smoking Cessation Initiatives in Health Centers*
- *Building Behavioral Health Capacity through the NHSC*
- *Motivational Interviewing*
- *Screening Brief Intervention and Referral to Treatment*
- *Short Term/ Brief BH Interventions in Primary Care*
- *Introduction to Effective Behavioral Health in Primary Care*
- *Brief Behavioral Health Interventions in Primary Care*
- *Coordinating Primary Care and Behavioral Health Services Among People Who are Homeless*
- *Chronic Pain: An Integrated Care Approach*
- *Integrating Behavioral Health in Community and Migrant Health Centers: Motivation, Readiness, & Cultural Changes*
- *How to do the Managed Care Dance - What You Need to Know to Participate in Networks*
- *Motivational Interviewing*
- *Trauma-Informed Care in Primary Care Settings*
- *Understanding the NCQA PCMH Criteria and Building Behavioral Health in Primary Care Settings*

Archived and available on Center website - www.integration.SAMHSA.gov

SAMHSA/HRSA Center for Integrated Health Solutions

Recently Posted

•Building Behavioral Health into the Primary Care Medical Home – NCQA PCMH Criteria;

•Quick Start Guide to Behavioral Health Integration: Examining Key Questions and Resources to Support Behavioral Health Integration;

- Walks through key areas via an easy to use decision tree.

Summary

How to Get Started with Integration

Is integration right for your organization? Integration cannot happen without buy-in from across the organization – not just providers, but also [organizational leadership and administration](#). The mission and culture of your organization needs to support and reflect an integrated care approach – including a work plan and business plan that address these services.

What model is right for you? The [standard framework](#) outlines six levels of integrated care and different models for offering care along these levels. [Assessment tools](#) help you to determine your organizational readiness.

What capabilities does your team need to develop? [Workforce](#) changes can include bringing on new staff, broadening the knowledge base of existing providers, building partnerships for referral and teaching all staff to adjust to working as an integrated team.

Do your clinical practices incorporate behavioral health alongside primary care? Start with universal [screening](#) and making sure your clinical pathways for chronic illness management include behavioral health. Your [electronic medical records](#) should be the centerpiece for communicating findings and treatment recommendations.

How will you measure integrated care outcomes? Have a plan for assessing your integrated care efforts from a population-based approach. Define some key health indicators to mark success and track your outcomes through continuous quality improvement measures.

Discussion Questions

- ❖ Based on what you know or how you practice - does integration make sense?
- ❖ What are some of the challenges regarding building an integrated practice from your perspective?
- ❖ What kinds of technical assistance would be most helpful to NHSC field placements regarding building integrated care practices?

THANK YOU!

Alexander F. Ross, Sc.D.

Aross@hrsa.gov

and

Lauren DeBerry

ldeberry@hrsa.gov

Division of Nursing and Public Health
Bureau of Health Workforce
Health Resources and Services Administration
US Department of Health and Human Services



The Health Insurance Marketplace



Still Need Coverage for 2015?

- You can still get coverage two ways:
 - If you qualify for a Special Enrollment Period due to a life change like marriage, having a baby, or losing other coverage.
 - There's no limited enrollment period for Medicaid or the Children's Health Insurance Program (CHIP). You can apply any time.

Need Help Understanding Your Coverage?

- Visit Marketplace.CMS.Gov/C2C to access From Coverage to Care, an initiative to help people with new health care coverage understand their benefits and connect to primary care and preventive services.

**The next open enrollment period is
November 1, 2015 – January 31, 2016**

For more information visit: www.healthcare.gov